Baptcare Orana - Future Options Study

Devonport, Tasmania

Final Report

Jointly submitted by:

University of Tasmania - Department of Rural Health & Institute for Regional Development

September 2012
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>2</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>6</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>8</td>
</tr>
<tr>
<td>LIST OF ACRONYMS</td>
<td>9</td>
</tr>
<tr>
<td>1. EXECUTIVE SUMMARY</td>
<td>10</td>
</tr>
<tr>
<td>1.3. Study Timelines</td>
<td>11</td>
</tr>
<tr>
<td>1.4. Study Location</td>
<td>11</td>
</tr>
<tr>
<td>1.5. The Project Team</td>
<td>11</td>
</tr>
<tr>
<td>1.6 Report Structure</td>
<td>12</td>
</tr>
<tr>
<td>1.7 Study Methods</td>
<td>12</td>
</tr>
<tr>
<td>1.8 Overview of Key Findings and Strategic Options</td>
<td>12</td>
</tr>
<tr>
<td>(a) Literature and Policy Review</td>
<td>12</td>
</tr>
<tr>
<td>(b) Key Demographic Findings</td>
<td>12</td>
</tr>
<tr>
<td>(c) Key Results from Stakeholder and Service Provider Interviews</td>
<td>15</td>
</tr>
<tr>
<td>2. INTRODUCTION</td>
<td>20</td>
</tr>
<tr>
<td>2.1. Project Context</td>
<td>20</td>
</tr>
<tr>
<td>2.2. Project Objectives</td>
<td>20</td>
</tr>
<tr>
<td>2.3. Study Timelines</td>
<td>21</td>
</tr>
<tr>
<td>2.4. Study Location</td>
<td>21</td>
</tr>
<tr>
<td>2.5. The Project Team</td>
<td>22</td>
</tr>
<tr>
<td>2.5.1 The University Department of Rural Health (UDRH)</td>
<td>22</td>
</tr>
<tr>
<td>2.5.2 The Institute for Regional Development (IRD)</td>
<td>22</td>
</tr>
<tr>
<td>2.6 Report Structure</td>
<td>22</td>
</tr>
<tr>
<td>3. STUDY METHODOLOGY</td>
<td>23</td>
</tr>
</tbody>
</table>
4.3.3 Underpinning Issues 64
4.3.4 Section Summary 64

5. DISCUSSION AND FUTURE OPTIONS 65

5.1 General Population Issues 65
5.1.1 Financial hardship 65
5.1.2 Unemployment and lack of opportunity 66
5.1.3 Geographical Isolation and lack of transport 66
5.1.4 An Ageing Population 66

5.2 Community Needs and Service Gaps 67
5.2.1 Housing and Accommodation 67
Crisis Accommodation: Potential Future Options for Baptcare 68
Supported Accommodation: Potential Future Options for Baptcare 70
Affordable Accommodation: Potential Future Options for Baptcare 71
5.2.2 Respite 71
Potential Future Options for Baptcare 72
5.2.3 Lack of services for people under the age of 65 and at risk of residential care 73
Potential Future Options for Baptcare 74
5.2.4 Aged and Community Care Services 74
Potential Future Options for Baptcare 76
5.2.5 Young People 76
Potential Future Options for Baptcare 77
5.2.6 Mental Health 78
Potential Future Options for Baptcare 80
5.2.7 Social Connectedness 81
Potential Future Options for Baptcare 81
5.2.8 Community Access for People with Disability 82
Potential Future Options for Baptcare 83
5.2.9 Cultural Diversity and Support 83
Potential Future Options for Baptcare 84
5.2.10 Palliative Care 85
Potential Future Options for Baptcare 85

5.3 Local Service Provision: Issues and Challenges 86
5.3.1 Fragmentation and navigation of services; 86
5.3.2 Retention and recruitment of suitably qualified staff
5.3.3 Promoting Baptcare services in the community

Potential Future Options for Baptcare

6. STUDY CONSIDERATIONS

6.1 Scope of the Project
6.2 Service Audit
6.3 Demographic Data
6.4 Community Services Environment
6.5 Community Engagement and Consultation

7. CONCLUSION

8. REFERENCES

9. APPENDICES

Appendix 1: Overview of project stages and timelines
Appendix 2: Sectors Interviewed for the Project
Appendix 3: Project Interview Questions
Appendix 4: Lighthouse Project
LIST OF FIGURES

Figure 1: Catchment area encompassing Local Government Areas of Devonport, Central Coast, Kentish and Latrobe, Northwest Tasmania – showing main population centres .................................. 21
Figure 2: Total population (persons), Census collection districts, study area, 2006 Data source: ABS Census of Population and Housing 2006 ........................................... 31
Figure 4: Distribution of residents aged 65 years and over, by Census collection district in the study area, 2006 Data source: ABS Census of Population and Housing 2006 .................................. 33
Figure 5: Projected numbers of elderly persons by age group, Local Government Areas, 2011-2031 Data source: Demographic Change Advisory Council 2008 .................................................. 34
Figure 6: Distribution of persons requiring assistance with core activities, study area, 2006 Data source: ABS Census of Population and Housing 2006 .................................. 35
Figure 7: Persons requiring assistance with core activities, by age group, study area, 2006 Data source: ABS Census of Population and Housing 2006 ........................................... 36
Figure 8: Estimated cases of neurodegenerative disorders, study area, 2006 Data source: ABS Census of Population and Housing 2006 Prevalence rates: Access Economics Pty Limited 2007, 2009; Simpson et al. 2011; Pridmore 1990 .................................................. 37
Figure 9: Estimated prevalence of specific neurodegenerative disorders, study area, 2006 and projected for 2011-2031 Data source: Demographic Change Advisory Council 2008 Prevalence rates: Access Economics Pty Limited 2007, 2009; Simpson et al. 2011; Pridmore 1990 .................................................. 37
Figure 10: Persons requiring assistance and persons providing unpaid assistance Data source: ABS Census of Population and Housing 2006 .................................................. 38
Figure 11: Age group of persons providing unpaid assistance, study area, 2006 Data source: ABS Census of Population and Housing 2006 .................................................. 38
Figure 12 One parent families with children under 15 years, collection districts, 2006 Data source: ABS Census of Population and Housing 2006 .................................................. 39
Figure 13: Children 0-15 years a) living in jobless families; b) living in one parent families; c) living with grandparents, study area, 2006 Data source: ABS Census of Population and Housing 2006 .................................................. 40
Figure 14: Number of households experiencing housing stress, local government areas, 2006 Housing stress = repayment or rent > 30% of household income .................................................. 40
Figure 15: Number of public housing occupants and properties, local government areas, 2007 ........ 41
Figure 16: Age of persons sleeping in improvised homes, tents, outdoors, study area, Census night 2006 Data source: ABS Census of Population and Housing 2006 .................................................. 41
Figure 17: Age group of persons identifying as Indigenous, local government areas, 2006 Data source: ABS Census of Population and Housing 2006 .................................................. 42
Figure 18 Overseas migrants 2001-2006, by collection district of residence 2006 Data source: ABS Census of Population and Housing .................................................. 43
Figure 19: Low level of proficiency in spoken English, local government areas, 2006 (persons who speak another language at home) Data source: ABS Census of Population and Housing 2006 ........ 44
Figure 20: Census collection districts in the lowest decile nationally for all four SEIFA indices in 2006, and amongst the most socioeconomically disadvantaged; with low access to economic resources and with a low education and occupation level. ................................................................. 45

Figure 21: Unemployed young people, looking for full-time work, 15-24 years, collection districts, 2006 Data source: ABS Census of Population and Housing 2006 ................................................................. 46

Figure 22: Number of 15-24 year olds with no post-school qualifications, have not attained Year 10 education, and not currently studying, Local Government Areas, 2006 Data source: ABS Census if Population and Housing 2006 ........................................................................... 46

Figure 23 Labour force status of 15-24 year olds with no post-school qualifications, have not attained Year 10 education, and not currently studying, study area, 2006 Data source: ABS Census if Population and Housing 2006 ........................................................................... 47

Figure 24: Estimated cases by age group of all 12 month mental disorders; and 12 month mental disorders excluding those with substance use disorder only, study area, 2006 Data source: ABS Census of Population and Housing 2006; ABS National Survey of Mental Health and Wellbeing 2007 .......................................................................................................................... 48

Figure 25: Active Mental Health Services clients, local government areas, 2006-07 Data source: DHHS Service and Community Profiles 2009 .................................................................................. 48

Figure 26: Households without a motor vehicle, Census collection districts, 2006 Data source: ABS Census of Population and Housing 2006 ........................................................................... 49

Figure 27: Location of nursing and aged homes in the catchment area, 2008 Data source: TheLIST, State of Tasmania .................................................................................................................. 50

Figure 28: Number of GPs and FTE GPs per 100,000 population, selected areas, 2007, 2010 Data source: General Practice Tasmania Limited, Census of Tasmanian General Practices .................. 51

Figure 29: Number of government funded aged care places – Baptcare and other providers, study area, 2009, 2011 Data source: Department of Health and Ageing, Australia (DHA), Aged Care Services List – Tasmania ........................................................................................................... 51

Figure 30: Number of government funded places, local government areas, 2011 Data source: Department of Health and Ageing, Australia (DHA), Aged Care Services List – Tasmania .................. 52

Figure 31 Community aged care packages funded in the catchment area, 2011 Data source: Department of Health and Ageing, Australia (DHA), Aged Care Services List – Tasmania .................. 52
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**LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS:</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACAP:</td>
<td>Aged Care Assessment Placement</td>
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<td>ACAR:</td>
<td>Aged Care Approvals Round</td>
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<td>ACAT:</td>
<td>Aged Care Assessment Teams</td>
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<td>CACP:</td>
<td>Community Aged Care Packages</td>
</tr>
<tr>
<td>CALD:</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
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<td>CDC:</td>
<td>Consumer Directed Care</td>
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<td>CDHAC:</td>
<td>Commonwealth Department of Health and Aged Care</td>
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<td>COAG:</td>
<td>Council of Australian Governments</td>
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<td>CRCC:</td>
<td>Commonwealth Respite and Care Centres</td>
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<td>CSO:</td>
<td>Community Service Organisation</td>
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<td>DHA:</td>
<td>Department of Health and Ageing</td>
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<td>DHHHS:</td>
<td>Tasmanian Department of Health and Human Services</td>
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<tr>
<td>EACH:</td>
<td>Extended Age Care in the Home</td>
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<td>FTE:</td>
<td>Full Time Equivalent</td>
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<td>HACC:</td>
<td>Home and Community Care</td>
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<td>IRD:</td>
<td>Institute for Regional Development</td>
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<td>ISP:</td>
<td>Individual Support Packages</td>
</tr>
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<td>LGAs:</td>
<td>Local Government Areas</td>
</tr>
<tr>
<td>LINC:</td>
<td>Learning and Information Network Centres</td>
</tr>
<tr>
<td>NDIS:</td>
<td>National Disability Insurance Scheme</td>
</tr>
<tr>
<td>NDS:</td>
<td>National Disability Service</td>
</tr>
<tr>
<td>NGOs:</td>
<td>Non-Government Organisations</td>
</tr>
<tr>
<td>SEIFA:</td>
<td>Socio-Economic Index for Area</td>
</tr>
<tr>
<td>TAMOSCH:</td>
<td>Towards a Model of Supported Community Housing</td>
</tr>
<tr>
<td>THOs:</td>
<td>Tasmanian Health Organisations</td>
</tr>
<tr>
<td>UDRH:</td>
<td>University Department of Rural Health</td>
</tr>
<tr>
<td>YPIRAC:</td>
<td>Young People in Residential Aged Care</td>
</tr>
</tbody>
</table>
1. EXECUTIVE SUMMARY

1.1 Introduction
The Baptcare Orana Future Options (2012) study is a joint collaboration between Baptcare, the University of Tasmania’s Department of Rural Health (UDRH) and the Institute for Regional Development (IRD). It is based on six months (March-August 2012) of intensive community engagement and research in the Devonport, Latrobe, Central Coast and Kentish municipalities. The research has enabled the identification of service gaps and community needs in these areas, which will inform future options and directions for Baptcare operations at Orana and Karingal in North West Tasmania.

Baptcare Orana is a community centre located in East Devonport that currently provides a diverse range of respite and day care programs to clients with low care needs. The centre is a provider of a range of Commonwealth funded packages including Community Aged Care Packages (CACP) and Transition Care Packages (TCP). In addition Orana runs a Home and Community Care (HACC) Social Support program which includes the delivery of a Social Support Nutritional service, designed to promote healthy eating habits and social engagement for individuals aged 65 and over and those with a disability. The centre and associated programs/services are well established within the community and complement other Baptcare services within Devonport region; including the Baptcare Karingal Community retirement village and aged care facility and services offered through the Devonport Baptist Church, for socially and economically disadvantaged groups in Devonport.

Baptcare also owns a vacant block adjacent to the existing Baptcare Orana operation in East Devonport. The investigation of potential opportunities for development and use of the Baptcare Orana site and the future use of several small independent living units or land occupied by these units located within the Baptcare Karingal site also form the basis of this study.

1.2 Aims and Objectives
The key objective of this study is to identify community needs and service gaps across a range of sectors in the study area, and to identify potential options for Baptcare in the future.

The aims of this study are:

1. To undertake a demographic profile to gather information relating to population trends and community needs within the Devonport, Latrobe, Kentish, and Central Coast area;
2. To conduct a needs analysis through consultation with relevant service providers to identify service gaps and community needs across a spectrum of relevant support services;
3. To analyse gaps in services and identify possible future opportunities for Baptcare to respond to identified community need and service provision gaps;
4. To situate the findings within the context of Baptcare’s strategic plan, and within the current political and economic context of health and community service delivery;
5. To propose ‘future options’ within a detailed report for potential service expansion and the development of the Baptcare Orana site and/or future use of existing independent living units within the Baptcare Karingal community facility.
1.3. Study Timelines
The study commenced in February 2012 and was finalised in September 2012. Appendix A details the key phases of the project, as well as timelines for the completion of key project tasks and activities.

1.4. Study Location
The primary focus of this study has been the Baptcare facilities at Orana. It has also included a wider focus on the immediate and surrounding local government municipal areas of Devonport, Latrobe, Kentish and Central Coast. Figure 1 below shows the study and catchment area, including main population centres.

![Map showing study and catchment area](image)

Catchment area encompassing local government areas of Devonport, Central Coast, Kentish and Latrobe, Northwest Tasmania – showing main population centres

1.5. The Project Team
The project was led collaboratively by representatives from the University of Tasmania’s University Department of Rural Health (UDRH) and Institute for Regional Development (IRD). Each member of the project team had expertise and skills in a number of areas including project management, research methodology, applied research, demographic analysis as well as having a sound local understanding of the North West Tasmanian community. The project team met monthly with Baptcare representatives, who provided guidance and feedback throughout the study stages.
1.6 Report Structure
This report is divided into six key sections. These included: (1) executive summary; (2) introduction to the study’s aims and objectives; (3) study methodology; (4) key findings; (5) discussion and presentation of future options and (6) conclusion.

1.7 Study Methods
In order to achieve the study’s objectives, a number of methods were used to develop an evidence base, these methods included: (1) an ‘environmental and policy scan’ of the study area; (2) a comprehensive literature review of key policy and legislative documents; (3) an extensive demographic analysis and (4) a series of 23 interview based consultations with 34 service providers and stakeholders from a variety of sectors in the project catchment area. The evidence gathered from each of these methods was then collated and analysed in order to generate key issues and strategic ‘future options’ for Baptcare to consider.

1.8 Overview of Key Findings and Strategic Options
This study generated a considerable body of evidence and findings. An overview of these findings includes the following areas:

(a) Literature and Policy Review
The study involved a comprehensive and systematic review of over forty key national, state and local level policy and strategic documents relevant to the project’s objectives. This review enabled a greater understanding of the political, economic and social context of the delivery of services in Tasmania, including sectors such as local government, family and children’s services, disability services, advocacy, respite services, neurodegenerative health services, aged care, palliative care, mental health, migrant and indigenous and housing services. In addition, further literature was examined to develop a greater understanding of the findings.

The review of these documents revealed a period of great reform and change across a diverse range of sectors, particularly aged care; disability and mental health services. These reforms, discussed in depth in this report, have the potential to impact on Baptcare’s service delivery as well as future options for service provision and expansion in the short term and long term future. Principles of social inclusion are also currently underpinning much of government policy on both a national and state level as well as Baptcare’s work.

(b) Key Demographic Findings
This study draws on an extensive demographic profile of the study catchment area. The profile was based on an extensive analysis of a number of data sources including the ABS Census of Population and Housing (2011 and 2006) and ABS SEIFA Indices (2006), the Tasmanian Department of Health and Human Services - Service and Community Profiles for Kentish, Devonport, Central Coast and Latrobe (2009), Tasmanian Department of Health and Human Services Your Health and Human Service Progress Chart (2012); Department of Health and Ageing Aged Care Services List (2009-2011), Tasmanian Home and Community Care Program Triennial Plan (2008-2011), the Tasmanian Census of General Practice (2010), Department of Immigration and Citizenship (2011), as well as population projection data from the Demographic Change Advisory Council Tasmania (2008).

A summary of the key demographic findings include:

- The population of the catchment area in 2011 was 60,087 persons, an increase of 4.1% since 2006;
- Between 2001 and 2011 there were increasing numbers in all age groups of 45 years and over and declining numbers in age groups below 45 years;
- There was a large and growing number of people living alone in the catchment area, with one-quarter of all households in 2006 being lone person households.

**Aging**
- The proportion of the population in the catchment area aged 65 years and over in 2011 was 17.5%, which was higher than the 15.7% of the Tasmanian population;
- The proportion and number aged 65 years and over increased in the catchment area between 1996 and 2011, with the number of aged residents increasing by more than 41%;
- The number of persons aged 65 years and over in the catchment area is projected to more than double in 25 years, from 9,331 in 2006 to 19,185 in 2031.

**Disability**
- 5.5% of the study population, or 3,088 people, indicated that they needed assistance with core activities. The highest proportion of severe or profound disability was in the Devonport local government area with 6.2% of the population, equating to 1,418 people;
- Just over half of those in the study area with a severe disability in 2006 were aged 65 years or over. However, almost half were aged less than 65 years, with 29% of those requiring assistance being aged between 45 and 64 years;
- The Devonport LGA had the greatest number of those requiring assistance aged 45-64 years.

**Neurodegenerative Disorders**
- There were an estimated 1,080 cases of four specific neurodegenerative disorders in the study area in 2006;
- The most prevalent disorders were dementia (73.8% of estimated cases) followed by Parkinson’s disease (18.3%), multiple sclerosis (7.1%) and Huntington’s disease (0.6%);
- In the next 25 years, the number of cases of dementia in the catchment area is projected to more than double (from 797 in 2006 to 1,610 in 2031);
- Cases of Parkinson’s disease are also projected to increase substantially by 87.4% (from 198 in 2006 to 371 in 2031).

**Carers**
- In the catchment area, 5,076 persons provided unpaid assistance to the aged or disabled;
- Devonport had the greatest number of unpaid carers in the catchment area, it also had the lowest ratio of carers to persons requiring assistance (this may be influenced by greater accessibility to services and paid care in the Devonport Local Government Area);

**Families**
- In 2006, there were 2,581 one parent families in the catchment area. Of these one parent families, 1,591 included children less than 15 years of age.

**Housing**
- A total of 1,874 households in the catchment area were experiencing housing stress in 2006 (housing stress is experienced when the cost to a household of providing housing, in terms of mortgage repayment or rent, exceeds 30% of household income);
- Devonport had the most households experiencing housing stress;
- In 2007 there were 1,702 public housing properties in the catchment area, housing 3,545 tenants.
- Almost two-thirds of the catchment area’s public housing properties and tenants were located in Devonport Local Government Area;
- At the end of 2011 there were 2,801 applicants on the public housing waiting list state-wide, with 519 applicants being housed in the previous six months.
Indigenous Status
- There were 2,771 Indigenous Australians living in the catchment area, with more than three-quarters of them residing in Central Coast or Devonport Local Government Areas.

Migrants
- Total new migrants settling in the catchment area in 2011 numbered 63;
- There were 414 people residing in the catchment area in 2006 that had arrived from overseas in the previous five years;
- Almost one-third (131) were born in North-West Europe; with another 55 born in Southern and Central Asia; 54 born in sub-Saharan Africa; and 51 born in Oceania and Antarctica.
- Asylum seekers/humanitarian entrants to Tasmania have not been settled on the North West of Tasmania since 2005.

Socio-Economic Status
- The populations of Devonport and Kentish Local Government Areas were in the bottom 30% of all Australian Local Government Areas in terms of SEIFA national indices of Relative Socio-economic Disadvantage and Relative Socio-economic Advantage and Disadvantage;
- Individual income distribution in the study area was skewed towards the lower end with $150-$249 the most commonly reported gross weekly income range in 2006;
- Over half of the catchment area’s population aged 15 and over had a weekly income of less than $400.

Unemployment
- At the time of the Census in 2006, the proportion of the labour force in the catchment area looking for full or part-time work was higher than for Tasmania as a whole;
- The highest rate of unemployment was in Kentish and the lowest in Latrobe Local Government Area. The majority of unemployed were aged 25-44 years;
- Almost half of the 475 young unemployed (aged 15-24 years) in the catchment area lived in the Devonport Local Government Area. Young unemployed people were concentrated in East Devonport as well as rural areas around Railton and Sheffield and inland of Penguin.

Mental Health
- National prevalence rates by age and sex suggest an estimated 8,565 residents of the catchment area aged 16-85 years experience a mental disorder in a 12 month period;
- There were an estimated 2,321 residents in the study area aged 16-85 with a single 12 month mental disorder; 1,456 residents with co-occurring mental disorders; and an additional 5,325 residents with co-morbidity of a 12 month mental disorder and a physical condition;
- Active mental health clients comprised 1.5% of the population in the catchment area in 2006-07, higher than the Tasmanian population percentage of 1.2%;
- In 2006-07 there were 932 active mental health clients in the catchment area. More than half of these resided in Devonport Local Government Area.

Lack of Transport
- The proportion of households in the catchment area in 2006 without a motor vehicle was lower than the proportion for Tasmania at 7.5% of households.
Aged and Community Care Services

- Comparing the number of residential aged care places to potential demand, there were less places per 1,000 population aged 75 years and over in the catchment area than in Tasmania as a whole;
- There were 691 Aged Care Assessment Placement (ACAP) assessments conducted in the catchment area in 2006-07 comprising 9% of the target population of 7,663. More than half of these ACAP assessments were in Devonport Local Government Area.
- Devonport was the only Local Government Area with funded places under the Extended Aged Care at Home (EACH) program, with 6 EACH and 7 EACH Dementia places. There were 145 Community Aged Care Packages CACP funded across the catchment area in 2011.
- Clients receiving HACC services in the study area comprised almost two-thirds of the target population in 2006-07 which was higher than Tasmania’s target population.
- For Local Government Areas in the study area, Devonport LGA recorded the highest level of HACC services per target population for almost every service.

(c) Key Results from Stakeholder and Service Provider Interviews

23 interviews with 34 participants were conducted with a range of service providers in the study area. In some cases, interviews were conducted with more than one participant from the same service. Participants were drawn from a diverse range of sectors within the study including local government, family and children’s services, disability services, advocacy, respite services, neurodegenerative health services, aged care, palliative care, mental health, migrant and indigenous and housing services.

Interviews with service providers identified a number of issues and needs affecting the study area that can be broken down into three broad themes (1) ‘underpinning’ issues - the broader context of life in the study area and some key issues affecting the population as a whole; (2) service needs and gaps and the potential opportunities for services such as Baptcare to address these needs through service expansion and development or collaboration and partnerships; and (3) issues affecting service provision. An overview of these themes is presented below:

(1) Underpinning issues
Service providers repeatedly talked about significant challenges faced by the population in the study area. These challenges are reflective of many of the issues identified in the demographic review and can be classified as financial hardship and long-term unemployment, geographical isolation and limited options for transport and an ageing population. These issues and their impact are of significance when considering both the demographic and interview data.

(2) Community Needs and Service Gaps
The key community needs and service gaps identified by participants were diverse and reflected many of the sectors identified. However, there were a number of issues that predominated in the analysis of the interviews. These included:

1. Housing and Accommodation
2. Respite
3. Services for people under the age of 65 at risk of admission to residential aged care,
4. Community and aged care services
5. Young people
6. Mental health
7. Social connectedness
8. Community access for people with disabilities,
9. Cultural diversity
10. Palliative care
(3) Future Options for Baptcare
Based on the interview data, the demographic review and the literature review a list of potential options for Baptcare to consider in the future development and expansion of its services in North West Tasmania has been generated. These future options include opportunities for service expansion and development, as well as opportunities for collaboration and partnerships.

1. Housing and Accommodation

*Needs and Service Gaps*
- A need for a crisis accommodation service in the study area;
- A need for more supported accommodation for people with disabilities and people under 65 at risk of residential aged care placement;
- A need for more affordable accommodation options in the study area.

*Potential Options*
- Engage with the local crisis accommodation team to keep informed of the progress of crisis accommodation issues and potential infrastructure in the Devonport area;
- Support future research which further investigates key issues surrounding the need for crisis accommodation in the study area;
- Investigate the potential viability of the older independent living units at Karingal or the vacant land at Orana being used for supported accommodation for people with disabilities;
- Monitor the progress of the National Disability Insurance Scheme (NDIS) and prepare for potential funding opportunities that may arise to assist in the expansion of supported accommodation services in the area;
- Investigate the development of the vacant land at Orana for affordable housing infrastructure.

2. Respite

*Needs and Service Gaps*
- An increasing demand for overnight respite for those with high care needs and those needing dementia specific respite;
- A need for more flexible respite options.

*Potential Options*
- Expand respite services at Orana in order to cater for people with high care needs and dementia;
- Maintain Orana as a flexible respite option in the community;
- Increase weeks of operation for overnight respite at Orana;
- Consider new infrastructure on the vacant land at Orana that includes different models of respite care.

3. Lack of services for people under the age of 65 at risk of residential care

*Needs and Service Gaps*
- People under the age of 65 at risk of residential care were as identified as those with neurodegenerative disorders such as Parkinson’s disease, Huntington’s disease, multiple sclerosis and motor neuron disease as well as those with early onset dementia and acquired brain injury. This client group was identified as falling through the service gap. Unable to secure the support they need to live in the community many are forced to enter residential aged care, which was deemed inappropriate.
Potential Opportunities

- Investigate the potential viability of the older independent living units at Karingal or the vacant land at Orana being used for supported accommodation for people with disabilities;
- The National Disability Insurance scheme will see significant changes to the way in which disability services are delivered. There will be possible opportunities for Baptcare to develop a service that is responsive to this new model of service delivery;

4. Aged and Community Care Services

Needs and Service Gaps

- The community demand for aged and community care services is reported as currently outweighing the supply, particularly for those requiring high levels of care.
- The importance of being able to transition from low levels of care to higher levels of care and continue with the same services provider is considered important and a current challenge within the present distribution of packages of care to the study area.

Potential Opportunities

- Consider tendering for more community care packages;
- Consider tendering for the full range of aged care packages;
- Explore opportunities to provide community care services to those who can afford to pay such as independent retirees.

5. Young People

Needs and Service Gaps

- Services for 10-18 year olds. The provision of services for the 0-5 year age group in the study area is well covered, however older children, and young adults aged 10-18 were consistently reported as in dire need of services and resources.

Potential Opportunities

- Alternative education and training programs for young people;
- Establish family support and education programs similar to the NEWPIN Family Futures program run by Uniting Care in other parts of the state;
- Explore opportunities to re-establish the “Lighthouse Program Can Do Will Do” Project, a successful initiative of the Devonport Community Safety Liaison Group that aimed to equip at risk young people and young offenders with role models and mentors who will provide them with knowledge, skills and attitudes to be successful in life;
- Work with older clients and young people to develop literacy skills. This could possibly be a partnership with the LINC;
- Use the vacant land at Orana to build infrastructure that is conducive to training opportunities for young people in the areas of hospitality and aged care.
- Explore possible partnerships with Devonport Polytechnic and Child and Family Centre for young people;
- Explore training opportunities for migrants at Orana in the area of aged and disability services;
- Community meals/kitchen – there is a potential opportunity to expand the Baptcare café idea and collaborate with other services such as the Child and Family Centre, the Eastern Shore Community house and the Devonport City Council to provide regular meals to a broad cross section of the community.
6. Mental Health

Needs and Service Gaps
- Supported accommodation options for people with mental illness are minimal;
- People with mental illness have limited opportunities for meaningful community engagement;
- People with mental illness and a co-morbidity of intellectual disability and/or drug and alcohol issues are falling through the gaps under current service provisions models.

Potential Opportunities
- Research the feasibility of establishing supported accommodation for people with mental illness at the Orana site or at the independent living units at Karingal;
- Research establishment of a befriending service(s);
- Research and explore opportunities for people with mental illness to access day centre type activities;
- Research opportunities to deliver specific services to older people with mental illness;
- Further research the role of community services organisations in mental health service delivery in the study area and assess any potential future role Baptcare might have in this.
- Collaborate with Partners in Recovery (PIR) organisations once they have been established.

7. Social Connectedness

Needs and Service Gaps
- Social isolation reported as a significant issue for people in all sectors in the community.

Potential Opportunities
- Community meals/kitchen – expand the existing café program currently offered by Baptcare and collaborate with other services such as the Child and Family Centre in East Devonport, Eastern Shore Community House and the Devonport City Council to provide regular meals to a broad cross section of the community;
- Expansion and/or review of day centre operations. Explore opportunities to cater for groups such as people with mental illness, palliative clients, indigenous clients, migrants and men;
- Collaborate with other day centres in the area for shared activities;
- Research opportunities for establishing a befriending service(s).

8. Community access for people with disabilities

Needs and Service Gaps
- People with disabilities face long waiting lists and limited options for community access.

Potential Opportunities
- Monitor the NDIS progress and explore opportunities for incorporating community access into Baptcare operations.

9. Cultural Diversity

Needs and Service Gaps
- The Indigenous community faces many unique challenges in accessing services based on historical trauma;
- There is a perceived lack of acknowledgement of the presence of an Indigenous population in the study area;
- Migrant specific services are limited in the study area.
Potential Opportunities
- Actively engage with the local Indigenous community to promote Baptcare Services;
- Actively engage with migrant communities to promote Baptcare services;
- Explore training opportunities for migrants at Orana and Karingal;
- Liaise with Department of Immigration and Citizenship regarding any future plans to settle refugees and asylum seekers in the study area.

10. Palliative Care
Needs and Service Gaps
- Palliative care services are limited in the study area with participants highlighting the need for a hospice.

Potential Opportunities
- Research the feasibility of establishing a hospice on the existing Baptcare Orana site or vacant land adjacent to Orana.

Issues Affecting Service Provision in the Study Area
Analysis of the interviews also showed that service providers reported a number of issues affecting service provision in the study area. These issues most commonly included;

- Fragmentation of services and difficulty navigating services;
- “Siloing” – there is a need for greater collaboration and partnerships;
- Recruiting and retaining suitably qualified staff to the study area is a challenge;
- Promoting Baptcare in the community – many were unaware of the diversity of services that Baptcare provides or how to access them.

1.9 Study Considerations
This research has provided an overview of needs across a broad range of sectors in the community. Further research and community consultation will need to be undertaken in order to determine the feasibility of the opportunities presented.

The research team have identified a number of issues and recommendations to consider when reviewing the findings and identifying future research options:

- It is recommended that the key issues and needs identified in this study be further refined and explored by Baptcare with further research and consultation;
- In order to further enhance the findings of this study an extensive service audit of the specific services available in the community is recommended;
- In order to further understand any significant changes in the demographic profile of the study area it is recommended that relevant 2011 Census data be used to update the demographic profile (available in late 2012);
- It is important to recognise that the study was done in a time of significant and ever-changing reform in the community services sector;
- It is recommended that Baptcare consult with the wider community and the people in the study area who use or who are likely to use the service in the future. The project team recommends the use of community participation research methodologies.
2. INTRODUCTION

The Baptcare Orana Future Options (2012) study is a joint collaboration between Baptcare, the University of Tasmania’s Department of Rural Health (UDRH) and the Institute for Regional Development (IRD). It is based on six months (March-August 2012) of intensive community engagement and research in the Devonport, Latrobe, Central Coast and Kentish municipalities. The research has enabled the identification of service gaps and community needs in these areas, which will inform future options and directions for Baptcare operations at Orana and Karingal in North West Tasmania.

2.1. Project Context

Baptcare Orana is a community centre located in East Devonport that currently provides a diverse range of respite and day care programs to clients with low care needs. The centre is a provider of a range of Commonwealth funded packages including Community Aged Care Packages (CACP) and Transition Care Packages (TCP). In addition Orana runs a Home and Community Care (HACC) Social Support program which includes the delivery of a Social Support Nutritional service, designed to promote healthy eating habits and social engagement for individuals aged 65 and above and those with a disability. The centre and associated programs/services are well established within the community and complement other Baptcare services within Devonport region; including the Baptcare Karingal Community retirement village and aged care facility and services offered through the Devonport Baptist Church, for socially and economically disadvantaged groups in Devonport.

Baptcare also owns a vacant block adjacent to the existing Baptcare Orana operation in East Devonport. The investigation of potential opportunities for development and use of the Baptcare Orana site and the future use of several small Independent Living Units or land occupied by these units located within the Baptcare Karingal community site also form the basis of this study.

The Baptcare Research and Analysis: Future Options (2012) study is a joint collaboration between Baptcare, the University of Tasmania’s Department of Rural Health (UDRH) and the Institute for Regional Development (IRD). It is based on six months of intensive community based engagement and research, and provides strong insight into the potential future directions for Baptcare and its operations in North West Tasmania.

This introductory section will outline the project context, key project aims and objectives, the project timelines, study location project partners and structure of the report.

2.2. Project Objectives

The key objective of this study is to identify community needs and service gaps across a range of sectors in the study area, and to identify potential options for Baptcare in the future.

The aims of this study are:

1. To undertake a demographic profile to gather information relating to population trends and community needs within the Devonport, Latrobe, Kentish, and Central Coast area;
2. To conduct a needs analysis through consultation with relevant service providers to identify service gaps and community needs across a broad spectrum of relevant support services;
3. To analyse gaps in service(s) and identify possible future opportunities for Baptcare to respond to identified community need and service provision gaps;
4. To situate the findings within the context of Baptcare’s strategic plan, and within the current political and economic context of health and community service delivery;

5. To propose ‘future options’ within a detailed report for potential service expansion and the development of the Baptcare Orana site and/or future use of existing independent living units within the Baptcare Karingal community facility.

2.3. Study Timelines
This study commenced in February 2012 and was finalised in September 2012. Appendix A details the key phases of the study, as well as timelines for the completion of key tasks and activities.

2.4. Study Location
The primary focus of this study has been the Baptcare facilities at Orana. It has also included a wider focus on the immediate and surrounding local government municipal areas of Devonport, Latrobe, Kentish and Central Coast. Figure 1 below shows the study and catchment area, including main population centres.

![Figure 1: Catchment area encompassing Local Government Areas of Devonport, Central Coast, Kentish and Latrobe, Northwest Tasmania – showing main population centres](image)
2.5. The Project Team

The study was led collaboratively by representatives from the University of Tasmania’s Department of Rural Health and Institute for Regional Development. Each member of the project team bought expertise and skills in a number of areas including project management, research methodology, applied research, demographic analysis as well as having a sound local understanding of the North West Tasmanian community.

2.5.1 The University Department of Rural Health (UDRH)

The UDRH is committed to improving the health and wellbeing of Tasmanians living in rural and regional areas. The Department is located predominantly in Launceston and Hobart and sits within the Faculty of Health Science of the University of Tasmania. It has a state-wide, multidisciplinary, inter-professional focus. With a strong community engagement focus the UDRH has a strong sense of, and commitment to, building research excellence in ways that lead to real improvements in the health of rural communities. Through its Community Health Development Program Area the UDRH works collaboratively towards the development of innovative service delivery models in rural health. In particular the UDRH has built a portfolio of successful health mapping and needs assessment work over the past 8 years.

2.5.2 The Institute for Regional Development (IRD)

The Institute for Regional Development (IRD) is located in Burnie on the Cradle Coast campus of the University of Tasmania. It was established in 2007 as an initiative of the Federal Government’s ‘Renewing the Region’ project. The IRD creates opportunities for the regional community to share expertise and know-how through research, education and enterprising projects. It works with business, industry, government and the community to identify areas where research and education can make a significant and positive difference. It taps into regional networks and expertise to develop courses that meet local needs and have practical outcomes. The IRD provides specific methodology in regional development research through a ‘Knowledge Partnering’ approach. This ensures that all stakeholders in projects are recognised and valued for their specific expertise and knowledge to produce maximum outputs and outcomes.

2.5.2 Baptcare

As the project proponent Baptcare has played a key role in supporting the project and the project team. Baptcare has provided support through project governance, access to Baptcare staff and relevant strategic and policy documents.

2.6 Report Structure

This report is divided into six key sections. These include (1) executive summary; (2) introduction to the study’s aims and objectives; (3) the study methodology; (4) key findings; (5) discussion and presentation of future options; and (6) conclusion.
3. STUDY METHODOLOGY

This section provides an overview of the key elements of the study’s methodology and how these were used to meet the aims and objectives of the study. An overview of the study’s governance, ethical requirements, key research methods and forms of information analysis will be discussed.

3.1 Project Governance

The study has been governed by the Project Management Team, consisting of Brad Cooper and Nita Bassett of Baptcare, Maree Gleeson and Karen Eyles of the IRD, Alison Wild (Project Officer), Stuart Auckland and Dr Jess Woodroffe of the UDRH.

The project team has met monthly from the beginning of the project and has been responsible for all elements of the project’s progression. This has included the development of a project plan, input into the development and implementation of research tools, media liaison, stakeholder communication, the organisation of community consultations and the management of ongoing project issues and priorities.

3.2 Ethical Research Requirements

As part of conditions of research developed by the University of Tasmania, the study received full ethics clearance from the University of Tasmania’s Human Research Ethics - Social Sciences Committee. This approval was needed before the project could commence and involved a number of protocols to be followed in the project. This included the identification of potential risks, the recruitment of participants, the provision of formal project information sheets, and the formal informed consent of all participants in the consultation process and the protection of participants’ identity where applicable.

3.3 Research Methods & Analysis

In order to achieve the study’s objectives and to develop a valid evidence base, a number of important decisions were made regarding the most appropriate methods to gather information. It was decided by the project team, that within the timelines the most appropriate methods would be; (1) an ‘environmental and political scan’ of the study area; (2) a comprehensive literature review of key policy and legislative documents; (3) an extensive demographic analysis based on a number of primary data sources; and (4) a series of interview based consultations with a variety of service providers in the project catchment area.

3.3.1 Environmental/Political Scan

An initial stage of the project was an ‘environmental and political scan’ which involved the identification of current issues that were impacting, or had the potential to impact on the context of Baptcare operations as well as the study itself. This process involved ‘a scan’ of key services and stakeholders in the study area. Once this was completed, the project officer completed an intensive series of informal consultations with these services and stakeholders to gather relevant information to the study. This process served not only to provide a relevant environmental and political context through which to understand Baptcare operations and the study objectives, but also assisted in identifying potential participants in the project interviews could be identified.
3.3.2 Literature and Policy Review

The study further involved a comprehensive and systematic review of over 30 key national, state and local level policy and strategic documents relevant to the project’s objectives (Appendix 2). These documents have enabled a greater understanding of the political, economic and social context of the delivery of services in Tasmania, including sectors such as local government, family and children’s services, disability services, advocacy, respite services, neurodegenerative health services, aged care, palliative care, mental health, migrant and indigenous and housing services. In addition, further literature was also examined to create a greater understanding of the project and its findings. Once the literature review was collated, it was divided and analysed by themes and issues most relevant to the project findings.

3.3.3 Demographic Profile

A key part of the project was the development of an extensive demographic analysis relating to the project catchment area (see Figure 1). A number of primary data sources have been utilised including:

- Department of Health and Human Services, Tasmania (DHHS), 2009 Service and Community Profiles for Tasmania, Central Coast, Devonport, Kentish, and Latrobe
- Department of Health and Human Services. Tasmania (DHHS), 2012 Your Health and Human Services Progress Chart, March 2012
- Department of Health and Ageing, Australia (DHA), 2009 2010 2011 Aged Care Services List – Tasmania
- General Practice Tasmania Limited, 2010 Census of Tasmanian General Practices
- Demographic Change Advisory Council, Tasmania (DCAC), 2008 Population projections
- Department of Immigration and Citizenship, 2011 Settlement Reporting Facility
- Australian Bureau of Statistics (ABS), 2006 SEIFA: Socio-Economic Indexes for Areas
- Australian Bureau of Statistics (ABS), 2011 National Regional Profile 2006-2010
- Tasmanian Home and Community Care Program Triennial Plan 2008-11
- Miranti, Hrding, Ngu, McNamara & Tanton, 2008, Children with Jobless Parents: National and Small Area Trends for Australia in the Past Decade, NATSEM
- The Land Information System of Tasmania (TheLIST), 2008, Tasmanian Government
- Access Economics P/L, 2007 Living with Parkinson’s: Challenges and Positive Steps for the Future, report for Parkinson’s Australia
- Access Economics P/L, 2009 Keeping dementia front of mind: Incidence and prevalence 2009-2050, report for Alzheimer’s Australia

These sources were analysed by category and a demographic profile of the study area was generated, including age and gender breakdown, household and family structure, employment and educational levels, migrant numbers, population ageing projections, access to transport, disability status, social aspects of disadvantage such as lone parent households, teenage parents, housing stress, public housing numbers, homelessness as well as indicators of socio-economic disadvantage and the use of community services and location of facilities.
3.3.4 Stakeholder and Service Provider Interviews

Semi-structured interviews were employed in the project as the key tool for gathering new data and evidence regarding service gaps and opportunities across the spectrum of relevant community services. The interview data complemented the collation of a wide range of secondary sources stemming from the demographic analysis and literature review.

In total, 23 interviews with 34 participants were conducted with a range of service providers over a five week period. In some cases, interviews were conducted with more than one participant from the same service. Participants were drawn from a diverse range of sectors within the study including local government, family and children’s services, disability services, advocacy, respite services, neurodegenerative health services, aged care, palliative care, mental health, migrant and indigenous and housing services (see Appendix 2).

In selecting and recruiting participants and sectors to be interviewed in the study, the project team (including Baptcare representatives) identified and prioritised a number of services and sectors to be interviewed that would best provide an evidence base to meet the project’s objectives. Appendix 3 provides an overview of the sectors and areas that interview participants were drawn from. Prior to the formal interviews, an informal consultation process took place whereby the Project Officer met with all participants to provide information about the project, and to orient herself with the variety of services in the study area. Additionally, the project officer was able to gather information and policy documents from participants that were relevant to the project and local service provision.

Interviews with service providers ranged between 30-60 minutes and involved a number of semi-structured questions developed and validated by the project team (see Appendix 4). As opposed to other methods such as surveys or questionnaires, semi-structured interviews were chosen as the most appropriate method for the study because they generate extensive and rich qualitative data while also permitting a degree of flexibility. All interviews were tape recorded, with informed consent from all participants. Interviews were later transcribed verbatim, coded and analysed iteratively for key themes and issues by two members of the project team.
4. FINDINGS

This section provides an overview and discussion of the findings and results from the literature and policy review, demographic analysis and stakeholder and service provider interviews. Each of these areas will be discussed in detail.

4.1 Key Issues from the Literature and Policy Review

The literature and policy review revealed a climate of considerable reform and change across most sectors in the community both at a national, state and local level. These changes have the potential to significantly affect the provision of health and community services in Tasmania, and also present potential new opportunities for Baptcare in terms of service expansion and development as well as opportunities for more intersectoral collaboration.

It is widely acknowledged that the community service organisation (CSO) sector is being increasingly relied upon to provide services in the community due to both the expertise that exists within this sector, and also because of increasing pressure on state and local government budgets. In recent years, partnership arrangements have been developed between state governments and the CSO sector to share service delivery responsibility.

The following is an overview by sector of key reforms that are most relevant to this project and its objectives.

4.1.1 Key Political Reforms and Issues Relevant to the Project

National Health Reform

National Health Reforms are currently being implemented across the country to deliver a nationally unified and regionally managed health system. The reforms will see a change in the way that public hospital services are funded and will see the Commonwealth increase its funding for state health services. For Tasmania, these reforms will see the establishment of three Tasmanian Health Organisations (THOs), which will be regional independent organisations that will manage public hospitals services and the funding to provide these services. A strong focus of the reforms is to reorientate health services to a primary health care focus. To support this Medicare Locals have been established across the state to coordinate primary health services and address local health needs and service gaps.

Another key aspect of the reforms relevant to the study is the changes to aged care services with the Commonwealth Government taking full funding and policy responsibility for aged care services including a transfer to the Commonwealth Government of current resourcing for the Home and Community Care (HACC) Program.

Aged Care Reform

In April 2012, the Australian Government released a 10 year plan (Living Longer Living Better) to reform aged care services across the country. Key features of this reform package include: increases and expansion of support programs to enable people to stay at home, assistance for carers to access respite and support, improvements to residential aged care, building a stronger aged care workforce, more support for carers and research into aged care, more coordinated care, resources to address the dementia epidemic, support for older people from diverse cultural backgrounds and improvements in regulation and accountability of services.
Disability Reform

The recent announcement of the first ever National Disability Insurance Scheme (NDIS) will see significant changes to the way services are provided to people with disabilities. Whilst the exact details of this scheme are being determined this is an important time for organisations such as Baptcare to review the way they provide services to people with disabilities and to be ready to respond to opportunities when they present.

A further consideration was the launch in September 2011 of the Australian Government’s Supported Accommodation Innovation Fund which was created to develop accommodation and respite options for people with disabilities.

A 2007 review into disability services in Tasmania indicated an urgent need for reform. Significant changes have since been made to the delivery of disability services in Tasmania in order to develop a holistic system that meets individual needs and is in line with current thinking around disability. The Operational Framework for Disability Services guides these services and is underpinned by stronger partnerships with people with disabilities, their families and carers and the non-government sector.

Child and Family Reform

In 2007, along with reforms in the disability sector a comprehensive review was undertaken of the Tasmanian Child and Family Service Sector. This review also indicated considerable need for reform. Many of the changes deemed necessary were very similar to those identified within the disability sector; therefore an integrated approach was taken to implement these reforms. Some key features of the reforms include state-wide governance arrangements, regional advisory groups, and the establishment of a Gateway service – a clear single entry point to these sectors, joint planning, a central assessment point, shared quality assurance systems and reform implementation support structures.

Baptcare currently receive funds from the Tasmanian Department of Health and Human Services to operate the Gateway Service in the North and South West of the State, whilst Mission Australia receives funding to operate the service in the North West and South East of the state.

National and State Housing Reform

Both nationally and within Tasmania, housing reforms have identified homelessness as a priority. As a result, governments have developed a range of policies and programs to increase the supply of affordable housing, increase specialist support services to those at risk of homelessness and increase involvement of mainstream services in the prevention and response to homelessness. National agreements such as the National Affordable Housing Agreement, the National Partnership Agreement on Social Housing, the National Partnership Agreement on Remote Indigenous Housing and the Nation Building-Economic Stimulus Plan all identify multi-pronged approaches to improving access to affordable housing including increasing the supply of affordable housing.

Across 2012/2013, Tasmania will see a significant portion of public housing be transferred to the CSO sector to manage. This will be a significant shift in the way social housing operates in Tasmania.

Mental Health Reform

In May 2011, the Australian Government announced $2.2 billion would be invested in national mental health reform. This reform will focus on better care for people with severe and debilitating mental illness through the Partners in Recovery Program, increased primary mental health services, a focus on early intervention and prevention for children and young people, increasing opportunities for economic and social participation for people with mental illness as well as improving quality, accountability and innovation in mental health services. However, full details of these reforms are yet to be revealed.
Social Inclusion

Social inclusion is a term that is frequently used in government policy and service delivery as a way to understand disadvantage. Whilst a number of definitions have been used to understand social inclusion, this report will draw on the definition used by Baptcare in their 2010 position paper on social inclusion entitled ‘Social Inclusion, Social Exclusion, Disadvantage’:

“Social inclusion describes a series of positive actions to achieve equality of access to goods and services, to assist all individuals to participate in community and society, to encourage the contribution of all persons to social and cultural life and to be aware of and to challenge all forms of discrimination. Social inclusion by its very nature provides those who are marginalised and disadvantaged with the opportunity for greater participation in decision-making that affects their lives” (2010: 4).

The Australian Social Inclusion Board (2009) comprehensively acknowledges the indicators of social exclusion to inform its work. These indicators include poverty and low income, lack of access to the job market, limited social supports and networks, the effect of local neighbourhood and exclusion from services.

The Australian Social Inclusion Board states that people most at risk of social exclusion are those who experience multiple and complex problems. People experiencing multiple disadvantages often have increased levels of depression and other mental health issues, higher levels of domestic violence and other criminal and antisocial behaviour, lower education and employment, inadequate income that results in diminished access to affordable and appropriate housing and transport, and increased geographic and/or social isolation. Individuals, families and communities that experience multiple disadvantages often live in areas where it is difficult to access transport, services and goods.

National and Local Approaches to Social Inclusion

The Commonwealth Government’s Social Inclusion agenda A Stronger, Fairer Australia (2009) takes a whole-of-government approach to providing Australians with opportunities to participate in their local community and Australian society. The Strategy identifies six priority areas which include addressing the incidence of jobless families with children; delivering effective support to children at greatest risk of long term disadvantage; focusing on particular locations, neighborhoods and communities to ensure programs and services are getting to the right places; addressing the incidence of homelessness; employment for people living with a disability or mental illness; and closing the gap for Indigenous Australians.

In Tasmania, the state government established the Social Inclusion Unit to drive Tasmania’s response to issues of social inclusion in 2008. A Social Inclusion Strategy for Tasmania was released in September 2009. This document outlines ten strategies for progressing Tasmania towards a state that enables a “fair go” for everyone. For many Tasmanians the indicators of social exclusion are significant with Tasmania experiencing a higher proportion of households dependent on government pensions and allowances than any other state of territory, relatively lower skills and educational engagement and poorer health status than the rest of the country.

However despite these obvious disadvantages Adams (2009) claims there are many positives. Tasmania has a history of strong networks and has over 5000 community groups and a volunteer participation rate higher than the national average. The percentage of people participating in cultural events has increased and the number of multicultural events in Tasmania doubled between 2000 and 2007. Migrants are well established in Tasmania and continue to be welcomed and the Tasmanian Aboriginal community is strong and well-connected.
4.2 Main Findings from the Demographic Analysis

This section provides the main findings of an extensive demographic profile and analysis developed for the study area. Current and future population characteristics are reviewed and many aspects of disadvantage in the community are examined in order to provide a broad snapshot of potential needs, and target populations for potential future services within the catchment area.

4.2.1 Sources Used

This study draws on a comprehensive number of primary data sources to inform its analysis. Data sources utilised in these analyses include:

- Department of Health and Human Services, Tasmania (DHHS), 2009 Service and Community Profiles for Tasmania, Central Coast, Devonport, Kentish, and Latrobe²
- Department of Health and Human Services. Tasmania (DHHS), 2012 Your Health and Human Services Progress Chart, March 2012³
- Department of Health and Ageing, Australia (DHA), 2009 2010 2011 Aged Care Services List – Tasmania⁴
- General Practice Tasmania Limited, 2010 Census of Tasmanian General Practices⁵
- Demographic Change Advisory Council, Tasmania (DCAC), 2008 Population projections⁶
- Department of Immigration and Citizenship, 2011 Settlement Reporting Facility⁷
- Australian Bureau of Statistics (ABS), 2006 SEIFA: Socio-Economic Indexes for Areas⁸
- Australian Bureau of Statistics (ABS), 2011 National Regional Profile 2006-2010⁹
- Tasmanian Home and Community Care Program Triennial Plan 2008-11¹⁰
- Miranti, Hrding, Ngu, McNamara & Tanton, 2008, Children with Jobless Parents: National and Small Area Trends for Australia in the Past Decade, NATSEM¹¹
- The Land Information System of Tasmania (TheLIST), 2008, Tasmanian Government¹²
- Access Economics P/L, 2007 Living with Parkinson’s: Challenges and Positive Steps for the Future, report for Parkinson’s Australia¹³
- Australian Bureau of Statistics (ABS), 2008 National Survey of Mental Health and Wellbeing: Summary of Results, 2007¹⁷

Australian Bureau of Statistics (ABS) Census of Population and Housing data used in this report is primarily for 2006. The first release of 2011 Census data became available in June 2012 but the variables available were limited. Where possible this updated data is included in the analyses in this section. For the majority of analyses, 2006 Census data was the most recent available. Further releases of 2011 data are not scheduled until after the completion of this project. It is recommended that an update of analyses is performed following the release of 2011 Census data.

The Australian Bureau of Statistics when releasing Census statistics randomises cell values of three or less to protect confidentiality. These cells are randomly assigned the values 0 or 3. Mapping in this chapter acknowledges this by treating all these very low cell values as nil.
4.2.2 The Study Area

The catchment area for this study comprises the Local Government Areas of Central Coast, Devonport, Kentish and Latrobe in northwest Tasmania as these are the municipalities from which people are most likely to access services in the Devonport area (see Figure 1). This is not to say however that services exclude people from other areas. The study area includes the population centres of Devonport, Ulverstone, Penguin, Latrobe, Port Sorell, Sheffield and Railton. To distinguish between the Local Government Area of Devonport and the city of Devonport, these will be referred to as Devonport LGA and Devonport city respectively throughout this section. Similarly Latrobe will be referred to as Latrobe LGA or Latrobe township to distinguish the population centre from the Local Government Area.

The Demographic Profile commences with a summary profile of the population of the catchment area providing contextual information about population size and growth or decline; trends in age structure of the population; and family and household composition. Disadvantaged groups within the population that may require additional support are then enumerated and explored through analysis of available data from various sources. Aspects of disadvantage included are:

- Aged and disabled persons, including those with neurodegenerative disorders; and their carers;
- Families of sole parents, teenage parents, and grandparents raising grandchildren; and jobless families;
- Housing issues including housing stress; public housing; and homelessness;
- Indigenous status;
- Recent migrants and residents with poor English language skills;
- Economic disadvantage;
- Unemployment;
- Low education and qualification levels;
- Mental health clients; and
- Lack of transport.

Each aspect of disadvantage is analysed in terms of current levels in the catchment area and comparisons with Tasmania as a whole; and recent trends and/or future projections in levels where appropriate data are available; as well as distribution within the catchment area. Locations of community facilities and usage of services are also included where data are available.

4.2.3 Demographic overview

The population of the catchment area in 2011 was 60,087 persons, an increase of 4.1% since 2006. Devonport LGA and Central Coast have much larger populations than Kentish and Latrobe LGA, but they are growing much more slowly. The majority of the population lives in the main population centres on the coast, as well as the hinterlands around Devonport extending to Sheffield and Port Sorell (see Figure 2).
Between 2001 and 2011, there were increasing numbers in all age groups of 45 years and over and declining numbers in age groups below 45 years, contributing to the ageing of the population (Figure 3). However, numbers aged 0-4 years increased between 2006 and 2011. There was a large and growing number of people living alone in the catchment area, with one-quarter of all households in 2006 being lone person households.

The population in the catchment area is projected to grow to 66,757 persons in 2032.
4.2.4 An Ageing Population

The proportion of the population in the catchment area aged 65 years and over in 2011 was 17.5%, which was higher than the 15.7% of the Tasmanian population. In the study area 10,507 residents were aged 65 years or more in 2011. The proportion and number aged 65 years and over increased in the catchment area between 1996 and 2011, with the number of aged residents increasing by more than 41%.

Structural ageing and numerical ageing in the catchment area were occurring at a slower pace in 2006-2011 than 2001-2006. Kentish and Latrobe LGA had the most striking increase in the rate of numerical ageing, with the number of aged in each of these LGAs increasing by an average of 6% per year 2006-2011.

The aged population is distributed throughout the catchment area, with greatest concentrations in and around population centres (see Figure 4). Spatial distribution has changed over time with an increasing share of the study area’s aged population living in Latrobe LGA and Kentish, and decreasing share in Devonport LGA and Central Coast than was the case previously.

Breaking down the aged population by age group shows that numbers in each age group of 65-74 years, 75-84 years, and 85 years and over have increased between 1996 and 2011 in the catchment area and each LGA.
The number of persons aged 65 years and over in the catchment area is projected to more than double in 25 years, from 9,331 in 2006 to 19,185 in 2031. The number of residents aged 85 years and over is also projected to double over twenty years, from 1,503 in 2011 to 3,015 in 2031 (see Figure 5). The projected substantial increase in the number of residents aged over 85 years has significant implications for the magnitude of increasing need for care and services into the future.

The aged population in Central Coast is projected to exceed that of Devonport by 2022. The geographic distribution of the aged population into the future may be influenced by availability of appropriate housing options and accessibility of residential care and aged services within the catchment area, and in the wider region.

In the catchment area there were only 595 persons aged 65 years and over receiving more than $600 gross weekly income in 2006, with the great majority receiving less than $400.
4.2.5 Disability

The 2006 ABS Census of Population and Housing included a number of questions that enabled the measurement of the variable ‘Core Activity Need for Assistance’. This variable was developed in order to measure the number of people with a severe or profound disability, defined as “those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age” (Australian Bureau of Statistics 2006).

In the catchment area, 5.5% of the population, or 3,088 people, indicated that they needed assistance with core activities. The highest proportion of severe or profound disability was in the Devonport Local Government Area with 6.2%, equating to 1,418 people. The distribution of persons requiring assistance with core activities was concentrated in the main population centres, with the largest number residing in the population centres of Devonport city and Ulverstone and only a small number widely dispersed throughout the study area (see Figure 6).
Just over half of those in the study area with a severe disability in 2006 were aged 65 years or over. However, almost half were aged less than 65 years, with 29% of those requiring assistance being aged between 45 and 64 years (see Figure 7). The 45-64 year age group constituted a significant proportion of those requiring assistance with core activities in all local government areas, particularly Kentish (37%) and Central Coast (30%). However, it was Devonport LGA which had the greatest number of those requiring assistance aged 45-64 years (370 persons).
All age groups of persons requiring assistance with core activities were concentrated in the population centres, particularly the larger centres of Devonport city and Ulverstone. However, the 25-64 year age group was more dispersed throughout the study area, than those aged less than 25 years or 65 years and over.

The majority of severely disabled persons in the catchment area were on low incomes. Almost 87% had a gross weekly income of less than $400, and over half had an income of less than $250 per week. A total of 133 Indigenous persons required assistance with core activities, with 61 of these residing in Devonport LGA.

In 2006, there were 573 people, or 18.5% of people requiring assistance with core activities who lived alone. There were 157 severely disabled residents who lived alone aged under 65 years; and 416 aged 65 years or over.

In the catchment area, 41 persons were counted in the Census as residing in hostels for the disabled; 92 in accommodation for the retired or aged (not self-contained); and 508 in nursing homes.

Over 94% of nursing home residents in the catchment area in 2006 were aged over 65 years, but there were 29 residents aged less than 65 years. All 91 persons counted at accommodation for the retired or aged were aged 65 years and over; whereas all 44 persons counted at hostels for the disabled were aged less than 65 years.

4.2.6 Neurodegenerative disorders

Neurodegenerative disorders are incurable, debilitating and progressive resulting in increasing impairment of physical movement or mental functioning. This means that the need for care and support services increases over the course of the disorder. Prevalence of neurodegenerative disorders tends to increase with age.

In this profile, cases of four neurodegenerative disorders are estimated for the study area and LGAs. The disorders are Parkinson’s disease, dementia, multiple sclerosis, and Huntington’s disease. Cases are estimated by applying age-specific prevalence rates from research studies for each disorder to the age structure of the population in the study area.

There were an estimated 1,080 cases of four specific neurodegenerative disorders in the study area in 2006. The most prevalent disorders were dementia (73.8% of estimated cases) followed by Parkinson’s disease (18.3%), multiple sclerosis (7.1%) and Huntington’s disease (0.6%). Estimated cases for the study area are shown in Figure 8 below.
In the next 25 years, the number of cases of dementia in the catchment area is projected to more than double (from 797 in 2006 to 1,610 in 2031) as represented in Figure 9 below. Cases of Parkinson’s disease are also projected to increase substantially, by 87.4% (from 198 in 2006 to 371 in 2031). Increases in the number of cases of multiple sclerosis and Huntington’s disease are projected to be relatively minimal by comparison. Of the 1,080 estimated cases in 2006, 12.3% or 133 were aged under 65. Those persons experiencing a neurodegenerative disorder and aged 64 years or less included an estimated 33 cases of Parkinson’s disease, 43 cases of dementia, and 57 cases of multiple sclerosis.

4.2.7 Carers

The ABS 2006 Census of Population and Housing included a variable to record “the number of people who spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term illness or problems related to old age” (Australian Bureau of Statistics 2006). This includes recipients of Carer Allowance and Carer Payment from the Australian Government, but does not include work done through a voluntary organisation or group. In this
section, ‘carers’ refers to those who indicated that they provided unpaid assistance to aged or disabled in response to the ABS Census question.

In the catchment area, 5,076 persons provided unpaid assistance to the aged or disabled. The great majority of carers resided in the major population centres, but there were also many carers distributed throughout rural areas of the catchment.

Although Devonport had the greatest number of unpaid carers in the catchment area, it had the lowest ratio of carers to persons requiring assistance (Figure 10). This may be influenced by greater accessibility to services and paid care in the Devonport Local Government Area.

In 2006, 823 carers, or 16% of unpaid carers in the catchment area were aged 65 years or over (Figure 11). There were 42 unpaid carers in 2006 aged 85 years or over, but these accounted for less than 1% of carers in the catchment area.
4.2.8 Families

Families may be disadvantaged by limited access to economic and social resources and may require access to additional support services. These families may include lone parents, teen parents, jobless families, and grandparents raising grandchildren.

In 2006, there were 2,581 one parent families in the catchment area. Of these one parent families, 1,591 included children less than 15 years of age. There were 2,463 children aged under 15 years in the catchment area living in one-parent families.

The majority of one parent families in the catchment area with children under 15 lived in the population centres of Devonport, Ulverstone, Latrobe, Penguin, Railton, Sheffield, and Port Sorell with the greatest number residing in East Devonport and West Ulverstone (See Figure 12).

In the catchment area, 180 lone parents were aged 15-24 years. In 2006, there were 74 young women aged 15-19 years who had had children in the catchment area. The number of teenage mothers was small, but they were clustered in specific locations such as on the outskirts of population centres and some more rural locations. Of these teenage mothers, 26 were lone parent households.

An estimated 70 children under 15 years in the catchment area were living with grandparent/s at the time of the Census in 2006.

Figure 12 One parent families with children under 15 years, collection districts, 2006
Data source: ABS Census of Population and Housing 2006
In 2006, there were 2,398 children aged 0-15 years in the study area living in jobless families, equating to 19% of all children aged 0-15 years (Figure 13). A jobless family is a family where no resident parent is employed; and may be unemployed or not in the labour force.

![Figure 13: Children 0-15 years a) living in jobless families; b) living in one parent families; c) living with grandparents, study area, 2006. Data source: ABS Census of Population and Housing 2006.]

4.2.9 Housing

Access to available affordable housing is of primary importance to individuals and families. Aspects of the availability and affordability of housing in the catchment area including prevalence of households experiencing housing stress, and levels of public housing occupancy and homelessness are detailed in this section.

Housing stress refers to the financial stress experienced when the cost to a household of providing housing, in terms of mortgage repayment or rent, exceeds 30% of household income. A total of 1,874 households in the catchment area were experiencing housing stress in 2006. Devonport had the most households experiencing housing stress with 775 households (Figure 14).

![Figure 14: Number of households experiencing housing stress, local government areas, 2006. Housing stress = repayment or rent > 30% of household income.]

In 2007 there were 1,702 public housing properties in the catchment area, housing 3,545 tenants. Almost two-thirds of the catchment area’s public housing properties and tenants were located in Devonport Local Government Area (Figure 15). Occupancy of public housing is limited by the level of provision of public housing, which differs between areas. At the end of 2011 there were 2,801 applicants on the public housing waiting list state-wide, with 519 applicants being housed in the previous six months.

According to the model developed by Chamberlain and Mackenzie (1992), those experiencing primary homelessness are those without conventional accommodation. In the catchment area on Census night 2006, 41 people were counted as experiencing primary homelessness – recorded as at home in improvised homes, tents, and sleepers out. Two-thirds of these were recorded in Central Coast or Kentish Local Government Areas.

There were no persons recorded as sleeping in improvised shelters in the 15-24 or over 65 year age groups (Figure 16). The fact that no 15-24 year olds were recorded as sleeping rough may be that they were not evident to Census collectors, finding less obvious places to shelter; or due to a greater propensity to ‘couch-surf’ in this age group staying temporarily with friends or family; rather than that there were no homeless persons in this age group. There were 12 children aged under 15, sleeping in improvised shelters on Census night.
Those experiencing secondary homelessness include those who move between forms of temporary accommodation such as friends or relatives, emergency accommodation, refuges and hostels. Eight people in the study area were recorded as sleeping in a hostel for the homeless, night shelter or refuge on Census Night 2006, all in the Devonport Local Government Area. All were aged 15-44 years. It is not possible to quantify those secondary homeless persons who were staying temporarily with friends or relatives in the catchment area, as the category ‘no usual address’ is only available at state level.

4.2.10 Indigenous status

Most Indigenous Australians “live constructive and rewarding lives, contributing to their families and wider communities” (Steering Committee for the Review of Government Service Provision 2007). However, many Indigenous Australians experience disadvantage arising from historical, social and economic causes that limits their opportunities and choices. Despite improvements in some areas, for many indicators of disadvantage wide gaps remain in outcomes between Indigenous and non-Indigenous Australians (Steering Committee for the Review of Government Service Provision 2007).

There were 2,771 Indigenous Australians living in the catchment area, with more than three-quarters of them residing in Central Coast or Devonport local government areas.

The life expectancy of Indigenous Australians is estimated to be 17 years lower than that for the Australian population as a whole (Steering Committee for the Review of Government Service Provision 2007). The 2006 age profile of the Indigenous communities in the catchment area reveals a relatively young age structure (Figure 17). There were a large number of Indigenous children under 15 but no reported Indigenous Australians aged 85 years or over. There were 113 Indigenous Australians aged 65 years and over living in the catchment area.

Age-related health problems tend to become an issue for Indigenous Australians from the mid-40s age group onward. In 2006 there were 599 aged 45 years and over in the catchment area.

A total of 133 Indigenous persons required assistance with core activities, with 61 of these residing in Devonport Local Government Area. Indigenous Australians were more likely to be providing
unpaid care than non-Indigenous Australians. The number of Indigenous unpaid carers in the catchment area was 240 in 2006.

### 4.2.11 Migrants

There were 414 people residing in the catchment area in 2006 that had arrived from overseas in the previous five years. Almost one-third (131) were born in North-West Europe; with another 55 born in Southern and Central Asia; 54 born in sub-Saharan Africa; and 51 born in Oceania and Antarctica.

The population centres of Devonport, Ulverstone and Port Sorell, as well as into the hinterlands of Ulverstone and from Devonport through to Sheffield and beyond were the most common areas for settlement of these recent migrants (Figure 18).

![Overseas migrants 2001-2006, by collection district of residence 2006](image)

Data source: ABS Census of Population and Housing

Total new migrants settling in the catchment area in 2011 numbered 63. Of these, 34 were in the family migration stream and 29 in the skilled migration stream. The great majority of migrants in the skilled stream were born in the Philippines; and the majority of migrants in the family stream were born in Sri Lanka or India.
Recent migrants to the catchment area and residents with limited English-language skills may require additional support or specific services, particularly if also disadvantaged by age or disability.

Members of the community with little or no English-language speaking skills may lack knowledge of services or experience difficulties in accessing them. In 2006, 118 residents of the catchment area indicated that their proficiency in English-language speaking skills was limited. The majority of those with poor or absent English speaking skills resided in Devonport Local Government Area (Figure 19).

Over a third of those with a low level of proficiency in spoken English were children aged under 15. An additional 18.7%, or 23 people, with a low level of proficiency were aged 65 years and over (Figure 19). This may present issues for awareness and accessibility of aged services and support for these people, and have implications for the provision of such services.

![Figure 19: Low level of proficiency in spoken English, local government areas, 2006 (persons who speak another language at home)](Data source: ABS Census of Population and Housing 2006)

4.2.12 Socio-economic disadvantage

SEIFA is a suite of four indices that each summarise a different aspect of socioeconomic conditions by geographic area. Each index is derived from 2006 Census variables. It should be noted that SEIFA scores for a large area, such as a local government area, present an average of socioeconomic conditions, and therefore mask diversity within that area.

The populations of Devonport Local Government Area and Kentish were in the bottom 30% of all Australian Local Government Areas in terms of SEIFA national indices of Relative Socio-economic Disadvantage and Relative Socio-Economic Advantage and Disadvantage.

None of the local government areas in the catchment area scored highly on the SEIFA Index of Education and Occupation indicating a low level of education and skills relative to other local government areas in Australia. Areas with the greatest disadvantage, least access to economic resources and lowest levels of education and skills were in Devonport City, Ulverstone, Latrobe, Railton and Sheffield (Figure 20).

Individual income distribution in the study area was skewed towards the lower end with $150-$249 the most commonly reported gross weekly income range in 2006. Over half of the catchment area’s population aged 15 and over had a weekly income of less than $400.
The age pension was the major government support payment received in all four local government areas, followed by disability support pension and Newstart allowance. Between 2006 and 2010 there was a substantial increase of 77% in the number of people in the catchment area receiving carer’s payment, and lesser increases in those receiving age pension, disability support pension, and Newstart allowance. Over the same time period, the number of people receiving single parenting payment and youth allowance declined, perhaps due to changes made to eligibility for these payments. The greatest rates of increase in payments were in Latrobe local government area and Kentish.

![Figure 20: Census collection districts in the lowest decile nationally for all four SEIFA indices in 2006, and amongst the most socioeconomically disadvantaged; with low access to economic resources and with a low education and occupation level.](image)

4.2.13 Unemployment

At the time of the Census in 2006, the proportion of the labour force in the catchment area looking for full or part-time work was higher than for Tasmania as a whole.

The highest rate of unemployment was in Kentish and the lowest in Latrobe Local Government Area. The majority of unemployed people were aged 25-44 years. There were 475 persons seeking full-time work aged 15 to 24, comprising almost one third of the unemployed.

Almost half of the 475 young unemployed people in the catchment area lived in Devonport local government area. Young unemployed people were concentrated in East Devonport as well as rural areas around Railton and Sheffield and inland of Penguin (Figure 21).
4.2.14 Limited education and qualifications

Young people with no post-school qualification, not currently studying, and with an education level of Year 10 or below made up a greater proportion of 15-24 year olds in the study area (15.9%), than for Tasmania as a whole (12.0%).

There were 156 residents of the study area aged 15-24 in 2006 who had no post-school qualification, were not currently studying, and had not attained a minimum of Year 10 education (Figure 22).

Figure 21: Unemployed young people, looking for full-time work, 15-24 years, collection districts, 2006
Data source: ABS Census of Population and Housing 2006

Figure 22: Number of 15-24 year olds with no post-school qualifications, have not attained Year 10 education, and not currently studying, Local Government Areas, 2006
Data source: ABS Census of Population and Housing 2006
47 of these young people in the catchment area were employed either full or part-time at the time of the 2006 Census, and another 30 were unemployed and looking for work (Figure 23). A further 77 were not in the labour force at the time of the Census, with 16 of these being disabled and requiring assistance with core activities.

Figure 23 Labour force status of 15-24 year olds with no post-school qualifications, have not attained Year 10 education, and not currently studying, study area, 2006
Data source: ABS Census if Population and Housing 2006

4.2.15 Mental Health
A mental illness is “a clinically diagnosable disorder that significantly interferes with an individual’s cognitive, emotional or social abilities” (Australian Health Ministers 2009). The ABS conducted a National Survey of Mental Health and Wellbeing in 2007 with a representative sample of 16-85 year olds living in private dwellings across Australia to collect information on three major groups of mental disorders: Anxiety disorders; Affective disorders; and Substance Use disorders (Australian Bureau of Statistics 2008).17

Applying national prevalence rates by age and sex to the population of the study area, suggests an estimated 8,565 residents of the catchment area aged 16-85 years experience a mental disorder in a 12 month period. If those experiencing a disorder of drug or alcohol use only are excluded, an estimated 7,409 residents experience a 12 month mental disorder that is not related to substance use.

An age profile of mental health disorders using the national prevalence rates applied to the age-sex structure of the population of the study area is provided in Figure 24. People in the younger age groups experienced higher rates of disorder and a greater proportion with only a substance use disorder of harmful use and/or dependence on alcohol and/or drugs.
Figure 24: Estimated cases by age group of all 12 month mental disorders; and 12 month mental disorders excluding those with substance use disorder only, study area, 2006


“Comorbidity is the co-occurrence of more than one disease and/or disorder in an individual. Mental disorders may co-occur for a variety of reasons, and Substance Use disorders frequently co-occur. A person with co-occurring diseases or disorders is likely to experience more severe and chronic medical, social and emotional problems than if they had a single disease or disorder.” (Australian Bureau of Statistics 2008)\(^7\).

There were an estimated 2,321 residents in the study area aged 16-85 with a single 12 month mental disorder; 1,456 residents with co-occurring mental disorders; and an additional 5,325 residents with co-morbidity of a 12 month mental disorder and a physical condition. In 2006-07 there were 932 active mental health clients in the catchment area. More than half of these resided in Devonport Local Government Area (Figure 25). Active mental health clients comprised 1.2% of the Tasmanian population and 1.5% of the population in the catchment area in 2006-07.

In the Devonport Local Government Area, 2.0% of the population were active mental health clients, which was the highest of the local government areas in the study. The lowest proportions were in Kentish and Latrobe LGA. Access to available mental health services has a major influence on the number of active mental health clients.

Figure 25: Active Mental Health Services clients, local government areas, 2006-07

Data source: DHHS Service and Community Profiles 2009
4.2.16 Lack of transport

Available services may not be readily accessible by those with limited transport options. Although there is some public transport between population centres along the coast, in other areas in the catchment there is little to none. If households do not own a motor vehicle this is a major limitation in their ability to access services.

The proportion of households in the catchment area in 2006 without a motor vehicle was lower than the proportion for Tasmania at 7.5% of households.

The highest proportion was in Devonport Local Government Area with 9.9% of households without a motor vehicle, and the lowest proportions were in Kentish and Latrobe Local Government Areas.

The highest numbers of households without a motor vehicle by collection district were in the major population centres of Devonport and Ulverstone, as well as in the hinterlands of Penguin, Sheffield and Railton (Figure 26).
4.2.17 Services and community facilities

Community facilities are primarily located in main population centres in the catchment area.

Charity and welfare agencies are located in the main population centres of Devonport city, Ulverstone, Latrobe township and Penguin but predominantly in Devonport. Hospitals and health and human services were limited in the catchment area, with the Mersey Community Hospital located in Latrobe township, and health and human services confined to three services in Devonport city and Ulverstone.

Community health centres were located in Devonport city and Ulverstone, with family and child health centres located in Devonport city, East Devonport, Ulverstone, Latrobe township and Sheffield. Nursing and aged homes were all located in population centres with four in Devonport city, three in Ulverstone, and one each in Penguin, Latrobe township, Port Sorell and Sheffield (Figure 27).

Figure 27: Location of nursing and aged homes in the catchment area, 2008
Data source: TheLIST, State of Tasmania

Access to medical services in terms of the number of full-time equivalent (FTE) GPs per 100,000 population was higher in the catchment area in 2010 than for Tasmania as a whole. The GP per population ratio was highest in Latrobe Local Government Area and lowest in Kentish. The number of GPs per 100,000 population increased between 2007 and 2010 in the catchment area and three of the four local government areas (Figure 28).
4.2.18 Aged and Residential Care Services

Federal Government funded aged care programs include Residential High and Low Care; Transition Care to assist aged people returning to their home after a hospital stay; Community Aged Care Packages (CACP); the Extended Aged Care in the Home (EACH) Program and the associated EACH Dementia program.

The number of government funded aged care places in the catchment area as well as the number of these provided by Baptcare increased between 2009 and 2011, except for residential low care places which remained the same (Figure 29).
The greatest number of community care places (including CACP, EACH, and EACH Dementia) and residential high care places, and all the transition care places were located in Central Coast Local Government Area (Figure 30). The greatest number of residential low care places was located in Devonport Local Government Area. Lower numbers were provided in Latrobe LGA and Kentish.

![Figure 30: Number of government funded places, local government areas, 2011](Data source: Department of Health and Ageing, Australia (DHA), Aged Care Services List – Tasmania)

The number of Australian government funded community care places in the study area in 2011 was 158 (up from 132 in 2009), with 13 (up from 4 in 2009) provided by Baptcare. Community care places include Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), and Extended Aged Care at Home Dementia (EACH Dementia). All the community care places in 2011 in Central Coast (61), Kentish (7) and Latrobe LGA (36) were CACP packages. In Devonport LGA, there were 41 CACP packages, as well as six EACH and seven EACH Dementia packages. Devonport was the only Local Government Area with funded places under the Extended Aged Care at Home (EACH) program. There was a total of 145 Community Aged Care Packages (CACP) funded across the catchment area in 2011 (Figure 31).

![Figure 31 Community aged care packages funded in the catchment area, 2011](Data source: Department of Health and Ageing, Australia (DHA), Aged Care Services List – Tasmania)

Comparing the number of residential aged care places to potential demand, there were less places per 1,000 population aged 75 years and over in the catchment area than in Tasmania as a whole.
Levels of provision per potential demand were lowest in Devonport and Central Coast Local Government Areas. Although there were lower numbers of aged care residential places in Latrobe LGA and Kentish, the levels of provision per potential demand were higher in these local government areas.

The number of Aged Care Assessment Places (ACAP) is “the number of complete assessments where the Aged Care Assessment Team is able to decide on the contents of the long-term care plan for the client and appropriate supports to put in place for the client. The target population is Indigenous people aged 50 to 69 years and all people aged 70 years or over.” (Department of Health and Human Services (DHHS) 2009). There were 691 Aged Care Assessment Placement (ACAP) assessments conducted in the catchment area in 2006-07 comprising 9% of the target population of 7,663. More than half of these ACAP assessments were in Devonport Local Government Area (Figure 32). Although the number of ACAP assessments may appear small given the size of the target population, the target population includes those who have received ACAP assessments in previous years.

![Figure 32: Aged Care Assessment Placement (ACAP) assessments, local government areas, 2006-07](image)

The Home and Community Care (HACC) target population is defined as “people living in the community who, in the absence of basic maintenance and support services, are at risk of premature or inappropriate admission to long term residential care, including older and frail people with moderate, severe or profound disabilities, and younger people with moderate, severe or profound disabilities” (Department of Health and Ageing (DHA) 2010). HACC services are provided on the basis of eligibility, assessed needs, and prioritisation of resource allocation. Clients receiving HACC services in the study area comprised almost two-thirds of the target population in 2006-07 which was higher than the proportion of Tasmania’s target population. For local government areas, Devonport LGA recorded the highest level of HACC services per target population for almost every service (Figure 33). Highest rates were in the more urban areas, and lowest in the more rural areas of the catchment area. HACC service intensity in the study area in 2006-07 was 28 units of services received per client.
Figure 33: HACC services per 1,000 HACC target population, 2006-07  
Data source: Department of Health and Human Services, Tasmania (DHHS), 2009 Service and Community Profiles

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4.3 Key Findings and Themes from the Interviews

This section provides an overview of the key themes and issues generated from the 23 interviews with 34 stakeholders and service providers from a broad range of sectors in the study area.

The issues identified were diverse and have been classified into three broad themes (a) community needs and service gaps in the study area, (b) issues affecting service provision in the study area and (c) underpinning issues – which outline broad contextual issues seen to be affecting the study area as a whole. Each of these themes will be discussed below, including an analysis and discussion of specific issues regarding each theme. Extracts from the interviews in the forms of verbatim quotes will be presented to show the ways in which stakeholders and service providers spoke about these issues.

4.3.1 Community needs and service gaps

Community needs and service gaps identified by participants were as diverse as the sectors interviewed. The analysis of the interview data revealed 10 key themes related to community needs and service provision gaps. These included the themes of: (a) housing and accommodation; (b) respite; (c) lack of services for people under the age of 65 and at risk of residential care; (d) demand for community care services; (e) at risk youth and young people; (f) mental health – lack of services and co-morbidity issues; (g) social connectedness; (h) community access for people with disabilities; (i) cultural diversity; and (j) palliative care.

(a) Housing and Accommodation

Housing and Accommodation was identified as a predominant theme throughout the interviews and across a number of sectors including young people with disabilities, people with mental health issues and people under 65 at risk of nursing home placement. Housing and Accommodation as a theme was mainly discussed in terms of a greater need for crisis accommodation and supported accommodation but also in terms of affordable accommodation.
Crisis and Supported Accommodation

Crisis accommodation was considered to be a significant service gap in the Devonport area. Whilst there is a crisis accommodation facility specifically for young people there is no other crisis accommodation in Devonport. As one housing sector representative stated:

“There is a lack of crisis accommodation in Devonport. In Burnie, we have ‘The Lodge’ which accommodates 31 people …but Devonport don’t have that facility” (Housing Sector Representative).

In responding to the local community’s crisis housing needs, it was reported by a local government representative that a “crisis accommodation team” has been established in Devonport. It was reported that research has recently been conducted into a suitable model to address crisis housing and relevant infrastructure, however resources are currently not available to establish such a facility in the study area.

The interviews also revealed that supported accommodation was seen by service providers to be very difficult to access in the study area. The following comments from two service providers highlighted these kinds of issues:

“With supported accommodation we are lucky to get an average of 5 vacancies per year, (it’s so in demand)...” (Community Sector Representative)

“...Accommodation for group homes, we have a very large accommodation waiting list and probably 40 people are waiting for urgent accommodation and another 40-60 people waiting for other forms of accommodation” (Disability Sector Representative)

Due to the limited options with regards to accommodation, it was reported that some local clients are forced to move away from family and friends on the Tasmanian North-West Coast in order to access adequate housing. This was particularly pertinent in the area of mental health, where one sector representative spoke of the isolation of mental health clients:

“At this point in time certainly on the North-West mental health has no long stay units so if we have a client who has a significant disability because of their mental ill health we have to send them down to Hobart and so, in terms of family and keeping them engaged with the family, it causes huge distress to the client...” (Mental Health Sector Representative)

Affordable Accommodation

Affordable accommodation was also an issue identified in the study by service providers from a number of sectors. As the quote below illustrates, within the study area there are often very few options for community members in need of affordable housing, with available options largely being public housing or high end private rental properties.

“Social housing -, not really sure what is happening in that regard. There is not a great deal in that space. We really have a lot of Housing Tasmania homes, but in terms of affordable social housing there is not a whole lot. There is a real gap between private, high end rental and Housing Tasmania, [but] there is nothing in the middle.” (Local Government Representative)

In addition to a lack of affordable housing, those at risk of homelessness often require additional support in order to maintain their tenancy. It was felt that more support was needed in some cases in order to ensure a smooth transition to secure housing as the following quote highlights:
“Some service providers have the misconception that once they are housed everything is okay, the problems go away and then the service drops off a little….which is fine in some cases, but in some cases they need to hang in there a bit.” (Housing Sector Representative)

(b) Respite

Respite was also a critical issue reported dominantly in the interviews. Participants acknowledged the critical nature of respite services in the study area as enabling both the process of people living and staying in their own homes but also the support that respite options provided to carers. It was particularly acknowledged that the demand for respite was currently exceeding supply in the study area. As one aged care sector representative stated:

“Definitely respite is a service gap and I guess there are some services there to meet the need, but the needs generally outweigh the capacity and I don’t think that is unusual across the country for respite. It is definitely a need and forms of respite with some flexibility that responds to various individual needs.” (Aged Care Sector Representative 1)

High care respite and respite for people needing secure dementia respite were identified as significant service gaps in the study area, not surprisingly by those working within the aged care sector, for example:

“We are finding there is limited respite in the nursing home available for people that need secure respite...there is only one bed on the North West Coast.” (Aged Care Sector Representative 2)

In areas such as dementia care, lack of support during the night is particularly challenging for families and carers as the following quote suggests:

“We hear from a lot of clients that it is such a struggle as there are so many disturbances through the night. The person they are caring for can get up all through the night and there is confusion with all those things, incontinence, and it is the night time sleep disturbances that throw them out for the rest of the day.” (Aged Care Sector Representative 4)

Similarly, accessing and securing respite for people with high care needs was also identified as a service gap in the study area:

“...we would like to see them (Baptcare) have the ability to take high care respite...high care is a big area of need.” (Aged Care Sector Representative 5)

Whilst high care and dementia respite were identified as service gaps it was also acknowledged that low care respite is also a need within the study area. Currently Orana plays a significant role in addressing this issue, however the limited days of service Orana provides means this is challenging for service providers who are wanting to refer clients to Orana, as one participant stated:

“There is also a need for low care respite in Devonport. We only have one bed for low care respite and then we have Orana who does low care, but they are not open all the time as they close down for certain times of the year.” (Aged Care Sector Representative)

Flexibility around the type of respite available to clients in the community was also widely acknowledged as a challenge. In many cases, respite in aged care facilities requires admission for extended periods of time which was reported by service providers as not always appropriate or not in the best interests of the client. This ‘inflexibility’ of respite is further demonstrated in the
following quote where a client’s respite hours are eaten into unnecessarily in order to meet the need.

“A lady was going to Melbourne for one night and her mother had to go into respite...even though she is only going to be away for one night she is going to put her mum in there for a week but then take her out after two days and keep paying for the rest as that is what you have to do, so if there was something there for a shorter stay that would be good.” (Aged Care Sector Representative)

However, it was acknowledged in the interviews that Baptcare Orana currently offers families with low care needs this flexibility, which was positively supported by the five aged care sector representatives in the interviews. For many, the possible reduction or closure of this Baptcare respite service was reported as likely to cause a significant shortage in respite services within the community. One participant stated:

“I know that Orana’s overnight respite is potentially under threat. That is an incredible service to the community. If that closes we will be inundated with referrals for respite and there are no other respite options for people who need just a few days or a week. All the other respite operates in blocks, you have 1 week, 3 weeks or 10 weeks whereas that regular respite gives carers a break and they can feel like they can cope with the other 4 nights of the week so it really does keep people out of residential care.” (Aged Care Sector Representative)

(c) Lack of services for people under the age of 65 and at risk of residential care

An emerging need within the community and study area was identified within the interviews with respect to clients under the age of 65 who were in need of support and community services, but who did not meet existing criteria and eligibility for aged care and/or disability services. Clients who may fall into this category were identified as those with neurodegenerative disorders such as Parkinson’s disease, multiple sclerosis and Huntington’s disease as well as those with early onset dementia and acquired brain injury.

The interviews revealed that many clients fitting this category have difficulty navigating services and obtaining the level of community support necessary to live in their own homes. Many were described as ‘falling through the service gap’, mainly because of their age and because services were not oriented towards or funded for this age group:

“Where we are finding an unmet need is for people under the age of 65 who require assistance in the community. There seems to be a bit of confusion as to where they go. Quite often at the moment they are not going anywhere and not getting the appropriate level of care.” (Aged Care Worker 2)

“Where I see the greatest challenge is for those with younger onset Parkinson’s disease; for those diagnosed in their 30’s to 50’s who have significantly disabling symptoms. It is this client group that seems to find it hardest to navigate through accessing services.” (Health Care Worker)

It was further shown that as clients in this group progress along the disease trajectory, their care needs often become very high and it becomes difficult to secure the hours of community support necessary to care for them in their own homes. As a result of this lack of community support many are forced to enter residential aged care which, as the following quote indicates, is often not the most appropriate pathway for the client:
“I would say our biggest issue at the moment is accommodation because we have young people who you know end up in nursing homes….the aged residential care model is not really suitable.” (Mental Health Sector Worker)

(d) Demand for Community Support Services

Participants from a range of sectors also identified an increasing demand for community support services, or packages of care within the community. It is well acknowledged that the benefits of packaged care enable a person with complex care needs to receive support in their own home. Individually planned and coordinated packages of care are tailored to meet individual needs. These packages are flexible and a range of services such as personal care, social support, transport, meal preparation and home help may be provided as part of the package. This need was reported as exceeding the current available supply of packages in the study area. Service providers also identified a demand for a broader range and more high care packages:

“At the moment there is not a lot of community hours being allocated…. we feel we are saying no to clients all the time which is a real challenge.” (Home and Community Care Sector Representative)

“I see the demand for more Community Aged Care Packages (CACP) in the community, to support people socially and give the carers some respite and to help with activities of daily living.” (Health Care Worker)

It was acknowledged that the demand for high care packages was high and likely to increase in the future as identified in the comment below:

“Most of our need is for high level community care packages. There is a very long waiting list for EACH packages which are high level care packages; we have more people needing that amount of support.” (Aged Care Sector Representative)

The ability of clients to transition from low care to high care packages as their needs increase was well recognised by participants. However it was reported that currently there are problems within the study area associated with this transition. It was reported by participants that in many cases providers are not able to provide both low care and high care packages to existing clients. In some cases, this was attributed to the fact that they did not tender for the full range of packages or that their tender was unsuccessful. The inability of a service to provide both high care and low care packages was seen as having an impact on the care being received by community members, as highlighted in the comment from one Aged Care Sector participant below:

“One of the biggest problems is that we have people on the lower packages, the CACPs and as their needs progress their provider might not have the higher levels of packages for them to stay with that provider as they get to a higher level of need. They then have to switch providers which a lot of them don’t want to do… so a lot of people accept less than the amount of care they really need in order to stay with the same provider they know and like and trust.” (Aged Care Sector Representative)

Obtaining the appropriate level of care in the community was obviously seen as critical in enabling clients to stay at home longer and avoid residential care:

“I had a lady in the advanced stage of disease who has been through psychosis due to an inability to manage medications and her cognitive decline and she obviously needed supervision each morning and night. She was a very high risk of residential care and was nearly at the stepping stone of being admitted into residential care, but since she was able to
upgrade to a different care provider that has been able to help morning and night, things are going smoothly again and so she will be able to stay in the community much longer; her medications are managed appropriately and there is no longer any confusion.” (Community Health Worker)

However, it was also reported that in some cases service providers were reluctant for different reasons, to refer clients on to another provider when their care needs exceeded their current package:

“All service providers will hold onto them when they have been low care and won’t refer on to another service provider. I have often been involved in having to advocate on behalf of clients and work with service providers so that they can transition to the next level of care.” (Community Health Worker)

(e) ‘At risk’ youth and young people
A range of interview participants, including those from local government and a range of NGOs working in the child and family sector, identified a significant gap in services for young people aged 10-25 years in the study area. The issues that were predominantly raised were those in respect to opportunities for training and education as a way of improving and alleviating issues such as unemployment, poverty, boredom, disengagement and risk of homelessness. The following quote by one service provider illustrates this theme:

“At risk youth…there is a really big gap. I mean there seems to be a lot of resources put into 0-5’s or 0-11’s but from about 10-11 to early adulthood or even into the mid-20’s there are just no resources for that client group...so there aren’t really any services that work with young people, who have fallen through the cracks. They have grown up in these families in disadvantaged communities and they are almost begging to get out of it, but they don’t know how [so] there are no support services, agencies or programs running at the moment that provide that sort of mentoring and support and alternative styles of learning.” (Local Government Sector Representative)

It was further acknowledged by those working with the Community Sector that services for young people are often only available once they have come into contact with the youth justice system, highlighting the need for diversional opportunities that may prevent this from occurring:

“There are now a number of small providers, such as Youth and Family Focus and Anglicare, that do provide services to the 10-11 year olds and up to 18 or 25, but they concentrate very much on youth that have fallen outside the system. We need to get in one step before. All funding seems to want to go to those with really high needs without looking at that early intervention and looking at something that will change kids’ lives around before they get to the stage where they are in the youth justice category.” (Community Sector Representative)

(f) Mental Health - Lack of Services and Co-morbidity issues
Mental health as a community wide issue was discussed in a range of contexts within the interviews. Along with the need for mental health support services such as accommodation, a significant gap identified was that of co-morbidity and mental health. For example, it was reported that community members with a mental illness and a co-morbidity of intellectual disability and/or drug and alcohol dependence are likely to experience difficulty accessing appropriate services. Additionally, service providers spoke of the increasing need for resources and services that focussed on older people’s mental health. An issue that is only likely to increase with population ageing in the study area.
There is an ageing population with mental health issues and there is not a lot of people specifically in that space.” (Mental Health Sector Representative)

An additional issue reportedly appearing increasingly within the study area was the challenge being faced by service providers in responding to community members and clients with a co-morbidity of mental health and intellectual disability, as well as those dealing with mental health and alcohol and/or drug dependency. These issues not only presented obvious difficulties for people experiencing these issues, but additionally led to some ambiguity amongst sectors as to which services would be most able to deal with this issue. In many reported cases, the issues were being separated into ‘areas of response or care’ because of the separate nature of service provision. As one mental health sector representative explained:

“If someone has a mental health issue as well as other issues there is always a challenge [of] who deals with that. People don’t want to touch them if there is a mental health label on it. Traditionally we think of the drug and alcohol co-morbidity, but one of the other things we find is when there is an intellectual disability and a mental health issue there is no one in that space and sometimes the problem is that a client might have an IQ that is above the cut off for disability services (as they test them on IQ) so they might actually be over the bar but functionally they are disabled they are not able to manage their day to day living.” (Mental Health Sector Representative)

(g) Social Connectedness
A prevailing theme underlying many of the interviews was the issue of social isolation. Participants from a range of sectors including mental health, aged care, community services and support, indigenous services, migrant services, youth services and local government discussed issues associated with social isolation. In some cases, this was in the context of geographic isolation such as remoteness and lack of transport, but predominantly they spoke about this issue with respect to opportunities for meaningful community engagement. The following quotes highlight how participants talked about this issue:

“One of our biggest needs is social connectedness, so we see people who even on a CACP package have someone come in and do their showering, a bit of shopping and a bit of cleaning, but what really affects their health is the fact that they are alone for all of the rest of the hours of the week so we find there is big need for ways to give social support.” (Aged Care Sector Representative)

“This thing for people who are socially isolated not necessarily aged. A guy I saw this morning he has a few health issues but his biggest issue is he is 59 his wife just left him after 30 years he has no one, didn’t have kids and he is lonely.” (Community Sector Representative)

“I know a couple of other people because of mental health issues don’t go out they are isolated.” (Community Sector Representative)

Many participants had suggestions for increasing opportunities for social inclusion and identified potential opportunities for working in partnership with Baptcare on this. These will be discussed further in the opportunities section of this report.

(h) Community Access for People with Disabilities
Community access provides opportunities for meaningful community engagement for people with disabilities and was identified as a service gap and need in the study area. Service providers identified that there was not only a long waiting list for community access but also limited choice in
what was available. The following comment is an example of how this issue was spoken about in the interviews:

“Community access placements - there is always a waiting list for people with disabilities to access day support programs. There is a form of respite that this provides. If you are a mum or dad with a son or daughter with a disability and you work and when your son or daughter leaves school where do they go to? They could go to some kind of work option, but if they are not capable of supported or full time employment they would probably need some kind of a community access centre.” (Disability Sector Representative)

A common theme emerging from the discussions about community access was the limited choices available and the need for quality programs that are tailored to meet individual needs, for example:

“We are working with a client who has got his full ISP package and he wants community access, but he doesn’t want to go up to Devonfield and Multicap to their centres. Before his accident he had just been accepted into the Air Force and was going to university so these options don’t meet his intellectual needs, but because all his support is going into taking care of his physical needs he doesn’t get out into the community. So we have been able to get some funding at the moment so he can go to a footy match and see his friends play footy or go out and fly his remote control plane.” (Disability Sector Representative Worker)

Constraints around community access were understood to be based on current funding models that operate in the study area:

“There are some smaller scale community access programs that other providers are attempting to provide, but it is really based on getting numbers as the level of funding you receive for a client from community access is based on a group funding model. So it can only really work getting three clients together.” (Disability Sector Worker)

(i) Cultural Diversity and Service Needs

Whilst mainstream services are ideally equipped to cater for everyone, regardless of cultural background, at times migrants and refugees do require specialist services. The interviews revealed that these services are somewhat limited in the study area, as the following quote from one Migrant Services representative suggested:

“Specific migrant services are very limited in the area and to access these you need to meet certain criteria. If you don’t meet that, you are referred on to mainstream services.” (Migrant Service Representative 1)

Additionally, it was reported that for those working in the migrant service sector, there was a lack of public knowledge as to the needs that actually existed within this group in the study area. The need to acknowledge the existing cultural diversity of those in the community, and potentially groups such as future refugees, was seen as beneficial if it could be promoted and supported in a socially inclusive way:

“I do see an opportunity here in the North West to settle refugees. The North West has always been responsive in a positive way and very supported by local councils who saw more than the humanitarian element, but also the potential for the region. It is so important to our community to be inclusive and develop rather than becoming isolated and alienated.” (Migrant Service Representative 2)
With respect to Indigenous Tasmanians, sectoral representatives in the interviews reported that the issues they saw as affecting Aboriginal people in the study area were similar to those affecting the wider population. These included issues such as unemployment, social isolation, and respite. However there are issues that were reported as being unique to the Aboriginal community including the difficulties associated with prejudice and a reluctance of Aboriginal people to access mainstream services. The following quotes are examples of how these issues were spoken about by a number of representatives from one service:

“There is a lot of prejudice in this state; there is a common belief in the general community that there are no Aboriginal people in this state any more.”

“There is a real lack of awareness of the issues affecting Aboriginal people.”

“For Tasmanian Aborigines it almost about trans-generational trauma because history is passed down word of mouth and the elders’ experiences of the police, welfare organisations and hospitals is not a positive one. I see there is an acknowledgement of this but no deep understanding.”

(j) Palliative Care
Palliative care services were reported in the study area as inadequate. Whilst there is a palliative care team that provide a home based service they are not able to provide 24 hour care. It is a challenge providing options for families who are trying to manage at home and need a break, as one service provider commented:

“When people are struggling at home there is really nowhere they can go apart from the hospital system and the hospitals don’t have enough beds; they are underfunded and closing down wards. It’s really hard, we really struggle to find somewhere for them to go when the families can’t cope.” (Palliative Care Worker)

Other interviewees also reported that hospital beds are not only difficult to access at times, but are not the most appropriate place for someone who requires palliative care. The need to establish a hospice in the area was identified by two service providers as a solution to this problem:

“If we had a hospice all the problems would be solved because you would have somewhere (appropriate) straight away.” (Palliative Care Worker)

“If they (Baptcare) could access some money and set up a hospice that would be beautiful thing number one.” (Aged Care Worker)

4.3.2 Service Provision Barriers and Challenges
The interviews revealed some significant challenges and barriers that service providers in the study area were experiencing. The key issues raised by participants included (a) fragmentation and navigation of available services in the community; (b) the need for greater intersectoral and cross sectoral collaboration and partnership; (c) retention and recruitment of suitably qualified staff; and (d) the need for greater promotion of Baptcare services.

(a) Fragmentation and navigation of services in the community
Service providers acknowledged that services were often difficult to navigate and people are often at a loss as to where to go to get the information that they need:

“Information dispersal, like where do people find out what there is and how they can access it, there doesn’t seem to be one form of one stop shop. So whose responsibility is it to gather
the information and disseminate it and how is it disseminated to reach the ones in need?”
(Local Government Representative)

Continuity was seen as important and impossible in the current service system which has multiple entry points:

“(in regard to dementia service research)...it was identified that people found the fragmentation of services very difficult and that they very much wanted this notion of a ‘one stop shop’ where they could have a constant service throughout the process as a support base.” (Aged Care Sector Representative)

(b) Need for greater intersectoral and cross-sectoral collaboration and partnership

Whilst it was acknowledged by some service providers that services in the study area generally worked well together, others felt that there was still room for collaborative improvement amongst disciplines and sectors, one comment included:

“There is a lot of ‘siloing’ so we don’t necessarily know what is going on in other programs, until there is a client in common that is causing lot of ripples and we have to work together.” (Child and Family Sector Representative)

The potential positive impact of better collaboration and the need to change how services currently operate is reflected in the following quote:

“Some of the better programs of social inclusion and building social capital have young people as clients and older people as clients working together building links.” (Child and Family Sector Representative)

(c) Retention and recruitment of suitably qualified staff

Attracting suitably qualified staff to the study area is an issue faced by many sectors. This was impacting significantly not only on the ability to deliver services, but also the capacity of those already working in some sectors to cope with the current and increasing workload. This coupled with government cutbacks has led to significant challenges in terms of service delivery in the study area and North West Tasmanian coast more generally:

“I think our service in the last six months has gone from 9 full time positions down to 4.5 full time and we are being told that people that are on orders are the people we should be concentrating on so that is not very much of our service at all and there is going to be no one for the other people and even in getting them to appointments...or just involved in the community.” (Mental Health Sector Representative)

(d) Greater promotion of Baptcare services

It became evident during the interviews that many service providers were unaware of the extent of Baptcare services in the study area. Once informed of these services many were immediately able to see potential opportunities for collaboration or referral:

“I’m glad you sent (Baptcare project) information out...we didn’t even know about that (the variety of programs) at all...I’ve never actually seen that promoted...how do we get clients into that (Baptcare) program?” (Local Government Representative)

This theme will be discussed in greater detail in the discussion section of this report which provides an overview of potential opportunities for Baptcare to increase their public profile in the study area.
4.3.3 Underpinning Issues

Service providers repeatedly talked about significant challenges faced by the population in the study area. These challenges are reflective of many of the issues identified in the demographic review and can be classified as (a) financial hardship, (b) unemployment and lack of opportunity and (c) geographical isolation and lack of transport.

(a) Financial Hardship

Financial hardship was repeatedly reported as a major obstacle for people in the study area. The implications of this are far reaching and long standing in the community as the following quote highlights:

“Devonport, particularly East Devonport, is one of the low(est) socio-economic communities in Australia. There is a really big number of people earning less than $400 per week, so it’s quite full on and a significant part of our community. So the big issues at the moment are cost of living, housing and affordability. We are dealing with fifth and sixth generation poverty in some areas.” (Local Government Representative)

(b) Unemployment and lack of opportunity

The impact of intergenerational unemployment was reported as having a huge impact on the local study/community with many finding it hard to escape the cycle of socio-economic disadvantage:

“The biggest thing I see is providing growth, development, improving self-esteem activities for teenagers (and) youth. There are people in East Devonport dealing with intergenerational unemployment and poverty who have low self-esteem and actually can’t see a way out of the suburb and can’t see that there can be a life that is actually worth living.” (Community Sector Representative)

(c) Geographical isolation and lack of transport

Geographical isolation and a lack of transport in many areas in the study coupled with social and economic disadvantage was reported as often leading to difficulties in accessing services within the community, as one local government representative stated:

“We are in an isolated area, there is no public transport, people can’t get out and the families that are in need usually can’t afford to drive to Devonport for services.” (Local Government Representative)

4.3.4 Section Summary

The following provides a summary of this section and the key issues and findings from the interviews with 23 stakeholders and service providers in the study area.

- Lack of crisis accommodation;
- Lack of support accommodation for people with disabilities;
- Lack of affordable housing;
- A community need and demand for more high care and dementia respite;
- Respite options need to be flexible;
- Lack of opportunities and choice for people with disabilities for community access;
- People under the age of 65 with neurodegenerative disorders, early onset dementia and acquired brain injury are falling through the gaps in terms of access to services;
- Need for more community support hours;
- Need for greater continuity of care for clients receiving community support;
- Gaps in services for young people aged 10-25 years;
- People with a mental illness and co-morbidity of intellectual disability and/or alcohol and drug issues increasingly at risk of not receiving adequate care;
- Social isolation, significant socio-economic disadvantage across the community.
5. DISCUSSION AND FUTURE OPTIONS

This section will draw on all of the previous sections to present an analysis of the data in order to inform future options for Baptcare.

The three key issues and corresponding themes generated from the interview data will form the basis of the discussion including (a) general population issues; (b) community needs and service gaps and (c) issues affecting service provision.

The discussion will include where appropriate a list of potential future options for Baptcare to further develop or expand its service and/or collaborate or develop partnerships with other services in the study area. These options will be linked to Baptcare’s strategic objectives and key considerations will be presented.

5.1 General Population Issues

A number of issues were evident in the literature review, the demographic analysis and the interview data that have a significant impact on the study area as a whole. These issues are of particular significance when viewing this report from a social inclusion perspective and include (a) financial hardship, (b) unemployment and lack of opportunity (c) geographical isolation and lack of transport and (d) an ageing population.

5.1.1 Financial hardship

“Nothing undermines social inclusion more than financial hardship. Financial hardship causes problems in being able to access transport, and therefore services, to afford nutritious food, adequate and appropriate housing and the expenses that enable social involvement with friends and the broader community.”

A Cost of Living Strategy for Tasmania (2011) states that 40% of the Tasmanian population is facing financial hardship with living costs often being greater than household incomes. According to SEIFA 2006, the populations of Devonport LGA and Kentish were in the bottom 30% of all Australian Local Government Areas in terms of SEIFA national indices of Relative Socio-economic Disadvantage and Relative Socio-economic Advantage and Disadvantage. None of the local government areas in the study area scored highly on the SEIFA Index of Education and Occupation, indicating a low level of education and skills relative to other local government areas in Australia. In the population centres of Devonport City, Ulverstone, Latrobe township, Railton and Sheffield, specific suburbs recorded very low scores on all four indices indicating they were amongst the most socioeconomically disadvantaged in Australia, with low access to economic resources and with a low education and occupation level.

Many individuals in the study area received low incomes with individual income distribution skewed towards the lower end with $150-$249 the most commonly reported gross weekly income range in 2006. Over half of the catchment area’s population aged 15 and over had a weekly income of less than $400. The age pension was the major government support payment received in all four local government areas, followed by disability support pension and Newstart allowance. More than one in six households in the study area were experiencing housing stress in 2006, that is their rent or mortgage payment exceeded 30% of their income.
With respect to the study area, financial hardship was clearly an issue with participants expressing concern regarding the issue of fifth and sixth generation unemployment and the financial disadvantage associated with this.

5.1.2 Unemployment and lack of opportunity

In the last 15 years there has been a reduction in unemployment rates in Tasmania, but Tasmania continues to have the highest proportion of people looking for full-time work, and the highest proportion of children living in jobless families\(^\text{30}\).

At the time of the Census in 2006, the proportion of the labour force in the catchment area looking for full-time or part-time work was higher than for Tasmania as a whole. The highest rate of unemployment was in Kentish and the lowest in Latrobe LGA. The majority of unemployed residents were aged 25-44 years. There were 475 persons seeking full-time work aged 15 to 24, comprising almost one third of the unemployed. Almost half of the 475 young unemployed in the catchment area lived in Devonport Local Government Area. Young unemployed people were concentrated in East Devonport as well as rural areas around Railton and Sheffield and inland of Penguin. In 2006, there were 2,398 children aged 0-15 years living in jobless families, equating to 19\% of all children in this age group in the study area.

Jobless families with children are a priority of the national social inclusion agenda. As well as being a source of income, jobs provide social connections and build self-esteem and a sense of purpose. The disadvantage associated with unemployment can mean that adults and children do poorly across a range of fronts such as health and education. This disadvantage can continue into adulthood and be reflected in intergenerational unemployment and poor outcomes for children growing up in these families\(^\text{35}\).

Unemployment was further identified as a major issue in the study area within the interviews.

5.1.3 Geographical Isolation and lack of transport

Transport is essential to enabling people to access opportunities; without transport work options are limited and access to services becomes difficult. Access to transport is an issue for the Tasmanian population as a whole particularly those living in rural and regional areas\(^\text{30}\). The study area is geographically isolated and participants talked of the limited or nonexistent public transport service, particularly to rural areas such as Kentish. Limited income means that many have no access to their own vehicle, thereby increasing isolation and its associated risks.

The 2006 Census data revealed that for the study area, geographic isolation was largely accentuated by issues such as car ownership and access to private transport. In the study area in 2006, 7.5\% of households did not have a motor vehicle. The highest proportion was in Devonport Local Government Area and the lowest proportions were in Kentish and Latrobe LGA.

The interviews further revealed that lack of transport was impacting on the ability of some community members to not only access services and resources but also to engage in social activity and community engagement.

5.1.4 An Ageing Population

While population ageing varies considerably across Australian States and Territories, Tasmania’s population is expected to age most rapidly. At present, 34.4\% of the total population in Tasmania is aged over 50, with 15.0\% aged over 65 years. It is projected that by the year 2040, 30\% of the Tasmanian population will be aged over 65 years.
In 2011, 17.5% of the study area population was aged 65 years or more equating to 10,507 residents. The proportion and number of aged in the population is projected to continue to increase, but is expected to increase ever more slowly over the next two decades. The number of persons aged 65 years and over in the catchment area is projected to more than double, from 9,331 in 2006 to 19,185 in 2031. The projections also reveal redistribution with a decreased proportion of the catchment area’s aged population living in Devonport LGA in 2031 than in 2006, and greater proportions in Central Coast, Latrobe LGA and Kentish.

The number of residents in the study area aged 85 years and over is also projected to increase, doubling in number over twenty years, from 1,503 in 2011 to 3,015 in 2031. The projected substantial increase in the number of residents aged over 85 years over the next twenty years has significant implications for the magnitude of need for care and services into the future. Distribution of the aged population into the future may be influenced by the availability of appropriate housing options and accessibility of residential care and community aged services within the study area, and in the wider region.

Service providers in the study area repeatedly commented on the ageing population and the need for services to cater to this group in the future. Service providers in the interviews further discussed the significant challenges and demands on the Tasmanian health system from population ageing, including the need for planning and partnerships across many sectors.

5.2 Community Needs and Service Gaps

A number of clear community needs and service gaps were identified in this study. These issues can be categorised using the following themes (1) housing and accommodation; (2) respite; (3) lack of services for people under the age of 65 at risk of residential care; (4) aged and community care services; (5) young people; (6) mental health – lack of services and co-morbidity issues; (7) social connectedness; (8) community access for people with disabilities; (9) cultural diversity; and (10) palliative care.

The literature, the demographic review and interview data have been used to elaborate on these themes, and where appropriate provide potential options for Baptcare to address these needs and gaps through service expansion and development and/or collaboration and partnerships with other services in the study area.

5.2.1 Housing and Accommodation

Within this study, housing and accommodation was identified as a significant area of need for people across a range of sectors in the study area. Participants identified gaps in (a) crisis and emergency accommodation, (b) supported accommodation as well as (c) affordable housing. Each of these areas will now be discussed.

(a) Crisis Accommodation

Emergency or crisis accommodation is housing provided by government funded agencies or charities to help people find somewhere to live immediately. It is often referred to alongside concepts such as homelessness. Homelessness is not a static experience and for some it may be a one-off event, but for many people it involves moving in and out of housing and support over periods of time. The definition used in Australia to understand homelessness is that described by Chamberlain and Mackenzie (1992)\textsuperscript{31} who describe three categories of homelessness: (1) Primary Homelessness which includes those people literally without a roof over their heads (e.g. those sleeping in parks, cars or derelict buildings);
(2) Secondary Homelessness which includes those who move from one form of temporary shelter to another and includes all people staying in emergency or transitional accommodation provided by Specialist Homelessness Services as well as people staying temporarily with others because they have no accommodation of their own;
(3) Tertiary Homelessness which refers to people who live in boarding houses on a medium or long term basis who often do not have access to their own kitchen and bathroom facilities and do not have security of tenure provided by a lease. They are considered homeless because their accommodation is below the minimum community standard.

The demographic data indicated that in the study area on Census night 2006, 41 people were counted as experiencing primary homelessness, with two-thirds of these in Central Coast and Kentish Local Government Areas. All those recorded were aged 25-64 years or under 15. The number of people recorded as experiencing primary homelessness may be relatively small but significant given that the probability of undercounting is high; and those counted included 12 families with children. Eight people in the study area were recorded as sleeping in a hostel for the homeless, night shelter or refuge on Census night 2006, all in Devonport Local Government Area. All were aged 15-44 years. It was not possible to enumerate those who were homeless but staying with friends or family in the study area.

The interview data further revealed that there were significant gaps in crisis accommodation with no crisis accommodation service in the study area apart from a youth specific service in Devonport and a women’s shelter in Ulverstone. It was reported during the interviews that key service providers in the study area have formed a crisis accommodation team to address this issue and develop an appropriate model of service in the Devonport area. However at the time of this study being finalised, resources to implement the model have yet to be secured.

Crisis Accommodation: Potential Future Options for Baptcare

<table>
<thead>
<tr>
<th>Crisis Accommodation</th>
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<tbody>
<tr>
<td><strong>Potential Options</strong></td>
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<tr>
<td>• Engage with the local crisis accommodation team to keep informed of the progress of crisis accommodation issues and potential infrastructure in the Devonport area;</td>
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<tr>
<td>• Support future research which further investigates key issues surrounding the need for crisis accommodation in the study area.</td>
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<tr>
<th>Alignment with Baptcare Strategic Plan</th>
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<tr>
<td><strong>A deeper Christian ethos</strong></td>
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<tr>
<td>• Becoming the voice of Baptists on social justice – developing our ability to advocate for people without a voice.</td>
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<tr>
<td><strong>A stronger Market Position</strong></td>
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<tr>
<td>• Innovative integrated models of care – integrating our unique mix of programs in more creative ways.</td>
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<tr>
<th>Key Considerations</th>
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<tr>
<td>• Levels of homelessness are hard to accurately measure;</td>
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<td>• Significant social disadvantage exists in the East Devonport area;</td>
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<tr>
<td>• National and State housing reforms reflect changes to how we look at and respond to homelessness;</td>
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<tr>
<td>• Local crisis accommodation team funding is yet to be secured.</td>
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<td>• The Tasmanian Homelessness Plan 2010-2013: Coming in From the Cold</td>
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(b) Supported Accommodation for people with disabilities

Supported accommodation encompasses a number of models of living. Improving the capacity of people to live and work independently is a priority of both the State Government’s Disability Framework for Action 2005-2010 and the National Disability Strategy 2010-2020\textsuperscript{36,37}. This also includes supported accommodation for younger people at risk of residential aged care. Within Tasmania, the state government is committed to improving access to a range of supported residential accommodation for people with lifelong disabilities as part of its \textit{Homelessness Plan} (2010-2013)\textsuperscript{25}. This largely stemmed from the 2008 review by the Tasmanian government into supported accommodation options for people with a disability which found that there is a growing gap between the number of people with a disability requesting accommodation support and the resources available to fund services\textsuperscript{38}.

For people with disabilities in Tasmania, supported accommodation has predominantly focused on \textit{group homes} which are typically shared between an average of four people, with residents having access to 24 hour support seven days a week. In addition there is the ‘\textit{cluster}’ or ‘\textit{village model}’ where individuals live in a small group of supported facilities designed to replicate regular or mainstream residential housing. More recently the model of supported accommodation has moved towards more independent living. This is based on individual independent living support packages which enable people with a disability to have a say in where they live and access services in their own home\textsuperscript{38}.

The demographic data indicates that there were almost 3,100 residents of the study area in 2006 with a severe or profound disability requiring assistance with core activities due to a long-term health condition, disability or old age. Almost half of these were aged under 65 years and tended to be more dispersed throughout the study area than those aged 65 years and over. Around one in five severely disabled residents of the study area lived alone, with 157 of these aged under 65.

There were an estimated 8,500 residents who had experienced a mental illness in the previous 12 months; and almost 1,100 estimated cases of Parkinson’s disease, dementia, multiple sclerosis and Huntington’s disease, including those counted in the numbers of severely disabled. The demographic data suggests a significant and growing need for supported accommodation in the study area in relation to disability, neurodegenerative disorders and mental illness. For example, the number of cases of neurodegenerative disorders is expected to increase substantially over the next twenty years, particularly of Parkinson’s disease and dementia where numbers are projected to double in the study area.

The interview data showed that there is a very high demand for supported accommodation, with a lack of vacancies within the study being reported. Additionally, the reported lack of supported accommodation options in the study area often meant that some younger people with disabilities were at risk of residential aged care placement, which is considered inappropriate for their needs. In some cases, such as mental health care, clients are forced to move away from the North West Coast and away from family, friends and support networks in order to obtain the level of care they require. It was reported during the interviews that people with severe mental illness are required to move to Hobart to access more permanent supported accommodation as nothing is available on the North West Coast.
**Supported Accommodation: Potential Future Options for Baptcare**

**Supported Accommodation**

**Potential Options**
- Investigate the potential viability of the older independent living units at Karingal or the vacant land at Orana being used for supported accommodation;
- Monitor the progress of the NDIS and prepare for potential funding opportunities that may arise to assist in the expansion of supported accommodation services in the area;
- Review the Australian Government’s Supported Accommodation Innovation Fund which was created to develop accommodation and respite options for people with disabilities.

**Alignment with Baptcare Strategic Plan**

**A stronger Market Position**
- Becoming a customer-driven competitive provider – undertaking market and customer research to develop product/service offerings that are highly desirable to current and future consumers.
- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.

**Key Considerations**
- Maintaining independence and having choice about housing is a key aspect of strategies such as the Tasmanian Governments Disability Framework for Action 2005-2010\(^\text{36}\) and the National Disability Strategy 2010-2020\(^\text{37}\);
- High reported need for supported accommodation in all areas of North West Tasmania;
- Cases of neurodegenerative disorders is expected to increase substantially over the next twenty years, particularly of Parkinson’s disease and dementia where numbers are projected to double in the study area;
- Significant changes are occurring within the disability sector with the launch of the NDIS\(^\text{22}\).

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(c) Affordable Accommodation

Affordable accommodation has been defined by the National Affordable Housing Summit Group (2006) as housing that is “reasonably adequate in standard and location for lower or middle income households and does not cost so much that a household is unlikely to be able to meet other basic needs on a sustainable basis”\(^\text{39}\).

Tasmania has a high proportion of welfare dependence and low-income households compared to other states and territories. The cost of housing has increased substantially in Tasmania in recent years with no significant increases in income, resulting in housing stress for many in the population\(^\text{30}\). The study area is also reflective of this issue, with access to affordable housing being reported as a significant problem.

More than one in six, or 1,874 households in the study area were experiencing housing stress in 2006, with 775 of these in Devonport Local Government Area. More households experienced rent stress than mortgage stress in Devonport and Central Coast Local Government Areas; whereas more households experienced mortgage stress than rent stress in Kentish and Latrobe LGA. In 2007 there were 1,702 public housing properties in the study area, housing 3,545 tenants. Almost two-thirds of the study area’s public housing properties and tenants were located in Devonport Local Government
Area. Occupancy of public housing is limited by the levels of provision of public housing, which differs between areas.

Interview participants identified affordable accommodation as being a significant area of need with large gaps between public or affordable housing and high-end rental markets. This is further supported by the demographic data that has revealed large public housing waiting lists in Tasmania. At the end of 2011 there were 2,801 applicants on the public housing waiting list state-wide, with 519 applicants being housed in the previous six months.

**Affordable Accommodation: Potential Future Options for Baptcare**

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<th>Potential Options</th>
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<td>Development of Orana vacant land for affordable housing infrastructure.</td>
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**Alignment with Baptcare Strategic Plan**

**A Stronger Market Position**

- 500 affordable housing units – prepare a business case to establish Baptcare Affordable Housing Pty Ltd.

**Key Considerations**

- Establishment of Baptcare Affordable Housing Pty Ltd and its future framework[40];
- Investigate the future move by the Tasmanian Government (2012) to increase supply by transferal of a large percentage of public housing properties to the not-for-profit sector to manage (in order to increase supply by attracting additional revenue through access to Commonwealth Rent Assistance and by leveraging additional capital off the asset base and rental income stream)[25];
- High and increasing demand for affordable housing reported throughout the study area, particularly in Devonport;
- *The Tasmanian Homelessness Plan 2010-2013: Coming in From the Cold*[25]

**5.2.2 Respite**

Carers are an integral part of the Australian health system and are the foundations of our aged, disability, palliative and community care systems. Australia has about 2.6 million carers which represents approximately 12 % of the national population[41]. In recognition of the needs of carers, the Australian Government has released a National Carer Strategy (2011), which envisions “a society that values and respects carers and aims to provide carers with services that are coordinated, flexible, appropriate, affordable, inclusive and sustainable”[42].

Respite provides carers with the opportunity to have a break from their caring role. Respite may occur in the home or in a residential facility where care is provided overnight or for longer periods of time[41]. Whilst respite is a service targeted at carers it needs to be responsive to both the needs of the carer and the person receiving care.

In the study area 5,076 persons, or 11.8% of the population aged 15 years and over, provided unpaid assistance to the aged or disabled. The great majority of carers resided in the major population centres, but there were also many carers distributed throughout rural areas of the catchment area. The number of people in the catchment area receiving carer’s payments increased from 536 recipients in 2006 to 947 recipients in 2010, an increase of 77%.
Although Devonport had the greatest number of unpaid carers in the catchment area, it had the lowest ratio of carers to persons requiring assistance. This may be influenced by greater accessibility to services and paid care in the Devonport council area. With an ageing population, ageing of carers may also be an issue with 823 or 16% of unpaid carers in the study area aged 65 years or over in 2006.

Participants in the interviews repeatedly commented on the invaluable support that respite provides for carers. The role of Baptcare Orana in providing both low care and overnight respite in the community was widely valued and supported. However, it was reported that the increasing demand for respite, the need for more high care respite and the need for more flexible respite options were issues in the study area.

The evidence generated by Who Cares? The Report on the Inquiry into Better Support for Carers (2009) suggests that carers’ needs are currently not being met, with respite services unable to meet the need from carers for both emergency and short term respite, as well as for planned, regular respite services\(^43\). In 2010, Verso Consulting conducted a report into Baptcare Orana’s respite services which identified an unmet community need for emergency respite and an increasing demand for dementia respite\(^44\).

The lack of flexible respite options in the study area was a concern for many participants. Many acknowledged that Orana provides one of the more flexible respite options in the study area however the limited days of service and the fact that Orana caters only for low care clients posed challenges for services wanting to refer to Orana.

**Potential Future Options for Baptcare**

### Respite

**Potential Opportunities**

- There are opportunities for Baptcare Orana to further refine its respite services and look at ways to cater for those with high care needs and dementia;
- Baptcare to maintain flexible respite model and increase weeks of operation at Orana;
- Consider new infrastructure on the vacant land at Orana that includes different models of respite care.

**Alignment with Baptcare’s Strategic Plan**

**A stronger Market Position**

- Secure funding for Orana – develop a plan for the future of Orana that includes recurrent funding for the overnight respite Program;
- Becoming a customer-driven, competitive provider – undertaking market and customer research to develop product/service offerings that are highly desirable to current and future consumers.

**Key Considerations**

- NDIS
- Living Long Living Better Plan – allocation of $54.8 million to help carer’s access respite and other support\(^45\);
- Verso Consulting - Community Participation and Options Development for Baptcare Orana Overnight Respite Service – Evaluation Report\(^44\).
5.2.3 Lack of services for people under the age of 65 and at risk of residential care

A significant issue of concern raised by participants in this study was with respect to clients under the age of 65 who were in need of support and community services but were unable to access the appropriate level of care. This group was described as those who may have neurodegenerative disorders such as Huntington’s disease, Parkinson’s disease, motor neuron disease or multiple sclerosis as well as those with acquired brain injury or early onset dementia.

Almost half of the residents of the study area with a severe or profound disability requiring assistance with core activities due to a long-term health condition, disability or old age were aged under 65 years, equating to more than 1,500 people. Around one in five severely disabled residents of the study area lived alone, with 157 of these aged under 65. In the study area there were an estimated 1,080 cases of neurodegenerative disorders: dementia, Parkinson’s disease, multiple sclerosis and Huntington’s disease in 2006. Almost three-quarters of these were patients with dementia. In the next two decades, the number of cases of dementia in the study area is projected to more than double (from 797 in 2006 to 1,610 in 2031). Cases of Parkinson’s disease are also projected to increase substantially from 198 in 2006 to 371 in 2031.

This group affected by neurodegenerative disorders and acquired brain injury often have high care needs that require 24-hour support. This level of support is often not available within the community setting which places this group at risk of admission to residential aged care facilities. Many interview participants working in relevant sectors described residential aged care as inappropriate for this group of people. There were 29 persons under 65 years of age counted in nursing homes in the study area in 2006.

The quality of life for younger people living in nursing homes is poor with many having limited access to opportunities for community participation. Research by the Summer Foundation and Monash University (2012) has found that 21 per cent of younger people in nursing homes never go outside, 34 percent never have the opportunity to participate in community based activities like shopping, leisure activities, or visiting friends and family and 53 per cent receive a visit from a friend less than once a year.46

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) states that all people with a disability should have “the opportunity to choose their residence and where and with whom they live on an equal basis with others, and not be obliged to live in a particular living arrangement”. Winkler and Callaway (2012) assert that current services in Australia are still not sufficiently resourced to fulfill Australia’s obligations to this convention especially for people who require access to 24 hour support.49 Whilst the care needs of many younger people living in residential care are high and require 24 hour support, a study by Winkler, Sloan and Calloway (2007) found “nothing intrinsic in the severity of people’s disability that meant they needed to be cared for in residential aged care, as people with similar clinical needs were being supported in alternative living environments”.49

According to Winkler and Callaway (2012) the Young People in Residential Aged Care (YPIRAC) Program (a five year national program aimed at improving the lives of younger people living in residential aged care and preventing others from being admitted) made a significant difference for young people living in nursing homes and prevented many new admissions. However now that this program has finished it is estimated that 200 people under the age of 50 are once again at risk of admission to residential aged care facilities each year in Australia.50 Whilst the NDIS is crucial to solving this problem other measures will also need to be put in place to stop inappropriate placement in nursing homes. Winkler and Callaway (2012) argue that improved pathways back into

73
community living are necessary along with age appropriate supported accommodation options for this group.50

**Potential Future Options for Baptcare**

### Lack of services for people under the age of 65 and at risk of residential care

**Potential Opportunities**

- Investigate the feasibility of using the older independent living units at Karingal or the vacant land at Orana to develop supported accommodation options particularly for young people, people with disabilities, people with mental illness and people (under 65) at risk of admission to residential aged care facilities;

- Further investigate the potential opportunities and new models of service delivery presented by the National Disability Insurance Scheme.

### Alignment with Baptcare Strategic Plan

**A stronger Market Position**

- 500 affordable housing units – establish a business case to establish Baptcare Affordable Housing Pty Ltd.

- Becoming a customer-driven competitive provider – undertaking market and customer research to develop product/service offerings that are highly desirable to current and future consumers.

- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.

### Key Considerations

- National Disability Insurance Scheme
- In the next two decades, the number of cases of dementia in the study area is projected to more than double (from 797 in 2006 to 1,610 in 2031).
- Cases of Parkinson’s disease are also projected to increase substantially from 198 in 2006 to 371 in 2031.
- Mid Term Review, Younger People in Residential Aged Care (YPIRAC) Program

### 5.2.4 Aged and Community Care Services

Maintaining independence and having a say in issues that affect our lives are key principles of the policies of social inclusion that are driving all levels of government at the present time. Increasing the control and choice people with disabilities have over the services they access is paramount to national and state disability policies and is a guiding principle of the National Disability Insurance Scheme. National Plans such as the Living Longer Living Better Plan aim to enable older people and their carers to have a greater say in the care and services that they receive. Community care services assist to enable independence so that people are able to continue living in their own homes for as long as possible.

In this study community care services were found to be in great demand, with the continuity of care being reported as a key consideration in the provision of community care services to the study area.
(a) Demand and Usage

To assist the frail aged and people with disabilities live independently at home, the Australian Government has developed a suite of community care services. These services are available to people in their own homes and are tailored to meet individual needs. Eligibility and assessment for these services is carried out by Aged Care Assessment Teams (ACAT) and hours of service are allocated to consumers based on need.

The number of Australian government funded community care places in the study area in 2011 was 158 (up from 132 in 2009), with 13 (up from 4 in 2009) provided by Baptcare. Community care places include Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), and Extended Aged Care at Home Dementia (EACH Dementia). All the community care places in 2011 in Central coast (61), Kentish (7) and Latrobe LGA (36) were CACP packages. In Devonport LGA, there were 41 CACP packages, as well as six EACH and seven EACH Dementia packages. Devonport was the only Local Government Area with funded places under the Extended Aged Care at Home (EACH) program. There was a total of 145 Community Aged Care Packages CACP funded across the catchment area in 2011.

The interview data indicated that the demand for such services currently exceeds the supply particularly for those with high care needs.

Due to the limited number of high care packages available in the study area people with high care needs are often forced to enter residential care prematurely. It was felt that this could be avoided if more hours of care were available in the community. The Productivity Commission in their review into aged care services in 2011 voiced similar concerns. The government has taken this on board and in response through the Living Longer Living Better Plan has announced an increase in the number of Home Care Packages that will be available in the future. Along with this increase in packages two new types of packages will be available, one for people with intermediate care needs and one for people with basic care needs. This plan also promises new funding for dementia care at home.

Additionally, it was also reported that there was an increasing number of self-funded retirees who were likely to be in need of community care packages that support the process of ‘ageing in place’ and who could afford to pay for the provision of such services.

(b) Continuity of Care

Improving continuity of care for older Australians was a principle behind many of the recommendations outlined in The Productivity Commissions Inquiry into Caring for Older Australians. It was identified that aged care services currently occurred in silos and that moving between services is problematic. The interview data further validates these findings with many service providers concerned that people were not getting the level of care that they needed in the community due to services not being able to provide the full range of community care packages. Consumers are often forced to change providers when their care needs increased, as their current providers were not always able to offer the next level of care. This creates unnecessary stress for families and consumers who are forced to navigate the maze of services and establish relationships with new care providers. It was reported that due to this difficulty some clients preferred to accept a lower level of care in order to remain with the provider that they know and trust.
Potential Future Options for Baptcare

Aged and Community Care Services

Potential Options
- Investigate the feasibility of Baptcare tendering for more aged/community care packages.
- Investigate the feasibility of tendering for the full range of community care packages.
- Explore the provision of community care services to groups in the community who can afford to pay (e.g. independently funded retirees).

Alignment with Baptcare’s Strategic Plan
A stronger market Position
- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.
- Maintain market share in community aged care packages – growing our packaged care program to maintain our sector leadership

Key considerations
- Demand for Community Care Services reported as exceeding the available supply;
- Living Longer Living Better Plan54;
- Number of community care places increased in the study area since the last Census;
- Around 4,900 new Home Care packages will be offered through the 2012-13 Aged Care Approvals Round (ACAR), which will be advertised later this calendar year. These new Home Care packages will be available to older people from 1 July 2013, and will be offered as Consumer Directed Care packages, building on the success of the recent trial54.
- The Government is providing $123.3 million for a new Dementia Supplement for eligible Home Care package recipients that will increase funding by 10 per cent to recognise the higher costs of caring for people with dementia. This will commence July 201355.

5.2.5 Young People

Investing in young people is widely acknowledged as essential to building productive healthy communities. Building the capacity of families and communities has far reaching consequences and is the greatest protective factor against social exclusion56. Providing families with the right support and advice to enable them to succeed is vital to the future development of our children and young people.

Our Children, Our Young People, Our Future is the Tasmanian Government’s ten year agenda for children and young people (2012). It is about ensuring that Tasmanian children are nurtured, educated and protected to enable them to reach their full potential. It is based on principles of social inclusion. It focuses on early intervention and prevention as well as better coordination of services and greater collaboration between government and non-government agencies56. In addition the Tasmanian Government has invested in the early years through the establishment of 10 Child and Family Centres across the state, the establishment of the Early Years Foundation, an Early Years Parenting Support Service, the Gateway Service and the Launching into Learning Program.

Principles of universalism underpin Our Children, Our Young People, Our Future, which recognises that services need to be available to everyone. However some families may require additional support services; these may include one-parent families, grandparent families, and jobless families.
Of families with children aged below 15 years in the study area, approximately one quarter, or 1,591 families, were one-parent families. There were 2,463 children under 15 years of age living in one-parent families in 2006. An estimated 70 children were living with grandparents at the time of the Census in 2006. There were 2,398 children aged 0-15 years of age in the study area living in jobless families where no resident parent was employed.

Unemployment, lack of education and qualifications, and lone parenting may also disadvantage those in the youth/young adult age group of 15-24 years. There were 475 young unemployed aged 15-24 years seeking full-time work in 2006, with almost half of these residing in Devonport LGA. There were 156 residents of the study area aged 15-24 years who had no post-school qualification, were not currently studying, and had not attained a minimum of Year 10 education. Of these young people, 30 were unemployed and looking for work and a further 77 were not in the labour force, 16 of whom were disabled and required assistance with core activities. There with 180 lone parents aged 15-24 years in the study area, with a total of 231 dependent children.

Throughout the interviews service providers acknowledged the work being done at all levels of government for children in the early years, the 0-5 year age group. However these same service providers expressed concern that there are few services or supports available for children in the 5-18 year age group. It was acknowledged that services only become available once this age group comes into contact with institutions such as the youth justice system, and in many cases this is too late, with intervention needed before this stage.

**Potential Future Options for Baptcare**

**Young People**

**Potential Options**

- Investigate alternative education and training programs for young people such as hospitality or aged care at Orana (including local service partnerships with Polytechnic or East Devonport Child and Family Centre) or integrate a similar concept into potential developments for the vacant block of land;

- Establish family support and education programs similar to the *NEWPIN Family Futures* program run by Uniting Care in other parts of the state;

- Explore opportunities to re-establish the “Lighthouse Program - Can Do Will Do” Project, a successful initiative of the Devonport Community Safety Liaison Group that aimed to equip at risk young people and young offenders with role models and mentors who will provide them with knowledge, skills and attitudes to be successful in life (see Appendix 5);

- Investigate partnerships with the LINC to develop connections between older clients and young people to develop literacy skills;

- Explore training opportunities for migrants at Orana in the area of aged and disability services;

- Expand the Baptcare Orana café idea and collaborate with other services such as the Child and Family Centre, the Eastern Shore Community House and the Devonport City Council to provide regular meals to a broad cross section of the community;

- Consider a youth specific space as part of the potential redevelopment of Orana or nearby
sites such as the ‘Gingerbread house’ which is currently vacant.

Alignment with Baptcare Strategic Plan

**A stronger market position**
- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.
- FACS growth – develop a FACS R & D strategy, secure new kinship care funding follow up opportunities for program growth.

Key Considerations
- High level of need amongst local young people aged 5-18, but lack of services and resources.
- *Our Young People, Our Children, Our Future*.
- Child and Family Centre in East Devonport and Eastern Shore Community House are open to potential partnerships.

5.2.6 Mental Health

Mental illness presents the community with significant challenges. Active mental health clients comprised 1.2% of the Tasmanian population and 1.5% of the population in the study area.

In 2006-07 there were 932 active mental health clients in the study area. More than half of these resided in Devonport Local Government Area. In the Devonport LGA, 2.0% of the population were active mental health clients, which was the highest of the local government areas in the study. The lowest proportions were in Kentish and Latrobe. Access to available mental health services has a major influence on the number of active mental health clients.

In the study area, there were an estimated 8,565 residents aged 16-85 years who experienced a mental disorder in any 12 month period. Of these it is estimated that 1,156 residents experienced a substance use disorder only, being harmful use and/or dependence on alcohol and/or drugs. People in the younger age groups experienced higher rates of disorder and a greater proportion with a substance use disorder only.

Whilst much has been done in the community in recent years to move mental health services from an institutional focused model of care to a community model of care, much still needs to be done. National and State mental health plans and strategies are based on a Recovery Model, which acknowledges the needs of the client, their families and friends as central to their care. Rather than focusing on symptomology, the Recovery Model works with clients to develop plans to ensure that people with mental illness are able to participate fully in a meaningful life. National and state disability plans and social inclusion strategies further support this notion of meaningful participation in community life. Social inclusion and recovery is a priority area of the Fourth National Mental Health Plan 2009-2014.

Mental health service providers discussed significant gaps in services within the study area that were preventing people with mental illness achieving these goals of community participation. These gaps included (a) appropriate accommodation, (b) social isolation and (c) co-morbidity issues.

(a) Accommodation

Access to appropriate accommodation is key to a sense of wellbeing and belonging and essential to the recovery pathway. It is well documented that people with mental illness are vulnerable to
homelessness. The Fourth National Mental Health Plan states that the provision of a sufficient number and range of accommodation options with varying levels of support is essential to social inclusion and recovery. Options may range from single person independent housing through to shared and intensively supported accommodation. The Fourth National Mental Health Plan further argues that partnerships between mental health services, housing and community support services are necessary to increase housing options for people with mental illness.

The interview data revealed that appropriate accommodation options for people living with mental illness are limited in the study area. Supported accommodation was identified as an area of great need. Models of supported accommodation such as Anglicare’s Towards a Model of Supported Community Housing (TAMOSCH) were regarded as appropriate forms of accommodation however it was acknowledged that this type of service was limited. It was also noted by participants that a range of accommodation models are necessary to ensure that people with mental illness living in the study area have an opportunity to choose where and with whom they wish to live.

(b) Social Isolation

The Australian Government’s vision of a socially inclusive society is “one in which all Australians feel valued and have the opportunity to participate fully in the life of our society”. However, research undertaken by the Australian Social Inclusion Board (2008) tells us that people with mental illness often experience social isolation, discrimination and stigmatisation in the community. Developing opportunities for community participation and increased independence will work to minimise the risk of social exclusion for people with mental illness.

Mental Health Workers in the study area have expressed concern regarding the lack of opportunities people with mental illness have in accessing meaningful community participation. Day Centres have been established in a number of communities as part of initiatives such as the Home and Community Care (HACC) Program to address issues of social isolation. Day centres were described as appropriate for some people however limited access to transport means these centres are not always accessible to all. It was acknowledged that there is a mental health specific day centre however not everyone is comfortable attending this as “many don’t want to sit around talking to other people with mental illness about their mental illness”. Participants interviewed saw a real opportunity to increase volunteer opportunities for people with mental illness in the community.

(c) Co-morbidity

“Comorbidity is the co-occurrence of more than one disease and/or disorder in an individual” (CDHAC, 2001). A person with co-occurring diseases or disorders is likely to experience more severe and chronic medical, social and emotional problems than if they had a single disease or disorder. People with comorbid conditions are also more vulnerable to alcohol and drug relapses, and relapse of mental health problems. Higher numbers of disorders are associated with greater impairment, higher risk of suicidal behaviour and greater use of health services” (Australian Bureau of Statistics 2008, Commonwealth Department of Health and Aged Care 2001).

Using the national prevalence rates, there was an estimated 2,321 residents in the study area aged 16-85 with a single 12 month mental disorder; a further 1,456 residents with co-occurring mental disorders; and an additional 5,325 residents with co-morbidity of a 12 month mental disorder and a physical condition.

Accordingly, a service gap exists in this sector for people with a co-morbidity of mental illness and drug and alcohol disorders or a co-morbidity of mental illness and intellectual disability. The interviews revealed that there is often ambiguity over who deals with clients experiencing mental health co-morbidity issues, with many clients ‘falling through the cracks’ and not getting the
necessary support they need. These issues are reflective of the actions of the Fourth National Mental Health Plan Implementation Strategy which aims to improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for mental and physical health.

**Potential Future Options for Baptcare**

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential Options</strong></td>
</tr>
<tr>
<td>• Research the feasibility of establishing supported accommodation for people with mental illness at the Orana site or at the independent living units at Karingal;</td>
</tr>
<tr>
<td>• Research establishment of a befriending service(s) to be offered through Orana;</td>
</tr>
<tr>
<td>• Investigate the expansion of Headspace Youth Mental Health Program to the North West-including possible opportunities for co-location on the vacant site;</td>
</tr>
<tr>
<td>• Research and explore opportunities for people with mental illness to access day centre type activities;</td>
</tr>
<tr>
<td>• Research opportunities to deliver specific services to older people with mental illness;</td>
</tr>
<tr>
<td>• Further research the role of community services organisations in mental health service delivery in the study area and assess any potential future role Baptcare might have in this, e.g. for example packages of care for people with mental illness.</td>
</tr>
<tr>
<td>• Collaborate with Partners in Recovery (PIR) organisations once they have been established.</td>
</tr>
</tbody>
</table>

**Alignment with Baptcare Strategic Plan**

**A stronger market position**

• Maintaining market share in community aged care packages – growing our packaged care program to maintain our sector leadership;

• Become a customer-driven, competitive provider – undertaking market and customer research to develop product/service offerings that are highly desirable to current and future consumers;

• Innovative integrated models of care – integrating our unique mix of programs in more creative ways.

**A deeper Christian ethos**

• Becoming the voice of Baptists on social justice – developing our ability to advocate for people without a voice.

**Key Considerations**

• *Partners in Recovery (PIR) Coordinated support and flexible funding for people with severe, persistent mental illness and complex needs* initiative (2012). PIR organisations to be established in each Medicare local geographic region area. Their role is to build partnerships, drive collaboration and coordinate services. Applications from eligible organisations close in
5.2.7 Social Connectedness

The importance of social connectedness to our health and wellbeing is well documented. A consultation undertaken by the Australian Social Inclusion Board in 2008 with representatives from national mental health and disability services found that isolation and loneliness were more of a problem than income disadvantage. Research indicates that social isolation not only affects our mental health but can have an effect on our physical health as well.

Service providers from all sectors acknowledged social connectedness as an issue for their client group. Social connectedness refers to the relationships people have with others and the benefits these relationships can bring to the individual as well as to society. It includes relationships with family, friends, colleagues and neighbours, as well as connections people make through paid work, sport and other leisure activities, or through voluntary work or community service.

Participants acknowledged that more needs to be done to address this issue and that a number of strategies were necessary. Participants have presented a number of possible opportunities for organisations such as Baptcare to develop in order to try and address the issue of social isolation.

Potential Future Options for Baptcare

Promoting Social Connectedness

Potential options

- Community meals/kitchen – expand the existing café program currently offered by Baptcare and collaborate with other services such as the Child and Family Centre in East Devonport, Eastern Shore Community House and the Devonport City Council to provide regular meals to a broad cross section of the community;

- Expansion and/or review of day centre operations. Explore opportunities to cater for groups such as people with mental illness, palliative clients, indigenous clients and migrants;

- Collaborate with other day centres in the area for shared activities;

- Research opportunities for establishing a befriending service(s).

Alignment with Baptcare Strategic Plan

A stronger market position

- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.

Key Considerations

- Tasmanian Social Inclusion Strategy
- Inclusive Ageing Tasmania 2012-2014 Strategy
5.2.8 Community Access for People with Disability

Over recent decades there have been significant changes in disability policies in Australia at Commonwealth, State and Territory levels. In the 1980s, there was a general move by service providers away from institutional approaches towards more community orientated service provision. Current disability policy has a strong focus on the equal and full participation of people with disabilities in society. It is about providing opportunities for people with disabilities to reach their full potential and live a happy and meaningful life.

A report prepared for the Australian Government by the National People with Disabilities and Carer Council titled Shut Out: The Experience of People with Disabilities and their Carers in Australia presented some disturbing experiences that people with disabilities faced on a day to day basis in our community. Lack of social inclusion and multiple barriers to meaningful participation in the community were the most frequently raised issues in the consultations and submissions that informed this report.

Findings from Shut Out have helped inform the development of the National Disability Strategy, a 10 year plan developed by all states and territories to guide government action around disability, to drive improved performance of mainstream services in delivering services for people with disabilities, to ensure that the issues of people with disabilities are heard and incorporated into public policy and to provide leadership for greater social inclusion for people with disabilities.

Tasmania’s Disability Framework for Action 2005-2010 is currently being reviewed however the vision of this strategy “a society that highly values, and continually enhances, the full participation of people living with a disability” complements the vision of the national plan. It acknowledges that people with disabilities have the right to access mainstream Government programs, services and facilities. However it also acknowledges that at times people with a disability do need specialised support to achieve their goals. Promoting independence is key to ensuring that people with a disability reach their full potential. Flexible support options to ensure that people with a disability are able to live, work and participate in their local communities is central to this.

Community access refers to the range of services that are designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. Community access was identified by participants as a significant service gap and need within the study area. Those needing community access currently face long waiting lists and limited choice. Participants reported that community support hours were often needed to take care of a person’s physical needs leaving no resources to assist them with opportunities for community participation. Current reviews and reforms will potentially see significant changes to how community access is delivered in this state. A review into community access in Tasmania is currently being carried out by National Disability Services (NDS). This review will examine leading models of community access on a national and international level.

There were almost 3,100 residents of the study area in 2006 with a severe or profound disability requiring assistance with core activities due to a long-term health condition, disability or old age. Almost half of the severely disabled were aged under 65 years. One in five, or 573 severely disabled residents of the study area lived alone, with 157 of these aged under 65.
Potential Future Options for Baptcare

Community Access for People with Disability

Potential options

- Explore opportunities for incorporating flexible and new models of community access into Baptcare operations;

- Explore expansion of Orana Day Centre model with a focus on community access, including day respite.

Alignment with Baptcare Strategic Plan

A stronger market position

- Become a customer-driven, competitive provider – undertaking market and customer research to develop product/service offerings that are highly desirable to current and future consumers.

- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.

Key Considerations

- Shut Out: The experience of People with Disabilities and their carers in Australia

- Monitor the future outcomes of the Community Access Project – a review into community access in Tasmania;

- NDIS review in Tasmania July 2013.

5.2.9 Cultural Diversity and Support

For many Indigenous Australians indicators of social inclusion are significant with the life expectancy of Indigenous Australians being 17 years lower than for the Australian population as a whole. The interviews revealed opportunities for meaningful community participation for Aboriginal people are hindered by issues such as a lack of acknowledgement of the presence of an Aboriginal community in the study area, lack of understanding of the issues affecting Aboriginal people and a deep seated prejudice experienced by the community. This coupled with reluctance by Aboriginal people to access mainstream services mainly due to historical trauma means that the Aboriginal community often don’t receive the level of service that they need.

There were 2,771 Indigenous Australians living in the catchment area, with more than three-quarters of them residing in Central Coast or Devonport local government areas. A total of 133 Indigenous persons required assistance with core activities, with 61 of these residing in Devonport Local Government Area. Indigenous Australians were more likely to be providing unpaid care than non-Indigenous Australians. The number of Indigenous unpaid carers in the catchment area was 240 in 2006.

The concepts of social inclusion and multiculturalism are intrinsically linked, both focus on everyone in society having the opportunity to reach their full potential and participate in a meaningful like regardless of their cultural, religious or linguistic diversity. The Australian Government’s new multicultural policy The People of Australia, Australia’s Multicultural Policy (2011) reflects this concept.
The Government recognises that coming from another culture, especially from a non-English speaking background, can increase the risk of a person experiencing disadvantage. Contributing factors include: disrupted education or employment opportunities as a result of displacement, having low economic resources, poor English skills and literacy, being disconnected from friends and family, and feeling unsafe in the community as a result of lack of tolerance of diversity.\(^{69}\)

Total new migrants settling in the catchment area in 2011 numbered 63. Of these, 34 were in the family migration stream and 29 in the skilled migration stream. The great majority of migrants in the skilled stream were born in the Philippines; and the majority of migrants in the family stream were born in Sri Lanka or India.

In 2006, 118 residents of the catchment area indicated that their proficiency in English-language speaking skills was limited. The majority of those with poor or absent English speaking skills resided in Devonport Local Government Area. Over a third of those with a low level of proficiency in spoken English were children aged under 15. An additional 18.7%, or 23 people, with a low level of proficiency were aged 65 years and over. This may present issues for awareness and accessibility of aged services and support for these people, and have implications for the provision of such services.

The exact numbers of asylum seekers in Tasmania are difficult to determine and these numbers are changing constantly. Humanitarian entrants have not been settled on the North West Coast since 2005. Government policy regarding asylum seekers is also undergoing significant change making it difficult to undertake future planning. Asylum seekers are currently being settled in Hobart and Red Cross is responsible for supporting asylum seekers in Tasmania. The needs of those seeking asylum in Australia are extremely high and with limited resources and access to government services this group is extremely vulnerable. Baptcare is currently working to address this need in Victoria with the establishment of The Sanctuary which provides accommodation and support to 28 male asylum seekers.

Service providers indicated the benefits refugees brought to the community and expressed support for reigniting the humanitarian settlement program on the North West Coast, highlighting the benefits such programs bring to the community.

**Potential Future Options for Baptcare**

### Cultural Diversity and Support

**Potential options**
- Actively engage with and promote Baptcare services to the Indigenous community;
- Collaborate with Indigenous services to identify potential opportunities for partnerships;
- Actively engage migrant communities in Baptcare services through targeted promotion;
- Liaise with Department of Immigration and Citizenship regarding future plans for settling refugees and asylum seekers in the study area;
- Assess feasibility of Baptcare engaging in this space, based on success in Victoria.

**Alignment with Baptcare Strategic Plan**

* A deeper Christian ethos
  - Becoming the voice of Baptists on social justice – developing our ability to advocate for people without a voice.

* A stronger market position
  - Innovative integrated models of care – integrating our unique mix of programs in more creative ways
**Key Considerations**

- Humanitarian entrants have not been settled on the North West Coast since 2005.
- Asylum seekers are currently being settled in Hobart and Red Cross is responsible for supporting asylum seekers in Tasmania

### 5.2.10 Palliative Care

Palliative care is specialised health care for people of all ages facing a life-threatening illness. It is care provided to people as they progress through different stages of their illness towards death. Palliative care aims to maximise quality of life by working with a person and their family and friends, involving them in important decisions surrounding their care. Due to Tasmania’s ageing population and the high incidence of some cancers compared to other states the demand for palliative care services is set to increase (Tasmanian Palliative Care Plan 2005). 70

Service providers expressed concern that palliative care needs are currently not being met in the study area. Most people needing palliative care are cared for at home by family and friends however there are times when care needs increase and/or family members need a break. In these cases admission to hospital is often the only option for people needing this type of specialist care. The hospital environment is not deemed appropriate for this type of care

**Potential Future Options for Baptcare**

**Palliative Care**

**Potential options**

- Research the feasibility of establishing a hospice on the existing Baptcare Orana site or vacant land adjacent to Orana.

**Alignment with Baptcare Strategic Plan**

- **A stronger Market Position**
  - Innovative and integrated models of care – integrating our unique mix of programs in more creative ways.

**Key Considerations**

- Partnering with North West Palliative Care services
- *Palliative Care in Tasmania: current situation and future directions (2004)* 71
- The 4C Project 72
5.3 Local Service Provision: Issues and Challenges

The findings of this study have revealed a number of issues affecting service provision in the study area. Issues identified included (a) fragmentation and difficulty navigating services; (b) the need for greater collaboration between services and sectors; (c) retaining and recruiting suitably qualified staff and (d) promoting Baptcare services in the community. These will be discussed along with potential options to address the issues.

5.3.1 Fragmentation and navigation of services;
Understanding and navigating available services is problematic for many in the community for both service providers and consumers. Many of those interviewed commented on the challenges presented by new services popping up quickly ‘here and there’ and then disappearing just as quickly as a result of changes to funding programs. Whilst a number of opportunities for Baptcare in terms of service expansion were generated, service providers indicated that caution was needed before expanding or developing services in the area. The fragmentation and duplication of services has led to confusion and difficulty in accessing services. Many advised that a general period of consolidation of existing services is necessary before new services are introduced.

5.3.2 Retention and recruitment of suitably qualified staff
Attracting and retaining appropriately qualified staff to the study area is a challenge. It was acknowledged by one provider that this gets more difficult the further you move away from major cities such as Hobart and Launceston. This coupled with significant budget cuts to programs such as state mental health services means some services are struggling to provide the services that are needed. This is an important consideration for Baptcare particularly when considering the vast array of opportunities that have been presented in this study.

5.3.3 Promoting Baptcare services in the community
Whilst most participants were aware of Orana and the respite service it provides, many participants in the study were surprised to hear of the broader range of programs and services that Baptcare offered. Verso Consulting in their 2010 review into Baptcare Orana respite services also identified a need for greater promotion of Baptcare services. Participants suggested that Baptcare increase its profile in the community by initiating visits to other services to share information, inviting other services to Orana perhaps in the form of open days and producing regular newsletters to inform the community of services and programs provided by Baptcare.

5.3.4 Need for greater collaboration and partnerships
As highlighted in the Social Inclusion Strategy for Tasmania (2009) the issues of disadvantage are complex and interrelated; they do not fit neatly into one portfolio or one government department and they require effort from all spheres of government, communities and businesses. The need for greater collaboration is a key message underlying many government policies and strategies. Whilst it was acknowledged that services in the study area generally worked well together it was also acknowledged that much more could be done in terms of collaboration and partnerships.
Local Service Provision: Issues and Challenges

Potential options
- Explore opportunities to re-establish the Lighthouse Can Do Will Do Project;
- Working with older clients and young people to develop literacy skills. This could possibly be a partnership with the LINC;
- Training opportunities based at Orana for young people in the areas of hospitality and aged care. Explore possible partnerships with Polytechnic and Child and Family Centre;
- Explore training opportunities for migrants at Orana in the area of aged and disability services;
- Community meals/kitchen – an opportunity to expand the Baptcare café idea and collaborate with other services such as the Child and Family Centre, the Eastern Shore Community House and Devonport City Council to provide regular meals to a broad cross section of the community;
- Collaborate with other day centres for shared activities;
- Potential partnership with University of Tasmania regarding student placements and accommodation;
- Planned expansion of Headspace Youth Mental Health Program to the North West - possible opportunities for co-location;
- Co-location of services – e.g. Explore the feasibility of establishing the Orana site as a service hub where a number of NGOs could be co-located to help streamline services and foster better collaboration;
- Work together with smaller NGOs such as community houses on joint funding submissions that may benefit the area;
- Initiate follow-up with service providers interviewed in this study to further discuss and develop partnerships to address some of the needs and service gaps identified.

Alignment with Baptcare Strategic Plan

A stronger market position
- Innovative integrated models of care – integrating our unique mix of programs in more creative ways.

A more attractive Employer
- Recruit and retain the best people – workforce planning to attract and retain the best people so we can deliver better care;
- Enhance employer brand – positioning Baptcare as an employer of choice.

A stronger reputation
- A stronger, clearer and more consistent brand – promoting Baptcare externally through strategic and integrated marketing program.
- Online communication channels strengthened – increase our strategic use of social media networks and utilise the Baptcare website as a two-way communications tool.

Key Considerations
- Many of those interviewed in this study expressed a willingness and a desire to collaborate and develop partnerships with Baptcare in the future.
- Collaboration is central to policies and strategies across all sectors.
6. STUDY CONSIDERATIONS

It is important to note that there were some limitations of this study, which should be considered in the evaluation of the key findings and specifically the presentation of potential options and considerations for Baptcare in the study area and/or future development of the Orana site.

The limitations identified by the research team include (1) scope of the project, (2) service audit, (3) demographic data, (4) community services environment, and (5) community participation.

These limitations to this current study all present options for further important research and the generation of new evidence for Baptcare in the future.

6.1 Scope of the Project
The study aimed to identify service gaps across a broad range of sectors in the community. As a result service providers from local government, family and children’s services, disability services, advocacy, respite services, neurodegenerative health services, aged care, palliative care, mental health, migrant and indigenous and housing services were invited to participate. The broad nature of this study meant it was impossible to delve too deeply into any one issue. However, this study has identified significant areas of need and potential opportunities across a range of sectors.

- It is recommended that the key issues and needs identified in this study be further refined and explored by Baptcare with further research and consultation.

6.2 Service Audit
Whilst much anecdotal evidence was provided by service providers regarding the services available in the community an extensive service audit was not within the scope of this project due to the limited time frame.

- In order to further enhance the findings of this study an extensive service audit is recommended.

6.3 Demographic Data
Whilst an extensive and thorough demographic profile has been presented in this report based on over 20 comprehensive primary sources, much of this profile has been based on 2006 Census Data. Due to the study completion deadline of August 2012, only a limited amount of 2011 Census data has been accessed, with the rest due for public release in late 2012.

- In order to further understand any significant changes in the demographic profile of the study area it is recommended that relevant Census data be updated when available.

6.4 Community Services Environment
The study was undertaken during a challenging period for the community services sector. Significant national reforms are occurring across a range of sectors that will impact on service delivery at a local level in the future. The full impacts of many of these reforms are yet to be revealed however it is envisaged that some such as the NDIS will have the potential to open up new opportunities for Baptcare. At this stage pinpointing such options is difficult.
6.5 Community Engagement and Consultation

A key premise of social inclusion is that of having a voice. A socially inclusive society is one that enables its citizens to have a say in the issues that affect them. As noted in Baptcare’s position paper on social inclusion (2012)\(^\text{17}\):

‘‘...social inclusion by its very nature provides those who are marginalised and disadvantaged with the opportunity for greater participation in decision-making that affects their lives’’\(^{46}\)

Due to the breadth of the study the research team decided that a series of interviews with service providers would be the most efficient way to identify service needs and gaps. This has provided Baptcare with a foundation from which to further explore the key issues. Providing opportunities for those affected by the service to have a say in its development is key to building on Baptcare’s values of social inclusion and vision of “caring communities for all”.

- *In investigating future service options or expansion, it is recommended that Baptcare consult with the wider community, the people in the study area who use or who are likely to use the service in the future. The project team recommends the use of community engagement research methods such as focus groups, community forums and surveys.*
7. CONCLUSION

This study has identified a diverse range of community needs and service gaps in the study area across a broad range of sectors including local government, family and children’s services, disability services, advocacy, respite services, neurodegenerative health services, aged care, palliative care, mental health, migrant and indigenous and housing services and is reflective of community needs identified in other research on both a national and a local level.

The study was conducted during a period of considerable reform in the community services sector particularly in the aged care and disability services and mental health sector. These changes have the potential to generate new opportunities for Baptcare to address some of these unmet needs in the community or to consolidate and expand or existing areas of Baptcare operations.

Based on an analysis of literature and policy documents, demographic data and consultation with service providers in the study area, a diverse range of options for potential service expansion and development both at the existing Orana site in East Devonport and the adjacent vacant land as well as the older independent living units located at the Karingal community site in Devonport have been presented. Whilst this list of options is not exhaustive it does provide Baptcare with a basis from which to further explore opportunities and begin to engage with the local community.

In addition to opportunities for service expansion and development the study has revealed some significant opportunities for potential collaboration and partnerships in the study area.
8. REFERENCES


2. Department of Health and Human Services, Tasmania (DHHS), 2009 Service and Community Profiles for Tasmania, Central Coast, Devonport, Kentish, and Latrobe


5. General Practice Tasmania Limited, 2010 Census of Tasmanian General Practices

6. Demographic Change Advisory Council, Tasmania (DCAC), 2008 Population projections

7. Department of Immigration and Citizenship, 2011 Settlement Reporting Facility

8. Australian Bureau of Statistics (ABS), 2006 SEIFA: Socio-Economic Indexes for Areas


12. The Land Information System of Tasmania (TheLIST), 2008, Tasmanian Government


40. Baptcare Strategic Plan (2011-2016).


44. Verso Consulting Pty Ltd., 2010, Community Participation and Options Development for Baptistcare Orana Overnight Respite Service – Evaluation Report


94


## 9. APPENDICES

### Appendix 1: Overview of project stages and timelines

#### Stage One - Project Formalisation, Governance and Planning

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Timeline</th>
<th>Responsibility</th>
<th>Progress</th>
<th>✓ ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formalisation of project contract (including project milestones, reporting requirements and payment schedules)</td>
<td>Feb- March 2012</td>
<td>Baptcare UTAS</td>
<td>Completed</td>
<td>✓</td>
</tr>
<tr>
<td>Employment of project officer and relevant research staff</td>
<td>Dec 2011-Feb 2012</td>
<td>UDRH IRD</td>
<td>Completed</td>
<td>✓</td>
</tr>
<tr>
<td>Formalisation of project aims and objectives, stages, timelines and reporting requirements</td>
<td>March 2012</td>
<td>Baptcare UTAS Project Team</td>
<td>Completed</td>
<td>✓</td>
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<tr>
<td>Convene Project Management Team and set regular meetings</td>
<td>Jan- August 2012</td>
<td>Project Officer</td>
<td>Completed On-going</td>
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<tr>
<td>Submission and approval of University of Tasmania Social Sciences ethics application</td>
<td>March 2012</td>
<td>UDRH (Woodroffe)</td>
<td>Completed</td>
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<tr>
<td>Media and Communication Management and Press Release planning</td>
<td>Feb-March 2012</td>
<td>Project Officer Project Team UTAS Media Baptcare Media</td>
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<tr>
<td>Submission and Approval of Progress Report</td>
<td>May 2012</td>
<td>UDRH (Woodroffe)</td>
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#### Stage Two - Literature Review, Demographic Profiling and Methodological Framework

<table>
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<tr>
<th>Activity/Task</th>
<th>Timeline</th>
<th>Responsibility</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Undertake a review of existing documentation relating to planning and policy issues that impact on the project at a local, regional State and Federal level.</td>
<td>Feb – July 2012</td>
<td>Project Officer</td>
<td>Completed</td>
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<tr>
<td>Collation and analysis of ABS data and information</td>
<td>Feb-July 2012</td>
<td>IRD (Eyles)</td>
<td>Completed</td>
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<tr>
<td>Selection and agreement on project methodology/research tools</td>
<td>Feb-April 2012</td>
<td>Project Officer and Project Team</td>
<td>Completed</td>
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<tr>
<td>Provision of list of relevant stakeholder for consultation and preliminary consultations</td>
<td>Feb-April 2012</td>
<td>Project Officer and Project Team</td>
<td>Completed</td>
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<tr>
<td>Consultations with external stakeholder groups</td>
<td>April- May 2012</td>
<td>Project Officer</td>
<td>Underway</td>
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<td>Transcription of Interview Transcripts</td>
<td>May-June 2012</td>
<td>Research Assistant UTAS</td>
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#### Stage Three – Needs Assessment, Analysis and Report

<table>
<thead>
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<tbody>
<tr>
<td>Analysis and interpretation of stakeholder data</td>
<td>June 2012</td>
<td>UTAS (Woodroffe) Project Officer Project Team</td>
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<tr>
<td>Submit Preliminary Report</td>
<td>June 2012</td>
<td>Project Officer</td>
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<tr>
<td>Review data and finalise report structure</td>
<td>July 2012</td>
<td>Project Officer Project Team</td>
<td>Completed</td>
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Appendix 2: Sectors Interviewed for the Project

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government</td>
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<tr>
<td>Family and Children’s Services</td>
<td>4</td>
</tr>
<tr>
<td>Disability Services</td>
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<tr>
<td>Advocacy</td>
<td>2</td>
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<tr>
<td>Respite Services</td>
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<tr>
<td>Neurodegenerative Disorders</td>
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<tr>
<td>Aged Care Services</td>
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<tr>
<td>Palliative Care</td>
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</tr>
<tr>
<td>Mental Health Services</td>
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<tr>
<td>Migrant Services</td>
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<tr>
<td>Aboriginal Health Services</td>
<td>4</td>
</tr>
<tr>
<td>Housing</td>
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</tbody>
</table>

Appendix 3: Project Interview Questions

1. Warm up questions (UTAS position, project brief etc.)

2. Can you tell me a little about the service/organisation that you work for (e.g. key client groups, services offered etc.)? What is your role in this organisation?

3. What are the key client/community needs that you think exist within this area? Which of these needs are unmet by current services?

4. What are the key challenges (if any) surrounding the provision of your services and the sector generally to Devonport/surrounding areas? (Prompt - client access to transport, political environment, demand for services, staffing etc.).

5. Are you familiar with the role of Baptcare and the range of services provided by Baptcare in Devonport?

6. Does your service/position ever directly liaise or work with Baptcare or Karingal? If yes, how? Can you think of possible ways in which there could be improved capacity or scope for collaborations between Baptcare and its services at Orana or Karingal?

7. How do you think Baptcare could develop and or expand its services to better meet the needs of the community? What funding opportunities do you see for this development?

8. Could this be managed within existing structures and buildings? If not what changes/developments might need to occur?

9. Any further questions?
Appendix 4: Lighthouse Project

MEDIA RELEASE
5th April 2007

Lighthouse Project Launch
Devonport City Council will officially launch the Lighthouse ‘Can Do, Will Do’ Project on April 24, at the Devonport City Council Chambers at 2.30pm.
The Lighthouse – Can Do Will Do Project is one of the major achievements of the Devonport Community Safety Liaison Group, which is facilitated by Devonport City Council. This Federally funded project, through the National Community Crime Prevention Programme, will result in $500,000 being injected into resources aimed at early intervention and youth services, which will have wide reaching benefits for the whole community.
“The aim of this project is to enhance community safety through the facilitation of a holistic, interagency approach,” Community Services Coordinator Evonne Ewins said.
“Strong partnerships have been formed between the Zone Youth Centre, Youth Justice, Tasmanian Police, the State Education Department and the Police Citizens and Youth Club in order to deliver this amazing program to our city’s youth, she said. “All these organisations have a common goal, to provide our youth with the opportunities to enhance their life choices and futures, and it is fantastic that this funding will provide the opportunity to work together to achieve this.
The Lighthouse Can Do Will Do program will draw on this community participation to help equip at risk young people and young offenders with role models and mentors who will provide them with knowledge, skills and attitudes to be successful in life.
Programs within the project will focus on improving education, training and employment futures for youth, targeting young people who have struggled with traditional learning styles or have found themselves in the youth justice system. The programs are supported by local role models and mentors who endeavour to provide the opportunity for the development of positive relationships, self-esteem and personal self-worth.
In conjunction with the official launch, a luncheon will be held by Devonport City Council on the 24th April, with former Children’s Court Magistrate and children’s advocate, Barbara Holborow as the keynote speaker.
Throughout her career, Ms Holborow has had an impact in the lives of thousands of kids and has been fiercely committed to reforming the judicial system for children. At the luncheon she will speak about ‘Our kids, Our Families of Today’.
For more information please contact Evonne Ewins, Community Services Officer, Devonport Council on (03) 6424 0511.
(Former Children Court Magistrate, Barbara Holborow)