



**Submission to the 10 Year Review of
Tasmania *Together***

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1. Introduction

Anglicare is the largest community service organisation in Tasmania, with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie, and a range of outreach programs in rural areas. Anglicare's services include emergency relief and crisis services, accommodation support, employment services, mental health services, acquired injury, disability and aged care services, alcohol and other drug services and family support.

Many of these areas have undergone significant reform since the Tasmania *Together* plan was originally formulated. Some of these reform processes have resulted in greater numbers of people in need having access to appropriate services — such as the Bridging the Gap reforms in mental health, which resulted in an allocation of \$47 million to improve the range of services available to Tasmanians with a serious mental illness. But in the same period services have seen rising demand and increasing complexity of need among clients. In fact, there does still remain unmet demand in the area of mental health.

Anglicare's Social Action and Research Centre (SARC) conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes. Our most recent work has looked at the consumer movement in mental health services and in alcohol and other drug services, gambling-related crime, financial hardship, the urban renewal of public housing estates, the impact of proposed changes to public housing rent-setting policy and the affordability of electricity services. We have also been closely involved in a number of different consultation processes, including those associated with the roll-out of the water and sewerage industry reforms, the review of the Tasmanian *Residential Tenancy Act 1997* and reviews of the community corrections and youth justice systems. Looking ahead to 2011, major areas of focus include the development of consumer participation initiatives within Anglicare, a research report on cost of living issues to tie in with the release of the Social Inclusion Commissioner's cost of living strategy, a project on models of therapeutic jurisprudence (alternative, non-custodial methods of sentencing for people who have committed crimes linked to drug or alcohol problems, gambling addiction or mental illness), research into mental health and homelessness and an action research project on food security. SARC's work program has been detailed here because when Anglicare chooses to engage in research or advocacy in a particular area, it is because the issues involved are significant in the lives and experiences of many of our clients — and of many Tasmanians.

Anglicare welcomes the opportunity to provide input into the 10 year review of the Tasmania *Together* community plan. Although our services and our research team have seen positive change over the last 10 years, we have also seen plenty of evidence that there is still a long way to go before Tasmania can truly claim to be a place where everyone enjoys 'a prosperous lifestyle based on quality, creativity and opportunity'.

The Tasmania *Together* plan has a very broad scope. It not only covers issues directly relevant to the kind of work that Anglicare is engaged in, such as Tasmanians' standard of living, access to services and jobs and sense of community, but also areas where Anglicare has no particular expertise, such as the protection of natural resources or business sector confidence. There are also many goals and standards which are valuable and important, but where there are already adequate indicators in place to track progress. Therefore, rather than attempt to comprehensively review the whole plan, this submission focuses on Anglicare's current advocacy priorities and on those areas where the content of the Tasmania *Together* plan may require substantial revision or amendment. Anglicare has also chosen to focus less on the wording of broader goals and standards, and more on the detail of the indicators chosen to measure progress towards those goals and standards, on the basis that the indicators chosen will play a more prominent role in shaping government policy and action and therefore the possibility of change than the goals themselves, which are more statements of aspiration.

2. Tasmania *Together* and Anglicare's areas of concern

Anglicare's current social advocacy priorities include:

- affordable, appropriate, accessible housing for people on low incomes or with special needs;
- the capacity of consumers of services (community and government services) to participate in the delivery and development of those services;
- access to the essentials of life for people on low incomes, including food, housing, utilities (electricity, telephone, water and sewerage services), transport and medical care;
- problem gambling, with a particular focus on poker machines.

2.1. Housing

Tasmania *Together* includes a number of indicators relevant to Anglicare's concern that people on low incomes or with special needs should be affordably and appropriately housed. These include Indicators 1.1.4 (housing stress in the private rental market), 1.1.5 (the house price to income ratio) and 1.1.6 (public housing waiting times). Housing costs are also incorporated into Indicator 1.1.1 (the cost of a basket of essentials, including housing, as a percentage of income for low income households). All of these indicators are important measures of different facets of the housing issue.

However, Anglicare does draw attention to some gaps.

Homelessness: Tasmania *Together* contains no indicator in relation to levels of homelessness, although the Tasmanian Government nominated addressing homelessness as a major priority back in 2008 and committing to halve the number of people sleeping rough by 2010 (Lennon 2008a, 2008b). In November, the Government announced that it had met that target by providing 193 accommodation places for people who were

homeless (O'Connor, Arbib & Collins 2010) — although it is unclear what mechanism will be used to ensure that those places are specifically allocated to rough sleepers. As the Government noted at the time it made the announcement however, there remains 'more to do'. In particular, Tasmania's rough sleepers make up just 14% of Tasmania's homeless population of 2669 people (Chamberlain & MacKenzie 2009, pp. 6, 45).¹ The majority of homeless people in Tasmania are in fact living in what is referred to as 'secondary homelessness' (rough sleeping is 'primary homelessness'), which means that they are living in crisis accommodation or staying temporarily with relatives or friends. The Tasmanian Government has recently released a three year plan for tackling homelessness, *Coming in from the cold* (DHHS 2010).

Anglicare believes that Tasmania *Together* should include an indicator relating to the number of homeless people in Tasmania, including levels of primary, secondary and tertiary (living in marginal accommodation like rooming houses and caravan parks) homelessness, to ensure that progress in this area is measured. While the Census is probably the most comprehensive source of data, the next available data may not be released until 2015, based on the timeframes for the release of the figures from the 2006 Census. The Tasmanian Government's reporting commitments under the National Partnership on Homelessness may mean that alternative and more timely sources of data are available.

The quality of housing: Attention is often drawn by the media to the particularly poor quality of much of Tasmania's public housing stock (e.g. Brown 2009), but there is equally poor housing throughout the 'affordable' end of the private rental market. This segment of the market is a residualised one — housing has 'trickled down' from other uses (Industry Commission 1993, p. 51). Anglicare workers report that the following issues are common problems in Tasmania's low-cost private rental stock: mould and damp (severe enough to lead to health problems), lack of insulation, rising damp and poor drainage, leaks, inadequate or expensive heating, no or ineffective window coverings, no floor coverings, exposed wiring, electric shocks from switches, windows that cannot be opened, broken pathways, fallen fences, malfunctioning stoves, large gaps around windows and doors and between floorboards, and no smoke alarms. In response to these systemic problems, Anglicare has recommended that Tasmania's residential tenancy legislation, which covers both public and private rental stock, should include legislated minimum standards to ensure that substandard housing can no longer be made available for rent (Anglicare Tasmania 2010, pp. 15-19).

¹ These figures are taken from the analysis of the 2006 Census data conducted by Chamberlain and MacKenzie (2009), which is generally considered the most authoritative assessment of levels of homelessness. It is important to note that Chamberlain and MacKenzie do not include marginal residents of caravan parks in their homeless count (Chamberlain & MacKenzie 2009, p. 16). Anglicare does however include caravan park residents in the count because we know that in Tasmania, caravan parks are frequently used as crisis accommodation or accommodation of last resort by people who are unable to find any alternative. There were 162 marginal residents of caravan parks in Tasmania on Census night (Chamberlain & MacKenzie 2009, p. 45). Added to Chamberlain and MacKenzie's figure of 2507 homeless Tasmanians (Chamberlain & MacKenzie 2009, p. 6), this means a total homeless population of 2669, of whom 385 were 'sleeping rough' ('primary homelessness'), 622 were in crisis accommodation and 1248 were staying with friends or relatives ('secondary homelessness') and 252 were in boarding houses and 162 in caravan parks ('tertiary homelessness').

However, even outside the low-cost rental end of the market, Tasmanian housing stock is poor. Tasmania has the oldest housing stock in the country (ABS 2000, p. 7) and the highest proportion of timber homes in the country (27% compared to a national average of 13%), and a quarter of Tasmanian homes remain uninsulated (ABS 2008, pp. 9-11).

Poor quality housing stock means a number of things: poor health and wellbeing for the occupants, higher electricity bills for households because more energy is required to heat housing riddled with gaps and lacking insulation, and higher carbon emissions as a result of the demand on electricity (noting that Tasmania consumes a significant amount of electricity from non-renewable sources supplied from the mainland through Basslink). Improving the quality of Tasmanian houses, particularly at the low-cost end of the private market and in the public housing system, where the occupants have less capacity to upgrade their homes themselves, would assist in achieving a range of important outcomes, such as reduced costs of living, healthier people and environmental benefits. This is relevant to the achievement of a number of Tasmania *Together* goals, including Goal 1 (a reasonable lifestyle and standard of living), Goal 4 (active, healthy Tasmanians) and Goal 12 (sustainable management of our natural resources).

Little information is available on the quality of Tasmanian housing. The most detailed information appears to be that contained in the Australian Bureau of Statistics *Australian housing survey*, which includes data on the construction materials used in Australian homes, the prevalence and type of structural problems, the need for repairs and maintenance, and access to basic amenities like cooking facilities. However, the most recent such survey was conducted in 1999, over twenty years ago. A 2008 ABS survey on energy usage and conservation includes some information on insulation levels, construction materials and types of installed appliances (ABS 2008), but not to the same comprehensive level of the 1999 survey.

Therefore Anglicare acknowledges that establishing an appropriate indicator of housing quality or identifying benchmark data or data for the measuring of progress would be difficult. However, developing such an indicator is an essential first step. Once this is done, the actual quality of Tasmanian housing can be identified and recorded and measures to upgrade substandard housing appropriately targeted.

2.2. Consumer participation

Following the definition used by the Health Issues Centre (2008, p. 5), 'consumer' in this context refers to someone who uses or may in the future use services, including health services, human services and community services. The word can also be used to describe their family members or carers and members of their wider community. Consumer participation 'occurs when consumers are meaningfully involved in decision-making about their care and treatment, or providing input on decision-making about service delivery, health policy and planning, or about the broader wellbeing of themselves and the community'. It can take place on a number of different levels, including:

- at an individual level, with consumers involved in decisions about their own care;
- at a program level, with consumers providing feedback for service improvement or development;
- at an organisational level, with consumers assisting in the development of policy or new services or addressing barriers to access; and
- at a broader community level, with consumers becoming involved in advocacy through consumer and community groups or participating in statewide organisations or processes within government departments (Health Issues Centre 2008, p. 5).

The Tasmanian Government has committed to consumer and community engagement across all its health and human services, with a strategic framework and action plan released last year (DHHS 2009). It is unclear whether the framework applies beyond DHHS operational units.

Consumer participation is a priority for Anglicare, and SARC is currently coordinating an internal project to further develop and embed consumer participation across our services (Hinton forthcoming). Consumer participation can not only improve the service experience for consumers, but it can assist them to build skills and confidence. It is also important to embed consumer participation into service delivery as services that were previously provided by government are moved over to the community sector. Community service organisations have been and still are strong advocates for the rights and interests of their clients. However, as the role of such organisations increasingly broadens to include that of government-funded service provision, it is important that the consumer voice is also heard, and heard in an unmediated way, as there may be times when the interests of the service provider and the interests of the client/consumer do not coincide.

Consumer participation also has benefits for service providers — and the wider community. It can draw attention to gaps, problems and solutions in service delivery which can improve both organisations and service systems. Consumers are often best placed to know what the problems are and how to solve them. Involvement of consumers can also mean that consumers view changes and new proposals more positively, and have a better understanding of the resource and other constraints affecting the way in which services operate. It can foster a commitment among consumers to supporting an organisation's efforts, build up their trust and confidence in the longer term and generally improve relationships between the service provider and the people who use the services.

Anglicare recommends that Tasmania *Together* include an indicator on consumer participation in health and human services. This would be relevant to a number of Tasmania *Together* goals, including Goal 2 (confident, friendly and safe communities), Goal 4 (active, health Tasmanians with access to quality and affordable health care services), Goal 5 (vibrant, inclusive and growing communities where people feel valued

and connected) and Goal 8 (open and accountable government that listens and plans for a shared future).

Benchmarking information and data to measure progress should become available as a result of the Department of Health and Human Services' plan on consumer engagement. The fifth strategic priority of this plan is monitoring, evaluating and improvement, and it requires the Department to develop ways to measure consumer participation, including establishing consumer and community performance indicators and methods of reporting against these (DHHS 2009, pp. 25-6).

2.3. Access to essentials

That all Tasmanians should have access to the basic essentials of life is clearly a priority of the Tasmania *Together* plan — it underpins Goal 1 (a reasonable lifestyle and standard of living for all Tasmanians) and the first standard (to ensure that all Tasmanians have the economic capacity to enjoy a reasonable standard of living and access to basic services). However, Anglicare is aware, from both our service delivery experience and our research, that too many Tasmanians do not have access to these things. Tasmania's performance against the cost of living indicator (1.1.1) also suggests that we are going backwards in this area.

Whether the cost of living is an issue for households depends on two factors: the actual price of essential items like food, housing, electricity, transport and healthcare and the disposable income available with which these items can be purchased. Sometimes a particular cost will be incurred because of the inaccessibility of another item — a household that does not live close a shop selling affordable food, for example, might incur higher transport costs in order to travel to a supermarket, or a household living in very poor quality housing because that is all they can afford may incur higher medical costs because of their housing affects their health.

There are two indicators relevant to the cost of living equation in Tasmania *Together*, the 'cost of essentials' indicator, Indicator 1.1.1, and Indicator 1.1.2, the proportion of households where the primary source of income is income support payments. Indicator 1.1.1 attempts to track proportional increases in costs incurred, while Indicator 1.1.2 attempts to track the extent of income poverty in Tasmania.

Anglicare does not suggest any changes to indicator 1.1.1 in this submission — we have been in ongoing dialogue with the Tasmania *Together* Progress Board in relation to that indicator as Anglicare is the source for the cost of essentials benchmark and remain open to any future discussions.

We do however have comment to make on Indicator 1.1.2. The level of reliance on income support payments is a valuable measure of poverty and one which is widely used in the community sector. It also contains an implicit measure of adequacy because there is other research to show that most income support dependent households are living below the

poverty line (see Flanagan, K 2010, pp. 198-200). However, Indicator 1.1.2 does not identify the proportion of households on inadequate incomes because they are on low wages. (Anglicare notes the existence Indicator 9.1.4, which considers Tasmanian average weekly earnings as a proportion of national average weekly earnings, but while this indicator provides a partial measure of wage levels, it does not consider the issue of income adequacy).

Anglicare notes that the rationale for the use of indicator 1.1.2 is that 'a decline in the proportion of households relying on pensions and welfare payments should reflect a higher degree of economic independence'. This is the case, but economic independence will be limited if the income from wages is not adequate to cover the basic costs of living. There may be a range of ways in which information about this group of Tasmanians could be captured, including looking at broader data available from the Australian Bureau of Statistics on income distribution.

2.4. Gambling

Anglicare has been a strong advocate for better customer protection in the gambling industry for many years. Our position is strongly supported by wider community sentiment — polling conducted by EMRS on behalf of the Our Island Our Voices election campaign in November 2009 found that 90% of Tasmanians supported tighter regulation of poker machines (Our Island Our Voices c. 2010, p. 1).

Tasmania *Together* does include an indicator (4.3.1) on the prevalence of problem gambling, but this indicator fails to capture the full extent of the problem. For every person with a gambling problem, another five to ten people are affected. And gambling prevalence studies can in any case underestimate levels of problem gambling — people with gambling problems may refuse to participate in surveys or answer dishonestly because they do not want to acknowledge that they have a problem and survey methodologies can exclude some disadvantaged or marginalised groups (Law 2005, pp. 19-20). Furthermore, while gambling prevalence studies, including in Tasmania, suggest a low incidence of the problem — the October 2005 benchmark recorded by the Tasmania *Together* plan is just 1.7% — a low official level of incidence does not equate to a low level of harm, as Anglicare's research has shown (see Law 2005).

Anglicare recommends that Tasmania *Together* explore alternative measures of identifying the extent of harm caused by gambling among Tasmanians. Anglicare would be willing to assist Tasmania *Together* in this work.

3. Emerging trends

In Section 2 of this submission Anglicare identified a number of specific areas where Tasmania *Together* could refine or improve its approach to measuring progress towards its goals. However, there are also a number of less quantifiable issues that Anglicare has

observed emerging within the community. These issues are likely to affect progress towards Tasmania *Together* goals and need to be included in the plan, but the precise way in which that could be done requires further consideration and consultation.

3.1. Stigmatisation

It is quite amazing that the vast majority of those who live in Gagebrook seem to be living off the government. Not really adding a whole lot to society are they? Oh wait that is right, they steal off everyone else who works hard, which keeps the police in jobs and set fire to everything which keeps the firies in employment! Bludgers!

Reader's comment left on *Mercury* website, 15 September 2009²

This kind of sentiment, expressed here through a semi-anonymous reader's comment on the *Mercury's* website, is unfortunately widespread in Tasmania. Media coverage of issues relating to disadvantage, poverty, homelessness or unemployment frequently triggers a wave of prejudiced, angry comment targeted at 'bludgers' or 'bogans'. 'Bogans', a term that increasingly used to describe anyone from a disadvantaged area, are also the butt of jokes based on stereotypes of unemployment, poverty and antisocial behaviour.

Stigmatisation is a complex issue. According to Warr, stigma 'is practised against those who are perceived to be outside of social norms' and to groups of 'perceived low social value ... largely because of their difficulty to reciprocate the support or benefits they are deemed to have received'. Poverty is stigmatised for both reasons. Even though it has an 'unrelenting social presence', poverty is seen as abnormal, a quality that 'supposedly reflects something about the deficient character or culture of those who are poor'. And poor people's dependence on income support payments and reduced economic participation leads to them being seen as worthless. When this stigmatisation is internalised, there can be devastating consequences for people's self-esteem, and people may retreat from contact with people and networks outside their own communities (Warr 2005, pp. 288-9, 303-4).

People living in poverty are not the only people who are stigmatised — people with a mental illness, for example, experience very high levels of stigma. Research literature on mental health, stigma and discrimination identifies three types of stigma applying to people with mental illnesses: public stigma, when the general population endorses prejudices about and discrimination against people with mental illnesses; self stigma, which is the self-blame, hopelessness and helplessness experienced by people when they internalise negative stereotypes; and label avoidance, when people try to evade stigma by not seeking assistance from mental health services because they fear being labelled as having something 'wrong' with them (Corrigan, cited in Queensland Alliance 2009, p. 10).

Stigma against any group of people damages both the individuals affected and the wider social fabric. It can be fed by inappropriate media coverage of issues (both by the news and entertainment media) and political opportunism, but at its heart it is about fear of

² In response to Glaetzer, S 2009, 'Layby is king in Gagebrook', *Mercury*, 16 September, viewed 9 December 2010, <http://www.themercury.com.au/article/2009/09/16/97555_tasmania-news.html>.

difference. Stigmatisation also undermines a number of Tasmania *Together* goals, including Goal 2 (confident, friendly and safe communities) and Goal 5 (vibrant, inclusive and growing communities where people feel valued and connected).

However there is a growing body of research on measures to tackle stigma. For example, the Australian Housing and Urban Research Institute is finalising a project on responding to the stigmatisation of public housing estates (Jacobs & Arthurson forthcoming) and the Tasmanian Mental Health Council recently launched a review of anti-stigma initiatives in the mental health sector (Queensland Alliance 2009). Tasmania *Together* could draw on this and other work to incorporate a response to stigmatisation within Tasmania.

3.2. The changing role of government

Increasingly, services that used to be seen as core government business are now delivered by non-government agencies, the private sector or entities at arm's length from government. Human services such as employment, disability and family support services are increasingly being tendered out to the community sector for delivery. Under National Competition Policy, utilities such as electricity, and most recently in Tasmania, water and sewerage services, are delivered by state-owned corporations that are established to operate independently of government and in the same way as comparable private sector entities. Significant reforms in the housing sector, including the transfer of public housing stock to community housing associations, are imminent. The Government is increasingly engaged in less direct service delivery and instead taking on a strategic policy role, planning, coordinating, funding and in some cases monitoring and regulating services.

Under these outsourced or arm's-length models, the government relies heavily on regulation to ensure that government policy goals are achieved and outcomes are met by outside providers — for example, a new federal system of regulation for the community housing sector is currently being established (Australian Government 2010). But regulation has not always provided a solution to the most pressing problems for the recipients of services. The electricity sector, including the setting of electricity prices for residential customers, is the responsibility in Tasmania by the Office of the Economic Regulator, for example, but the Regulator works within a defined framework, which excludes from their scope any power to act in relation to affordability (OTTER 2010, p. 10). This is despite the fact that the affordability of electricity services would be one of the main priorities of ordinary Tasmanians and an important social policy goal of Government. The affordability of electricity and other services delivered under similar arrangements is the responsibility of the Tasmanian Government, to be met through independently costed and funded 'community service obligations'. However, Anglicare's analysis (Flanagan, K 2008) suggests that these models of ensuring affordability are imperfect and do not always deliver the best outcomes for customers. This is becoming increasingly apparent as the rising costs of essential services continue to put pressure on household budgets and outstrip increases in incomes.

To achieve the goals of *Tasmania Together*, including those related to standard of living (Goal 1), access to services (Goal 4) and open and accountable government (Goal 8), the *Tasmania Together* plan needs to address this issue to ensure that government social policy goals for the affordability, accessibility and quality of essential services such as utilities, community services and public housing continue to be the priority regardless of the governance structure.

3.3. People with complex needs

Anglicare has observed an increasing emphasis in social policy debates on people with the most complex needs and the most extreme difficulties. This has occurred in a number of different areas: the attention given to the child protection system in the wake of recent high profile cases of abuse and neglect, the focus on people 'sleeping rough', the promotion of income management as a solution to child welfare concerns, especially in relation to parental drug and alcohol abuse.

While this attention is welcome as the plight of people with complex needs is often overlooked because the issues they face can require intensive and therefore expensive intervention, Anglicare is concerned that many of the emerging responses focus on punitive, controlling mechanisms rather than on support and empowerment. Involuntary income management is a case in point. Rather than providing support services to assist families to overcome complex issues within families that might be leading to child neglect or reforming the income support system to address the income inadequacy that might prevent households being able to afford an adequate standard of living, income management simply takes control of (generally inadequate) household finances and effectively spends the money *for* the household in the 'right' way. The implication is that the problem is caused by the household's inability to manage their own finances (not by poverty and its consequences), and that they should be punished for this by having their right to control their own money taken away (see Flanagan, J 2010, pp. 9-13).

If *Tasmania Together* is the community's plan for what kind of future it wants, then that plan needs to somehow ensure that our response to people who may, through their behaviour or their circumstances, pose challenges to the community is one that supports them rather than punishes them, and promotes their autonomy rather than taking it away.

5. Recommendations

Anglicare's recommendations to the *Tasmania Together* Progress Board are for the inclusion of new standards, indicators, benchmarks and/or targets relating to particular issues of concern and for consideration to be given to the development within *Tasmania Together* of responses to emerging issues in the social policy landscape.

Anglicare would welcome the opportunity to work with the Progress Board on furthering any of our recommendations.

Anglicare recommends that the Tasmania *Together* Progress Board develop specific indicators (and any associated standards, benchmarks and targets) on:

- the level of primary, secondary and tertiary homelessness in Tasmania;
- the quality of Tasmanian residential housing stock, with a particular focus on the prevalence of substandard housing;
- participation by and engagement with consumers of health and human services, including those provided by government-funded community services; and
- the impact of problem gambling on the Tasmanian community.

Anglicare recommends that the Tasmania *Together* Progress Board given consideration to addressing the following emerging issues within the Tasmania *Together* community plan:

- the stigmatisation of Tasmanians from disadvantaged or marginalised groups, including Tasmanians living in poverty and Tasmanians with mental illnesses;
- the need to retain government responsibility and accountability for social policy goals such as affordability, accessibility and quality, even when services are delivered by agencies outside of or at arms' length from government; and
- the need for Tasmania to find supportive, empowering responses to the issues facing people with complex needs, and to avoid punitive, reactionary policies that punish or humiliate.

A review of the progress towards achieving the Tasmania Together targets indicates that performance has been mixed. In fact, some of the targets relating to social welfare — for example, targets for the cost of living, housing affordability, recidivism rates, child protection, oral health, mental health, discrimination and under-employment levels — appear to be increasingly out of reach. It is important that Government policy continues to be shaped around achieving the goals of the Tasmanian community, as expressed in the Tasmania *Together* plan. This may mean reviewing existing policy positions. For example, current reforms to public housing are likely to result in increased rent and reduced access for the people most in need, which will affect indicators around standards of living and access to housing (see Anglicare 2010).

5. Conclusion

Once again, Anglicare welcomes the opportunity to participate in this 10 Year Review of the Tasmania *Together* plan and reiterates our willingness to work with the Tasmania *Together* Progress Board on progressing these recommendations to ensure that Tasmania *Together* remains reflective of and responsive to the concerns of the community, particularly low income and disadvantaged Tasmanians.

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