



# NSW SPECIALIST HOMELESSNESS SERVICES WORKFORCE PROFILE

## EXECUTIVE SUMMARY 2017

To inform workforce development for New South Wales (NSW) Specialist Homelessness Services (SHS), this summary profiles workforce characteristics of homelessness organisations and individuals. Information presented is based on two surveys conducted in February 2017:

- a survey of 331 SHS staff answering as individual workers on workforce issues in the SHS sector, conducted by the Industry Partnership of the three NSW homelessness peaks  
<http://www.shssectordev.org.au/projects/nsw-homelessness-workforce-survey-2017>
- a survey of 72 CEOs or Human Resource Managers from organisations providing SHS services, as part of a larger survey on workforce issues in NSW community services, conducted by Social Policy Research Centre (SPRC) on behalf of NSW Council of Social Services (NCOSS). While these organisations provide SHS, the survey responses were for their entire organisation. Thus, for multi-service organisations, the data relates to all employees, not only those delivering SHS.  
<https://www.sprc.unsw.edu.au/research/projects/workforce-issues-in-the-nsw-community-services-sector/>

Reference is also made to previous SHS sector surveys conducted by the Industry Partnership.

### 1.1 SERVICE CHARACTERISTICS

**Service function:** The main function of many SHS providers is crisis refuge (25%), followed by intensive responses for clients with complex needs (17%) and transitional accommodation (8%), although in reality most SHS providers have multiple main functions (75%) (Industry Partnership 2017). Of note, far fewer staff in 2017 identified transitional accommodation as their service's primary function compared to 30% in the 2015 SHS sector survey.

**Client groups:** While SHS providers serve a wide variety of client groups and some have multiple client groups, key amongst these are: Aboriginal and Torres Strait Islander People (44%); women and children experiencing or escaping domestic or family violence (37%); single women (35%); families (34%); people experiencing mental health issues (34%); people with drug and alcohol issues (31%); people from culturally and linguistically diverse backgrounds (30%); rough sleepers (27%); unaccompanied young people between 16 and 24 years (26%); people leaving prison or custody (25%); and single men (23%) (Industry Partnership 2017).

**Size:** The SPRC survey found that in NSW community organisations employ around 73 staff on average, while SHS providers tend to be smaller, employing 61 staff on

average. However, the size of SHSs varies greatly. A third of SHSs employ 10 or fewer staff, half of SHSs employ 18 or fewer staff, and a quarter employ more than 50 staff. Consistent with these results, the Industry Partnership survey found the majority of homelessness providers employ 25 or fewer staff (54%) with the largest grouping of SHSs employing 10 to 25 staff (28%).

**Recruitment:** Just over half of SHS providers (52.8%) reported a growth in staff numbers over the 12 months to February 2017, a higher percentage than for the entire community sector (45.1%). This was despite SHS providers being more likely than community services overall to experience difficulty recruiting and retaining degree qualified service delivery, managerial or specialist project staff in the past year (SPRC 2017). SHS providers called for increased funding to offer salaries and conditions sufficient to attract high quality staff.

**Funding issues:** Two in three SHS providers surveyed reported receiving supplementation from a government funder to help cover the wage increases arising from the Equal Remuneration Order (ERO), similar to the proportion across the NSW community services sector (SPRC 2017). (Note: ERO is paid for all homelessness programs other than Service Support Fund and Homeless Youth Assistance Program Stage 2). A common complaint, however, is that ERO supplementation does

not account for increasing costs and does not cover the gap between pay levels in non-profit and government organisations. Many SHS providers linked workforce challenges to low levels of government funding and funding insecurity, calling for longer contracts to offer staff greater employment security, better wages and to fund training (SPRC 2017).

## 1.2 DEMOGRAPHICS

**Age:** The average age of SHS staff is 44 years, with the majority of workers aged between 36 and 55 years (Industry Partnership 2017). On average, SHS services have a smaller proportion of staff aged 55 years and over compared with the wider community sector (SPRC 2017). This implies that, while of concern, workforce ageing is a less urgent issue for SHS organisations.

**Gender:** Strikingly, female workers make up 83% of the homelessness workforce, with only 14% of workers identifying as male and 2% as non-binary or other (Industry Partnership 2017). Reflecting this gender weighting, 7 in 10 SHS providers have a female CEO (SPRC 2017), although larger SHS providers are more likely to be led by men, consistent with the rest of the sector.

**Culture and ethnicity:** Among SHS staff, 9% identify as of Aboriginal or Torres Strait Islander descent (Industry Partnership 2017). While this is a higher percentage than the 3% indigenous people make up in the general Australian community, it is far lower than the estimated 25% of Aboriginal and Torres Strait Islander people within the NSW homelessness population (ABS Census of Housing and Population 2011 & AIHW Specialist Homeless Services Data Collection). Encouragingly, 64% of SHS organisations have policies for recruiting Aboriginal and Torres Strait Islander workers, which is higher than the 51% for the community sector as a whole (SPRC 2017).

Only 13% of SHS staff identify as being from a culturally or linguistically diverse (CALD) background, similar to findings in the 2015 and 2013 sector surveys (Industry Partnership 2017). Aiming to increase cultural diversity in the workforce, a little under half of SHS providers have policies or targets for recruiting staff from CALD backgrounds (SPRC 2017).

**Lived experience:** A sizable proportion (23%) of SHS staff have themselves at one time been homeless (Industry Partnership 2017). This proportion is likely being fostered by at least a third of SHS providers having recruitment policies or targets for people with lived experience of service use or social disadvantage (SPRC 2017).

**Education:** The Industry Partnership survey reported 50% of SHS staff had completed a university qualification. The SPRC survey found the proportion of SHS staff with degree qualifications is slightly higher than for the wider community sector. In the SPRC survey, most SHS organisations considered the proportion of degree qualified staff to be 'about right', although for a quarter of organisations the proportion was considered too low (SPRC 2017).

## 1.3 EMPLOYMENT

**Half/full time:** The Industry Partnership survey found 69% of SHS staff are working full time, while the SPRC survey found SHS providers employ roughly equal numbers of full and part time workers. In either case, this signals a decline from 79% of full time workers recorded in the 2013 SHS sector survey. Nonetheless, the homelessness sector is performing better than the wider community sector where part-time workers outnumber full-time workers (SPRC 2017).

**Contract and casual employment:** The Industry Partnership survey recorded 55% of SHS staff as holding a permanent position or contract longer than three years, 40% of staff on a fixed term contract and 5% employed on a casual basis. This indicates a sharp decline in permanent positions and a rise in short term and casual appointments since the 2013 and 2015 sector surveys. The SPRC survey recorded somewhat different findings: 47% of staff have a permanent position, 29% are on a fixed term contract (higher than 18% for the entire community sector) and 24% on a casual basis (on par with national figures).

The discrepancies between Industry Partnership and SPRC survey findings for types of employment contract are likely due to differences in survey method. The Industry Partnership survey asked workers directly about their individual circumstances, meaning casual staff in particular may have had less opportunity to respond. The SPRC survey asked CEOs and HR Managers to comment

on employment contracts for their entire organisation, possibly allowing for more accurate estimates of casual and other staff but this also meant that some staff not delivering SHS services were included.

Regardless, the trend towards less secure employment within the SHS sector is of serious concern, particularly given the predominance of women in the workforce.

**Salary sacrifice:** Organisations providing SHS services reported that on average 66% of staff used salary sacrificing arrangements, higher than across all community service organisations (54%) (SPRC 2017).

**Job satisfaction:** The large majority of SHS staff indicated general job satisfaction, agreeing somewhat or strongly that: their work gives them a feeling of accomplishment; they have tools and resources to do their job well; they feel supported by their manager and workplace; and that their job makes good use of their skills and abilities (Industry Partnership 2017).

**Length of time in the sector:** On average, most SHS staff have worked in the sector from between four to ten years, with the majority (59%) having occupied between two and five jobs in the sector (Industry Partnership 2017).

**Initial attraction to the sector:** Most staff were initially attracted to the homelessness sector because of: a desire to help others and give something back to the community (67%); and because they enjoy working with the client group (47%) (Industry Partnership 2017). Many people were also attracted to: the supportive workplace culture (30%); learning opportunities and application of skills (29%); and because they find the work personally rewarding, feel valued, appreciated and respected (25%). Fewer people were attracted by the career prospects or job security (13%).

**Career advancement:** Only 40% of respondents said they had opportunities for career advancement within their organisation. Of the rest, 37% said they had no opportunities and 23% were unsure as to whether there were any or not (Industry Partnership 2017).

**Movement within and outside of sector:** When asked how long they had held their current role, 57% of SHS staff indicated up to two years, 37% said three to ten years, and 7% said more than ten years (Industry Partnership 2017).

Sixty nine percent of staff want to be working with their current employer twelve months from now, while 7% want to be working elsewhere in the homelessness sector; 2% are considering retirement (Industry Partnership 2017). Only 40% of staff want to remain with their current employer for the next three years (far lower than the 80% in 2015); 10% want to be working elsewhere in the homelessness sector; 15% want to be working outside the sector; and 6% want to retire (Industry Partnership 2017).

## 1.4 SKILLS AND PROFESSIONAL DEVELOPMENT

**Language other than English:** As many as 17% of SHS staff speak a language other than English, yet only 5% spoke another language at work (Industry Partnership 2017).

**Training:** SHS staff are highly engaged in professional development, spending 9 days on average per year on professional development compared with 6.5 days for workers across the entire community sector (SPRC 2017). A recent evaluation of the Industry Partnership found generally high worker satisfaction with sector training provided (ARTD Consultants 2017).

In the twelve months prior to the Industry Partnership survey, 92% of SHS staff took up training opportunities, most commonly as participation in: conferences or workshops (65%); FACS SHS Learning and Development training (54%); information sessions by other professionals (44%); CCWT training (22%); or training organised by the Industry Partnership (19%). Other learning opportunities undertaken included: university or VET qualifications; short training courses; other government training (i.e. not FACS run); ECAV; or Federation of Housing Associations training.

For staff with client contact, training priorities over the next 12 months centre on: working with specific populations (38%); trauma informed care skills (34%); case work skills (25%); self-care skills (25%); collaboration skills (22%); work management skills (22%); and assessing risk and safety planning (20%) (Industry Partnership 2017). For managerial staff, training priorities are for: organisational development (20%); HR (20%); business (17%); management skills (16%); interpersonal communication (14%); self-care (14%); legal skills (13%).

**Barriers to training:** Barriers to accessing professional development principally concern: a lack of time to take up training (18%); a lack of funding for registration fees, replacement of staff, travel or accommodation (14%); a lack of opportunities available in regional centres (14%); and a lack of relevant training (12%) (Industry Partnership 2017). To a lesser degree are barriers such as managers not prioritising training, a lack of information about opportunities and length of course requirements. On a positive note, 87% of those accessing learning opportunities had some or all of their costs covered (Industry Partnership 2017). Despite this, services continue to report insufficient free training opportunities to meet demand and non-metropolitan organisations especially find engagement difficult and costly (SPRC 2017). Elsewhere, long waiting lists for training has also been raised as an issue (Lead Agents Network meeting March 2017).

**Practice support:** On a positive note, a large majority of SHS staff have access to support for their practice. This is principally as clinical supervision (52%) but also: phone support/guidance (31%); mentoring (20%); role models (16%); buddying (13%); communities of practice (11%); and shadowing other workers (10%) (Industry Partnership 2017). Other support is provided as inhouse supervision, debriefing with colleagues, use of Employee Assistance Program or external supervision. Only 10% of staff did not have practice support available in the twelve months leading up to the survey.

Most staff (54%) had opportunities to share information and improve practice, both internal and external to their organisation. Others had opportunities only within their organisation (32%) or only externally (7%), while 7% did not have any opportunities (Industry Partnership 2017).

**Needs for additional support:** Despite practice support already available, a majority of staff identified a need for additional clinical expertise or support to improve service delivery. That is, support to: develop reflective and evidence-based practice (37%); understand the impact of trauma and provide trauma informed care (29%); and develop awareness of one's own emotional processes when working with clients (25%) (Industry Partnership 2017). Many staff also said they would benefit from clinical expertise around conducting assessments, developing therapeutic treatment plans and undertaking interventions (23%), conducting case

consultancy and review (22%), and to develop role modelling skills and mentoring capacity (27%).

Rural staff responding to the Industry Partnership survey identified needs for additional support: more locally available training or options around training (47%); more services, particularly specialised services, in rural areas to take the pressure off existing organisations (18%); more funding and resources for rural areas (10%); support for networking, collaboration and information sharing between services, as well as between partner and lead agents (10%); and practice support, such as debriefing opportunities, facilitated reflective practice and clinical supervision (6%). Others requested support to work with clients with complex or high level needs.

Aboriginal staff were also asked about their needs for additional support: 23% called for more cross cultural competency training for the sector as a whole; 20% called for support for networking and collaboration between Aboriginal services and with non-Aboriginal services; 10% called for greater access to training in general for Aboriginal staff; and 10% for an increase in funding and resources for Aboriginal services (Industry Partnership 2017). A few staff indicated that they did not see that they required additional support just because they are Aboriginal.

## 1.5 WORKFORCE DEVELOPMENT PRIORITIES

**Workforce development priorities:** SHS staff priorities for the Industry Partnership's work on sector development over the next three years included: consistent and accredited training (74%); training on trauma informed care and support (64%); establishing communities of practice (51%); career pathways (45%); facilitating recognition of prior learning for workers (41%) (Industry Partnership 2017). In addition, SHS staff identified a need for: strategies for early intervention and prevention of homelessness; good collaboration with mainstream and other agencies, and partnership development, especially with public and community housing providers; and assistance with implementing training outcomes within organisations. Some SHS staff asked for organisational development support in HR and financial management. There were also calls for advocacy for secure funding for organisations and positions, and improved working conditions, such as wellness leave or a package for workers who deal with trauma daily.