

IPART Submission - Review of Out-of-Home Care costs and pricing

NB: I am a case manager for a non-government organisation (NGO) that provides out-of-home care (OOHC). I ask that my name remain confidential and not be published or linked to my submission. Otherwise, my submission may be published in its entirety.

Key topic for the review – Price structure

“We will recommend a pricing structure and levels for delivering out-of-home care, to ensure efficient delivery of quality care.” IPART Consultation Paper

As a case manager, the key part of the above statement is the words *quality care*. Recent evaluations of the Permanency Support Program (PSP) demonstrate that we are not currently providing quality OOHC services. Providing quality care to children and young people in OOHC requires providing them and their carers with quality case management support. This takes *time*. Time to build relationships; time to research and advocate for supports for children and carers; time to write comprehensive and useful case plans and cultural plans; time to engage with birth families and facilitate quality family time experiences for children and young people; time to complete compliance activities such as home visits and the subsequent case notes and reports; time to engage with children, carers and birth families to provide children with meaningful life story work; time to liaise with schools, medical professionals and disability supports; and so much more.

There can be no doubt that every single case manager / case worker in the OOHC system is seriously overworked. Caseloads are unmanageable. Burnout is a very real problem. The turnover for case management staff is unreasonably high. I have seen carers and young people go through 2 or 3 changes of case manager in a single year. This is really difficult for carers and children in OOHC to deal with. Case managers go into carers *homes* every month. Carers homes are inspected for safety and compliance. Carers and children share every detail of their lives with their case manager – and these are often the details that are hard to share – mental health and behaviour problems as a result of trauma; difficulties at school or with peers; challenges that carers have parenting traumatised children; and medical or disability concerns. This work *cannot* be effective without a level of trust between case managers, carers and young people. Trust cannot be built when you have a new stranger showing up at your home every few months.

As a case manager I am contracted to work 38 hours a week. But, like all other case managers / case workers in the OOHC system, I am given a caseload of a certain number of children, and I am expected to get the work done – *no matter how long it takes*. I routinely work between 2 to 5 hours above the 38 hours for which I am paid – that is, I do this *every week*. In a bad week, I will work 10 to 15 hours above the 38 hours for which I am paid. And I know that I am not alone. Every case manager I know works extra hours because we care about the children that we case manage, and we want to try to make their lives better.

I cannot put this more clearly – the OOHC system, as it is currently funded, relies on wage theft. The routine expectation that case managers will work as long as it takes to get the job done, but pretend it's not happening, is wage theft.

Here is the pattern that I have seen over and over again. A case manager works extra hours for free to try to get the job done. Their management tells them that they must only work the hours for which they are paid. But management still expects *all* the work to get done (and it's the same everywhere – Department of Communities and Justice (DCJ) and NGOs). The case manager keeps overworking (in secret) until they start getting burnt out. Then they stop doing *quality work* and just do what they can in the time available. Eventually, they become demoralised and leave their job, or the sector. This happens over and over again. It deeply affects children and carers in terms of quality of care. And it is a *huge* waste of money for the sector as a whole. I dread to think what each organisation spends on recruiting and training case managers every year.

The most important change that I would like to see come out of this review is the proper funding of case management. Wage theft must stop. The sector needs to acknowledge the importance of quality case management to the delivery of quality care and fund it accordingly.

Case manager workloads need to be reduced by a third to allow case managers the time to do quality work within the working week and not become burnt out. This seems drastic, but it will save money for the sector because case manager turnover will be reduced. This will also lead to better quality of care for children and better support for carers.

Key topic for the review – Cost of placement types

“We will estimate the efficient costs for the NSW Department of Communities and Justice and non-government providers of supporting children and young people.” IPART Consultation Paper

As a case manager for an NGO, I routinely find myself writing lengthy applications for extra funding from DCJ. It's called either an Additional Carer Support (ACS) Package or a Complex Needs Package. The problem is that the things that fall under these packages are usually not “additional” or “complex”. It is hugely inefficient making me waste my valuable case management time applying over and over for the same kinds of extra supports. Of course, there needs to be a system for things that are truly unusual, but most of the things I find myself requesting under these packages are not unusual in the life of a child in OOHC such as orthodontic work and routine surgeries for children such as ear grommets, tonsillectomies, adenoidectomies and medical circumcisions for boys. Applying for additional support for carers who are caring for children with behavioural difficulties, special medical needs or disabilities is also a lengthy process which is in addition to the Child Assessment Tool (CAT) process.

It seems ridiculous that I have to spend so much time justifying *why* the young people I case manage, or their carers, need these extra types of funding. There needs to be a better way of assessing the needs of a child in OOHC and applying the correct level of funding in an efficient way.

One area that is hugely underfunded in the PSP packages is mental health. Every child that comes into care has experienced some kind of trauma – that is why they are in care. They are then removed from their parents which is an extra attachment trauma. *Every child that comes into care should be funded for long term psychological supports.* This is not a surprise. Every child in care will need this if they are going to grow and develop to their full potential. Psychological care is expensive, and it is massively underfunded in the current OOHC system.

Key topic for the review – Cost of caring

“We will recommend an appropriate carer allowance.” IPART Consultation Paper

Obviously, the current cost of living and housing affordability pressures have not been adequately reflected in increases to the carer allowance over the years. But the bigger issue is that caring for children and young people in OOHC is a complex job that requires a great deal from carers. *The reality is that we have to stop thinking of foster care as a voluntary activity.* We require carers to be highly capable – it is not easy to become authorised as a foster carer. We ask a great deal of carers – particularly those who are caring for deeply traumatised or disabled young people. We need to understand that caring is often a full-time job and pay carers accordingly. This will also solve the problem of a lack of carers in the system. In the economic climate of the 21st century, most families need both parents to work outside the home in order to survive. If you want carers to be available to care for children full-time, then you need to pay them to do it. This salary needs to be in addition to the allowance provided to cover the expenses of the child.

It can cost around a million dollars a year to have one child in an alternative care arrangement. Paying a suitably qualified carer \$150,000 plus an allowance for the child’s expenses is much cheaper and will provide better outcomes for the child because they will actually have someone *caring* for them.

The voluntary foster care system is obsolete. Make caring a job – devise a list of appropriate qualifications starting with competence in trauma-informed parenting – and you’ll save money and expand your carer pool.

Thank you for providing me with the opportunity to share my thoughts.