SUBMISSION TO PRODUCTIVITY COMMISSION ENQUIRY INTO PRIVATISATION OF HUMAN SERVICES SECTOR. JULY 2016

I only learned about this enquiry 5 days before due date and so following is not well worked but I hope presents a view from the ground about the day to day experiences that cause me great trepidation at the thought of continuing the ideological push to privatisation when history demonstrates that it does not work for the human service sector. While this is evidence and researched based, I have not referenced or been able to polish the document but submit it in good faith despite its limitations. I assume that you will receive more theoretical and referenced material from others.

It is clear from the terms of reference that the Productivity Commissions brief is to recommend privatisation of human services. The more fundamental question not being asked is whether or not this is actually in the best interests of a healthy, productive and well functioning society, the public purse or for preventing and treating human suffering and social dysfunction. This is extremely disturbing. Over the last 20 years I have witnessed a greater fragmentation and growing dysfunction of the human service sector as managerial, competitive, corporate and business concepts that may be good for producing things & impersonal services, is inappropriately imposed on the human services sector. This is correlated with increases in homelessness, mental illness, family breakdown, violence, more children in poverty and needing educational support, protection, behaviour management and access to the criminal justice systems. These are not coincidences and there is a huge amount of research available AND effective service models to work with (Scandanavian countries, parts of Europe must be looked at NOT follow the USA economic rationalist, cruel policy settings which are creating even more dysfunction than we yet have in Australia.)

The human service sector works best with genuine and uncompetitive cooperation, sharing of resources, best practice and innovative service development, that is bottom up rather than top down. Health, housing, income security, education, disability, justice, employment, child protection, youth & family services, emergency relief, and services for the most vulnerable in society are all largely broken (of course there is still some excellent work happening and some wonderful programmes and valiant workers continuing to operate, but they are constantly under threat. e.g. I worked in an excellent early intervention and supported playgroup for families coping with disadvantage or disability that had been operating for around 13 years with excellent outcomes, but it was one of the myriad small, effective services cut in 2014/15 leaving families with no other support options. At the same time in a small community, a volunteer home visiting program was cut and turned into a one person family support program - duplicating infrastructure and competing with the excellent family support programme that had operated for about 30 yrs. It would have been more effective & efficient to bring the two services together so there were volunteers and family workers working under the one roof, with single infrastructure costs and offering a wider range of services that could be easily matched to the changing needs of clients - but instead led to wasted resources and time wasted in "collaboration" not to mention the grief of families who have again lost services.

The tragedy is that the people making the decisions are increasingly unaware of the negative impact at the coal face of competitive tendering; corporatization of Govt and community services; defunded programmes; rise of Corporate Welfare services; onerous and increasingly irrelevant accountability criteria and processes; punishing/victim blaming values that decrease people's capacity to recover; fund shifting to bigger agencies removed from and unaligned with the people and communities they purport to "cover"; insecure, short term constant cycling of funds and programmes; pilot programs that are discontinued despite success; constant rebranding of services (has anyone ever costed the changing of letter heads let alone wholesale unnecessary changes of service systems? e.g. changing from medicare locals to primary health networks with loss of capacity, time spent in "competitive" tendering, staff losses and reduction in services).

Decision makers are frequently out of touch with direct service; many have managerial backgrounds with no knowledge of human services or the needs of clients, students, vulnerable people. e.g. I am puzzled as to why a mining magnate or Macquarie bank staff, "managers" with no background in human services would be accepted as experts designing Mental Health and other human services. I would be quickly laughed at if I thought I could help design a banking system or the harbour bridge. The human service sector is one of the most complex areas of social policy requiring a wide range of expertise and experience and an understanding of the inter-connected nature of the services needed for a human life within a social system. I have watched the fall out of such people making decisions, in the name of "efficiency", that cut clerical assistance in DOCS reducing time available to caseworkers to work with children and families at risk - huge backlogs, highly stressed staff, the vast majority of children at risk NOT being seen, let alone protected; the pay staff being cut in community health leaving some of the highest paid clinical staff entering staff pays & statistics instead of using their clinical skills to support staff with service delivery; managers disappearing from local Community Health centres where they used to facilitate inter-disciplinary teams effectively and efficiently delivering a range of wholistic services for people - they also had the ability to work closely with other services in the community to respond quickly to identify & meet needs, trouble shoot and find creative solutions to complex problems. Managers were located long distances from staff spread over big "regional" areas and thus totally out of touch with client groups in their community resulting in silos of service separating professions from each other even though on the ground they were meant to be in the same teams working with the same client groups. Clients are expected to fit a one size fits all policy even though the local areas were totally different from each other and often staff were having to show they were delivering X even though that wasn't needed in their community e.g. a rural community with little cultural diversity being expected to operate as if it were a highly diverse community (or visa versa); staff having to travel huge distances to go to meetings taking them away from client work; staff being centrally located and thus losing time in travel getting to clients adding cost for reduced service delivery. Again, these things are rarely costed and accounted for when centralising services and creating bigger and bigger regions rather than keeping services and the management of those services as close to people's lives as possible.

Business managers without any understanding of human services are making decisions that worsen people's lives, create additional layers of distrust and hopelessness in people whose safety has been shattered by trauma. To heal and grow into contributing confident members of society many people need steady, familiar, reliable, long standing services & staff that are able to provide the secure base needed to repair trust and trauma. Staff and services cannot do that when they themselves lack any kind of security or confidence in being there for the long haul because they will lose their funding to a big service whose only connection to the people and community is that the tender required them to "cover" a number of local government areas. Services often lose skilled and experienced staff and the Government sacrifices irreplaceable local relationships, knowledge and cooperative partnerships (formal and informal) which are the hallmarks of well functioning service networks. Good managers know that "corporate" knowledge cannot be replaced and sets an organization back - this is even more the case when it relates to the complexity of a community and the generations of citizens therein. Every time one service loses funding for a programme and it is given to a corporate welfare agency there is loss of knowledge, clients have to start from scratch again with a new person and lose trust and continuity (there is grief and anger when these important relationships are forcibly and for no rational reason, broken); existing services have to spend time trying to orient the new service; the new service usually spends the first 6 - 12 months trying to establish themselves, get to know the community, and get up to speed; more time is wasted building working relationships. The more fragmented & "competitive" the service system the more time spent in "coordination" and liaison rather than delivering services. Competition also reduces the open sharing of innovative ideas as agencies want to gain a competitive advantage. Cooperation used to be par for the course in the welfare sector, now there a "partnerships of

convenience” as agencies jostle for limited funding - naturally these break up rapidly when funding priorities change (often on the basis of “new” ideology rather than reflective practice and soundly based adjustments that build and strengthen existing services.) It often feels like shuffling the deck chairs on the Titanic - the critical issues are being glossed over with jargon, spin, and focus on the trivial - experienced people on the ground KNOW it won’t work or be effective but are silenced by attitudes that say “You just don’t like change”, “change is threatening but you’ll get used to it”. When people raise important ideas they are frequently silenced - “Be positive; don’t be unprofessional; you’re being negative”. Even more frequently, despite sitting for hours in “consultations”, the agenda has already been decided and people feel manipulated and their time wasted as what they say is disregarded - most human services workers are dedicated, compassionate people who want to be making genuine differences for people and it is highly disrespectful and manipulative to “consult” when there is no intention of taking ideas on board. The “consultation” agenda is too often about “convincing” people, silencing them later by saying “we did consult you” or fulfilling a requirement to conduct “consultations”. Policy and programme development works when service staff and clients are engaged with real problems, and ideas are genuinely explored for creative and effective solutions, input is valued and respected and people are implementing solutions of which they are confident.

Despite the rhetoric of recent years, the Community sector has consistently been able to be more flexible, responsive, efficient (always worked on basis of chewing gum, string and staff dedication) and creative in serving complex and difficult situations within the context of the people’s community. Most problems people face are not simply psychological, personal problems that can be diagnosed and medicated, but, as research consistently demonstrates, are influenced by family, neighbourhood, social, community and policy factors. Increasingly the service system is based falsely and ineffectively on an individualised, medical and managerial model. Here on the ground it is absolutely clear It is not working!!! However, despite all the hours of “consultations”, reviews, reports, the knowledge from the ground & the truth of the situation is not getting through the maze to policy makers. Even at the policy level, there has been a real loss of wisdom and experience as the public servants are silenced or lost because they know the current philosophy and approach is wrong but their is an unwillingness to truly look and listen to what matters. If you genuinely wish to make an informed and thorough evaluation in this enquiry you must talk less to those at the top and much more to those whose priority is delivering quality and appropriate services to people in their community; read & apply more of the actual research and less of the ideologically driven policy reports.

I am an Accredited Health Social Worker who has been in the public, NGO and now private sector in a career spanning over 40 years. It is very clear to me that the human service system has deteriorated to the point of being fundamentally broken. Privatisation is making it even more dysfunctional.

I have attached 2 confidential cases not to be published and will give you 2 examples below. All 4 are real examples from this week alone that illustrate some of the problems.

1. Disability client
2. Young person & successful suicide.
3. Another client told me they were picked up by a service which “covers” this area but located an hour’s drive away and so the client won’t get the service entitled to because staff cannot travel to the outlying area; what is the added cost and wasted time of staff being located centrally & having 2 hours return travel in order to see a client out of area, rather than located in the same community? Centralised services are wasteful of resources and reduce capacity for actual service delivery. Private providers are very unlikely to be willing to do this without significant reimbursement; NGO’s and public servants located locally are much more efficient and effective and frequently go the extra mile in order to deliver a good service to the people in the communities with which they are identified - some services have worked with families over several generations - the knowledge

and the social capital of relationships cannot be under-estimated in achieving good outcomes for vulnerable people requiring human services. Competition undermines good relationships.

4. Another worker told me about trying to access a new private practice, "NDIS" ready service that has started locally - lovely pamphlet, sounds great, new office locally; worker called several times; never contacted back; finally made contact and apologetically told they agency is swamped with calls and struggling to manage; they're not known in the local area AND in competition to existing services which creates a conflict of interest. Few people have the psychological capacity to be both in competition for business and clients AND be cooperative in the client's best interest (this is not cynicism, but the experience of decades of working to integrate and create cooperative initiatives and funding applications.)

I am very clear that the level of service I can give in public and community services is superior to what I can give in private practice even though I earn more than three times as much privately than I ever did as an employee and even as a manager in the community sector. (Can't see how this can be "cost effective")

I often face ethical dilemmas as I try to balance what people actually need to help them function well vs what is possible within the systemic barriers to good service which keeps people crawling along. The systemic problems contribute to revolving door use of services and the escalation of need requiring more expensive interventions (a MH SW or OT is much cheaper and more skilled at prevention than the Clinical Psychs and Psychiatrists. It would be more efficient and effective to increase access at this end of the service spectrum to give the interventions needed and keep the unnecessary GP, clinical Psychologist and Psychiatric appointments for when they are really needed).

Centralised intake and referral processes always seems to take longer and are more frustratingly difficult as there is no local knowledge or connections. Vulnerable people frequently need help to navigate the increasingly complex and top heaving human service sector. It becomes a self fulfilling dysfunction - constant changes of auspice, programs and staff creates the need for "information and referral services". It is more efficient to just make direct contact with known services to efficiently and effectively arrange service delivery.

Community Health used to be the central contact point for information and referral for many people with the various well networked local agencies providing other entry points for people to access services. This is almost broken down as funds and service functions are stripped bare and fragmented. In the health field, the Australia wide network of Community Health centres that were easily accessible, visible hubs of whole of life services needs to again be refunded and reinvigorated. It would do away with the array of information and referral and service access websites and telephone numbers; it would enable money to go more directly to service delivery rather than duplicated services eg adolescent mental health teams located in Community health should be expanded rather than duplicated with headspace and other adolescent mental health services. In Community Health there can be more seamless transitions between child and family, womens health, physical and family health, mental health, counselling, nutrition, public education, clinics etc etc. i.e. it has the capacity to be an integrated, multi-disciplinary, whole of life service system. People don't do well and feel fragmented when they have to go to countless places and people in order to address the normal range of life issues that affect them.

In private practice I cannot continue to attend interagency meetings, case conferences, project and service committees which used to help me keep up with the array of changing auspicing bodies, programmes and staff coming into the area. It was easy to liaise and communicate; people working closely with clients were more able to cooperate to find creative responses that helped people. Now despite the rhetoric of GP case management, collaboration, team work etc, it is almost impossible to

achieve. There is a split between public and private professionals and privatising services will increase the disintegration of the human service sector.

It is not “efficient” or effective to enforce continual change which increases frustration for both workers and clients and reduces cost effective and successful outcomes. It is false economy to place unrealistic limits on services which creates a revolving door where people get a little help, struggle on, get worse again and so have to come back through the system - more GP appointment, assessment interviews, wait lists, cycling through the system. One referral to an AHP or an public agency who can do the work required for successful outcomes, would save millions. (eg limiting BAMH sessions to 10 per year is not evidence based - evidence is that even CBT frequently requires about 20 sessions to be effective - and that is often just dealing with the surface behaviour). This has destructive impacts on the client who sometimes gets frustrated and angry, or more depressed and despairing, or reluctant to keep trying to get help, or end up feeling that they are too damaged to help - a hopeless case - which undermines their capacity to be resilient and creates greater levels of dysfunction and neediness - on top of that they are then blamed for being “dependent” on & “abusing” the welfare system. Increasing suicidality is the worst outcome of a failing and ultimately abusive system.

Requiring people to be suicidal or at the extreme end of a problem before getting help, trains communities to be in crisis. People need enough help as early as possible in the pathway of life’s problems to get up and run again rather than being kept crawling on their bellies feeling blamed and further victimised for having ordinary human needs and crises. While there are those who have learned how to cope with the failing system and sometimes abuse it, they are a minority and the question must be asked - what is the relative cost of setting up a system on the assumption that all people are going to abuse the system, and thus fails most people, vs setting up a system that genuinely helps people to solve problems or have the resources to cope with life crises so that they don’t need human service intervention and return to successful living as quickly as possible? I strongly encourage the productivity commission to seriously research this. Eva Cox many years ago found that the cost of trying to catch the “cheats” was multiple times greater than what the cheats actually cost the system. (Important to follow up this research.)

I would like you to consider that a customer service/choice model appropriate for selling toothpaste etc is not appropriate ideology for human services. From long experience, most people want sensitive, caring, flexible and responsive services that are respectful, non-judgemental, and help find solutions to the problems the person has in a wholistic way. If workers are client centred, have access to a range of service options, work closely with other complimentary services, then choice is not necessary as the client has the power already to get what they need. Competition doesn’t add any value to good, reflective and responsive professional practice. It is occasionally helpful to have different personalities in an integrated team (not available in private practice and the field of predominantly lone workers) so a client can see someone else if they don’t feel comfortable with the first worker (due to being like a harmful figure in the client’s past, or wrong personality style etc.) The human services require therapeutic relationship skills (which evidence shows is more important than the techniques utilised) and this involves building rapport, time for trust and communication to develop and a worker who is supported, supervised and empowered to be responsive and responsible (within parameters of course). The heavy emphasis on management focussed, top down and imposed interventions (usually a one sized fits all approach) that are in the interests of service providers, ideology and government policy, is failing dramatically. The quality of service and the capacity to be sensitive and responsive will not be enhanced through private competition. People mostly prefer good services to have dubious choice. The emphasis I have seen emerge over time is that there is a drive for numbers, rapid through put, cheap short term approaches, cost cutting in order to get funding. This is increasing waiting lists, stress for staff and clients, a bandaid approach which escalates problems - more efficient to actually treat or manage people ’s problems and let them move on in life.

Competition means that huge amounts of resources are going to be diverted from direct service delivery to marketing, self promotion, glossy brochures and trying to get market share. Totally unhelpful and wasteful of people's time and resources better spent actually helping people.

There is an urgent need for policy to enable a spectrum of care in all fields and avoid the swings from one type of service to another (eg centralization/decentralization of services; institutional care to no institutional care; hospital to community care & back again; prevention & early intervention priorities to tertiary and severe end care; Federal to State to Local to corporate welfare, to community sector to private to volunteerism. Some people will always need services on the full spectrum. Equally unwise to put everyone in residential services as letting no-one have access to that service when it is needed. A noted earlier, the growth industry in human services is gaols where people are given institutional "care" by default and without the actual treatment required.

In order to ensure good practice in the human services, staff need good training, ongoing professional development, access to relevant research, models of intervention and support for innovation, reflective practice through good supervision. Health has stopped paying for supervision for workers serving highly complex client groups and even discouraging staff getting supervision in work hours. This is ludicrous contributing to higher risks for burnout, loss of staff, accumulating vicarious trauma which is an OH&S issue and risk to quality practice.

There are so many issues to raise but the time to submit is immanent. So I'll give a few specific issues plus where privatisation has already failed.

COMMENTS ON SPECIFIC FIELDS OF THE HUMAN SERVICE SECTOR

JUSTICE SYSTEM: private detention is leading to dramatic human rights abuses; worsening levels of rehabilitation and services in gaols that help wrong doers repent and repair; In NSW under a different leader, gaols were going to be closed because of the success of diversionary interventions, drug court, ATSI, adult and youth justice conferencing, a more rehabilitative and less punitive approach to sentencing and incarceration; now more gaols are being planned; gaols are increasingly the primary service centres for people with mental health problems, histories of trauma and abuse, people with disabilities. Youth Justice Conferencing is being managed under the philosophy of law and order rather than its original philosophy of family and community engagement to divert youth from the justice system into helping them address the factors causing their criminal behaviour and re-engaging in a life enhancing direction i.e. an early intervention and prevention approach which had excellent success in the early day. (I am a youth justice conference convenor and so speak from personal experience.)

EDUCATION

The recent investigations of private training colleges is well known, and demonstrated that the history of privatising college education has not worked for students, has put trade education out of the reach of many, TAFE, which was a world class education system has been gutted, is often unaffordable, has been almost impossible to access when enrolment was put on line, community education in human services, child care, the arts, apprenticeships in trades etc has been cut to save costs and prop up the private companies. Citizens and those working with people accessing human services can see how the situation has got worse not better for people under this failed experiment of priviatization. Many of the very helpful programs that helped the disadvantaged ease into higher education have been cut - used to get Outreach services come to a family support service and help clients (especially women) into soft entry courses to gain confidence and skills to enter work training on the path to employment. Gone!

I benefited from public University education and see how it is less accessible for my children and their peers and the people I work with therapeutically. The costs to a community of NOT supporting good public education from preschool to postgraduate levels are great. In contrast, The Scandinavian countries demonstrate the advantages. Well trained, well paid and supported teachers who are trusted to

teach children get good results WITHOUT excessive paper based accountability and constant testing of students.

HOUSING: the housing crisis and rapidly rising homelessness, especially of women and children, is a result of decades of poor public housing policy - again a result of the misapprehension of the power of the market to solve social problems.

MENTAL HEALTH: there is a need for a spectrum of care including residential care and therapeutic community care, however the closure of institutions (which did need reformation) has led to many people in private boarding houses, homeless or in unstable accommodation and in gaols. Private boarding house goes back to the 19th century model which failed and was exploitative then as it can be now.

EMPLOYMENT: Again history demonstrates the failure of dismantling an imperfect but mostly effective public service and placing it in the hands of competitive, private providers and corporate providers.

CHILD CARE: The debacle of the privatisation of this industry is aptly demonstrated through the rise and fall of the ABC child care provider. Excellent community based child care centres and preschools are now hard to find and struggle to keep delivering the high quality of care traditional to community preschools over decades.