

This is a submission in response to iPart's Interim Report into Out-of-Home care costs and pricing, distributed March 2025.

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IN BRIEF

It is welcoming to read that the report includes recommendations – albeit small – which carers have been suggesting to the sector for years.

However, the review is tasked with helping 'the NSW Government improve the performance and financial sustainability of the system'. It is therefore disappointing that the research could not include the cost of the OOHC system to carers within its analysis, as this has a direct effect on the financial pressures already on the sector.

Submissions from carers to the Draft Terms of Reference in March 2024, and throughout this process, made it abundantly clear that many are paying thousands of dollars of their own money, as well as losing financial security due to unexpected lost or reduced income and superannuation. In short, the report does not address the sector's reliance on carers – volunteers - to financially ensure the adequate care of children.

For many people within the sector, it is financial sense to support children adequately. Expecting unpaid volunteers to pay with their livelihoods forces more carers out of the sector, increasing the number of children in expensive hotels and other arrangements. In turn, this denies children the opportunity to form healthy long-term relationships where they are valued, loved and safe. This impacts their long-term prospects of living a happy and fulfilled life, and perpetuates the cycle of trauma.

My concern is that this omission results in decisionmakers relying on limited data to develop reform, which could be ineffective and further exacerbate the loss of carers.

I reiterate the points made within the report regarding data. From my own experience (and frustration) there is a disgraceful lack of information being collected by the sector, which would allow analysts and researchers to deliver accurate findings on the cost and needs of children and their carers.

PTO

COST TO CARERS

Carers have submitted common experiences to the review which have not been included.

Some examples are:

Loss of income

Many carers expect to take time off when welcoming a child into their home. However, it is common for carers to be unable to continue working for many reasons, some examples are:

- Employers are unsympathetic to the need to take children to multiple appointments and therapies;
- The needs of the children are far higher than expected and require more carer support;
- Children are unable to attend after school care and other activities due to behavioural challenges which staff are not equipped for;
- Children are often unable to attend school for a variety of reasons, including disability, bullying, suspension; or
- Carers have more children than they originally expected to have.

Loss of superannuation

Due to loss of work or reduced working hours, superannuation payments are not being consistent. Women over the age of 55 represent the fastest growing demographic experiencing homelessness, and this is largely due to interruptions in their careers for caregiving duties. The New South Wales government contributes to this risk by expecting carers to sacrifice their financial security in order to volunteer their services.

Expenses

While the report states different expenses NGO's and DCJ should be covering, many of these expenses are already supposed to be covered. What is not recognised in the report is the failure of NGO's and DCJ to reimburse expenses, either within an appropriate time period – and other times, not at all. Unpaid expenses further impact the financial stability of the sector. Some examples of these expenses include:

- Health care, medical appointments, dentist, therapies;
- Fuel costs for long distances for visits with family;
- Accommodation when required for visiting family;
- Repair or replacement of property due to challenging behaviours (carers are often told to claim on their own insurance);
- Set up costs for children joining the carer family;
- Moving costs or home improvements due to an increased number of children in their care; and

- A larger vehicle

SUGGESTION:

As volunteers, carers should not be out of pocket for any period of time. Where possible, DCJ and NGO's should provide financial compensation BEFORE a cost is incurred.

When paying for medical appointments etc, a central payment system should be set up to cover costs. For example, a health payment card made available to carers to be use in GP surgeries and pharmacies.

SIBLING GROUPS

There is no mention in the report of the impact and additional challenges to carers when supporting sibling groups. It only states:

*"There is a lack of data relating to sibling groups or the additional casework time."*p.95

I emphasise the report's recommendation that there is a lack of data available across the sector. In this instance, compiling data on siblings is essential to the well-being of children. There is currently a push to keep sibling groups together, however this should only be done with research and consideration of all evidence.

There is evidence available of the additional needs of siblings as presented in my previous submission.

...sibling relationships can be hostile and characterised by intense conflict, insults, verbal and physical aggression, bullying, coercion, and even abuse (Morrill et al., 2018). Empirical findings have indicated that sibling relationships marked by conflict and hostility are also associated with depression, anxiety, low self-esteem and low social ability (Coyle et al., 2017). They were also associated with externalising problems, such as behavioural disorders, lifelong aggression, antisocial behaviour (Dantchev & Wolke, 2019), and lower academic performance (Buist & Vermande, 2014).

(Noel Mcnamara, Deputy Director at the Centre for Excellence in Therapeutic Care, and Executive Manager – Research and Policy)

There is no consideration within the system for the dynamics of sibling groups, and we have seen with ourselves and other carers, this is evident in therapeutic planning **as well as financial support and plans.**

Additional costs:

Children who are repeating their abuse on each other need to be regularly separated for their own safety and well-being. There is no support in doing this, and no additional financial help unless you have 4 siblings. This is never considered within the sector, and has not been addressed in the report, despite there being academic evidence to show the additional challenges faced.

Children who struggle being together require a higher level of therapy, and that therapy needs to continue in the home.

Additional costs include a higher level of planning, organisation, attending health, disability, dental and other appointments, therapies and other recommendations to be done at home, medical appointments, NDIS meetings, care plans for each child and carer review meetings, administration. Advocating for our children has become a full-time job and resulted in my inability to work.

HOUSING

Seek Comment 1. Do you consider that the median annual rent included in benchmark costs for residential care, emergency care and independent living should vary by location?

We had expected to have two children in our care, however have a sibling group of three (a common story). While we worked very hard to live in a house too small for our needs, we were eventually forced to move. Due to increased housing in the metropolitan area, we had to move over an hour away. This meant removing the children from the schools and friends they had finally felt able to bond with, losing our own support networks, as well as therapists and other professionals who knew our family well. The children experienced a regression of behaviour and increased anxiety due to a loss of stability and security. This continues several months later. It has taken almost a year to find therapists able to help the children due to limited availability in the area.