

Therapeutic Home-Based Care – Final Provider Proposal

1. Background

The need to expand innovative carer models currently available in the market is all too apparent when one considers the large number of children and young people who are still being placed in the residential care sector and in Alternative Care Arrangements (ACAs) – especially the large number of children who reside in these environments contrary to their assessed need.

It has also become increasingly apparent that there is a gap in services for children and young people (CYP) requiring home based care. Whilst home based carers are always in short supply, there was a desire to understand more specifically the very short supply of carers attached to the Therapeutic Home-based Care (THBC) model.

As a first step in relation to expanding the number of innovative carer models, ACWA has worked with the Department and ITC providers in relation to enhancing the THBC packages in order to, among other things, attract more carers with appropriate qualities and skills into the system, including by providing them with higher levels of compensation.

Following an initial briefing meeting by DCJ with ITC providers in June 2020 – which was convened by ACWA – a decision was reached to establish a working group to explore issues with the use of THBC to-date and what might be needed to make it a more viable model of care. The agencies below expressed an interest in participating in the working group.

- Allambi
- Anglicare
- Catholic Care
- Lifestyle Solutions
- LWB
- MacKillop
- Marist 180

During June, ACWA undertook a series of one-on-one consultations with working group representatives from the above agencies to further understand current barriers to using THBC. A detailed overview of the outcomes from these consultations is contained in the attached consultation paper (see Appendix 1).

On 23 June 2020, ACWA held its first meeting of the THBC working group with a view to identifying a collective position regarding the main issues with the use of THBC and the way forward in addressing them, these are reflected in the summary paper (Appendix 2) and are not repeated here. As a final next step, the group agreed to establish a ‘sub-group’ of representatives to settle a joint position to put forward to and discuss with DCJ prior to preparing a written proposal.

On 7 August 2020, the ‘sub-group’ of the THBC working group attended a full-day workshop. There was representation from five of the seven agencies comprising the THBC working group at the

workshop.¹ The focus of the workshop discussions was on delivering THBC to those CYP currently in ITC/residential care placements delivered by ITC providers. However, much of what was discussed will apply to any other agencies who may deliver THBC to this cohort of children downstream, as well as those providers who may deliver THBC to CYP outside of ITC if the model is expanded.

2. About this Paper

The agreed outcomes and commentary in this paper represent the final positions reached by the working group at the 7 August 2020 forum. Further background to the key issues is contained in the previous discussion paper and summary document, both documents reflect the unfolding thinking of THBC providers via the working group discussions and consultations with DCJ during the process.

3. Probity issues and expansion of the THBC model beyond ITC providers

Because THBC forms part of the ITC contract, DCJ approached ACWA to start its discussions regarding changes to the current THBC contracting and funding model with ITC providers in the first instance.

In relation to potential probity issues regarding existing contractual obligations for the delivery of THBC, providers agreed that ITC providers should have the first option to source a THBC placement for those CYP currently in ITC placements with their agency, and where that isn't possible, then other providers should be able to play a role (including using other ITC providers), as well as agencies accredited to deliver foster care. This position recognises that 'therapeutic responses' are also sitting in other parts of the system response, however; all agreed that any additional providers need to demonstrate their capability to deliver a therapeutic response as a pre-condition.

Another critical issue raised, was that if providers other than ITC providers deliver THBC, they should be subject to the same contractual/funding obligations as ITC providers, rather than separate arrangements being made with individual providers, to avoid the market becoming fractured.

4. Qualities of a THBC carer

The working group provided DCJ with advice about the type of qualities that make an effective THBC carer (see summary paper attached). DCJ was able to use this information as a starting point for developing a THBC Carer Qualities fact sheet.

A copy of the draft fact sheet was circulated to the working group for further feedback after the workshop, which was compiled by ACWA and provided to DCJ on 26 August 2020. As discussed below, this document will be critical to informing the THBC Carer Roles and Responsibilities document currently under development.

Providers have also highlighted the importance of ensuring that the fact sheet reflects that certain workers will often be well-placed to take on the role of THBC carers, particularly youth workers,

¹ Service Providers: Jonathan Raja, Marist 180; Libby Jackman, LWB; Ann Ponsonby and Belinda Garvin, Anglicare; Naomi Burke, MacKillop; and Tim Reed and Simon Walsh, Allambie Care. ACWA representatives: Steve Kinmond, Susan Priivald, Pdraig Dorrigan, and Julianna Demetrius. DCJ representatives: Jag Gorrepati, Director, Recommissioning, Child & Family, Janice Carroll, Director Intensive Support Services; Susan Mullard, Director Commissioning & Planning, Hunter Central Coast; Swati Devmurari, Director Commissioning & Planning, Northern, Mid-North Coast, New England.

when exploring a step-down from an ITC placement, with the key advantage being that they will have already formed a connection with the young person.

DCJ will provide a revised version of the THBC Carer Qualities fact sheet to the working group for their consideration after incorporating the group's feedback in coming weeks.

5. Carer qualification requirements

In the early stages of our discussions, DCJ made clear that it was open to being flexible on the issue of carer qualification requirements.

Providers made the following comments about the existing requirements:

- A lot of energy can be wasted on the issue of carer qualifications when the real issue is the suitability of the carer in terms of the particular CYP in question. For this reason, mandatory qualifications should be withdrawn – its 'carer attributes' and/or their existing 'connection with the CYP' that are most critical, along with providing the carer with appropriate supports, especially when the carer has been sourced from within the young person's network.
- The bar has been set too high for qualifications – there needs to be a 'ladder' between the bar to allow agencies to upskill carers as they do with their own staff via foundational training programs.
- Allowing agencies to assist carers to obtain qualifications along the way is a better approach than expecting them to possess certain qualifications at the outset.
- There should be a range of qualifications and relevant experience that is recognised.

The amended business rules/specifications for THBC should be amended to reflect a more flexible approach to 'carer qualifications.'

6. Relevant considerations for identifying suitable child/young person for THBC

Against the background of all providers agreeing that a home-based placement is usually best for all CYP, the factors and circumstances noted below were put forward by the group as relevant considerations for determining which CYP might be suitable for a THBC placement:

- to provide a transitional placement for CYP to return to family where restoration is not the immediate objective
- to provide a transitional placement to assist young people to transition to TSIL
- where restoration is not an option with no suitable family members having been identified.
- where independent living is not seen as the most suitable option for the young person at the relevant time.
- Young parents
- Young people with sexually harmful behaviour who cannot go into a congregate setting.
- CYP who could function in a home-based setting
- CYP in a sibling group
- CYP who require ongoing therapeutic supports

- the cohort of younger children who are at risk of being ‘stuck’ in a residential care setting
- CYP with disability (consistent with what was originally envisaged in terms of the THBC cohort when it was being developed)
- Aboriginal children requiring therapeutic supports where there is no Aboriginal service provider available on country
- CYP with a dual diagnosis or other high/complex needs who do not have the capacity to live independently, and where they have no other family connections in their lives to support them, to give them the chance to build a family-based relationship and links into the community in transitioning to adulthood
- Leaving aside the above factors, where there is no other suitable placement option for the child/young person and THBC is in their best interests.

In addition, the point was made that it is also crucial for the CYP to be able to form a nurturing relationship with adults and for the child to have an ability to attach, this allows a carer to be trained in relation to the various attachment styles. All agreed that it will also be necessary to have access to assessment guidelines to further inform decisions about the CYP identified as potentially suitable for THBC.

7. Terminology is important – temporary vs. professional

All agreed that THBC is a voluntary model of care. In this regard, there was also support for a definition for professional care and voluntary care to be developed. There are risks associated with using the words ‘professional carer’ given the potential for caring roles outside of general foster care to attract taxation and industrial obligations if not carefully calibrated.

8. Taxation and Industrial issues

There was considerable discussion about the potential taxation and industrial implications that might arise with the THBC carer role, particularly if the carer allowance is increased (which all agreed was essential). However, as discussed below, the proposed solution for dealing with the need to both enhance the carer allowance and other costs associated with the model via access to the Additional Carer Support Package and the ‘voluntary’ label, will largely deal with potential tax and industrial issues, as the amended contract will be a critical source of evidence regarding the components of the funding package.²

9. Funding and contractual issues

The discussion paper attached (previously provided to DCJ) details the range of cost issues facing ITC providers in seeking to deliver THBC, such as increased respite care and upfront recruitment costs, and the related concerns about the inability to attract suitable carers based on an allowance restricted by the existing funding envelope. In order to address these cost issues, the following options were proposed by the group:

² The group also acknowledged that some agencies already have tax rulings relating to therapeutic-based models outside of ITC such as TFCO.

- DCJ could amend the ‘business rules’ for the provision of THBC to allow the Additional Carer Support allowance to form part of all THBC packages. This is based on the costing assumptions outlined in the June ‘DCJ THBC slideshow’ (that is, \$135,743 with the additional \$24,742 = around \$160K). This would also streamline the process for NGOs and DCJ by removing the need to argue the costs for each referral on a case by case basis.
- The amended business rules should also reflect that there will no longer be a need for an annual review of the additional carer support package to provide continuity and consistency in allowances to carers, so long as the child or young person is in a THBC placement. This will help attract the right type of carers to the ‘market’ with the associated package of supports. Although the sector has not been able to test the market, we are hoping that this figure will allow the sector to attract enough carers.

DCJ responded positively to the above proposal and indicated it’s support, on the proviso that it would need to ‘work through the detail regarding the controls for exercising decision-making over which placements are deemed to be THBC or general foster care.’ As discussed below, a central referral point (via the CAU) and a THBC Carer Roles and Responsibilities document, will act as important levers in ensuring consistency and avoiding net widening. In addition, DCJ also agreed that there would no longer be a need for the annual review.

Setting a minimum fee for carer compensation

DCJ has also indicated that it would like to see a minimum amount of compensation paid to carers to ensure a degree of parity across the board. In this regard, providers have agreed that an appropriate minimum amount of compensation for carers is \$65,000 within a range of up to \$90,000, depending on the particular circumstances and needs of the CYP.

Providing certainty about the term of the term of the agreement

While agencies will be able to enter into their own arrangements with carers, it is important that they are able to provide carers (including any current staff who choose to take up and are assessed as suitable for a THBC carer role), with certainty that this model of care will continue. In this regard, DCJ has been clear that THBC sits under the ITC banner and is an ongoing, rather than time-limited, model of care.

10. Establishing strong governance arrangements for assessing suitability

DCJ suggested, and the group agreed, that we need to develop a Roles and Responsibilities document for THBC carers in light of the increased expectations and higher allowance, as well as the need for these carers to have clarity about what they can expect in return from providers regarding support and guidance. The group supported a document of this type, but cautioned against being prescriptive and noted the focus should be on the child’s needs; and making clear the additional obligations for carers beyond the existing Ministerial Code, for example, being part of an active member of the care team.

DCJ is currently preparing a THBC Carers Roles and Responsibilities document for the group’s consideration, which will clarify the expectations of carers and the related supports they can expect in return. The settled Carer Qualities fact sheet will be key to informing the content of the Roles and Responsibilities document.

All agreed that a centralised approach to referrals for THBC would be necessary in the first instance if this model of care is to be extended beyond CYP in ITC, given the potential for inconsistent application and the cost implications of introducing a wider cohort. There was also recognition of the very valuable role played by the districts in this sphere, therefore consideration needs to be given to ensuring their advice isn't lost via a central ratification process.

DCJ indicated that the CAU role is working well with input from the districts and agencies. Over time, once more is known about which types of CYP are faring well in THBC, districts will be better placed to jointly propose CYP for consideration.

In summary, providers have requested that DCJ amend the business rules to reflect the decisions regarding access to the Additional Carer Support Package for all THBC placements, and the changed requirements relating to the annual review, as noted above and that Districts comply with these more streamlined approval processes to ensure consistency and reduce duplication for both parties.

11. The potential demand for THBC and potential widening of the model

During the workshop, Janice Carroll, Director Intensive Support Services, provided the following observations to the working group regarding her brief analysis of the potential demand for THBC to inform the group's discussions.

- Firstly, Janice emphasised that her work had not been extensive, and although her starting point was seeking to identify which CYP might be suitable for THBC, in the absence of the model 'standing up' in terms of the current lack of THBC carers, she focused on those CYP who would have been suitable for a THBC placement, had a carer been available; and CYP who appeared to be suitable to step down into a home-based setting.
- The profile of children who stood out who did not meet the existing criteria, were children under 12 with high-needs; and those CYP who often don't do well in a residential care setting, and by nature, respond better to a consistent care environment, and high level nurture; other characteristics included those children who have a multitude of developmental impacts and children whose CAT scores may be high because of the risk they pose to younger children, but who could be developed more if they lived in a setting other than an intense environment such as an ITC unit.

There was strong alignment between the observations made by Janice and the cohort of CYP who the group had previously suggested would also benefit from THBC via the use of more flexible criteria.

Provider views about the existing criteria

Providers indicated that the current criteria for THBC – which includes a 'technical' requirement that children must be aged over 12 and with high needs – is too rigid, and although DCJ is prepared to consider children for THBC who don't meet this criteria, this additional 'hurdle' will continue to be viewed as an obstacle at the outset.

The argument has been put that the criteria should be flexible and child-centred with the needs of the child and all other related factors being the focus of the suitability assessment. The ACA data presented on 1 June to the group (see June slideshow) highlights the need to extend the available care options, including the use of THBC, for the following cohorts of children:

- Children under 12 years with high needs

- Children under 12 with disability
- Children under 12 with medium needs where recruitment efforts have been unsuccessful to date

Broadening the use of THBC outside of ITC

DCJ indicated its interest in the group's views about the cohort of children that it was 'considering' for use of the THBC model.

The group highlighted that DCJ had approached ITC providers first about how they could maximise the use of this carer model via the existing ITC contracts (for CYP living in this care setting) – subject to certain adjustments – before broadening the use of the model to CYP outside of ITC. However, all supported the view that consideration should be given to extending THBC to other CYP residing in unsuitable placements (e.g. ACAs) or where a THBC placement is a better option for the CYP than general foster care or ITC – supported by a clear criteria for when referrals could be made to avoid net widening.

The group acknowledged that by not utilising THBC more extensively, greater levels of funding were often being expended when CYP end up spending time in ACA placements; hence the value of settling the characteristics for the broader cohort of CYP that would benefit from a THBC placement.

It will be necessary to have a clearer sense of potential demand as part of developing any criteria.

It was agreed that suggested criteria (for CYP outside of ITC) should be formulated for further consideration with a broader group of providers (in addition to ITC providers), with the suggestions made by this group forming the basis for future discussions.

12. Carer Recruitment strategies

The following comments were made by providers (and documented in the discussion paper) on the issue of recruitment:

- People with the skills, resilience and willingness to care for a child with complex needs in their home are hard to find, but 'willingness' is the starting point, and carers can be 'made' from there. A potential pathway is via respite carers – but carers generally aren't 'found' they're 'made.'
- When so much is already known about the challenges in identifying suitable foster carers across the board, there is a question about how much effort should be expended on trying to identify 'THBC' carers specifically.
- While targeted advertising can be helpful, the reality is that potential applicants come in many different doors – a prompt conversation and follow-up is essential.
- It's also worth noting that targeted recruitment to 'model type' has had limited success to-date.
- Rather than recruiting specifically for THBC carers, some agencies target recruitment with the needs of the young person in mind in terms of placement matching.
- Constant carer recruitment across a range of mediums is required.

- There is potential for the department to support the sector having a centralised recruitment model which also taps into the processes currently being used by agencies, which delivers on key elements of the recruitment process.

All agreed that more work needs to be done in this area with the sector as a whole and that any further discussions on the issue of strategies for expanding the number of THBC carers, needs to form part of broader work with the sector to examine the success of recruitment strategies to-date, and the related processes for capturing and utilising 'carer journey' data.

13. Next steps

- DCJ to circulate the next iteration of the Carer Qualities fact sheet for final feedback from providers, including additional advice in this document by 11 September 2020.
- DCJ to circulate the related Carer Roles and Responsibilities document by 11 September 2020.
- DCJ to amend the business rules to reflect the decisions regarding access to the Additional Carer Support Package for all THBC placements, and the changed requirements relating to the annual review and compliance by Districts with streamlined approval process to ensure consistency, and reduce duplication by 18 September 2020.
- DCJ to provide formal advice about its endorsement of this proposal and any additional next steps, together with a clear timeframe for commencing the new arrangements by 18 September 2020.

Other undertakings

A number of other undertakings were agreed to by the working group and DCJ to further progress the refinement of the THBC model, these include:

- Plotting THBC on the continuum of care diagram previously prepared and circulated by DCJ with its THBC June slideshow; with professional care and other therapeutic models also being depicted. DCJ will prepare and circulate an updated diagram to the group
- Ensuring that we put a cultural lens on the work completed by this group for Aboriginal children/kinship care situations. A copy of this paper will be shared with AbSec. ACWA will share the next iteration of the Qualities of a THBC carer with AbSec for feedback from its member agencies and a copy of this paper. AbSec and its member agencies should be invited to participate in broader discussions regarding any expansion of the use of THBC outside of ITC.³

³ The nominated Aboriginal sector representative was unable to attend the working group discussions but was involved in the initial briefing session with DCJ.