

# Anglicare Tasmania submission to the Tasmanian State Budget 2022-23

December 2021



SOCIAL  
ACTION &  
RESEARCH  
CENTRE

*Working for a just Tasmania*

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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 2022-23 State Budget. Anglicare encourages the State Government to invest in resources, systems and services that will support 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 frontline team members who work with them,

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

- older Tasmanians who live with hoarding and challenges maintaining a healthy home
- vulnerable children and youth, including those who are homeless and without access to a parent or guardian
- young Tasmanians experiencing abuse in relationships
- 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 experiencing harm from alcohol or other drug use.

**Recommendation 1:** Invest in the development of policy, practice and services to support individuals and their families affected by hoarding and challenges maintaining a healthy home.

**Recommendation 2:** Double the Youth Health Fund and expand the service to include cognitive assessments.

**Recommendation 3:** Increase funding to the Safe Homes, Safe Families Support Team.

**Recommendation 4:** Increase funding for the construction of social housing.

**Recommendation 5:** Increase funding for community-based mental health services.

**Recommendation 6:** Increase funding for alcohol and other drug counselling services

**Recommendation 7:** Ensure *Rethink 2020* is fully funded to implement a continuum of care model for mental health supports across the age spectrum that are recovery-focused, strengths-based, client-driven and evidence-based.

# Older Tasmanians who live with hoarding and challenges maintaining a healthy home

Why is this a priority issue?

One of the pillars of the Royal Commission into Aged Care Quality and Safety's much-anticipated report was concerned with how to enable more older Australians to age well at home with 'respect, care and dignity' (Royal Commission 2021). Older Australians living with hoarding or challenges maintaining a healthy home (CMHH) are amongst those most at risk of not being supported to age well at home. Tasmania does not currently have the necessary social policy, program and practice settings to support older residents living with these challenges. However, examples from Victoria, New South Wales, South Australia DoH (Doh[Vic.] 2012, 2013; DoH [SA] 2013; Stark 2013) and other parts of the world are available to inform development of a suitable framework.

International estimates suggest 2.5% of the adult population live with hoarding (Postlethwaite et al. 2019). This would suggest that there are approximately **5,000 older Tasmanians (50+)** living with hoarding behaviour (see Fidler 2021b, Table 1).

Further estimates suggest that it costs government about \$56,800 to support one household living with hoarding or CMHH through emergency and critical care responses. When adequate preventative and response supports in place, this drops significantly (CCS 2014; see also Fidler 2021b, Figure 12). These estimates would suggest that the Tasmanian Government may be spending over **\$208m** on older Tasmanian households living with hoarding or CMHH through emergency and critical care.<sup>1</sup> If resources were channeled into effective response supports, we estimate that this cost would fall to under \$800,000 per year. This represents a wise investment, based on a five year plan that features a **\$327,500** allocation in the 2022-23 State Budget. Alongside this, a complementary outlay through Primary Health Tasmania is recommended. This investment would deliver intensive supports to 90 older Tasmanians per year and build the capacity of services to support older people presenting with these challenges.

Anglicare has conducted a two-year project, *Treasured Lives*, investigating what infrastructure Tasmania would deliver an effective support response for older Tasmanians and their families and carers. This research explored the experiences and needs of families and carers of older people living with hoarding and/or CMHH (Fidler 2021a), and those of service providers and statutory agencies supporting such older Tasmanians and their families and carers (Fidler 2021b).

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<sup>1</sup> These figures are estimates. They apply the estimated costs of support provided by Catholic Community Services (2014) to an estimated 5000 older Tasmanians living with hoarding. See Fidler 2021b, Appendix 1, for details of costings. Critical care costs may include increased residential fires; increased hospitalisations; delayed discharge from hospital due to the home environment being deemed unsuitable; repairs and cleanups borne by councils, public and social housing providers and landlords; tenancy tribunals and other legal processes; crisis accommodation; housing and homelessness support provision; emergency welfare payments; and premature entry into long-term residential aged care. Early intervention costs may include case management, repairs and cleaning, and first response services.

The research provided Tasmania's first in-depth insights into the personal, social and environmental risks associated with hoarding and challenges maintaining a healthy home. Tasmanian health and social care case managers and aged care assessment agencies report 'holding' clients with nowhere to refer them to; services are unable to support clients in their homes due to workplace health and safety concerns; and opportunities to engage older Tasmanians involved in critical incidents are being missed. There is no Tasmanian social care safety net to support some of our most vulnerable older residents to age well with dignity and choice.

What investments can the State Government make?

We recommend that the Tasmanian Government and Primary Health Tasmania invest in:

- a policy and a practice framework, developed and implemented by a designated lead state government agency
- a positive community education campaign
- regional Tasmanian collaboration and services which include:
  - multidisciplinary professional networks for local case management and support
  - specialist case management
  - specialist clinical, psychosocial, practical and peer supports for older people
  - specialist clinical, psychosocial, practical and peer supports for families and carers
  - a partnership response to critical incidents that leads to positive supports
  - services of last resort that can minimise client and environmental harm to levels within the risk tolerances of mainstream services
  - a workforce development plan
  - a digital hoarding and CMHH information hub.
- testing the service design with older Tasmanians living with hoarding or CMHH.

Estimated investment:

We estimate an investment of **\$3,269,701** by the Tasmanian government over 5 years from 2022/23 to 2026/27. This would be accompanied by an investment of **\$4,459,642** by Primary Health Tasmania over the same period (see tables below).

The return on this investment would be a significant saving to the government on the \$208m currently spent on critical care. It would also result in Tasmanians living with hoarding and/or CMHH having access to effective supports to enable them to age well at home.

Table 1: Investment in the recommendations over a five-year period 2022/23 to 2026/27

Investment item	Tasmanian Government					Total \$ per investment item over 5 years
	2022/23	2023/24	2024/25	2025/26	2026/27	
	Project manager and senior project officer	\$260,000	\$265,720	\$65,845		
Administration/expenses	\$4,500	\$4,599	\$2,354			\$11,453
Development advisors	\$3,000					\$3,000
Provider of last resort pilot	\$60,000	\$245,280				\$305,280
Provider of last resort statewide			\$753,427	\$771,659	\$790,334	\$2,315,420
<b>Tasmanian government investment per F/Y</b>	<b>\$327,500</b>	<b>\$515,599</b>	<b>\$864,09</b>	<b>\$771,659</b>	<b>\$790,334</b>	<b>\$3,269,701</b>
Primary Health Tasmania						
Community consultations	\$6,000					\$6,000
Regional multidisciplinary networks	\$9,000	\$9,198	\$9,418	\$9,646	\$9,879	\$47,141
Pilot program and evaluation (March 2023 to June 2024)	\$87,196	\$356,457				\$443,653
Full program and year 1 evaluation			\$1,324,952	\$1,290,768	\$1,322,004	\$3,937,724
Training	\$8,000		\$8,358		\$8,767	\$25,124
<b>PHT investment per F/Y</b>	<b>\$110,196</b>	<b>\$365,665</b>	<b>\$1,342,728</b>	<b>\$1,300,414</b>	<b>\$1,340,650</b>	<b>\$4,459,642</b>

The above estimated financial schedule is based on the following proposed activities:

Timeframe	Proposed activities
July to December 2022/23	Appoint a project manager and senior project officer to coordinate development (full time for two years, then 0.4 for a year)



	<p>Establish an interagency co-design group. Consider agency roles, co-design process, goals/evaluation etc</p> <p>Provide seed funding to create regional networks for professionals to case manage within existing mainstream programs</p> <p>Fund the development of an information hub, in consultation with regional networks</p> <p>Consult on a regionally based program for older people and their families and carers and a public education campaign. Consider the workforce skills and clinical structures needed to support programs in consultation with regional networks</p> <p>Develop enabling policy and legislative framework</p> <p>Develop an interim practice framework</p> <p>Explore fit with strategic reforms in aged care, mental health, NDIS, HACC</p>
March 2023 to June 2024	<p>Continue to fund networks and hub</p> <p>Fund pilot public campaign</p> <p>Fund pilot program and evaluation (target 30 clients)</p> <p>Commission services of last resort</p> <p>Fund training (30 professionals statewide)</p>
July 2024 to June 2025	<p>Project manager and officer reduced to 0.4 FTE</p> <p>Review legislative and practice frameworks</p> <p>Review public education campaign, networks, pilot program, hub and fit with strategic reforms in aged care, mental health, NDIS, HACC</p> <p>Continue to fund networks and hub</p> <p>Roll out statewide public education campaign, hub, training and practice framework</p> <p>Roll out program (target 90 clients statewide)</p> <p>Roll out providers of last resort (target 15 households per year)</p> <p>Evaluate</p>
July 2025 onwards	<p>Continue to fund networks and hub</p> <p>Roll out statewide public education campaign, program, providers of last resort, hub, training and practice framework.</p>

Government departments: Department of Premier and Cabinet, Department of Health, Department of Communities, Department of Primary Industries, Parks, Water and Environment, Department of Police, Fire and Emergency Management, Department of Justice



# Health and mental health service provision for vulnerable children and youth

Why is this a priority issue?

Vulnerable children and youth, including those who experience unaccompanied homelessness, are known to have a range of physical and mental health support needs, 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). They couch surf or sleep rough, often experience lifetime complex trauma and are likely to be living without consistent adult guidance or advocacy.

In 2019-20, Specialist Homelessness Services data revealed an increase in the number of unaccompanied children in Tasmania experiencing a 'current mental health issue' (AIHW 2021). This had risen from 170 children aged 10-17 in 2013-14 to 239 in 2019-20. 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%.

Ongoing research into the experiences of children who are homeless alone without a parent or guardian in Tasmania has highlighted the need for improved access to mental health and GP services. Specialist homeless services, community mental health service providers, school professional support teams and youth outreach teams have highlighted a surge in demand for their services and an increase in presentations of children and young people with moderate to severe mental health support needs. They also report difficulty in identifying and accessing bulk billed GP appointments and mental health services for this cohort. GPs play a significant role as 'gatekeepers' to mental health service providers. The lack of access to both GPs and mental health service providers means highly vulnerable children and young people are missing out on appropriate health care. This cohort is competing for medical assistance - with limited access to resources or parental advocacy - at a time of increased population-wide demand for youth health services post COVID-19.

When these children and young people *are* able to access a GP or mental health provider, a shortage of available appointments (and therefore increased wait time between appointments) also impacts on the therapeutic benefit of treatment and presents a significant barrier to monitoring wellbeing and medication. This can lead to children and young people becoming acutely unwell with little intervention before presenting to an Emergency Department. Such acute presentations could be prevented with earlier access to basic health care. A dedicated program of health care support is required for this vulnerable cohort.

What investments can the State Government make?

**Recommendation 2:** Double the Youth Health Fund to increase appointments available and expand the service to include cognitive assessments.

The Youth Health Fund is specifically designed for homeless, financially disadvantaged or at-risk young people aged 12-24 in Tasmania. Administered by The Link Youth Health Service Inc (The Link), they are currently funded to provide provide three sessions per health topic/service provider, for example three from a GP, three from a psychologist and three from other allied health. They are not able to provide cognitive assessments under this arrangement.

It is imperative that more GP and mental health sessions are available for vulnerable children and youth across Tasmania. Expanding the service to include cognitive assessments would open up the option of ongoing NDIS supports. The costs associated with cognitive assessments are out of reach for young people with little to no income or family support.

Estimated investment: \$700K per annum

State government department: Department of Health

# Young Tasmanians experiencing abuse in relationships

Why is this a priority?

In Tasmania, intimate partner abuse experienced by young people under 18 is largely an invisible issue. A new research project being conducted by Anglicare, *Fired Up*, is investigating the experiences of young people in Tasmania. They have reported sexual assault, psychological abuse, and severe physical abuse that leads to broken bones, hospitalisations, and long-lasting physical damage. Partner abuse in this cohort is known to lead to suicidal ideation and attempts, diagnosed mental health disorders, drug and alcohol dependence, eating disorders, involvement with the justice system, homelessness, miscarriages, unplanned pregnancy, complex PTSD, and revictimisation or perpetration in adulthood (Barter & Stanley 2016; Chung 2007; Eaton & Stephens 2018; Herrenkohl & Jung 2016; Park et al. 2018; WHO 2010).

Tasmania's action plan for family and sexual violence 2019-2022 includes an action to embed Respectful Relationship education in all Tasmanian Government schools. The 2016 Royal Commission into Family Violence recommended that all states make Respectful Relationships education mandatory. However, this preventative program is not currently being delivered in all Tasmanian Government schools. Schools are individually responsible for delivering Respectful Relationships education and this occurs inconsistently across the state.

Early findings from the *Fired Up* project point to a need for more education. Young people interviewed say they want to understand the red flags, know what abuse looks like, where to get help, and how to support each other. They want their school to be able to support them when they need it. This knowledge and support would better equip them to recognise abuse and access supports..

What investments can the State Government make?

**Recommendation 3: Increase funding to the 'Safe Homes, Safe Families Support Team' to provide a total of 18 EFT.**

The 'Safe Homes, Safe Families Support Team' is funded through the Action Plan to prevent and respond to family violence. The role of this team is to respond to notifications from the Safe Families Coordination Unit (SFCU) and work with principals, school support staff, and Child and Family Centres to support children involved in notifications.

Expanding this team to 18 FTE (currently 6 FTE) would ensure experts in family violence are responsible for developing and delivering evidence based Respectful Relationships education in schools, and providing resources and support to schools for them to continue embedding the messages of the education in their school settings. Increased FTE would also further support the team to meet growing demand for notifying schools of police-involved family violence incidents.

Estimated investment: \$1,320,000 per annum

State Government department: Department of Education

# Affordable housing for all Tasmanians

Why is this a priority issue?

As of November 2021, there are 4367 applications on the waiting list for social housing in Tasmania. The amount of time spent to house priority applicants averaged 59.3 weeks over the last year. (Department of Communities Tasmania 2021). Shelter Tasmania reports 36 people a day are being turned away from homeless shelters and the situation is worsening. There are also few available options in the private rental market for people on low incomes (Anglicare Tasmania Rental Affordability Snapshot 2021)

The Tasmanian Government is urged to accelerate investment in social housing to increase the supply of affordable housing in our State. A stable home provides far-reaching social benefits. It

contributes to child development and people's capacity to find and maintain employment. It supports recovery from family and domestic violence, improves health in the face of chronic illness and provides protection during public health emergencies. Investment in social housing is also a cost-effective way to boost growth in jobs and incomes. Every dollar invested is estimated to boost GDP by \$1.30 (ACOSS 2019).

What investments can the State Government make?

**Recommendation 3:** 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 investment: \$191 million annually and 859 new houses across Tasmania each year to meet demand.

State government department: Department of Communities

# Increased support for vulnerable Tasmanians affected by COVID 19

Why is this a priority issue?

In Tasmania it is estimated around 60,000 adults experience mental ill health each year (DoH 2020). Prior to COVID-19, Tasmania had a higher rate of deaths from suicide than the Australian average and approximately 14% of Tasmanians reported high to very high levels of psychological distress (PHT 2020). 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).

In addition, approximately 19% of Tasmanian adults drink alcohol at a rate that can lead to long-term health risks (PHT 2020). Alcohol, tobacco and other drugs account for thousands of emergency presentations at our hospitals. Research by Ornell et al. (2020) has highlighted the significant effects of the COVID-19 pandemic 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 health during lockdown. Anglicare Tasmania's alcohol and drug counselling services experienced increased demand as a result of the COVID-19 situation.

What investments can the State Government make?

**Recommendation 4:** Increase funding for community-based mental health services.

**Recommendation 5:** Increase funding for alcohol and other drug counselling services

Estimated costs for Anglicare:

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

- Mental Health Recovery Program: \$240k per annum (total budget \$1,331k 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 ensures gaps are adequately addressed.

The needs of 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 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 856 NDIS participants in Tasmania have a primary psychosocial disability according to NDIS figures June 2021; 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 (an estimated 38,361 Tasmanians) also report having one or more other impairments or restrictions, 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.

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?

Funding for community mental health programs must continue on an ongoing basis. It is recommended that the State Government invest in working with consumer groups and key organisations to co-design interventions that ensure a continuum of care and support for people who have mental illness but are not eligible for NDIS.

**Recommendation 6:** The State Government invest the resources required to fully implement the *Rethink* plan 2020-2025.

Estimated investment: Uncosted

Government department: Department of Health

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