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Out of Home Care Teams
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Outstanding Issues:

1. No Remote Teams – disbanded 2008
2. No Specific / Targeted / Uniform Remote Model of Practice – usually Urban, Ad hoc & constantly changing (as per Staff / Management turnover) Rogue practice
3. Need for a Specific Reunification Team That does not Carry day to day case load f/c Reunification needs to run parallel with case management.
4. Supervision – Lack there of – usually administrative never Professional Development based Supervision should be OUTSOURCED
5. Staff Turnover – "bums on seat mentality" c/ short contracts, financial inducements, unqualified Propensity for nepotism / "cronieism" → low moral for "longtermers"
6. Excessive Case load – poor practice, burnout, shame, high turnover, hi stress levels

1. Remote Team:

a) Reintroduce Generic Remote Team
b) Community Development Model not Just forensic & supportive and preventative principles implicit

c) Fully Resourced and located at Remote Hub
(& to develop remote professional networks / supports)

The Current model / practice where No CP Teams investigates Urban & Remote notifications is totally forensic and does not allow for No development of

① Community engagement
② Developing of networks and support systems (& potential prevention) with community professionals.
③ Positive relationship between families & 'welfare' & The current model of fly in fly out reinforces No idea that welfare is punative and reactive only. & builds on & reinforces "Stolen Generation" psyche amongst Recipients. — Disempowers rather than Strengthens or help facilitate Change.


High CASE LOAD
CASE WORKER Can't attend Training even when provided OR IF does
Higher Case load Pressures on Return to office
CANT ALWAYS TAKE
CASE WORKER XCESSIVE OVERTIME
CASEWORK Reactive not Responsive No PLANNING
Poor Practice
Client xperieces INSTITUTIONAL Abuse
TAKES TOIL/FLEX
Comes BACK To more Chaos ie no one covers DAY TO DAY WORK
STAFF burn OUT
Client DISADVANTAGED SUFFERS
NOT doest take TOIL/FLEX
Hi Staff Turn Over
Client Tells Story over + over to DIFF CASEW.
Client Looses Respect + Experiences more despair Re lack of Progress
POOR CASE MANAGMNT
POOR MORAL
POOR SERVICE
Kids in CARE FAR TOO Long
FOSTER CARER Conflicts / ATTACHMENT ISSUE
Inability of NTFC To provide good Induction/Training
INCREASE SICK
Poor Practice
AD HOC
Rogue
Inconsistent
OFTEN ILLEGAL + non Compliant
non Compliant
Returns TO CASELOAD Chaos
Clients SUFFERS AGAIN
BUMS ON SEAT PHILOSOPHY
Very Short CONTRACT WORKERS
HI WAGE INDUCEMENTS
Works while sick
Staff BURN OUT STRESS / SHAME
OTHER People get sick
Staff Turnover
lowering of STANDARD OF CASE WORKERS &/OR inflated agency wages
DECREASE MORAL FOR Permanent Staff