



Yfoundations Submission

ACYP Special Inquiry into the experience of children and young people in alternative care arrangements (ACAs) in New South Wales

November 2023

Role of Yfoundations

Yfoundations is the peak body for youth homelessness in NSW. For over 40 years, Yfoundations has served as the NSW peak body representing and advocating for children and young people at risk of and experiencing homelessness, and the services that support them. Our members and board comprise highly experienced youth specialist homelessness service (SHS) providers who have direct knowledge of and experience with the issues homeless young people face.

As the peak body for children and young people experiencing or at risk of homelessness, as well as the services that support them, we welcome the opportunity to submit to this inquiry. Given our substantial knowledge on child and youth homelessness, out-of-home care (OOHC), and accommodation models, we know the importance of appropriate, safe and secure accommodation for children and young people in care.

Our approach focuses on five foundations



Safety and stability



Home and Place



Health and Wellness



Connections and Participations



Education and Employment

We believe all five foundations must be present for young people to live flourishing and meaningful lives.

Yfoundations is committed to giving primacy to the views of those with lived experience. To that end, this submission is built on the voices of our Youth Homelessness Representative Council (YHRC), which is comprised of young people who have had direct experience in ACAs, as well as insight from our members, many of whom are OOHC providers. We express our gratitude to them.

Terms of Reference

The terms of reference that this submission seeks to address include

c. *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.*

d. *The short, medium and long-term impacts of ACAs on the safety, welfare and wellbeing of the 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.*

e. *The cost effectiveness of ACAs.*

Introduction

An ACA is an emergency and temporary fee-for-service arrangement for a child in, or entering, statutory or supported out-of-home care (OOHC) after every effort has been made to place them with relatives/kin, a foster carer, or contracted OOHC placement (e.g. accredited PSP provider). ACAs include the use of hotels, motels, caravan parks, serviced apartments and other similar settings as emergency accommodation.

ACAs are designed to be an option of last resort after all other avenues of care have been exhausted. However, there are approximately 120 children and young people in alternative care arrangements in NSW at present and these arrangements could be for between 3 and 470 days, with the -average being 118 days.¹ These figures show that ACAs are being used too often and for longer than one would expect for an option of last resort.

Children and young people enter OOHC for a variety of reasons, including domestic and family violence, abuse or neglect. These children and young people need a more protective, safe and stable environment. When a child or young person enters an ACA in particular, it is often a very traumatic and tumultuous time for them. At such times, stability, care and support is paramount.

Unfortunately, though, the overwhelming message from the young people we spoke to was that ACAs provide the opposite.

To inform this submission, Yfoundations interviewed 5 young people who had previous experiences of an ACA. Three of them were members of Yfoundations' Youth Homelessness Representative Council.

¹ Silmalis, L. (2023). Inquiry wants to hear from at-risk kids government puts up in hotels and caravan parks. The Daily Telegraph.

What we heard about ACAs

The young people we spoke to provided overwhelmingly negative testimony about their time in ACAs, raising the following concerns:

1. Instability

Young people placed in ACAs often have no clue how long they will be in the ACA or where they will go to next. They are told to take it “day by day” and keep their bags packed so that they can move at short notice if need be. Young people told us stories of being evicted at short notice, for various reasons, including when accommodation was being renovated or fumigated.

“This came out of nowhere. I had no preparation. They moved me to another town and placed me in a unit with older people, many whom used drugs. I didn't feel safe and my mental health was significantly impacted. The aftercare was really slack. FACS didn't check in on me. All they did was move me away from my friends and community. Everything went downhill.”

-YHRC member

Moving often is disruptive and can lead to disengagement from education, employment, and community support. This instability is stressful and not conducive to a healthy social, family or academic life. We heard that the constant upheaval triggered or worsened mental health issues, made it difficult to sleep and contributed to a feeling of being unsafe.

2. Inappropriate locations

We heard of young people being housed in hotels or motels with inadequate, poor and dirty facilities. This included rusted kitchens, mouldy showers, dirty toilets, pest infestations and minimal access to outside spaces.

We also heard of young people feeling unsafe in their ACA because of crime and drug users in the vicinity.

One young person told us that they were placed in a hotel that was on a loud, main road. This environment was totally inappropriate for them because as someone who had autism, the noise was overwhelming.

“The one thing I remember consistently stating was I felt unstable and uncomfortable. And I felt like I was going crazy. [As] someone who lives with autism, my environment is everything to me. If I'm not in a stable environment, no matter how hard I try, I can't be stable.”

-YHRC member

3. Isolation

Young people were often isolated within their ACA, with few or no other young people, family or friends to interact with. Some ACAs were located far from public transport and far from areas young people were familiar with. This meant they had to rely on the goodwill of youth workers to transport them to social occasions and prevented some from accessing necessary psychological and social supports.

Upon leaving ACAs, young people spoke of not receiving any follow up support. This only added to the sense of isolation and represents a failure to take ownership or responsibility for the housing outcomes of children and young people once they leave their care.

"When I moved, I didn't get a key to any of the places I lived in any of the hotels. I wasn't allowed to leave the placement without knowing if youth workers were gonna be able to pick me up. And I think the hardest part of that was that there will be numerous times they wouldn't have organised a carer, , so I was locked out of my own apartment, like the hotel or motel I was staying out and told "Yeah, you're gonna have to figure out who you're hanging with for the next few hours because we didn't have a youth worker."

-YHRC member

4. Helplessness

We heard that young people often had no say in where they were placed, and could be placed in locations that were triggering, loud or generally unsuitable for young people. This helplessness was compounded by the fact that their youth workers were often also unsure where their placement would be.

"I came out as trans, and I felt like a real disconnect. From my biological family. I had to stay at a motel on Crown Street, to be honest, the whole experience was really scary. I remember this Google review that says that it looks like a jail. And it was like a jail. The room was narrow with a single band ..the carpet was damp... mould on the walls."

-YHRC member

5. Restricted freedoms

Young people spoke of an almost carceral element to some ACAs, with restrictions on use of Wi-Fi, kitchen access and access to facilities such as hotel pools. These restrictions were demeaning and led to a feeling of a lack of respect and distrust.

Young people noted that they had less freedom than at other forms of OOHC and minimal privacy, with case workers regularly knocking on their doors and checking up on them.

One spoke of sneaking out of their ACA just to get some privacy and space.

“It was just me and another person. Very, very strict. rules like times you had to be home. You weren't technically allowed to have access to the Wi-Fi.”

-YHRC member

6. Lack of nutrition

We were told that young people ate poorly whilst in ACAs, often having takeout or simple meals with low nutritional value like noodles or pasta.

“The one thing I remember consistently stating was I felt unstable and uncomfortable. And I felt like I was going crazy. [As] someone who lives with autism, my environment is everything to me. If I'm not in a stable environment, no matter how hard I try, I can't be stable.”

-YHRC member

Our view on ACAs

Yfoundations considers that the use of ACAs, especially for extended periods of time, is a policy failure reflective of a broken system. ACAs produce terrible short-term outcomes for children and young people but can also cause lasting harm.

Children and young people who have been removed from their home, and or experienced abuse, neglect, domestic and family violence or trauma are particularly susceptible to the vulnerabilities and negative impacts of these experiences: including mental health issues, alcohol and/or drug abuse, physical health issues, lack of social support and isolation.

Thus, it is crucial that their experience within the system limits their exposure to these adverse impacts. This starts with safe, secure and appropriate accommodation. This accommodation must have access to other services, support the provision of education, recreation, health, psychological supports etc. ACAs do not meet these requirements.

As outlined by the Australian Institute of Family Services, the stability of care, including emotional security, is a significant predictor of good outcomes for young people. Pre-care experiences can be compounded by unstable, unsafe or inappropriate care arrangements, inconsistent schooling, mental health issues and lack of social connection. These factors all contribute their ability to transition into independent living following care.²

² Campo, M., Commerford, J. 2014 'Supporting young people leaving out-of-home care' in Child Family Community Australia <https://aifs.gov.au/resources/policy-and-practice-papers/supporting-young-people-leaving-out-home-care#introduction>)

As outlined by AIHW, the goal of OOHC is to 'provide a stable, safe environment for the child' with efforts being focused on 'maintaining the stability of their placement and/or reuniting the child with their family if appropriate'. ACAs do not meet these goals.

While ACAs are a temporary solution, children's and young people's experiences in them can have life-long impacts. These include:

1. Lasting disruption to education and social networks
2. Aggravation of mental health issues
3. Significant trauma. Recent reports show that 43 per cent of children reported as being at risk of significant harm in ACAs. In one month alone, there were 16 reports of sexual abuse and 13 reports of physical abuse³.

According to recent reporting⁴, the Department of Communities and Justice estimates that a staggering \$200 million is spent each year purchasing these emergency placements. It is unclear how much on average is spent per child or young person, but it is likely to be significant, considering the comparatively small number of children in ACAs at any one time.

The Government is spending a staggering amount of money on an option which seems to do more harm than good. The funds spent on ACAs would be better spent on other more long-term forms of OOHC for children and young people.

Recommendations

Yfoundations recommends that the NSW Government:

1. Consider the recommendations that Yfoundations has made in their National Housing and Homelessness Plan submission which calls on governments to ensure appropriate child protection responses are in place to support unaccompanied children who are experiencing homelessness.
2. Commit to developing a service system aimed at ensuring that child and youth homelessness doesn't happen in the first place.
3. Increase funding to ensure a support and safe OOHC system that has the capacity to care for children and young person until they are ready to leave. The system should provide for accessible mental health service and accessible alcohol & drug service.
4. Invest in providing more crisis beds and services so that unaccompanied children and young people have somewhere safe and supported to stay in an emergency instead of a hotel room. Resource these placements at consistent levels to that of OOHC placements and stop expecting Youth Specialist Homelessness Services to support children at a fraction of the funding provided for OOHC providers.
5. Increase investment in a range of supported accommodation to provide more options for children and young people so they do not end up in ACAs. These supported accommodation options include medium term housing, transitional housing, transitional housing plus and foyer models.

³ <https://www.abc.net.au/news/2023-09-24/nsw-inquiry-into-kids-in-hotels-motels-due-lack-foster-carers/102895278>

⁴ <https://www.smh.com.au/national/nsw/no-safe-place-to-call-home-vulnerable-children-housed-in-hotels-amid-foster-carer-crisis-20230908-p5e35f.html>

6. Invest in increased family mediation and reunification services such as the Homelessness Youth Assistance Program (HYAP) which supports children 12-15 years old in NSW.
7. Increase exit options from crisis accommodation such as transitional housing (for 2-5 years) and medium-term housing (a higher level of support for those with more complex needs for about two years). These services should provide wrap-around support and help young people develop healthy routines, improve their living skills, reach their education and employment potential, and to feel happy and safe.
8. Invest in specialised responses and crisis accommodation for unaccompanied children and young people experiencing DFV.
9. Prioritise early intervention models such as the Community of Schools and Services (COSS) model that identifies children and young people at risk or experiencing homelessness in high schools.
10. Invest in a range of integrated housing options for young people, such as Youth Foyers. A Youth Foyer provides employment, education, and skills development in a stable and secure congregated living environment.
11. Recognise workforce challenges, which can increase the harms associated with ACAs, and provide better funding, adequate indexation and longer contract terms enable better staff retention.