

# SUBMISSION

Enabling Tasmania's most  
vulnerable:

Investing for our future

Anglicare Tasmania's Submission to the Tasmanian State  
Government 2017-18 Budget Community Consultation

December 2016



*Working for a just Tasmania*

**For further information about this submission please contact:**

Rev. Dr Chris Jones  
Anglicare Tasmania  
GPO Box 1620  
HOBART TAS 7001

Phone: (03) 6231 9602  
Email: [c.jones@anglicare-tas.org.au](mailto:c.jones@anglicare-tas.org.au)

# Contents

<b>About Anglicare’s Budget Priority Statement.....</b>	<b>1</b>
About Anglicare Tasmania .....	1
Anglicare’s approach to community investments: Enabling Tasmania’s most vulnerable ...	1
<b>Affordable housing: providing Tasmanians with a secure and stable base .....</b>	<b>3</b>
Why does Anglicare think this a priority issue? .....	3
Demand for affordable housing.....	3
Pressures in the private rental sector .....	4
What investments can we make to close the gaps? .....	5
Recommendations .....	8
<b>Accessible Transport: getting Tasmanians where they need to be to shape their own lives.....</b>	<b>10</b>
Why does Anglicare think this a priority issue? .....	10
What investments can we make to close the gaps? .....	10
Addressing the lack of early/late buses.....	11
Making the first/last mile accessible .....	11
Cost of public transport.....	12
Recommendations .....	13
<b>Gambling.....</b>	<b>14</b>
Why does Anglicare think this a priority issue? .....	14
What investments can we make to close the gaps? .....	14
Recommendations .....	15
<b>Mental health: continuing support for those not eligible for NDIS funding .....</b>	<b>17</b>
Why does Anglicare think this a priority issue? .....	17
What investments can we make to close the gaps? .....	19

Recommendations .....	19
<b>Out of Home Care: supporting foster carers to deliver educational outcomes and extending transitional support for young people .....</b>	<b>21</b>
Why does Anglicare think this a priority issue? .....	21
What investments can we make to close the gaps? .....	22
Recommendations .....	24
<b>References .....</b>	<b>27</b>

# About Anglicare's Budget Priority Statement

## About Anglicare Tasmania

Anglicare is the largest community service organisation in Tasmania with offices in Hobart, Glenorchy, Sorell, Launceston, St Helens, Devonport, Burnie and Zeehan, delivering a range of programs across the state. Anglicare's services include emergency relief and crisis services, accommodation support, mental health services, acquired injury, disability and aged care services, alcohol and other drug services, and family support. In addition, the Social Action and Research Centre (SARC) 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, staff, research and advocacy. Anglicare's work is guided by a set of values which include 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.*

## Anglicare's approach to community investments: Enabling Tasmania's most vulnerable

Anglicare encourages State Government to invest in key resources, systems, structures and services that will enable Tasmanians to access education and employment and participate fully in shaping their own future. We believe that State Government can make sound investments by prioritising spending on:

- *infrastructure that addresses people's basic needs, such as affordable and appropriate housing;*
- *systems that enable rather than inhibit people to make choices about their lives and participate in developing their own positive futures, such as affordable and accessible transport; and*
- *prevention and early intervention services that support people to overcome barriers to participation, boost personal, family and community capacities to participate in shaping their own positive futures and make positive choices about their lives.*

Such investments will lead to longer term savings on the more expensive intensive critical and crisis support and are key to creating a Tasmania based on equity and social justice.

Our budget priorities have come from SARC's recent research recommendations, and consultations with Tasmanians in need who Anglicare work with and the Anglicare staff who work with them to deliver positive futures. Our priorities are for State Government to invest in:

- *affordable housing that provides a secure and stable base for Tasmanian families to flourish;*
- *transport services to get people to where they need to be to participate in their lives fully and shape their own futures; and*
- *appropriate education, health and community investments targeted at enabling positive outcomes for our most vulnerable Tasmanians.*

Enabling positive lives for individuals, families and communities requires purposeful cross-government investment and strategies. With this in mind, Anglicare's Budget Priorities Statement addresses portfolios across a number of State Government departments. Our key message is for government departments to work holistically to design and invest in policies and programs that enable positive futures for our most vulnerable Tasmanians.

# Affordable housing: providing Tasmanians with a secure and stable base

## Why does Anglicare think this a priority issue?

Affordable, appropriate and stable housing are crucial factors for all Tasmanian adults and children to be able to sustain health and wellbeing, to have positive educational engagement and to consistently participate in social and economic life.

## Demand for affordable housing

The Tasmanian public sector housing waiting list continues to grow. In June 2015 it was 2771 – a 24% increase in the last year. It is estimated that Tasmania needs an average of 2,392 new dwellings a year to meet its long-term supply needs through to 2031 and 656 of these a year (27%) need to be low-priced affordable homes (DHHS 2015a).<sup>1</sup>

Demand for low cost housing is high in Tasmania and is likely to remain so. This is because:

- Tasmania has Australia's highest proportion of low income households – median incomes are around \$100 per week less than the national average (ABS 2011) and a third of households receive their main source of income from income support payments (ABS 2013)<sup>2</sup>. Nearly a third of Tasmanian households (30.7%) survive on less than \$600 per week (ABS 2011).
- Almost a quarter (14,618) of Tasmania's low income households are in housing stress or crisis (DHHS 2015a).<sup>3</sup> Of these, most likely to be in housing stress or crisis are single people, one-parent families and couples with children. Housing stress affects both private renters and home buyers. Data from 2014 tells us 50,750 households rented their homes in Tasmania and 7,901 (16%) of those were in rental stress. For low income renters, 39% were in rental stress (DHHS 2015a).<sup>4</sup> 65,819 Tasmanian

---

<sup>1</sup> Housing Tasmania 2014, *Current and projected demand for dwellings in Tasmania, final report*, unpublished paper, Department of Health and Human Services, Hobart. Cited in *Tasmania's Affordable Housing Strategy, 2015-2025*.

<sup>2</sup> Tasmania has a mean equalised disposable household income 15% below the national average (SA 8%, Victoria 4%). Cited in *Tasmania's Affordable Housing Strategy 2015-2025*.

<sup>3</sup> Housing stress describes a household in the lowest 40% of Australia's household income that spends more than 30% of its income on rent or mortgage payments. See Yates 2007.

<sup>4</sup> Housing Tasmania 2014, *Current and projected demand for dwellings in Tasmania, final report*, unpublished paper, Department of Health and Human Services, Hobart. Cited in *Tasmania's Affordable Housing Strategy, 2015-2025*.

households were buying their homes and 5,996 (9%) of those were in mortgage stress. For low income home buyers, 47% were in mortgage stress (DHHS 2015a).<sup>5</sup>

- There are many Tasmanians who are looking for work but unable to find it, or who struggle to sustain regular long-term employment, so their income is either low or fluctuating. Tasmanians experience the second highest rate of unemployment of all Australian states (with a trend unemployment rate of 6.6%, compared to a national average of 5.8%) (ABS 2016). The south east region of Tasmania (excluding Hobart) is one of the country's worst performing areas nationally for youth unemployment; over the year to January 2016, 19.6% of young people in this region were unemployed (Brotherhood of St Laurence 2016).

### **Pressures in the private rental sector**

As acknowledged in the Tasmanian Government's Affordable Housing Strategy, private rental housing has become the default housing tenure for many households. This is partly due to the lack of public and social housing stock and to more households being locked out of an unaffordable house purchasing market. There is an increased reliance on the private rental sector to meet the needs of low income households – i.e. to provide affordable and long-term housing that meets the needs of a range of households, including people with disabilities and older people.

Within the current stock of private rental housing, our annual Rental Affordability Snapshot shows that the vast majority of rental housing is unaffordable to low income Tasmanian households (Anglicare Tasmania 2016a). This year, only 6% of properties were affordable and appropriate for people who depend on income support payments as their main source of income and a quarter were affordable for households depending on the minimum wage (Anglicare Tasmania 2016a). Across the state, it is no surprise that our research consistently shows that single person households have a tougher time than others finding affordable and appropriate housing. This year in particular, young people receiving Youth Allowance, single jobseekers on Newstart and single parents receiving Newstart had the least choice of affordable and appropriate properties. For these households looking to spend up to 30% of their income on rent, there were no affordable and appropriate properties in southern Tasmania. There was only one affordable and appropriate property for a single jobseeker and one for a single parent receiving Newstart in the north of Tasmania. For these groups, the potential need to stretch their budgets into extreme rental stress (spending 50% or more of income on rent) is high (Anglicare Tasmania 2016a).

Evidence also shows that low income households<sup>6</sup> are being squeezed out of potentially affordable private rental housing by competition from other groups (Hulse et al. 2015; DHHS

---

<sup>5</sup> Housing Tasmania 2014, *Current and projected demand for dwellings in Tasmania, final report*, unpublished paper, Department of Health and Human Services, Hobart. Cited in *Tasmania's Affordable Housing Strategy, 2015-2025*.



2015a). Private rental housing shortages faced by this group tend to arise because affordable dwellings are being occupied by households that could afford to pay more, but are choosing to pay less to either cut household expenditure costs or to save (for example, for a house deposit), and because those households with very low incomes<sup>7</sup> who can't access social housing are being forced to pay unaffordable rents.

Higher rates of mobility for households in the private rental sector are common compared to other household types, as it is an industry standard to offer tenants short term tenancies of between six and 12 months. ABS data from 2014 shows us that 55% of private renters have been living in their dwellings for one year or less. Older ABS data tells us that nearly a quarter (23%) of private renters had moved house at least five times in the previous five years. Short-term private rental tenures disrupt the abilities of both adults and children 'to settle in a place, build stable connections with schools, their surrounding communities and the job market' (Brotherhood of St Laurence 2015). Unplanned moves can disrupt education and employment, separate adults and children from their social and support networks and may cause psychological distress, and are expensive additional costs to meet for low income households already struggling with day to day living expenses.

Conversely, appropriate and stable rental tenures positively contribute to family wellbeing, social inclusion and economic participation; such tenures increase the odds of being employed and increases households' social connectedness within communities (because they feel safer and more satisfied in their neighbourhoods, they are more likely to develop social ties and attachment to the area).

Initiatives that increase the supply of affordable, appropriate housing and work towards improved security of tenure for low income households would be likely to benefit households and positive outcomes for Tasmania.

### **What investments can we make to close the gaps?**

*Adequately fund the recommendations in the Affordable Housing Strategy*

Anglicare Tasmania welcomes the State Government's Affordable Housing Strategy 2015-2025 (DHHS 2015a). It provides Tasmania with a comprehensive framework to both understand and address the range of issues needed to ensure that low income Tasmanians can access housing options that are both appropriate to their needs and affordable. Anglicare also welcomes the clear reporting model and welcomes the many Affordable Housing Strategy initiatives that are on track, such as the north west youth facility.

---

<sup>6</sup> That is, households with incomes between 21% and 40% of all Australian household incomes, or those in the second lowest quintile of earnings.

<sup>7</sup> That is, households with incomes at 20% or less of all Australian household incomes, or those in the lowest quintile of earnings.

Along with TasCOSS and Shelter Tasmania, Anglicare supports the need to make investment in this strategy a Government priority by committing funds for all actions in the Affordable Housing Action Plan 2015-2019 (DHHS 2015b). Those which are particularly aligned with prevention and early intervention and vulnerable Tasmanians highlighted in our Budget Priorities Statement include:

- Government Action 2 – Social housing supply
- Government Action 3 – Public housing reinvestment
- Government Action 6 – Private Landlords and Housing Connect Partnership
- Government Action 7 – Youth head leases
- Government Action 9 – Awareness campaign and early referrals
- Government Action 11 – Supported youth accommodation
- Government Action 12 – Supported disability accommodation
- Government Action 13 – Supported elderly accommodation
- Government Action 19 – Homeless young people supported accommodation

#### *Public housing debt*

For the reasons stated above, and as acknowledged within the Affordable Housing Strategy, it is crucial that Tasmania offers more affordable and appropriate housing options for low income Tasmanians through all sectors – private rentals, community sector social housing and public housing. A major barrier preventing Housing Tasmania from increasing affordable and appropriate public housing supply, as well as ensuring that the current stock of public housing is maintained and can be adapted to meet the needs of vulnerable tenants, is their historical and continuing State Housing Agreement debt to the Commonwealth. Each year, Housing Tasmania repays half of its Commonwealth funding (\$32million) back in debt repayments (Shelter Tasmania 2015). The State Government has chosen to prioritise the repayment of other debts; therefore the public housing debt should be handled as a whole of government issue (TasCOSS 2015; Shelter Tasmania 2015). This could be handled in a number of ways, including:

- Finance General could take over the payments of principal and interest;
- Housing Tasmania's funding could be increased by the amount of its annual debt repayment;
- Interest accrued from bonds held by the Rental Deposit Authority, currently absorbed into general revenue, should be set aside for this issue; or
- The repayment terms for the debt could be extended beyond June 2042.

#### *National Partnership Agreement on Homelessness*

Each night approximately 1,579 Tasmanians are homeless, many of whom seek assistance from specialist homelessness services (Shelter Tasmania 2016). One of these vital services is Housing Connect which receives \$1.2million per annum in funding from the National Partnership Agreement on Homelessness (NPAH). In the past four months Housing Connect has assisted 4,640 Tasmanian households who were homeless or in need of housing assistance (Anglicare Tasmania 2016d). Without this essential funding, Housing Connect and other crucial services won't be able to assist many Tasmanians in need.

The NPAH is due to expire on 30th June 2017. Anglicare welcomes the Federal Government's announcement that funding will be extended to June 2018 while state and territory governments work on long term sector reform (ABC, 2016b). It is critical that the NPAH continues. To enable continuity of service and staff retention, it needs to be extended beyond a one or two year agreement to a more sustainable 5 year cycle.

We appreciate the State Government's ongoing commitment to addressing homelessness as detailed in Tasmania's Affordable Housing Strategy 2015-2025 (DHHS 2015a). The continuation of the NPAH underpins this vital work so Anglicare calls for the State Government to continue to match Federal Government funding for NPAH.

*Prioritise affordable housing for the most vulnerable*

- **Young people under 16:** Anglicare welcomes the Affordable Housing Strategy's recognition that this cohort are, 'most vulnerable to the risks of homelessness because independent living is neither considered a practical nor appropriate housing response' (DHHS 2015a, p. 29) the strategy's view that, 'A[n]...appropriate response is to rapidly assist homeless young people into secure supported accommodation with adequate support services to assist young people to achieve family reunification or more stable accommodation options' (DHHS 2015a, p. 30). However, as Shelter Tasmania has highlighted, appropriate housing for young people aged 13 to 15 is not addressed in the Affordable Housing Strategy, as this cohort is not eligible for Housing Connect Services (Shelter Tasmania 2015). The Federal Government has the potential to recognise such vulnerable young people through the Unreasonable to Live at Home benefit, but in Tasmania they are unable to access safe, secure, affordable housing options. There is currently a vacuum in this type of provision for under 16s who cannot, for whatever reason, reasonably live with their parents or guardians. Consequently, Anglicare regularly hosts under 16 year old Tasmanians in crisis accommodation, but there are no options to transition some of our most vulnerable young people into appropriate, stable, secure and affordable accommodation. This means that for this extremely vulnerable group, as a State we are failing to provide them with their basic needs so that they can focus on developing and sustaining positive health and wellbeing, positive educational engagement and enabling them to consistently participate in social and economic life. To enable holistic, positive outcomes for Tasmanians under 16, appropriate housing is just one element of wrap-around support needed and a whole of Government policy and investment response is required. Anglicare welcomes State Government's current focus on a Youth at Risk strategy (DHHS 2016). This provides State Government with an ideal and timely platform to consider how multiple State Government strategies and portfolios, including housing, education, community services, health, child protection and youth justice, can partner to deliver positive outcomes for some of our most vulnerable Tasmanians.
- **Older homeless Tasmanians:** Anglicare echoes Shelter Tasmania's call for an appropriate model of housing support for Tasmania's ageing population and support for the Supported Elderly Accommodation in the Affordable Housing Action

Plan.<sup>8</sup> We would support models that enable more affordable aged care fees and a whole of Government approach to support (integrating health, wellbeing, accommodation and other relevant services), rather than being handled as a 'housing' issue.

- **Tasmanians living with disabilities:** It is estimated that 4,700 Tasmanians with physical and psycho-social disabilities participating within NDIS will need housing that is affordable and appropriate to their needs (Shelter Tasmania 2015) and there will be many more Tasmanians living with mental health conditions who do not meet the criteria to receive NDIS funding. The existing level and supply of public housing stock cannot meet this need; nor is it clear that such stock is available in the social or private housing sectors. There is still no comprehensive funding for capital works to increase the housing supply. Therefore, Anglicare supports Shelter Tasmania in calling for State Government to work with the Federal Government to secure capital funds to increase to supply of affordable and appropriate housing for Tasmanians with disabilities (Shelter Tasmania 2015).

## Recommendations

**Key State Government Departments:** *Department of Health and Human Services*

**Recommendation 1:** That the State Government adequately fund the recommendations in the Affordable Housing Strategy 2015-2025 in recurrent funding.

**Recommendation 2:** That Housing Tasmania be relieved of its historical housing debt to the Commonwealth. This would enable the delivery of new affordable and appropriate housing, as well as the maintenance and adaptation of existing stock

**Recommendation 3:** That State Government continue to match Federal Government funding for the National Partnership Agreement on Homelessness

**Recommendation 4:** That State Government prioritise affordable housing for the most vulnerable Tasmanians, including:

- crisis and transitional stable accommodation for young people under 16 across Tasmania;
- supporting older homeless Tasmanians holistically through aged care funding; and
- increasing the housing stock to enable independent living for Tasmanians living with disabilities.

### Estimated costs:

**Rec 1:** Full implementation of the Affordable Housing Strategy: uncosted

**Rec 2:** Relief of housing debt: \$16million per annum

**Rec 3:** Funding of the National Partnership Agreement on Homelessness: uncosted

---

<sup>8</sup> Action 13.

**Rec 4:** Prioritising affordable and appropriate housing for the most vulnerable Tasmanians:  
uncosted

---

# Accessible Transport: getting Tasmanians where they need to be to shape their own lives

## Why does Anglicare think this a priority issue?

The cost of owning, maintaining and operating a private vehicle is prohibitive for many families reliant on very low incomes. Most of the Tasmanians we work with rely on public transport, community services or their friends. In many areas of Tasmania public transport is only available for limited hours, rarely into the night and is extremely limited or non-existent on Sundays. The limitations in hours and long gaps between bus services make it difficult for clients to attend multiple appointments at different locations in the one day, especially if there is a need to return home by the end of a school day or if they need to wait for a late appointment or class to finish.

Tasmanians we work with tell us they feel socially isolated because of a lack of transport options. Further, mental ill health can be a huge barrier for people to use public transport.

The importance of adequate access to transport is a conversation that has been going on in our communities for many years. Anglicare believes the Draft Transport Access Strategy (DSG 2016a) effectively articulates the need and proposes strategies for providing better integrated and coordinated transport services for all Tasmanians. We appreciate the Strategy's acknowledgement that transport needs to be looked at in relation to housing, land use, urban planning and employment and that there needs to be better integration between community transport, private transport and public transport. Its strong focus on people who are transport disadvantaged provides an opportunity to ensure the Strategy has a real impact on the most vulnerable in our communities.

The Tasmanian Government faces significant public transport challenges, with our small dispersed population providing limited financial returns. However, public transport is an essential service that our Government must prioritise. Anglicare's overarching concern with the draft strategy is that it appears to continue to require public transport to be economically viable. Such an approach forces the system to be "efficient" rather than focus on providing a service to the public. We believe a large number of Tasmanians we work with have become resigned to diminishing timetables and routes in the name of "efficiency", which has increased the problems of falling behind in their access to health, education, essential services, places of employment and opportunities for social interactions.

## What investments can we make to close the gaps?

Tasmania's per capita spending on transport is the lowest in Australia. TasCOSS argues that the State Government should increase its level of transport funding from under \$200 per

capita per year to \$300, providing an annual total of \$150 million (TasCOSS 2015). These increased funds would assist the State to move away from a focus on transport efficiencies and better explore innovative service provision. Anglicare notes, however, that this increased level of funding would only just bring Tasmania to a comparable per capita level with South Australia and would see us still \$200 per capita behind Western Australia, New South Wales, Queensland and Victoria. Tasmania's transport disadvantage is further exacerbated when household income is considered: in a recent national study on transport affordability, transport costs per household were found to be less affordable in Hobart than Canberra, Darwin, Adelaide and Perth (Australian Automobile Association 2016).

This increase in investment could start to address some of the transport gaps that are key to enabling Tasmania's most disadvantaged and isolated connect into services, their communities and access employment opportunities currently out of their reach. Anglicare provided the Department of State Growth with these in our submission to the Draft Transport Access Strategy (Anglicare Tasmania 2016b).

### **Addressing the lack of early/late buses**

The lack of early and late services are a particular problem for Tasmanians we work with who are attempting to access education or work or who wish to participate in their community on a weekend, especially on a Sunday which has the most restricted and often absent bus services. And access to public transport does not appear to be equitable across the state (See Spotlight 1). We also note that the limited starting and finishing times of bus services, especially in evenings and on weekends, is a particular issue for young people who wish to participate in sport or engage socially with others.

#### **Spotlight 1: early / late buses in Tasmania's north and north west**

If the purpose of public transport is service provision then the people of Ulverstone are severely under-served, having no public bus services to either Burnie or Devonport on a Sunday and only four buses on a Saturday. Tasmanians who Anglicare work with in Ulverstone find it is difficult for them to use public transport to attend films, bowls, go out for meals or visit friends as they have no means of getting home at night. They also find it difficult to visit the North West Regional or Mersey Community hospitals on weekends as there is no bus after 3pm on Saturdays and no bus at all on Sundays. Clients in the northern suburbs of Launceston find it difficult to attend events such as weddings or funerals that are held in neighbouring towns because of the irregular bus services.

### **Making the first/last mile accessible**

Many of the Tasmanians we work with travelling on public transport are families with children, older people or people with a disability who find the first/last mile an impediment to their daily chores (see Spotlight 2). The need to carry shopping and the hilly terrain of some areas of Tasmania further exacerbate these obstacles. Many Tasmanians we work with need to catch multiple buses or walk long distances between bus services and may be

concerned with their personal safety when walking in the dark. Many people also do not have the support at home to help them get ready for travelling on public transport. People in urban fringes need to engage with urban facilities such as education, employment and health as well as social activities. However, limitations in access to transport mean they are restricted in the options they choose to take up or have to undertake much more planning and preparation than people accessing a metropolitan service. This is difficult for all people we work with, but is particularly isolating for young mothers.

### **Spotlight 2: first / last mile transport: Seven Mile Beach and beyond**

There are numerous urban fringe areas of Tasmania that are significantly under-served by public and community transport services. For example, while metropolitan buses service the approximately 3,500 people living in the Seven Mile Beach, Cambridge and Acton Park area from 6am to 6pm weekdays (with the usual reduced services on Saturdays and Sundays), the 6,000 people living beyond Seven Mile Beach, in Midway Point, Sorell and the postcode of 7173 (Forcett, Lewisham, Dodges Ferry, Carlton and Primrose Sands) have a very long first/last mile to public transport. For the population living beyond Seven Mile Beach, while Redline does provide services to all these communities except Primrose Sands, the service is limited in route and timing. Our clients tell us this area beyond Seven Mile beach should be seen as a commuter community and aspiring satellite suburbia of metropolitan Hobart.

### **Cost of public transport**

Tasmanians we work with generally feel satisfied with the fares charged for an individual on public transport. However, they find transporting a family on public transport can be prohibitive, which leads to families missing out on opportunities or choosing to use their car if they have one, which can lead to increased household expenses to maintain the car and traffic congestion. Young clients who are not full-time students or students wishing to participate in extra-curriculum activities tell us they struggle with the cost and timing of public transport.

The necessity for Tasmanians Anglicare works with to travel by taxi due to limited bus timetables and routes, including difficulty with the first/last mile, means the taxi subsidy is of utmost importance to a Transport Access Strategy. Anglicare welcomes the State Government's Transport Access Scheme and its recognition of the need to subsidise taxi services for some of our vulnerable Tasmanians. Anglicare does, however, share the concerns of the National Disability Service Tasmania about the uncertainty of continued taxi subsidies for Tasmanians with disabilities who receive funding through the NDIS. The State Government's temporary measure to subsidise fares until the end of June 2017 for this cohort if they exhaust their NDIS transport support funding is welcomed (Tasmanian Government 2016). But clarity is sought both on how the use of this subsidy will be reviewed and on timescales for deciding on the future of this subsidy. The imperative here is to ensure that Tasmanians receiving NDIS funding can continue to access public transport



without cost barriers and on terms that don't disadvantage them in accessing services and supports. If NDIS transport support cannot cover full rate taxi fares to enable Tasmanians to achieve this, then continued subsidy will be a necessity to enable all Tasmanians with disabilities to sustain health and wellbeing, to have positive educational engagement and to consistently participate in social and economic life.

## **Recommendations**

### **Key State Government Departments: Department of State Growth**

**Recommendation 5:** That the State Government within the context of the Transport Access Strategy set the level of transport funding at \$300 per capita per year, in order to deliver services that overcome current service deficits in early/late provision of public transport, reach the first / last mile of people's journeys and deliver affordable transport options. To include:

- initiatives that will improve transport services to urban fringes such as the Sorell area and similar satellite areas outside Launceston, Devonport and Burnie;
- family concessions for travel on public buses;
- commitment to the ongoing provision of the Taxi Fare Concessions for eligible Tasmanians and propose opportunities for its expansion should taxis become adjuncts to regular public bus services; and
- clarity on and commitment to reviewing and extending the State Government's temporary Taxi Subsidy for Tasmanians receiving NDIS funding who have exhausted their transport support funding.

**Estimated Costs:** \$300 per capita funding would equate to an annual total of \$150million (TasCOSS 2015)

# Gambling

## Why does Anglicare think this a priority issue?

Anglicare has provided Gamblers Help services for individuals and their families affected by gambling since poker machines were rolled out into hotels and clubs in 1997. Our services include personal or family counselling and group support, self-exclusion orders from gambling areas, financial counselling and community education.

Poker machines cause harm to individuals, their families and communities. Approximately 2,000 adult Tasmanians have severe gambling problems and a further 22,000 are considered to have a moderate or low risk of developing a gambling problem (ACIL Allen Consulting et al. 2015). This group of 24,000 Tasmanians who have or are at risk of developing a gambling problem each gambled on average between 70 and 190 times in the past year and lost on average between \$3,000 and \$14,000 per person (ACIL Allen Consulting et al. 2015). This compares to an average frequency of 40 gambling sessions per year and an annual spend of \$927 for all Tasmanians who gamble (ACIL Allen Consulting et al. 2015).

The Productivity Commission estimates between five to 10 people are affected by every person who has a gambling problem (Productivity Commission 1999) which means, on average, a further 168,000 Tasmanians are affected, including children and parents of people who gamble. The impact of gambling problems on individuals, their families and communities is well-documented: problems such as family breakdown, depression, financial hardship, health problems, legal problems and work issues (Productivity Commission 2010; ACIL Allen Consulting et al. 2015; Anglicare Tasmania 2005, 2014).

## What investments can we make to close the gaps?

Anglicare recognises the Government's commitment to conducting regular Social and Economic Impact Studies (SEIS), the most recent one being published in 2015. Previous SEIS have led the Government to introduce various harm minimisation measures which it expected would reduce the impact of gambling problems. The most recent SEIS included an analysis of harm minimisation measures based on consumer and stakeholder opinions.

The overwhelming majority of Tasmanians do not see benefits from having poker machines in their local hotels and clubs and are calling for change. Recent state-wide polling of 1000 adult Tasmanians, conducted by the research company EMRS, found 84% disagreed that the community benefits, with 66% strongly disagreeing. Four in five want poker machines reduced in number or removed entirely from hotels and clubs (Anglicare Tasmania 2015).

This survey builds on previous studies: four years after poker machines were rolled out to communities, 79% of Tasmanians thought we had not benefited from having the machines in our communities (DHHS 2001). Eleven years after the roll out, 80% of respondents

thought poker machines were too widely accessible and 87% thought they were a serious social problem (Department of Treasury and Finance 2008).

The Productivity Commission stated that the 'public health and consumer policy frameworks provide the best basis for coherent and effective gambling policies, emphasising the importance of addressing the gambling environment as well as gamblers' behaviours' (Productivity Commission 2010, p.3.1). The Commission also recognises that effective harm minimisation measures must result in a decrease in expenditure by consumers and income for industry and government (Productivity Commission 2010, p. 3). However, poker machine losses have not fallen significantly in response to harm minimisation measures introduced by the State Government. For this reason, Anglicare argues for much stronger harm minimisation measures.

Anglicare's Social Action and Research Centre (SARC) has conducted a number of substantial pieces of research in this area:

- *House of cards: problem gambling and low income earners in Tasmania* (Anglicare Tasmania 2005) documents the experiences of 29 people who gamble and six family members. The majority of participants experienced difficulties with gambling on poker machines and found the presence of machines in their local communities particularly difficult. This research recommended improved evidence-based consumer protection and a reduction in the number of poker machines in hotels and clubs when the next license was negotiated.
- *Nothing left to lose* (Anglicare Tasmania 2010) examined cases heard in the Tasmanian Supreme Court over a six-year period where the judge made comments linking gambling and the crime. The report shows gambling problems can lead ordinary people to do things they would not otherwise do including committing significant crimes. The report recommends a therapeutic jurisprudence approach and better consumer protection to prevent gambling problems developing.
- *It's the light, the music, the jingles, the free drinks et cetera* (Anglicare Tasmania 2014) incorporated the experience from the earlier research and added the views of people currently attending gambling support groups about harm minimisation measures introduced by Government. This report recommends that poker machines be phased out of hotels and clubs on the expiration of the Deed between Federal Hotels and the State of Tasmania.

Anglicare's research echoes many other reports that find that poker machines are designed to deceive people (Productivity Commission 2010; Schull 2012). It is also reflected in government education programs such as the Victorian Responsible Gambling Foundation and Tasmania's Know Your Odds programs.

## **Recommendations**

**Key State Government Departments:** *Department of Treasury and Finance*

Given that expenditure on poker machines in hotels and clubs has not abated despite the introduction of harm minimisation measures, this submission recommends:

- **Recommendation 6:** That on the expiration of the Deed between Federal Hotels and the State Government in June 2023, poker machines be phased out of hotels and clubs.
- **Recommendation 7:** That any new Deed for gambling in Tasmania introduce a four percent levy on the annual gross profit of poker machines in Tasmania's casinos to replace the levy previously derived from poker machines in hotels and clubs.
- **Recommendation 8:** That existing community education and counselling continue at current levels until there is evidence that the prevalence and impact of gambling problems has decreased significantly.

**Estimated costs:**

**Rec 6:** This recommendation will result in a reduction in government gambling revenue of \$17 to \$23 million per annum. This is based on estimations that the 15-year poker machine license granted in 2003 was worth between \$100m and \$200m, which would average out at between \$7 and \$13 million income a year of the license, and the decrease in annual taxation and fees of approximately \$30 million a year that would no longer be collected from poker machines located in hotels and clubs.

**Rec 7:** Expected earnings are approximately \$3 million p.a. from current casino poker machine player expenditure. This is expected to be an underestimate as there is likely to be an increase in expenditure in the two casinos once all poker machines are removed from hotels and clubs.

**Rec 8:** No cost to government as these services are funded from the Community Support Levy (CSL). Gambling-related problems are expected to decrease as expenditure decreases and the contributions to the CSL will therefore also fall. The Government should monitor how closely these correlate, particularly as gambling problems are often residual, and adjust counselling budgets accordingly.

# Mental health: continuing support for those not eligible for NDIS funding

## Why does Anglicare think this a priority issue?

On 15 December 2015, the Commonwealth and Tasmanian Governments signed a bilateral agreement for the transition to and full roll out of the National Disability Insurance Scheme (NDIS) (COAG 2015). The Council of Australian Governments' Disability Reform Council provides a forum for Federal and State Governments to continue to discuss issues relating to reform in disability, including refining and further developing the National Disability Insurance Scheme. Paragraph 54 enables that, 'This Agreement may be amended at any time by agreement in writing by the Tasmanian Premier and the Commonwealth Minister for Social Services' (COAG 2015).

There is an omission within the bilateral agreements concerning who is going to take the lead and fund support for people living with mental health conditions, or psychosocial disability, who do not qualify for funding under the NDIS.

Psychosocial support under the NDIS has been funded by transitioning funding from existing Commonwealth funded mental health programs, such as Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs), Day to Day Living (D2DL) and Mental Health Respite, together with State Government funded recovery and residential services, such as Anglicare's Recovery programs and Curraghmore Residential and Recovery Support Service. The assumption behind this is that NDIS will pick up support for those living with mental health conditions who previously received support under such programs. However, as the Mental Health Australia states, 'Emerging evidence reinforces concerns that...the NDIS could unintentionally result in a shortage of services for those people who will remain outside the NDIS' (MHA 2016, p. 11).

We do not have data that tells us how many Tasmanians have severe and persistent mental illness and complex needs that means they may be included or excluded from funding under the NDIS model. It is an urgent need for both the State Government and the health and community sectors to enable strategic service planning and costing. Anglicare workers report that many of the people currently supported are unlikely to be eligible for the NDIS. One contributing factor is the confusion between the terms 'mental illness' and 'psychosocial disability'. Many people who need support to manage their mental illness are not experiencing a permanent disability under the terms of the NDIS (Independent Advisory Committee for the National Disability Insurance Scheme 2014). Yet their needs are often urgent and significant.

One of the challenges for people accessing NDIS for psychosocial support is providing medical evidence that an impairment is likely to be permanent, as well as it having impacts on your everyday life (NDIA 2015). This is particularly an issue for younger people.

Professionals are reluctant to both diagnose and label symptoms as a specific illness and to confidently state that this is a permanent condition. So there is likely to be a growing gap in comprehensively covering support services for those with diagnosed and undiagnosed mental health conditions as NDIS rolls out. This leaves a significant number of vulnerable Tasmanians, often living with comorbid and complex support needs.

At Anglicare, we provide services for 400 individuals through PIR, 200 through D2DL and reach a further 400 people through family support within PHaMs. Funding under these programs is gradually being transferred into NDIS. For example, Anglicare had a 16 per cent decrease in PHaMs funding this year, as the cohort under 25 transferred to NDIS for psychosocial support. To date, only a small proportion of young people in the NDIS age cohort have been assessed as eligible for NDIS funding, leaving the remainder unable to access NDIS or Commonwealth funded support programs. Due to Anglicare's integrated services model, we have maintained support for those ineligible for NDIS through drawing on other relevant programs, such as alcohol and drugs, or counselling. But this is not sustainable. We have concerns that once funding for psychosocial services through programs such as PIR, D2DL and PHaMs is entirely transferred to NDIS, there will be a significant number of individuals, families and communities who have no access to supports that promote their ability to positively live with mental health conditions and engage in developing their potential.

For those Tasmanians without a permanent diagnosis but who have comorbid and complex support needs directly and indirectly related to their mental health, the impacts of withdrawing direct mental health support are likely to include more individuals and families needing to put more pressure on already stretched clinical and acute mental health support and intensive family support. This is a much more expensive and resource intense model of support for the State Government longer term. It is also a distinct move away from investing in preventative support highlighted in the State's mental health strategy, ReThink (DHHS 2015c).

The loss of psycho-social program funding to support individuals and families will also make it more challenging to address intergenerational mental health issues that often co-exist with other issues and cluster in communities of disadvantage. We know that for every person who has a complex mental illness, at least five family members or friends will be affected (SANE 2016). Anglicare works with many people living with mental health conditions through Housing Connect, Drug and Alcohol services and other services, such as financial counselling. Increased pressure on other family and community support services is likely to be exacerbated by NDIS's funding model; NDIS funding is targeted towards individuals. As such, it is not designed to address the impacts of mental health on a community or family level.

## What investments can we make to close the gaps?

The services gap will reach a 'crisis' point in July 2019 when existing funding for mental health programs outside of NDIS will finally be completely withdrawn. So ahead of this date, it is an imperative for the Tasmanian Government to be talking with and agreeing with Federal Government who will take responsibility for funding support for people with mental health conditions not eligible to receive NDIS funding in the short and longer terms. A longer term agreement may, of course, be guided by the recently announced Parliamentary Inquiry into Mental Health in the NDIS (Parliament of Australia 2016). But a shorter term agreement between State and Federal Government is needed to bridge support over the coming financial year whilst the Inquiry is conducted, reported upon and any recommendations considered and actioned. This would enable any State Government / partnered funding and resourcing to be allocated in a timely manner in the forthcoming State Budget. Given the current development of the Fifth National Mental Health Plan (DoH 2016b), the role of Primary Health Networks in providing support will also need consideration and clarity within any revised agreement.

Additionally, as ReThink omits to consider the impacts of NDIS support in the psychosocial space for Tasmanians who are not NDIS eligible, it would be timely to review the strategy in the light of this.

The Productivity Commission estimated the average NDIS package for psychosocial support to be \$32,000. However, MHA suggest that, based on data from trial areas, actual average spend for psycho-social support is closer to \$21,000 (MHA 2016, p. 11). 'If this take up rate continues as expected, the estimate of \$1.8 billion on which the bilateral agreements were based will be considerably more than the NDIS requires to support the 57,000 people in Tier 3' (MHA 2016, p. 11).

We need to be cautious in predicting a future low average spend based on the trial sites, as it is unclear what this spend includes and take into account consumers' developing awareness of how to spend their allocated budget. But at this stage, it is worth flagging that there may be funding within the bilateral agreements to either reinvest in preventative and early intervention psychosocial programs for individuals and families, such as PIR, D2DL and PHaMs, or to review what the spectrum of support for those living with mental health might look like within and outside of the NDIS model.

## Recommendations

### **Key State Government Departments: Department of Health and Human Services**

- **Recommendation 9:** That, in preparation for July 2019, the Tasmanian State Government agree with Federal Government who will oversee and fund psychosocial support for Tasmanians living with serious and severe mental health conditions; both those who are likely to qualify for NDIS and those who do not qualify for funding under the NDIS.

- **Recommendation 10:** That State Government urgently ensure robust data estimating the number of Tasmanians with severe and persistent mental illness who may be eligible or not eligible for psycho-social funding under NDIS is developed and made available publically on an ongoing basis.
- **Recommendation 11:** That the State Government's ReThink agenda be reviewed in the light of NDIS eligibility for psychosocial support, to ensure that all Tasmanians with psychosocial needs are provided for.

**Estimated costs:**

**Rec 9:** uncosted

**Rec 10:** uncosted

**Rec 11:** uncosted



# Out of Home Care: supporting foster carers to deliver educational outcomes and extending transitional support for young people

## Why does Anglicare think this a priority issue?

Children and young people in out-of-home care (OOHC<sup>9</sup>) deserve a good education. Yet although many do well at school, others have poor educational outcomes. Across Australia students in OOHC have poorer grades, lower scores on standardised tests, developmental delays, special educational needs, behavioural and disciplinary problems and higher rates of absenteeism, truancy, suspension, exclusion and disengagement (AIHW 2015). This results in negative longer term outcomes and a higher risk of homelessness, unemployment and poverty than their peers. This is true in all jurisdictions, including Tasmania. Exposure to trauma is increasingly recognised as a key factor driving poor educational outcomes. Most children and young people coming into state care do so after experiencing some form of neglect or abuse. At the same time entering care is a major upheaval. This double dose of adversity can give rise to a set of trauma-related behaviours which can impact on learning and on school engagement and participation (Tobin 2016).

There are currently 1,061 children and young people living in OOHC in Tasmania with 41% (or about 435) living in over 200 foster care households (AIHW 2016). The most recent publically available figures for Tasmania show that students in OOHC are between 19% and 43% below National Minimum Standards compared with a range of 6% to 10% for other students (DoE 2011).

At the same time research clearly demonstrates that when foster carers support education and learning it can have a significant impact on educational aspiration, progress and achievement. The aspiration of carers, their active support and good links between home and school have a positive impact on educational outcomes (Sebba et al. 2015). Increasingly, academics and policy makers emphasise that a truly effective education needs to be a partnership between families and schools where parents and carers are actively engaged. The education system is a key point of intervention to change the lives of those who have experienced abuse and neglect and to break down the intergenerational transmission of poverty and disadvantage.

---

<sup>9</sup> OOHC refers to the care of children and young people up to 18 years who are unable to live with their families (often due to child abuse and neglect). It involves placement with caregivers on a short or long term basis.

## What investments can we make to close the gaps?

### *Supporting foster carers to deliver educational outcomes*

The Social Action and Research Centre has recently released a study documenting the experiences of 113 Tasmanian foster carers in supporting education, what helps or hinders them in this role and how they can be better supported to support education (Anglicare Tasmania 2016c). This work provides a valuable tool for policy makers and funders to consider where investments can be made to more effectively support foster carers and young people in OOHC to achieve positive educational outcomes. Anglicare's research identified a number of positive initiatives to support students in OOHC and foster carers in their educational role. But it also demonstrated that these initiatives are not necessarily being implemented consistently across the state and that there remain significant gaps in what is available. When good educational outcomes occur, they are often due to individuals rather than systemic practices.

Below are the key findings, echoed by both carers and young people in out of home care. They identify the policy, structural and program challenges that would benefit from review and investment and inform our budget priorities for State Government:

- **Inconsistency across Tasmanian schools in their ability to meet the learning, social and emotional needs of students in OOHC.** Some carers reported very good working relationships with schools which were effectively meeting students' needs. Others were struggling and carers commented on a lack of comprehensive assessment of educational needs, inadequate 'catch up' support for those with gaps in their education and difficulties in managing behaviours in mainstream classrooms. This was especially true in the absence of adequate levels of understanding about trauma and its impact on learning and behaviour among school staff. The result is high rates of withdrawal, suspension, exclusion and part-time education among students in OOHC, which puts considerable pressure on foster carers and the stability of placements. Problems become more acute as students move from primary to high school and carers described having to employ all their advocacy skills to improve the school experiences of those they were caring for.
- **An underutilisation of existing collaborative mechanisms to support education.** A Partnering Agreement between the Department of Health and Human Services (DHHS) and the Department of Education (DoE) outlines a collaborative approach to supporting students in OOHC to achieve educationally. The core of this approach is requiring each student in OOHC to have a Personalised Learning Plan (PLP) as part of a Case and Care Plan. Those carers who had been involved in these collaborative processes had found them valuable in supporting the education of students and in supporting them as carers in their educational role. However many carers reported not being involved in these processes, or only sporadically, and some reported not being aware of these processes at all.

- Varying levels of support with educational issues from the child protection system.** Support was very dependent on the individual child safety worker. Some carers described good collaboration and assistance with educational advocacy, being allowed to make day-to-day decisions about school life and sharing high expectations and aspirations for students. Others described being excluded from decision-making, fighting low educational expectations, difficulties in accessing funding for education-related expenses and not being treated as an integral and valued member of the care team. This mixed picture was unrelated to region, the carer's educational level or the complexity of student need. However carers outsourced to OOHC provider agencies reported higher levels of collaboration and support with education and particularly valued the role of education specialists in these agencies.
- Carers described a number of barriers to providing educationally-orientated placements.** These included a lack of money and time as well as a lack of knowledge and information about strategies for learning and how best to work alongside the school curriculum. Several carers expressed high levels of frustration that limited resourcing in schools meant that they were expected to fill the gaps. They described the pressures this created and the negative impact it had on their own lives; practically, financially, socially and emotionally. In order to effectively provide a broad range of learning opportunities and raise aspirations, they listed a range of supports they would like to see available to them. These included a better understanding of the impact of trauma, special educational needs, educational advocacy, how to support learning at home and more involvement in collaborative processes and decision-making. Almost two-thirds of carers identified specialist staff with educational roles as an effective model for delivering this support alongside access to ongoing training.

The research also found a range of models operating in other jurisdictions to support foster carers to support education. Again, of particular interest was the role of education specialists working to support both students in OOHC and those caring for them as well as peer support from Education Champions. These approaches can provide a bridge between carers, child safety staff and education staff to support education as well as offering a pool of expertise about how to tackle educational challenges.

*Extending transitional support for young people in out of home care*

The state, as the effective parent, ceases to provide ongoing financial, social and emotional support as a care-giver to young Tasmanians in OOHC at 18. CREATE's Report Card on transitioning from care (McDowell 2009) found that:

- 30% of young people reported that they were homeless in the first year of leaving care
- 46% of boys stated that they were involved in the juvenile justice system
- 35% of young people completed Year 12.
- 29% identified as unemployed (compared to the national average of 9.7%)

- 64% of young people had no leaving care plan – which effectively means no plan for their future
- 28% were already parents themselves.

There is no jurisdiction in Australia which provides children in state care the option of accessing formal care and support beyond the age of 18. Internationally, however, there are examples of jurisdictions which have extended care to the age of 21 (Anglicare Victoria 2016):

*Such systems have reported benefits extending beyond the individual, to social and economic benefits experienced by the community and the state. Reported benefits include reduced engagement in crime and higher rates of participation in education and employment (Anglicare Victoria 2016, p. 2).*

There have been a number of calls to consider extension of care, including in the findings of the Victorian 2012 Vulnerable Children's Inquiry. However, such reform is yet to be either trialled or instituted anywhere in Australia. Given this overarching policy focus, and the growing evidence reporting on poor outcomes experienced by young people leaving care at age 18 years compared with those aged 21 years, it is timely and topical to re-open the discussion of extending care.

If OOHC support was extended to young people up the age of 21 in Tasmania over 40 years, Deloitte Access Economics' estimated benefit cost ratio of public expenditure is 2.36. That is, every dollar invested in the program would be associated with an expected return of \$2.36 in either savings or increased income (Anglicare Victoria 2016, p. 61).

#### *A strong sector voice for OOHC*

3p Consulting's *Review of DHHS Funded Peak Bodies* noted the need for a funded peak body to represent the Family and Children Sector (3P Consulting 2008). A funded peak body's value proposition is to provide one place for the family and child sector to disseminate information, coordinate responses and interface with government. Anglicare notes that the Child and Family Welfare Association of Tasmania are calling on the State Government to fund such a peak body, Family and Children Tasmania (FACT), to provide a strong, co-ordinated sector voice within OOHC. Anglicare supports CAFWAT's proposal.

## **Recommendations**

**Key State Government Departments:** *Department of Education and Department of Health and Human Services*

Anglicare's research has generated a number of recommendations. Those which highlight the need for cross government planning and investment and/or have significant resource implications are included here:

### *Strengthening already existing OOHC mechanisms*

- **Recommendation 12:** That the Tasmanian Government acknowledge the importance of educational outcomes for students in OOHC and commit to improving them as a whole-of-government priority.
- **Recommendation 13:** That the DoE and DHHS strengthen already existing collaborative mechanisms to ensure the involvement of carers by welcoming them into collaborative processes, supporting their involvement and providing a range of options to allow their participation in decision-making. This requires a review of the current Partnering Agreement to ensure more clarity about who is responsible for ensuring good collaborative processes and mechanisms for monitoring implementation of the agreement.
- **Recommendation 14:** That the DoE and DHHS strengthen trauma and OOHC awareness programs in schools, among child safety workers and among foster carers to achieve consistency in responding to the needs of children and young people affected by trauma.
- **Recommendation 15:** That the DoE and UTAS ensure trauma awareness, the impact of trauma on cognitive development and learning and tools for working with trauma become an integral part of teacher training programs in Tasmania.
- **Recommendation 16:** That the DHHS and DoE ensure trauma-affected students are prioritised in receiving the assessments they need to promote their access to the curriculum.
- **Recommendation 17:** That the DoE and schools ensure that every effort is made to take account of and facilitate the full involvement of foster carers in the implementation of school parental engagement strategies. These strategies might include training for teachers in how to support parental/carer engagement and education and learning at home.
- **Recommendation 18:** That the DHHS support and encourage foster carers to participate in Launching into Learning programs with pre-school children as a key element of their professional development by identifying and overcoming any barriers they might face to their participation.

### *Developing additional mechanisms to support students in OOHC*

- **Recommendation 19:** That Children and Youth Services conduct an internal audit to review how much is currently spent on education-related needs, the nature of these needs and where the shortfalls lie in this expenditure.
- **Recommendation 20:** That the Tasmanian Government provide clarity about the relationship between assessment of educational needs as outlined in the PLP and the allocation of resources to address them. This requires a sum to be made available for each OOHC student dedicated to educational resourcing and which is scaled according to need.
- **Recommendation 21:** That the DoE and DHHS give serious consideration to what models might be appropriate in Tasmania to ensure that the additional needs of students in OOHC remain visible and are addressed through effective advocacy and support both at home and in the broader educational environment.

### *Supporting foster carers to support education*

- **Recommendation 22:** That the DHHS identify support for education as a key role for foster carers and build it into foster care contracts and recruitment processes, whilst ensuring carer access to training, information, support and decision-making in their education work.
- **Recommendation 23:** That the DHHS ensure that tenders for OOHC services include funding for education specialists who can provide expertise and support to foster carers and others about educational issues.
- **Recommendation 24:** That the DHHS and DoE consider the role of peer support/mentoring and the development of peer Education Champions to assist fellow carers in proactively supporting education and learning needs.

### *Extending support for OOHC*

- **Recommendation 25:** That the OOHC leaving age and the associated support services be extended to 21. In Tasmania this would include:
  - Extending Out-of-Home Care until 21 years, to provide more time over which transition can occur. This includes:
    - extending Foster Carers payments post 18 years
    - providing individual case management post 18 years.
  - Establishing a system of continuing, individual support and case management for those who have transitioned from care to help address their ongoing needs, until the age 25 years. This includes:
    - Increasing transitional supported housing for young people preparing to leave care
    - Establishing priority access to stable housing for young people who are transitioning or have transitioned from care
    - Establish a comprehensive after care support service which provides case management.
  - Increasing programmatic supports available to young people aged 15-25 years to assist with their transition, including mentoring programs.
  - Extending these supports in regional areas i.e. North West TAS.
- **Recommendation 26:** That the Tasmanian government recurrently fund the Child and Family Sector Peak Body – Family and Children Tasmania Inc.

#### **Estimated costs:**

**Recs 12 – 24:** Uncosted.

**Rec 25:** Cost benefit ration of 2.36 for public spending.

**Rec 26:** \$200,000 to \$400,000 per year (CAFWAT 2016)

# References

3P Consulting 2008, *Review of DHHS Funded Peak Bodies*, DHHS, Hobart.

ACIL Allen Consulting, The Social Research Centre & The Problem Gambling Research and Treatment Centre 2015, *Third Social and Economic Impact Study of Gambling in Tasmania*, Melbourne.

Anglicare Tasmania 2005, *House of Cards: problem gambling and low income earners in Tasmania*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2010, *Nothing left to lose*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2014, *It's the light, the music, the jingles, the free drinks et cetera*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2015, *Community views on poker machines*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2016a, *Rental Affordability Snapshot 2016*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2016b, *Transport is an essential service: Submission to the Draft Transport Access Strategy*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2016c, *Fostering education: Supporting foster carers to help children and young people learn*, Social Action and Research Centre, Anglicare Tasmania, Hobart.

– 2016d, Housing Connect statistics August to November 2016, unpublished data.

Anglicare Victoria 2016, *Raising our children: guiding young Victorians in care into adulthood: Socioeconomic cost benefit analysis*, Anglicare Victoria, Melbourne.

Australian Broadcasting Company (ABC) 2016a, 'Tasmanian Government reinstates disability taxi subsidy after NDIS gap emerges', 15 November, <http://www.abc.net.au/news/2016-11-15/tasmanian-government-reinstates-disability-taxi-subsidy/8025966>, accessed 8 December 2016.

– 2016b, 'COAG: Federal Government extends funding for homelessness services ahead of Canberra meeting', <http://www.abc.net.au/news/2016-12-09/federal-government-extends-funding-for-homelessness-services/8105762>, accessed 9 December 2016.

Australian Bureau of Statistics (ABS) 2011, *QuickStats 2011: Tasmania*, ABS, Canberra.

– 2013, *Household Income and Income Distribution Australia, 2011-12, Australia*, Cat No. 6523.0, Table 17, ABS, Canberra.

– 2016, *Labour Force Australia*, Cat. No. 6202.0, ABS, Canberra.

Australian Institute of Health and Welfare (AIHW) 2015, *Educational outcomes for children in care: Linking 2013 child protection and NAPLAN data*, Cat.no. CWS 54, AIHW, Canberra.

Brotherhood of St Laurence 2015, *Review of the Residential Tenancies Act: Security of Tenure Issues Paper*, Melbourne.

– 2016, *Youth unemployment hotspots across the nation mapped – rural and regional areas under most pressure*, Melbourne.

Child and Family Welfare Association of Tasmania (CFWAT) 2016, *2016-2017 State Budget Submission. A Strong Family and Child Peak for Tasmania*, CFWAT, Hobart.

Council of Australian Governments (COAG) 2015, *Bilateral Agreement between Commonwealth and Tasmania – Transition to a National Disability Insurance Scheme*, COAG, Canberra.

McDowell, J 2009, *Report Card 2009 Transitioning from Care: tracking progress*, CREATE, Sydney.

Department of Education (DoE) 2011, *Partnering Agreement between Department of Health and Human Services and Department of Education 2011-2013*, DoE, Hobart.

Department of Health (DoH) 2016a, *About Partners in Recovery*, (<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pir-about>), accessed 7 December 2016.

– 2016b, *Fifth National Mental Health Plan*, DoH, Canberra.

Department of Health and Human Services (DHHS) 2001, *The Third Study into the Extent and Impact of Gambling in Tasmania with Particular Reference to Problem Gambling*, report prepared by Roy Morgan Research, Department of Health and Human Services, Hobart.

– 2015a, *Tasmania's Affordable Housing Strategy 2015-2025*, Tasmanian Government, Hobart.

– 2015b, *Tasmania's Affordable Housing Action Plan 2015-2019*, Tasmanian Government, Hobart.

– 2015c, *Rethink Mental Health: better mental health and wellbeing. A long-term plan for mental health in Tasmania 2015-2015*, DHHS, Hobart.

– 2016, *Youth at Risk*, [http://www.dhhs.tas.gov.au/youth/youth\\_justice/youth\\_at\\_risk](http://www.dhhs.tas.gov.au/youth/youth_justice/youth_at_risk), accessed 7 December 2016.

Department of State Growth (DSG) 2016a, *Draft Transport Access Strategy*, DSG, Hobart.



– 2016b, *Transport: National Disability Insurance Scheme*,  
<http://www.transport.tas.gov.au/passenger/concessions/NDIS>, accessed 8 December 2016.

Department of Treasury and Finance 2008, *Social and economic impact study into gambling in Tasmania, Volume 2: The prevalence study, final report*, report prepared by the SA Centre for Economic Studies and the School of Psychology (University of Adelaide) with the assistance of Harrison Health Research (Adelaide), Department of Treasury and Finance, Hobart.

Hulse, K, Reynolds, M, Stone, W, Yates, J & Wulff, M 2015, *Shortage of Affordable Private Rental Housing Increasing*, AHURI Research and Policy Bulletin, AHURI, Melbourne.

Independent Advisory Committee for the National Disability Insurance Scheme 2014, *Advice on Implementing the NDIS for people with Mental Health Issues*, NDIS, Canberra.

Mental Health Australia (MHA) 2016, *Incoming Government Brief*, MHA, Deakin.

National Disability Insurance Agency (NDIA) 2015, *NDIS Mental Health – Key Themes*, NDIA, Canberra.

Parliament of Australia 2016, *The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition – Joint Standing Committee on the NDIS – Mental Health Terms of Reference*,  
[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/MentalHealth](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth), accessed 9 December 2016.

Probono Australia 2016, *Tasmanians on NDIS get subsidy safety net*,  
<https://probonoaustralia.com.au/news/2016/11/tasmanians-ndis-get-subsidy-safety-net/>, accessed 8 December 2016.

Productivity Commission 1999, *Australia's Gambling Industries*, Report No 10, Canberra.

– 2010, *Gambling*, Report No 50, Canberra.

SANE 2016a, *Fact vs Myth: mental illness basics*, Canberra.

– 2016b, *Child protection Australia 2014-15*, Child Welfare Series No. 63, AIHW, Canberra.

Schull, N 2012, *Addiction by Design: Machine Gambling in Las Vegas*, Princeton University Press, Princeton.

Sebba, J, Berridge, D, Luke, N, Fletcher, J, Bell, K, Strand, S, Thomas, S, Sinclair, I & O'Higgins, A 2015, *The educational progress of looked after children in England: Linking care and educational data*, Rees Centre, University of Oxford, UK.

Shelter Tasmania 2015, *Submission to the State Government Budget Process 2016-2017*, Shelter Tas, Hobart.

– 2016, *Homelessness in Tas – Facts*, <http://www.sheltertass.org.au/housing-in-tasmania/homelessness/some-facts/>, accessed 8 December 2016

Tasmanian Council of Social Service (TasCOSS) 2015, *Budget priorities submission 2016-17*, TasCOSS, Hobart.

Tasmanian Gaming Commission 2015, *Annual Report 2014-15*, TGC, Hobart.

Tasmanian Government 2016, *Government to act on taxi subsidy*, [http://www.premier.tas.gov.au/releases/government\\_to\\_act\\_on\\_taxi\\_subsidy.](http://www.premier.tas.gov.au/releases/government_to_act_on_taxi_subsidy.), accessed 8 December 2016.

Tobin, M 2016, *Childhood trauma: Developmental pathways and implications for the classroom*, Australian Council for Educational Research.

Yates 2007, *Housing Affordability and Financial Stress*, NRV3 Research Paper 6, AHURI, Melbourne. Cited in Rowley, S & Ong, R 2012, *Household Wellbeing in Australia*, AHURI Final Report No.192.

