

PERSPECTIVES ON POVERTY IN THE SHOALHAVEN 2018

The Shoalhaven Antipoverty Committee is committed to working with all community members to create a prosperous, inclusive and sustainable community.

*Building social
prosperity for
individuals,
families and
communities*

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Acknowledgements

Perspectives on Poverty in the Shoalhaven 2018 is the fourth report on poverty in the Shoalhaven produced by the Shoalhaven Anti-Poverty Committee (SAPC) since 2008. We have reported on the current situation and assessed emerging trends that will affect the Shoalhaven over the coming four years. The report is produced regularly by the SAPC to help build a picture over time of how our community is doing in addressing issues of poverty.

The reports are developed using the latest available data from sources across a range of indicators to compare and explore the current state of poverty in the Shoalhaven. Through regular reporting SAPC is raising community awareness of the impact of poverty and the measures being taken to address it.

Signatories to the SAPC Memorandum of Understanding have also provided stories that suggest the community is seeing both positive and negative change around the issue of poverty. By providing firsthand accounts of the impact of government initiatives such as the National Disability Insurance Scheme, or of grassroots movements such as the Nowra East Pride, these narratives give substance and meaning to the statistical data.

The report was compiled under the guidance of SAPC committee members and the Shoalhaven Neighbourhood Services and with the assistance of students enrolled in the Community Welfare Certificate III and IV at TAFE NSW Bomaderry Campus as well as students from the Bachelor of Social Work at the University of Wollongong's Shoalhaven Campus.

Case studies

The case studies used throughout this report have been drawn from personal interviews.

About the images

The images are from signatories to the SAPC Memorandum of Understanding or events and activities that the SAPC has supported or organised.

This report was commissioned by the Shoalhaven Anti-Poverty Committee. The Shoalhaven Anti-Poverty Committee has representation from non-government organisations, government agencies and members of the community. By working together we aim to reduce poverty and social exclusion and to advocate for the residents of the Shoalhaven.

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TERMS OF REFERENCE

Definition of poverty

For the purposes of this report, poverty is defined as deprivation ('missing out') and social exclusion ('left out'). Poverty therefore exists when people's actual income is below a minimum income line and they experience social exclusion because this deprivation means they cannot participate in essential activities in society.

Social exclusion is the outcome of people or communities suffering from a range of problems, such as unemployment, low incomes, poor housing, crime, poor health and disability and family breakdown. It can be argued that poverty, deprivation and social exclusion are distinct but overlapping concepts covering what most people understand by the term 'social disadvantage'. This means restricted access to resources, lack of participation and blocked opportunities.

Data collection

Data for this report was collected from a variety of sources:

- surveys
- community conversations
- face-to-face interviews
- agency reports
- Australian Bureau of Statistics
- websites
- online documents
- news articles.

Geographic area

The Shoalhaven Anti-Poverty Committee has memorandums of understanding with eighteen (18) agencies across the Shoalhaven that provide a diverse range of support options and represent a wealth of experience and knowledge of the impact of poverty in our region. Where possible these services have provided us with data and stories of what poverty really looks like in the Shoalhaven, the challenges we face, and how as a community we have come together to support some of our most vulnerable community members.

FOREWORD

The Shoalhaven community is a vibrant and resourceful one. People tend to have a can-do attitude and look for opportunities to make our community a better place to live. Whether it is a local festival celebrating the river, art or music; markets which give opportunities to local artisans, or community schemes that encourage pride of place. Each year over 5000 people move here to take up work opportunities or retire and enjoy the change of lifestyle an area like the Shoalhaven offers.¹

Yet despite the strong economic growth the Shoalhaven has experienced since the 1990s there is also evidence of rising inequality and pockets of disadvantage and hardship do exist. Since the 1990s the Shoalhaven has experienced a reduction in those manufacturing and farming jobs that require low levels of technical skill, and an increase in jobs where higher levels of technical skill and knowledge are needed. The city's economic base is both broad and diverse and includes aircraft maintenance and overhaul; general manufacturing and logistics; tourism and retail; construction; and government administration. The largest employers in the region are services such as education and health.²

This shift to a more knowledge-based and technical economy has resulted in some members of our community being left out. Being left out of the economy affects individuals, their families and the whole community. Income inequality puts stress on the whole community because of the increased costs of housing, health, education, crime and income support, and reduces opportunities for the children of poor families to improve their economic situation. As a community we face the challenge of how we include the whole community in the area's economic growth.

Living with persistent poverty creates high levels of stress and neighbourhood disadvantage and can lead to a wide range of psychological problems, including anxiety, depression, aggression, relationship problems, physical problems, and trouble with the law. It is therefore in the community's best interest to work together to create a more socially prosperous community in which people are more connected to each other and economic opportunity.

Perspectives on Poverty in the Shoalhaven 2018 analyses available local and national data and compares the Shoalhaven's performance over time and within the national and state context against five key measures of poverty: housing, crime, income and wealth equality, education and health. It also investigates both government-funded and locally generated poverty reduction initiatives that have been put in place over the last four to five years.

This report seeks to increase public understanding of the causes and consequences of poverty and hardship in the Shoalhaven; encourages discussion and action to address these problems, including action by individuals, communities, organisations and governments; provides a resource for local community service providers; and informs the Shoalhaven Anti-Poverty Committee's action plan.

Judith Reardon

Facilitator, Shoalhaven Anti-Poverty Committee

EXECUTIVE SUMMARY

The Shoalhaven Anti-Poverty Committee's (SAPC) policy and advocacy focus is on how poverty affects individuals, families and the whole community and how through local initiatives our community is responding to the challenge of poverty.

In assessing poverty levels in the Shoalhaven both relative and absolute poverty levels have been referred to.

Relative poverty is a measure that looks at how annual income is affected by cost of living demands, which means it has to do with low-income levels and the gradual build-up of cost of living stressors. This is referred to as the 'poverty line'.

Absolute poverty describes families who cannot provide necessities, such as housing, food and clothing. This is generally referred to as 'deprivation'.

"In Shoalhaven City, the 'lowest' quartile was the largest group in 2016, comprising 37% of households with income." (ID Community Website, accessed August 2018, <https://profile.id.com.au/shoalhaven/household-income-quartiles>)

A combination of these two factors results in people being excluded from society. Exclusion from community participation can result in increased self-harm through overeating, abuse of alcohol and other drugs or, in the extreme, suicide and antisocial behaviours that range from rudeness through to physical violence. It also affects people's ability to maintain housing, employment, healthy lifestyles and education. Communities see the ripple effects that are the consequence of this personal and family exclusion as increased health, crime and unemployment costs, family breakdown, and reduced economic growth and increased personal and national debt.

Residents of the Shoalhaven are most likely to be living in poverty if they are a lone parent; a child of a lone parent family; rely on social security as their main source of income; or in casual or part-time work. People are further disadvantaged if they have a disability, are Aboriginal or Torres Strait Islander, or are an elderly or young person living on benefits.

The Shoalhaven is made up of many separate towns and villages, each with its own unique characteristics. Most of these towns and villages have very low levels of disadvantage; however, areas such as Nowra-Bomaderry, Sanctuary Point and Jervis Bay have pockets where people live in significant hardship.

Our report found the level of poverty in the Shoalhaven is made worse by low levels of income, reduced work opportunities, low education outcomes, insecure housing, poor health and higher than average levels of unemployment, particularly among young people.

The Shoalhaven has a high number of low-income households, defined as those living on less than \$650 a week. Low-income households are most likely to rely on government pensions and allowances as their main source of income. Given that living on a benefit is a key factor in determining poverty levels, this is significant and suggests the Shoalhaven is statistically more likely to have people living in poverty.

Lone parent families made up 10.6% of the Shoalhaven population in 2016, but in Nowra-Bomaderry the figure was 14.0%, significantly higher than elsewhere in the local government area (ABS Data). Single parent families are more likely to live in poverty because of inadequate and frozen family payments, lack of decently paid jobs, unaffordable childcare and low home ownership.

Aboriginal and/or Torres Strait Islander people make up 5.5% of the population in the Shoalhaven compared with 2.8% nationally.³ Aboriginal and Torres Strait Islander people are more likely to experience widespread socio-economic disadvantage and health inequality and as a result live in poverty with poor quality or insecure housing and low levels of education resulting in a lower quality of life.

In our last report, the SAPC noted that major changes in service delivery and funding models were about to take place. These included the introduction of the National Disability Insurance Scheme (NDIS) and My Aged Care, the completion of the Gonski review of education, and changes to the way services for people living with family violence were going to be delivered. We also noted that services were reporting much higher levels of homelessness and investment in mental health services had increased in the region.

This report for 2018 provides updates on how our community is faring against the key measures of health, education, housing, income and wealth equality, and crime. We have also taken a more in-depth look at some of the changes that have occurred since the last report in 2014. These are the increased number of mental health services, the implementation of the National Disability Scheme and the rise in the numbers of people who are presenting at services as homeless.

Resourceful community residents, services and government agencies have worked together over the last four years to develop and deliver projects and programs that respond to the issues of poverty and exclusion. The funding sources for these initiatives have also been diverse, including government, private and local investment or combinations of some or all these sources.

The report highlights several examples of individuals, services and government working together to address an issue and create positive change. Community-based and funded projects like the Shoalhaven Education Fund (SEF), which provides financial assistance and support to young people, or the newly opened homeless shelter, Safe Shelter Shoalhaven, have been the culmination of the local community and Shoalhaven City Council working together in response to the increasing number of homeless people in the Shoalhaven. All of the projects we have reviewed demonstrate how when faced with the significant challenges poverty presents, communities that come together can find innovative local solutions which bring about sustainable change.

WHAT IS POVERTY?

Poverty is a relative concept. The Shoalhaven Anti-Poverty Committee defines poverty as the situation where people cannot afford the essentials that most people in that society take for granted and as a result become socially disconnected. While many residents of the Shoalhaven juggle the payment of bills, people categorised as living in poverty regularly have to make difficult choices, such as skipping a meal to pay for a child's school shoes.

In Australia the poverty line is used to identify the poverty rate. This is defined by the Organisation for Economic Co-operation and Development (OECD) as "the ratio of the number of people (in a given age group) whose income falls below the poverty line; taken as half the median household income of the total population".⁴

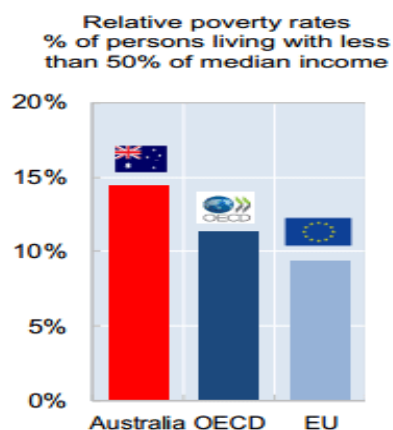
In December 2016, the Melbourne Institute of Applied Economic and Social Research updated the poverty line for Australia, inclusive of housing costs, to \$963.02 a week for a family of two adults, one of whom is working, and two dependent children.⁵

One of the results of poverty is people become socially excluded. The Australian Institute of Family Studies' Child Family Community Australia website defines social exclusion as the "restriction of access to opportunities and [a] limitation of the capabilities required to capitalise on these [opportunities]".⁶

According to the latest figures from the Brotherhood of St Laurence's *Social Exclusion Monitor*, more than 1 million Australians deal with deep social exclusion. This means they experience at least four different sorts of disadvantage in their lives, such as being on a low income, having little work experience, not being involved in community clubs or associations and not being socially active.⁷

What does poverty look like in Australia?

In 2017, the OECD Economic Survey reported that Australia's living standards were generally high with high employment, low interest rates and high living standards.⁸ However, the unemployment rate was growing, with concerns about inequality including the gender pay gap, and large socio-economic gaps between Aboriginal and Torres Strait Islanders and the rest of the population.



Probono Australia, "Australia's Concerning Poverty Rates" – OECD Report, accessed July 2017, <https://probonoaustralia.com.au/news/2014/03/australias-concerning-poverty-rates-oecd-report/>

In 2016, the Australian Council of Social Service (ACOSS) released a report that estimated 2.99 million Australians were living below the poverty line, an increase of 2 percentage points between 2004 and 2014.⁹ Poverty now affects 13.3% of the population including 731,300 Children (17.4%). These figures show that many people are living with poverty day in and day out, facing issues of food insecurity and quality, homelessness or risk of being homeless, inadequate income to meet their debts and poor employment opportunities.

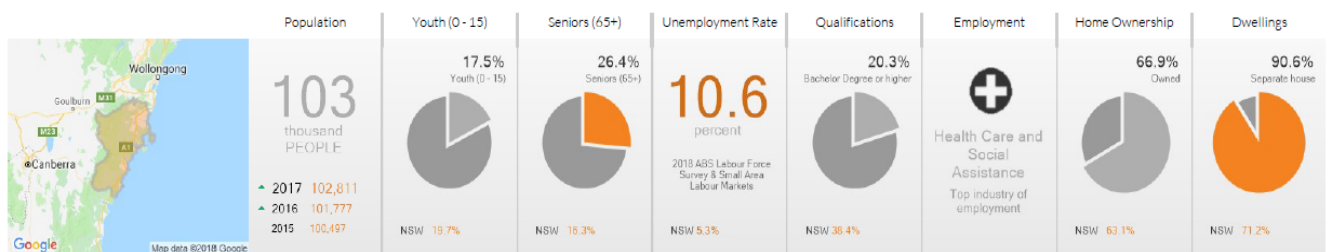
The poverty cycle is marked by social exclusion; low education levels including poor literacy and numeracy skills; and chronic health issues, such as mental health and poor dental health. In some cases, the poverty cycle has become intergenerational as people experience fewer opportunities to break out of it.

“Consistent with findings using more traditional income-poverty measures, rates of deprivation were found to be highest among lone-parent families, Indigenous people and people with severe disabilities.” (Roger Wilkins, The Conversation, ‘**Stark divide between young and old as Australian household incomes and wealth stall**’, July 20, 2016. (<https://theconversation.com/stark-divide-between-young-and-old-as-australian-household-incomes-and-wealth-stall-62534>))

OUR COMMUNITY

The Shoalhaven Profile

SHOALHAVEN COMMUNITY PROFILE



(Shoalhaven City Council, accessed September 2018, www.communityprofile.com.au/shoalhaven)

The Shoalhaven LGA continues to experience strong population growth. In 2016 the estimated resident population was 101,777 an increase of 17.2% since 2001.¹⁰ Forecasts based on medium level growth indicate the Shoalhaven population will reach 113,500 by 2021, which would represent an increase on the current estimated population of 102,811 of around 19.4%.¹¹

There are slightly more women (50.5%) than men (49.5%) living in the area with a median age of 48. A larger number of residents identify as Aboriginal or Torres Strait Islander compared with the state and national averages (5.5%, compared with the state average of 2.9% and the Australian average of 2.8%).

Compared with the rest of NSW and nationally, the Shoalhaven is particularly skewed towards an ageing population, with 41.8% aged 55 years and over (compared with 28.1% and 27.6% for NSW and Australia respectively), with a median age of 48 years. This skew has increased again from the previous census period (up from 38.1%.¹² A further deviation from state and national figures is the number of people in the Shoalhaven of 'working age', or between 20 and 49 years. This group, or cohort, represents only 29.9% of the Shoalhaven population as compared with around 40% of the NSW (40.7%) and Australian populations.

The Shoalhaven remains less ethnically diverse than many other regions in NSW and Australia. A relatively small number of residents (21%) were born overseas, well below the state average of 34.5%. The majority of residents (88.5%) speak English at home, with only 5.8% who do not speak English at all in the household. Most residents in the Shoalhaven identify as either Australian or UK descent (79%), compared with the more ethnically diverse NSW population (with 59.6% identifying as Australian or UK ancestry).

Around 7 in 10 local households (71.4%) in the Shoalhaven are family or group households, with the remainder of the population reporting living on their own. Family composition was represented by 48.8% being a couple/family without children, 33.3% being a couple/family with children, and 16.9% being single parent families. These figures do not appear to have changed much since the previous census period. In comparison with state and national figures, the Shoalhaven appears to have a higher proportion of couples/families living without children (48.8% for the Shoalhaven compared with 36.6% for NSW) and a smaller proportion of couples/families living with children (33.3% for Shoalhaven and 45.7% for NSW). It could be argued this is due to the higher number of people over 55 living in the Shoalhaven.

Social gradient is a term used to describe the relationship between inequality in social status and the inequalities in the health and wellbeing of individuals and communities. Standardised indices, such as the socio-economic indexes for areas (SEIFA) help us measure the social gradient. There are four SEIFA indices, with the average of each standardised to 1,000 for easy comparison. Anything falling below 1,000 is considered to indicate a level of disadvantage.

To get a low SEIFA score/rank, an area might, for example, have high unemployment, low incomes, a high proportion of people with poor skills or abilities in English, many people without qualifications and/or a high rate of single parent families. Across Australia's local government areas (LGAs) SEIFA scores range from 121 (most disadvantaged) to 1,193 (least disadvantaged).

The SEIFA score for Shoalhaven in 2016 was 944; the same as in 2011. The Shoalhaven is still ranked 210 out of 564 local government areas with SEIFA scores in Australia.¹³

Although the Shoalhaven ranked reasonably low, what was particularly startling was that within the Shoalhaven LGA, pockets of significant areas of disadvantage were identified. Areas of particular concern included Sanctuary Point, Nowra and Jervis Bay, which all scored below the 10th percentile (9th, 5th and 4th respectively). The 10th percentile means that less than 10% of Australia's suburbs experience more disadvantage than these areas, while 90% experience less.¹⁴

ABS source documents

2016 Data

www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA16950?opendocument (viewed 22 February 2018)

2011 Data

www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/LGA16950?opendocument (viewed 22 February 2018)

DEPRIVATION OF ESSENTIALS

In Australia poverty is usually described as situations in which living standards are unreasonably low, what are usually seen as the necessities of life are missing, and deprivation and hardship are evident. In countries such as Australia relative poverty is connected to inequality; the increase in poverty and inequality results in deprivation, isolation and hardship, greater inequality of opportunities, and a decline in social cohesion.

Poverty is both being unable to afford the essentials of life and being deprived of access to them. Poverty and deprivation limit people's ability to engage with society. Deprivation of essentials takes into account the need to spend your income on unavoidable costs, such as health, which then deprive you of the ability to purchase essentials such as food or housing. Deprivation is usually related to the unavailability of essential services within the community (ACOSS–NRHA 2013).

The key social factors related to poverty and deprivation are education, health, housing, employment, access to goods and services and crime rates. Certain groups within Australia that are more likely to live in poverty than others include women, Aboriginal and Torres Strait Islander people, those with low levels of education, single parent families, the elderly and people with a disability

Low incomes limit people's social engagement. Families with rich social and support networks have been found to have increased access, to information, material resources and friends and neighbours to help them manage their daily lives. The benefits to children of having good support networks are positive mental health and behavioural outcomes in childhood and later life, reduced school dropout rates and an increased likelihood of gaining worthwhile employment.

Living in isolation from extended family networks and support services is strongly associated with less effective parenting behaviours and practices and poorer parental mental health, which is strongly, associated with poorer health, development and well-being outcomes for children.¹⁵

Children and poverty

The 2016 Census reports that the Shoalhaven has fewer children and young people living in the area compared with NSW and nationally. However, the 2016 ACOSS report into poverty suggested that 21% of the children of the Shoalhaven lived in poverty.

Child poverty can result in individuals missing out on normal activities, being isolated and excluded, living in insecure housing, having poor child development and health outcomes and experiencing financial stress.

These can have long-term consequences for education, employment and economic security as adults. The outcomes are more severe if there is limited parental education and family conflict. However, positive early learning experiences can lessen the impact of poverty and family distress.

The overall picture from the last decade is one of persistent and entrenched poverty across the community with an increase in child poverty. It is a national shame that after 25 years of economic growth, we have not done better at changing this trajectory and ensuring our most precious national resource, our children, are given

the best possible start in life. (www.acoss.org.au/media_release/child-poverty-on-the-rise-730000-children-in-poverty/)

Indigenous Australians

Aboriginal and/or Torres Strait Islander people made up 5.5% of the population in the Shoalhaven at the time of the 2016 Census.¹⁶

Indicators show Aboriginal or Torres Strait Islander people are more likely to struggle with high levels of poverty and deprivation. The average weekly disposable income of an Indigenous person is \$394 – marginally above the poverty line but well below the non-Indigenous average of \$869 a week.

In addition, Aboriginal and Torres Strait Islander people are twice as likely to have a heart attack, 7 times more likely to be hospitalised for acute rheumatic fever and rheumatic heart disease, 10.5 times more likely to die from coronary heart disease and 1.2 times more likely to have high blood pressure as other Australians.

Closing the Gap continues to be a key whole of government strategy intended to decrease the significant differences in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians. Programs began in 2008, with the Shoalhaven a beneficiary of this targeted, long-term intervention.

People with a disability

The 2016 Census reported that overall, 7.7% of the population of the Shoalhaven reported needing assistance with core activities because of disability, compared with 6.3% for Regional NSW. The number of people requiring assistance in 2016 also increased compared with the 2011 census.

Compared with other Organisation for Economic Co-operation and Development (OECD) countries, Australia is ranked near the bottom for relative income of people with disabilities, and employment rates for people with disabilities remain low. In NSW, young people with mental health disorders and/or cognitive impairment are six times more likely to be in prison compared with young people without disabilities.¹⁷

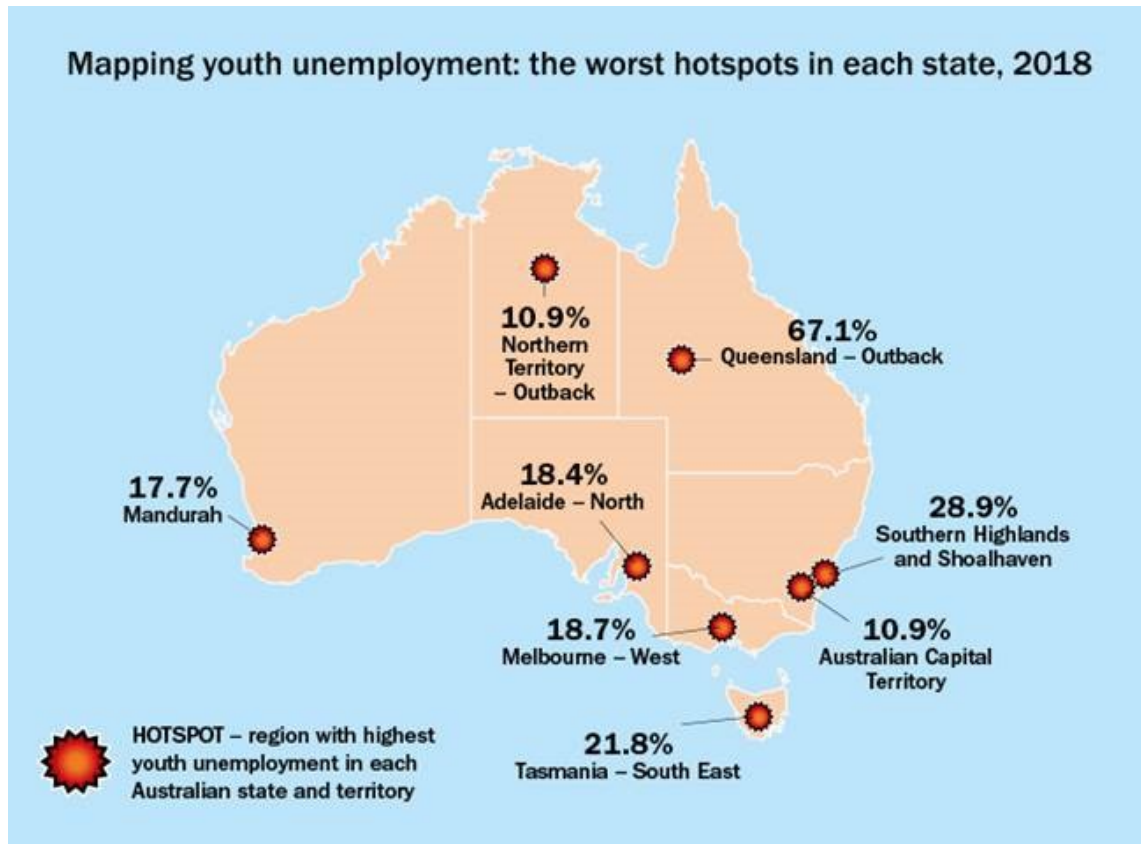
People with disabilities are more likely to experience poverty, live in poor quality or insecure housing and have low levels of education resulting in a poorer quality of life. They are often socially isolated and have significant health issues other than their disability. As we age the likelihood of having a disability increase. In Australia mental health problems and mental illness are among the greatest causes of disability, poorer quality of life and reduced productivity.

The National Disability Insurance Scheme (NDIS), which was introduced in July 2017, is designed to turn this around and to create a fairer and more inclusive society.

Young people (12 to 24 years)

A recent report by the Brotherhood of St Laurence into youth employment found the Shoalhaven, and Nowra in particular, has consistently had excessively high youth unemployment. In January 2018, the

Southern Highlands and Shoalhaven region had a youth unemployment rate of 28.9%, or getting on for three times the state average of 10.8%.



Sourced from Brotherhood of St Laurence 2018, *Unfair Australia*, www.bsl.org.au/fileadmin/user_upload/images/Advocacy/Youth_employment/Hotspots.jpg

Nationally, homeless youth (aged 12 to 24 years) made up 32% of total homeless people living in 'severely' crowded dwellings, 23% of people in supported accommodation for the homeless and 16% of people staying temporarily in other households in 2016.¹⁸ Given the high rate of youth unemployment in the Shoalhaven, it could be expected that a much higher proportion of young people here are homeless.

Women and poverty

The 2016 Census reported that women made up 50.5% of the Shoalhaven's population. Women continue to be more likely to live below the poverty line due to lower employment rates and lower wages than men and a greater caring role both for children and for other family members. The median (or middle of the range) full-time working woman in Australia earns 87 cents to every man's dollar, relative to an OECD average of 85.7 cents to the dollar.¹⁹

Older women have been identified as being at particular risk of poverty because of a range of factors. In the *Time of Our Lives* (2017) Dr Susan Feldman identified that the triggers for disadvantage for women

over 60 were often unexpected events, such as loss of employment, illness or injury, family breakdown and crisis related to divorce and widowhood.²⁰

Other specific factors that contribute to the financial instability of older women are family violence, discrimination in the labour market, lack of employment opportunities, and lack of financial resources because of structural financial disadvantage over a lifetime.

Results-Based Accountability

In 2010, the Shoalhaven Anti-Poverty Committee adopted Results-Based Accountability (RBA) as a disciplined way of thinking and acting to improve the lives of children, youth, families, adults and the community as a whole.

By using a data-driven, decision-making process the Committee tries to get beyond talking about problems, and instead responds to them and changes them. We have, perhaps unusually, combined this methodology with asset-based community development (ABCD) tools so that community members have the opportunity to inform us about the changes they want to see within their own community.

Through a process of community engagement and brainstorming the Committee has identified the principal community indicators that should result in the Shoalhaven becoming a more socially prosperous community.

Through our action plan we measure ourselves against whether individuals, families and whole communities are better off and are being included; there is a reduced risk of health-related conditions such as diabetes, mental health issues and heart disease in the community; the community is a safe place to live; families are free of mental distress and show increased positive psychological functioning; and if the community has a stronger sense of connectedness and belonging.

Perspectives on Poverty in the Shoalhaven 2018 takes a broader view of how the community is faring and helps the Committee in determining what our future focus might be.

INCOME AND WEALTH EQUALITY

Household Income is one of the most important indicators that helps to reveal the Shoalhaven's socio-economic status and economic opportunities. A recent Organisation for Economic Co-operation and Development economic survey on Australia described inclusiveness in Australia's long period of economic growth as eroded, with the rate of inequality increasing and households in the upper income brackets benefiting more than others.²¹

Local, state and national comparison of median weekly incomes – people aged 15 years and over

Type	Shoalhaven	Nowra	NSW	Australia
Personal	\$511.00	\$462.00	\$664.00	\$662.00
Family	\$1,226.00	\$1,038	\$1,780.00	\$1,734.00
Household	\$992.00	\$808.00	\$1,486.00	\$1,438

The table above gives a snapshot of the Shoalhaven and Nowra and compares them with NSW and nationally. The median weekly personal income for people aged 15 years and over in Shoalhaven (C)LGA was \$511.00. For Nowra (State suburbs), the median weekly personal income for people 15 years and over in was \$462.²² The overall median weekly incomes for Nowra are much lower in all the categories compared with Shoalhaven, NSW and Australia, which emphasise the disadvantage that exists for people in this community.

Income is closely related to employment; people receiving income support payments are six times more likely to experience poverty (36.1%) compared with salary and wage earners (6%). This is mainly because many income support payments are set below the poverty line, so that any household with no additional income will be living below the poverty line.²³

The scarcity of financial counselling in the Shoalhaven

Financial counselling is a critical crisis management support service providing information, support and advocacy for those facing significant financial difficulty. This free, independent and confidential service is a vital opportunity for some of the most vulnerable people in our community to get back on their feet.

In April 2018, a public meeting was held in at the Wesley Centre in Nowra to discuss current funding and availability of financial counselling resources in the Shoalhaven.

Those in attendance heard that, based on population statistics as at 30 June 2016, funding in the Shoalhaven/Southern Highlands for 2015–2016 equated to less than \$0.05 a person each year, a significant shortfall from the state average (approximately \$0.49 a person each year). Funding has not increased even though both national and state-based scales of disadvantage consistently rate the Shoalhaven LGA among the most disadvantaged regions of the state and country.

“The need for additional service clearly exists given that the waiting period for service assistance regularly exceeds six weeks, when ideally the waiting period should be no longer than seven days.”

Rev Dr Matthew Wilson commenting on the length of time it takes to talk to a financial counsellor in the Shoalhaven.

EMPLOYMENT

In 2016, Shoalhaven had a labour force of 38,909, of which 19,768 were in full-time work and 15,750 were in part-time work. This reveals that out 36,323 people employed in Shoalhaven in 2016, 43% were working part-time and 54% were working full-time. When compared with Regional NSW, similar proportions are evident in both employment and unemployment.²⁴

Employment status for Nowra, NSW and nationally

Employment People who reported being in labour force, aged 15 and over	Nowra	%	NSW	%	Australia	%
Worked full-time	1,444	47.0	2,134,521	59.2	6,623,065	57.7
Worked part-time	1,082	35.2	1,071,151	29.7	3,491,503	30.4
Away from work	176	5.7	174,654	4.8	569,276	5.0
Unemployed	370	12.0	225,546	6.3	787,452	6.9

(2016 Census Quick stats, Nowra Australian Bureau of Statistics, accessed September 2018 http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA16950).

In 2016, people in the Shoalhaven area worked more in health care and social aid than any other sector. Previously, the leading sources of employment in the Shoalhaven area included health care, social aid, retail and trade, accommodation, and food services. However, building and construction has since become the most common employer in the Shoalhaven, which reflects the significant population increase as demonstrated in the Shoalhaven Community Profile and the associated interest in the local housing market.

ABS (2017) noted there has been an upsurge in the Shoalhaven of 16.7% in the level of people aged 15 years and over working as technicians and trade workers as compared with regional NSW with 12.7% and nationally with 13.5%.²⁵

Projections of structural changes in employment towards a knowledge-based economy will mean a significant increase in qualification levels will be required to get a job. Regardless of projections, employment continues to be that one step up to shifting out of poverty.

Unemployment and underemployment

Unemployment and underemployment are some of the main factors contributing to poverty. If someone does not have employment opportunities or find a job that pays a wage, then they are likely to end up living in poverty. Unemployment and underemployment lie at the core of poverty. For the poor, labour is often the only asset they can use to improve their well-being unless they can access further education opportunities. Productive employment opportunities are essential for reducing poverty and creating sustainable economic and social development. Current statistics of the labour force for people 15 years and over in the Shoalhaven (LGA) from 2016 Census data, and updated in February 2018, show that:

- Employment increased from 36,646 in 2011 to 38,919 in 2017.
- Unemployment decreased from 2,799 in 2011 to 2,589 in 2017.²⁶

The unemployment rate for the general population in the Shoalhaven usually sits slightly above the NSW rate. In July 2018 the ABS data shows the rate at 7.8% compared with 4.8% in NSW. Youth unemployment was 14.1% in that same period compared with the NSW rate of 10.3%. The cumulative employment growth has been negative since December 2016. The July 2018 participation rate was 47.5% compared with 64.5% in NSW.²⁷



Above: Prosperity in the Park in an annual event that helps to connect Nowra East residents to each other and to local services. The Shoalhaven Anti-Poverty Committee celebrated ten years of working together with the Shoalhaven community in 2017.

EDUCATION

There has been a relative increase in the number of people studying in Australia across most sections of the population over the last 10 years. Arguably the increase in people studying may have been influenced by the requirement since 2010 for young people aged 17 years and under to be in either study or work. Nevertheless, according to the ABS (2017), of the 14.5 million people aged 20 to 64 years in Australia, two in three Australians (or 66%) have reached at least one non-school qualification.²⁸

The correlation, that is, an association, between low education levels and poverty is well established so it is encouraging to see that the Shoalhaven has a comparatively high percentage of people (9.1%) aged 15 years and over that have achieved an Advanced Diploma/Diploma level of qualification compared with NSW (8.9%) and national (8.9%) figures. The ABS (2017) also demonstrates that the Shoalhaven area has a comparatively higher percentage of people aged 15 and over who have completed year 10, as well as attained a Certificate III and IV level qualification. However, it is also the case that 14.7% of people aged 15 years and over in the Southern Highlands and Shoalhaven area have a Bachelor degree compared with 23.4% in regional NSW and 22% nationally.

Given the high number of Aboriginal and Torres Strait Islander (ATSI) people living in the Shoalhaven; the community's younger age profile; the increased likelihood this community will live in poverty; and the association between low education and poverty; it is important for our community to have a focus on supporting young ATSI people having a positive educational experience so they are encouraged to take up higher education opportunities.

There is strong evidence that Shoalhaven Indigenous families are taking positive steps towards giving their children the best start they can to help make them lifelong learners. In 2016, 30% of Aboriginal infants in Shoalhaven were in education, compared with 29% of non-Aboriginal infants. However, 58% of Shoalhaven Aboriginal teenagers aged 15–19 were in education, compared with 71% of non-Aboriginal teenagers representing a 'teenage education gap' of -13%. This gap had closed by just 1% between 2011 and 2018, after having closed by 10% over the previous five years.²⁹

According to the New South Wales My School website, Shoalhaven High School 939 students include a high number (26%) of Aboriginal and Torres Strait Islander enrolments. The available data show that, in 2016, school attendance for Indigenous students was at 70%, an increase of 2% from 2015. Despite the increase in Indigenous school attendance, there is a gap of 11% when compared with non-Indigenous school attendance of 83%.
(www.myschool.edu.au/StudentAttendance/Index/106301/Shoalhaven)



Laura's engineering a bright future thanks to the support of the Shoalhaven Education Fund (SEF). The SEF was established to provide much needed financial assistance and support to local youth to help them achieve their post high school education, training and vocation aspirations. For more information about these locally community funded grants see:

<https://cef.org.au/foundations/shoalhaven>

Laura's story

When Laura finished school, she applied to the Shoalhaven Country Education Foundation for a grant to help her on her way to university.

For students like Laura, support services to ease the financial pressures that come with higher education are essential. "Getting scholarship support has been so good for me. Not only does it mean that I can afford my textbooks each semester but it has also shown me that people believe in what I am doing."

Laura Taylor isn't worried boys outnumber her four to one in her engineering classes at the Australian National University.

I'm used to being in the minority in my preferred subjects. And when I talk to other girls who are engineering we all agree that it makes us more determined to do well because of that underdog stigma.

Laura said she has always been good at maths and science and wanted to look for a practical way to apply those skills when she set about choosing her university degree. "Engineering is such a great course – I'm really enjoying testing out the variety of subjects on offer in my first year."

While Laura hasn't made a final decision on the career she wants to pursue she said she is leaning toward environmental engineering.

"Before I started uni I took a gap year to earn money and do some volunteer work. My volunteer work in Borneo really opened my eyes to the impact engineers can have on the world around us, from water management to public health."

HOUSING

Safe, affordable and accessible housing is essential to the well-being of individuals and the community. The New South Wales Council of Social Service's (NCOSS) members consistently report that housing is a top priority that impacts throughout people's lives, on their health, ability to access education and employment, safety, well-being and opportunities.

As part of its 2018–19 Pre-Budget Submission, NCOSS surveyed over 400 people and families living below the poverty line in NSW (including people living in the Illawarra Shoalhaven region). The survey showed people identified housing as being the issue that should be the NSW Government's third top priority requiring action (behind affordable essential services (second top priority) and a quality and affordable healthcare system (top priority)).³⁰

NCOSS has also identified the key issues for people in the Illawarra-Shoalhaven in respect to housing include:

- over 10-year waiting periods for a 2-bedroom social housing rental in Kiama, Nowra, Wollongong and Ulladulla;
- a disproportionate number (in other words too many) of LGAs that have higher levels of very low income households in rental stress compared to the already high NSW average (of 87%); and
- 323 and 322 people per 100,000 are homeless in Illawarra-Shoalhaven and Southern Shoalhaven districts.³¹

The Committee has focused on the issue of homelessness in this report because it has presented our community with significant challenges over the last four years. Low incomes, housing shortages, and unaffordable rents all contribute to homelessness or crowded housing.

Homelessness

Homelessness has become an increasingly contentious and striking issue in the Shoalhaven since the previous reporting period. Increasing property prices in Sydney have seen middle and lower income families escaping the city housing squeeze and looking toward the South Coast to buy property. This in turn has pushed Shoalhaven property prices skyward in most areas. Then add to the significant increase in housing prices a relatively high level of unemployment in the Shoalhaven, a 20-year low in national wage growth, a critical shortage in public and private affordable and appropriate rental properties as well as large clusters of low socio-economic disadvantage in the community and what has resulted has been a marked increase in people at risk of becoming or who have become homeless.

For the purposes of this report, the definition of homelessness is taken from ABS statistical definition, which states that when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.

The 2016 Census data revealed there were 37,715 people in NSW who were classified as being homeless on Census night (an increase of 37% from 27,479 in 2011). NSW recorded a much higher increase than the national increase of 14%. **In the Shoalhaven there were 279 people recorded as homeless on the 2016 Census night. This represents a 24.5% increase in the number of people reported as experiencing homeless since the previous census period (224 people).** (Source ABS)

In its *Specialist Homelessness Services Report 2015/16*, the Australian Institute of Health and Welfare identified **an increase over time of people seeking specialist homelessness services across all regional areas in Australia. The greatest percentage increase was recorded in Inner-regional areas (the Shoalhaven is classified as an Inner-regional area). Indigenous client numbers in all regional areas increased at significantly faster rates than non-Indigenous clients with Inner-regional areas (Indigenous 26% compared with non-Indigenous 14%) and major cities (18% compared with 8%) experiencing the highest growth in the Indigenous clients than the previous reporting period.**³²



Single older women make up a rapidly growing group facing housing insecurity and the risk of homelessness. A number of factors have contributed to the emergence of this group at heightened risk of housing insecurity, including years of unpaid caring, wage inequities, less secure work tenure, insufficient superannuation, relationship breakdown, death of a partner and the rising costs of living. Given the ageing population profile of the Shoalhaven, it is important to continue to monitor this emerging trend so as to identify and lobby for appropriate support where and if necessary.

Despite difficulties obtaining accurate data on the extent of people experiencing homelessness in the Shoalhaven, agencies surveyed as part of this Report acknowledge that there has been an increase in

people requiring support due to housing insecurity and homelessness since the previous reporting period.

In 2016, the Nowra Showground saw an unprecedented number of homeless people seeking shelter, basic amenity and safety within its grounds. This led to the Nowra community being, possibly for the first time, confronted by the extent and presentation of homelessness in their town. Community attitudes were divided as to what should be done to support the homeless people in the showground. Shoalhaven City Council (SCC), which manages the showground was faced with the difficult task of responding to what was happening. SCC set up a Homelessness Taskforce to explore options to effectively resolve the situation. Nevertheless, a decision was made to move the homeless on from the showground in January 2017.

As a result of this decision, Safe Shelter Shoalhaven was set up in 2017 as a short-term solution to accommodate those displaced at the Wesley Centre in Nowra. As a result of the shelter's success, as well as the support of the local churches, local homelessness service providers, SCC and the community, Safe Shelter Shoalhaven was able to set up longer-term purpose-built accommodation in Nowra, which opened its doors in July 2018. Run by volunteers, it is hoped this pilot project proves successful and others of its kind can follow as a way to tackle homelessness across the Shoalhaven.



HEALTH

Australia has a well-developed and integrated health system and was ranked sixth among the Organisation for Economic Co-operation and Development (OECD) countries for life expectancy at birth for both males and females.³³ This is explained by our control of many infectious diseases, improvements in hygiene and sanitation, advances in medical care, rising living standards and better working conditions, better nutrition and health education and reduction in smoking.

However, some groups of Australians continue to have poor health outcomes. **Rural and remote populations** miss out because of the lower economic conditions of many rural communities, such as lower education, income and employment as well as occupational hazards from farm or mining work, higher levels of smoking and alcohol abuse, less access to health services and the hazards of driving over long road distances. **Australians who live in poverty** are more likely to die younger because of socio-economic factors such as education, occupation and income. Poverty can result in people dying younger and having higher rates of illness, disability and death. **Aboriginal and Torres Strait Islander** people are generally less healthy, die much younger and have more disabilities and a lower quality of life. **People with a disability** are more likely than others to suffer from poor physical and mental health either because of their disability or associated socio-economic factors.



The Shoalhaven Women's Health Festival was an SAPC initiative in 2011 and continues to bring women and their families and friends together with local health services to increase knowledge within the community about health risks and local service provision. (Photo 2017)

Health in the Shoalhaven

The Illawarra Shoalhaven Local Health District (ISLHD) extends from Helensburgh in the north of Wollongong to North Durras in the most southern part of the Shoalhaven. The population is more disadvantaged than the average NSW population based on the Socio-Economic Index for Areas. Shoalhaven residents are the most socio-economically disadvantaged in the ISLHD. The Shoalhaven is also disadvantaged rurally, which represents 25% of the ISLHD population.

The Illawarra Shoalhaven Integrated Care Strategy 2017–20 reports Shoalhaven residents are more likely than the average NSW resident to be:

- risky drinkers, overweight or obese
- suffer from psychological distress
- hospitalised for a potentially avoidable condition
- hospitalised for attempted suicide.³⁴

The care strategy estimated more than 23% of people within the Illawarra Shoalhaven suffer from more than one chronic health problem, referred to as co-morbidities.

ISLHD recognises it is important to putting in place preventative programs that will have a long-term positive impact on population health. These include education about smoking and sexual health, as well as getting people in the community involved in taking responsibility for their own health.

Chronic health conditions

As they age, people are more likely to have multiple chronic conditions. It is predicted the fastest growing age group between 2006 and 2021 in the ISLHD will be 85 years and over (109%) and those 70–84 years (45%). The population of young people is projected to stay fairly static. The ISLHD has a higher proportion of people aged 85 years and older (16%) when compared with the NSW average of 14%, with the Shoalhaven having the highest percentage of 21% of the population.³⁵

Diabetes is increasing among ISLHD residents, with hospitalisations up by an average of over 18% each year since 2000–01. Aged-based diabetes hospitalisation rates have increased by over 11% each year. While this does suggest a 40% increase in hospitalisations that can be explained by age changes and population growth, at least 60% of the increase is due to other factors.(ISLHD)

Chronic diseases put considerable pressure on the health system in both hospitals (acute) and primary health care (GPs, specialists) settings. Most of the care for chronic health conditions is episodic (divided into separate parts) and acute exacerbations, (a sudden increase in the severity of the condition), are usually dealt with by reacting to it when it happens rather than planning for it. Chronic diseases require care throughout an individual's life and for this to happen, disease needs to be managed and supported in a sustainable way. Multidisciplinary care needs to be ongoing and able to cope with an increasing number of people living with chronic disease.

Some groups in our community have greater and/or distinct health care needs based on various factors, such as being Indigenous, with the Shoalhaven having a high proportion of Aboriginal residents. Indigenous people have far higher levels than non-Indigenous people of chronic disease such as diabetes, renal disease and related risk factors.

Mental health

Poverty and social inequality have direct and indirect effects on an individual's social, mental and physical well-being. In relation to the impact of poverty on mental health, a review of global evidence for the World Health Organisation's Commission on Social Determinants of Health reported convincing evidence that a low socio-economic position is systematically associated with increased rates of depression.³⁶ The relationship between poverty and mental health is a complex one as social disadvantage and mental health issues can reinforce each other. For example, poor mental health is a risk factor for homelessness, and homelessness can contribute to mental health issues.³⁷

Regardless of the nature of the relationship, evidence suggests that people with a lived experience of mental health issues have a lower life expectancy and are at a greater risk of homelessness, substance abuse and having legal issues. What is more, their ability to secure and retain work can be greatly affected, which reduces their opportunity to save money or build up personal wealth. For people in our community who live with medical co-morbidities (more than one chronic health issue) or are Indigenous, the effects are even more severe.

In 2016, the NSW Council of Social Service (NCOSS) reported that its qualitative inquiry into the health issues affecting the Illawarra Shoalhaven showed at that time mental health was a major concern, with high rates of mental health illness and psychological distress, and relatively high rates of suicide and self-harm evident in the South East. More specifically, NCOSS reported that local services were concerned about the lack of investment in ensuring that mental health supports are accessible to all people in or close to their homes. This was backed up by a survey done by the Shoalhaven Anti-Poverty Committee in 2016, in which respondents stated the most difficult services to refer their clients on to were mental health services (Source: Shoalhaven Anti-Poverty Committee).

In that same year, COORDINARE (South Eastern NSW Primary Health Network) reported that in the Illawarra Shoalhaven, 13.81 per 100 people aged 15 years and over are living with some form of long-term mental health illness and that over the past few years suicide rates for the Southern NSW have been among the highest across all regions in NSW (COORDINARE – South Eastern NSW Primary Health Network's Baseline Needs Assessment Report – November 2016). Premature mortality due to suicide and self-inflicted injuries are higher than the state and national average for the Illawarra/Shoalhaven, particularly for the Shoalhaven.

Neil's story

The Shack was launched in 2015. The Shack mirrors the idea of a Men's shed, except that it's targeted toward engaging disadvantaged youth. One of Southern Cross Housing's tenants, Neil Keating, who's been with Southern Cross for 15 years, volunteers once a week out at The Shack in Terara.

Neil says The Shack has been a godsend.

"I lost my wife earlier in the year and was looking for something to do. I went to Community Housing and asked if there was anything I could do to help and they told me about The Shack at Terara. I now spend one day a week out there. It's been fantastic. I think I get as much out of it as the young people do. I've made some great friends, in fact good mates."

At 83, the former RAN gunner, who served in Japan and Korea and worked as warehouse supervisor with James Hardie, said it's nice to impart some of his knowledge.

"We just get in and give the kids a hand with whatever they are doing. We try and pass on some of the things we have learnt during our lives. This experience has been fantastic."



Connecting people to each other and providing them with worthwhile opportunities can result in positive outcomes for the wider community.

The National Disability Insurance Scheme

In July 2017, the National Disability Insurance Scheme was introduced into the Shoalhaven. There is evidence from some providers that this has made a significant difference to service users. This is one of the most important changes that have occurred for people with a disability.

Within the South East region the coordination of needs assessment between local districts and community-based mental health services, has notably improved. These include Wellways, Grand Pacific Health, Flourish and One Door – services which collectively share similar values to provide support to people living with mental health issues in the local area (interview with Helen Backhouse, Regional Manager Flourish Australia, 2018).

Mental health services for children and young people remain limited; however, community-based teams are offering a range of services providing treatment and care, and some services are delivered from in-patient settings in hospitals. Child and Adolescent Mental Health Services (CAMHS) provides services in the local community to children, adolescents and their families with a range of difficulties that are seriously affecting their mental health and emotional well-being.³⁸

Other services include Headspace, which offers a range of mental health services and supports to young people between 12 and 25 years who are experiencing a difficult time. New South Wales Health (which is next door to Flourish in Nowra) has an Early Psychosis Team for young people and also supports them in gaining independence (NSW Health). Furthermore, the Royal Far West, funded by COORDINARE, provides internet-based mental health services for young people in the Shoalhaven, who can access online support from a psychologist and in community programs. Tele-health, E-health and apps can also be accessed by young people.

However, there is still exists limited and uneven access to face-to-face sessions with psychologists, psychiatrists and mental health practitioners. The Shoalhaven lacks preventative mental health services and services and support for people with complex and severe mental health conditions. What is more,

there is very little support for people living with high levels of psychological distress and self-harm in the Aboriginal and Torres Strait Islander populations. The NDIS needs to work on addressing the complexities in the system for these communities. Mental health services and organisations in the Shoalhaven need to support organisations such as Waminda in its advocacy (interview with Helen Backhouse, Flourish, 2018).

NDIS as a powerful social justice tool

The Shoalhaven has seen a significant increase in people accessing services in the past 12 months since the NDIS was introduced (Interview with Helen Backhouse, 2018). In NSW, 18,154 people are receiving support for the first time with more than 81,000 plans approved (National Disability Services, 2018). The NDIS includes services that have been developed for people who have life-long experiences with mental health (interview with Helen Backhouse). The regional manager for Flourish, Helen Backhouse, stated the NDIS has been the biggest social reform since Medicare and that it is causing major shifts in service provision, with a rise in partnerships and in building local networks with private providers.

“NDIS is a powerful social justice tool that is empowering people living with mental health illness to make decisions about what services best suit their needs. However, a gap still exists for people who aren’t eligible for NDIS and this is something that the service system needs to work on.” (Helen Backhouse – Flourish)

Poverty and addiction

Poverty and addiction appear interlinked. The relationship is complex and has many different aspects to it; however, evidence suggests that both these issues feed off each other. For example, poverty can lead to mental states that can lead to substance abuse that can lead to addiction, which can reduce employment prospects, social connection and mental and physical health outcomes, disrupt family and interpersonal relationships and increase the likelihood of engaging in criminal activity. Addiction does not discriminate and can become problematic for any member of our community at any stage of their lives.

The cost of addiction for a community is difficult to quantify as its impacts are exponential, that is they rise rapidly and unpredictably, both economically and socially. Nevertheless, there has been recent acknowledgement of the increasing incidence, or rate, of drug-related offences and clinical treatment in the Shoalhaven, particularly in relation to methamphetamine use and abuse (See CRIME section of this Report).

The 2016 National Drug Strategy Household survey (NDSHS) reported that alcohol continues to contribute to higher rates of morbidity (ill-health and disease) than illicit drug use across all population groups (fourteen years and over) in Australia. Nevertheless, a recent NSW Legislative Council inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW heard submissions that indicated, in the Shoalhaven, the number of people seeking treatment for methamphetamine (known as ice) was fast approaching, or may have overtaken in some communities, the number of people being treated for alcohol.

One of the reasons given for the increased use of ice is because it is so readily available and comparatively cheap when compared to other substances. The enquiry also heard evidence of the critical shortage of appropriate rehabilitation and detox services for Shoalhaven residents, particularly for Aboriginal women and children. It was noted that the only residential rehabilitation service in Nowra, Oolong House (with 21 beds for adult men only), has a regular wait list of 40 people requiring support. It was also noted that while Oolong House is the only Indigenous rehabilitation service from the South Coast to the Victorian border it also accepts around 30–40% at any one time of non-Aboriginal clients.³⁹

The 2016 NDSHS found that Indigenous Australians and people who were unemployed were more likely to smoke daily and use illicit drugs than other population groups. Some population groups in the 2016 NDSHS were far more likely to report having used methamphetamines recently than the general population. For example, methamphetamine use was 3.1 times higher among unemployed people than employed people, and single people with dependent children were 4 times as likely to have recently used the drug as couples with dependent children.

It is important to note that addiction is not just isolated to substance abuse. For example, gambling addiction often results in much financial hardship as well as relationship and employment issues among others, for the person with the addiction, as well as their family members and friends.

In March 2018, in a move by the NSW Government to overhaul the state’s gambling industry and address unsafe gambling and its impacts, it was announced that a cap on the number of poker machines will be adopted in parts of the Shoalhaven after these areas were classified as being in a ‘high-risk’ zone. Their high-risk rating was decided based on the area’s socio-economic level as determined by the Australian Bureau of Statistics.



Warruwi Aboriginal Gambling Help team and Uniting Gambling Help Nowra team at Shoalhaven Naidoc Week Celebrations in 2017.

CRIME

Crime affects the well-being of individuals, families and whole communities. In Australia, high crime rates are often associated with poverty, unemployment, low levels of education, family relationship problems and high levels of drug use. How widespread crime is may also depend on available opportunities and the size of the potential rewards, perhaps weighed against the risk of detection, apprehension and punishment. Perceptions of widespread crime can also affect a community's overall sense of well-being and an individual's ability to participate in everyday community activities, such as shopping or socialising.

Overall the Shoalhaven has experienced a sustained downturn in the crime rate. There has been a significant effort to address crime rates in the Shoalhaven using a partnership approach, where the Police Local Area Command, local government and community services sector have worked together to build a stronger and more watchful community. This has included programs where the community sector has a stronger role in providing early intervention strategies rather than crisis management.

Some of those programs are:

1. Using better handover procedures for oncoming shifts.
2. Using better community policing (attending community meetings, community groups, social media and print media).
3. Installing better quality CCTV.
4. Using automatic number plate recognition.
5. Using social media websites for increasing opportunities for intelligence collection.
6. Providing many different ways in which crimes can be reported (ie phone apps, online and via the police assistance line).
7. Police reviewing development applications under the Environmental Assessment Act so as to reduce the tendency for criminal behaviour and or danger to the public using crime prevention through environmental design and crime prevention through social design guidelines.

Downward trends have been identified among many crimes across the Shoalhaven. For example, non-domestic violence assaults decreased from 726 in 2008 to 520 in 2012 and 431 in 2016; motor theft has dropped from 246 reported incidents (in 2012) to 157 (in 2016); and break and enter (of a dwelling) had a small fall from 652 (2012) to 457 in (2016). Most other crimes remained stable or had a small decline, including drug offences, with the highest rates in possession and cultivating of cannabis. The 2017 statistics demonstrate minor increases in crimes relating to stealing from a retail store from 229 in 2016 to 332 in 2017; and bigger increases relating to drug possession and/or use from 68 in June 2017 to 75 in December of the same year. The figures in these two previous areas of crime demonstrate a consistent rise that reflects ongoing challenges for the community.

The table below provides a more up-to-date look at the crime data and shows a downturn in almost all crimes. The only increases have come in sexual assault up by 1 and robbery with a weapon not a firearm. There is also a rise in retail theft from 293 in 2016 to 332 in 2017. However, previous reports between 2013 and 2015 show stable trends in retail theft.

Comparison of incidents of crime in Shoalhaven for 2016 and 2017 calendar years

Crime	Jan–Dec 2016	Jan–Dec 2017
Domestic violence	393	339
Assault non-domestic violence	438	391
Sexual assault	101	109
Robbery with a weapon not a firearm	8	6
Break and enter (dwelling)	457	410
Break and enter (non-dwelling)	170	146
Motor vehicle theft	158	144
Steal from a motor vehicle	477	424
Steal from a retail store	293	332
Steal from a dwelling	254	213
Steal from a person	10	13
Malicious damage to property	895	853
Possession and/or use of amphetamines	178	214
Possession and/or use of cannabis	267	424
Possession and/or use of other drugs	54	75

There is a considerable increase in drug-related crime, which demonstrates a challenging trend for law enforcement and the community. The increases in possession and/or use of cannabis could be due to the recent introduction of roadside testing. Increases in possession and/or use of amphetamines could derive from increased accessibility and affordability of the drug.



(Left) Snr Constable Anthony Jory Crime Prevention Officer

Creating a new community narrative.

“East Nowra Pride was formed as an outcry from the community due to crime rates in their local area. This has had a drastic effect on the community around East Nowra. Not only have the crime rates decreased but people now have a sense of community and a sense of belonging.” Ron Witz President/Chairperson Nowra East Pride, August 2018.

Nowra East Pride has had great success using a community approach in which residents, tired of the high crime rate in their area, and police worked together.

The police and members of East Nowra Pride developed a flyer/card that contains direct police contact numbers residents can call to report suspicious happenings in the community. The card is displayed on car dashboards, with one side carrying a message to would-be thieves: “All valuables have been removed from this vehicle.” A simple idea has made such a positive impact in raising awareness and alertness in the community.

Ron Witz said, *“there had been significant improvement to community pride since the group formed and that building connections with the local police is a relationship that is growing”*. He noted that *“we have a long way to go and we are always looking for answers on how we can do better”*.



“Police utilise the Council’s resources and the Community Safety Officer’s resources along with other agencies. We receive support from these agencies, eg the supply of CCTV footage when requested; however, we are not supported by them in the sense that they are our support network.”

Domestic violence

“There are people dying and people whose lives are absolutely ruined as a result of domestic violence and, what's more, we are all, as a society, the victim.”

2016 Australian of the Year David Morrison.

There is strong evidence to suggest a correlation between poverty and domestic and family violence (DFV); however, the relationship is anything but direct. Nevertheless, families who experience DFV often also experience poverty. To illustrate this point, domestic and family violence is the main reason people access homelessness services. Most of them are single mothers with children. Most males seeking help for DFV are children in the company of a parent fleeing violence (data source AIHW and ABS).

Women who experience greater intersectional inequality (where different aspects of inequality overlap) due to race, disability, age, sexual orientation, gender identity, or socio-economic status, often experience higher rates of domestic violence and face additional barriers to seeking help and support. For example, intimate partner violence accounted for 10.9% of the disease burden among Indigenous women aged 18 to 44 years – more than six times higher than among non-Indigenous women.⁴⁰ Similarly, women with disabilities are 40% more likely than women without disabilities to be the victims of domestic violence.⁴¹

As at December 2017, for recorded criminal incidents of domestic violence-related assaults, the Shoalhaven local government area ranked 76 out of the 120 LGAs in NSW that have populations greater than 3000.⁴²

During the five years or so from the previous reporting period, statistics shown in the table below would suggest the Shoalhaven has experienced a downward trend in reports of domestic violence-related assaults.

Recorded criminal incidents of assault – domestic violence-related; number, rate and rank for SHOALHAVEN LGA

	2013	2014	2015	2016	2017
SHOALHAVEN Local Government Area					
Rate per 100,000 population	427.3	412.1	384.1	386.1	332.1
Number of Incidents	419	409	386	393	338
Population	98063	99259	100497	101777	101777
Rank	53	59	64	56	76

Source: BOSCAR, <http://bocd.lawlink.nsw.gov.au/bocd/cmd/ranking/Process>

While evidence that appears to suggest any decline in the numbers of domestic violence-related assaults is encouraging, there are critical limitations to placing too much emphasis on crime statistics to reflect the spread and impact of domestic and family violence on individuals, families and the community. It is generally understood that many cases of DFV go unreported, with estimates suggesting as little as 36% of female victims of physical assault and 19% of female victims of sexual assault in Australia reported the incident to police.⁴³ What is more, those who experience other forms of abuse, such as financial and emotional abuse, more often than not cannot be recorded in the data.

FOR FURTHER DISCUSSION AND ACTION

Through additional community research with small groups of local residents and service providers, at large events such as the Shoalhaven Women's Wellness Festival, and through one-on-one interviews with service providers some particular concerns have been raised.

Payday loans

In 2015, the members of the Shoalhaven Anti-Poverty Committee began to discuss the emerging challenge of payday lending. A payday loan is a high-cost, short-term loan. Payday loans include small amount loans (loans of up to \$2,000 that must be repaid between 16 days and 1 year) as well as loans borrowed over longer periods. (ASIC, www.moneysmart.gov.au/borrowing-and-credit/payday-loans).

The risks of payday loans are their high cost, direct debiting of the repayments, re-borrowing to repay the loan, the potential to affect people's credit rating, the difficulty people have in getting out of the loan and the high default fees. Yet Committee members commented that the loans were easy to get and becoming more and more abundant.

Commitment: the SAPC has committed to producing a position paper in early 2019 on payday lending schemes that will inform our actions in addressing the issue.

National Disability Insurance Scheme

The scheme has only been in place for just over 12 months and for some individuals, as reported in the section on Mental Health, there has been a quantifiable advantage. These people feel empowered to make decisions about their lives and the supports they need.

However, there is enough anecdotal evidence from individuals, families and agencies to indicate some are struggling with the change and that this is harmful for people's well-being.

The Committee has heard of:

- individual cases where people have not been able to access packages or have received inadequate packages even though they have high levels of disability
- several cases of where individuals have received packages months before and, not knowing how to access services or what the notification letter meant, have left them untouched until they almost accidentally came in contact with a service provider
- services that have tried to negotiate packages where they are the sole provider across all of life activities
- lengthy delays in having reviews completed which leave either individuals without adequate support or services out of pocket
- aged parents who have been so stressed by the process of advocating for their adult child they have felt they would prefer to end their own and their child's life than leave their son or daughter in a vulnerable position when they die.

Although these are individual cases, their comments are backed by the criticisms of the scheme in the Ombudsman's May 2018 report on the National Disability Insurance Agency's review processes. The Ombudsman found it was "Of particular concern (...) delays in completing reviews ... The NDIA has

acknowledged some reviews are taking up to nine months to be completed.” The report added that there were systemic communication issues.

Recommendation: the Report Committee recommends that the SAPC monitor the implementation of the NDIS in the Shoalhaven overtime and consider carrying out further research into its successes and failures at a local level.

Negative growth in Indigenous school attendance rates

This information has emerged from the research for this report. To date the focus of national education policy through *Closing the Gap* has been on facilitating access to education but the next phase will focus on attainment, outcomes and engagement with parents to be a part of the solution. It is hoped this focus will begin to narrow the gap further.

The positive increase in the number of Aboriginal and Torres Strait Islander pre-schoolers attending early childhood education in the Shoalhaven is great news for the future of those young people. There is strong evidence of a correlation, or an association, between early childhood education, school retention and improved life outcomes, including income, health and housing.

Commitment: the SAPC has a strong focus on supporting the Close the Gap strategies and on improving education outcomes for the community. This commitment should be maintained and strengthened in any future planning.

Aged care

The Shoalhaven has a much higher number of older residents than the NSW average and this is expected to continue to grow until 2050. The recent revelations of abuse and neglect in aged care facilities has led to the announcement of a Royal Commission into aged care. This is all occurring at the same time as significant reform based on previous investigations is about to be implemented in the sector.

At the time of writing, it has been announced: “The Royal Commission will primarily look at the quality of care provided in residential and home aged care to senior Australians and will also include young Australians with disabilities living in residential aged care settings.”⁴⁴

It is expected the Royal Commission will address management systems, staffing and organisational development; hygiene and sanitary conditions; quality of food; failures of care resulting in a lower standard of care or life expectancy; instances of abuse and reportable assaults (general, financial and sexual); neglect (isolation); restrictions on freedom and movement; use of restraints; and theft of belongings and food. It will also have to consider growing demand for an appropriately skilled and experienced workforce.⁴⁵

Our report shows elderly people are more likely to live in poverty if they are on welfare, that the Shoalhaven not only has higher rates of chronic health and co-morbidity (more than one chronic health issue) among the general population but that this also increases as people age, and the aged care sector is a large employer in the area.

Recommendation: the SAPC should not lose sight of the valuable contribution older residents make to our community. The Report Committee recommends the SAPC maintain an awareness of the changes occurring in the aged care sector and provide advocacy for the elderly.

Youth unemployment

Since the 1990s the Shoalhaven has seen a fall in the number of young people who are unemployed but it continues to be unacceptably high. Additionally, requirements for young people up to 17 years and those on welfare benefits to be in school or training if not work probably skew the figures slightly. That is more young people are probably looking for work than the figures suggest is the case.

Evidence shows completing high school and opportunities to complete tertiary studies do reduce the chances of young people living in poverty. Worryingly, Australia's rates of Year 12 completion are low compared with other OECD countries, with average school completion at 83%, a figure that is even lower for young Aboriginal and Torres Strait Islanders.

Young people from low socio-economic backgrounds are less likely than their more affluent peers to see things like owning their own home or being financially independent as within their reach.

Disadvantaged young people also often prioritise getting a job over further study.

In today's knowledge economy such a focus on jobs over study can lead to lower education attainment, lower earnings over a lifetime, and an increased likelihood of welfare dependency. It can also flow on to other areas of peoples' lives, particularly in health and well-being.

Commitment: the SAPC already has a strong focus on supporting, advocating and lobbying for opportunities for young people to complete high school and continue on to tertiary education. This commitment should continue in all future planning. Some of our members provide successful programs for young people and we should continue to support them as well as look for gaps that government or community could fill.

Targeted Early Intervention Reforms

These changes are affecting several SAPC members. The reforms focus on providing disadvantaged children and families with the support they need to reduce the likelihood of children being at risk of significant harm. NSW Family and Community Services is focusing on giving children positive pathways in life and with that in mind is developing a service system which it hopes will be more flexible, locally responsive, evidence-based, adaptive and client-centred. These reforms are expected to be fully implemented by 2020.

Commitment: SAPC is committed to supporting, advocating and lobbying for children and families. Many of our members provide significant support to disadvantaged families and young people and the Committee should continue to support these programs as well as look for gaps in service.

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