

8 March 2024

## **Independent Pricing and Regulatory Tribunal**

PO Box K35 Haymarket NSW 1240

Dear Sir/Madam

## Subject: Out of Home Care Cost and Pricing Review, feedback on Terms-of-Reference

Anglicare Foster Care is a program of Anglicare Sydney and has been providing foster care services to children and young people since 1984. Within the Permanency Support Program (PSP), Anglicare is contracted to provide Foster Care to 162 children and young people, Adoption & Guardianship and Family Restoration services across the Greater Sydney region.

This letter is to outline additional areas that require attention in the IPART funding evaluation of the delivery of PSP programs to ensure compliant and sustainable programs and meet the needs of children involved in the statutory care system.

## These include:

- <u>Business support & administration</u> The high administrative requirements of the program mean we have a team of Administrators (5 full-time equivalent roles) tasked with ensuring essential back-end work is completed. This includes (but is not limited to) compliance relating to carers, staff & finances, carer payments & placement invoicing.
- Casework support & casual caseworkers The significant amount of administration required to support best-practise case management has led to the creation of a number of new casework support roles (4 full-time equivalent) to assist foster care case managers and manage the amount of administration and record keeping required. These roles are not just important administratively, but they enable case managers to leave the office and engage in the work of direct support to children and carers, which is essential to stable, flourishing placements and meeting the needs of children. In addition, Anglicare employs a team of casual caseworkers (5 roles) tasked with supporting the high number of family time visits we coordinate throughout the week and at various locations across Greater Sydney. The number of family time visits we support has increased exponentially with the rise in short-term and family restoration placements.
- <u>Carer marketing, recruitment and support</u> Carer recruitment is central to our operations but is ongoing and difficult. To meet this challenge, we have a team focused on supporting applicants through the process as well as a dedicated marketing resource coordinating a yearly cycle of advertising and events (4 full-time equivalent roles).



- Quality & compliance In addition to the compliance work of our administration team, discussed above, Anglicare has a dedicated Quality & Practice team (1.5 full-time equivalent roles) tasked with ensuring compliance with accreditation requirements, quality assurance processes, internal and external compliance reporting, Child Safe Standards, Reportable Conduct, risk-of-significant-harm (ROSH) matters and complaint coordination.
- <u>High-needs placements</u> Coordinating supports for children and young people who require High-Cost Emergency Arrangements (HCEAs)/Alternative Care Arrangements (ACAs) is a dimension of our work that has risen exponentially over the past few years and requires an abundance of physical and financial resourcing. Facilitating entry into one of these placements can tie up a number of clinical and administrative staff for days, often after hours and this continues as the placement is supported over time. The most critical elements in setting up and HCEA/ACAs are ensuring placement compliance, arranging accommodation and agency staff to supervise the child. In addition to physical resources, the costs involved are significant and sit outside general package funding requiring additional invoicing and financial processes to reimburse the program.
- Clinical support to children and young people and their carers To further support our high-needs children and young people Anglicare has a dedicated Clinical Specialist team (5 full-time equivalent roles) to develop and implement behaviour support plans and assist in addressing the clinical needs of high-risk children. They also support carers and their families to address these needs with individual and group work support.
- <u>High cost of insuring PSP programs</u> Insurance premiums have risen significantly since the inception of the PSP due to the increased risk profile we hold in the delivery of statutory care services
- Inadequate funding for early intervention & permanency programs that book-end the provision of Foster Care services At the inception of the PSP program, foster care providers developed business plans that reflected the aims of permanency support, those being the diversion of children from entering statutory care (early intervention) and enabling swift exits from care in the form of restoration back to family or adoption. What has eventuated is minimal new funding for early intervention programs and funding for family restoration and adoption from foster care that does not cover the cost of running these programs. In addition to staffing, this includes (but is not limited to) legal costs, high-cost psychological assessments, significant court-related work & drug testing.
- Inaccurate assessment of children entering care resulting in inadequate funding to support their care Since the inception of the PSP we have witnessed a shift in levels of intensity and need in the children we care for which has impacted the risk profile of our services. Specifically, with under-funding of family preservation services and a focus on family restoration we are caring for children who have spent more time in unsafe placements and/or who have experienced multiple entries into care over a number of years. This also means that we are seeing children entering care at an older age who have higher needs and are harder to place. These children also experience a higher number of placement breakdowns. If assessment outcomes more accurately reflected the level of need in children then we may be able to provide better supports and achieve better outcomes.



In summary, foster care service providers are taking on higher risk, greater need and a more significant administrative burden than ever before but funding packages do not reflect this. As mentioned above, Anglicare PSP employs close to 20 FTE indirect staff in teams that wraparound the case management and care of our children and young people but do not provide focused case management and support.

Thankyou for the opportunity to provide input into this project and I look forward to being updated as the work develops.

Yours Sincerely,

Anglicare Sydney

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