

6/03/2024

**TOR submission IPART Review**

MCCG would like to see an extension of the terms of reference and have highlighted below suggestions for review.

1) Investigate and report on the efficient costs for DCJ and non-government providers, of providing out-of-home care, including the costs of:

- a) Facilitating and administering the Permanency Support Program- **consider increased regional costs**
- b) Casework, including responding to child protection reports, assessing safety, case planning for permanency, placement monitoring and supporting children and carers
- c) Administration and corporate overheads. **Administration and facilitation of projects such as ACCO transition project**
- d) Additional casework and legal support required by service providers to support court work ~~when children are on interim court orders~~ including additional requirements for TCA**
- e) Any other activities relevant to providing out-of-home care.
- f) The additional cost of requests for additional carer support and complex needs applications**

2) Develop benchmark costs for DCJ and non-government organisations associated with caring for and supporting a child or young person in out of home care

- a) In relative and kinship care
- b) In foster care
- c) Living independently
- d) In residential care through Intensive Therapeutic Care service types based on varying levels of intensity e) In Emergency Placement options (Short Term Emergency Placements (STEP, Individual Placement Arrangements (IPAs) and Interim Care Model (ICM).

**e) Categories of funding vs Care allowance payments**

**Consider the availability of THBC funding to all providers even if they do not have ITC funding**

3) Make recommendations on:

- a) Appropriate pricing structures and levels to incentivise outcomes and delivery of services by contracted providers b) A methodology for adjusting prices paid to non-government providers going forward
- c) Care allowances for providing care and support to children and young people in OOHC.
- d) The high cost of different application processes across districts**
- e) Reinstatement of placement capacity payment or similar to support carer recruitment**

1 a) Facilitating and administering the Permanency Support Program- **consider increased regional costs**

Consideration of additional funding support / allowances for regional carers to support costs associated with seeking support services and the distances required for carers / CYP to access services – financial assistance for travel etc.



**1c)- Administration and facilitation of projects such as ACCO transition project**

The administrative requirements for the ACCO transition project are extensive. The importance of this project has been embraced and timeframes met. The expectation for collation of data in short time periods has at time meant that other work has had to be reprioritised. The administrative burden has been felt by leaders who want to ensure accurate information is provided. The Permanency Support Program at MCCG and other providers would benefit from a financial recognition that there has been and will continue to be time spent drafting correspondence, meeting with carers, ACCO's and other stakeholders

**1d)- d) Additional casework and legal support required by service providers to support court work when children are on interim court orders**

Following on from Practice note 17, MCCG has identified the increased requirement for court documents for children case managed by MCCG which is not limited to interim orders. While this has provided an upskilling opportunity for staff, it has also had impacts on time for both training and preparation and collation of documentation. This also relates to-

**1f)- f) The additional cost of requests for additional carer support and complex needs applications**

There remains inconsistent systems and requirements for these applications which can cause further time for document preparation. MCCG have implemented a role of Senior Practitioner to assist with quality assurance of high level documentation. This is currently two days per week but additional funding could assist with further hours to provide consistent and high level documents and information.

**2)- Consider the availability of THBC funding to all providers even if they do not have ITC funding**

MCCG have had examples where additional carer support and complex needs applications have been utilized to support placements where children and young people have transitioned from high cost emergency arrangements. MCCG do not provide Intensive therapeutic care and therefore have been ineligible for Therapeutic home based care funding which would have been a fit for several arrangements. Consideration for non ITC providers to access THBC funding should be explored. This would reduce administrative burdens and restrictions in order for children and young people to have these arrangements made in a timelier manner.

**2e) e) Categories of funding vs Care allowance payments**

Look at the disparity between the funding received for CAT levels and Care Allowance. If we look at the difference between say a Low CAT and a Medium CAT, the increase in funding we get is \$3,117.00 p.a. However, if we are to pay the carers at the Care +1 level due to the CYP have a Medium CAT, then the difference over a twelve month period between a care allowance paid at Standard Care and Care + 1 is \$11,050.00. The increase in funding for a change in CAT does not equate to the increase we pay for care allowance. All of our carers have an expectation that an increase in CAT means an increase in Care Allowance.

When you look at the information that DCJ have in their *Financial Assistance Guide for Carers* they are basically advising carers that the higher allowance of Care+1 or Care+2 *recognises the additional time and skill required, and*



*disruption to normal daily routines, that result from caring for a child or young person with challenging behaviours and / or complex health and developmental needs.* This is information that is readily available to carers on the DCJ website and reinforces their expectation of being paid at the higher rate.

**3d) d) The high cost of different application processes across districts**

As an organization that works across different districts, understanding and compliance with requirements means there is unnecessary time spent on systems applications and information being lost is a significant risk that increases.

**3 e) Reinstatement of placement capacity payment or similar to support carer recruitment**

With reduced funding comes reduced staff which in turn limits the capacity to focus on carer recruitment. The capacity payment could assist with carer recruitment which is a sector wide issue. Also with the ACCO project occurring, there has not been any consideration to the agencies about carers who transfer but also had capacity for additional placements.

Regards

