

Response to

Social Inclusion Unit:
*A social inclusion strategy for Tasmania:
a consultation paper*

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1. Introduction

Anglicare welcomes the opportunity to contribute to the development of a social inclusion strategy in Tasmania, and to contribute to the discussion generated by the thoughtful and comprehensive consultation paper prepared by the Social Inclusion Unit. In this response, rather than attempt to collate the wealth of research literature on disadvantage in Tasmania, we have chosen to comment on those areas where Anglicare's research and service delivery expertise gives us the opportunity to add to the discussion – this is particularly in those areas of identifying groups experiencing social exclusion and mapping the experiences of those people.

Anglicare Tasmania is the largest statewide community service organisation in Tasmania, with offices in Hobart, Glenorchy, Moonah, Launceston, St Helens, Devonport and Burnie and a range of outreach programs in rural areas. We provide services throughout Tasmania including emergency relief, accommodation, counselling, employment, mental health, acquired injury support, alcohol and other drug and parenting support services. We have been in operation since 1983, employ over 630 staff, and have developed strong networks and relationships with peak bodies, ministerial advisory committees, local inter-agency networks, other community service agencies, the Australian and State Governments and the broader community.

A critical element of our work is advocacy on behalf of our clients in order to achieve structural changes that benefit them. In 1995 Anglicare established a Social Action and Research Centre (SARC). SARC's role is to engage in social action, policy development, advocacy and public debate based on appropriate research. This submission draws on consultations conducted by SARC with low income earners, qualitative research into a range of social exclusion issues and the findings of the Tasmanian Community Survey – a survey of 3800 Tasmanians randomly selected from the electoral roll. Post stratification weighting of that survey was conducted to allow statements to be made about the whole Tasmanian community and findings from the research were published in 2005 and 2006 (Madden & Law 2005, Madden 2006).

From the outset SARC's work was influenced by social exclusion theory, particularly the early work of Peter Townsend. Anglicare's research has therefore not just focussed on the experiences of people experiencing income poverty but has mapped the complex inter-relating factors which construct barriers to connectedness, opportunity and prosperity. We hope that the overview of this work contained in this submission will be of considerable use to the Social Inclusion Unit in its development of a social inclusion strategy for Tasmania.

2. Social exclusion in Tasmania

2.1. Response to Question 1: *What individuals or groups do you consider to be socially excluded in Tasmania?*

2.1.1. Population groups: Based on our research, Anglicare considers the following groups to be particularly at risk of social exclusion, with the risk even greater when, as is often the case, people fall into two or more of these categories.

Group vulnerable to social exclusion	Anglicare research findings about their experiences
<p>People experiencing income poverty, particularly:</p> <ul style="list-style-type: none"> ▪ people who are dependent on Centrelink benefits as their main source of income, especially Health Care Card holders, single people and sole parents; and ▪ people with no income. 	<ul style="list-style-type: none"> ▪ Anglicare’s survey of clients of Emergency Relief services found that single people and sole parents accounted for almost 70% of respondents (Madden 2004). ▪ Anglicare’s survey of the whole Tasmanian community found that sole parents, Health Care Card holders¹ and to a lesser degree Pension Concession Card holders were the groups who were most likely to report that they were experiencing difficulties (Madden & Law 2005). ▪ In the Tasmanian Community Survey, 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: <ul style="list-style-type: none"> □ 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 (Madden & Law 2005). ▪ The survey also found that both Health Care Card holders and Pension Concession Card holders are more likely than other Tasmanians to report ‘missing out’². 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 (Madden & Law 2005). ▪ Anglicare has provided support to a number of clients who have no income from Centrelink or from employment. These people have survived on the support of family members or charitable donations, at times in very difficult situations. Some have lived in this situation for

¹ Health Care Card holders include Newstart and Youth Allowees and people on Sickness Allowance, Special Benefit and Parenting Payment Partnered.

² The Australian Bureau of Statistics’ Household Expenditure Survey asks a range of questions about households’ capacity to participate in a range of activities which might be considered ordinary aspects of community life. Bray (2001) 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’. Anglicare’s Tasmanian Community Survey (Madden & Law 2005) included questions about these indicators.

	<p>an extended period – even for a number of years – with detrimental consequences for their mental health and that of their children, and, in the case of asylum seekers and other new arrivals, with damaging implications for their chances of a successful settlement. These people have included:</p> <ul style="list-style-type: none"> □ people who had been ‘breached’ or had their income support payments stopped for eight weeks for failing to meet their mutual obligation requirements (a sanction recently moderated by the Rudd Government). □ asylum seekers who are living on Temporary Protection Visas (now defunct) or Bridging Visas who are awaiting a determination by the Refugee Review Tribunal or the outcome of Ministerial appeals and who are not entitled to Centrelink income support payments; and □ people on Migration Visas who are not entitled to Centrelink income support payments.
<p>People from refugee-initiated communities</p>	<ul style="list-style-type: none"> ■ Anglicare’s research into the settlement experiences of refugee communities identified the following factors that contributed to a high level of social exclusion among this group: <ul style="list-style-type: none"> □ linguistic and cultural differences; □ a lack of secure, appropriate and affordable housing; □ high levels of unemployment and no access to specialised support from Job Network providers; □ social isolation; □ limited access to public and private transport; □ limited access to driving instruction; □ a lack of specialised support from both crisis and ongoing housing support services; □ racism; □ gaps in support for people arriving through the Special Humanitarian Program; □ histories of trauma; and □ separation from family and poor access to the free migration advice service currently provided free of cost through the Settlement Grants Program (Flanagan, J 2007).
<p>People affected by mental illness</p>	<ul style="list-style-type: none"> ■ Anglicare’s research into the experiences of people with serious mental illness³ revealed: <ul style="list-style-type: none"> □ serious mental illness affects around 3% of the population and the social, economic and personal disadvantages experienced by this group are multiple and extreme; □ at the time of the research around 7,400 Tasmanians were receiving pensions from Centrelink or the DVA due to psychological or psychiatric conditions; □ co-morbidity is common, with research participants experiencing more than one mental illness, or a physical or substance use

³ This research looked at the experience of people who experience what are described as ‘low prevalence disorders’. This category of mental illness includes a spectrum of psychotic disorders such as schizophrenia, affective disorders such as bi-polar disorder and depression, and severe and disabling anxiety disorders.

	<p>disorder; and</p> <ul style="list-style-type: none"> □ the majority of research participants lived alone and tended to be socially isolated and most were estranged from their family (Cameron & Flanagan, J 2004). <p>■ The research included a literature review, which found that the research findings were congruent with the findings of a national survey of people with mental illnesses. The survey found that the among the participants:</p> <ul style="list-style-type: none"> □ 72% were unemployed; □ 47.8% had no school qualification; □ 63.6% were single or had never married, 20% were separated, divorced or widowed, and 31.3% were living alone or in a single person household; □ 59.1% did not socialise outside the home; □ 44.7% lived in a hospital or nursing home, hostel, group home, supported housing, rooming house, hotel or crisis shelter, or were homeless or with no fixed address; □ almost 30% showed impairment in self-care (personal hygiene, care for one’s appearance and physical fitness) with 3.6% showing marked self-neglect; □ 25.8% experienced obvious or severe dysfunction in daily family or household activities (such as cooking, cleaning, sharing meals); □ 51.6% had been admitted to hospital once or more in the preceding year, with 45.8% having at least one involuntary admission; □ 43.9% had at least one contact with an emergency service in the preceding year; □ while 91% received service in relation to medicine prescriptions, only 25.2% received help with self-management and care of the home, only 30.7% received social support and only 33.5% received assistance with managing housing and financial matters; □ 10.2% had been arrested in the past year and 17.6% had been the victim of violence, with 15.3% feeling unsafe in their current locality in the past month; □ 16.5% had attempted suicide or self harm in the past year and this rate was higher for the marginalised or homeless group at 25.8%; □ 47% reported being unable to access a particular service they needed in the previous 12 months, including 25.6% who needed a mental health service; and □ only 19.1% reported participation in any rehabilitation activities in the previous year (Jablensky et al. 1999).
<p>People with disabilities</p>	<p>■ Anglicare’s research into the experiences of people of working age with disabilities has found that</p> <ul style="list-style-type: none"> □ there is a strong correlation between disability and poverty due to lower workforce participation rates, low incomes and higher living costs due to disability related expenses; □ people’s capacity to get the support they need is inhibited by the complex and fragmented service and high levels of unmet need for a range of essential services and support; □ there is a shortage of accommodation options including a lack of

	<ul style="list-style-type: none"> □ assistance for home modifications for people in private housing; □ the public housing system is limited in its capacity to respond to demand as only 4% of Housing Tasmania stock is accessible for people with disabilities while over a quarter of the households on the waiting list have a need for modified housing; □ there are considerable barriers in the public health system including long waiting times for acute services, high transport costs, a lack of awareness about disability issues among staff, an absence of discharge planning and high additional costs; □ varying degrees of social isolation are the norm rather than the exception; □ there is poor resourcing for consumer advocacy (Hinton 2006).
<p>Families raising children with disabilities</p>	<ul style="list-style-type: none"> ■ Anglicare’s research into the experiences of low income families caring for children with disabilities identified the following issues: <ul style="list-style-type: none"> □ a large number of additional disability-related costs that placed considerable stress on the family budget and shortfalls in the subsidies available to assist with these additional financial costs, including subsidies for aids and equipment; □ difficulties accessing and using support services, which were fragmented and under-resourced; □ a strong association between childhood disability and low family income; □ poor access to additional support in the community such as assistance with personal care, respite and appropriate childcare; □ shortfalls in what primary health care services offered; and □ shortfalls in the links between acute health and community services (Hinton 2007).
<p>Carers of people with disabilities, including psychiatric, intellectual and physical disabilities</p>	<ul style="list-style-type: none"> ■ Anglicare’s research has identified that: <ul style="list-style-type: none"> □ there is a strong association between caring and low family income; □ acquiring caring responsibilities can be a life changing experience bringing with it restricted employment options, extra costs, low levels of financial assistance and a high risk of poverty, social isolation, hardship and poor physical and psychological health; and □ despite the fact that the value of their work if it were replaced by formal services is enormous, most carers feel that they need more support in their caring role and many consider that they are unsupported and exploited (Cameron & Flanagan, J 2004; Hinton 2006, 2007).
<p>People who are problem gamblers</p>	<ul style="list-style-type: none"> ■ Anglicare’s research into the impact of problem gambling on low income earners found that <ul style="list-style-type: none"> □ based on 1999 Productivity Commission findings, an estimated 18,000 to 33,000 Tasmanians were being affected by gambling problems, either their own or those of a family member, including an estimated 2,000 children; □ people with gambling problems reported experiences of

	<p>relationship stress and breakdown, food insecurity, poor health, extremely high levels of debt and in a few instances, criminal behaviour, attempted suicide or thoughts of suicide; and</p> <ul style="list-style-type: none"> □ gambling expenditure need not be at a high level for negative impacts to be experienced – the loss of relatively small amounts could affect individuals and their families significantly (Law 2005).
<p>People who have an addiction to alcohol, tobacco or other drugs</p>	<ul style="list-style-type: none"> ■ Anglicare’s research into alcohol tobacco and other drug (ATOD) use found that: <ul style="list-style-type: none"> □ compared to national averages, Tasmania has high levels of ATOD use across a spectrum that includes tobacco, alcohol and illicit drugs; □ problematic ATOD use is associated with a range of indicators of social exclusion, including homelessness, unemployment, under-achievement at school, crime, difficulty accessing affordable housing, family breakdown, financial problems and mental health problems; and □ there are shortfalls in Tasmania in access to specialist expertise, services and appropriate accommodation options, which makes tackling addiction difficult for individuals, particularly those on low incomes (Hinton 2008). ■ Although a causal link between drug use and poverty has not been established, there is a strong association between socio-economic status and substance use, with some population groups experiencing particularly high levels of problematic use, including: <ul style="list-style-type: none"> □ people with a mental illness; □ homeless people; □ young people; and □ Aboriginal and Torres Strait Islander people (Hinton 2008).
<p>Tasmanian Aborigines</p>	<ul style="list-style-type: none"> ■ Anglicare’s literature review on the experiences of Tasmanian Aboriginal people⁴ confirms that Tasmanian statistics follow national trends for Aboriginal people, showing continued disadvantage in health, education and employment outcomes. In Tasmania, Aboriginal people are <ul style="list-style-type: none"> □ experiencing nearly double the level of unemployment (13.6%) than the general population (6.6%); and □ likely to earn less, with a median individual weekly income of \$323 compared to \$398 for the general population (Law 2008). ■ Aboriginal people have higher prevalence rates of problematic ATOD use than the general population (Hinton 2008). ■ The practice of suspending applicants from the public housing waiting

⁴ In this document, ‘Aborigines’ and ‘Aboriginal people’ refers to Aboriginal and Torres Strait Islander people. Some of the data cited in the literature review was taken from Australian Bureau of Statistics (ABS) publications. Anglicare acknowledges the use of ABS data on Aborigines in Tasmania is problematic because the Aboriginality of many people included in the statistics has come under question.

	<p>list until they repay prior debts (a practice in place in Tasmania) has been identified as a major barrier for Aboriginal people in need of public housing (Cooper & Morris, cited in Flanagan, K 2007a).</p>
<p>Young people, particularly those who are:</p> <ul style="list-style-type: none"> ■ living independently while dependent on Centrelink benefits; and/or ■ in out-of-home care. 	<ul style="list-style-type: none"> ■ Due to the shortage of public housing, private rental accommodation is often the only option open to young people living independently, yet Anglicare research on the experiences of low income earners in the private rental market identified a number of issues affecting young people, including <ul style="list-style-type: none"> □ difficulties in successfully obtaining a tenancy due to discrimination by landlords against younger applicants, limited rental histories and lack of supporting references; □ high levels of housing insecurity and frequent moves; and □ severe affordability problems, particularly among young people living alone (Cameron 2002). ■ Anglicare’s literature review on the experiences of children and youth in out of home care reveals that <ul style="list-style-type: none"> □ there are growing numbers of Tasmanian children in out of home care – around 740 in 2007 – an increase of over 50% from 2004; □ as at April 2006 there were 334 Tasmanian children in foster care representing an increase of 71 children over a 12 month period; and □ children coming into out-of-home care have increasingly complex of needs, including significant emotional and behavioural problems (Hinton n.d.).
<p>Low income earners in the private rental market</p>	<ul style="list-style-type: none"> ■ An Anglicare research project conducted in 2002 found that the private rental market in Tasmania fails to meet the needs of low income earners. In particular, low income earners <ul style="list-style-type: none"> □ experience high levels of insecurity of tenure, with participants in the project moving on average 5.3 times in the preceding five years; □ find it difficult to enter the private rental market due to an inability to meet the costs involved in searching for accommodation and the presence of widespread discrimination based on employment status, age, parental status and disability; □ tend not to exercise their rights as tenants, in most cases due to their insecure position in the market and fear of the consequences of an adverse reaction from their landlord; □ experienced locational disadvantage, characterised by poor access to services, employment and educational opportunities, due to their inability to find affordable accommodation in other, less disadvantaged areas; and □ are at increased risk of after-housing poverty (Cameron 2002). ■ Anglicare’s extensive review of the literature on the private rental

	<p>market has identified that</p> <ul style="list-style-type: none"> □ the groups most at risk of housing stress⁵ are private renters and single parent families (Harding, Phillips & Kelly 2004), and around 38% of single parent families with dependent children live in the private rental market (ABS 2006b); □ the private rental market offers constrained choices due to the restrictions on availability and affordability in a residualised market (Luxford 2006); □ people in the private rental market face higher levels of social exclusion than disadvantaged households living in social housing (Hulse & Burke 2000); and □ unexpected rent increases can have a devastating impact on low income tenants in the private rental market, yet under the <i>Residential Tenancy Act 1997</i> (Tas.), and contrary to legislative provisions in other jurisdictions, the tenant must apply to the court to have the increase declared unreasonable and the burden of proof rests with the tenant (Tenants' Union of Tasmania 2006). <ul style="list-style-type: none"> ■ Anglicare's survey of the Tasmanian community confirms national research on the risk of social exclusion due to insecure tenure for private renters, with the survey finding that 46% of Tasmanians renting through a real estate agent and 25% of people renting through a private landlord had moved at least once in the past year, compared to 11% of home purchasers and 5% of home owners (Madden & Law 2005).
<p>People with literacy and numeracy problems</p>	<ul style="list-style-type: none"> ■ According to the Australian Bureau of Statistics' survey of literacy and life skills, a significant proportion of the community, and a far higher percentage than would commonly be thought, have real difficulties with literacy and numeracy (ABS 2006a).⁶ ■ Anglicare research confirms the vulnerability faced by people with poor literacy and numeracy. For example, many of the participants in Anglicare's review of Centrelink debt recovery and prosecutions struggled with correctly filling out Centrelink forms, particularly those relating to income declaration. For the participants in the research, this led to accumulated overpayments and significant debt to Centrelink which had to be paid back, causing significant hardship, and in some cases, led to criminal prosecution (Hughes 2008).

⁵ Usually defined as occurring when a household in the lowest 40% of income distribution is paying more than 30% of their income on housing costs (see Housing Tasmania 2003). This measure has been criticised as conservative (Burke 2007), and should be treated as an indicator only.

⁶ The ABS survey of literacy and life skills assesses the skill levels of Australians in relation to prose literacy, document literacy, numeracy and problem solving. The survey divides respondents into five groups, according to their level of skill. People at Level 1 have the lowest level of skill, while people at Level 5 have the highest. According to the 2006 survey, 46.4% of Australians are assessed at either Level 1 or Level 2 in relation to prose literacy and 31.5% at either Level 1 or 2 in relation to document literacy. Over half, 52.5%, are at Levels 1 or 2 for numeracy, and nearly three quarters, 70.1%, at Levels 1 or 2 for problem solving. The kinds of skills people in these levels are experiencing difficulty with include locating a single piece of information in a piece of text, entering information based on personal knowledge into a form, understanding simple mathematical operations and evaluating alternatives with regard to well-defined criteria (ABS 2006a).

	<ul style="list-style-type: none"> ■ Anglicare’s research has found that refugee communities are particularly vulnerable to exclusion based on literacy and numeracy issues because their issues can be compounded by the fact that English is not their first language or that they may have limited literacy and formal education even in their original language(s). Although new arrivals are provided with access to English language classes, tuition is only available for a limited, and in many cases insufficient, number of hours and they face several barriers, including practical issues such as lack of childcare and transport, in accessing these classes (Flanagan, J 2007).
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2.1.2. Events: Anglicare’s research suggests that people can also become socially excluded because of the impact of a particular event or experience. Anglicare notes the consultation paper’s identification of such transition points, including experiences such as the transition from state care, leaving prison, discharge from hospital, eviction from public housing and leaving school. Anglicare’s research confirms that people moving through such transitions are vulnerable to social exclusion:

- research into the experiences of people with serious mental illness and people with disabilities has identified a number of issues around discharge from hospital (Cameron & Flanagan 2004; Hinton 2006, 2007);
- research into the experiences of refugees settling in Tasmania has identified difficulties in the transition from school or training into the workforce (Flanagan, J 2007); and
- Anglicare workers consulted during the development of Anglicare’s response to the Australian Government’s Green Paper on homelessness called for more transitional accommodation for young people making the transition into further study or employment on the basis that many young people were highly vulnerable during this period (Anglicare Tasmania 2008c).

Anglicare’s research has also identified other important transition points and critical events that can leave people vulnerable to social exclusion:

Transition point	Anglicare research findings about people’s experiences
Involuntary movements between accommodation	<ul style="list-style-type: none"> ■ Anglicare’s research has found that transitions between tenancies are potential crisis points for low income and disadvantaged people, with research participants reporting frequent moves between rental properties due to both push and pull factors (Cameron 2002; Madden & Law 2005). ■ Of particular concern are those moves made involuntarily due to eviction, a rent increase, the landlord electing to terminate the tenancy or homelessness. Anglicare’s research has found that the stress of an involuntary move, particularly if moves are frequent, can <ul style="list-style-type: none"> □ undermine the settlement process for refugees (Flanagan, J 2007); □ disrupt education, family relationships and social participation and is detrimental to physical and psychological wellbeing (Flanagan, K 2007b; Cameron 2002); and □ has a particularly negative impact on children’s wellbeing, including their capacity to settle, make friends and maintain their education (Flanagan, K 2007b).

<p>People experiencing financial crisis</p>	<ul style="list-style-type: none"> ■ Anglicare’s research has revealed that unexpected expenses can have a critical impact on people living on low fixed incomes. The capacity to meet these unexpected costs is limited due to people’s exclusion from access to mainstream financial products including credit (see Flanagan, J, Madden & Jones 2000; Hughes forthcoming). ■ An Anglicare survey of 812 people identified a number of triggers for financial crisis. The survey was of people approaching emergency relief and financial counselling services for assistance, indicating the level of difficulty imposed on these households by the crisis they were experiencing. The most common triggers included <ul style="list-style-type: none"> □ the cost of food⁷ □ electricity bills □ rent payments □ transport costs □ loan repayments □ medical expenses (Madden 2004). ■ The survey respondents were also asked to assess the degree to which particular expenses caused financial problems in their households. Expenses commonly rated as a big or very big problem for the household included <ul style="list-style-type: none"> □ food □ transport costs □ electricity bills □ clothing costs □ medical expenses □ rent payments (Madden 2004). ■ Many survey respondents were in financial crisis due to debt. <ul style="list-style-type: none"> □ Fifteen per cent of respondents identified debt repayments as a big or very big problem for their household, and 5% described them as the main cause of their financial crisis. □ Clients of financial counselling services were particularly likely to identify that debt repayments had caused their crisis, with 42% of these respondents identifying this as their biggest problem. □ The main types of debt reported by all clients surveyed (both financial counselling and emergency relief clients) were electricity bills, phone bills, loans from family members and friends and personal loans. □ Twenty-three per cent of respondents had two loans, 16% had three and 14% had more than three, and the more loans outstanding, the greater the likelihood that loan repayments were a significant problem for the household.
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⁷ This was reported as the main cause of financial crisis by 27% of respondents. This finding is consistent with other research, however ACOSS (1999) suggests that this kind of finding may reflect the nature of assistance provided by emergency relief services, most of which provide their majority of their assistance in the form of food or food vouchers. It may also reflect the budgeting decisions made by clients, who may elect to use their last remaining funds to pay their rent or outstanding bills, leaving them without money for groceries. In this case, the most immediate cause of the financial crisis is the cost of food, but the overall cause of the crisis is the interaction of several expenses (see Madden 2004, p. 17).

	<ul style="list-style-type: none"> □ Almost half (46%) of people with personal loans reported that loan repayments were a big or very big problem for their household (Madden 2004). ■ Anglicare’s review of payday lending (Hughes forthcoming) has found that many low income earners approach expensive fringe credit providers in order to meet the cost of essential items. A Victorian survey of 448 payday borrowers found that the main purpose of the loans included: <ul style="list-style-type: none"> □ car repairs (22% of respondents) □ utility bills (21%) □ food or other essential expenses (17.6%) □ rent (10.7%) (Consumer Action Law Centre 2008). ■ Participants in Anglicare’s wider survey of the Tasmanian community were asked about their ability to access small, affordable loans in an emergency. <ul style="list-style-type: none"> □ Eighteen per cent of respondents would not be able to raise \$2000 in an emergency. □ This figure was much higher for sole parents (55%), people living alone (27%) and Health Care Card holders (35%) (Madden & Law 2005). ■ The high additional costs faced by people with disabilities or families caring for a child with a disability can be a significant contributing factor to ongoing financial crisis. Families participating in an Anglicare research report on children with disabilities reporting going into debt to obtain essential equipment such as wheelchairs and continence aids, and three of the families in the research were in the hands of debt collectors because of money owed on nappies for their child (Hinton 2007).
<p>Newly arrived refugees exiting Integrated Humanitarian Services Strategy (IHSS) support services</p>	<ul style="list-style-type: none"> ■ Refugees arriving in Australia under the humanitarian program are eligible for support from specialist services provided through the Integrated Humanitarian Services Strategy (IHSS). However Anglicare’s research has found that the period of support provided by specialist services was often inadequate, with refugees juggling a range of complex issues required to navigate their own way into mainstream community services within six months of arrival (Flanagan, J 2007). ■ One of the biggest difficulties reported by newly arrived refugees is the lack of affordable housing, as after a very short period in accommodation provided through the IHSS, refugee arrivals must move into the mainstream housing market, usually the private rental market. The fact that many of their housing experiences undermined people’s sense of safety and security is of particular concern given their backgrounds include high levels of trauma. Refugees reported <ul style="list-style-type: none"> □ experiences of financial crisis due to rental costs and rental increases; □ poor quality and substandard housing leading to serious health

	<p>problems;</p> <ul style="list-style-type: none"> □ social isolation due to the fact that what affordable housing was available was usually located in places far from the services they needed and the homes of other members of their community and support network and poorly serviced by public transport; □ a high level of overcrowding; □ difficulties communicating with landlords and asserting their rights as tenants due to language and cultural barriers; and □ high levels of housing insecurity including experiences of homelessness (Flanagan, J 2007).
People with debts to Centrelink	<ul style="list-style-type: none"> ■ Anglicare’s research into the experiences of people with debts to Centrelink found that although the vast bulk of debts incurred by Centrelink customers do not involve deliberate fraud, the process of debt recovery as pursued by Centrelink can cause people to become extremely vulnerable to social exclusion, through: <ul style="list-style-type: none"> □ the longer-term detrimental impacts on people’s well-being and emotional health, particularly when they had been prosecuted in relation to the debt; □ negative impacts on people’s ability to care for their children or other family; □ bankruptcy and longer term financial hardship was also a potential consequence; and □ the creation of significant psychological barriers to participation in the workforce (Hughes 2008). ■ The research identified particular issues around Centrelink’s definition of ‘marriage-like relationships’, which is broad, complex and potentially embraces a range of modern living arrangements. The research found that people living in share houses were vulnerable to decisions that they were in marriage-like relationships, with dramatic and extreme financial consequences, including in some cases the immediate cessation of all income and the simultaneous acquisition of thousands of dollars of debt (Hughes 2008).

2.2. Response to Questions 2 and 3: *What are the barriers to social inclusion for these individuals or groups? Are there any structural and/or institutional processes that inhibit an individual or group from fully participating in the Tasmanian community?*

Barrier	Anglicare research findings about people’s experiences
Low income	<ul style="list-style-type: none"> ■ Anglicare’s research repeatedly raises the inadequate level of income provided by Australia’s income support system as a major driver of social exclusion. <ul style="list-style-type: none"> □ Considerable inequities exist within the social security system between payments meaning that people in similar circumstances can be on markedly different incomes. For example, Newstart Allowance and Austudy payments are set at levels well below those of pensions such as the Disability Support Pension and

	<p>Parenting Payment.</p> <ul style="list-style-type: none"> □ Pension payments themselves do not guarantee a decent standard of living, with the weekly incomes of people with disabilities, including people with psychiatric disabilities, well below what is required for a decent standard of living (Cameron & Flanagan 2004; Hinton 2006). □ Anglicare’s survey of the Tasmanian community found that single parents reported the highest level of financial hardship in Tasmania (Madden & Law 2005). □ An Anglicare survey of properties advertised for rent over one weekend in March 2008 found that the only properties that would be affordable for a single person on an income support payment were rooms in share houses and that not even these would be affordable for a single person on Youth Allowance or Austudy (Flanagan, K 2008c).
<p>Lack of affordable housing</p>	<ul style="list-style-type: none"> ■ The problem of social exclusion caused by an inability to find affordable and appropriate housing emerge again and again in Anglicare research, including in research not exclusively focussed on housing issues. <ul style="list-style-type: none"> □ Anglicare’s research on the experiences of people with serious mental illnesses identified high levels of cyclical homelessness and difficulty living independently without appropriate support. The episodic nature of mental illness made it difficult to maintain housing stability or to find alternative housing, especially in the private rental market where much depends on a person’s rental record. This meant that many people ended up depending on family and friends, and many households were stretched to personal and financial breaking point by the costs of having to support or accommodate their ill family member (Cameron & Flanagan 2004). □ Research on the experiences of people with disabilities indicates that these households have significant difficulties in finding housing that is accessible, appropriate and located close to support services. Funding for home modifications, such as the installation of ramps and grab-rails, is limited, with existing schemes for home-owners difficult to access and subject to long waiting times and only a limited budget available in the public housing system. People in the private rental market must persuade their landlord to allow modifications and also experience difficulties finding funding even if the landlord agrees (Hinton 2006, 2007). □ In research on the experiences of refugees in Tasmania, housing was identified as one of the most critical issues facing these communities, with households experiencing serious problems finding affordable and appropriate housing, often to the point of homelessness, with far-reaching negative consequences for settlement success (Flanagan, J 2007). □ A research project exploring Anglicare workers’ experiences of working with clients with drug and alcohol problems found that housing issues were a serious concern among these clients. The research included a snap-shot survey of all client contacts in a two

week period and in half (51%) of the contacts with clients who had alcohol and drug issues, housing and homelessness were identified as issues affecting the client. The research concluded that the lack of appropriate and supportive housing for people recovering from addiction was a critical gap in Tasmania's alcohol and other drug service system and a major barrier to recovery (Hinton 2008).

- Among Tasmanian renters, almost three quarters (73.7%) live in the private rental market, compared to just 22.5% in public housing (ABS 2008). Anglicare research on housing issues have identified a number of structural aspects to the private rental market that reinforce vulnerability to social exclusion among low income earners.
 - Rents are unaffordable to people on low incomes. An Anglicare survey of properties available to lease over a weekend in March 2008 identified that for a range of households dependent on income support payments, only 4.2% of properties in the south, 16.8% of properties in the north and 15.0% of properties in the north west would actually be affordable,⁸ and a single parent with one child or a single person on Youth Allowance or Austudy would be unable to afford any of the properties at all (Flanagan, K 2008c).
 - Private renters have higher levels of insecure tenure. Anglicare's survey of the Tasmanian community found that 46% of people renting through a real estate agent and 25% of people renting through a private landlord had moved at least once in the past year compared to just 12% for the population as a whole (Madden & Law 2005).
 - The quality of properties available for lease in the private rental market is poor, with tenants in a number of Anglicare research projects reporting damp, cold and mouldy properties, dirty properties, vermin infestations and inadequate attention to maintenance and repairs by their landlord (Cameron 2002; Flanagan, J 2007; Flanagan, K 2007b). The legislative provisions on substandard housing are fragmented and consequently poorly enforced (Cameron 2002).
 - The *Residential Tenancy Act 1997* contains a number of protections for tenants that are not enforced. As Anglicare argued in a recent policy submission, accommodation support workers regularly hear reports regarding unlawful termination of leases, inappropriate retention of bonds, intolerable delays around essential repairs and maintenance and inadequate or non-existent condition reports, yet the experience of Anglicare and other organisations in the sector is that the regulatory body, the Office of Consumer Affairs & Fair Trading, practices reactive rather than proactive enforcement, which means the onus is on the tenant to pursue a complaint, in an environment where housing is in short supply and obtaining housing depends on a positive reference from a landlord (Anglicare Tasmania 2008b).
 - Two important structural reforms which may assist tenants have met with repeated delays: the establishment of a rental deposit

⁸ For the purposes of the survey, the property was classified as affordable if at least one of the household types in the survey would be paying less than 30% of their total income in rent if they lived there.

	<p>authority (RDA) or ‘bond board’ which would assist in enforcing tenants’ rights around the prompt return of bonds (Cameron & Madden 2002) and the development of a nationally-uniform legislative response to the problem of residential tenancy databases or tenant ‘blacklists’ which have been identified by several inquiries as inadequately regulated and highly problematic (Anglicare Tasmania 2007a, 2008a). The most recent announcement in relation to the RDA was that it would be operational by 1 July 2009 (Singh 2008), but this is three and a half years after the enabling legislation was passed in December 2005. There have been no announcements from the Government in relation to residential tenancy databases, despite agreement in 2006 by the Ministerial Council on Consumer Affairs that uniform national legislation would be developed (MCCA 2006); advice from Consumer Affairs & Fair Trading is that Queensland is taking the lead role in this area.</p> <ul style="list-style-type: none"> ■ The Tasmanian Government’s response to those Tasmanians unable to find appropriate housing within the private housing market is the public housing system. However, despite offering tenants affordability, security of tenure and a higher level of duty of care from their landlord, the public housing system has suffered from years of funding and policy neglect. <ul style="list-style-type: none"> □ Anglicare research into the experiences of people on the public housing waiting list found that their lives were characterised by constant moves, negative consequences for their children, financial hardship, substandard, unhealthy and unsafe housing, difficulty finding employment due to the lack of a stable address, discrimination from private landlords, homelessness, overcrowding and poor emotional health (Flanagan, K 2007b). □ Anglicare’s analysis of the way forward for public housing recommends significant investment in the current system, including the provision of recurrent funding, a one-off allocation to address the maintenance backlog, retirement of Housing Tasmania’s significant debt burden and the provision of capital grants to increase supply (Anglicare Tasmania 2008e). This approach was recommended because it addresses the problem, which has been clearly identified in the extensive research literature on the subject as the result of the decision to target public housing to those ‘in greatest need’ while simultaneously reducing government funding (e.g. Hall & Berry 2007, Atkinson & Jacobs 2008), and because it preserves what works about the current system. Unfortunately the Government appears fixated on modifying Housing Tasmania’s governance structure, either through corporation or conversion into a ‘growth provider’ housing association model. Anglicare has researched both these alternatives and concluded that neither will meet the needs of the most disadvantaged tenants (Flanagan, K 2008a, 2008b).
Lack of access to transport	<ul style="list-style-type: none"> ■ As the recent review of Tasmania’s core passenger transport services found, services do not match community needs, fare structures are

	<p>inequitable and buses are in poor condition (Pauley 2007).</p> <ul style="list-style-type: none"> □ Anglicare’s review of transport issues found that because of a lack of public transport, Tasmanians must rely on private cars, despite evidence that motor vehicles in Tasmania are older, with higher ongoing maintenance costs and poorer overall condition, that Tasmanians spend more on petrol and less on non-compulsory insurance than other Australians, and that the cost of running a private vehicle is a significant burden on low income earners (Madden c. 2004). □ Anglicare research into the experiences of particular population groups, including people with a mental illness and people with disabilities confirms the difficulties in accessing public transport and the financial and social costs of relying on private transport (Cameron & Flanagan, J 2004; Hinton 2006; Flanagan, J 2007) <ul style="list-style-type: none"> ■ Anglicare research has identified that transport costs are a significant cause of financial crisis for Tasmanian households, with 31% of respondents to Anglicare’s survey of clients of emergency relief and financial counselling services identifying car and transport costs as a big or very big problem for their households. The cost of transport was particularly likely to be identified as a big or very big problem for people living in non-metropolitan areas, with 41% of these respondents describing transport costs as a big or very big problem (Madden 2004). ■ Special assistance with transport is provided to elderly people and to people with disabilities through a number of schemes including the Transport Access Scheme, Patient Travel Assistance Scheme (PTAS) and the Home and Community Care program. Anglicare research has found that <ul style="list-style-type: none"> □ there are gaps in what assistance is available and many people with disabilities still experience significant difficulties with transport and travel, despite being eligible for assistance through the various schemes (Hinton 2006, 2007); □ the level of assistance available from the PTAS is inadequate and the eligibility criteria act to exclude many who are in desperate need (Anglicare Tasmania 2007b); and □ assessment procedures for access to such schemes appear to prioritise people with physical mobility impairments over clients with psychiatric disabilities who also need assistance with transport to access essential services (Cameron & Flanagan, J 2004).
Lack of access to public telephones	<ul style="list-style-type: none"> ■ Telstra’s 2006 decision to consider the removal of up to 5,000 ‘loss-making’ public payphones (Moffatt 2006) raised concerns that a small group of low income earners appear to be losing access to a reliable, affordable and essential service. Anglicare’s community survey found that <ul style="list-style-type: none"> □ 9% of all Health Care Card holders who responded had had their phone disconnected in the past year due to a shortage of money; □ of the 11% of Health Care Card holders who reported that they

	<p>relied solely on a mobile phone, only 71% of the group reported that they had enough credit to make an outgoing call; and</p> <ul style="list-style-type: none"> □ 39% of all respondents to the survey reported that there was not a pay phone within walking distance of their home (Madden & Law 2005). <ul style="list-style-type: none"> ■ Not having access to public phones was identified as an issue of particular concern for participants in Anglicare’s research on serious mental illness, with people reporting difficulties in obtaining or maintaining access to home phones or mobile phones (Cameron & Flanagan, J 2004).
<p>The casualisation of the labour market</p>	<ul style="list-style-type: none"> ■ Anglicare research into the casualisation of the Tasmanian labour market found that <ul style="list-style-type: none"> □ the distinct categories of ‘unemployed’ and ‘casual worker’ emerging in official accounts of the labour market would more accurately be conceptualised as a cycle, with a sub-group of people moving between casual work and unemployment on a very regular basis; □ unemployment continues to have devastating personal and financial consequences for people who are unemployed and for their families; □ barriers to employment identified by participants in the research include age (for older workers), lack of education and lack of formal qualifications; and □ many ‘blue-collar’ workers feel stranded in a market where there is no longer any demand for their skills, and while some are trying to obtain skills to work in the new service economy, others are not suited to work in personal care, tourism or other service industries and have few options (Madden 2003). ■ Anglicare’s survey of the Tasmanian community made a number of important findings in relation to the experiences of casual workers. In particular <ul style="list-style-type: none"> □ casual workers were more likely to have experienced some degree of food insecurity than were permanent employees; □ the demographic profile of casual workers does not fit the stereotype of young people and students – less than one third of casual workers who responded to the survey were aged under 30 and only 18% of adult casual workers were also students; □ 42% of casual workers would prefer to be in permanent employment; 5% of casual workers had already asked their employer for permanency but been refused and 41%, while not having asked for permanency, did not think their employer would agree even if they did ask (Madden 2006). ■ Tasmanian workers’ superannuation coverage is not comprehensive, raising real concerns about people’s capacity to support themselves in their retirement. Anglicare’s survey of the Tasmanian community found that <ul style="list-style-type: none"> □ 9% of casual employees and 3% of employees with paid

	<p>entitlements reported that they did not have any superannuation at all;</p> <ul style="list-style-type: none"> □ 40% of unemployed respondents aged under 60 had no superannuation; and □ 57% of people aged under 60 who were not in the labour force for other reasons (such as ill health or caring responsibilities) had no superannuation (Madden 2006).
Lack of access to health care	<ul style="list-style-type: none"> ■ Anglicare’s survey of the Tasmanian community found that low income earners were more likely to indicate that they or someone in their family experienced poor health: 57% of Pension Concession Card holders and 52% of Health Care Card holders compared to 32% of non-concession card holders (Madden & Law 2005). ■ Although the community survey found higher rates of poor health among pensioners than among Health Care Card holders (11% of pensioners rated their health as poor compared to 5% of Health Care Card holders and 1% of Tasmanians as a whole), Health Care Card holders were more likely to have difficulty in affording health care.⁹ <ul style="list-style-type: none"> □ One in five Health Care Card holders reported not seeking health care when they needed it due to a shortage of money compared to one in ten Pension Concession Card holders and non-concession card holders. □ Fourteen per cent of Health Care Card holders reported that they had been unable to fill a prescription ordered by a doctor due to a shortage of money compared to 8% of non-concession card holders (Madden & Law 2005). ■ Despite federal policy changes designed to encourage doctors to bulk bill concession card holders, Anglicare’s community survey indicated many low income earners lacked access to bulk billing: <ul style="list-style-type: none"> □ around one in five concession card holders reported that they always paid a gap fee when visiting their doctor; and □ only 45% of Pension Concession Card holders and 27% of Health Care Card holders reported that they never paid a gap fee (Madden & Law 2005).
Lack of access to computers and the internet	<ul style="list-style-type: none"> ■ Access to computers and particularly the internet is becoming increasingly important to people’s capacity to be socially included, particularly as government information and service delivery moves on line. For example, the Affordable Housing Strategy’s proposed Housing Information Service, a one-stop shop for all housing assistance, was ultimately progressed in website form (Housing Tasmania 2005b). Although it would be reasonable to expect a lower level of computer and internet access and usage among older people, and therefore among Pension Concession Card holders, Anglicare’s

⁹ As Madden and Law (2005, p. 4) point out, although both Pension Concession Card and Health Care Card holders can accurately be described as low income earners, the different eligibility criteria applied to the two types of concessions mean that relatively speaking, Health Care Card holders can be on incomes significantly lower than those of Pension Concession Card holders.

	<p>community survey identified that a digital divide based on income and education does exist:</p> <ul style="list-style-type: none"> □ Health Care Card holders were less likely to have a computer in their home and to have the internet connected than were non-concession card holders; □ 21% of Health Care Card holders reported that they had never used the internet, either in their own homes or in other locations; □ only one quarter of people who had not attended school or who had only completed school up to year 8 or below had a computer in their home, while more than 80% of people who had completed year 11 or above had a computer; and □ just 17% of people who had only completed school up to year 8 or below had an internet connection compared to 72% of people who had completed year 12 (Madden & Law 2005).
<p>Lack of access to mainstream financial products</p>	<ul style="list-style-type: none"> ■ Anglicare research has identified that the exclusion of low income earners from mainstream credit products can lead to people taking out loans from fringe credit providers such as ‘payday lenders’ to cover the cost of essential expenses, exposing them to high fees, charges and interest rates and rigid penalty regimes in the event of default on the loan (Hughes forthcoming). ■ Low income earners also experience reduced access to insurance products, including household contents insurance. Anglicare’s survey of the Tasmanian community identified that <ul style="list-style-type: none"> □ while 94% of those without a concession card had contents insurance, only 87% of Pension Concession Card holders and 79% of Health Care Card holders held a policy; and □ the reason most commonly cited by people who didn’t have contents insurance was they could not afford it (Madden & Law 2005). ■ A research project for NRMA Insurance Ltd found that low income people who do not own their own home are also much less likely to have contents insurance (NRMA Insurance Ltd 2001), and ABS data shows that low income earners and particularly renters are at increased risk of being the victim of a break-in (ABS 2002). <ul style="list-style-type: none"> □ Analysis of unpublished data from Anglicare’s survey of the Tasmanian community (Madden & Law 2005) confirms this, with only 66% of respondents renting from real estate agent, 53% of respondents with a private landlord and 46% of public housing tenants reporting that they had contents insurance, with a quarter of renters and 39% of public housing tenants reporting that they did not have contents insurance because they couldn’t afford it. □ The consequences of loss or damage are particularly high for low income earners because they lack the financial capacity to easily replace stolen or damaged items (see sec. 2.1.2: ‘People experiencing financial crisis’).

2.3. Response to Question 4: *In what ways do barriers to social inclusion inter-relate for socially excluded Tasmanians?*

The table above indicates the inter-relationships between resources and processes that impact on social exclusion. In all cases however, income poverty acts to exacerbate social exclusion. For this reason, Anglicare wishes to stress the need for a review of the income support system, with particular attention to those income support payments which are not linked to Average Male Weekly Earnings. While the income support system is not a Tasmanian Government responsibility, in light of the development of a national social inclusion agenda, the Tasmanian Government should be pursuing this issue via the Council of Australian Governments.

3. Responses to social exclusion

3.1. Response to Question 5: *What current whole of government and/or whole of community projects or programs addressing social exclusion do you consider are effectively operating in Tasmania?*

3.1.1. Tasmania Together: Tasmania Together is a whole of government initiative which reflects the concerns of the Tasmanian community in a range of social, economic and environmental areas. The development of social inclusion strategies in other jurisdictions demonstrate the importance of setting clear goals and benchmarks and the work done by the Tasmania Together Progress Board provides a good lead in this direction. However, there are two important lessons to learn from the Tasmania Together experiment.

- The first is the importance of investment in data collection: there are a number of ‘hidden’ indicators attached to the original document which has never been reported against due to the absence of data.
- The second is the importance of investment in strategies to achieve the goals set. For example, Tasmania Together is unlikely to achieve the targets set for any of its housing-related indicators (Anglicare Tasmania 2008d), partly because of the failure of Government to develop and implement specific strategic responses to the housing crisis.

3.1.2. Disability Framework for Action 2005-2010: This document lays out a ‘whole-of government framework’ for Tasmanians with disabilities (DPAC 2005). It is based on seven guiding principles as specified in the *Disability Services Act 1992* – equity, access, inclusiveness, autonomy, recognising and supporting diversity, non-discrimination and prioritising resources. It is also structured around four priority outcomes – fostering human rights, providing access to high quality services, increasing safeguards and advocacy and working collaboratively. The Premier is responsible for overseeing the implementation of the Framework with assistance from a Disability Advisory Council acting as a reference group, with half the membership consisting of people with disabilities, families and carers and including the responsible Minister. By October 2008, all government agencies had completed the first version of their disability action plan (DPAC 2008).

However, while these are important initiatives the absence of benchmarks from the plans raises risks that leadership will be lost. For example, a scan of the employment goals for a number of government agencies reveals that while those departments have committed themselves to, for example, providing workplaces that ‘value’ the employment of people with disabilities, that will ‘consider’ people with disabilities when reviewing position descriptions and that will make disability employment awareness training available to staff, they do not set themselves any quantitative targets in the actual employment of people with disabilities (DPAC 2008).

3.1.3. Examples of important initiatives which have been abandoned:

The Affordable Housing Strategy: This was a ‘whole of housing system’ approach across all tenure types which sought, among other goals, to establish a vibrant housing market that underpinned economic growth and resilient communities. Although the strategy did have gaps – Gabriel and Jacobs (2006) point to the lack of commitment to increasing the supply of public housing as a key failing – it also had important successes and widespread stakeholder support (Housing Tasmania 2005a). Unfortunately, the second stage of the strategy was not implemented and government focus shifted to the establishment of Tasmanian Affordable Housing Limited, an approach which was criticised as being too narrow (Flanagan, K 2007a).

The Tasmanian Healthy Communities Survey: This survey was conducted by DHHS in 1998 and provided data across a range of health and wellbeing indicators for the whole population (e.g. Health and Wellbeing Outcomes Unit 1999) – data which is not available from other sources and which is critical for the monitoring of Government policy frameworks. Unfortunately, the survey has not been repeated, and the relevance of the 1998 data to policy setting is obviously diminishing with time.

The ‘Our Kids’ Bureau: This agency was established ‘to improve the quality of life for children from birth to age 11 in Tasmania’ through developing targeted policies and links between government and the community. It was to have a focus on early intervention (Archives Office of Tasmania 2006). The Bureau developed an action plan for 2004-2007 which incorporated 21 specific initiatives to improve the health and wellbeing of Tasmanian children including professional development programs, a teen pregnancy strategy and two projects on service integration in Brighton and Burnie (Jenkins 2005). The Our Kids Bureau no longer exists, and government service delivery in relation to child and family services is currently subject to considerable systemic reform (Reform Implementation Unit n.d.). The direction of these reforms has raised concern within the Tasmanian community sector.

3.2. Response to Question 6: What should be the role of the Social Inclusion Unit in addressing social exclusion in Tasmania and promoting, developing and implementing whole-of-government and whole-of-community responses?

The Social Inclusion Unit should play an important role in ensuring the efficiency and efficacy of social inclusion initiatives. Borrowing on the models seen in South Australia, Victoria, and Ireland, Anglicare would suggest that the role of the Social Inclusion Unit in Tasmania should be to:

- Support the Social Inclusion Commissioner by undertaking research and analysis and engaging in consultation with stakeholders. This would include
 - service mapping
 - identification of data sources and gaps
 - evaluation of process
 - evaluation of outcomes of social inclusion initiatives
 - identification of the partnerships required to address social inclusion and the investment required to develop and support the partnership
 - development of targets, action plans and costings for the work.
 - development of ‘poverty proofing’ processes for government agencies.
- To build relationships with government agencies and the community sector in order to enhance the sustainability of social inclusion initiatives.
- To work with government agencies in a facilitative, advisory and coordination role.

3.3. Response to Questions 7-11: *What is required to address intergenerational disadvantage in Tasmania? What is required to address locational or place-based disadvantage in Tasmania? What is required to address transitional disadvantage in Tasmania? What needs to be done to prevent individuals or groups from becoming socially excluded in Tasmania? What needs to be done to enable individuals or groups who are presently socially excluded to become connected with their community?*

Tasmanian departments, local government and non-government organisations are already collaborating in a number of partnerships to address social exclusion and promote early intervention; some of these initiatives are very similar to initiatives being conducted under social inclusion frameworks in other jurisdictions. Tasmanian examples include efforts to tackle disengagement from education or training, decrease financial exclusion and promote the social participation of disengaged groups. Inevitably there will be the risk that these existing initiatives will be rebadged as part of a social inclusion strategy. What needs to be done however is for further investment to be made to ensure the longevity of these projects and an expansion of work.

One barrier to reform in Tasmania is the small size of organisations, which results in a low level of capacity to engage with change processes. In the community sector the competitive tendering environment has also created a competitive business environment which has resulted in barriers to collegial work and a sense of threat to small organisations faced with rapid change. Tasmanians are also dealing with a long legacy of underinvestment in data collection and supporting infrastructure such as information technology, which will require significant resources to promote an evidence-based approach to policy development. In view of this, Anglicare would suggest that the State Government limit the scale of internal reform to address social exclusion and adopt the Irish strategy of developing strategic goals for excluded groups which are delivered through existing government portfolios.

Further, the community sector has long called for the Irish model of ‘poverty proofing’ of all new and current legislation and departmental action plans (e.g. TasCOSS 2007). As the consultation paper points out, these poverty impact assessments involve government agencies and local government assessing policies and programs at the design, implementation and review stages in relation to the likely impact that they will have on poverty and inequality.

An example of the need for this kind of work is the conflicting work being done on rent setting in public housing by different arms of Government. Housing Tasmania recently reviewed its rent setting model for public housing tenants, a process which included consultations with a working group of community sector representatives convened under the Agency Sector Forum. The issue was then referred to the Social Inclusion Unit, which reviewed the potential impact of changes to the rent-setting model on disadvantaged client groups. However, at the same time as the Social Inclusion Unit was working on this project, the Minister for Health and Human Services commissioned KPMG to provide modelling on options for the future of social and affordable housing in Tasmania. The Options Paper presented by KPMG included calculations based on a shift to market-linked rents for a significant proportion of Housing Tasmania’s tenant base (DHHS 2008). The Options Paper contained no reference to the work done by the Housing Tasmania and community sector working group or that of the Social Inclusion Unit or indeed any modelling of the potential impact of these changes on groups at risk of social exclusion, yet was to apparently form the basis for government decision-making around the future of Housing Tasmania. Such parallel yet unconnected processes waste resources, create considerable cynicism within the community and result in poorly-informed policy.

4. A social inclusion strategy for Tasmania

4.1. Response to Question 12: *What guiding principles do you think a social inclusion strategy for Tasmania should adopt?*

A social inclusion strategy for Tasmania needs to lay out a definition of social inclusion and a set of principles to guide policy and practice. A definition is required that empowers people to live full lives as active members of their communities but which does not support competitive and authoritarian policy agendas such as the excesses of the mutual obligation regime, which was delivered in the name of promoting social participation.

A suggested set of principles includes:

- A commitment to poverty prevention (early intervention) as well as alleviation.
- Evidence based policy to shape priorities for action and an acceptance that this may require government to commit to a reversal of long-held approaches.
- A commitment from Government to take on a leadership role in tackling social exclusion and in building community support for and commitment to initiatives that promote social inclusion.
- A commitment to a human rights framework.
- A definition of rights and responsibilities which incorporates not just personal rights and responsibilities, but the responsibility of governments, service providers and the broader community to tackle social exclusion.
- A commitment to clear targets accompanied by action plans and costings.

4.2. Response to questions 13-16: *Considering the approaches adopted by other jurisdictions, how should a social inclusion strategy be developed for Tasmanians? What should be the priority areas for a strategy and which individuals, groups or issues need to be addressed first? In developing the strategy, do you consider the following approaches to be applicable in the Tasmanian context: a cohort approach, a lifecycle approach, an issues based approach, a critical transitions approach, a locational or place based approach? Do you consider that there are any other approaches that may be suitable for application in Tasmania?*

A Tasmanian social inclusion strategy needs to have a broader focus than locational disadvantage. For example, although broadacre public housing estates are places of significant and entrenched disadvantage and highly stigmatised (Luxford 2006), we also need initiatives that consider the needs of other Tasmanians living in poverty, the majority of whom live in other areas and other forms of housing tenure. Given the widespread nature of disadvantage and exclusion in Tasmania, the Irish strategy of allocating increased resourcing to a mix of existing social programs, while not politically exciting, appears sensible. This does not exclude resourcing specific long-term projects with targeted groups.

4.3. Response to Question 17: *What needs to be considered when developing a governance structure to successfully implement a social inclusion strategy in Tasmania?*

4.3.1. Local and service user accountability: The governance structures for a Tasmanian social inclusion agenda must ensure a voice for people at the local level right from the start, particularly in relation to determining the priorities for assistance and the way in which it is delivered. Research from the UK suggests that involvement of ‘disadvantaged’ communities and local community groups in social inclusion projects has often been a disempowering experience because the processes used to engage with communities arise out of existing structures, processes and frameworks of power that are themselves exclusionary (Tett 2005).

4.3.2. Partnership structures: The Federal Government's social inclusion agenda has an emphasis on new ways of governing – 'joined up government' has been expanded to include government partnerships with communities, business and the community sector and the development of the National Compact with the community sector is a part of this (Stephens 2007). At a state level, working in partnership is also the current direction of reform processes within child protection and family services and disability services in the Tasmanian Department of Health and Human Services, although these processes have not been formally named up as part of a social inclusion approach.

But as Balloch and Taylor note in relation to partnership:

...it is important to bring a critical perspective to bear, to understand the expectations and assumptions that lie behind a term that commands such widespread support across the political spectrum and to be clear about its implications. Will it enhance services for the people who are supposed to benefit from them and transform the relationships between them and the professionals who deliver services? Will it really produce more efficient and effective systems? Or will it dissipate energies through the proliferation of new structures, which are ill-defined, inadequately resourced and which do not change the underlying power structures or cultures? Will it get stuck in considerations of structures, procedures and systems or will it really deliver changed outcomes? Will new partnerships exclude more vulnerable groups and communities and prove less rather than more accountable to those they are supposed to serve than previous institutions? (cited in Griffith 2002, p. 2).

Research demonstrates that partnership involves major tensions and that finding a balance between flexibility and public accountability, between leadership and expertise and the need for wide participation and between consensus and diversity will require commitment and investment, including practical investment that tackles the structural, technical and managerial challenges (Balloch & Taylor, cited in Griffith 2002). Tett warns that 'from a government perspective the benefits of partnerships are extolled but the costs are underestimated', which can mean the human and material costs fall disproportionately onto the non-government partner (Tett 2005, p. 2). Griffith (2002, pp. 4-5) notes that partnerships exist on a continuum, ranging from what he describes as 'networking' through 'cooperation' and 'coordination' and finally reaching 'integration', where partner organisations move beyond simple collaboration on selected initiatives and embrace 'a common mission'. Many of the partnerships operating in Tasmania at present exist on the margins of participating agencies, with the focus on specific initiatives, rather than being a part of the core business of the public service.

4.3.3. The role of government: An important part of ensuring service improvement will be the ongoing political responsibility carried by the State Government. While outsourcing, public-private partnerships and the corporatisation of government services are attractive to government because they deflect community concern about problems and service gaps onto other bodies, a joined up or partnership approach cannot be allowed to blur the responsibility that the State Government carries for decision-making, policy development and funding.

4.3.4. Targets: It will also be important to establish clear targets for the work which can be used to reinforce accountability. The 'floor targets' used in the UK are useful in setting minimum standards for disadvantaged groups or areas. This will be important with Tasmania's decentralised population, poor access to transport and inadequate infrastructure. However, as the example of Tasmania Together (see sec. 3.1.1) demonstrates, targets are only useful if accompanied by action, as discussed in this submission in relation to Tasmania Together.

4.4. Response to Question 18: *Are there any other comments that you would like to make in relation to the development of a social inclusion strategy for Tasmania?*

Anglicare believes the following commitments will be required of the State Government in order to develop an effective social inclusion strategy for Tasmania.¹⁰

- **A strategy that articulates a positive vision of a society without poverty.** The Tasmanian social inclusion strategy will need to describe the values and institutions of a socially inclusive society which will prevent poverty from occurring. We need it to tell us where we want to go in the longer term and where to start investing now. We need it to describe a trajectory of work over at least 10 state budgets.
- **A long term budgetary commitment to the strategy.** In order to begin to make gains against entrenched disadvantage, an initial commitment of at least 10 state budgets will be required to support social inclusion initiatives.
- **A strategy that guarantees access to essential services.** A Tasmanian social inclusion strategy will need to promote access for all Tasmanians to essentials such as food, housing, power and water, and to essential infrastructure services such as transport, telephones and sewerage. Competitive markets cannot be relied upon to fully meet the need of disadvantaged consumers for essential services. A social inclusion strategy must move away from the current system of special measures for disadvantaged people, delivered in the form of concessions, vouchers and food parcels, and move towards an approach which sets minimum service standards for products, services and infrastructure that, while available to all, are designed to suit people on low incomes.
- **A strategy that addresses underemployment.** The Tasmanian social inclusion strategy needs to address the problems faced by low paid workers and those who move in and out of casual and part-time work in order to prevent people from becoming trapped in the churning of workers at the bottom end of the labour market.
- **A strategy that supports social rights.** The Tasmanian social inclusion strategy should not emphasise workforce participation and economic productivity to the detriment of social rights and responsibilities. Our roles as parents and carers, the value of education which is not focussed on industry outcomes and the value of culture and the arts must all be recognised.
- **A strategy that addresses climate change.** The Tasmanian social inclusion strategy will need to respond to the challenges of climate change, not simply by compensating disadvantaged people for increases in cost of living but by using the opportunity of the rapid social change it will bring to promote sustainable communities which promote justice, universality, diversity and citizens' rights.
- **A strategy that recognises the important role of the non-government sector.** A social inclusion strategy for Tasmania will require a practical demonstration of commitment by the Government to partnership with the community sector. Community service organisations are natural allies in tackling social exclusion but the contribution of the sector has been restrained by a series of problems. Some stem from funding problems, others from an undervaluing of the contribution made by consumer or advocacy organisations. We need:
 - Funding that values success in meeting the needs of disadvantaged Tasmanians. The quality and effectiveness of services should be valued as highly as innovation.

¹⁰ These list draws on the work of the New Policy Institute (www.npi.org.uk) and the Joseph Rowntree Foundation (www.jrf.org.uk).

- Funding for peak bodies to play a strategic role, for example, in identifying gaps in service provision.
 - A respect for the right of the non-government sector to be self-determining in deciding the roles and responsibilities of our peak bodies.
 - More support for consumer advocacy and campaigning groups.
 - Support for locally based organisations which make a valuable contribution to addressing social exclusion but which do not necessarily have the resources to be successful in tender rounds to access funding for social inclusion initiatives.
- **A strategy that addresses the demographic challenges faced in Tasmania.** In its submission to the Demographic Change Advisory Council the Tasmanian Department of Health and Human Services warned that the ageing and decreasing workforce in Tasmania will ‘impact on its capacity in the future to respond to increasing demands for service... These pressures will require the current workforce to be retained for longer and may also require a re-evaluation of the location and level of services provided. It is the position of the Department that future service demand will be best met through redesigning the service system and a greater focus on the provision of services to those most in need’ (DHHS 2007). David Cappo, the South Australian Social Inclusion Commissioner, has identified that one of the major lessons learned in South Australia about social inclusion work is the need for workers with strong case management abilities and cross-sectoral credibility and that South Australia’s difficulties in managing the workforce issues have remained one of the biggest ongoing challenges to the success of the strategy (Cappo 2006). Certainly Anglicare’s recent research into the work done by community service workers in responding to clients with drug and alcohol issues supports a view that generalist services provide an important front line response to community members dealing with health issues such as drug and alcohol addiction and mental illness. The research also underlined that community service workers, like allied health professionals, are not yet recognised as an integral part of the delivery of health services and that award conditions and training continues to reflect our emphasis on specialist and tertiary services (Hinton 2008). This would need to be addressed as part of a social inclusion strategy.
- **A strategy that addresses the taxation implications.** A commitment to a social inclusion agenda presents the opportunity for decent and progressive taxation reform that shows the community that taxation is part of a national building agenda for government and involves investment back in human capital and social infrastructure (Nicholson 2008). At a federal level this would mean a thorough review of the adequacy of social security payments for low income people, including simplification of the social security system and reduction in the impact of effective marginal tax rates to encourage more jobless people into work; base-broadening reforms to make the tax system fairer and more efficient, especially by taxing different kinds of income in a more consistent way; and attention to the higher public revenue needs in the future as the population ages, especially for health and social support services (Macfie 2008). At a state level this would mean protecting the income base necessary for social investment and would therefore require, for example, resisting lobbying from the business sector to lift the threshold for payroll tax.

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