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Your submission for this review:

Submission as a married couple -we are second generation carers of a young Aboriginal person under 25 year of age who was in long term care with us and remains living with us. I say second generation because the young person now has 3 children of their own - one of which is also in OOHC and we provide additional supports to the children without remuneration. This young person has significant but not unique issues in navigating the transition from OOHC and has pressing court matters, trauma/mental health challenges with supports by enduring professionals and a continued need for supports to independent living. I consider that the IPART report (perhaps around Section 10.2 ie supports for independent living), still results in a significant gap and unfunded costs not recognised, for those who support these young people - including young people on low income or unemployed who are not capable of advocating for themselves adequately and fall through the gaps with poor outcome for them and their children. A snap shot of the scale of potential cost at 2025 prices being picked up by some carers no longer receiving any allowance and not in the system as the young person is supposedly now independent- when aftercare services require the young person to advocate for themselves within their capabilities. Aftercare services otherwise supposedly scoop up matters when the young person is in absolute crisis eg homeless, about to go into detention or more. These sorts of costs to the carers include: \$800 for an initial psychiatrist appointment court required only \$255 Medicare rebate and no ability to claim as a private health care item. Private health care for the young person at \$188 per month paid by carer/ advocate- due to risk of unaddressed life long health/ dental needs from in-utero impacts and trauma. Young person is now employed as a labourer very low income and was unemployed 3 years post high school- so still cannot afford. \$5,500 for neuropsychological assessment court required potentially to be used for NDIS assessment. \$300 are standard counselling appointments by a psychologist- but some NGOs have stitched up victims compensation payments which are at a far lower rate instead, with professionals wedged if they say yes to a client or continue with a client. They can only claim the victims compo amount and cannot charge more (so they resist taking these clients with such a need). This unrecognised cost and costing should be recognised and a clearer path provided for this to be cost neutral for carer/ advocates too, in the space from 18-25 as young people age out of OOHC (a mechanism for actuals covered by agreement - not just if the young person is on top of this for their entitlements in aftercare)