

[REDACTED]

Thursday 27<sup>th</sup> June 2024

TO: IPART (Review Out-of-Home Care costs and pricing)

We would request that, at minimum, all information that is in [REDACTED] be kept confidential, to protect the identity of our children – this includes place / town names and any other identifying information. We would also request that our names are not published; we are well engaged with each of the children's families and do not want to cause embarrassment, worry or further trauma to them, or the children we care for because of this submission. We would welcome that our submission is identified as one from foster carers.

**Background Information**

We are foster carers for three children [REDACTED]

[REDACTED]

[REDACTED] we plan to provide permanent long-term care for each of the children.

Both of us have a nursing background, and post-graduate qualifications; [REDACTED]

[REDACTED]

At the time of the youngest child coming into our care, maternity leave was unavailable to me [REDACTED] as a foster carer; I therefore resigned from my position in [REDACTED] when the child was placed with us. I have been fortunate to gain part-time, flexible employment with [REDACTED] as a local project officer [REDACTED]

[REDACTED]; my workplace is incredibly supportive and flexible and values my role as a foster carer, however the pay difference is significant. Both my husband & I work part-time to ensure we can provide the appropriate level of care needed for the children – between us, we work the equivalent of 0.9FTE.

We understand that there are different levels of carers allowances for different level of care needs; our children are all deemed to sit under standard care allowance.

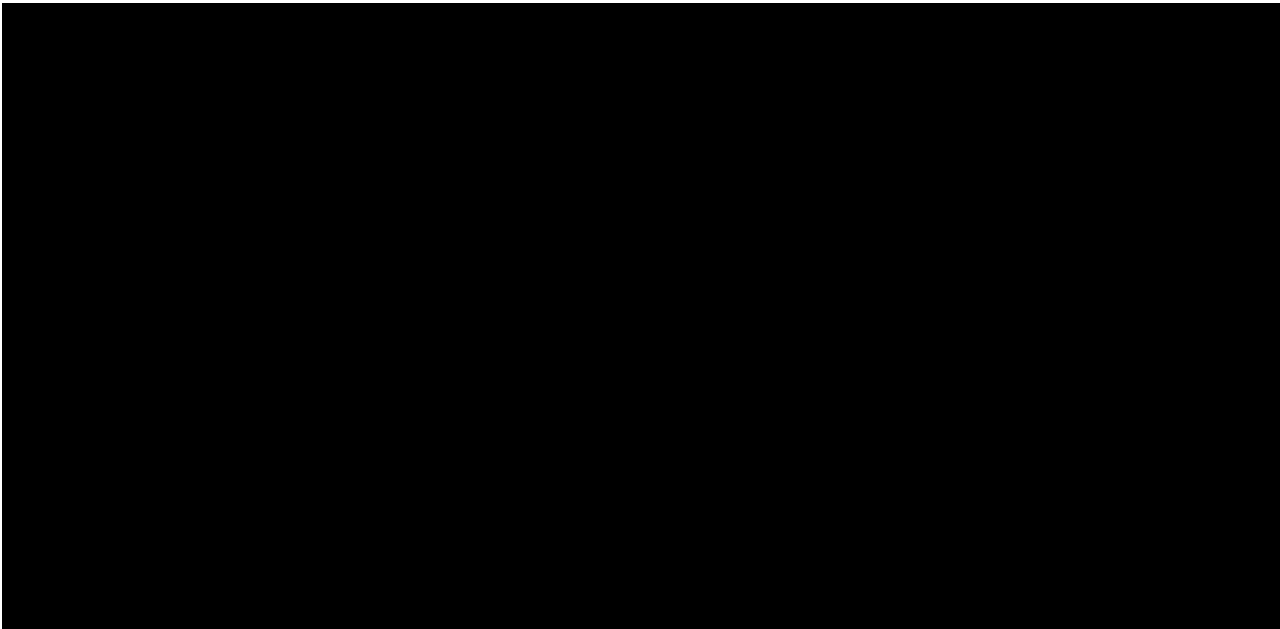
**Question 2: What is the most important change you would like to see come out of our review?**

Timely access to appropriate health screening and assessments for young people in out of home care and subsequent access to recommended treatment, without carers needing to spend significant time advocating for same.

At first glance, this may seem irrelevant to the current review, however literature shows that appropriate assessment of health needs and implementation of recommended treatments increases a child/young person's ability to function, improves behavioural concerns, wellbeing, and engagement and support in education. One significant flow-on effect of a child/young person having their healthcare needs met is stability in placements, which in turn would lead to a decrease for need of emergency placement and an improvement of the child/young person's developmental outcomes. The net benefit across a lifetime is exponential and very worthy to be invested in.

We have had immense difficulty obtaining access to health assessments and interventions for the children in our care (despite documentation from specialists outlining their necessity) due to DCJ either rejecting our requests on a financial basis, or by being so slow to action agreed payments that service providers are unable to continue working with us (this is elaborated on in Question 13).

Consideration of equitable access to services also needs to occur. Service availability in rural and remote NSW is significantly different to Sydney. Relying on the NSW Health system is impractical and will not deliver the desired outcomes. Funding must be available in the instance that public services are unavailable or unsuitable.



Recognition must occur that children and young people who have experienced childhood trauma will likely need a variety of health interventions over a long period of time. These services will need to be provided by appropriately trained professionals; that is most often not an early career health professional and will therefore come at a greater financial cost. Regarding counselling, the length, regularity and type of therapeutic interventions are beyond the scope of the focused psychological strategies available through Medicare's Better Access to Mental Health Scheme, and oftentimes of

the public health system. In addition, appropriate trauma specific therapies are outside of the current scope of the NDIS. Once again, recognition must occur that in regional, rural and remote areas that this cost may be greater due to availability of appropriately qualified and experienced staff.

Our experience as carers is that to gain appropriate assessment for the young people in our care requires significant amounts of advocacy; I will provide further comment and example of this later in this submission, in response to Question 13.

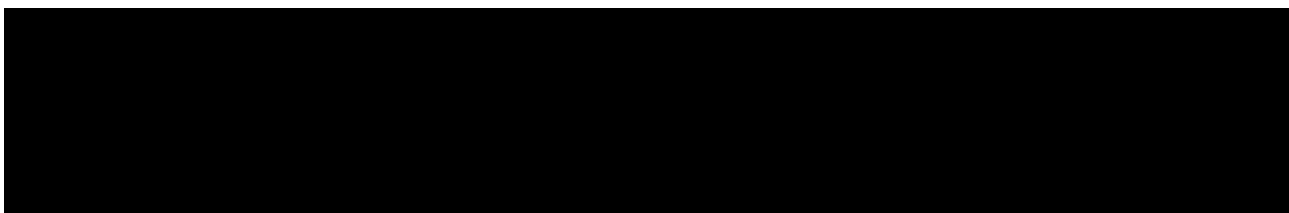
**Question 12: Is the current carer allowance you receive for each child in your care sufficient to cover the day-to-day costs of caring for that child? If it is not, what types of things do you typically spend more of your own money on?**

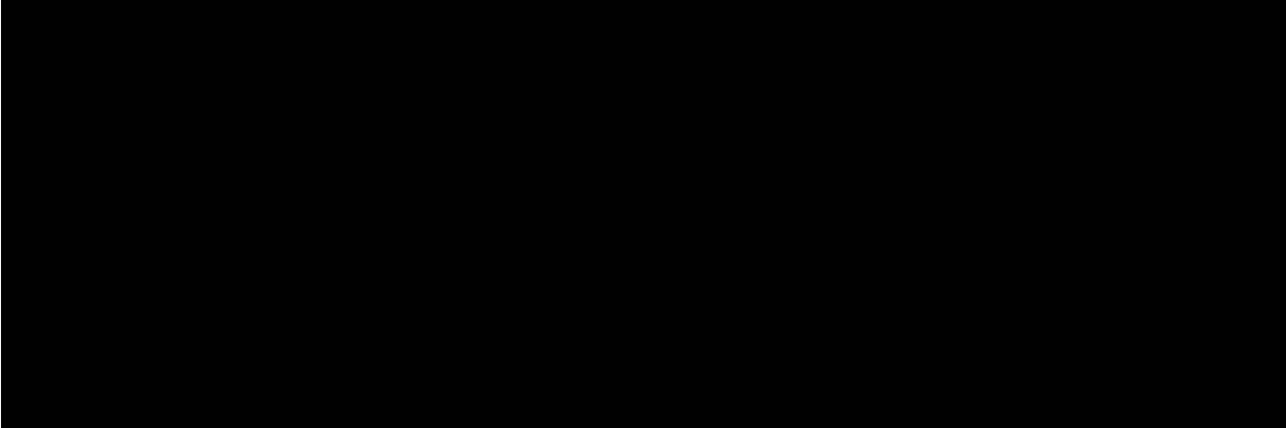
One of the complexities of caring for children with a history of childhood trauma is the time that they take to be cared for. Although we both have qualifications and job opportunities that would allow us to work full-time; this is simply not viable due to the care needs of the children we provide care to. As previously mentioned between us we work 0.9FTE to meet the care needs of the children in our family. For us it is not necessarily about how much the carers allowance is, more so about the hours that we are unable to work due to the care needs of the children, and the subsequent financial pressure that places us in due to our inability to work more hours.

For example, each week we have 7 hours of appointments (early intervention, therapy and counselling) for our children. This does not include travel time, which equates to a minimum of 6 hours per week (many of the trauma informed services we are engaged with are located over 50km away from us) or the time it takes to organise and coordinate the appointments. These appointments need to fit into the hours that the children are in day care / school as their needs make it very difficult for them to attend each other's appointments.

Each of the children see specialists throughout the year – one child sees a psychiatrist four times per year, two of the children see a paediatrician twice per year, one child sees an ENT in Sydney at least twice per year, but up to six times per year, and two children see the FASD specialist clinic at Westmead. This at minimum would be another 1 day out per month for coordinating and attending appointments, some requiring overnight stays in Sydney.

This year, one of our children commenced kindergarten – the school has gone above and beyond in supporting them, however it has been a very difficult transition for them. I have had to regularly attend school to assist in regulating the child, and have had to take many phone calls from the school asking for advice as to how to best deal with their difficult behaviours (growling, hissing, punching, kicking and other physical aggression towards himself, others and objects). Each phone call, or attending school, takes away time from either my work, university studies and / or time to keep a household running.

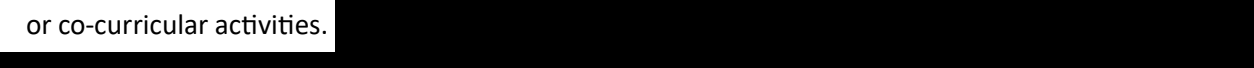




In addition, a great deal of my ( ) time is spent advocating to access services and coordinating the services in place for the children in our care. I feel like there is a significant amount of time wasted needing to explain and re-explain and follow-up as to where, for example, reimbursements were up to; it is not uncommon for this to take up to 8 hours per week on these tasks. For example, at the start of the year I contacted one of our children's tutor asking what availability she had for this year. The tutor said that she was unable to provide a service for us as she had not been paid for the previous 12 months of tutoring that she had provided, despite sending four invoices (one per term) and follow-up emails. As a carer, I felt embarrassed and guilty that someone of importance in our child's life had not been paid for a service that they had provided. Immediately after finding out, I asked her tutor for the invoices and sent them to our case manager; this occurred on 22<sup>nd</sup> January 2024. I sent multiple follow up emails, made multiple phone calls and to finally get the payment made had to threaten to contact the Executive District Director if the payments were not made. The tutor was paid at the end of April, four months after I started advocating for payment to occur, and over 12 months after her initial invoice was sent. The tutor has decided that they are unable to work with our child any longer due to the payment issue; of importance to note, the money for tutoring had been allocated in the case plan. This is not a one-off experience; this is consistently what happens to all service providers working with the children in our care.

Significant amounts of my time are wasted following up things such as this; time that could otherwise be spent caring for the children in our care, completing work hours or university study, or investing in our personal relationships with family and friends and my own wellbeing. Often our personal life and relationships, as well as professional and academic commitments are neglected due to the care needs and systemic issues regularly faced in accessing appropriate services for the children we care for.

The final comment we would make in this section is access to co-curricular activities. If we were working full-time, we could easily afford additional activities for the children we provide care for. However, with the income that we earn, in addition to the carers allowance, once we have paid our living expenses, there is little money left for additional activities such as holidays, going out for meals or co-curricular activities.

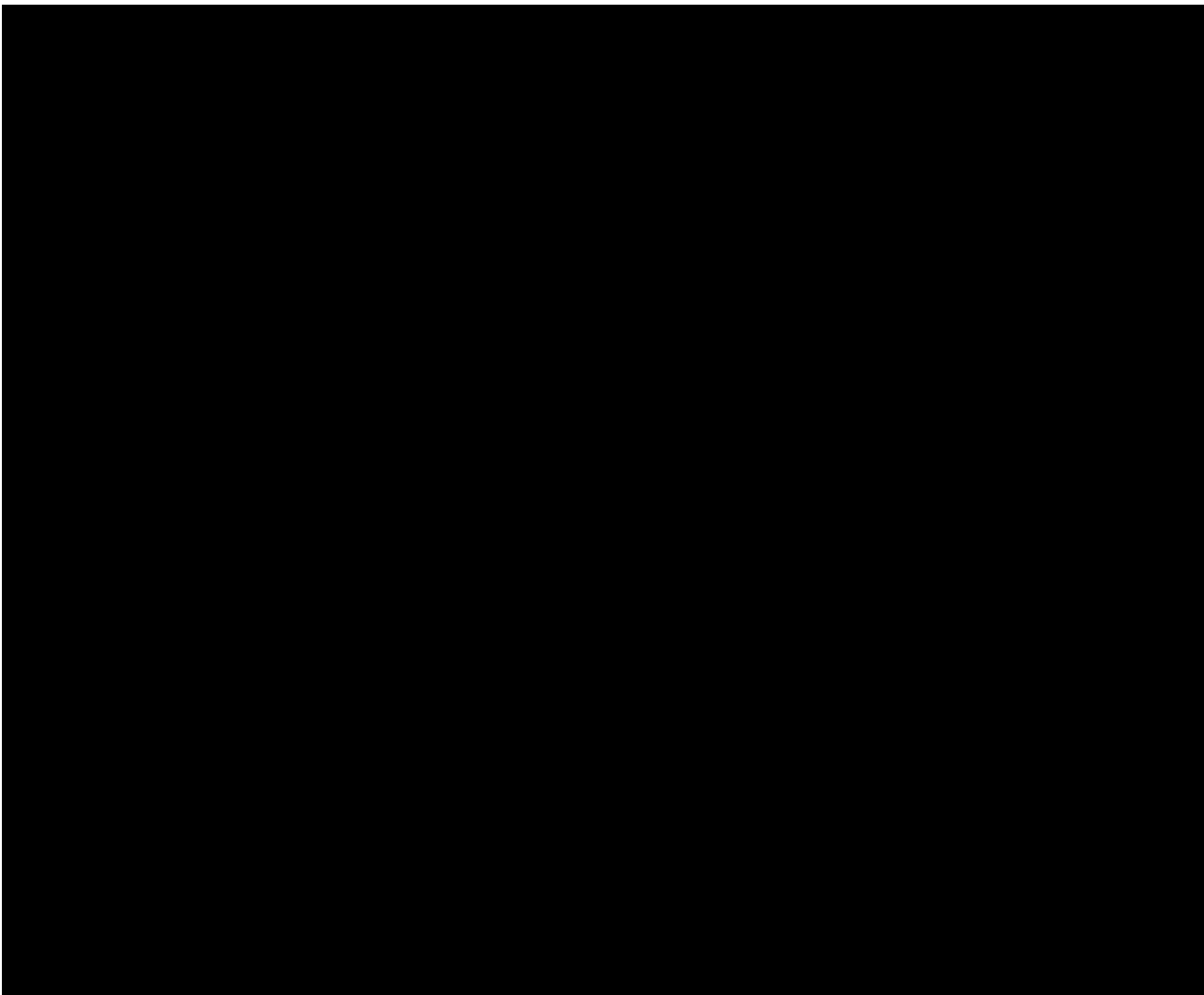


however do not have the disposable income to be able to afford to do this for each of our children. We have been informed by DCJ that activities such as these

(music lessons, dance lessons, sport) are to come out of the carers allowance and that DCJ does not provide funding for such activities, despite being recommended by a health professional.

**Question 13: How often do you need additional financial support from your agency on top of your usual carer allowance? How easy is it to access additional financial support?**

As I have already indicated, accessing additional funds, even when in the child's case plan, is incredibly difficult. We have had services stop working with us (like the tutor), we have lost our spot on wait-lists due to DCJ not releasing funding (like an OT with a 12 month wait-list who was going to see one of our children for early intervention), and had services pause for up to 6 months (like one child's trauma counsellor, which left us to deal alone with significant mental health concerns such as self-harm and suicidal thinking) as DCJ had not paid their bills. In none of these instances do I blame the service providers; each are small business, with huge waitlists; it is DCJ's inability to pay money owed, which each time has been agreed upon prior to engagement of service, that is the issue.



This experience is consistent across the three children that we provide care for, that is it being incredibly difficult to access funds for any additional need, and that to do so requires a significant amount of time and advocacy. At times the seemingly endless arguing to get funding for these necessary services has been extremely distressing and discouraging on a personal level to us both.

In addition, what is of concern to us is that we are both health professionals, and so have some health knowledge, as well as being well-connected with a number of allied health professionals to assist us in navigating what we should consider for health assessments and needs. This brings me back to my first point of the need for funding to provide appropriate and adequate screening and assessment for children and young people in out of home care to ensure that children who have equally engaged carers, but who may not have the same professional skill-set, do not miss out on these opportunities.

**Final Note**

We hope you will thoughtfully consider our experiences as foster carers. We love and cherish the children in our care, but consistently find dealing with the systems of DCJ frustrating, exhausting and discouraging.

Children / young people in out of home care are some of the most vulnerable in our communities. We sincerely believe having well supported, stable placements for these children / young people is vitally important to their health, wellbeing, development, and healing from trauma. Adequate, timely and appropriate access to financial support goes a long way to supporting stable placements.

Again, we would request that any information that is in [REDACTED] be kept confidential, and that our names and any identifying information not be published, to protect the identity of our children.

We would welcome further discussion regarding our submission or to clarify any information that we have provided.

Regards,

