



Tasmanian Community Survey: Financial Hardship

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Social Action and Research Centre

Anglicare Tasmania

The Tasmanian Community Survey: Financial Hardship

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The research findings, conclusions and recommendations of this report are those of Anglicare Tasmania. The views expressed in this report are also those of Anglicare and should not be attributed to any members of the reference group or their employers. Any errors in the report are the responsibility of the authors. This research project was conducted by Kelly Madden with the assistance of Prue Cameron, Margie Law and Jo Flanagan.

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2. EXECUTIVE SUMMARY AND KEY FINDINGS

Anglicare conducted the Tasmanian Community Survey in Autumn 2005 to investigate the standard of living, employment experiences and wellbeing of the Tasmanian community. This document is the first of two reports which will draw on data from the survey. It focuses on access to financial and other resources and services in Tasmania.

The survey was sent to 3800 Tasmanians selected from the Electoral Roll and 2106 people completed and returned the survey. A post stratification weighting process was conducted to ensure the final sample reflected the actual Tasmanian population on the key variables of gender, region of residence and receipt of major Centrelink benefits.

Overall this survey found that despite the State's strong economic performance over the past five years, the legacy of past poor performance lingers, with many Tasmanians continuing to experience some degree of financial difficulty and a small group experiencing serious hardship.

Sole parents, Health Care Card holders and to a lesser degree Pension Concession Card holders and people living alone were the groups who were most likely to report that they were experiencing difficulties.

Sole parents reported difficulties across a range of areas and were much more likely than other Tasmanians to report that a shortage of money had meant that they:

- had been unable to pay utility bills;
- had been unable to pay car registration or insurance;
- had pawned or sold something;
- had sought financial help from family and friends;
- had not sought health care when they needed it; and /or
- did not fill a prescription ordered by a doctor.

These findings are consistent with national findings that sole parents experience a high degree of hardship across a range of indicators (see for example McColl, Pietsch & Gatenby, 2002).

Health Care Card holders were the other group who were much more likely than the general community to report serious hardship. Health Care Card holders include unemployed people on Newstart Allowance and Youth Allowance as well as other groups including people on Sickness Allowance, Special Benefit and Parenting Payment Partnered. Table 2.1 shows the proportion of Tasmanians experiencing a range of hardship indicators and is broken down by concession card status. Clearly it is Health Care Card holders and to a lesser degree Pension Concession Card holders who are most likely to report that they have experienced these difficulties in the past year.

Table 2.1 Proportion of Tasmanian adults reporting their household experienced each type of financial difficulty by concession card status.

Type of difficulty due to shortage of money	No concession card (%)	Pension Concession Card (%)	Health Care Card (%)	All (%)
Couldn't pay telephone or electricity bill on time	13	16	25	15
Couldn't pay car registration/insurance on time	8	14	20	11
Pawned or sold something	5	12	12	7
Went without meals	2	7	11	4
Unable to heat home	2	7	10	4
Sought assistance from welfare/community organisation	2	8	12	4
Sought financial help from family and friends	12	17	22	14
Couldn't pay rent/home loan	3	6	6*	4
Phone disconnected	4	5	9	5
Electricity disconnected	1*	2*	3*	1
Didn't seek health care when needed	9	9	20	10
Didn't fill a prescription ordered by a doctor	8	10	14	9

**estimate has a relative standard error of between 25% and 50% and should be used with caution*

Anglicare has developed a range of recommendations aimed at businesses and the State and Federal Governments to attempt to reduce hardship and improve wellbeing for the groups who are experiencing the most serious hardship. These recommendations are affordable and achievable and Anglicare believes that with commitment at all levels of the community it will be possible to achieve a decent standard of living for all Tasmanians.

3. INTRODUCTION

This report contains findings from the Tasmanian Community Survey, a major social research project conducted in Autumn 2005 examining the standard of living, employment experiences and wellbeing of the Tasmanian community. Traditionally Anglicare's research has focused on issues affecting low income Tasmanians holding Health Care and Pension Concession Cards. While this research pays particular attention to issues affecting these groups, the broader scope of the project has allowed Anglicare to identify other groups in the community who may be experiencing financial and other difficulties. It also allowed us to identify the proportion of the population who are affected by specific social issues. The research was conducted in a period following five years of very strong economic growth for Tasmania. This growth has led to a substantial increase in the number of Tasmanians in employment and improvements across a range of economic indicators. However, despite these improvements, the Tasmanian community continues to be disadvantaged compared to the broader Australian community with lower than average incomes, a higher degree of reliance on Centrelink payments, and a greater proportion of people with disabilities and experiencing ill health (ABS, 2005a). Low income status is widespread in Tasmania with 38% of households relying on Centrelink payments as their main source of income compared to the national average of 27% of households (ABS, 2005a).

This research compliments regular Australian Bureau of Statistics' surveys which provide detailed information on specific social and economic indicators. It also builds on the Healthy Communities Survey which was conducted by the Tasmanian Department of Health and Human Services in 1998. The Healthy Communities Survey was a large scale survey examining the health and wellbeing of Tasmanian adults. Although the focus of the surveys differ there are significant areas of cross-over and some of the questions from the Healthy Communities Survey have been replicated in this research. This allows comparisons to be made between the two surveys.

Project Objectives

This project seeks to provide a detailed picture of life in Tasmania with a particular focus on issues affecting low income households.

Specifically the project objectives are to:

- provide an assessment of the proportion of Tasmanians experiencing financial stress;
- identify key factors associated with financial stress for low income households;
- examine the impact of employment status on measures of wellbeing and financial hardship; and
- inform policy development.

This document is the first of two reports which will draw on data from the Tasmanian Community Survey. This report will focus on access to financial and other resources and services in Tasmania while the second report will focus on experiences of employment.

People on Low Incomes

For the purposes of this research, people holding Commonwealth Health Care Cards and Pension Concession Cards are classified as low income earners. There are approximately 45,900 Health Care Card holders and about 97,500 Pension Concession Card holders in Tasmania (Centrelink, 2005a). Concession card status is used as an indicator of income status as it provides a clearly defined group of people whose income and assets have been assessed by Centrelink as being low enough to qualify for these concession cards. Importantly for this research, Centrelink assessments for concession cards take into account income for all members of an 'income unit'¹. This means that if a person earning a low income has a partner on a high income they will not be included in the low income group. Concession card assessments also take into account family size with concession card cut-off levels increasing with the number of dependent children in the family. While these factors make concession card eligibility the most useful indicator of low income status for this research, it is not a perfect measure. All pensioners, including part-pensioners are eligible for a Pension Concession Card and the upper income level cut-off for a Pension Concession Card is relatively generous. However, almost three quarters of Tasmanian pensioners rely on the pension as their sole source of income and it is accurate to describe them as having low incomes (Centrelink, 2005b). The income level cut-off for Health Care Cards is much tighter and all Health Care Card holders can accurately be described as being on low incomes. Health Care Cards are provided to people on Centrelink benefits including Newstart Allowance, Sickness Allowance, Special Benefit, Parenting Payment Partnered, Widow Allowance and job seekers on Youth Allowance. People not receiving any Centrelink payment but living in a household with a very low income may also qualify for a Health Care Card. The maximum income level allowable to qualify for a Health Care Card or Pension Concession Card is listed below in Table 3.1.

Table 3.1 Pensions Concession and Health Care Card income levels to qualify for concession card

	Pension Concession Card	Health Care Card
Major groups holding card	Aged Pensioners; Disability Support Pensioners; Single Parents	Newstart Allowees; Youth Allowees Sickness Benefit recipients
Annual income (single adult no children) with no other income as at October 2004	\$12,711 (Aged Pension)	\$10,517 (Newstart)
Annual maximum allowable income to qualify for card (single adult no children)	\$35,379	\$18,252

Source: Centrelink 2005c

1 In this case an income unit is all of those people whose income Centrelink takes into account for the purposes of determining eligibility for a concession card (usually both partners for a couple living together but may also include parental income for people aged under 25 years).

4. METHODOLOGY

The Tasmanian Community Survey was designed to measure the employment experiences, standard of living and wellbeing of the adult population. Participants were selected from the Tasmanian Electoral Roll, using a systematic sampling methodology with a random start. The sample was stratified by region to ensure that the sample reflected the actual proportion of the population living in the South, North and North-West of the state. The use of the electoral roll as a sampling frame for the survey brings with it particular limitations as people who have not registered to vote will not be included in the sample at all and people who have not updated their address details with the Electoral Commission will not receive the survey. These limitations mean that younger people, particularly those who have just turned 18, and people who move house frequently are likely to be under-represented in the sample.

After considering a range of survey methods a postal survey method was selected as the most appropriate for the sample size, budget and time frame. As a postal survey requires that respondents read and respond to questions without assistance from an interviewer this method required the researchers to consider the length and complexity of the survey form as well as how to make the survey as easy as possible to read and follow for people with literacy, language or comprehension difficulties. The use of a postal survey means that people without a postal address such as those experiencing homelessness will not be included in the survey.

The researchers looked at a range of surveys investigating standard of living, employment and wellbeing including the Tasmanian Healthy Communities Survey, The Household, Income and Labour Dynamics in Australia survey, the Australian Unity Wellbeing Index as well as Australian Bureau of Statistics surveys including the Labour Force Survey, Census and Household Expenditure Survey. While none of these survey instruments covered the entire scope of the proposed research, elements of them were included in the Tasmanian Community Survey along with questions developed specifically for this research.

The draft survey instrument was reviewed by the Research Reference Group and cognitive interviewing was conducted with five participants who identified themselves as having difficulties with literacy. The respondents were given the pre-letter which was to be sent to participants one week prior to the survey as well as the survey form and return envelope. The participants were asked to read aloud as much as possible and talk through any thoughts they had as they went through the letters and while they read and filled in the survey form. The researchers took notes through these sessions which generally took about one hour. The pre-test was conducted to identify problems with the survey form, particularly the length and complexity of the form, and identify any difficulties with specific questions such as wording, comprehension, clarity and intrusiveness. The main issue identified in this testing was participants not following 'skip' instructions to move past questions which did not apply to them, as well as some difficulties with the wording of particular questions. The survey form was revised in

response to the issues identified in the pre-testing, with changes including larger and more prominent 'skip' instructions and simplification of the wording of some questions.

Methods to increase response rate identified by Dillman (2000) were implemented, particularly multiple, personalised contacts, respectful correspondence, maintaining standardised structures for 'skips' and scales, providing telephone assistance and attracting publicity to increase awareness of the survey. All correspondence was personally addressed to participants and the initial survey mailout received coverage in The Mercury and on ABC radio.

Pre-survey letters were sent to the 3800 Tasmanians selected for the survey sample. These letters informed participants that they had been selected for the survey, which would arrive by post the following week, as well as informing them of the objectives of the survey and a free-call number that they could call if they had any questions or concerns. The following week the survey was sent, along with a further explanatory letter including the free-call number and a stamped return envelope. Approximately two weeks after the survey was posted a postcard was sent to participants thanking those who had already responded and reminding non-respondents to send their survey back. Five weeks after the original survey mail out a replacement survey form and reply-paid envelope was sent to non-respondents. People who did not wish to participate in the survey were able to opt out of receiving the follow-up mailings by calling the free-call number or by returning their blank survey form in the pre-paid envelope.

Of the 3800 survey forms posted out, 2106 completed surveys were returned, a response rate of approximately 55%. This response rate is considered good for a survey of this type and is only 5% below the response rate for the Healthy Communities Survey, which was conducted by the State Government in 1998, accompanied by a much larger publicity campaign.

Data from completed surveys were coded in Excel by the researchers and four data entry assistants and were checked for quality using double entry of some forms. A researcher also conducted random checks of the data by comparing the entered data against completed survey forms. All data was transferred into SPSS (v.13) for analysis. Dr Helen Johnson (Queensland University of Technology) was engaged as a consultant to conduct data weighting. The purpose of weighting is to allow statements to be made about the Tasmanian adult population as a whole, not just about those people who responded to the survey. Post stratification weighting was conducted to ensure that the final sample reflected the actual Tasmanian population on the key variables of gender, region of residence and receipt of the major Centrelink benefits². The estimate for the number of people in the actual Tasmanian community for each strata was drawn from the ABS (2003a,b) population estimates and Centrelink (2005b) data on payment recipients. The factors to be applied were calculated in Excel, transferred to SPSS and applied to all cases in each strata. Where cases did not contain data for one of the stratification variables these cases were excluded from the analysis leaving the final analysis based on 1944 responses. Further details of the population data used to complete this process can be found in Appendix A.

2 Due to the selection strata only containing one of the desired stratification variables – i.e. region – the sample proportions in the resulting post-strata were adjusted to be the same as the population proportions of these strata. This process was completed by multiplying the sample proportion by a factor which consisted of the ratio of the post-stratum population proportion to the responding sample proportion within the respective post-stratum. This factor was utilised as a weighting variable for all estimates produced from the survey.

The survey estimates have been compared with other data which covers similar topics from the Australian Bureau of Statistics. In most instances the best available data have not been collected as recently as the Tasmanian Community Survey data. Table 4.1 shows these comparisons both for the original survey sample and the weighted data.

Table 4.1 shows that amongst the original respondents young people, particularly those aged under 25, were under-represented among the survey respondents. To a lesser degree men and very low income earners (including those reporting nil and negative incomes) were also under-represented among the respondents. However, once the population weighting was completed Table 4.1 shows that the weighted data more closely matches the actual population although young people and people reporting very low incomes remain somewhat under-represented.

Table 4.1 Tasmanian Community Survey Sample and Population Demographics

Variable	Response Categories	Original data as % of respondents n=2106	Weighted data to represent Tasmanian adult population (as %) n=1944	Similar data as % of adult population Source: ABS estimated population 2003 unless otherwise indicated
Gender	Male	44.7	48.4	48.7
	Female	55.3	51.6	51.3
Region	South	55.1	49.7	49.4
	North	24.9	28.2	28.3
	North-West	20.0	22.2	22.3
Age Group	18-24	8.0	8.7	12.0
	25-29	5.9	6.1	7.5
	30-39	15.8	14.6	17.8
	40-49	22.6	23.6	19.9
	50-59	19.2	19.8	17.5
	60-69	13.9	14.3	11.8
	70+	14.5	12.9	13.4
Household living arrangement	Alone	14.5	14.4	Not available
	With partner	38.1	38.2	
	With partner & children	30.2	28.8	
	Sole parent & children	4.7	5.4	
	With parents	5.6	6.4	
	Extended family	1.5	1.6	
	Share house	2.2	2.2	
	Other	2.0	2.1	
Identifies as Aboriginal or Torres Strait Islander	Yes	2.2	2.2	2.5
	No	95.6	96.1	93.9
	Missing	2.1	1.7	3.6
				Census Indigenous Profile ABS 2002a

Variable	Response Categories	Original data as % of respondents n=2106	Weighted data to represent Tasmanian adult population (as %) n=1944	Similar data as % of adult population Source: ABS estimated population 2003 unless otherwise indicated
Country of birth	Australia Other	86.8 13.1	87.1 12.9	Not available
Gross income per week	\$1500+ \$1000-\$1499 \$800-\$999 \$700-\$799 \$600-\$699 \$500-\$599 \$400-\$499 \$300-\$399 \$200-\$299 \$160-\$199 \$120-\$159 \$1-\$119 Nil or Negative income Missing	3.8 10.4 8.5 5.5 5.9 8.2 8.5 10.4 14.1 7.7 3.0 3.5 2.4 7.9	4.0 10.9 9.0 5.6 5.9 8.0 8.6 11.0 14.3 7.7 3.0 3.4 2.2 6.4	1.8 4.7 5.7 4.2 5.6 7.7 8.4 9.9 15.3 11.6 6.4 6.9 5 6.5 ABS Census 2001#
Centrelink payment	Newstart Disability Support Pension Parenting Payment Single Parenting Payment Partnered Aged Pension Youth Allowance Not on any of the payments listed above (includes those not receiving any Centrelink payment)	3.7 5.5 2.4 3.3 14.2 3.3 62.7	5.0 6.9 3.7 1.7 15.0 1.5 66.2	5.0 6.9 3.7 1.7 15.0 2.0 65.9 Centrelink March 2005b
Highest level of school completed	Never attended school Year 8 or below Year 9 or equivalent Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent Missing	0.4 10.1 12.2 34.9 6.6 34.2 1.8	0.4 9.7 12.7 35.6 6.4 34.1 1.2	0.4 9.4 10.8 33.4 7.4 27.2 7.8 ABS Census 2001#

includes young people aged 15-17 as well as adults

5. FINDINGS

5.1 Utilities

5.1.1 Electricity

Electricity bills are a major expense for households in Tasmania. The State's cold climate means that Tasmanian households spend more money per week on domestic fuel and power than the national average despite lower average incomes (ABS, 2005b, ABS, 2005a). Tasmanians in the lowest income quintile pay the most for domestic fuel and power of any state: \$21.68 per week compared with the national average for those in the lowest income quintile of \$16.57 (ABS, 2005b).

This research indicates that 49% of Tasmanian households rely on electric heating as their main source of heating with a further 36% relying on wood as their main source of heating.

Previous research by Anglicare indicates that electricity bills can be a cause of financial crisis for some households (Madden, 2004) and difficulties in paying utilities bills on time were one of the most common financial difficulties reported in this survey with:

- 15% of households reporting that they had been unable to pay their electricity or phone bill on time because of a shortage of money;
- 4% reporting they had been unable to heat their home due to a shortage of money; and
- 1% reporting that their electricity had been disconnected due to a shortage of money.

For low income earners this issue was even more of a problem with 19% of concession card holders reporting that they had been unable to pay phone or electricity bills due to a shortage of money. Eight percent of concession card holders also reported that at some time in the past year they had been unable to heat their home due to a shortage of money.

Amongst low income Tasmanians it is Health Care Card holders who report the highest levels of financial disadvantage and difficulties in affording the cost of electricity. Table 5.1.1 shows that Health Care Card holders were more likely than other Tasmanians to report that they couldn't pay utility bills on time due to a shortage of money and that they had been unable to heat their home due to a shortage of money.

Table 5.1.1 Proportion of Tasmanian adults reporting their household experienced financial hardship or difficulties by concession groups

Type of financial hardship or difficulty	No concession card %	Pension Concession Card %	Health Care Card %
Could not pay electricity or phone bills on time due to a shortage of money	13	16	25
Unable to heat home due to a shortage of money	4	7	10

Concessions on electricity bills provided by the State Government are a particularly effective way of providing assistance with the cost of electricity. The nature of Aurora's reducing block tariff on its standard residential tariff means that households with high electricity consumption pay a lower average price per unit of electricity than households with low electricity consumption. This tariff structure means that it is difficult to make significant savings on electricity bills by reducing consumption. In this context the 48.4 cents per day concession on Aurora bills provided by the State Government for concession card holders is extremely valuable as the reduction in consumption which would be required to make an equivalent financial saving is considerable. Unfortunately, the current concession is not provided equitably with Pension Concession Card holders receiving this concession across the entire year while Health Care Card holders only receive the concession during the two winter quarters.

Anglicare believes that the current concession system is poorly targeted and inequitable and fails to provide full benefits to the poorest Tasmanians. This survey has demonstrated that Health Care Card holders are the group experiencing the greatest difficulties in meeting their electricity costs. Health Care Card holders need more assistance and Anglicare believes that the State Government can achieve this by extending the winter electricity concession to a full year concession. This would bring the concession for Health Care Card holders up to the same level as the concession provided to Pension Concession Card holders and would make a real difference to Tasmania's lowest income earners.

Recommendation: That the State Government allocates \$700,000 recurrent funding to extend the electricity concession to Health Care Card holders for the two summer quarters.

An additional problem with the current Health Care Card Winter Electricity Concession is the lack of awareness of the availability of the concession by eligible households. Health Care Card holders are required to register for the concession each year. However, only a relatively small proportion of the people who are eligible for the concession have actually received it since it was introduced in the 2003/04 State Budget.

This problem does not occur for the full year concession available for Pension Concession Card holders. This group only has to register once for their concession and in this survey 89% of PCC holders reported that their household was receiving the electricity concession.

By comparison only 37%³ of Health Care Card holders reported that their household received a concession on electricity. Of those Health Care Card holders who reported that they were not receiving an electricity concession, 38% reported that they did not know that there was a concession available.

³ This figure is substantially higher than the proportion of eligible HCC holders recorded as receiving the concession in 2005 by Aurora (approx 13% of Health Care Card holders). This difference is explained by the fact that this research asked people if their *household* received the concession while the Aurora data counts the number of individual account holders claiming the concession. Many households contain two or more concession card holders. Data checks show that this research estimates that 31% of people live in households which receive some type of electricity concession while Aurora figures indicate that 33% residential customers (households) receive a concession.

Anglicare believes that the State Government and Aurora must do more to ensure that those people eligible for the winter electricity concession are aware of their entitlement. Currently the concession is publicised through two annual advertisements in each of the three regional newspapers, inclusion in a State Government information booklet on concessions and through informal channels such as newsletters distributed by parliamentarians. This survey provided the opportunity to investigate the major sources of media used by Health Care Card holders. The research indicated that 91% of Health Care Card holders read their local newspaper at least once a week. However, only 42% reported that they read their local newspaper on a daily basis meaning that many Health Care Card holders may miss seeing the newspaper advertising of the concession.

Of other media sources 82% of Health Care Card holders reported that they listen to the radio while 98% reported that they watch television. Of those Health Care Card holders who did watch television, 89% reported that they watched the equivalent of at least one hour of television per day and 85% reported that at least one of the two main stations they watched was WIN or Southern Cross TV.

Anglicare believes that the State Government should advertise the availability of the electricity concession for Health Care Card holders on the two main commercial television stations in addition to the current newspaper advertising and inclusion in the concessions booklet.

Recommendation: That the State Government allocate \$15,000 to run a 2 week television advertising campaign in April 2006 to inform Health Care Card holders of the availability of the electricity concession. That the take-up of the Health Care Card holder electricity concession be evaluated following this campaign.

Although the electricity concession paid is for by the State Government, Anglicare believes that Aurora Energy can be more active in promoting the availability of the concession, particularly for customers setting up new connections.

Recommendation: That Aurora Energy provides information about electricity concessions in its promotional material.

5.1.2 Telephones

The widespread use of mobile telephones has been one of the major changes in communication technology over the past decade. This research confirms that mobile telephones are now widely used within the Tasmanian community with 69% of adults reporting that they have both a home and a mobile telephone. A further 5% reported that they only have a mobile phone and the remaining 26% reported that they only have a home telephone. As shown in table 5.1.2 the type of phone services being used tends to vary considerably across age groups with young people the most likely to be relying solely on a mobile phone and older people the most likely to have only a home phone. However it is interesting to note that mobile phone uptake has been relatively high across all groups aged under 70 years.

Table 5.1.2 Proportion of Tasmanian adults with phone services by age group

Phone service	18-24 years (%)	25-29 years (%)	30-39 years (%)	40-49 years (%)	50-59 years (%)	60-69 years (%)	70+ years (%)	All (%)
Home phone only	4*	4*	13	16	25	38	68	26
Mobile phone only	22	10*	5*	4	3*	**	**	5
Both home and mobile phone	75	86	81	79	71	61	30	69

*estimate has a relative standard error of between 25% and 50% and should be used with caution

**estimate has a relative standard error of more than 50%

Respondents were also asked about the billing arrangement for their mobile phone, with 57% of those with mobile phones reporting that they were on a contract or plan with a regular bill, 36% reporting that they used pre-paid cards and the remaining 7% reporting that they had some other type of billing arrangement. Low income earners were more likely than other mobile phone users to have a prepaid billing arrangement with 48% of Pension Concession and Health Care Card holders using prepaid cards.

Of those using mobile phones 92% of Tasmanians reported that their mobile phone currently had enough credit to make a call out. Low income earners on Health Care Cards were more likely than other groups to report that they did not have enough credit to make an outgoing call on their mobile with 14% of Health Care Card holders reporting that this was the case.

Anglicare is concerned that a small group of low income earners appear to be losing access to a reliable and affordable phone service. The survey found that 9% of all Health Care Card holders reported that their phone had been disconnected in the past year due to a shortage of money. Of the 11% of Health Care Card holders who rely solely on a mobile phone, only 71% of the group reported that they had enough credit to make an outgoing call. It is of concern that some low income earners who have their home phone disconnected may be moving across onto a pre-paid mobile phones with very high call costs and only occasionally being able to make calls when they have credit on their mobile telephone. This issue is of particular concern in Tasmania as the decentralised nature of the population means that many people do not have access to pay phones in their local area. In this survey, 39% of all respondents reported that there was not a pay phone within walking distance of their home.

Further research is required to examine patterns of telephone access following home telephone disconnection for low income earners. However Anglicare continues to believe that Telstra needs to be more active in its advertising of the InContact phone service which allows Health Care Card and Pension Concession Card holders to have access to a free home phone service. This service allows customers to receive incoming calls and make some specific outgoing calls (for example, calls to emergency services and community organisations).

Recommendation: That Telstra commission independent research into patterns of telephone access following home phone disconnection for low income earners.

Recommendation: That Telstra undertake further advertising of its InContact telephone service.

5.2 Food

The capacity to afford adequate food is one of the most basic measures of wellbeing. In a wealthy country like Australia it is often assumed that all citizens are able to afford to buy the food needed for themselves and their families. However, this research reinforces national findings that there are groups within the population who are vulnerable to food insecurity (for example Booth and Smith, 2001). Food insecurity is defined as existing “whenever the availability of nutritionally adequate and safe foods or the ability to acquire foods in socially acceptable ways is limited or uncertain” (Anderson, 1990).

In this research 4% of Tasmanian adults reported that they had gone without meals at some time in the previous year due to a shortage of money. Low income earners were more likely than other Tasmanians to report that they had gone without meals due to a shortage of money with 7% of Pension Concession Card holders and 11% of Health Care Card holders reporting that they had experienced this in the previous year compared with 2% of Tasmanians who do not hold any concession card.

Table 5.2.1 shows that many Tasmanians reported that they worry occasionally about whether the amount of food that they can afford will be enough for their household. Low income earners on Health Care Cards were the group most likely to be worried with 27% of Health Care Card holders reporting that they worried occasionally. A further 13% reported that it was mostly true or always true that they worried about whether the amount of food they could afford would be enough.

Table 5.2.1 Proportion of Tasmanian adults reporting how often the following statement is true: “I worry about whether the food I can afford to buy for my household will be enough” by card holder status

How often statement is true	No concession card (%)	Pension Concession Card (%)	Health Care Card (%)	All (%)
Never True	82	68	60	76
Occasionally True	16	23	27	19
Mostly or Always true	2	9	13	5

Table 5.2.2 groups the data by household type and shows that a very high proportion of sole parents were worried about being able to afford enough food for the household with almost one in five reporting that this was always or mostly true. Overall 60% of single parents with children reported experiencing some degree of food insecurity.

Table 5.2.2 Proportion of Tasmanian adults reporting how often the following statement is true: “I worry about whether the food I can afford to buy for my household will be enough” by household type

How often statement is true	Alone (%)	Couple (%)	Couple with children (%)	Single parent with children (%)	With parents (%)	All (%)
Never True	73	84	74	40	86	76
Occasionally True	19	13	21	42	11	19
Mostly or Always True	8	3	5	18	3*	5

*estimate has a relative standard error of between 25% and 50% and should be used with caution

These findings are consistent with national data from the ABS Household Expenditure Survey which show that 10% of sole parents and 5% of lone person households reported that they had gone without meals at some time in the previous 12 months compared with 3% for all households (ABS, unpublished a). Previous research by Anglicare has also indicated that single people and sole parents accounted for 70% of those seeking assistance from Emergency Relief providers in Tasmania during a two week period in November 2003 (Madden, 2004). Research by Breunig & Cobb-Clark (unpublished) also shows sole parent households are more likely than other household types to report that they have experienced a range of financial hardship indicators even after controlling for income levels.

The finding that sole parents were reporting high levels of worry about being able to afford enough food is of particular concern in the context of changes by the Federal Government under its welfare reform agenda. Sole parents needing to make a new claim for Centrelink payments will face significant changes when the new regime is implemented. The changes will be much more limited for those currently receiving Parenting Payment Single as they will remain on Parenting Payment Single until their youngest child turns 16, although they will be subject to new compulsory mutual obligations such as searching for part-time employment or participating in other services. The more significant changes will be for sole parents applying for Parenting Payment Single after July 1, 2006. Under the changes, new applicants for Parenting Payment Single will be shifted across to Newstart Allowance when their youngest child reaches the age of eight. This switch in payments will result in a substantial drop in income for these sole parents as Newstart Allowance has a lower rate of payment than Parenting Payment Single and much tighter income tests⁴. Modelling by the National Centre for Social and Economic Modelling (NATSEM)⁵ has shown that sole parents relying on Centrelink payments will face significant falls in disposable income compared to the current arrangements and will also experience very high effective marginal tax rates when they take up paid employment (Harding, Vu, Percival and Beer, 2005). For example NATSEM have estimated that a sole parent with one or two children over the age threshold and relying on Centrelink benefits as their only source of income would be \$29 per week worse off under the new system compared with current arrangements (Harding et al, 2005). They have also estimated that a sole parent with one child over the age threshold who has \$200 per week of private income would be \$92 per week worse off under the new system than they would have been under the current arrangements (Harding et al, 2005).

Given our research findings regarding the vulnerability of sole parents to food insecurity, Anglicare believes that the Federal Government must abandon its decision to shift sole parents who are new Parenting Payment Single applicants onto Newstart Allowance when their youngest child turns eight. The income levels of sole parents must be maintained

4 A small group of sole parents under the new regime will have their payments 'topped up' to the level of Parenting Payment Single; these groups include foster carers and people home schooling their children or supervising distance education.

5 This modelling was completed using information from the Federal Government's earlier welfare reform proposal which had new Parenting Payment Single applicants switching to Newstart Allowance when their youngest child turned six. The calculations regarding the financial impact of the changes are still accurate but will simply apply when the youngest child is eight rather than six years.

and even increased in the light of the findings from this research and the ABS research on financial stress.

Recommendation: That the Federal Government abandon its proposal to shift sole parents who are new applicants onto Newstart Allowance when their youngest child turns eight.

These proposed Federal Government income support changes also have implications for the State Government's concession system. The concessions provided by the State Government on council rates, electricity and transport are important ways for the State Government to assist low income earners with essential bills. The provision of these concessions has the effect of allowing low income earners to use funds which would have been needed for essential bills but can instead be used for other purchases such as food. NATSEM notes that although Sole Parents moving from Parenting Payment Single to Newstart Allowance will retain their Pension Concession Card, eligibility for Newstart Allowance will cut out when income from wages reaches \$426 per week rather the more generous level of \$718 per week for Parenting Payment Single (Harding et al, 2005). Most sole parents whose earnings push them above the Newstart threshold will still be entitled to a Health Care Card for low income earners. However the Health Care Card does not entitle recipients to the full range of concessions on council rates and electricity accounts. This change will result in sole parents who move into paid work being penalised even further for their efforts by losing access to important State Concessions. Anglicare argues that this problem further emphasises the need for the State Government to simplify the current State Concession system to ensure that Health Care Card holders are entitled to the full range of concessions currently provided for Pension Concession Card holders. This change would assist in mitigating the impact of the Federal Government's changes for sole parents moving into employment.

Recommendation: That the State Government review the concession system with the goal of equalising access to the major state concessions.

Strategies to deal specifically with food insecurity must also be considered at a state level. Anglicare welcomes the Government's recent interest in this issue, particularly the invitation to Food Bank Australia to consider establishing a Food Bank in Tasmania. A key goal of the 2004 Tasmanian Food and Nutrition Policy is to ensure that all Tasmanians have adequate access to nutritious and safe food to meet their nutritional needs. Achievement of this goal will require a range of responses at an individual, community, industry and government level. The Policy has been endorsed by the State Government and is based on extensive consultation with community stakeholders. The Policy is supported with an action and monitoring plan. However resources have not yet been set aside to undertake the research, assessment, implementation and evaluation of initiatives needed to assist in achieving the food security goal.

New South Wales Health funded a detailed investigation into food insecurity which provides a planning framework and a description of policy and practice interventions to consider when addressing food security (Rychetnik, Webb, Story and Katz, 2003). This options paper provides more than 40 examples of possible interventions which may assist in improving food security in the community including changes to income support

levels and the establishment of food banks as well as community development and education schemes. As there is limited rigorous evaluation of the effectiveness and sustainability of interventions to improve food security, Anglicare proposes that the State Government convene a taskforce including representatives of community organisations, State Government, industry and local communities to direct research, assessment, implementation and evaluation of initiatives to reduce food insecurity. Anglicare recommends that the State Government initially allocate \$250,000 over 2 years to:

- plan and undertake an assessment of determinants of food security in selected Tasmanian communities;
- recommend the most appropriate interventions to address the local determinants of food insecurity;
- implement and evaluate the outcomes of a pilot program designed to reduce food insecurity in a community.

Recommendation: That the State Government allocate \$250,000 to fund the assessment, implementation and evaluation of a food security project by a taskforce including representatives of community organisations, State Government, industry and local communities.

5.3 Housing

The phenomenon of the housing boom in Tasmania has been well documented with major increases in house prices and average rental costs experienced across the state (REIT, 2001-2005a, b). While this boom has been good news for people who own a home there have been significant difficulties for low income earners faced with large increases in the cost of private rental accommodation and greatly diminished prospects of ever being able to afford to purchase a home. Gabriel (2004) has estimated that there were 21,370 low income Tasmanian households experiencing housing stress in 2004. Housing stress is defined as low income households paying more than 30% of their income on housing costs. Gabriel (2004) also identified specific 'life cycle' groups as being at particular risk of housing stress including younger people living alone, sole parents, older people living alone and couples with children aged under 14 years.

The Tasmanian Community Survey examined housing tenure and preferences as well as difficulties in affording rental and housing repayments.

The research found that 4% of Tasmanians reported that they had been unable to pay their rent or home loan payments at some stage in the past year due to a shortage of money. This figure was higher when only renters were included in the analysis with 11% of all renters reporting that they had been unable to pay their rent in the past year due to a shortage of money.

Table 5.3.1 shows that 16% of Tasmanians reported that they are living in rental accommodation with 28% currently buying their home and 46% already owning their home.

Table 5.3.1 Housing tenure of Tasmanian adults

Tenure type	(%)
Owner	46
Buying	28
Renting	16
Occupying Rent Free	6
Other	4

Of those in rental accommodation the largest group (40%) have a private landlord, 29% rent from a real estate agent and 19% rent from Housing Tasmania. For low income earners, private landlords manage tenancies for 42% of Health Care Card holders who rent and 32% of Pension Concession Card holders who rent.

As shown in table 5.3.2 those in private rental accommodation who are renting from real estate agents and private landlords were much more likely than other Tasmanians to have moved house in the previous 12 months.

Table 5.3.2 Proportion of Tasmanian adults who have moved at least once in the past year by tenure type

	Housing Tasmania (%)	Real Estate Agent (%)	Private Landlord (%)	Buying (%)	Own (%)	Total (%)
Move at least once in the past year	8*	46	25	11	5	12

**estimate has a relative standard error of between 25% and 50% and should be used with caution*

The high proportion of private landlord management of rental accommodation and the relatively large proportion of private renters who had moved in the past year demonstrates the high proportion of renters who would benefit from the establishment of a Rental Deposit Authority in Tasmania. Anglicare therefore welcomes the Residential Tenancy Amendment Bill 2005, which will enable the establishment of a Rental Deposit Authority in Tasmania in 2006.

The Tasmanian Community Survey also found that most Tasmanian renters (61%) would prefer to buy a home but can't afford to, while 16% prefer to rent and the remaining 23% were renting for other reasons. This finding reflects the difficulties in affording home purchase for many renters. Even when considering the issue of home purchase over a longer time frame many renters are uncertain about whether they will buy a home despite their desire to do so. When asked if they would like to buy a house in the next 5 years 60% of renters said yes but when asked if they thought they actually would buy a house in the next five years, only 21% said yes with 34% unsure and the remaining 44% saying that they did not think they would purchase in the next five years.

Figures from Macquarie Property show that housing in Hobart has gone from being the most affordable capital city in the country for home purchase during the five years prior to the 2001 boom to being less affordable than Adelaide and Perth (Macquarie Property, 2005). Anglicare welcomes the Government's announcement of the Community Housing Trust but believes it is vital that the State Government makes a formal commitment to funding Stage Two of the Affordable Housing Strategy with continuing support for

schemes to assist low income earners into home ownership, affordable private rental accommodation and public housing.

Recommendation: That the State Government commits \$45 million to Stage Two of the Affordable Housing Strategy including public housing, support for people in the private rental market and support for people who wish to purchase a home.

The ongoing viability of the Tasmanian public housing system is undermined by the outstanding debt owed by the Tasmanian Government to the Commonwealth – an historical debt from when the Commonwealth State Housing Agreement was provided in the form of loans, rather than grants. This debt, which at the time of writing stands at \$253 million, sees \$17 million of Housing Tasmania's annual \$21 million grant returned to the Commonwealth in repayments each year. The debt repayment therefore represents 77% of Housing Tasmania's income. The remaining 23% of income is not enough to sustain a capital investment program which will maintain stock levels, let alone encompass growth. The community sector has been calling for the restructuring of this debt into General Government debt, thus freeing up a revenue flow for Housing. Precedents for this exist in Tasmania with other Government authorities and Government Business Enterprises and in Victoria, where the Victorian Government has absorbed the state housing authority's debt.

Recommendation: That the State Government relieve Housing Tasmania's debt to the Commonwealth.

5.4 Financial Hardship

5.4.1 Hardship and Cashflow Problems

The strong economic growth experienced in Tasmania over the past five years has had a range of positive consequences across the community particularly through increased job opportunities and lower levels of unemployment. Data from the ABS Household Expenditure Survey indicates that on some measures this general economic improvement has been reflected in Tasmanians' perceptions of financial wellbeing. For example, the proportion of Tasmanians who reported that their present standard of living was better than two years ago went from 29% in the 1998-99 survey to 35% in the 2003-04 survey (ABS unpublished a, ABS unpublished b). However, the Tasmanian Community Survey confirms other data from the Household Expenditure Survey which indicate that some Tasmanians continue to experience financial difficulties and that there is a small proportion of the community that is experiencing more severe financial hardship.

The Tasmanian Community Survey also asked people to compare their standard of living now with their standard of living two years ago. It found that 32% of Tasmanians reported that they were better off than two years ago, while 41% said they were the same as two years ago and 27% said they were worse off than two years ago. Low income earners were more likely than other Tasmanians to report that their standard of living was worse than two years ago.

The survey also asked people to make an assessment about their usual income and expenditure patterns over the previous year. This showed that ten percent of Tasmanians reported that their household had tended to spend more money than they got, with 48% reporting that they just broke even most weeks and 43% reporting that they were able to save money most weeks. Health Care Card holders were the group most likely to report that they had spent more than they got with 16% of Health Care Card holders reporting that this statement was the best description of the financial situation in their household over the past 12 months.

Respondents were also asked about their capacity to raise \$2000 to pay for something important within a week. This measure is considered to be an indicator of people's financial capacity if a sudden major expense arises. Overall 18% of respondents indicated that their household would be unable to raise \$2000 within a week for something important. This finding is much lower than the 41% of Tasmanians who reported that they would be unable to raise such funds in the 1998 Health Communities Survey (Herbert & Short, 2001). The Household Expenditure Survey suggests a much more modest change from 21% of Tasmanians reporting that they would be unable to raise \$2000 in an emergency in the 1998-99 survey to 17% in the 2003-04 survey (ABS, unpublished a, ABS, unpublished b).

Bruenig (unpublished) has found much higher levels of reporting of financial difficulty indicators in the national self-completed HILDA survey than for the interviewer assisted Household Expenditure Survey although the extent of these differences varied by household type. Such a finding would explain the difference between the 1998 Healthy Communities Survey finding and the 1998-99 Household Expenditure Survey. However, it would not explain why the self-completed Tasmanian Community Survey, which is the focus of this research, has findings which are very close to the Household Expenditure Survey results for the full range of financial stress indicators. It is not clear what implication should be drawn from Bruenig's findings for the Tasmanian Community Survey results and it may be necessary to wait for further comparable studies to be published before any conclusions can be made.

In this research sole parents, people living alone and Health Care Card holders were the groups with the least capacity to raise \$2000 in a week with 55% of sole parents, 35% of Health Care Card holders and 27% of people living alone reporting that they would be unable to raise the funds. Of those Tasmanians who reported that they would be able to raise \$2000 for something important, most (69%) said that they would get the money from their own savings with 12% reporting they would get a loan from a bank, building society or credit union, 9% from a loan on their credit card and 7% a loan from family or friends.

The Tasmanian Community Survey also measured a range of indicators of financial stress and hardship. Most of these indicators are used by the Australian Bureau of Statistics in the household expenditure survey with additional questions developed from Anglicare's earlier research with people experiencing financial crisis in Tasmania. While the results of several of these indicators have been reported in preceding sections it is useful to examine them as a group to compare the prevalence of these issues within the Tasmanian community.

Bray (2001) has broken the indicators used in the Household Expenditure Survey⁶ into two categories, cashflow problems and hardship. The cashflow problems are:

- being unable to afford to pay electricity or telephone bills on time due to a shortage of money;
- being unable to pay car registration/insurance on time due to a shortage of money; and
- having to seek financial assistance from family and friends due to a shortage of money.

The factors included in the hardship category are (due to a shortage of money):

- having gone without a meal;
- having been unable to heat the home;
- having sought assistance from a community organisation; and
- having to pawn or sell something.

While the more severe hardship indicators were the least often reported, it is of concern that at least 4% of Tasmanian adults report having experienced each of these indicators. A figure of 4% equates to more than 14,000 adults having had this experience.

As shown in Table 5.4.1 Health Care Card holders were generally more likely than Pension Concession Card holders and other Tasmanians to report that they had experienced financial difficulties in the past year and were especially likely to have been unable to pay utility bills, car registration or insurance on time, have sought financial help from family and friends and to have avoided seeking health care when needed. These findings are not surprising considering the lower incomes of average Health Care Card holders compared with Pension Concession Card holders but again emphasise the need for greater assistance to this group through mechanisms such as the State Concessions system.

Table 5.4.1 Proportion of Tasmanian adults reporting their household experienced each type of financial difficulty by concession card status.

Type of difficulty due to shortage of money	No concession card (%)	Pension Concession Card (%)	Health Care Card (%)	All (%)
1. Couldn't pay telephone or electricity bill on time	13	16	25	15
2. Couldn't pay car registration/insurance on time	8	14	20	11
3. Pawned or sold something	5	12	12	7
4. Went without meals	2	7	11	4
5. Unable to heat home	2	7	10	4
6. Sought assistance from welfare/community organisation	2	8	12	4
7. Sought financial help from family and friends	12	17	22	14
8. Couldn't pay rent/home loan	3	6	6*	4
9. Phone disconnected	4	5	9	5
10. Electricity disconnected	1*	2*	3*	1
11. Didn't seek health care when needed	9	9	20	10
12. Didn't fill a prescription ordered by a doctor	8	10	14	9

*estimate has a relative standard error of between 25% and 50% and should be used with caution

6 Those indicators included in the Household Expenditure Survey are number from 1 to 7 in table 5.4.1

Table 5.4.2 shows that sole parents are much more likely than other groups to report that they are experiencing cashflow difficulties. The figures for financial hardship also indicate that sole parents are more likely to report hardship (although these figures should be used with caution due to the high relative standard error associated with the estimates). However, the finding is consistent with research by McColl, Pietsch and Gatenby (2002) which indicates that sole parents with dependent children were much more likely than any other life cycle group to be classified as experiencing higher levels of financial stress. Breunig (unpublished, p2) has also found that sole parent households are “much more likely to suffer financial difficulty even after controlling for income and home ownership”.

Table 5.4.2 Proportion of Tasmanian adults reporting their household experienced financial difficulty by household type

Type of difficulty due to shortage of money	Lone person (%)	Couple (%)	Couple with Children (%)	Sole Parent with Children (%)	All (%)
Couldn't pay telephone or electricity bill on time	17	7	19	42	15
Couldn't pay car registration/insurance on time	10	6	12	32	11
Pawned or sold something	7	3	7	29	7
Went without meals	11	1*	4	12*	4
Unable to heat home	10	2*	4	14*	4
Sought assistance from welfare/community organisation	7	1*	4	18*	4
Sought financial help from family and friends	17	7	14	43	14
Couldn't pay rent/home loan	3*	1*	6	19*	4
Phone disconnected	4*	2*	6	11*	5
Electricity disconnected	2*	1*	2*	4*	1
Didn't seek health care when needed	12	6	11	25	10
Didn't fill a prescription ordered by a doctor	13	6	10	20	9

**estimate has a relative standard error of between 25% and 50% and should be used with caution*

These findings emphasise the importance of further research looking at what it is about the nature of sole parenthood which makes financial crisis such a common experience and providing assistance to allow sole parents and their children to attain greater security. As noted earlier, Anglicare believes that the Federal Government must scrap its planned changes to eligibility for Parenting Payment Single to ensure that sole parents are not financially worse off than under the present arrangements (see section 5.2 for a detailed discussion and recommendation on this issue).

Recommendation: That the Federal Government commission independent research examining why financial crisis is such a common experience for sole parents.

5.4.2 Missing Out

The ABS Household Expenditure Survey also asks a range of questions about households' capacity to participate in a range of activities which might be considered ordinary aspects of community life. The Tasmanian Community Survey included these questions as well as an additional question about respondents' ability to afford contents insurance. Earlier focus group discussions with low income earners have indicated that

some reported being unable to afford this insurance and feeling vulnerable to losses as a consequence (Anglicare, unpublished).

Bray (2001, p20) groups these indicators from the Household Expenditure Survey into a category called 'missing out' noting that it "suggests an indicator of the extent to which households are missing out on fully participating in daily life because of their financial constraints".

Table 5.4.3 indicates that both Health Care Card holders and Pension Concession Card holders are more likely than other Tasmanians to report missing out. There was very little difference between the experiences of Pension Concession Card holders and Health Care Card holders on these measures.

Overall the most common area where Tasmanians reported missing out was in being unable to afford to have a holiday away from home for one week a year followed by being unable to afford to have a night out once a fortnight.

Table 5.4.3 Proportion of Tasmanian adults reporting their household 'missed out' by concession card status

	No concession card (%)	Pension Concession Card (%)	Health Care Card (%)	All (%)
Reason household doesn't usually have a holiday away from home one week a year				
Can't afford to	20	40	43	28
Not applicable^	61	42	49	55
Don't want to	6	9	5*	7
Other reason	13	9	5*	11
Reason household doesn't usually have a night out once a fortnight				
Can't afford to	17	35	42	24
Not applicable^	52	30	33	44
Don't want to	17	26	18	20
Other reason	14	9	8	12
Reason household doesn't usually have friends or family over for a meal at least once a month				
Can't afford to	2	11	12	6
Not applicable^	72	59	58	67
Don't want to	9	9	10	9
Other reason	17	21	19	19
Reason household mostly buys second hand rather than new clothes				
Can't afford to (buy new clothes)	4	15	15	8
Not applicable^	92	78	73	86
Don't want to	3	4	6*	3
Other reason	2	3*	5*	3
Reason household does not spend time on leisure activities				
Can't afford to	5	21	20	11
Not applicable^	79	52	57	69
Don't want to	5	14	7*	8

Don't have time	9	2*	10	7
Other reason	3	11	7*	6
Reason household does not have contents insurance				
Can't afford to	3	9	13	5
Not applicable^	94	87	79	90
Don't want to	1*	1*	2*	1
Other reason	2	3*	7*	3

*estimate has a relative standard error of between 25% and 50% and should be used with caution

^ Not applicable in this context means that respondents reported that they were able to have this experience or service.

5.4.3 Credit

Credit provides Australian households with access to funds for major purchases from large items such as home purchase, car purchase and increasingly the purchase of a range of consumer electronics. Access to credit provides households with the capacity to smooth their expenditure on major goods and services over more than one pay period. However, access to credit can also have potential negative consequences if people have commitments to long term repayments and their income level drops or if they are exposed to very high rates of interest, for example if they are unable to repay a loan within an interest-free period and are then charged a high ongoing rate of interest.

This survey asked respondents about their access to and use of consumer credit products. Overall 61% of respondents reported that they had a credit or charge card which they used regularly. The regular use of credit or charge cards was much lower among low income earners holding concession cards than other Tasmanians with 45% of Pension Concession Card holders and 46% of Health Care Card holders reporting regular use of cards compared to 71% of people without a concession card. Young people aged under 25 and older people aged 70 and over were the two age groups who were much less likely than other Tasmanians to report regularly using a card with only 33% of young people and 49% of people aged 70 and over reporting that they regularly used a credit or charge card.

As shown in Table 5.4.4 below, 56% of all regular credit card users reported that they always or almost always pay off the entire balance on all of their credit/store card accounts. The remaining regular card users would be expected to be paying interest on the owing balance at rates of between 9% per annum and 19% per annum depending on the card type (CANEX, 2005).

Table 5.4.4 How often Tasmanian adults reported they pay off credit card by concession card type

How often pay off credit card	No concession card (%)	Pension Concession Card (%)	Health Care Card (%)	All (%)
Never	7	11	13*	8
Hardly ever	8	10	14*	8
Not very often	10	9	**	9
About half the time	11	5*	**	9
Most months	11	7*	8*	9
Almost always	13	10	22	13
Always	41	48	35	43

*estimate has a relative standard error of between 25% and 50% and should be used with caution

**estimate has a relative standard error of more than 50%

Respondents were also asked about whether they thought they would be approved for particular types of credit if they wanted or needed to get access to such credit. Table 5.4.5 shows that low income earners were less likely to consider that they would be approved for all of the credit products listed. The comparatively lower proportion of people who reported that they thought they would be approved for a personal loan from a finance company may reflect the lack of awareness about the lending policies of such companies by people who would generally turn to a bank for a loan in the first instance.

Table 5.4.5 Types of credit likely to be approved for Tasmania adults by concession card status

Likely to be approved for:	No concession card (%)	Pension Concession Card (%)	Health Care Card (%)	All (%)
Credit Card	90	72	66	84
Personal loan from a bank	88	62	52	79
Home loan from a bank	82	38	35	69
Personal loan from a finance company (eg GE)	85	48	46	74
Interest free period on a purchase from a store (eg Harvey Norman)	88	56	59	79
Store Card (eg Target/Myer Card)	87	56	61	78

The high interest rates charged for many of the consumer credit options available to low income earners and the belief by some low income earners that they would not be able to get access to any form of credit emphasises the importance of initiatives like the No Interest Loans Network of Tasmania which provides interest free loans to people holding concession cards for purchases of major items such as fridges, washing machines and other consumer goods.

5.5 Health

5.5.1 Bulk Billing

An affordable and accessible health system is essential to ensure good health outcomes for Tasmanians. In recent years, Tasmania has continued to have some of the worst health indicators despite improvements in general economic conditions.

In 2004, the Federal Government recognised low rates of bulk billing and introduced incentives for general practitioners (GPs) to bulk bill low income earners and children. At the time, the rate of bulk billing in Tasmania stood at 60% compared to the national average of 69% (Tasmanian General Practice Divisions, 2004). Since the introduction of the incentives, Tasmania has experienced the largest rate of increase for bulk billing, which, as at May 2005, stands at 67%, but which is still below the national average of 74% (Dept Health and Ageing, 2005). While co-payments for Tasmanian patients are the lowest of all of the states, the level of the co-payment has grown more quickly than in any other state during 2004, with the average co-payment rising by \$2.19 between January and June 2004 (Tasmanian General Practice Divisions, 2004).

A year after the bulk billing incentives were introduced, the Federal Government announced that the Medicare Safety Net thresholds would be increased. From January 1 2006, low and middle-income families will have to spend \$500 on out-of-pocket medical expenses before qualifying for the safety net assistance, an increase from the previous \$300 threshold (ABC Television, 2005).

The Tasmanian Community Survey indicates that despite the Federal Government incentives to bulk bill there are still many people who are not obtaining medical care or filling a prescription because of shortage of money.

This survey indicates that low income earners were more likely than other Tasmanians to indicate that they or someone in their household experienced poor health:

- Both Pension Concession Card holders and Health Care Card holders were more likely (57% and 52% respectively) than non-Concession Card holders (32%) to have someone in their household with ongoing health problems; and
- the proportion of pensioners who rated their health as poor (11%) was significantly higher than for Health Care Card holders (5%) and Tasmanians as a whole (1%), a reflection of the large number of older Tasmanians included in the pensioner group.

However, it was holders of Health Care Cards who struggled to fund health services for themselves and their family:

- 1 in 5 holders of Health Care Cards reported not seeking health care when it was needed because of a shortage of money compared to 1 in 10 Pension Concession Card holders and non-Concession Card holders; and
- Health Care Card holders were more likely to report that they had been unable to fill a prescription ordered by a doctor due to a lack of money (14%) than non-Concession Card holders (8%).

Despite the Federal Government's changes to encourage bulk billing of concession card holders, many low income earners are continuing to pay gap fees when they visit the doctor. Around 20% of concession card holders reported that they always pay a gap fee when they visit their doctor. Pension Concession Card holders are more likely than Health Care Card holders to report that they never have to pay a gap fee when they visit a general practitioner. Forty five per cent of Pension Concession Card holders reported that this was the case for them compared with 27% of Health Care Card holders. Little difference was found between the three regions regarding the costs of health care.

A worrying trend in the Denison electorate is that access to bulk billing is not equitable across Hobart and some GP practices are closing their books to new patients (Kerr, 2005). For example, the only two medical practices in Claremont do not routinely offer bulk billing so people on low incomes in the Claremont area would need to travel to Berriedale, Glenorchy or further to access a bulk billing practice. Of the five practices in these two suburbs, each practice offers bulk billing to different groups of concession card holders but only one offers bulk billing to Health Care Card holders.

Medicare was designed to provide universal health insurance funded through the taxation system and based on care according to need, not ability to pay. This recognises health care as a public good, not merely a personal responsibility. Despite this, the cost of

health services has become a major issue for low income Tasmanians in recent years. The difficulty in finding General Practitioners who bulk bill and in affording pharmaceutical bills, especially for people who require large amounts of prescription medication, are two key concerns.

Recommendation: That the Federal Government ensures that all Health Care and Pension Concession Card holders and their children are bulk billed.

Recommendation: That the Federal Government does not increase the Medicare Safety Net Threshold above \$300 for low and middle-income families and individuals.

Recommendation: That the Pharmaceutical Benefit Scheme Safety Net Threshold for concession card holders be adjusted for family size, to approximately \$60 for a single person, \$120 for a couple or a single parent with one child and \$180 for a three person family. The \$239.20 threshold should be retained for all other concession holding families.

5.5.2 Dental Health

5.5.2.1 Adults

The poor oral health status of Tasmanian adults has been clearly established by national research which has found that compared to the rest of Australia, Tasmania has the highest proportion of citizens who have lost all of their teeth, the highest average number of missing teeth and the highest use of dentures (Carter & Stewart, 2003). Poor oral health can cause pain and discomfort as well as embarrassment and qualitative research has also found that Tasmanians report difficulties in finding employment when they have visibly rotting and broken teeth (Cameron 2004).

Access to dental care is a major concern in Tasmania as the state has the lowest rate of practicing dentists in the nation with just 25 dentists per 100,000 people compared with the national average of 45 dentists per 100,000 people (Teusner & Spencer, 2003).

The Tasmanian Community Survey again shows that a very high proportion of Tasmanians are not receiving regular dental care with 28% of Tasmanian adults reporting that they had not visited the dentist in the past five years and 58% reporting that they had not been during the past year. When asked why they had not visited the dentist, 60% of those who had not been to the dentist in the past year stated that they did not need to go, 20% said they could not afford to go and 17% reported they did not want to go.

National research has established that low income earners and people living in rural, remote or regional areas are particularly at risk of experiencing poor dental health (Carter & Stewart, 2003). Tasmania has the highest proportion of low income earners and the highest percentage of the population living in regional areas in Australia (ABS, 2005a).

Table 5.5.1 shows that people living in the North and North-West of the State were less likely to have visited a dentist than those in the South of the State.

Table 5.5.1 Dental care by region of residence for Tasmanian adults

Dental Visits	South (%)	North (%)	North West (%)	All (%)
Had not visited dentist in past year	52	62	66	58
Had not visited dentist in past 5 years	22	32	36	28

Low income earners were also less likely to have had any dental care in the last year compared with other Tasmanians, 67% of all concession card holders reported that they had not visited the dentist in the past year. Among concession card holders Pension Concession Card holders were the least likely to have visited a dentist with 70% reporting that they had not visited in the past year compared with 60% of Health Care Card holders. Low income earners on Health Care Cards were more likely than other Tasmanians to report that the main reason they had not been to the dentist in the past year was because they could not afford to go. Of those who had not visited the dentist in the past year 35% of Health Care Card holders reported that their inability to afford the cost was the main reason they had not attended.

All Health Care Card and Pension Concession Card holders are eligible to use the public dental service but qualitative research by Anglicare indicates that long waiting lists and up-front fees of \$25 per visit mean that many low income Tasmanians are unable to access treatment through this service (Cameron, 2002). Those in the most precarious financial situations may simply avoid seeking treatment at all. For those who are able to access some savings or other source of emergency money it may be possible to seek private care. Indeed this research shows that, among those low income Tasmanians who had actually attended a dentist in the past year, most had attended a private dentist. Of those who reported that they had been to the dentist in the previous year, 74% of Pension Concession Card holders and 69% of Health Care Card holders had attended a private practice. Attending a private dental practitioner is a very big expense for a low income earner. For example, a single unemployed person with no children on Newstart Allowance receives \$202.25 per week (Centrelink, 2005c). Even basic dental treatment such as an extraction or filling can cost more than the entire week's income for someone in this group.

Previous research has demonstrated that despite increased funding, spending by the Tasmanian State Government has been well below the national average based on expenditure per adult concession card holder (Cameron, 2004). Anglicare believes that the State Government must make significant further investment in oral health services to remove the current barriers to access by abolishing co-payment fees and expanding service provision. The large proportion of Tasmanians eligible to access public services and the poor current dental health status mean that a substantial investment will be required to produce genuine and long term improvements in the dental health status of adult Tasmanians.

Recommendation: That the State Government expands funding to Oral Health Services with additional expenditure of \$5.3 million over 4 years.

Recommendation: That the State Government abolishes co-payment fees for public dental care. The removal of these fees would significantly decrease the barriers to access for emergency dental care for low income Tasmanians.

5.5.2.2 Children

Respondents were also asked if their children aged under 18 had visited the dentist in the past year. The research indicated that Tasmanian children were much more likely to have been to the dentist in the previous year than adults. Respondents indicated that 64% of the children in their care had visited a dentist in the previous year, with 33% of children not having visited a dentist in the previous year.

Although these figures are much better than for adults it is of concern that one third of children had not visited a dentist in the previous year.

The replacement of the Tasmanian School Dental Service (TSDS) by the Children's Dental Service (CDS) in 1998 shifted the focus of children's dentistry from a school based program to a community based program. The school based dental service ensured that most primary school aged children received dental care on an annual basis from practitioners based at their school with high school students attending community clinics. Since the establishment of the Children's Dental Service, parents are sent letters asking them to initiate contact with the service to make an appointment and take their child to the service. The service has clinics in locations around the state however the coverage of rural areas varies considerably with some areas such as the Tasman Peninsula and the southern part of the East Coast having no current children's dental service.

The shift from a school based service to a community service occurred following the removal of the Commonwealth Dental Health Program funding and has been attributed to a range of factors including the difficulty of maintaining infection control standards in dental caravans, occupational health and safety concerns for the dental therapists, the lack of space for dental assistants and the desire to provide dental health education to family groups. However, under the current scheme there are no mechanisms to ensure that all children receive regular professional dental care. Indeed some children may never have the opportunity to visit the dental service if their parents are unable to take them to a clinic. There is a particular risk that families in some rural areas will face prohibitive costs for transport to the nearest children's dental clinic. This issue is a particular concern in view of the already poor dental health of low income earners and people living in rural, remote or regional areas (Carter & Stewart, 2003).

Large, modern dental vans which overcome the difficulties of the old style school dental vans are now available. Anglicare believes that the State Government must commit to a program of purchasing enough vans to ensure that those students who are not currently accessing the Children's Dental Service are able to receive regular check-ups and treatment. Such a program would ensure that all children could receive dental care regardless of where they live and their parents' ability to take them to the current services. It would also be in line with the National Oral Health Plan which emphasises the importance of continuing and expanding school dental services to ensure that children and adolescents receive regular, timely check-ups and preventatively focussed oral health care (NACOH, 2004).

Recommendation: That the State Government allocates additional funding for Children's Dental Services to purchase modern dental vans for the provision of oral health treatment and education to school age children who are currently missing out on receiving the service.

5.6 Information Technology

The use of computers and the Internet is increasingly common and important for education, work and social participation. However, inequalities in access (known as the "digital divide") exist with the most important drivers for computer and Internet access being educational qualification, income and age (Curtin, 2001).

In 2000, 53% of households in Australia had a computer and 33% had Internet access (ABS, 2002b). In Tasmania in 2000, just 26% of households had Internet connections at home (ABS in Tasmania Together Community Leaders Group, 2001).

The Tasmanian Community Survey found that Pension Concession Card holders were much less likely to have a computer or to have the Internet connected in their home than other Tasmanians. Much of this is likely to be explained by the fact that two-thirds of survey respondents holding Pension Concession Cards are aged 60 years and over. The findings from this survey also reflect national research showing that older people are much less likely to use information technology.

As shown in Table 5.6.1:

- only 29% of people over 70 years of age had a computer at home compared to 81% of people aged 18-24 years;
- only 19% of people over 70 years of age had the Internet connected at home compared to 66% of people aged 18-24 years;
- less than 4% of people aged 18-24 years had never used the Internet at any location; and
- more than half of people aged over 60 years had never done so.

Table 5.6.1 Access to IT by age group for Tasmanian adults

	18–24 years (%)	25–29 years (%)	30–39 years (%)	40–49 years (%)	50–59 years (%)	60–69 years (%)	70+ years (%)	All (%)
Computer at home	81	78	83	84	73	55	29	70
Internet at home	66	58	65	71	60	43	19	56
Never used Internet	4*	5*	10	19	29	52	78	29

**estimate has a relative standard error of between 25% and 50% and should be used with caution*

The survey results indicate that while many more Tasmanians own computers and have Internet connections than was the case in 2000, a digital divide based on income and education also exists:

- people with a Pension Concession Card (45%) or Health Care Card (74%) are less likely to have a computer in their home than people who do not hold a Concession Card (82%);
- people with a Pension Concession Card (30%) or Health Care Card (58%) are less likely to have the Internet connected in their home than people who do not hold a Concession Card (69%);
- only one-quarter of people who did not attend school or who completed to Year 8 or below had a computer in the home while more than 80% of people who had completed Year 11 or above had a computer at home; and
- just 17% of people who had attended Year 8 or below had the Internet connected compared to 72% of people who completed Year 12.

There also appears to be a digital divide based on region of residence with the North-West lagging behind in information technology:

- only 50% of households in the North-West have the Internet connected at home compared to 57% in the North and 59% in the South.

The State and Federal Government have shown initiative in reducing the impacts of the digital divide through their jointly-funded Tasmanian Communities Online Program, which has seen 64 computer centres open around the State since 1998. These centres are co-located with schools, libraries, Service Tasmania shops or in community facilities. They offer free personal email accounts as well as low cost training in using computers and the Internet and have seen 60,000 users registered since 1998.

However, despite this, the Tasmanian Community Survey found that 60% of Pension Concession Card holders and 21% of Health Care Card holders reported that they had never used the Internet either in their own homes or other locations.

Research in the Australian Capital Territory suggests that access problems may not only be related to location of an online centre but also to the technology provided (ACT Government, 2002). For example, the provision of large screen monitors and technology that replaces the computer mouse, which requires accuracy in its physical operation, can improve equity in access. While the Federal Government initially provided funds for technical assistance for the Tasmanian Communities Online Program, including large keys, trackball mouse, screen magnifier and special desks, this funding has now run out.

Recommendation: That the State and Federal Governments provide ongoing funding for technical assistance equipment for the Communities Online centres to provide technologies to assist people with disabilities and older people in their use of computers.

Anglicare also believes that reducing the costs for people on low incomes to use computers and the Internet may increase their access to the services. While each Online Centre is responsible for setting the fees for these services, Anglicare recommends that the State Government provide funds to the Online Centres through the State concession system to cover the cost of courses for Health Care Card and Pension Concession Card holders.

Recommendation: That the State Government provides funding to the Community Online Centres to cover the costs of computer training for holders of Commonwealth Concession Cards.

5.7 Gambling

Anglicare has had a long-term interest in the impacts of gambling for Tasmanian families as a result of the agency's role in providing counselling services to people with gambling problems through the Break Even counselling service. The agency's concerns have been heightened in recent years following the rapid escalation in expenditure on gambling in the State. Gambling expenditure in Tasmania has risen by more than \$110 million between 1996/97 and 2002/03 with most of that growth coming from increased expenditure on poker machines since they were introduced into clubs and hotels in 1997.

This research included several questions on people's gambling activities in order to try to get a picture of how gambling is impacting on Tasmanian households.

Table 5.7.1 shows that Tattslotto is by far the most common gambling activity for Tasmanian adults with just over a quarter of respondents buying a ticket about once a week. Poker machines and Keno were the next most common forms of gambling with those who did play generally indicating that they played less than once a month.

Table 5.7.1 How often participate in gambling activities for Tasmanian adults

Type of gambling activity	Never (%)	Less than once a month (%)	Once a month (%)	About once a week (%)	More often than once a week (%)
Horses/dogs	83	12	2	2	1*
Pokies	72	21	4	2	1*
Casino tables	91	8	-	-	-
Keno	73	19	4	4	1
Tattslotto	41	25	7	26	1
Other	92	5	2*	2*	-

*estimate has a relative standard error of between 25% and 50% and should be used with caution

- estimate is less than 0.5%

As with previous research on this issue the most common difficulty relating to gambling reported was that a friend or family member's gambling had affected the respondent. The next most common issue reported was that gambling had caused arguments about money with family and friends. A small number of respondents also reported that they had gambled longer than planned and reported that "my gambling has been a problem". The questions outlined in Table 5.7.2 were also included in the Healthy Communities Survey conducted by the State Government in 1998. The numbered scale used for these questions is identical to that used in the 1998 research and ranges from 1 which means not at all affected by the issue through to 5 which means affected all of the time. The proportion of respondents who reported having been affected by gambling was also small in that survey and there are almost no significant differences in the proportion of respondents reporting that they fall into category 2/3 or 4/5 except that the proportion reporting that they are in category 2/3 for "gambling longer than planned" and "my gambling has been a problem" were slightly lower in the Tasmanian Community Survey. It is not clear why these minor reductions may have occurred and a larger survey which is more comparable in size to the Healthy Communities Survey would be more useful in gathering specific data on this issue.

Table 5.7.2 Degree to which Tasmanian adults are affected by gambling issues

Type of gambling issue	Level of Being Affected		
	Not at all affected (1) or Not applicable (%)	2/3 (%)	4/5 (%)
A family member or friend's gambling has affected me	90	7	4
My gambling has been a problem	97	3	1*
I've borrowed money to gamble or pay gambling debts	99	1	-
I've borrowed money and not paid it back because of my gambling	100	-	-
I've lost time from work or study due to gambling	100	-	-
Gambling has caused money arguments with family or friends	96	3	2
I've hidden signs of gambling from family and friends	98	1	-
I've felt like stopping gambling but didn't think I could	98	1	1*
When I've gambled I've gone on longer than planned	95	4	1

**estimate has a relative standard error of between 25% and 50% and should be used with caution*

- estimate is less than 0.5%

Some rows do not add to 100% due to rounding

Research by the Productivity Commission estimates that while only around 2% of the adult Australian population have difficulties controlling their gambling this group accounts for about one third of total gambling expenditure (Productivity Commission, 1999). From this, Law (2005) has estimated that on average, Tasmanians with gambling problems would lose about \$30,000 each year. These findings together with the Tasmanian Community Survey finding that 11% of respondents were affected in some way by a family member or friend's gambling are of concern. Anglicare therefore believes that it is very important to put in place more effective harm minimisation measures to protect people with gambling problems and their families.

Recommendation: That the State Government establish a Gambling Consumer's Advocate to work with government, industry and community members to enhance and encourage consumer protection for all forms of gambling in Tasmania.

The low prevalence of gambling problems mean that very large samples are required in order to investigate gambling problems in a meaningful way using quantitative methods. Anglicare supports the State Government's decision to conduct another prevalence study and calls on the government to continue with these on a regular basis. The prevalence study should be supplemented with appropriate qualitative research and a social and economic impact study.

Recommendation: That the State Government develop appropriate policy responses to gambling in Tasmania through consultation and research. Specifically that it conducts regular prevalence studies with appropriate methodology supplemented by qualitative research and that this research be extended to assess the social and economic impacts of gambling on individuals and communities in Tasmania.

6. CONCLUSION

The Tasmanian Community Survey provides a detailed insight into the financial status and wellbeing of the community. Despite the significant improvement in economic conditions in the State over the past five years, the legacy of poor economic performance and underinvestment in social services and infrastructure through the 1980s and 1990s means that many Tasmanians continue to experience considerable financial disadvantage.

The most common financial difficulties reported by Tasmanian adults were:

- Being unable to pay telephone or electricity bill on time (15%);
- needing to seek financial help from family and friends (14%);
- being unable to pay car registration/insurance on time (11%);
- not seeking health care when needed (10%);
- not filling a prescription ordered by a doctor (9%); and
- pawning or selling something (7%).

More serious financial hardship was reported by a smaller group of Tasmanians:

- 5% reported that their phone had been disconnected;
- 4% had gone without meals;
- 4% had been unable to heat the home;
- 4% had sought assistance from a welfare or community organisation;
- 4% had been unable to pay their rent or home loan; and
- 1% reported that their electricity had been disconnected.

Anglicare believes that Tasmania has the potential to make major steps in improving the financial situation of the poorest members of the community. The State is now free of the debt burden which has constrained previous State Governments in their ability to fund major social programs. Anglicare believes that the State Government can and must make major investments in affordable housing, oral health, food security initiatives and in equalising the State Concessions system in order to address the most pressing disadvantage.

The Federal Government also has an important role to play in improving living standards for the most disadvantaged groups in the community. This survey has identified sole parents, Health Care Card holders and to a lesser extent Pension Concession Card holders and people living alone as the groups most likely to be experiencing financial hardship. The experience of food insecurity provides a clear example of this. When asked how often the statement 'I worry about whether the food I can afford to buy for my household will be enough' was true for them, 18% of sole parents reported that it was mostly or always true compared with 13% of Health Care Card holders, 9% of Pension Concession Card holders, 8% of people living alone and 5% of Tasmanians overall. The

very high levels of financial difficulties reported by sole parents are of particular concern, especially in the context of the welfare reform bill which is currently being considered by the Federal Parliament. This legislation will see sole parents who apply for Centrelink benefits after July 1, 2006 on lower incomes than is currently the case once their youngest child turns eight. Anglicare strongly believes that payments to sole parents must be maintained and that support for this group must be improved.

Anglicare will continue to work with people experiencing financial hardship both in its provision of services and advocating for policy change at a State and Federal level.

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APPENDIX A

Data Weighting

Population data used to construct the weights for this survey were drawn from the Australian Bureau of Statistics estimated resident population (ABS, 2003a, b) as at June 30, 2003 and Centrelink Tasmania Payment Statistics for March 2005.

The population was divided into three regions, North, South and North West, which cover areas identical to the ABS statistical divisions. North covers the Northern Statistical Division, South covers the Southern and Greater Hobart Statistical Divisions and North-West covers the Mersey-Lyell Statistical Division.

It was necessary to calculate estimates of the number of 18 and 19 year olds living in each region as people of this age were included in a 15-19 year old age group in the ABS tables. The 18 and 19 year olds were assumed to account for 2/5 of the 15-19 year old population in each region.

Centrelink data were also used to conduct the weighting as these data provide important information on income status. The March 2005 statistics on payments by local government area were used as this coincided with the time period when the bulk of the survey forms were completed by participants and the LGA areas can be combined together to be geographically identical to the regions outlined above. The categories used were adults in receipt of Youth Allowance, Newstart Allowance, Aged Pension, Disability Support Pension, Parenting Payment Single and Parenting Payment Partnered. Those not in receipt of one of the major income support payments were placed in a separate category which for the purposes of this analysis will be considered as 'non-recipients of the major Centrelink income support payments'. As estimated population data for 2005 was not available, the total population used to determine the size of this 'non-recipient' group was based on the 2003 estimated population figures from the ABS. It should also be noted that there was a group of a few thousand people on the major Centrelink income support payments whose region of residence was unknown; for the purposes of the weighting calculations these adults were distributed proportionally across the three regions according to the overall population living in the region.