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Submission to the Special Inquiry Children and Young People in Alternative Care Arrangements

This submission has been prepared by Alanna Hughes, Manager, Out of Home Care, Fostering Young Lives, on behalf of The Benevolent Society addressing each item of the Terms of Reference:

The pathways, trajectory and factors relating to:

children or young people being placed in an ACA, including factors such as complex needs, disability,
neurodivergence, psycho-social behaviour and experiences of trauma; and
transitions between placements, including different types of emergency care arrangements.

The pathways, trajectory and factors relating to ACA involve a complex interplay of systemic and behavioural factors, compounded by challenges in the OOHC system.

Most ACA entries we have had, have multiple layers of concern including complex needs, carers expectations of young people and extreme risk-taking behaviours from some young people. It is also critical that we do not ignore the shortage of foster carers across the system and how some young people enter an ACA simply because there is nowhere else for them to go.

Children in OOHC have all experienced some form of trauma in their young lives. We see behaviours underpinned by trauma all the time; however, sometimes, no matter how many supports are put in place, these behaviours begin to increase as children age and transition to adolescence. Many foster carers are not equipped to deal with this level of need. These behavioural factors include young people leaving placement for days / weeks at a time, engaging in criminal activity, being sexually exploited, using drugs and alcohol, violent and aggressive outbursts in the home and self-harm and suicidal ideation.

The expectations and demands on foster carers and the pressure on placements will change when these factors are present. It is extremely hard for a foster carer to suddenly need to start engaging with Police to make missing persons reports, attend Court hearings, and engage with the criminal justice system. They may start to worry for their own safety if young people are coming home under the influence of drugs and alcohol or are potentially taking unknown people into the carer's home. They are potentially trying to maintain a full-time job, ensure the safety of other children in their home, work with the agency and other professionals involved with the young person, look after

themselves and run a household. All these factors can lead to a placement breaking down and a child/young person ending up in an ACA. Although the OOHC system in NSW is supposed to be trauma informed and therapeutic in nature, foster carers are not provided with the level of complex and ongoing training that is required to provide truly therapeutic care from the beginning to assist a child in their healing journey. Similarly, they are not then equipped to manage the needs of untreated trauma when it is displayed through going missing, risk taking and aggressive behaviours. The resources simply aren't available to NGOs to provide this level of training and support in a general foster care placement.

Shortages in the availability of suitable foster placements exacerbate the strain on the OOHC sector leading to limited alternatives when placements break down. This includes instances where a placement may be ended due to safety concerns for the child or young person and no alternate placement is available. We have had instances of young people who are displaying none of the above concerns and they have still required ACA accommodation because foster placements haven't been available, or carers aren't willing to provide care for teenagers.

Systemic factors also contribute to ACA entries. Failures within the Child Protection / OOHC system, such as inadequate resources, lack of training for foster carers and bureaucratic delays in approving additional financial supports(complex needs applications) perpetuate the need for ACA accommodation.

In relation to transitions between different types of emergency care arrangements, we have seen an increase in Individualised Placement Arrangements (IPA) becoming the exit pathway from an ACA. Although still not an ideal scenario, it at least reduces the size of the support team and ensures appropriately qualified staff are in the placement, given it is an accredited agency providing the care. We have also seen children transition to an Interim Care Model (ICM) arrangement which again is a better option than an ACA, but results in another short-term placement option where young people are expected to engage in relationships, get used to new rules and boundaries and get to know other young people in the placement before eventually having to move again.

The decision-making process through which a child or young person is placed in an ACA, including:

the participation of the child or young person in the placement process and their ongoing case and placement plan;
the information given to the child or young person;
measures to ensure that the safety, welfare and wellbeing of the child or young person is maintained through the transfer of responsibility; and

the decision-making process under which a child or young person is removed from an ACA.

When young people are placed in an ACA, it is often during a crisis. It is paramount that thorough and inclusive decision making occurs regardless of the crisis surrounding the event.

For TBS, an ACA entry is a last resort. For most children and young people, a home environment is going to be a better option and the first thing we do is strive to find this. We contact every respite / emergency carer we have to try and placement match, liaise with DCJ, reach out to other NGO's and we consider family options. Depending on the age of the child, this can include talking to them about anyone in their network where they may be able to go for a period of time. We have avoided ACA entries by completing provisional assessments on individuals in a young person's network which has resulted in an alternate long-term placement or allowed for reparative work to be done enabling the child or young person to return to their original placement.

When none of these options are available, we have an internal discussion about exploring the possibility of an ACA. These discussions include the practitioner, Team Leader, Deputy Manager and Manager. The practitioner, at this point, will usually have had a discussion with the young person to obtain their views about entering an ACA if an alternative option cannot be sourced. This is included, as far as possible, in any decision we make. If we agree that all other options have been explored, we will begin the process of seeking approval for an ACA. During the placement process, time in the ACA, and any exit from the ACA, we maintain open communication with the young person ensuring they understand what is happening and seeking their views, so they are represented when we attend DCJ ACA panels and in any internal decision making. The difficulty in this space is the short-term approvals given by DCJ for an ACA to continue. We are often given approval in two-week blocks, meaning it is hard to reassure a young person about the ongoing stability of the arrangement.

When looking at the safety, welfare and wellbeing of the child or young person we only use external agencies who we have service agreements with and who are clear on TBS expectations in caring for young people. We work collaboratively with these agencies, providing a comprehensive profile of the child so they can appropriately match the workers who are skilled to meet those needs. We ensure all staff working with the young person has access to their Behaviour Support Plan and the allocated Practitioner gives a handover of useful information and tips on getting to know the child. We receive daily shift reports as well as visiting the ACA itself at least weekly.

Although we are often restricted by location and properties available, we are always conscious of the safety of a young person. We consider any known triggers or safety concerns when booking accommodation. For example, if we had a child who had a history of threatening self-harm through

jumping from a height, we would ensure a ground floor apartment is booked. We complete an ACA safety check on all properties booked for a child or young person.

We make efforts to maintain continuity in the young person's life, including regular school attendance, engagement in any hobbies or interests they have and accessing any therapeutic supports that are in place. We provide a weekly budget to the ACA staff, allowing for activities to engage the young person as well as basic needs like food shops, clothes, toiletries etc.

The decision-making process around exiting a child from an ACA begins from the start of the ACA placement. This is driven by DCJ who are clear that any other alternative is better than an ACA. Referrals are made through CAU to try and identify any other option for a young person, e.g. ICM / IPA / ITC. At an agency level we continue to search for alternate foster care placement options if appropriate. We continue to family find, explore any restoration options, and look at the child's wider network. We keep the young person up to date with these actions and discussions in line with their age and maturity level. We require approval from DCJ to keep an ACA open, therefore if another placement is proposed via an ICM / IPA, we are required to accept this option and support the young person to transition. We are also noticing an uptake in being asked by DCJ to explore family members or other associates of the child when it is clear the option is not viable.

The treatment of children and young people whilst in an ACA, including:

the suitability of the placement, including its facilities and condition, and the standard of care provided;
the availability, access to and adequacy of provision of education, recreation, health, psychological supports, and other services;
the appropriateness of the location for the child or young person; and
follow-up support and care after being placed in an ACA.

Being in an ACA can be difficult for some young people due to a lot of factors out of their control and often out of the agency's control.

We try to find suitable accommodation for young people that meets their needs; however, the cost of the accommodation is subject to DCJ approval, and we are required to keep this as low as possible. Where we have young people who are interested in swimming or health and fitness for example, we try to find serviced apartments where there is access to a gym or pool. We always ensure the young person has access to their own bedroom where they can close the door and have privacy. We always aim to have cooking and laundry facilities available for the young person to

encourage their independence and make it as home like as we can. Young people are encouraged to bring personal belongings into the space to make it feel individual to them. We will move accommodation if we deem it inappropriate or not meeting the needs of the young person.

It is also difficult to ensure ACA accommodation on a long-term basis depending on location. We have been required to move young people between serviced apartments when they are residing in certain places. For example, Parramatta can be difficult to secure accommodation on a long-term basis due to existing bookings and young people may be required to move rooms within the same facility or to another facility altogether. We try to avoid this by booking as far in advance as we can; however, it isn't always possible.

The rotation of a care team makes it difficult to ensure a consistent standard of care. Although we have stringent service agreements in place with agencies, we fully utilise the Residential Care Worker Register and we provide all staff with a handbook and relevant documents, we are relying on another organisation to always provide high quality staff. The rosters often change last minute as these are casual pools of staff, so a young person is never fully sure of who will be looking after them each day. This is what makes an ACA environment unpredictable for a young person which can add to feeling unsafe and unwanted. Our primary agency of choice works well with us in trying to limit the care team and appropriately match the staff to the young person.

Access to education, recreation, health and psychological support is vital in an ACA environment to ensure some consistency and semblance of routine in a young person's life. Where the young person is engaged in school, we ensure this continues. We organise transport, support with homework, liaise with school and support peer friendships. Equally we facilitate all health and psychological support a young person requires. If there are any specific activities they are involved in recreationally, we will also facilitate this to occur. Although this is a priority for us, it should be noted this is requires significant resourcing, planning and facilitation. The additional case work required is extensive. This is on top of the administrative burden that already comes with an ACA, including weekly updates to DCJ, briefing notes, updating of forms, fortnightly ACA panels. There is an unrealistic expectation on NGO's to respond immediately to all requests for information to DCJ, while also carrying out all the extra case work tasks that are dictated through the ACA panel. We are often asked to repeat information to various departments, which all takes away from time actually spent working with and for the young person.

A lot of young people move from an ACA directly to an ITC placement and with this comes a case management transfer to another agency. We no longer support that young person and therefore have no control over the support and care they are provided after an ACA. This is something our practitioners find difficult. They spend as much time as they can preparing the young person to exit as well as being heavily involved in the transition plan; however, they are then required to step back

and that relationship is ended. Children and young people in OOHC experience so many endings during their time in care, whether that be with family, foster carers, case workers, friends or agencies, it appears to be accepted that young people can adjust to these endings and move on. This is not the reality, and we often see young people continuing to struggle with complex behaviours which are related to not being able to build meaningful and lasting relationships as they know they could be moved again at any time. We have also seen young people who transfer to an ITC contact TBS months down the track seeking support as they don't know who else to go to.

For young people who move from an ACA to an IPA or an ICM, we remain involved, and the practitioner continues to support them. This will include lots of discussion around the placement ending and identifying any additional support the young person needs. This is a process that is individual to each agency, so it is likely young people are experiencing after ACA support differently across the sector. This is a gap that should be addressed to ensure all children and young people who are in emergency accommodation are supported when placements are ended and they move elsewhere, especially as this often happens very quickly.

The short, medium and long-term impacts of ACAs on the safety, welfare and wellbeing of children and young people, including:

the social, emotional, psycho-social and physical health impacts;
connection to family, friends, community, culture and supports; and
other impacts experienced by children and young people.

1. Short-Term Impacts:
    - Social and Emotional Disruption: The sudden change in living arrangements and environment can trigger feelings of instability, anxiety, and confusion in young people. Separation from familiar caregivers and peers may exacerbate feelings of loneliness and isolation, regardless of whether the young person was pushing boundaries in their placement. It is often the carer who reports not being able to manage any more and it isn't always the young person's decision to end the placement. This can result in an escalation in risk taking behaviours once placed in an ACA.
    - Psychosocial Stress: Young people experience heightened stress due to the uncertainty of their situation and the unfamiliarity of their care team / placement.

This stress can manifest in many ways including new behaviours, difficulty concentrating, disengagement with education / recreation activities and/or disruptions in sleep patterns.

- Physical Health Concerns: The transient nature of hotel accommodations may result in a living situation that isn't desirable, including frequent moves, changes in routine, changes to staff. As discussed previously, things aren't always stable and therefore priorities shift, and young people may be eating less nutritious foods and more take outs. They may be less active if their location doesn't support them attending a gym or going to their usual recreational facilities. They may now be placed somewhere that requires transport to school when previously they could have walked. Emotional and physical health are interconnected so any emotional disruption is likely to result in physical disruption.

2. Medium-Term Impacts:

    - Continued Instability: Prolonged stays in hotel accommodations without stable caregiving relationships can perpetuate feelings of instability and insecurity, hindering the development of trust and attachment. We are expecting young people to be able to "step down" from these ACA arrangements yet the environment is so unstable it is almost impossible for a young person to engage in meaningful supports or take any steps forward in their healing journey. It is counterintuitive to expect someone to "step down" from this arrangement and more likely that they will need to "step up".

    - Disrupted Education: Inconsistent school attendance and lack of educational support may lead to academic setbacks and hinder long-term educational attainment, potentially perpetuating cycles of disadvantage. Although we aim to support ongoing education attendance, if this was an issue before the young person is placed in an ACA, we know this gets worse when they are there. Given the rotation of staff, setting boundaries and keeping these boundaries is difficult in these settings. We have seen an increase in school refusal with a lot of our young people in ACA's.

    - Emotional Regulation Challenges: Continued exposure to stressors and lack of stable support systems impedes a young person's ability to maintain or develop effective coping mechanisms and emotional regulation skills, impacting their resilience and overall emotional well-being.

3. Long-Term Impacts:

    - Compounded Attachment Issues: Extended periods without stable caregiving relationships can disrupt the formation of secure attachments, which are crucial for healthy social and emotional development throughout life. We know these young people have already experienced significant disrupted attachment in their lives and

living long term in these settings continues to compound this issue. Most young people we have seen in ACA's don't return to a foster care or relative care placement and they are more likely to go into a Residential setting. For some , this is required, for others, it is the only option and it perpetuates the ongoing instability through the rest of their care journey and into adult hood.

- Developmental Delays: Depending on the age of the child or young person, prolonged exposure to adverse experiences and inadequate support may contribute to ongoing developmental delays in cognitive, emotional, and social domains, affecting long-term functioning and well-being.
- Interpersonal Relationships: Difficulty forming and maintaining meaningful relationships with peers, family members, and community supports may persist into adulthood, impacting social integration and overall quality of life. It will also increase the chances of re-entering the system as an adult, whether that is through criminal justice, homelessness, mental health or the child protection system with their own children.
- Cultural Disconnection: Separation from family, community, and cultural supports may erode children's sense of identity and belonging, leading to feelings of cultural alienation and loss of heritage. This is especially prevalent if a young person is in an ACA for a long period of time.

The cost effectiveness of ACAs.

There is nothing cost effective about ACA's. This is the case in the short term and the long term. The young people who are in ACA settings for long periods of time, with no stability, no healing, and no chance to build lasting relationships are going to cost the government a significant amount of money even after they have left care. Given their circumstances they are more likely to require access to ongoing therapeutic supports and will likely encounter other government systems as adults. They are less likely to seek or get support through after care services.

The short-term costs are exorbitant. Since July 2023, TBS have paid out over $1 million dollars in ACA costs. We are a mid-sized OOHC organisation and have a lower rate of ACA entries than larger NGO's and DCJ, so this amount will be mild in comparison to others. Managing ACA's is extremely stressful on practitioners also and the level of additional work they are required to do. This can lead to burn out and staff leaving to work in other parts of the sector which then costs organisations in the form of recruitment. We are also paying out significant amounts of money in overtime for staff to manage the arrangement which is another factor placing huge stress on NGOs.

The accommodation and staff are only one part of the overall ACA cost. There are so many additional overhead costs that are worn by the organisation that ACA's end up costing everyone money, that otherwise should be spent on young people.

Alternative approaches to the use of ACAs, including any local or global examples, and the social or economic benefits of such alternatives.

1. Professional Care Model:

The Professional Care Model emphasises the need for specialised, trained foster carers who are equipped with evidence-based practices to provide high-quality, trauma-informed care to children and young people in out-of-home care (OOHC). It prioritises relationship-based care and ensures appropriate financial reimbursement for carers, allowing them to step out of the workforce and provide the level of care these individuals require.

Benefits:

- Provides specialised training and support for foster carers, enhancing their knowledge and skills to cope with complex demands.
- Foster care placements are more likely to last long-term as trauma is addressed from the beginning.
- Placements are individualised and holistic, approaching everything from a trauma-informed lens.
- Prioritises efforts to achieve permanency and stability for children in care.
- Carers are continually trained and supported in the importance of cultural and family connections.
- A sector shift towards professional care model could help to address the issues of carer recruitment across the sector and inevitably save money in the long term

Example: Professional Independent Carers (PIC) is an Australian model. The UK also utilises Professional Care models extensively for children with higher needs.

2. Therapeutic Foster Care for all children:

Therapeutic foster care programs offer specialised support and ongoing training to foster carers to address the complex needs of young people with challenging behaviours. The support provided is individualised and targeted rather than a one-size-fits-all approach.

Benefits:

- Provides a nurturing family environment while incorporating therapeutic interventions to address behavioural and emotional issues.
- Leads to better outcomes in terms of stability, mental health, and social integration.

Example: The Treatment Foster Care Oregon (TFCO) program has shown success in reducing behavioural problems and improving functioning for young people with severe emotional and behavioural challenges. Imagine if this type of program was more readily available to young people, rather than it having long wait lists and being a last resort.

3. Supported Independent Living Programs:

Description: Supported independent living programs assist young people in transitioning to independent adulthood by providing accommodation with ongoing support and life skills training. If they are more readily available to older teens, this would be a better option than "waiting it out" in an ACA. Accessing Therapeutic Supported Independent Living Programs should also be considered for children aged 15+.

Benefits:

- Promotes autonomy, self-sufficiency, and life skills development, preparing young people for successful independent living.
- Leads to long-term positive outcomes in employment, education, and housing stability.

Example: The Foyer Federation in the UK offers supported accommodation and training opportunities for young people, focusing on education, employment, and housing support to facilitate successful transitions to independent living. Although there are a lot of examples here in Australia also, the availability of these programs needs to increase.

Social and Economic Benefits of Alternative Approaches:

- Improved outcomes for stability, mental health, educational attainment, and future prospects.
- Cost savings by reducing reliance on intensive interventions like staffed accommodation or residential care.
- Integration and inclusion within communities, fostering social connections and support networks.
- Prioritisation of trauma-informed care, benefiting individuals and reducing societal costs associated with untreated trauma.

Overall, investing in alternative approaches to ACA accommodation for young people can lead to positive outcomes for individuals, families, and communities, while yielding economic savings and

social benefits. It may feel like an upfront cost to increase other options; however, the exorbitant costs of these placements will continue otherwise.

Any other related matter.

It should be noted that DCJ want to reduce the number of children in ACA's. They are clear the High Cost Emergency Placements aren't sustainable and are costing too much money, yet, on the ground we are seeing an increase in complex needs applications being declined limiting the ways in which we can support placements to continue. NGO's aren't adequately funded to provide high quality care to children with high needs (which most of the children have), and with less access to complex needs and additional funding, more placements are going to break down leading to an increase in high cost emergency placement. It seems counterintuitive for this to be occurring.