

Good afternoon

I am a private individual, who has worked in the Community Services sector for approx. 2 decades, almost exclusively in the not-for-profit sector.

I recently had 6 months working in the for-profit NGO sector in an ACA organisation that then was approved to be an IPA provider. This experience embedded my values alignment with the not-for-profit sector.

My comments for the inquiry are twofold

1. Cost and profit driven world of 'for-profit' NGO providers
2. Specialised professional care provision for CYP in 1:1 placements

Cost

It was apparent very quickly how the market has responded to the severe absence of Foster Carers, with the market rapidly filling the space via for-profit providers charging high fees for service. It is understandable that the market has chosen to do so – identified a gap, and filled that. The sad part of that is the extreme cost, and the profit driven motives that can sit alongside if not overtake the care provision motives. My experience at a senior operational level for the NGO I was employed with was that the market opportunity was seen as a significant opportunity to become a provider of choice with resultant substantial returns on investment. Depending on the perspectives of those involved, it could be seen as driving professionalism in care, while being handsomely rewarded. The latter was my experience, while still not delivering poorly on professional care, however the market driver was significant returns on investment and gaining market lead.

It did not appear apparent to me that there was a significant difference in oversight or quality of care between an ACA provider and an approved IPA provider. Both had considerable opportunity for independent operation out from under the direct eyes of accountability from DCJ. The accreditation process was appropriately rigorous, but did not in my view increase professional leadership, feelings of duty of responsibility/accountability of the approved organisation, rather it gave a degree/sense of 'safe distance' from potential observation. Just my personal observation of the operational platform and attitude from the provider I worked for once the accreditation was given.

Specialised care

There appears to be a low uptake of the current approx. \$75k p.a. 'professional foster carer' model. I suspect it is a role that has a high entry bar (appropriate) and considerable obligation for DCJ oversight (appropriate). My submission is that I believe a considerable increase in the payment fees/wage for this role would

- Increase appeal to individuals
- Decrease some demand on ACA/IPA provider network, thereby
 - Reducing some of the run-away increasing cost of care provided by ACA and IPA services
 - Enabling longer term relationships by professional solo carers rather than short / medium term placements – building connection, trust and longevity or relationship rather than the interim connections in ACA/IPA placements that have rotating shifts, limited continuity of care and relationships in the long term

If the professional foster carer model payment was increased to say \$200k p.a. plus non taxable additional payment for utilities, clothing, medical etc, this would attract a more interest from good solo operators who would feel well rewarded for the care demands, and enable a longer term human relationship of trust over a longer period with the CYP in placement. In essence, recognising that

- There is a dearth of 'volunteer' foster carers
- There is a need for professional carers
- There is a need for substantial payment for long term carers to be interested and stay in the sector
- There is a gain by some reduction in demand on ACA/IPA providers if more professional carers worked in the sector
- This would reduce some of the ever present blowing out of ACA/IPA costs
- This would put a 'commercial' competitor model in the market that ACA/IPA providers have an effective stranglehold on ('who else will do this hard end work?'). That is, introduce a degree of competition that at present is not really there other than between ACA and IPA providers
- The higher fees/wages for professional carers would be easily offset by the savings in any placement to an ACA / IPA provider which would range from \$750k - \$1.2m per year plus accomm expenses...so a minimum saving of approx. \$500k annually per placement
- Gains would be had for increased opportunities for long term relationships of substance for CYP in care, while of course requiring the providers to have rigorous oversight by DCJ to ensure risk management
- Flexible funding could be available from savings made, to encourage long term placement retention (eg placement 'bonus' etc) further increasing long term connection, stable relationship, stable engagement

I hope this submission provides food for thought on some improvements that could be made in the service system, which should also enable financial savings. However the driver for my comments are about long term placement engagement, and introducing healthy competition into an apparent monopoly service system.

Thanks for this opportunity to make a submission

Kind regards

