

Anglicare Tasmania submission to the Tasmanian State Budget 2021-22

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About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include: crisis, short-term and long-term accommodation support; NDIS disability and mental health support services; support services following a motor vehicle accident; aged and home care services; alcohol and other drug services; financial and gambling counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, research and advocacy.

Anglicare Tasmania's work is guided by a set of values which includes these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Our recommendations

Anglicare Tasmania welcomes the opportunity to participate in the community consultation process for the 2021-22 State Budget. Anglicare encourages the State Government to invest in resources, systems and services that will enable all Tasmanians to participate fully in shaping their own futures.

Anglicare Tasmania's budget priorities have come from recent research and consultations with disadvantaged and vulnerable Tasmanians and the Anglicare staff who work with them to achieve positive futures.

We believe the State Government can make sound investments in the Tasmanian people and strengthen Tasmanian communities by prioritising:

- improved support for children and families involved with the child safety system;
- children who are homeless and without access to a parent or guardian;
- affordable housing that provides a secure and stable base for Tasmanian families to flourish;
- increased support for people who need mental health services in the community;
- increased support for people in financial distress; and
- increased support for people who have concerns with alcohol or other drugs

Recommendation 1: Increase funding to Legal Aid to support families involved in the child safety system.

Recommendation 2: Provide funding to establish a supportive non-legal advocacy service for families involved in the child safety system.

Recommendation 3: Invest in family restoration programs that can specifically work with families whose children have been removed until they are deemed to be 'reunification ready'.

Recommendation 4: Development and trial of an explicit model of medium-term (6 months plus) residential care within a statewide program of Youth at Risk Response Centres which target unaccompanied homeless children 12-15 years.

Recommendation 5: Increase funding for the construction of social housing.

Recommendation 6: Increase funding for community-based mental health services.

Recommendation 7: Increase funding for financial counselling services.

Recommendation 8: Increase funding for alcohol and other drug counselling services

Recommendation 9: Ensure Rethink 2020 is fully funded to implement a mental health continuum of care model across the age spectrum that is recovery focused, strengths based, client driven and evidence-based.

Recommendation 10: Ensure continuity of support for all individuals whose existing services in community based support accommodation are due to cease in their current form in July 2021.

Children and families involved with the child safety system

Why is this a priority issue?

Like elsewhere in Australia, in Tasmania the number of children entering the out-of-home care (OOHC) system continues to rise, with an increase of 31% over the last five years (AIHW 2020). As of June 2020, there were 1330 children in the Tasmanian OOHC system (Department of Communities 2020). This is putting increasing pressure on families, on the child safety system, on the justice system and on the court. It is also increasing pressure on community organisations who support families where children experience, or are at risk of experiencing, abuse and neglect. Research from Anglicare's Social Action and Research Centre (SARC) shows that the system is unable to adequately pursue the intent of the legislation to actively support and promote family preservation and reunification, which is driving both entry into OOHC and longer stays once children and young people enter the OOHC system.

Overall, current processes, procedures and practice amongst child safety staff, the court and legal professionals, and community service organisations are falling short for many families and fueling high levels of dissatisfaction among all stakeholders. Many operate as direct obstacles to meeting the goals of family preservation and reunification as outlined in the *Children Young Persons and their Families Act 1997*.

Anglicare supports the State Government's recent responses to the challenges in this area and the commitment to reducing the numbers entering the OOHC system. The focus of the Strong Families Safe Kids Strategy on improving family preservation and reducing substantiations through the introduction of the Advice and Referral Line, investment in the Integrated Family Support Services and the Intensive Family Engagement Service is promising. Its ongoing investment in family restoration through Pathway Home to work with families who have been deemed 'reunification ready' is essential.

However, our research has flagged that there remains a crucial gap in the continuum of family support. There are currently no specifically funded family restoration programs within Tasmanian that are able to work with families of origin **immediately after a child is removed** to support them to cope with the collateral consequences of the removal and to address the safety concerns Child Safety has raised (Hinton 2018; Fidler 2018). When children are removed, their birth parents experience a range of collateral consequences that are likely to compound parents' existing complex trauma. These consequences can include removal processes which are traumatic for both parents and children, overwhelming grief and loss, and dramatic and sudden reductions in income, which can lead to housing instability and homelessness (Hinton 2018; Fidler 2018). These consequences can exacerbate already existing difficulties and lead to escalations in drug and alcohol use, domestic violence and mental health issues (Hinton 2013, 2018). At the same time, parents are required to

deal with legal processes, maintain positive access to their children, work constructively with Child Safety Services (CSS) and meet any conditions imposed by court orders to address safety concerns (Hinton 2020).

Anglicare proposes investment in developing a comprehensive strategic approach to delivering the intent of the legislation, empowering parents to participate in decision-making and a supportive infrastructure for vulnerable families who are struggling. Adding a service for families immediately post-child removal would complement current investments in IFSS, IFES and Pathway Home. It would ensure that vulnerable families have access to the therapeutic and practical supports they need, not only to reduce Tasmanian children's involvement in OOHC but also to maximise the chances for their safe return to their birth families.

What investments can the State Government make?

Recommendation 1: Increase funding to Legal Aid to support families involved in the child safety system.

Although the exact number of families attending the Magistrate's Court unrepresented is unknown, the impacts are significant in terms of increasing court workloads, lengthening care proceedings and leaving highly vulnerable people navigating their way through a complex legal system unsupported. A right to legal representation is a basic prerequisite of a fair and just system and must be ensured for such significant decisions as the removal of children from their birth families.

Anglicare supports state investment in the expansion of the Legal Aid funding pool in order to ensure a right to high quality legal advice for parents in the child safety system.

Estimated costs: Increase current budget by one third.

State government departments: Department of Justice & Department of Communities

Recommendation 2: Provide funding to establish a supportive non-legal service for families involved in the child safety system.

Anglicare recommends establishing a Family Inclusion Network (FIN) for Tasmania based on the core elements of the FIN Western Australia model (Anglicare Tasmania 2018). This would facilitate:

- more effective partnering between parents and the Child Safety Service (CSS) at an individual level to enable parents to better engage with CSS, safety concerns and decision-making;
- support with the 'collateral consequences' of child removal and the transition into the justice system; and
- placing the lived experience at the heart of effective policy and service design.

Anglicare believes that a properly funded and authorised body delivered by a professional incorporated organisation and supported by recurrent funding is essential to support these goals. Such a body would encompass statewide approach and delivery and the provision of information,

advice, advocacy and casework to all families who want or need it. It would also include a mechanism for routinely hearing the voice of families in the co-design of services.

Estimated costs

Annual total \$541,510 (+ 10% GST). Includes in-kind support from an auspicing organisation and all overheads:

- \$144,760 for Statewide Co-ordinator (level 8, includes office, computer, car) plus \$3,000 for travel and accommodation (6 trips across the state annually). Total \$147,760 (+ 10% GST).
- \$129,250 per Advocate (level 6, one in each region) plus \$2,000 resourcing per Advocate. Total \$131,250 x 3 = \$393,750.

State government departments: Department of Justice

Recommendation 3: Invest in family restoration programs that can specifically work with families whose children have been removed until they are deemed to be ‘reunification ready’.

Anglicare recommends a case management model, with intensive therapeutic support for parents as well as practical support in parenting and achieving stable housing in order to address all safety concerns highlighted by Child Safety Services. It should be delivered at arm’s length from Child Safety Services.

This additional service would ensure that vulnerable families have access to the therapeutic and practical supports they need, not only to reduce Tasmanian children’s involvement in OOHC, but also to maximise the chances for their safe return to their birth families.

Estimated costs

\$3.2million per year, based on the costs of the current Intensive Family Engagement Services investment.

These costs would need to be reviewed if the program design included a supported housing model.

State government departments: Department of Communities Tasmania (Children and Youth Services, Housing Tasmania); Department of Health.

Children who are homeless and without access to a parent or guardian

Why is this a priority issue?

In Tasmania, as in other Australian states and territories, children can experience homelessness alone and without a parent or guardian. This usually occurs in the context of a breakdown in family relationships and effective guardianship, including abuse and neglect. These children may not become known to authorities during early childhood and, exiting home as older children (aged 10-17), do not often meet the current practice threshold for child protection involvement.

Children who experience homelessness alone without a parent or guardian can experience ongoing cumulative trauma. They are more likely to couch surf than sleep rough or access Specialist Homeless Services (SHS), to have a range of physical and mental health support needs, to have inadequate nutrition, to be living with little or no income, and to face challenges in both accessing and remaining engaged in school (Robinson 2017; 2018).

In 2018-19 SHS data recorded that 410 children aged 10-17 presented alone in Tasmania (AIHW 2020). This same data revealed a steady increase in the number of unaccompanied children in Tasmania experiencing a 'current mental health issue' (AIHW 2020). This has risen from 170 children aged 10-17 in 2013-14 to 256 in 2018-19. In fact, of all states and territories in Australia, Tasmanian SHS recorded the highest level of mental ill health among unaccompanied children presenting for support – over 60%.

There are clear interventions, however, which could be implemented to prevent unaccompanied child homelessness or ensure that it is a brief, supported and one-off experience. SARC's paper 'A public health approach to ending unaccompanied child homeless' clearly lays out a framework to tackle this issue head on (Robinson 2020). This work further develops Anglicare's contribution to the Under 16s Homelessness Taskforce Ministerial Advice (Department of Communities 2019) and informs current participation in the Department of Communities Under 16s Working Group.

What investments can the State Government make?

Whilst it recognises the clear need for a full suite of responses to unaccompanied homeless children in Tasmania (Robinson 2020), Anglicare sees high value in initially leveraging and expanding existing prevention and early intervention investment in Youth at Risk Responses Centres.

Recommendation 4: Development and trial of an explicit model of medium-term (6 months plus) residential care within a statewide program of Youth at Risk Response Centres which target unaccompanied homeless children 12-15 years.

This should be designed, staffed and resourced to enable re-unification with family and other natural supports, or where this is not possible, enable adequate time for Child Safety assessment and long-term placement decision-making. Current Youth at Risk Centre offerings should be expanded to include North West Tasmania.

For example the Ruby's Reunification Program, in South Australia, combines family counselling and a safe place to stay, to keep families together and divert children from the homelessness system, which is not designed to meet the practical and developmental needs of this young cohort. This model currently operates statewide in South Australia in purpose-built facilities provided by the state housing authority. The service offers 24/7 staffed residential facilities explicitly designed as therapeutic spaces, family counselling and access to a tailored, wrap-around service for families. The program engages with clients and their families flexibly, on average for up to 6 months, to give both parents and their children an appropriate timeframe in which to address key issues identified as barriers to reunification. The staffing model for each house includes a counsellor on-site all day, youth workers, and a coordinating Senior Practitioner. All staff receive specialist training and ongoing professional supervision.

The Ruby's program has demonstrated excellent outcomes; 85% of children in the reunification program went home (including extended family) and did not enter the homelessness sector. Thanks to this success it has recently been funded in the ACT.

Estimated costs: \$3million annually plus housing for 3 facilities (North, North West and South).

Costs based on detailed modelling provided by Uniting Communities in South Australia, who have recently made Ruby's available as a low-cost licensed model.

State government departments: Department of Communities

Affordable housing for all Tasmanians

Why is this a priority issue?

As of October 2020, there are 3373 applications on the waiting list for social housing in Tasmania. The average amount of time spent on this list waiting for a home is over 60 weeks (Department of Communities Tasmania 2020).

There are far-reaching social benefits to providing affordable housing. A stable home improves people's capacity to find employment and productively contribute to society. A stable home provides space and time to recover from family and domestic violence, it improves health in the face of chronic illness and provides protection during public health emergencies. Children are more able to develop and flourish in a stable home environment.

Investment in social housing is a cost-effective way to boost growth in jobs and incomes. Every dollar invested is estimated to boost GDP by \$1.30 (ACOSS 2019).

Whilst there has been a significant increase in residential construction and the supply of new homes in recent years, this has not been enough. In 2018, the Australian Housing and Urban Research Institute (AHURI) predicted a social housing shortfall of 14,200 across the state by 2036. This means the government's current commitment to build an additional 1000 houses over the next three years will not be enough (Lawson 2018).

What investments can the State Government make?

Recommendation 5: Increase funding for the construction of social housing.

This building program would support career pathways for young people and long term employment opportunities whilst also providing affordable homes for Tasmanians.

This initiative directly supports the Premier's Economic and Social Recovery Advisory Council immediate priority recommendations on upskilling and re-skilling Tasmanians workers (Rec 14, 15, 1, 17) and the 'Construction Blitz' program (rec 28 and 44). It also aligns with their final report on long term recovery, Skills Schools and Youth (rec 11), Training Priorities (rec 19) and Housing (rec 32).

Estimated costs: \$191 million annually and new 859 houses across Tasmania each year to meet predicted demand.

State government departments: Department of Communities

Increased support for vulnerable Tasmanians affected by COVID-19

Why is this a priority issue?

The COVID-19 pandemic has impacted on everyone's lives, with physical distancing, isolation and not being able to see friends and family. Many people have new worries about employment, their financial situation, housing and managing bills, all alongside larger the stress and worry about the global pandemic. It is reasonable to expect that COVID is having and will continue to have an impact on mental health, substance misuse and financial wellbeing.

A recent report on COVID-19 and mental health from the Centre for Social Impact predicts that the economic and social impacts will continue to take a toll on Australians' mental health for at least the next five years (Kaleveld et al. 2020). Modelling in this same report predicted a 13.7% increase in suicides (a total of 19,878 deaths) over the period 2020 to 2025. The number could be even worse in some areas where rates of suicide may be compounded by the ripple effects of natural disasters such as bushfires or industry-specific shutdowns (for instance in areas dependent on tourism or hospitality). They predict that in some vulnerable areas, the rate of suicide could be up to 10 percentage points higher than the national average over the next five years (Kaleveld et al. 2020). Prior to COVID-19, Tasmania had a higher rate of deaths from suicide than the Australian average and approximately 13.7% of Tasmanians report high to very high levels of psychological distress (PHT 2019).

Anglicare Tasmania's Attempted Suicide Aftercare Program has seen a 69% increase in referrals between July and October 2020 compared to the same time last year. Similarly our recovery program has seen a 59% increase in referrals for the same time period. We anticipate that we will continue to see an increase in demand for these very important services over the next 3 years.

Research by Ornell et al. (2020) has highlighted the significant impacts the COVID -19 pandemic has on individuals with substance use disorders. As well as being more vulnerable to the coronavirus itself, this group of people may have missed out on valuable face-to-face support to manage their condition during lockdown. Indeed, the public health strategies used to manage the outbreak can cause negative emotions which have been known to trigger relapse and intensified drug and alcohol consumption. Anglicare Tasmania predicts a steady increase in requests for support from our alcohol and drug counselling service.

Whilst we are yet to see an increase in requests for financial counselling, the sector is bracing for significant demand. Both Job Seeker and Job Keeper have helpfully delayed the full impact of COVID-19; however, consumer data is showing that many young people have taken out payday loans,

consumer leases and personal loans to make ends meet (Consumer Policy Research Centre 2020). We expect the economic consequences of the pandemic to include more business closures and an increase in unemployment when Job Keeper ends and Job Seeker rates reduce. The Federal Government has funded Financial Counselling Australia to increase capacity to the National Debt Helpline, which will guarantee increased referrals to financial counselling services.

What investments can the State Government make?

Recommendation 6: Increase funding for community-based mental health services.

Recommendation 7: Increase funding for financial counselling services

Recommendation 8: Increase funding for alcohol and other drug counselling services

Anglicare predicts a 20% increase in service demand for mental health, financial counselling and alcohol and drug counselling services across the state over the next three years.

Estimated costs for Anglicare:

To fund additional FTE at Anglicare to meet increasing service demand:

- Attempted Suicide Aftercare Program: \$128k per annum (total budget \$754k per annum)
- Mental Health Recovery Program: \$240k per annum (total budget \$1,331k per annum)
- Financial Counselling Services budget: \$118k per annum (total budget \$712k per annum)
- Alcohol and Other Drugs Counselling Services budget: \$148k per annum (total budget \$890k per annum)

Government departments: Department of Health and Department of Communities

Support for Tasmanians with mental health needs

In the state plan for mental health 2020-2025 the Tasmanian Government committed to continuing support for people living with psychosocial disability or severe persistent mental illness who will not be eligible or cannot access the National Disability Insurance Scheme (NDIS) (See Reform Direction 5 - Key Action 2 of Rethink 2020). However, it is acknowledged that there is a long way to go before full implementation of integrated services that ensure gaps are adequately addressed.

Tasmanians who are not receiving financial support through the NDIS who have psychosocial disability or have coexisting mental and physical illness are a key concern for Anglicare Tasmania.

Why is this a priority area?

Psychosocial disability is a specific term used to describe a disability that may arise from a mental health issue (NDIS 2020c). Not everyone who has a mental health condition will have a psychosocial disability, but for those who do it can severely impact on their daily lives. Tasmania has the highest rate of psychosocial disability compared with other Australian states and territories, at 8.3% or 44,867 Tasmanians (ABS 2018).

People with psychosocial disability may qualify for the National Disability Insurance Scheme (NDIS) to be able to access supports to undertake activities of daily living. However, the majority of Tasmanians with mental illness and disability will not be eligible for the NDIS, as only 11% or around 10,000 participants are anticipated to meet the eligibility criteria (Productivity Commission, 2017). Alarming, only 688 NDIS participants in Tasmania have a primary psychosocial disability according to NDIS figures Jul- Sept 2020; this is a very low uptake given the population estimates.

There are persistent systemic barriers to accessing the NDIS for people living with psychosocial disability. Some examples include the lack of clinicians available to assist with evidence for applications, the process itself being onerous, lengthy wait times for assessments and the cost of being assessed. The Mental Health Council of Tasmania provides an extensive analysis on this issue in their report *Removing Barriers* (2020).

According to the 2018 Survey of Disability, Ageing and Carers (SDAC), 85.5% of Australians living with psychosocial disability also report having one or more other impairments or restrictions (estimate 38,361 Tasmanians), such as physical disability (63%), intellectual disability (38.3%) and sensory disability (33.4%).

There are known gaps in services and support for people who have comorbidity of mental and physical illness and do not have access to ongoing supports through the NDIS. These needs are wide-

ranging and include assistance with personal care, household maintenance, accessing appointments, and shopping, transport etc. The Home and Community Care program, funded through federal-state agreement, is one of the few services to provide support with household tasks to people in the community who are not able to access NDIS. However HACC is only low level support – 1 to 2 hours per week – and has very specific eligibility criteria. The program was not designed to provide complex care.

With full transition to the NDIS due to be completed in July 2021, there is urgency to ensuring seamless supports and services for children, adolescents and adults who will not transition to the NDIS. Anglicare Tasmania commends the Tasmanian Government's recognition of the continued support required for NDIS-ineligible consumers. However, a planned approach with mental health community organisations who are delivering ongoing support programs is needed to guide this work.

What investments can the State Government make?

Recommendation 9: Ensure Rethink 2020 is fully funded to implement a mental health continuum of care model across the age spectrum that is recovery focused, strengths based, client driven and evidence-based.

Recommendation 10: Ensure continuity of support for all individuals whose existing services in community based support accommodation are due to cease in their current form in July 2021.

Estimated costs: Uncosted

Government departments: Department of Health

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