



**Health  
Consumers  
Tasmania**

Building a Consumers Health Voice in Tasmania

## **Health & Wellbeing Networks Project**

**Progress Report**

**for**

**Dorset region**



**November 2022**

### **Acknowledgement of Country**

Health Consumers Tasmania acknowledges the Palawa-Pakana people as the Traditional Custodians of Lutrawita (Tasmania), including the land, community, sea and waters where we live and work. Our community respectfully acknowledges the Punnilerpanner tribe of the Northern Country of Tasmania, their continuing relationship to this land and their ongoing living culture. We recognise that we have much to learn from the First Nations Peoples who represent one of the world's oldest continuing cultures, and we pay our respects to Elders past and present and to all First Nations Peoples living in and around the North East Community.

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## 1. Executive Summary

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The Health Consumers Tasmania Health and Wellbeing Networks (HWN) Project commenced in the Dorset region in May 2022, with the appointment of two Community Engagement Workers (CEW).

The project is funded by Tasmanian Health Services under the Healthy Tasmania Strategic Plan 2022 – 2026 (HTSP)

A data collection methodology primarily based on the Kitchen Table Conversation (KTC) Model was used. The data was analysed both manually by the community engagement teams and via the software 'Leximancer'.

On completion of the Kitchen Table Conversations phase in Scottsdale, the following outcomes were achieved; 22 KTCs undertaken; and 114 participants - a total of 136 community members were engaged in the greater Scottsdale region.

The demography of the participants varied including Youth, LGBTQI, Sole Parents, People with Disabilities (Physical and Mental), Carers, Young Mothers, Lower Socio-Economic backgrounds, Unemployed, Volunteers, Elderly, Farmers and General.

The Kitchen Table conversations were held in Winnaleah, Ringarooma, Derby, Branxholm, Scottsdale and Jetsonville and included participants from Bridport, Ledgerwood, Rushy Lagoon and Telita.

The following themes were revealed in the Dorset region:

1. Health Care – Access, Quality and Equity
2. Mental Health Support
3. Aged Care Support and Connection
4. Community Connection
5. Transport
6. Child and Youth Services

The themes and sub-themes from the KTCs will be summarised in this report.

## 2. Introduction

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Health Consumers Tasmania (HCT) has commenced a pilot project to support Ulverstone, Scottsdale and Huonville communities in developing local place-based solutions to respond to the health needs of these communities.

The HWN Project is a two-year Tasmanian Government funded initiative to work closely with community members to identify their health needs, identify service gaps, and build relationships with local services to develop opportunities to improve community health outcomes.

A key objective is to empower community members to build a stronger voice in their communities to advocate for their health needs and increase health literacy and awareness. The major focus of the Project is also to build a stronger community engagement culture in the clinical and community services sector, so services effectively respond to local health needs.

The aim is to have a local health network system with stronger cooperative and sustainable connections to improve health promoting local environments through place-based service provision.

In achieving the strategic aims of the Project in each pilot site, Kitchen Table Conversations methodology was adopted as the felt needs assessment, to help inform the broader Co-Design process.

### The Kitchen Table Conversation (KTC) Model

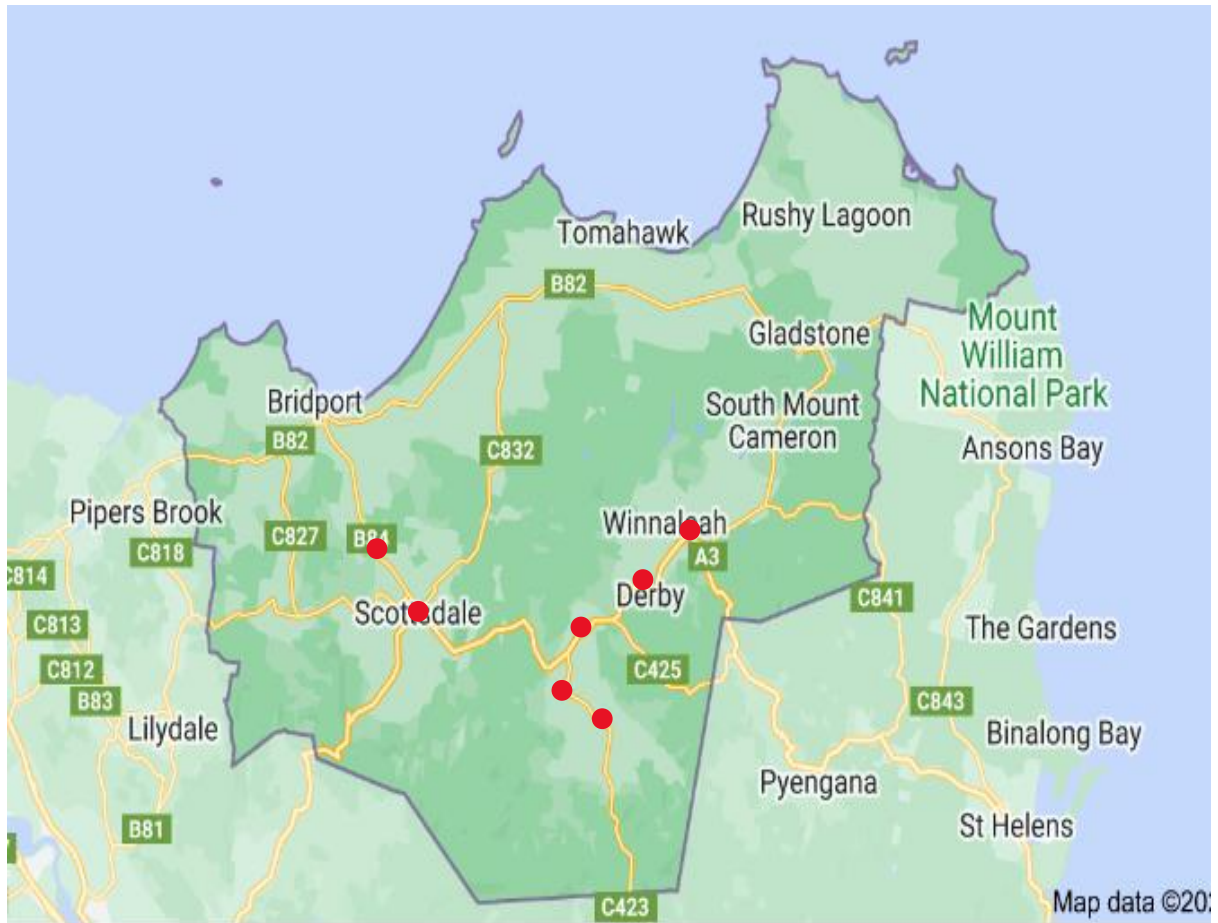
Kitchen Table Conversations (KTCs) are community engagement sessions led by community members, allowing individuals and small groups to participate in discussions at a time and place of their choosing. The inclusive conversations enable all community members to participate in healthcare consultation in a safe and supportive environment. Where the standard KTC methodology created a barrier to participation, group discussions led by a service provider, and individual interviewing by a service provider or CEW was also available.

Each consumer host invited up to ten community members to join their KTC. The host, with training and support from HCT, guided the discussion with a set of questions provided by HCT (see below), and the detailed responses, registration forms, demographics and consents were returned to the organisation prior to remunerating hosts and participants for their involvement.

KTC Questions as follows:

1. What does good health and wellbeing mean to you?
2. Where and how do you get information about health and wellbeing?
3. What are the most important health care services you need in the community?
4. A - Can you access the health services that you need?  
B - What needs to change to access health services in your community?
5. Is there anything else needed within the community to support health for you, your family or others?

## Dorset Regional Map



● Location of Kitchen Table Conversations

### 3. Key Themes

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Responses from the KTCs were individually coded to assist with identifying common themes in groups as part of the overall thematic analysis process. This was achieved by manually coding and inputting the data into the software package Leximancer. The identified themes will provide the foundation for the Co-Design process involving Industry and Community workshops.

The following themes were revealed by the Kitchen Table Conversations in Scottsdale:

1. Health Care – Access, Quality and Equity
2. Mental Health Support
3. Aged Care Support and Connection
4. Community Connection
5. Transport
6. Child and Youth Services

The following themes were identified post first run of Kitchen Table Conversations during a debrief session. Community members felt that these themes were important to be included on the initial report.

Community Identified Themes – Shadow Themes

1. Food Security
2. Homelessness
3. Family Violence

This report presents an analysis of the themes identified by the Dorset Community and highlights areas of concern and possible Community solutions. This report contains direct quotes and stories from Community members that allows the Health and Well Being Network in Scottsdale to reflect community voices.

#### Health Care – Access, Quality and Equity

Participants reported that being able to access health care services is important in maintaining their health and wellbeing. It was reported that the community had difficulty accessing timely health care services in their local area. Numerous participants voiced that they had difficulty making an appointment when needed reporting that the wait times were 3-5 weeks. It was reported that on the day appointments at the local medical centre were made available however these are limited and if individuals were not on the phone or online at opening times appointments would quickly be filled. It was further reported that reception staff have told community members that if they can go online at 12am they may be able to book an appointment on the day.

Dorset residents living outside of Scottsdale and Bridport are required to travel to access health services. It was reported that many community members living in the regional areas felt disadvantaged that they are forced to travel to access the most basic of health care needs. Many of

the residents in the Dorset region are from an aging population which adds additional challenges to people accessing health care services.

There is a frustration expressed that many services are not available at the local hospital and that most presentations end up in a transfer to LGH for services such as:

- Fractures
- Specialist services
- Mental Health services
- Maternity and midwifery
- Cancer treatment and monitoring
- Age related health conditions
- Chronic health conditions

*“Use the old James Scott building, to house all specialists, counsellors etc, in one building or make it a part of the hospital again, to be in use so people can get admitted, fixed etc at home instead of being sent to Launceston.”*

It is reported that many feel that the local hospital is underutilised increasing frustration that local residents have to travel outside of the local area. Participants are aware of the services that used to be provided by the local hospital and would like to see those services reinstated to suit demand. Although there are limited telehealth options for the community to access specialists’ individuals report that they are more comfortable seeing someone in person.

There is further frustration due to few permanent Doctors leading to the reliance on locums and issues with continuity of care, particularly for people with complex needs. People experience long wait times (2-3 weeks for an appointment).

*“Every time I go to a doctor, I get a different one and have to start again. It’s not good enough when you are in chronic pain, having to wait more than six weeks for a referral.”*

Participants also report that Ambulance access is also challenging, many noting that response times are unacceptable. Community members are frustrated that ambulance resources are stretched due to the Derby Mountain bike trail and believe that the correct infrastructure has not been put into place.

*“Ambulance availability has been a huge issue with me since my elderly mother had a fall and had to lay on the kitchen floor and wait for an ambulance for over an hour because a bike rider from Derby was being transported to Scottsdale for a sprained ankle.”*

Cost, transport (travel) and timeliness and access to information about services are also identified as barriers to accessing health care services. Some individuals report travelling from Dorset to Devonport (North West Tasmania) and Hobart (Southern Tasmania) to receive consistent care. It was raised that the costs associated with travel and fees for specialist care results in individuals being unable to seek the care required to maintain their health and wellbeing. It was further reported that due to the



fluctuation in individuals seeking health care outside of the Dorset region people are having to pay additional charges for not being a local resident.

*“Because so many people from Scottsdale are travelling to the Medical Centre in Georgetown to seek medical services, they have imposed an additional fee of \$30 per visit”.*

Many participants recognise the difference in being able to access health care services for those who have private health insurance compared to those who don't. There are a significant number of participants who have been unable to access dental care due to the costs associated impacting oral health hygiene in the region. Residents are only able to access affordable dental care if they are able to travel to Launceston and often there are significant wait time for appointments.

#### Consumer Suggested Solutions

- Improved incentives for health care providers and increased pay.
- Greater access to Medicare funded items such as bulk billing, dentistry and mental health services.
- Regional “Bush Nurse” to visit outlying areas.
- Better utilization of Nursing staff, health clinics, immunization centres.
- More specialists visiting the region.
- Reintroduce specialist buses to visit outlying areas.
- Independent doctor or medical centre.
- Affordable access to Dental Services.
- Maintain adequate hospital and emergency services at the North East Soldiers Memorial Hospital.

### Mental Health Support Services

The need for Mental Health support services is an issue that was consistently raised by all participants. Mental health across the lifespan is important within the Dorset community and many report that needs are not being met. Participants reported that they are unable to access services in the local area and are required to travel to Launceston to receive support. Participants reported that they struggle to find information about Mental Health services that are available and if they do there are lengthy wait times for appointments.

*“Access to Mental Health appointments is extremely disgusting and having to wait 3 months is not acceptable.”*

It is also reported that the costs associated with accessing Mental Health support are high, to receive discounted support individuals require a mental health support plan (up to 10 sessions) from a doctor.

Participants also reported that they don't always fit the criteria for service, age, demographic and severity of illness can be barriers to support. There are few services available in the Dorset region and these are predominantly focussed on supporting mild-moderate illnesses, there is no acute support within the region. It was reported that if someone is suffering from an acute mental health condition/episode they are required to go to the Launceston General Hospital, if they do not fit the criteria for support, they are sent home with little to no support and follow up is not guaranteed.

Participants reported that they are aware of some of the mainstream Mental Health services however there is little to no faith that these services provide what they are funded for.

*“To give an example if you have a depressed teen who has self-harmed or has attempted suicide that sort of thing it’s very hard for a parent to access programs, doctors, psychiatrists who are specially trained to work with youth, there’s very little of that in Tasmania.”*

#### Consumer Suggested Solutions

- Reduce costs of therapeutic support.
- Greater access to Medicare funded mental health services.
- More counsellors, social workers and psychologists in the region.
- Easier access to mental health services and information.
- More mental health first aid training in the region and improve awareness.
- More preventative measures and community connection.

### Social and Community Connection

The risk of social isolation was commonly identified throughout the KTC’s, predominantly for the elderly (this is particularly unique to Dorset). Participants reported that social isolation has negative implications for physical, emotional and psychological health and wellbeing. Participants voiced that feeling connected to family, friends and community is important throughout the lifespan and great value is placed on maintaining these connections. Participants who feel isolated reported they find it difficult to get information about ways they can connect with others and options for connection are limited. Distance, travel, transport options and costs associated with travel act as barriers for social and community activities.

It was identified by community members that it would be beneficial to have:

- Someone to check on you.
- Opportunities for community connections.
- Community outreach to more isolated areas.

*“It would be great to have lots of social activities bringing community together, people around the table, knitting or something like that, maybe having hosts who can teach others origami etc.”*

#### Consumer Suggested Solutions

- Establish buddy system to check in on others.
- Updated notice boards in local towns.
- Local Council provide monthly newsletter informing community of what’s going on.
- The coordination and the active ongoing monitoring of our services and the flexible structure to respond to identified needs. A detailed survey of specific needs of a selected community could be very useful.

## Aged Care Support

It was identified throughout many of the KTC's that support for the elderly in the Dorset community is inadequate. Feelings of isolation and loneliness is felt by many. Elderly residents outside of Scottsdale feel an even greater sense of isolation due to lack of services available and transport options.

*"Elderly residents would like to feel more connected to community and have more activities to do."*

It was reported that there are some activities geared towards engaging the elderly community however not all residents receive the information in time, the activities may not be of interest, or suitable/accessible. It was also reported that many of the residents would prefer to be consulted about proposed activities so they may contribute their knowledge, experience and shared interests . Elderly residents reported that they would benefit from offering intergenerational mentoring and engaging with community members from a variety of age groups.

*"Companionship is vital to our wellbeing, to continue group participation and remain active, such as gardening."*

Many residents find that access to specific age-related medical care is unavailable in the Dorset region and continuity of care is not guaranteed since losing an independent General Practitioner. If hospitalisation is required many are frustrated that they are transported to the LGH preferring to remain in the community.

*"The lack of permanent GP's lessens the health knowledge of doctor/patient with a long medical history. The time allocated for doctors' visits doesn't give doctors the opportunity to research past circumstances, as a result in some cases has led to dire consequences."*

Costs related to supporting the aging community in their own homes is significant and some find navigating home care packages difficult. It is reported that many are unsure where to go to find out the information that they need to be able to make an informed decision about how they would like to manage their packages.

### Consumer Suggested Solutions

- Improve consultation with Aging Community
- Increase awareness of upcoming events and activities
- Increase opportunities for communities from all age groups to come together.
- Improve aged, related health care services to rural and regional areas.
- Access to information and advocacy to understand home care packages.

## Transport

Transport in the Dorset region is a key theme that emerged throughout the KTC's. Having to travel for medical/specialist appointments poses challenges for many reasons. It was reported that people can either travel in their own vehicles, ask family and friends or use the limited public transport and/or the community bus. It was reported that in the Dorset region public transport is extremely limited and does not provide services beyond Derby. The bus service leaves early in the morning and doesn't return until approximately 6:45pm, this is a deterrent for the elderly and/or people who don't want to stay in town for the full day.

*"The transport we can get we might have an 8.30 or 9 o'clock appointment in the morning and not be able to get back home until 4 o'clock or 6 o'clock that evening. Which is great to get the transport but is not good for one's health or mental condition being stuck in a stinking place like Launceston all day."*

Young people living in areas outside of Scottsdale have difficulty seeking employment due to inadequate public transport options. School aged young people can access regional bus services to and from school however options beyond these times are non-existent.

*"I don't always have people willing to drive me that far. I think transport is a big one, at the moment the bus is available only in the morning and late at night, as a student I can't get on the bus. More buses, more times, a bus for elderly people from rural communities into town".*

Public transport options from Dorset to Launceston are also limited. The three options available are;

- 1) Sainty's North East Bus service
- 2) Dorset House Community Transport - DHCT
- 3) CTST – Community Transport Services Tasmania

Although these services are available and appreciated by community not all services are available to all community members. All can access the bus service however due to the limited timetable it poses problems for many community members, particularly the elderly or families with young children. Dorset House Community Transport is also limited to weekdays only and priority is given to those with medical appointments. DHCT is coordinated and driven by volunteers and due to increased pressure for transport volunteers are at risk of becoming burnt out. CTST is available to people over the age of 65 and people who have a condition preventing them from undertaking daily activities such as a disability. Although CTST is a door-to-door service it is fee based according to kilometres travelled.

It has been reported more recently that community have felt a significant blow since losing the local Taxi service. Many community members relied heavily on this service to get to medical appointments, go shopping, run errands and to interact socially.

Participants reported that those who can travel independently find it difficult to take time off work to go to appointments, find care for children and pay excessive fuel costs to attend appointments which are sometimes cancelled mid-route. Some participants also highlighted the challenges when they have family members who have difficulty travelling distances and being away from familiar surroundings.

*"All our trips to Launceston for services are huge. My daughter doesn't travel very well. She also has Autism so not being in our routine was exhausting. It'd be great if it could be available locally."*

#### Consumer Suggested Solutions

- More buses available at different times.
- Services and specialists to visit the region and reduce the need to travel.
- Coordination of community members who are able to support travel needs of those who have difficulty using the services available.
- Explore options for a community car.

## Child and Youth Services

Participants reported that services relating to child and adolescent health and wellbeing were unavailable in the Dorset region. Speech therapy, paediatrics, maternal child health, midwifery and mental health services have been difficult for families to access locally.

Participants reported they would like to see improvements in all aspects of child and youth services focussing on the health and wellbeing of the whole family. Preventative measures were also important to families with children. Participants would like to see more services visiting the area regularly to support young people as they grow and develop.

Participants reported that access to child care, before and after school care and occasional care is challenging. There are 2 centres available, one in Bridport and one in Scottsdale. Families living in regional areas are required to travel long distances to access care which can be exhausting for the family and can create further challenges for health and wellbeing. There are limited individuals offering family day care from their homes and due to ratios of adult to children these often fill quickly. Participants report costs associated with childcare, limited availability and limited options put increased pressure on families impacting their wellbeing.

*“It would be great to have more childcare options, youth groups and activities for young people”.*

Participants reported that increasing activities targeted at youth would not only improve the health and wellbeing of young people it would also assist in creating connections within the broader community. Families report they are aware of the link between physical and mental health and would like to see more services visiting the region, particularly outlying areas where the only interaction young people have outside of the family home is school. Some participants report that young people are required to help on family farms which reduces opportunities for community connection which can impact the health and wellbeing of young people and their families.

*“As soon as you say rural, you say farmer and with that comes above average coping levels because we see and do things, we shouldn’t have too every day. If you are a farmer and a woman you have to take into account you are doing this with children, so then there are added risks being taken. Children are also dealing with things they possibly shouldn’t see.”*

Participants also reported that there are a number of families living in poverty in the Dorset region. Increase in the cost of living, spiking rental prices and housing availability have forced a number of families to move out of central areas into more remote regions. This has had a significant impact on

families being able to access health and wellbeing services that are only available in the main towns. It was reported that there has been increased pressure on support services to provide basic living essentials such as food and medication. Schools have also reported an increase in responsibility to support families living in extreme poverty with basic necessities.

#### Consumer Suggested Solutions

- Increase services and activities for the Dorset Youth.
- Access to specialists locally.
- Improve travel options for young people outside of school times.
- Better access to child care facilities, morning and after school care and occasional care.
- Improve awareness of services available to families to support health and wellbeing.
- Acknowledge impact the rise in costs of living has had on families and find solutions.
- Greater access to services locally that can assist families living in poverty.
- More counsellors and social workers available in schools on a regular basis.
- Assist medical staff to gain a better understanding of families from rural areas.

## 4. Progress Report Feedback Session

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On 24 October 2022, community members were invited to the Mechanics Hall, Scottsdale to participate in the first debrief/feedback session of the Kitchen Table Conversations. There were 17 participants from the community who attended. Participants were provided with a copy of the preliminary report which outlined the key themes that emerged from the Kitchen Table Conversation to date. Using a power point presentation to compliment the progress report we were able to highlight key areas which allowed participants to provide feedback, ensuring the findings reflected the community's collective voice. The key themes that emerged from the KTC's are:

1. *Health care – Access, Quality and Equity*
2. *Mental Health Support Services*
3. *Social & Community Connection*
4. *Aged care support*
5. *Transport*
6. *Child and Youth Services*

There were three other areas that were raised by participants during the session which they thought were not captured through the thematic analysis however were raised in the KTC. Participants felt it was important to add to the report, *Food Security, Homelessness and Family Violence*.

**Food security** is a key concern for the community. Access to fresh fruit, vegetables and meat is limited to main townships, some outlying areas provide a limited selection of fresh produce however prices are much higher in these areas.

The concern regarding **Family Violence** is that there are no immediate solutions for victims beyond Police help. Participants reported that Family Violence is prevalent in the region however there are no

support services available. The community would like to see local emergency housing and counselling for families affected by Family Violence.

Community members would like to see more done to tackle **Homelessness** across Dorset. Participants reported that there is a lack of support for people experiencing homelessness in the region, it was also noted that people did not know where and how to get help.

There was a general consensus between Community participants and Health Consumers Tasmania that these sub-themes should be included in the findings and Community would like to action these themes.

### Health Care & Mental Health

Participants strongly agreed with the issues raised in relation to health care and mental health. There is a lack of accessible and available services in the region and support beyond Scottsdale is non-existent. Mental health support across the lifespan is a key issue for the community and it is acknowledged that good mental health is important for good physical health.

Participants would also like to see more mental health support for men within the community and it is important to have options for support. One on one support and men's groups beyond the men's shed such as cooking groups were some of the solutions put forward. Mental health support for elderly men is also important as Scottsdale has a high number of elderly residents. Participants also reported that some elderly people are hard to get out of the house, door knocking, or buddy systems were raised as a possible solution.

### Carer Support

Participants also reported that there is a lack of support for carers in the region which contributes to feelings of isolation. Support for people with disabilities is limited and people reported being unaware of where and how to navigate the National Disability Incentive Scheme and that it is a complicated system. One participant reported that there used to be a local carer support group, but this has ceased since the pandemic.

### Transport

Participants also voiced their frustration regarding transport and the recent loss of the sole taxi service has compounded the issue. The community would like to see an improvement in transport services. One of the solutions put forward by participants is having a community car in each township. Another idea presented by participants was to have more volunteer drivers to take people to appointments/shopping etc.

### Access to information

Participants would like to have greater access to information to provide support to their families and the community. It was mentioned that people are unaware of where to go, how to access and who to ask about support for many issues such as homelessness, mental health, food security etc. Participants would like to have 'a one stop shop' to access information.

## Community Solutions

Participants were also given the opportunity to voice how they would work with community to produce solutions. One participant voiced that;

*“The community must provide the solutions for things to work”.*

Participants would like to see more life skills education and mentoring in schools as concerns were raised regarding respect within the community. Early intervention and preventative measures are important in strengthening the community.

A comprehensive list of solutions to the themes raised through the Kitchen Table Conversations and debrief sessions will be outlined in the progress report.

### In summary

At the completion of the feedback/debrief session participants were asked to fill out an evaluation. Overall participants were satisfied with the session and reported that having forums like this are a great start to strengthening the community. It was evident that participants are passionate about their community and connections between participants were made. Participants mentioned that they would like to bring other key community members to the next meeting and are eager to participate in co-design (Community/Industry Workshops).

## 5. Conclusion

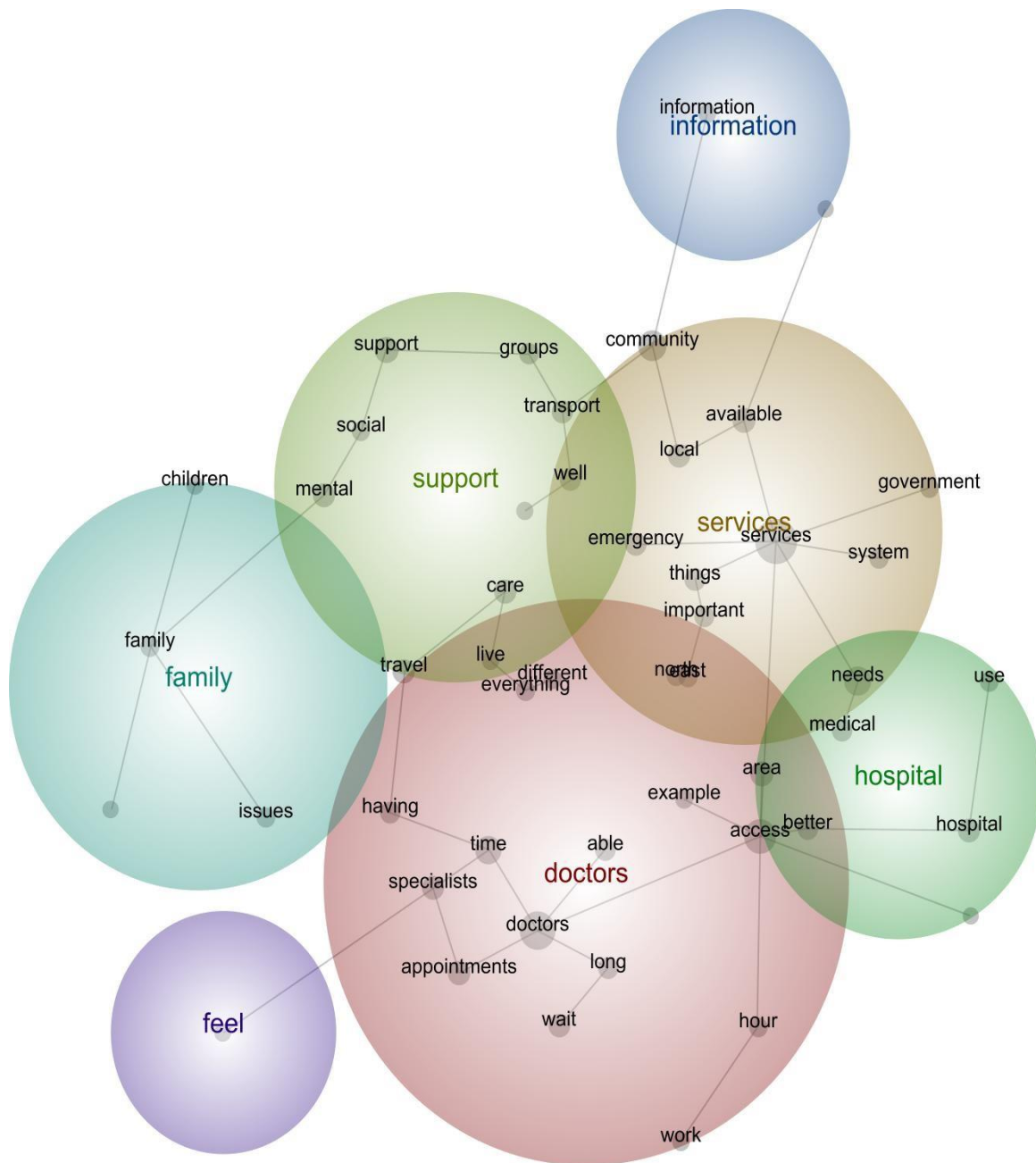
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This interim report provides an insight into the health needs of members of the Dorset Community, however, the KTCs held to gather this data as part of the Health and Wellbeing Networks Project serve a much greater purpose. This process can be seen as an essential steppingstone towards community mobilisation & the implementation of consumer led, placed based health improvement opportunities in the Dorset Region.



## 6. Appendix 1: Dorset Leximancer Analysis

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