

**Submission  
No 3**

**INQUIRY INTO SERVICE COORDINATION IN  
COMMUNITIES WITH HIGH SOCIAL NEEDS**

**Organisation:** Richmond Valley Council

**Date received:** 13/08/2015

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Council's Reference:

12 August 2015

Dear Standing Committee on Social Issues,

I write on behalf of Richmond Valley Council to make a submission to the Standing Committee on Social Issues' Inquiry into service coordination in communities with high social needs.

The Richmond Valley Local Government Area's 22,000-strong population is dispersed across approximately 3050 square kilometres, in seven villages and towns ranging in size from approximately 450 persons to 10,000 persons.

Casino, the largest of these towns, has the greatest number of community services organisations, with Evans Head (population 3,000) having a smaller number. A number of organisations based in Lismore, a larger regional centre of 36,000, also provide services for clients in the region. The Richmond Valley is an area of high social need. It was ranked the 7<sup>th</sup> most disadvantaged area within NSW, on the SEIFA Index of Relative Socio-Economic Advantage and Disadvantage in 2012. More recently, Casino has been ranked among the lowest 5% in NSW for location-based disadvantage in the *Dropping off the Edge 2015* report, released in July 2015.

Approximately 25 organisations providing community services for older people, people with disabilities and Aboriginal and Torres Strait Islander Australians were consulted for input for this submission.

This submission will specifically consider items (a) and (b) from the Standing Committee's Terms of Reference.

*(a) The extent to which government and non-government service providers are identifying the needs of clients and providing a coordinated response which ensures access to services both within and outside of their particular area of responsibility*

- As a regional community, organisations and clients are reliant on individual services. With no coordinating body, service coordination and communication of information relies on interpersonal networks and the relationship between the different organisations.
- Individuals who need services do not know where to start when looking for services. There have been efforts from organisations, Council and Neighbourhood Centres to collate information on services, but it is very difficult to include every service and keep information up to date (e.g. considering funding is sourced from different places and so services and



programs disappear and reappear). In general the current solution is to refer people to the Casino Neighbourhood Centre (servicing Casino and surrounds) or the Mid Richmond Neighbourhood Centre (servicing Woodburn, Broadwater, Coraki, Evans Head, New Italy and surrounds).

- For Aboriginal community and government services in the health sector, the partnership approach has been successful. In Casino and surrounds, the Primary Health Network, Aboriginal medical services, Northern Rivers Local Health District, and non-Aboriginal and Torres Strait Islander providers have all worked well together. Where there are adequate resources, staff and funding, service coordination works.

*(b) Barriers to the effective coordination of services, including lack of client awareness of services and any legislative provisions such as privacy law*

- Transport is a huge issue. Public transport is limited – timetables run for schools, require very long wait times, and routes do not all stop where rural residents live
- Aged care and disability funding packages do not allow for extra time and cost of transport in regional areas where clients may be an hour or more from the nearest or most appropriate services
- There is community transport, but without government funding, local coordination of transport for getting people to specialist care is limited and still a challenge
- Very long wait times are also an issue
- Gaps in service delivery are a challenge. For example, Casino has no ear, nose and throat specialist – Casino Hospital’s surgery was closed, and now the region has only one ENT specialist at Lismore (34 kilometres away, very little public transport). This has resulted in a proposal to send children well out of the region to Newcastle to get surgery for otitis media related hearing loss.
- There is a lack of community understanding of what community services do. Having to start with educating community perceptions (for example that health providers cannot help with housing problems) takes valuable service time.

I would be pleased to provide further information on service coordination in the Richmond Valley region, should the Standing Committee require it.

I look forward to hearing the results of the inquiry.

Yours sincerely

John Walker

Chief Executive Officer  
Richmond Valley Council