

Outsourcing Community Service Delivery

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Partially Confidential

Tamworth ADHC has not been fully staffed and is currently unable to provide services to the young people who are already on their books. The positions for therapists are not always filled and always you are able to see advertisements for specialist staff such as speech, O/T and others advertised in the local and metropolitan papers. ADHC has always to the best of their ability ensured that services are provided to the client base on sometimes a limited scale but they have always been prepared to speak to the carer is need to give advice, information etc . ADHC takes on the responsibility of being a Government Service for the whole population and not a small portion as what happens often with NGO's who are not required to service all disabilities or to provide support to high support clients.

In a regional city with a population of 50000plus there is currently no private Paediatrician practicing the only paediatrician is through the local hospital clinic. The closest private Paediatrician is some 90 minutes away from this major rural centre. The availability of support services such as speech, O/T and physiotherapists as private practices is somewhat limited and usually can only be sourced by Community Health run by local Health Service or if you are prepared to travel to other centres such as Armidale, Muswellbrook.

If ADHC and Hunter New England Area Health are already struggling in providing early intervention services to children and adults with identified disabilities how can a privately run organisation ensure that support staff and suitably qualified staff are available to this area to provide ongoing support to the clients that they will have.

I have over the years watched the privatisation of Out Of Home Care for children in the foster care system and the failure of NGO's to provide adequate services to the children and carer's and always the bottom line is costs and even though most NGO's are not for profit it is obviously profit that runs everything.

Often when an NGO is unable to provide a service their first response is ADHC do not fund us enough to do this you will need to speak to ADHC if ADHC is to become only a funding body where does it leave the community to go if NGO's are unable or unwilling to provide services.

This very much appears to be a way for the Government to side step their responsibilities to the disability sector by privatisation measures. What will happen to clients with severe behaviour and anti social behaviours in regional areas, currently ADHC in our area is the only service willing to service this type of clients and as the problem of drug and alcohol related disabilities continues to rise amongst the younger population who will take on these clients when there is now a issue if a person has both a disability and mental health issues who should provide services.

Taking ADHC out of the service provider role would leave a huge gap in services for people with disabilities in rural areas and probably in large centres as well give that the Government is looking at closing institutional care centres.

The government needs to have ADHC as the lead agency in service provision otherwise the system will be run on monetary issues not a person centred approach as is now being introduced.