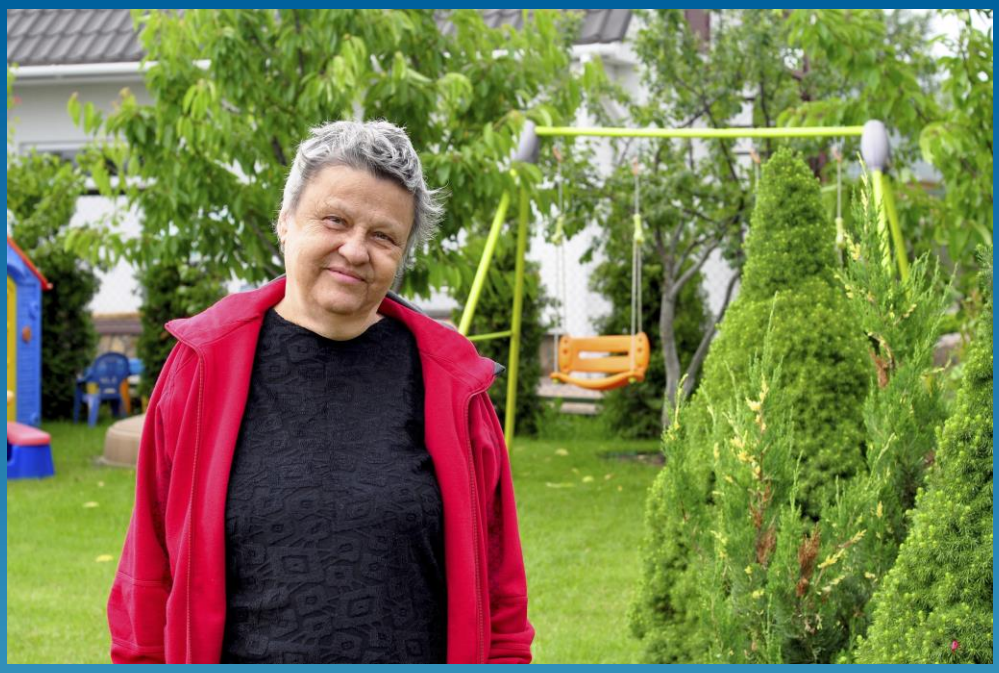
SUBMISSION

Anglicare Tasmania

State Budget Submission 2019-20



December 2018

AnglicareTAS
Choice, support and hope

SOCIAL ACTION & RESEARCH CENTRE

Working for a just Tasmania

About Anglicare Tasmania

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

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

Anglicare's work is guided by the values of compassion, hope, respect and justice.

Anglicare believes:

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

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Introduction

Anglicare Tasmania welcomes the opportunity to participate in the community consultation process for the 2019-20 State Budget. Anglicare encourages the State Government to invest in resources, systems and services that will enable all Tasmanians to participate fully in shaping their own futures.

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

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

- systems and services that support families, children and young people to overcome barriers in their lives and participate in developing their own positive futures;
- affordable housing that provides a secure and stable base for Tasmanian families to flourish; and
- support for people with mental illness.

Anglicare has expertise in each of these areas, as outlined below.

Children and families

Anglicare delivers a number of services focused on supporting children, young people and families. These include a school readiness program, various parenting support programs, parent and adolescent mediation and counselling, reunification support for children in out-of-home care, relationship education and youth support programs. Our services for women, men and children experiencing family violence are complemented by early intervention therapeutic services that support positive family functioning and child development. Anglicare is also the backbone organisation of the Communities for Children collective impact project in Launceston and the Tamar Valley.

Further, Anglicare's Social Action and Research Centre (SARC) has recently completed research into:

- the need for a suite of age-appropriate non-statutory care services for unaccompanied homeless children (Robinson 2017a, 2017b);
- the need to better support families to prevent recurrent child removal and to expedite family reunification (Hinton 2018; Fidler 2018); and
- the need for a parent voice in systemic and individual advocacy in the Child Safety Service (Anglicare Tasmania 2018a).

Given the redesign of the Child Safety Service, it is timely to ensure specific cohorts involved with Child Safety are considered for the next budget. Further, this budget can ensure there are services for children who are experiencing significant disadvantage and should be cared for, but who find themselves alone and without support from Child Safety.

Housing

Anglicare delivers a range of housing services including Housing Connect (assistance with crisis accommodation, bond and rent for private rentals and applications for public or community housing); long-term communal or independent housing for people on a low income including some options for age-specific cohorts; and crisis accommodation for males aged 13 to 20. Every year we analyse the rental market across Tasmania (for example, see Wisbey 2018) and we have also conducted in-depth research into youth homelessness (Pryor 2014) and the particular accommodation challenges for people with mental ill health (Pryor 2011).

Given the recent Housing Summit and the legislative review regarding short-stay accommodation, as well as the known links between housing, education, employment and wellbeing, investments in housing in this budget can make a significant difference for Tasmanians who are homeless or suffering housing stress.

Mental health

Anglicare provides a range of services to people who are affected by mental health illness, some of which is funded through the NDIS and others funded through State and Federal Government grants.

Our mental health support services include:

- NDIS-funded services that help people to test their eligibility for the NDIS; support people to develop and get the most out of their support plan; provide support in day-to-day life, with self-care and household jobs; find a suitable home; participate in social activities or develop skills; access mental and physical therapies; and provide respite for their carers; and the following non-NDIS services:
- assisting people to ensure their services are coordinated properly (Partners in Recovery) and they get the support they need to recover (Recovery Program);
- helping people to improve their relationships with their family, friends and local community and find and maintain employment, training or education (Personal Helpers and Mentors);
- supporting family and friends by providing camps for children with family members with mental illness (Taz Kids and Champs Camps), respite for family members and friends who are supporting someone with a mental health issue (Our Time/Flexible

Respite) and training to support someone experiencing a mental health issue (Mental Health First Aid and Youth Mental Health First Aid);

- providing group activities to help people build confidence (Pathways) and offering a safe social and peer support network (Club Haven);
- working with young people and their families who are showing early signs of or are at risk of developing mental illness (Child, Youth and Family Mental Health Support Service); and
- providing residential support in Devonport (Curraghmore Residential and Recovery Support Service) and Launceston (Rocherlea Rehabilitation and Recovery Service) and helping people to live independently (Towards a Model of Supported Community Housing).

Our research on mental health includes looking at the importance of natural supports in recovery from mental illness (Sidebotham 2014), pathways out of homelessness for people with mental illness (Pryor 2011) and strengthening the mental health consumer voice in Tasmania (Hinton 2009). We have also provided numerous submissions regarding the NDIS and changes to State and Federal legislation governing mental health services. The links between mental illness and poverty and disadvantage have been raised in numerous Anglicare research reports, including our seminal piece *Thin Ice* (Cameron & Flanagan 2004).

With the full transition to the NDIS, funding is needed in this State budget for services for those cohorts who are not able to utilise NDIS. This funding will help ensure that no one is worse off and will also reduce the pressure on the State's acute health services.

Anglicare's recommendations

Anglicare has chosen these three areas of focus for this year's budget consultation because investments in each of them now is essential to creating a Tasmania based on equity and social justice. This was recognised in the Premier's November 2018 State of the State address when he said he intended to ensure all Tasmanians are well educated, have jobs and share in the economic growth being experienced in Tasmania so that 'no one is left behind' (Hodgman 2018a).

Anglicare's recommendations for supporting and caring for Tasmania's children and families focus on supporting family preservation and reunification; developing parents' voice in systemic and individual advocacy and providing care for unaccompanied homeless children. Intensive family support during pregnancy and pre-removal will help to reduce the likelihood a child is removed from their family as well as reduce the likelihood of recurrent removals. Likewise, intensive family support post-child removal, along with support for parents to maintain stable housing post- removal will help improve the likelihood of family reunification. Anglicare also recommends the establishment of a Family Inclusion Network

in Tasmania to facilitate systemic and individual advocacy for parents involved with the Child Safety Service. Bridging both care-providing and housing services, Anglicare recommends that unaccompanied homeless children need a care model that provides early intervention, emergency responses, medium- to long-term care and accommodation and outreach for high and complex needs.

Anglicare's recommendations for affordable and appropriate housing for all Tasmanians encourage the State Government to swiftly increase the housing stock by increasing both the amount and the speed of investments in affordable housing, setting targets for inclusionary zoning and providing incentives to free up short-term accommodation properties for long-term rentals. Housing Connect, which provides assistance to people seeking private rental and social housing as well as crisis accommodation when these options are not available, needs urgent increase in its funding for front door and support services in order to meet demand.

Anglicare recommends two years of transition funds to ensure no Tasmanian living with mental health challenges is worse off in the transition to the NDIS. We calculate some people currently receiving community-based support for their mental illness will either not be eligible for the NDIS or will have reduced financial support through the new continuity of support and psychosocial support measures.

1. Supporting and caring for all children and families

Providing care for unaccompanied children

Why Anglicare thinks this a priority issue

Tasmanian Specialist Homelessness Services (SHS) are neither designed nor appropriately funded to work with unaccompanied children. Yet unaccompanied child homelessness does not meet the threshold for a statutory care response within Child Safety Services. Statutory responses are less likely to be provided to older children (who are more likely to experience homelessness unaccompanied) for a range of reasons that include limited options for them to access out-of-home care (OOHC).

Research undertaken by the Social Action and Research Centre (SARC) has highlighted that the scale of this cohort is unknown as SHS data is only collected for those who present to services and family status is not recorded for Census data collection. SHS in Tasmania accept those aged over 13 years, however evidence suggests that for many children who experience unaccompanied homelessness, homelessness begins before they are old enough to access services (Robinson 2017b).

A suite of age-appropriate non-statutory care services is required for this cohort of children who are unable to live at home and who remain without access to care, income and housing. These are children whose lives are wholly dependent on the actions of adults in their communities – both negative and positive. This vulnerable cohort requires a specifically tailored suite of policy, program and service responses. The principles that should shape this suite are outlined in SARC's research (Robinson 2017b):

- Understand the value of early intervention and appropriate care for unaccompanied children in terms of positive outcomes and monetary investment / savings in programs and services.
- Responding to the care needs of dependent children is a multi-agency responsibility; needed is a 'care first' model which recognises children's urgent need for developmentally appropriate care in response to unaccompanied homelessness.
- Whilst supported housing (within the SHS sector) may be appropriate for young people transitioning to independence, dependent children will require multi-modal care for an extended time until they are able to return to their family or become developmentally independent.
- Evidence strongly indicates that successful services for this cohort must be relationship-based and trauma-informed.

- Family reunification, physical, cognitive and mental health assessment and intensive education engagement and support are key.
- Delivery of wrap-around care services for dependent children has significant implications for workforce development and capacity, as well as for the client-staff ratios in services.

Two key elements are needed.

Firstly, there needs to be a policy framework which should:

- include cross-departmental acknowledgement of responsibility for unaccompanied homeless children;
- outline the legal basis for care provision by services; and
- clarify responsibility and accountability for lead care coordination.

Secondly, there needs to be statewide program and service design which must encompass a continuum of services:

- **Early intervention outreach**: The valuable work undertaken by the Reconnect service aims to reduce youth homelessness by working with young people aged 12 to 18 to develop the kind of relationships they want to achieve with family, explore education and employment opportunities and engage with their community. Such work needs to be complemented by a school-based early-intervention service with outreach capacity in each region.
- **Short-term responses** (under 6 months) focused on family reunification or exits to OOHC. Currently, such care work is only offered by Colville Place (ages 12-15), in the south of the State. All other services across the State operate as crisis SHS with a one-worker model across significant age and needs range.
- **Medium to longer-term care and accommodation**: There are currently no services providing longer-term care to dependent under 16s in Tasmania. There are limited transitional supported housing services: Mara House and Launch in the south and YFCC in the north-west and west coast. These services operate for youth, usually aged 16+, and offer transitional housing and support for anywhere between 3-12+ months. These services have exits to independence as their aim and outcome. To provide continuity of care and stability for children as Government proposes for family-based care (DoC 2018), we need to offer long-term support options that enable a focus on stable, therapeutic care for children unable to exit to family or OOHC.
- **Therapeutic outreach** is required to support children exiting services and for children with high and complex needs in preparation for their entry into services.

Therapeutic outreach is also required to support children's transition home from early intervention care. Currently Targeted Youth Support Services (TYSS) is the key service available in terms of intensity of support and the length of time the service can work with them. The current pilot for the Adolescent Intensive Care Coordination (AICC) is in its early stages. Care coordination is a welcome addition to the service landscape to ensure that children's identified needs are actioned appropriately and in a resourced manner. However, as yet AICC is not a stable presence in the service landscape in such a way that we can understand its impact.

What investments can State Government make?

Key State Government departments: Department of Communities Tasmania; Department of Education.

Recommendation 1: State Government should invest in a continuum of services that address the care and accommodation needs of unaccompanied children. These should include:

- **Establishing the value of care:** Investment is needed to understand the value of a care model for unaccompanied children in terms of positive outcomes and monetary investment / savings in appropriate programs and services.
- **Early intervention outreach:** In addition to the existing Reconnect service, investment should be made in school-based early-intervention with outreach capacity across Tasmania.
- **Emergency/crisis responses:** Investment is needed in an early-intervention care service such as Colville in each Tasmanian region.
- **Medium- to long-term care and accommodation:** Longer-term therapeutic, wrap-around care (12 months+) is required for dependent children in each Tasmanian region. These services need to have stable care provision as their aim and outcome.
- **Outreach for high and complex needs and exit/transition:** To ensure unaccompanied children receive continuity of care at an appropriate level of intensity and timeliness, regardless of their contact with other specialist services, additional investment is needed within Targeted Youth Support Services.

Estimated costs: Uncosted.

Supporting family preservation and reunification

Why Anglicare thinks this is this a priority issue

Working in the best interests of children includes ensuring their wider support networks are strong and supportive. This means purposeful investment in supporting families to provide a safe and nurturing environment in which children can develop (Bowlby 1951, cited in Cocks 2018).

Anglicare Tasmania supports the State Government's strategic aims, articulated through the Strong Families Safe Kids agenda, of preventing children entering out-of-home care where possible and reunifying children and young people with their family of origin as quickly as possible, where this is an option. We also support the State Government's recognition that such family support needs adequate resourcing to achieve the goals of family preservation and restoration (DHHS 2016).

Anglicare Tasmania has recently delivered a suite of evidence-based recommendations to support the Government's investment in delivering successful family preservation and reunification. SARC's research has shown that post-removal there is a deficit of case management and family support services that can work with all families to address Child Safety's concerns, both to prevent recurrent child removals and to expedite family reunification (Hinton 2018; Fidler 2018).

The need for extended Tasmanian family preservation and reunification support services

Over the 18-year period between January 2000 and May 2018, 1,629 birth mothers in Tasmania experienced the removal of 2,820 children (Hinton 2018). In January 2018, 23% of Tasmanian children in out-of-home care had an active Reunification Case and Care Plan (Fidler 2018).

Internationally, the system-induced 'problems' of heightened poverty and trauma for families when children are removed have been gaining attention. Both have a significant impact on families' abilities to address the issues which led to their child(ren) being removed and maintain contact with their children and on their chances of successful reunification. Understanding how these core emotional and material challenges manifest for Tasmanian families is the key to discovering what successful structural responses to family support should look like.

SARC's recent research has highlighted that in Tasmania, when children are removed their birth parents experience a range of collateral consequences that are likely to compound parents' existing complex trauma. These consequences can include removal processes which are traumatic for both parents and children, overwhelming grief and loss, and dramatic and sudden reductions in income which can lead to housing instability and homelessness (Hinton 2018; Fidler 2018). These consequences can exacerbate already existing difficulties and lead to escalations in drug and alcohol use, in levels of domestic

violence, in mental health issues. At the same time, parents are required to deal with legal processes, maintain positive access to their children, work constructively with Child Safety Services (CSS) and meet any conditions imposed by court orders to address safety concerns.

Around 20% of mothers in Tasmania who have had children removed by Child Safety since 2001 have experienced recurrent removals (Hinton 2018). Recurrent removals typically involve infants under 12 months and particularly under 4 weeks who are subject to long-term orders. The cycle of child removal can be repeated a number of times with children in effect being 'born into care' with little opportunity for parents to address any safety concerns before a further child is removed (Hinton 2018). Despite a range of procedures in place to identify at-risk pregnancies, parents and services report surveillance and voluntary agreement to removal being sought rather than any more proactive assistance to engage and work with support services to avert removal. This has led to an estimated 331 mothers having an additional 572 children taken into care over the 18-year period from 2000 to 2017 (Hinton 2018).

There is a scarcity of Tasmanian support services that have the capacity to work with parents who are subject to recurrent removals when safety concerns are raised during a pregnancy. The strong link between maternal age, care histories and recurrent removal indicates the need to strengthen support for young mothers in or exiting the out-of-home care system.

There is also a paucity of Tasmanian family support services able to work with families of origin immediately after a child is removed to support them to cope with the collateral consequences of the removal itself and to address the safety concerns Child Safety has raised. Currently few services can provide accessible and affordable long-term intensive therapy and there is a significant gap in the therapeutic response for those with a past history in the Child Safety system and exposure to trauma.

Recent SARC research has also highlighted that when families in Tasmania are reeling from the trauma and grief of child removal, many families already vulnerable to poverty lose between half and two-thirds of their household income when they become ineligible for parenting payments. This loss of income intensifies their stress levels and struggles to provide for their children and address other safety concerns Child Safety may have flagged. The need for a space for children to sleep as well as provision of food, clothes, toys and equipment does not disappear when a child is removed (Fidler 2018).

Current Tasmanian services do not offer adequate income and housing options to support parents to address their challenges. There is no statutory recognition of their parenting costs until they are well into the reunification process. The few discretionary family support and emergency relief funds available do not meet their needs. Reunifying parents are not identified as a priority for public or social housing, nor are they flagged as a vulnerable cohort for crisis and transitional accommodation.

The lack of stable housing in particular often stalls family reunification indefinitely, prolonging the trauma of family separation, the challenges with attachment and the disruption for children (Anglicare Tasmania 2108a). It compounds parental stress and parents' abilities to address other safety concerns CSS have, and family reunification is invariably prolonged or halted (Fidler 2018).

In summary, the current policy and program responses for family support are not designed or resourced in a way that effectively enables family preservation or reunification.

Principles of design for family preservation and reunification

If State Government is to achieve its goal of preventing children from entering care and expediting family reunification, we need to re-imagine the policy, program and practice landscape relevant to Child Safety, family support, income support and housing. Anglicare recommends a suite of integrated responses covering policy, practice, programs and services, shaped by the following principles (Hinton 2018; Fidler 2018).

a. Establishing a duty of care to parents

There should be a clear duty of care to parents that sits alongside the duty of care to children when the State Government assesses there is a safety concern to address with a family of origin.[1] This could include:

- Ensuring there is adequate provision and clear responsibility so that parents with children in OOHC are proactively assisted to maintain the parent/child relationship (i.e. maintain relational permanency)[2] and to support families to address safety concerns pre and post child removal.
- A review of the current court processes and access to legal advice and representation for parents involved in the Child Safety system to ensure that parents' voices and needs are fully understood in legal processes.

b. Therapeutic and poverty-informed programs available when families need it

Pregnancy is a window of opportunity and a powerful motivator of change. The current Tasmanian family support architecture should be strengthened to include specialist services available prenatally with the capacity to proactively engage with women and prevent further removal. This should include an automatic referral to specialist support services when an unborn baby alert is received. Services need to be resourced to a level that can

[1] *Children's and Young People's Act 1997*

[2] Whatever permanency looks like in terms of a legal approach, New South Wales' Family Inclusion Strategies in the Hunter (FISH) has described the most crucial element being the opportunity for children and young people to develop and maintain healthy attachments with their care circle – i.e. their carers and where possible, their birth and extended family. This has been called 'relationship permanency' by FISH (FISH 2018).

offer access to therapeutic support to address attachment issues and unresolved childhood trauma during pregnancy and after child removal.

Past trauma and the collateral consequences of child removal mean that when parents lose their children to the care system they face a perfect storm. The kind of support they have access to will largely determine their ability to ride the storm and improve their chances of reunification or their ability to parent in the longer term, whether or not their children are returned. There is a consensus amongst parents, services, researchers and policy makers both in Australia and globally that the most appropriate support offers a case management model tailored to the needs of individual parents and delivered at arm's length from Child Safety, by workers who can build a trusting relationship, address underlying issues and smooth pathways through the system. Ideally any intervention should be delivered at varying levels of intensity, be responsive to the differing needs of Aboriginal parents, young parents and parents with disability and be co-designed with birth parents who have experienced removal (Hinton 2018).

Tasmania's lack of provision for parental income and housing for families who have their children removed is prolonging family trauma and challenges with attachment (Anglicare Tasmania 2018a), and is stalling family reunification processes for issues other than safety concerns (Fidler 2018).

This stalling results in additional out-of-home care costs for the State Government. Internationally, the poverty that families face when their children are removed and the impacts this has on reunification has also been gaining attention. In the United States, this is particularly in the light of economic modelling by US National Centre for Housing and Child Welfare suggesting that the provision of supported housing options for families is 70% less than keeping children in foster care (Healey et al. 2016).

Healey et al. (2016) offer a detailed exploration of international approaches to and benefits of supported housing models for homeless families involved with child safety services. They particularly explore the US Family Unification Program, offering vouchers to reunifying families to subsidise housing costs in the private and social housing sectors; New York's Housing First, which marries affordable housing with intensive and integrated support; and the US Keeping Families Together pilot project, which addressed affordable housing and coordinated service support for welfare-involved families. Healy et al. (2016) note that affordable, secure housing linked with appropriate support services is showing positive outcomes across programs in the US, Europe and England. Again, US research has established that it is the ***combination*** of focused case management, support services and a housing subsidy that supports housing stability and family wellbeing outcomes (White 2016, cited in Healy et al. 2016).

What investments can State Government make?

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

Recommendation 2. The Department of Communities Tasmania and the Department of Health should collaborate to ensure that ***intensive family support is available during pregnancy*** to proactively engage women in preventing child removal by addressing safety concerns where a baby alert is flagged by Child Safety Services.

Estimated costs: Uncosted**.**

Recommendation 3. The Department of Communities Tasmania and the Department of Health should ensure that ***continuous skilled pre- and post- child removal family support services*** are available to all parents involved with Child Safety Services to improve the chances of family preservation and expedite family reunification, or ensure their ability to parent in the longer term, whether or not their children are returned. This should include a continuous case management model of intensive therapeutic support for parents as well as practical support, delivered at arm's length from Child Safety. The programs should be responsive to the differing needs of Aboriginal parents, young parents and parents with disability and enable support to be delivered at varying levels of intensity.

Estimated costs: Uncosted.

Recommendation 4. The Department of Communities Tasmania, along with other relevant Federal and State Government departments, should explore a suite of programs and services that ***recognise and address continued parenting costs*** post child removal and the significant costs involved in preparing for and undertaking family reunification. These should include the following elements:

- automatic access to financial counselling pre and post child removal to prepare parents for any change in income and explore ways to address it;
- a form of transitional parenting-related income for the first six months while an active case plan is being developed to either get children home or get parents reunification ready;
- providing parenting-related income once family reunification begins in a way that appropriately responds to day and overnight visits; and
- expanding family support program brokerage funding to support parents' needs for items such as large one-off costs and access visits.

Estimated costs: Uncosted.

Recommendation 5. The Department of Communities Tasmania (Housing Tasmania and Child and Youth Services) should ensure that there is ***a suite of options to support families whose children are removed by Child Safety Services to maintain stable accommodation,*** where accommodation has been identified as either a risk to child safety or as a barrier to family reunification. These may be tailored to where parents are in the reunification journey and their level of support needs, but should include:

- Parents being flagged as a priority cohort for crisis, transitional and longer-term housing and tenancy support, in a similar way to families experiencing domestic violence.
- A suite of supported housing options for parents including:
    - providing specific guidance and mechanisms for Housing Tasmania and social housing managers to allocate properties with adequate bedrooms for family reunification in available public and social housing;
    - exploring ways to subsidise access for parents post child removal to private rental accommodation and to the community and social housing sectors to ensure that families have the option to find stable accommodation where they need it – close to their support networks and children's schooling; and
    - exploring intensive supported accommodation options for families. These could include both supported clustered tenancies in the community and residential support models that can work intensively with families.

Estimated costs: Uncosted.

Developing parents' voice in systemic and individual advocacy

Why Anglicare thinks this is a priority issue

The Tasmanian Government is redesigning Child Safety Services (CSS) to 'address the entrenched culture, processes and structures of the current Child Protection Services' so that there is both 'improvement in the protection of children [and] the strengthening of families' (DHHS 2016, p. 5). It is hoped that the redesign will reduce the numbers of children and young people entering the out-of-home care system, improve outcomes and the rate of reunification when children are removed and provide more support to families so they can offer safe environments to care for their children (DHHS 2016).

While Anglicare welcomes the Government's commitment to a full implementation of the redesign, known as Strong Families Safe Kids, Anglicare is concerned there is no representative parent voice involved in the redesign or planned for the new system.

Parents and families have a central and essential role to play in Child Safety policy and processes when children are at risk of removal or have been removed. Insights from the lived experience of parents and families can inform the design and delivery of more effective policy and services and contribute towards collaborative, family-inclusive, co-designed services that produce better outcomes for both children and families. This requires more effective partnering between parents and CSS, both at an individual level to enable parents to better navigate and engage with CSS and at a systemic level to impact on effective policy and service design.

Recent Tasmanian research documents the difficulties that Tasmania is experiencing in enacting the intent of the legislation to keep children and young people safe whilst supporting the ability of families to provide safe environments and parent effectively (Fidler 2018; Hinton 2018). This research builds on Australia-wide and international research that identifies the struggles parents in contact with child safety services experience (Harries 2008; Hinton 2013; Ivec 2013; Broadhurst 2017; Cocks 2018).

The voice of the service user and their lived experience should form a vital component in decision-making and design of policy and service delivery (Tasmanian Government 2013). This has been recognised in Tasmania recently with the funding for systemic advocacy, provided by Flourish, to consumers in the mental health sector, the establishment of Health Consumers Tasmania, and in the funding of work to develop two new consumer organisations – one that will build the capacity of people with disability and their allies and the second for consumers in the alcohol and other drugs sector.

And yet Tasmania currently has no mechanism for parent representation to routinely hear the voices of parents and families involved with Child Safety Services so that they can

contribute to the development and design of policy and services. At a time of major reform to CSS this is a significant gap.

Anglicare's recent research and consultations with service providers and service users about this issue looked at Tasmania's advocacy environment, experiences of advocacy in other Australian states and the international environment, as well as experiences in other sectors (Anglicare Tasmania 2018). We believe an advocacy system for parents and families involved in CSS based on the core elements of the advocacy model of the Family Inclusion Network (FIN) WA needs to be developed and supported here in Tasmania.

This would see the primary role of advocacy and support for parents and families delivered by an incorporated organisation that is supported by recurrent funding, with a skills-based board with parent/family representation and a membership base of organisations, individuals, parents and families.

This is very different to the original FINTAS, which was a small unfunded volunteer-run organisation that operated from 2008 to 2013 and to the Parent and Family Advocacy Service (PFAS), which was established in 2013 to fill the gap when FINTAS folded and which provided peer-support individual advocacy for families. Although PFAS has a waiting list of families to work with, the future of its funding is uncertain (Anglicare Tasmania 2018a, see pages 7-8).

There is no question there is a service gap for parent and family advocacy in the Child Safety Service (DHHS 2016; Hinton 2018; Fidler 2018). At a time when the system is being redesigned with the intention of securing 'the safety of children by doing the very best we can all do to support their families and communities' (DHHS undated), the voice of parents and families is critical. Anglicare argues that a properly funded and authorised body needs to be established and the best model for this would be to establish a Family Inclusion Network (FIN) Tasmania.

The core elements of a FIN Tasmania should be:

- a statewide approach and delivery;
- recurrent, not project, funding;
- mechanisms which facilitate systemic advocacy including:
    - the right to be consulted about issues affecting parents and families – a place at the table;
    - established consultation and collaboration mechanisms with parents/families, government and service providers;
    - input into education and training for Child Safety staff, students and other practitioners about the lived experience to promote understanding and cultural change; and
    - building capacity for peer support and parent leadership.

- provision of information and advice to parents, families, professionals and practitioners involved with CSS;
- individual advocacy and casework delivered on a professional basis and accessible to all who need or want it; and
- the involvement of Government from the beginning as a collaborator, partner and supporter.

Further, establishing a FIN Tasmania would allow links to be made with the national FIN network, resulting in national recognition, support and mentoring.

Our discussion paper as well as six letters of support from the community are attached as Appendix 1.

What investments can State Government make?

Key State Government department: Department of Communities.

Recommendation 6. The State Government should provide funding to establish FIN Tasmania. This would involve a statewide coordinator and three advocates (one in each region) who, in the first 12 months, would build and coordinate a coalition of allies and develop a governance structure and model for statewide representation of parents and subsequently facilitate systemic and individual advocacy.

Estimated costs: $140,000 for Statewide Coordinator (level 8, includes office, computer, car) plus $3,000 for travel and accommodation (6 trips across the State annually). Total $143,000 (+ 10% GST).

$125,000 per Advocate (level 6, one in each region) plus $2,000 resourcing per Advocate. Total $381,000 (+ 10% GST).

Annual total $524,000 (+ 10% GST). Includes in-kind support from an auspicing organisation and all overheads.

2. Affordable and appropriate housing for all Tasmanians

Why Anglicare thinks this is a priority issue

Affordable and secure housing provides an essential foundation for a decent life through better outcomes in health, education, employment and early childhood development (Productivity Commission 2016). However, Tasmanians are facing both increasing house sale prices and increasing private rental prices at the same time as a shortfall of availability of public and social housing.

There is wide agreement across all political parties and at all levels of government that Tasmania is suffering a housing shortage and we need 'practical actions that provide immediate assistance to Tasmanians in need' (Hodgman 2018b). Further, 'It is not acceptable for Tasmanians to live in tents because they cannot find an affordable home' (Hodgman 2018b).

Anglicare notes that the Government has introduced a number of initiatives since this year's Housing Summit looked at encouraging more housing to be offered as affordable. It is too early to evaluate these initiatives, but Anglicare is concerned they are not meeting the need quickly enough.

There were 3,216 applicants waiting for public housing in June 2018, three months after the Summit, an *increase* of 254 households since the same time in 2017. Further, priority applicants are currently waiting an average of 60 weeks, an *increase* from the average 49 week wait a year previously (DHHS 2018).

In the private rental market, Anglicare clients tell us they are competing against 30 to 40 other prospective tenants each time they apply for a private rental property, leaving more vulnerable families at a competitive disadvantage. The expansion of short-stay accommodation has had a negative impact on the availability and affordability of long-term rentals in Tasmania (Institute for the Study of Social Change 2018a). Anglicare is pleased the State Government has acknowledged this impact and is incorporating some measures relating to short stay into the planning scheme; however, we noted in our submission on the matter that much more can and must be done (Anglicare Tasmania 2018b). Tasmanians need all tools available to the Government to be directed towards ensuring all Tasmanians have an affordable and secure home.

The number of homeless Tasmanians is unacceptable. In any one night, 1,600 Tasmanians are homeless, a fifth of whom are children, and a further 940 Tasmanians are living in other marginal settings such as caravan parks and improvised or crowded dwellings (ABS 2016).

In 2016-17, Specialist Homelessness Services assisted almost 8,000 people in Tasmania (AIHW 2018). Despite government initiatives such as the Affordable Housing Strategy, homelessness services requests have increased each year since 2012-13, with people returning to the services leading this growth (AIHW 2018). Today, the median length of SHS support provided to a homeless Tasmanian is well above the national average, standing at 62 days as opposed to the national average of 37 days (AIHW 2018). Twenty-five requests for assistance go unmet every day in Tasmania (AIHW 2018). These figures reflect the housing crisis that vulnerable Tasmanians are experiencing.

Two specific cohorts of vulnerable Tasmanians have been the focus of recent Anglicare research. Parents who have their children removed from their care by the Child Safety system become ineligible for parenting income and unless they are able to retain or obtain housing that offers rent as a proportion of income (either public or social housing or through living with relatives), the combination of increased parental stress and insecure and unaffordable housing leaves them vulnerable to homelessness (Fidler 2018).

Anglicare's research in 2017 pointed to a particularly vulnerable cohort of young children under 16 who are homeless and unaccompanied and who are left floundering in the gap between child protection and homelessness services (Robinson 2017b). Tasmania's Affordable Housing Strategy rightly points to the shift into independence when moving out of the family home or out-of-home care being a key risk pathway into homelessness for older children. When this risk factor is added to the national data that shows a third of all people seeking help from homelessness services are under 24 years of age, increasing investment in housing and homelessness services for children and young people is both urgent and proper.

Too many Tasmanians are forced to suffer a series of inadequate, short-term situations while waiting for affordable and appropriate accommodation, resulting in lowered health, wellbeing, education and employment outcomes for thousands of families (Steen 2018).

Further, ten per cent of households in Tasmania are in housing stress[3] (ABS 2016) and low income Tasmanians are at increasing risk of extreme housing stress, which will restrict their ability to heat their home, access health care and provide opportunities for their children. Given the Premier's declaration in December 2017 that 'the benefit of a stronger economy and a much stronger budget is that we are able to take real action to do more about [the cost of living]' (Hodgman 2017), that housing is the largest single budget item for the majority of households and that housing affordability is the main cause of homelessness in Tasmania (AIHW 2018), it is incumbent on the State Government to do more now.

[3] Housing stress describes a household in the lowest 40% of Australia's household income that spends more than 30% of its income on rent or mortgage payments. 'Extreme rental stress' is defined as spending at least 50% of a household's income on rent.

Tasmania's Affordable Housing Strategy provides an excellent strategic plan that aims to address housing affordability and homelessness. However, unless the Government further increases investments and uses policy levers to increase the number of new builds swiftly, thousands of vulnerable Tasmanians will remain without homes or in housing stress. Research estimates there is a shortfall of 1,400 dwellings just in the greater Hobart area (Institute for the Study of Social Change 2018b), which leaves the Strategy's current goals and timeline falling well short of need in Hobart and across the State.

What investments can State Government make?

Key State Government departments: Department of Communities Tasmania; Department of Justice

Recommendation 7. The State Government should build on the strategic thinking that has developed the Affordable Housing Strategy by urgently and substantially increasing the level of investment in initiatives that will quickly stimulate development of more affordable housing for rent and purchase.

Estimated costs: Not costed. However, Anglicare recommends the Government urgently sources funds from:

- Allocating the increased conveyance duty (stamp duty) received by the Government over recent years to affordable housing. It is likely the Government will receive $30 million more this year than the already high returns the previous year (2017-18 estimated outcome $258.4million; 2016-17 actual outcome $230.8 million) (Department of Treasury and Finance 2018, p. 9).
- Increase the release of money from the Housing Fund, from the annual allocation of $1 million over the next three years to investing the entire amount remaining, $3.8 million, in the 2019-20 year.
- Transfer the housing debt to Finance General and allocate the entire Commonwealth housing funding to addressing the need in public and social housing rather than in servicing a historic debt.

Recommendation 8. Current reforms to the Tasmanian Planning Scheme should incorporate inclusionary zoning to set targets for a percentage of affordable housing required in all new developments and redevelopments, as well as incentives that encourage short-term accommodation properties to be freed up for long-term rental.

Estimated costs: Not costed. However, as this recommendation is a policy focus rather than service focus, costs to Government should be minimal.

Recommendation 9. The State Government should urgently increase funding to Housing Connect front door and support services so the services are able to meet current demand.

Estimated costs: Not costed.

Recommendation 10. The State Government, through Housing Tasmania and Child and Youth Services, should ensure families whose children are removed by Child Safety Services have a suite of options to support them to maintain stable accommodation that is suitable for reunification. Planning and implementation of this specialised housing support will be enhanced by the sharing of data between the two agencies. (For more background on this recommendation, see Section 1, recommendations 4 and 5.)

Estimated costs: Not costed.

Recommendation 11. The State Government should invest in a suite of care and accommodation services for unaccompanied children. Relating to accommodation, this should include early intervention care and accommodation services such as Colville in each Tasmanian region and longer-term therapeutic, wrap-around care services (12 months+) in each region. (For more background on this recommendation, see Section 1, Recommendation 1. For all other recommendations relating to this cohort, see Section 1.)

Estimated costs: Not costed.

3. Ensuring no Tasmanian living with mental health challenges is worse off in the transition to NDIS

Why Anglicare thinks this is a priority issue

From 30 June 2019, all Tasmanians will have transitioned to being able to apply for NDIS funding, including those living with mental illnesses. The last age cohort to enter into the NDIS scheme in Tasmania is the 34 to 64 age group. Adult Tasmanians are also the main cohort accessing current community-based psychosocial support programs, Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL).

Funding for these existing community-based mental health support programs will cease from 1 July 2019. Anglicare welcomes the commitment made by the Federal and State Governments to the 'principle of no disadvantage' (NDIS 2014) through the Bilateral Agreement[4]. This commitment is to make sure that 'no one will be worse off' under the transferred system of supports. Anglicare welcomes the Commonwealth Government's commitment to providing a Continuity of Support measure for mental health (CoSmh), delivered through Primary Health Tasmania (PHT) for those clients who are existing PIR, PHaMs or D2DL clients and are found ineligible for NDIS support. However, Anglicare Tasmania has concerns over how transition arrangements for all Tasmanians living with mental illness will deliver the continuity of support and no disadvantage that the Bilateral Agreement aspires to.

PHaMS, PIR and D2DL have provided broad community-based support with 'soft' access for clients who recognise they need support to live with severe mental health challenges. By soft access, we mean that these programs do not require a formal diagnosis or record of mental illness. Clients can self-refer rather than needing a clinical referral and the programs do not require a mental illness to be 'permanent'. This means PHaMs, PIR and D2DL can engage Tasmanians on either an ongoing or short-term basis, including those who do not have, or do not wish to pursue, clinical supports for mental health, for whatever reasons. Such an approach enables a broad spectrum of Tasmanians living with mental illness to manage their mental health, maintain relationships with family, friends and within their communities and to participate in education and employment.

In contrast, NDIS requires clients to undertake both diagnostic and assessment processes which confirm their functional impairments are permanent and severe in order to access psychosocial supports. Similarly, PHT-commissioned mental health services for complex

[4] *Bilateral Agreement between the Commonwealth and Tasmania: Transition to a National Disability Insurance Scheme, 2015*

and severe and for mild to moderate mental illness require a clinical referral. We understand that this requirement is to be extended to PHT's National Psychosocial Support Measure (NPSm), the planned psychosocial support services for those clients who are found ineligible for NDIS and do not currently access PHaMs, PIR or D2DL (PHT 2018).

This potentially leaves a deficit in support for those who are either not eligible for NDIS support and do not have a clinical referral for NPSm, or are, for whatever reason, declining to apply for NDIS support. We have further concerns that the amount of support available for clients under PHT's CoSmh may not enable the delivery of 'no disadvantage' to these clients.

Below, we have provided insights from our own service provision and client experiences to assist Government to estimate the number of clients who may fall outside of NDIS provision, the scope and diversity of their needs and the investment that may be needed to ensure continuity of support is available across all cohorts who are unable to access NDIS support.[5]

Support for existing PIR and PHAMs clients from 1 July 2019

a. **Continuity of Support measure for mental health (CoSmh) for PIR, PHaMs and D2DL clients found ineligible for NDIS funding**

We welcome the CoSmh planned for clients previously receiving PIR, PHaMS or D2DL who have been deemed ineligible for psychosocial support under NDIS. This will continue to support a recovery-based model of working with clients and enable preventative and early interventionist approaches to supporting people in wellness and in illness.

As at October 2018, CoSmh will be offered to around 34% of our existing PHaMs clients[6] (see Background notes, Table 1). A recent consultation with Tasmania's PIR Consortium has estimated that around 38% of statewide PIR clients who had a current diagnosis would be unlikely to be eligible for NDIS under psychosocial disability if they applied and would therefore be likely to receive CoSmh (PIR Consortium 2018). In total, Anglicare Tasmania estimates that around 430 existing PHaMs and PIR clients statewide will qualify for CoSmh by 1 July 2019 – about 40% of this cohort (see Background notes, Table 2).

It is worth noting that there may be a range of reasons why clients have been found ineligible for NDIS supports, including reasons related to evidence gathering rather than need, such as clients being transient and not having secured a diagnosis to date, or clients having an old diagnosis and so having challenges in obtaining the evidence to back up an application.

[5] Please note that Anglicare's estimates of client numbers and costs are based on client experiences within PIR and PHaMs, but not D2DL.

[6] We estimate that by the end of June 2019, the proportion of eligible clients may rise slightly to 40% through clients' supported application processes.

As yet, funding levels for CoSmh for this cohort are yet to be announced. We estimate that they may be in the region of $500,000 per annum.[7] We remain concerned that the amount of funding likely to be provided will be below that provided by PHaMs (currently around $2,500 per client per annum). For example, across 430 clients, $500,000 per annum would equate to a maximum of $1,163 per client annually. Our concern is that this will not provide the continuity of support described in the Government's commitment to no one being worse off.

It is important that there are limited disruptions to service provision for clients who will receive continuity of support services. Anglicare Tasmania encourages the State Government and PHT to ensure that funding levels for this cohort are maintained at a level equivalent to PHaMs funding (estimated at an additional $1,337 per client) and that there is work undertaken to ensure that the bilateral commitment is achieved (see Background notes, Table 4).

b. Support for PIR, PHaMs and D2DL clients declining to have their eligibility tested under NDIS

Anglicare is also concerned that current PHaMs, PIR and D2DL clients who have declined to have their eligibility for NDIS funding tested will have no entitlement to the CoSmh funding.

We understand clients may be reluctant to be tested for a range of reasons. For our clients, these reasons may include:

- not identifying as having a 'permanent' disability, as their illness is episodic;
- not being at a point in their mental wellbeing where connecting with a formal application, assessment and planning process is possible for them to contemplate; and
- a lack of understanding or skepticism about the benefits of an NDIS package, given that the main cohort of Tasmanian adults have not yet entered NDIS.

Anglicare estimates that this will amount to around 5% of existing PIR and PHaMs clients (see Background notes, Table 1). This may equate to around 55 clients statewide – 40 PHaMs clients and 15 PIR clients (see Background notes, Table 2).

To ensure there are limited disruptions to service provision for clients who currently receive community-based support services, Anglicare Tasmania encourages State Government and PHT to ensure that there are transition funds equivalent to the current level of PHaMs support ($2,500 per client) made available. Work must be undertaken to further understand the reasons that this cohort are not applying for eligibility and to design services that either

[7] This figure is based on informal advice from the Commonwealth about the proportion of the nationally available fund that Tasmania may receive.

support them into NDIS or provide community-based services outside the NDIS package system. Without such transition support, these clients are likely to only have access to acute mental health services.

Newly presenting clients from 1 July 2019

An additional concern is how younger people and adults with severe mental illness newly presenting from 1 July 2019 will access community-based supports. These clients will not be eligible for CoSmh as existing PHaMs, PIR or D2DL clients, and will be either ineligible or not assessed for psychosocial support through NDIS, but may still have community-based support needs that are both significant and urgent. It is a challenge to know the amount of need here, but we estimate that around 265 people may present for support each year (see Background notes, Tables 2 & 3).[8]

Anglicare Tasmania welcomes Primary Health Tasmania's current tender for the provision of a National Psychosocial Support Measure (NPSm) to support such clients (PHT 2018). However, we are concerned that guidelines suggest the NPSm is restricted to those who have a clinical referral, meaning eligibility for supports will be narrower than the requirements for accessing PHaMs and PIR. This may leave a proportion of newly presenting clients living with severe and episodic mental illness with no access to supports, challenging the notion of no one being worse off. We estimate that this may equate to around 162 clients per annum based on extrapolating the proportion of non-clinical referrals via PHaMs and PIR (see Background notes, Tables 2& 3).

Similar to existing PHAMs and PIR clients who decline to have their eligibility tested, such clients may be left with the acute mental health system as their only avenue for support. Anglicare Tasmania strongly encourages State Government and PHT to ensure that there are transition funds equivalent to the current level of PHaMs support ($2,500 per client) made available to such clients whilst there is work undertaken to further understand the services that are needed to either support them into NDIS or provide community-based services outside the NDIS package system.

Further, we want to ensure that the amount of support available to those clients with a clinical referral to the NPSm does not fall short of that provided through PHaMs currently (on average, $2,500 per client per year). We estimate there are likely to be at least 103 clients per year with a clinical referral (see Background notes, Table 2). If the current funding available is around $430,000 per year (PHT 2018), this would be adequate funding per client to meet at least the level of support currently provided under PHaMs. But spread over the estimated 265 clients who may need to access psychosocial support, whether they have a clinical referral or not, it would equate to $1,622 per client. To ensure that the NPSm can

[8] Please note that clients must be 16 years old to access support through PHaMs. Additionally, this estimate does not include clients accessing D2DL programs. Therefore this figure is likely to be an underestimation.

meet the psychosocial support needs for all potential clients who are not eligible for NDIS from 1 July 2019 (regardless of whether they have a clinical referral), we estimate that the NPSm has a shortfall of at least $232,500 per year, if funding was available at a level currently equivalent to PHaMs (see Background notes, Table 4).

In summary, Anglicare believes that number of clients with severe mental illness outside of the CoSmh and the NPSm could be in the region of 177 clients a year (see Background notes, Table 2). This takes into account existing PHaMs and PIR clients statewide who are unable to access NDIS due to declining to be tested and newly emerging clients who are found ineligible due to not having a clinical referral. Further to that, we estimate there may be at least another 533 clients who are eligible for support under CoSmh (430) or NPSm (103) who are underfunded (see Background notes, Table 2). Anglicare Tasmania would recommend that all such clients are given access to funding at levels equivalent to current PHaMs funding ($2,500 p/a) through a transition arrangement for two years until the State Government and PHT understand the scope of these clients' needs beyond 2021.

The costs of no support

Based on our experience in offering community-based psychosocial supports for Tasmanians living with severe mental illness, our client feedback and research, we understand there to be some core pillars around which accessible and engaging psychosocial services need to be built:

- **Gaining trust and relationship with clients** is a precursor to engaging them in support, early intervention and recovery. This has been a strength of existing programs such as PIR and PHaMs. We recognise that this process takes time. It is common for goal setting with clients to emerge six months into the working relationship, at a point when the client has engaged to a degree where such an exercise is meaningful, participatory and much more likely to elicit positive outcomes.

- **Offering a number of 'soft' entry points**, enabling clients to access services in a way that works for them and at points in their wellness and illness that work for them, is important. Furthermore, the flexibility to support clients without requiring a formal diagnosis has been identified as a primary reason for such positive client outcomes in national client feedback about PHaMs (Mission Australia 2018).

Community support enables support services to work at preventative and early intervention levels to support clients' meaningful engagement with their health, with their life and within their communities. Anglicare is concerned that the loss of such accessible, community-based programs is likely to create significant pressure points:

- **Increased personal and financial costs:** As community-based supports work across prevention and early intervention, as well as recovery and referral to acute services,

they aim to decrease the likelihood of clients accessing acute mental health services. There is likely to be an increased pressure on the acute mental health system, including Emergency Departments, from existing or emerging clients who are unable to access support via NDIS, CoSmh or the NPSm at a time when the system is already struggling to respond to current demand. As highlighted in the State Government's Rethink Mental Health Strategy (DHHS 2015), mental ill health and the stigma associated with it has tremendous cumulative personal, family and community costs, which may include social isolation, relationship breakdown, unemployment, financial stress and homelessness. As a result of clients' reduced participation and 'productivity', there are significant costs transferred to other areas of Federal and State Government services. We do not have access to figures that estimate the costs for the Tasmanian Government of withdrawing prevention and early intervention psychosocial community support programs, but it is estimated that the Australian Government spends $34.5 billion per year dealing with the impacts of mental ill health (DHHS 2015). These costs are transferred and extended to services such as alcohol and other drugs services, specialist homeless services, family support services, child protection, the criminal justice system and income and financial support services (Medibank Private 2013).

- **Dissolving of trust, relationship and engagement:** If there are no specifically tailored services for this cohort, there is a danger that we will lose the trust and engagement of clients who are currently connected to services through programs such as PIR and PHaMs. Sustaining the social investment and considerable skills in recovery-based services that the community sector workforce has developed, along with the trust and engagement organisations have built up with clients over a number of years, is priceless. But the value will quickly be lost if funding to support a range of clients who fall through the support gaps is not offered. The costs of re-establishing such connections a few years hence will be disproportionately expensive and drive up the costs of supporting such clients.

The average cost of maintaining a low-key relationship with clients who are not eligible for NDIS psychosocial support is $2,500 per year, based on current PHaMs costings. This level of funding would enable clients to stay connected either on an ongoing or short-term basis to manage their mental health, maintain relationships with family, friends and their communities and to participate in education and employment. This is considerably less investment than the average NDIS package of psychosocial support costs – $52,000 (NDIS 2018, p. 29) and would be considerably less that those same clients accessing acute mental health services as their first port of call. Providing such community-based support for those for whom the NDIS assessment process is currently unpalatable, for those who do not currently reach NDIS thresholds and for those who do not have a clinical referral to NPSm is a relatively small investment compared to either NDIS support or the costs of providing acute services.

What investments can State Government make?

Key State Government department: Department of Health Tasmania.

Recommendation 12. The Department of Health Tasmania, in liaison with Primary Health Tasmania, should invest in transition funding for community-based psychosocial supports for a period of two years in order to support clients who are not accessing NDIS funding for a variety of reasons. Such funding should enable clients' soft entry to support and should cover:

- Top up funding for clients who can access CoSmh and the NPSm who may not receive funding at a level equivalent to the current PHaMs funding of $2,500 per person per annum.
- Full transition funding at $2,500 per client for those clients who will have no pathway to community supports through NDIS, CoSmh or NPSm. These clients will include:
    - current PHaMs and PIR clients who have declined to have their eligibility tested under NDIS; and
    - newly presenting clients with emerging needs after 30 June 2019 who are not eligible for the NPSm because they do not have a clinical referral.

Such transitional funding could be designed to assess clients' access and support needs as well as provide the psychosocial support needed within the prevention and early intervention spaces.

During this period, the State Government should monitor the nature and level of community-based supports offered to clients not accessing NDIS under psychosocial disability to inform both future support for clients to apply for NDIS where this is appropriate and to inform the design of ongoing Tasmanian community-based mental health services from 2021/22 onwards.

Estimated costs: Estimated minimum of $844,910 per year for 2019/20 and 2020/21.[9]

[9] Please note that clients must be 16 to access support through PHaMs. Additionally, this estimate does not include clients accessing D2DL programs. Therefore this figure is likely to be an underestimation of costs. Anglicare would strongly encourage the State Government and PHT to undertake modelling of potential client numbers as a matter of urgency in order to establish an agreed estimation of demand, vulnerability and costs to address such vulnerability.

Background notes – mental health

Anglicare Tasmania's estimations for the amount of need and the costs of supporting Tasmanians with severe mental health needs outside of the NDIS 2019/20 and 2020/21, calculations and assumptions

Table 1: Current Anglicare PHaMs clients' status in relation to NDIS funding and Continuity of Support Measure (CoSmh), as at October 2018

NDIS STATUS	TOTAL	%	Support Pathway from 1st July
Estimated to be ineligible for Continuity of Supports	**19**	**5%**	**No support pathway**
Declined to apply for NDIS	19	5 %	
Likely to be eligible for Continuity of Supports	**140**	**34%**	**CoSmh**
NDIS eligibility tested – client found not eligible	30	7 %	
Predicted to be ineligible for the NDIS	110	27 %	
Likely to be NDIS eligible	**249**	**61%**	**NDIS**
Transitioned to the NDIS – individual funded package in place	8	2 %	
Transitioned to the NDIS – client found eligible	13	3 %	
NDIS eligibility tested – outcome pending	42	10 %	
Access Request Form has been submitted to the NDIS	34	8 %	
Predicted to be eligible for the NDIS	152	37 %	
Total	**408**	**100%**	

Source: Anglicare Tasmania case management information, October 2018.

Table 2: Existing PIR and PHaMs clients and newly presenting clients: estimated number of Tasmanian clients with psychosocial disability likely to fall outside of NDIS support from 1 July 2019,

The estimates in this table are based on analysis of Anglicare Tasmania's existing PHaMs and PIR clients and newly presenting clients. Please note that clients must be 16 to access support through PHaMs. Additionally, these estimates do not include clients accessing D2DL programs. Therefore these figures are likely to be an underestimation of demand.

Existing program	Clients	N of clients	Pathway from 1 July 2019
PHaMs	Total clients statewide*	800	
	Estimated eligible for NDIS (55%)**	440	NDIS
	Estimated ineligible for NDIS (40%)**	320	Eligible for CoSmh
	Estimated declining to apply for NDIS (5%)**	40	No support pathway
	Total estimated PhaMs clients who will not receive NDIS funding	***360***	
PIR	Total clients statewide***	300	
	Estimated eligible for NDIS (55%)	165	NDIS
	Estimated ineligible for NDIS (40%)***	120	Eligible for CoSmh
	Estimated declining to apply for NDIS (5%)****	15	No support Pathway
	Total estimated PhaMs clients who will not receive NDIS funding	***135***	
Newly presenting clients after 30 June 2019	Total clients statewide*****	660	
	Estimated clients eligible for NDIS funding	395	NDIS
	Estimated clinical referrals*****	103	Eligible for NPSm
	Estimated non clinical referrals*****	162	No support pathway

Existing program	Clients	N of clients	Pathway from 1 July 2019
	Total estimated newly presenting Tasmanian clients who will not receive NDIS funding	***265***	
Total estimated Tasmanian clients outside of NDIS needing psychosocial supports in a year		***760***	
Estimated number of clients eligible for CoSmh		**430**	
Estimated number of clients eligible for NPSm		**103**	
Estimated number of clients with no support pathway		**177**	

**Based on rounded client numbers for Anglicare Tasmania (south) for 2017/18 extrapolated to apply to the whole State.*

***Based on Anglicare Tasmania case management information 2017/18. Proportion extrapolated across the state.*

****PIR Consortium Tasmania 2018.*

*****Estimation based on same proportion of PIR clients declining as PHaMs clients.*

******Based on Anglicare Tasmania information system estimates for annual PHaMs and PIR clients analysed by referral source and extrapolated across the State. See Table 3 in this appendix for detailed figures and assumptions.*

Table 3: Newly presenting clients from 1 July 2019: modelling to estimate pathways of psychosocial support.

These figures provide an estimate of clients who may newly present with severe mental health needs from 1 July 2019 who may:

- *be deemed NDIS eligible;*
- *be eligible to access the National Psychosocial Supports Measure (NPSm) due to a clinical referral; and*
- *have no community mental health support pathway, due to having no clinical referral.*

These estimates are based on Anglicare Tasmania's client profiles 2017/18 for PIR and PHaMs only. The numbers and proportions in each category are extrapolated across the state. Please note that clients must be 16 to access support through PHaMs. Additionally, these estimates do not include clients accessing D2DL programs. Therefore these figures are likely to be an underestimation of demand.

Estimated Statewide Program Clients 2017/18					
	Self-referrals		**Clinical referrals**		
	No.	%	No.	%	Total program ns
PIR	120	40%	180	60%	300
PHaMs	240	83%	50	17%	290
ACMHS			70		70
Total clients	***360***		***300***		***660***

Assumptions on clients' NDIS eligibility			
NDIS eligible		**Not NDIS eligible**	
No.	%	No.	%
165	55%	135	45%
160	55%	130	45%
70	100%		
395		***265***	

Assumptions on clients' eligibility for NPSm			
Self-referral		**Clinical referral**	
No.	%	No.	%
54	40%	81	60%
108	83%	22	17%
162		***103***	

NDIS	No support pathway	NPSm

Table 4: Estimated costs of providing support to all Tasmanian clients with severe mental health needs likely to fall outside of NDIS support 2018/19 and 2019/20

Client Group	Estimated No. p/a	Assumptions	Total estimated annual cost Yr1	Total estimated costs 2019/20 to 2020/21
Estimated n of clients eligible for CoSmh	430	Top up funding at $1,337 per client per annum	$574,910 p/a	$1,149,820
Estimated n of clients with no support pathway: existing PIR and PHaMs clients	15	Full transitional funding at $2,500 per client per annum	$37,500 p/a	$75,000
Estimated n of newly presenting clients eligible for NPSm through clinical referral	103	Total NPSm funding = $430,000 p/a If funding is distributed to estimated clinical referrals (103 clients / $430,000) = $4174.76 per client If funding is distributed to all estimated clients not eligible for NDIS funding (265 clients / $430,000) = $1662.64 per client ***Shortfall for all clients not eligible for NDIS support*** Funding needed to support all clients not eligible for NDIS psychosocial support at levels comparable to PHaMs (265 clients @ $2,500 per client = $662,500) Total shortfall = $662,500- $430,000 (NPSm budget) = $232,500 p/a	$232,500 p/a	$465,000
Estimated n of newly presenting clients with no support pathway via NPSm: no clinical referral to NPSm	162			
Total funding needed for transitional support			***$844,910***	***$1,689.820***

See Table 2 for estimated client numbers

References

Anglicare Tasmania 2018a, *Hearing the voices of Tasmanian families involved with the Child Safety System*, discussion paper, Social Action and Research Centre, Anglicare Tasmania.

— 2018b, *Submission to the Draft Short-Stay Accommodation Bill 2018*, Social Action and Research Centre, Anglicare Tasmania.

Austalian Bureau of Statistics (ABS) 2016, *Census of Population and Housing: Estimating Homelessness*, cat. no. 2049.0, viewed 26 November 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0.

Austalian Institute of Health and Welfare (AIHW) 2018, *Specialist Homelessness Services 2016-17: Tasmania*, AIHW, Australian Government.

Broadhurst, K & Mason, C 2017, "Birth parents and the collateral consequences of court-order child removal: Towards a comprehensive framework", in *International Journal of Law, Policy and the Family*, vol. 31, no. 1, pp. 41-59.

Cameron, P & Flanagan, J 2004, *Thin Ice: Living with serious mental illness and poverty in Tasmania*, Social Action and Research Centre, Anglicare Tasmania.

Cocks, J 2018, *If a community values its children, it must cherish their parents: Family inclusive initiatives in child welfare*, Churchill Fellowship Report, The Winston Churchill Memorial Trust of Australia.

Department of Communities (DoC) 2018, *A future program for family based care: Out of home care foundations project*, Tasmanian Government.

Department of Health and Human Services (DHHS) 2015, *Rethink mental health: Better mental health and wellbeing: A long term plan for mental health in Tasmania 2015-2025*, Tasmanian Government.

— 2016, *Strong Families – Safe Kids: Redesign of Child Protection Services Tasmania*, Tasmanian Government, Hobart.

— 2018, *Human Services Dashboard*, 28 September, https://www.dhhs.tas.gov.au/humanservicesstats/human_services_dashboard.

— undated, *About the Strong Families – Safe Kids Initiative*, viewed 30 November 2018, https://www.dhhs.tas.gov.au/children/strongfamilies-safekids.

Department of Treasury and Finance 2018, *Preliminary outcomes report 2017-18*, Tasmanian Government.

Family Inclusion Strategies in the Hunter (FISH) 2018, *Maintaining connection and building belonging: Response to the inquiry into approaches into a natioanlly consistent framework for local adoption Australia*, viewed 30 November 2018, http://www.finclusionh.org/s/FISH-submission-Federal-parliament-adoptions-May-2018.pdf.

Fidler, L 2018, *In Limbo: Exploring income and housing barriers for reunifying Tasmanian families*, Social Action and Research Centre, Anglicare Tasmania.

Harries, M 2008, *The experiences of parents and families of children and young people in care*, Anglicare WA and Centre for Vulnerable Children and Families, University of Western Australia.

Healey, K, Westoby, R & Pieters, R 2016, *Families caught in the homelessness and child protection cycle: A supportive housing model for keeping families together*, Common Ground Queensland.

Hinton 2009, *Experts by experience: Strengthening the mental health consumer voice in Tasmania*, Social Action and Research Centre, Anglicare Tasmania.

— 2013, *Parents in the child protection system*, Social Action and Research Centre, Anglicare Tasmania.

— 2018, *Breaking the Cycle: Supporting Tasmanian parents to prevent recurrent child removals*, Social Action and Research Centre, Anglicare Tasmania.

Hodgman, W (Premier) 2017, *CEDA State of the State Address*, viewed 30 November 2018, http://www.premier.tas.gov.au/speeches/ceda_state_of_the_state_address2.

— 2018a, *CEDA State of the State Speech*, viewed 20 November 2018, http://www.premier.tas.gov.au/speeches/2018_ceda_state_of_the_state_speech.

— 2018b, *Urgent housing summit*, media release, Department of Premier and Cabinet, Hobart, 7 March.

Institute for the Study of Social Change 2018a, *A blueprint for improving housing outcomes in Tasmania*, Insight Three, University of Tasmania.

— 2018b, *Tasmanian housing summit directions paper,* University of Tasmania.

Ivec, M 2013, *A necessary engagement: An international review of parent and family enagement in child protection*, Social Action and Research Centre, Anglicare Tasmania.

Medibank Private and Nous Group 2013, *The case for mental health reform in Australia: A review of expenditure and system design*,viewed 18 November 2014, https://www.medibank.com.au/Client/Documents/Pdfs/The_Case_for_Mental_Health_Reform_in_Australia.pdf.

Mission Australia 2018, *Provision of service for people with mental illness under the transition to the NDIS in SA in 2018 inquiry*, submission, Mission Australia.

National Disability Insurance Scheme (NDIS) 2014, *Factsheet: Principle of "No Disadvantage" and the NDIS*, National Disability Insurance Agency.

—— 2018, *COAG Disability Reform Council Quarterly Performance Report: National 30 September 2018*, National Disability Insurance Agency.

Partners in Recovery (PIR) Consortium 2018, 'Statewide Statistics October 2018', unpublished, in possession of Anglicare Tasmania.

Primary Health Tasmania (PHT) 2018, 'Request for proposal: Service provider guidelines: The National Psychosocial Support Measure', unpublished, in possession of Anglicare Tasmania.

Productivity Commission 2016, *Introducing competition and informed user choice into human services: Identifying sectors for reform*, Australian Government, Canberra.

Pryor, A 2011, *Well and at home, "It's like a big mental sigh": Pathways out of mental ill health and homelessness*, Social Action and Research Centre, Anglicare Tasmania.

—— 2014, *Reducing youth homelessness: Advice from young people on how to reduce homelessness in Tasmania*, Social Action and Research Centre, Anglicare Tasmania.

Robinson, C 2017a, *Too Hard? Highly vulnerable teens in Tasmania*, Social Action and Research Centre, Anglicare Tasmania.

—— 2017b, *Who Cares? Supported accommodation for unaccompanied children*, , Social Action and Research Centre, Anglicare Tasmania.

Sidebotham, N 2014, *Building a good life: The role of natural supports in recovery from mental illness*, Social Action and Research Centre, Anglicare Tasmania.

Steen, A 2018, 'The many costs of homelessness', in *The Medical Journal of Australia*, vol 208, no. 4, pp. 167-168.

Tasmanian Government 2013, *Tasmanian Government framework for community engagement*, Tasmanian Government, Hobart.

Wisbey, M 2018, *Rental Affordability Snapshot 2018*, Social Action and Research Centre, Anglicare Tasmania.

Appendix

Hearing the voices of Tasmanian families involved with the child safety system discussion paper – attached as a PDF file.