



SubmissionSYFSACYPSpecialInquiryACANovember2023

19th November 2023

Office of the Advocate for Children and Young People,
Ground Floor, 219 – 241 Cleveland Street,
Strawberry Hills. NSW. 2012.
specialinquiry@acyp.nsw.gov.au

To Whom it May Concern,

Re: Special Inquiry: Children and Young People in Alternative Care Arrangements

Thank you for the opportunity to contribute to the Special Inquiry on Children and Young People in Alternative Care Arrangements (ACAs). As part of our participation in this Inquiry we seek to have a draft report released to us for comment including draft recommendations. We would like to be actively involved in the solutions and resolution of this issue.

Southern Youth and Family Services (SYFS) is an agency accredited by the Office of the Children's Guardian to provide residential out-of-home care (OOHC) in New South Wales. Our residential OOHC Service forms part of a comprehensive suite of services for children, young people, adults, and families who are disadvantaged, vulnerable, homeless, or at risk of homelessness, in the Illawarra Shoalhaven and Southern districts of New South Wales.

The proliferation of ACAs in the child protection system has been a problem for some time, with a number of high-profile cases attracting media attention.¹ Despite questions in Parliament and efforts to reduce ACAs, their widespread use continues, with recent reports suggesting 120 children and young people up to the age of 18 are currently placed in ACAs.² We understand that 60% of children in ACAs should be in foster care and we believe more needs to be done to achieve that. We wish to note that although this issue is serious it is still a very small percentage of the overall number of people in OOHC (less than 1%). We also seek to highlight the large number of young people who have good experiences in OOHC and who flourish and develop into adulthood in a positive way.

The recent criticism both by Government bodies and the media about OOHC can be very demoralising to the Departmental and community services who are doing a positive job in this area, and it can be under very difficult circumstance. It can be very disheartening also to young people who are in care and going well.

The recent discussion and negative comments also seem to deny that the environment has changed – the Labour Market is very different now to what it was when the last OOHC reform occurred; the cost of insurance and the availability of insurance and protection is vastly different now to what it was; the likelihood of redress or civil court cases and high costs has increased compared to the past; the housing crisis is worse now than what it was; the cost of living pressures on families and agencies is much worse now than what it was. These factors are contributing to some of the pressures and problems.

SYFS also find the current commentary on ACAs very limited, and it fails to recognise a significant set of other problems that have added to this problem. Instead, it chooses to blame agencies or overreact by suggesting

¹ <https://www.theguardian.com/australia-news/2019/aug/22/nsw-spent-68m-in-past-year-keeping-children-removed-from-families-in-motels>; <https://7news.com.au/politics/indigenous-boy-in-nsw-care-living-in-flat-c-4362898>

² <https://www.abc.net.au/news/2023-09-24/nsw-inquiry-into-kids-in-hotels-motels-due-lack-foster-carers/102895278>



OOHC all comes back to the Department to operate. This denies the very reasons that it was first suggested that the community services sector take on more OOHC. It would be wrong and misleading to ignore the history. It would not be more economical to move residential care back to the Department. However, funding needs to be increased to residential care providers. It is not a simple problem and there is not a simple solution. But there are solutions. We want to state up front OOHC is best delivered in partnership with Government. In the community, it is best delivered by accredited experienced NGOs. It must be funded adequately, must have flexibility built in, must be responsive to current pressures such as the housing shortage and the need for well-designed properties for residential care, must take into account the escalation of insurance costs and risk assessment and the needs of the teenagers and young people as well as the younger cohort.

In this submission, we first provide some background information on SYFS and our experience working within the residential OOHC system. Our submission is targeting, primarily residential OOHC and the age group of teenagers and young people. We then address the Special Inquiry's terms of reference, drawing on more than 45 years of experience working with people who are vulnerable, disadvantaged, homeless, or at risk of homelessness, and nearly 25 years' experience in the OOHC sector.

SYFS provides residential OOHC. We are not a foster care provider and do not generally provide ACAs. Our comments are made from a residential care provider's perspective and relate to the ways in which we have seen ACA placements impact the children and young people in our care. We address the following issues from the terms of reference:

- a) The pathways, trajectory, and factors relating to children or young people being placed in an ACA
- d) The short, medium, and long-term impacts of ACAs on the safety, welfare, and wellbeing of children and young people
- e) The cost effectiveness of ACAs
- f) Alternative approaches to the use of ACAs

About Southern Youth and Family Services

Southern Youth and Family Services (SYFS) was established in 1977 when a group of people in Wollongong concerned about homelessness and young people came together to establish a youth refuge. We opened our first service in January 1979 and have since grown to over 200 employees and 47 services. These services include social housing (approximately 220 properties), transitional housing and supported accommodation, outreach, early intervention, family relationship support, residential OOHC and outreach support, financial and material assistance, skill development, psycho-social support, advocacy, information and referral, health and personal care, education (including a specific program for Aboriginal school students), training, and pre-employment support, community development/neighbourhood centre, a mobile preschool, and a multicultural playgroup. In 2022/23 SYFS provided substantial support to 5,401 young people and 2,970 families. In addition, we provided 15,048 instances of one-off or casual support. 28 per cent of SYFS clients were Aboriginal and 15 per cent were non-English speaking. 11 per cent had had contact with the criminal justice system. Our programs are funded through Commonwealth and State funding agreements, philanthropic donations, and social enterprise.

SYFS has provided accommodation and support to children in statutory care since the establishment of our first youth refuge in 1979. We have never maintained a distinction between clients supported in our homelessness services (initially funded under the Supported Accommodation Assistance Program (SAAP), now Specialist Homelessness Services (SHS)), and children in residential OOHC in terms of either the quality of care we provide, or the principles by which we support children and young people. Our first successful tender for residential OOHC was in 1999, when we began providing two short-term crisis beds with additional support staff in our youth refuge for children in the OOHC system. This followed the closure of Ormond and Minalli. In 2022/23, our Permanency Support Program (PSP) Service accommodated 44 young people in the Illawarra Shoalhaven and Southern districts. 18 clients exited the service, with 22 per cent restored to family or relatives, 50 per cent exited to specialist or other supported accommodation, and 28 per cent exited to independent housing. We are proud that 100 per cent of the children we supported, who were not restored to family or relatives, achieved some degree of reconciliation with them. Furthermore, 44 per cent began/maintained/returned to education, 6 per cent began/maintained/returned to training, and 39 per cent

became involved in community activities. In our evaluation, 100 per cent of the children we supported were satisfied with the Service, and 88 per cent indicated their situation had improved since entering our PSP Service.

Evolution of the Out-of-Home Care System

The widespread and inappropriate use of ACAs has arisen against the backdrop of long-term and systemic problems in the OOHC system in New South Wales. There have been many attempts to investigate, research and restructure the Out of Home Care system. Most of these efforts have resulted in some improvements but also some strategies were unsuccessful, and some have led to reduced capacity in the community sector to provide placements for young people. During various changes and reforms some positive aspects of the system were lost, such as for us the ability to provide crisis placements. Most recently, the expiry of residential OOHC contracts and the procurement for new services in 2016 provided the NSW Government with an opportunity to reform out-of-home care and move progressively to an ‘Intensive Therapeutic Care Model’. In October 2017, the NSW Department of Communities and Justice implemented a significant reform to child protection known as the Permanency Support Program. Its aims were threefold: to reduce the number of entries into care (keeping children and families together at home), to reduce the length of time spent in care (by increasing family restoration and foster placements, including guardianship arrangements and adoption), and to provide a better experience of care (through higher quality services and more needs-based support). A further objective was later added to reduce the number of Aboriginal children in the care system. The intention is to achieve the best possible permanency goal for the child within two years. We note here that the ambition of reducing the number of children entering residential care was naïve, as NSW already had a low percentage in residential care.

In practice, the reform involved a significant restructure of the way DCJ funded non-governmental providers to a service-based funding model in which services receive funding based on what services they provide to children. Despite the feedback provided by NGO providers during the consultations and tender process, funding for residential care was, and continues to be, inadequate. The Intensive Therapeutic Care (ITC) model prescribed a number of service types along a continuum of care, from residential to less intense ‘step-down’ models. SYFS was successful in tendering to provide Intensive Therapeutic Care (ITC) under the new model and started providing residential care under the Permanency Support Program (PSP) in July 2018. We were one of only nine residential care providers recommissioned under the new PSP at that time. As researcher Wendy Lee Foote has observed, the increasing use of commercial style contracting practices in the OOHC sector in NSW between 2011 and 2018 has had a negative impact on the nongovernmental organisations that provide foster and residential care services.³ Without an increase in resources to implement change, and the development of a broader range of placement options, the use of emergency and short-term care placements will continue.

We articulated our concerns about the Reform strongly to the Department, to the consultants and to Government officials at the time. These concerns included:

- Overly rigid prescriptive specifications for Service design including property type – ignoring the various agency types and models that may assist.
- The costings were simply wrong and inadequate for residential care. Much evidence was provided by us in this regard. We later were proved correct, and a funding uplift was offered but the funding was still inadequate.
- The Staff requirements were overly strict and not reflective of the labour market, or the funding provided, and this has worsened in the current environment.
- The Child Assessment Tool (CAT) measurement was inappropriate for young people especially following a placement breakdown.
- The lack of capital funds both for establishment and for property design or purchase.
- The high cost of insurance and the high risk including the risk to Staff.

³ Wendy Lee Foote, “Risky Business: Impact of Outcomes-Based Contracting on Nongovernment out-of-Home-Care Services,” *Children and Youth Services Review* 136 (May 2022): 106394, <https://doi.org/10.1016/j.chilyouth.2022.106394>.

- The inappropriate model prescribed with residential only being for high needs young people. We have always supported a mixed model type. Prior to the reform, SYFS had delivered Intensive Residential, Standard Residential, and Supported Independent Living (SILS). In this Reform, residential was only for intensive therapeutic care and standard residential care was lost.

In addition, over time the administration system by the Department particularly for payment which required manual reconciliation and lead to very delayed payments. This was appalling with Agencies waiting a year or two for money owed to them to be paid. It was also high workload for Departmental Staff. The system had become overly cumbersome and complicated.

Over time a further problem was noticed in that referrals were being made to the SILS component of OOHC for young people who in fact needed residential care and were inappropriate to the SILS component. These young people were often too young and unskilled for SILS and may have been much more appropriately placed in standard residential care of ITC with a mixed household.

a) The pathways, trajectory, and factors relating to children or young people being placed in an ACA

One of the greatest stresses for caseworkers in the Department of Community and Justice (DCJ), and for community workers, is finding suitable placements for young people in need of care. It leads to poor outcomes for clients, wasting time and resources as DCJ case workers look for non-existent placements. When this search is unsuccessful and a child is placed in an ACA, it leads to a tremendous waste of resources as DCJ pays for high-cost one-off individual packages often in the private for-profit, and non-accredited sector. Some of these young people end up in the Specialist Homelessness Services system, which is not an appropriate place for children in need of child protection. SHS do a good job of propping up the OOHC system however is not designed to meet the needs of the younger and more vulnerable target group and is not funded appropriately. DCJ are under-resourced and unable to fulfil their statutory requirements for all clients and referrals, and SHS workers often must take on additional responsibilities in case management and family assessments. This has not improved under the Permanency Support Program. There has been some improvement in the number of children and young people in need of care drifting in the homelessness system since the introduction of the 'Unaccompanied Children 12-15 Years Accessing Specialist Homelessness Services Policy (the Under-16s Policy)'. This policy now enables SHS to accept children under 16 into homelessness services on a very short-term basis, pending an assessment of their need for child protection. The policy also provides an escalation pathway where SHS management can contact senior DCJ staff should a child not be placed in more suitable accommodation in a timely manner. This policy was developed collaboratively with the Department, the Peaks, and the Sector and while it could be improved further, it is a good example of what can be achieved, and it is helping.

The widespread use of ACAs is in part a reflection of the lack of places in Intensive Therapeutic Transitional Care (ITTC) Homes, which were introduced as part of the PSP. The Intensive Therapeutic Care model include provision for children entering care, or who needed to be moved from their current placement, to be placed in in ITTC bed for up to 13 weeks. There a comprehensive assessment of their needs would be conducted, and caseworkers could explore alternative options for a permanent place: restoration, kinship care, foster care, or an ITC Home placement. However, there are currently very few ITTC beds available across the state. By contrast, our experience indicates that when children are in an ACA, there is little proactive exploration of their future permanency options being conducted, although this has recently improved. As we discuss below, one alternative to the proliferation of ACAs would be for DCJ to work with existing providers to establish well-funded ITTCs.

Another significant issue leading to increased use of ACAs is the difficulty in placing young people derived from the determinations made using the Child Assessment Tool. The Child Assessment Tool (CAT) was implemented by the then Family and Community Services (FACS) in January 2012 and is used to determine the level of care a child or young person in statutory OOHC requires. The CAT classifies children and young people according to six levels of care based on the degree of support required in the placement, the level of staffing required, and the level of restrictiveness in the placement. An issue arises where children and young people are assessed for a level of care lower than residential care but who cannot be successfully placed in a

foster care setting. If a child or person with a lower CAT score is unable to be restored or placed successfully in foster care, then they can end up in limbo. Unable to be placed in foster care but not deemed to have a high enough CAT score to be placed in an ITC Home. The CAT determines whether the person can be referred to a residential service as funding is connected to this. We do not believe the CAT assessment is appropriate now for young people and needs to have a few additional factors included. It also needs to be able to be changed quickly in certain circumstances. We have long raised the issue that our Service could accommodate short-term some clients in existing vacancies in ACAs if the CAT could be temporarily overridden (which we know it can be) while further assessment and case work is conducted. This would assist in placing some young people instead of using ACAs.

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

By their nature, ACAs are neither a stable nor an appropriate environment for children and are directly counter to the principle of permanency that underpins the PSP. The experience of living under an ACA often compounds existing trauma. However, the widespread use of ACAs means that some young people/children who enter our residential OOHC services have often spent an extended period in an ACA. The instability and constant change of staff and accommodation placements has a negative effect on children. When children enter care at SYFS, it can take a long time for them to recover from the lack of routines, lack of consistency and lack of structure they have experienced in ACAs. Furthermore, the long delays involved in placing children with us means that they are older by the time they enter a residential placement and have undergone further trauma. Sometimes these older children vote with their feet, leaving care to return to live with relatives. Others flee into unsafe situations, couch surfing, or cycling through youth refuges.

Placement in an ACA has further negative long-term effects on a child's development, particularly where their long-term placement may be into an Intensive Therapeutic Care (ITC) Home. ITC Homes aim to create a family-like environment and usually involve a small number of children and young people (up to 4) living together. When SYFS agrees to place a child in an ITC Home, one of our primary considerations is whether the individual will be compatible with the children and young people already living there and "matching" is part of the Departmentally determined requirements we must meet. It takes a long time to establish a stable and safe environment in an ITC Home and so new placements must be undertaken cautiously and with sufficient time and wrap-around supports to be successful. When a child has spent an extended period, sometime over a year, in an ACA, they become accustomed to living alone and having one-on-one support. The child becomes used to this environment, often failing to attend school, and being left to play video games, as an example, for long periods rather than supported to re-engage with education and learn social and living skills. The transition into an ITC Home, where they must live with other children and young people and are no longer supported by one-on-one staffing arrangements, then becomes difficult. The child or young person is not only dealing with the traumatic experiences from their past but also struggling to adjust to a radically different living situation. Furthermore, sometime children in ACAs have had access to some external supports but these then need to cease or be transferred when they are finally placed in an ITC Home due to either geographical or funding constraints. This leads to further disruptions. A much more effective response would have been to re-assess the CAT quickly, place them with an experienced OOHC residential provider and assess this over the next four weeks while more suitable options are considered.

e) The cost effectiveness of ACAs

ACAs are by their nature extremely costly, requiring 24-hour staffing and hotel costs. Other placement options are certainly more cost effective and more likely to be in the child's interests. The enormous sums of money that are being expended on ACAs could be better spent on improving the funding to residential care providers. The funding short fall for a residential bed with current specifications would be approximately \$20,000 per client per year. SYFS has a current property it could use to increase the number of placements we offer but we cannot do it with the current restrictions on funding and the pressures of the Staff requirements in the current Labour Market.

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

SYFS is firmly opposed to the use of Alternative Care Arrangements in the NSW child protection system. We do not believe that accommodation in hotels and similar settings used in ACAs are appropriate places for vulnerable children. We accept that there may be a need in an emergency to access some accommodation in an ACA quickly, but these should be for the most extreme cases and very short term. We believe that to provide an adequate, appropriate, and accessible system for the care of young people there must be a range of options, service types and support intensity levels in the OOHC system, including appropriate family placement, foster care, community placement, residential care (intensive and standard and preferably mixed households), supported independent living and outreach support. All models should have the ability to provide a range of supports from treatment and intensive support, through to medium and minimal support. We therefore suggest some alternatives, including some already available within the child protection system, for placing children and young people rather than placing them in an ACA.

Intensive Therapeutic Transitional Care

As discussed above, Intensive Therapeutic Transitional Care (ITTC) was always intended to be part of the ITC model. When the model was being developed, SYFS was identified to run the first pilot ITTC. However, due to a drawn-out process followed Sector concerns and the need for further consultation, the ITTC pilot was cancelled. Therefore, the ITTC Model was never tested. SYFS are experienced at providing crisis intake and assessment and short-term placements and we had some initial concerns about the ITTC Model which should have been tested.

Another provider was successful in tendering for the ITTC in the Illawarra but were unable to commence the Service quickly and as a result initially there was no ITTC in Wollongong. One was opened in the Shoalhaven some years after the commencement of the reform, but it was closed after 18 months. If ITTC places were available, they would obviate the need for so many children to be placed in ACAs and would lead to better outcomes. The Illawarra region has operated essentially without an ITTC for most of the contracted period and SYFS would assist where possible. SYFS has already demonstrated an openness to operate this model, provided adequate funding and staffing arrangements can be secured.

Other Short-term and Emergency Options

There are a number of emergency and short-term options that would be a better alternative to ACAs to provide emergency and short-term placements. In late 2021, SYFS expressed interest in operating short-term placements under the Short-Term Emergency Placement (STEP) Program. STEP was designed to meet the placement needs for children and young people in OOHC that were currently placed in, or at imminent risk of entering, an ACA who were assessed as being able to return to a foster or other family arrangement quickly. Currently, DCJ only fund staff in a STEP facility when they have a child in care. However, agencies cannot simply hire and fire quality, well-trained staff who are on the Carers Register, for short-term contracts. They need to be able to provide stable staffing so that the facility is ready when it is needed. The design of STEP also changed prior to tender, and it was targeting foster care agencies and foster care type Staff and the intention for young people/children to return to their foster or other family placement quickly. Our criticism then and now is that was naïve and the blockages in STEP were obvious very early on. We strongly asserted this should have also been able to be a short-term residential model run by agencies experienced in residential care. The funding for the Model was inadequate and even though SYFS had a property that could have been used, it did not meet the overly rigid specifications.

A less restrictive approach to housing and supporting children in OOHC, particularly for short-term placements, would give DCJ greater range of options to place children in situations that are more likely to lead to positive long-term outcomes when compared with an ACA. SYFS have a history of providing short-term places in our supported accommodation services and would be willing to do so provided appropriate funding was provided for additional staff. This would be a much more cost-effective option when compared with ACAs and could be implemented quickly. Overly restrictive conditions placed on these kinds of placements have also been an issue

and providers will need to be allowed some flexibility in how they provide short-term placements to keep children out of hotels and other unsuitable ACA placements.

Properties

The issue of accessing suitable properties for Residential OOHC is essential to understand and work towards improvement. This agency is a small niche OOHC provide (the smallest of the residential group of agencies) and is also a small social housing provider (Nationally Registered Category 2). SYFS has always had a good reputation for design and development and an essential ingredient of a positive residential OOHC Service is the property type. Many OOHC residential agencies have had to rent private dwellings for OOHC, and this often proves unsuitable. The requirements stipulated in the PSP reform for property type also were limiting. SYFS has been described as a good practice model and visitors (both Government and NGO) have always commented on our buildings. The type of building used can enhance privacy and safety for staff and clients. It can enhance activities and program provided and be a comfortable and safe place for visitors. OOHC providers that have Housing registration should be able to access capital to design and develop more suitable properties. SYFS has a current property it could use to increase the number of placements we offer but we cannot do it with the current restrictions on funding and the pressures of the Staff requirements in the current labour Market.

Strengthening Residential Care

The underlying principle of the Permanency Support Program is to establish permanency within a two-year timeframe, but this is being interpreted too narrowly by DCJ as meaning a two-year timeframe to achieve restoration or foster placement. In some cases, two years is a sufficient time for an agency to initiate reconciliation and restoration with family, support the child, and support them to make a safe return to family or relatives. Unfortunately, for some children this is an unrealistic goal. Foster care is the most appropriate OOHC option for children and younger adolescents, but it is extremely difficult to attract and maintain foster carers and many young people (especially those over the age of fourteen), and despite their CAT level, do not want a foster family. They are starting to test their independence. Many are not mature or skilled enough to be independent but need to be allowed to develop and grow. Providing a placement which allows this will better suit them than a more traditional placement.

It needs to be recognised that for some children, permanency means a stable placement in residential OOHC where they can be supported by skilled and caring staff and have a stable environment in which to grow and develop, encouraged to attend school, and hopefully engage in some degree of reconciliation with family, where it is safe for them to do so. For some children, reconciliation is not something they want due to the traumatic experiences they have had and the child's right not to seek reconciliation and restoration also needs to be respected. It is our view that for many children for whom a stable foster placement, or other permanency option, is either undesirable or unlikely to succeed, rapid placement in residential care with an accredited provider would be far preferable than the current system where they languish for extended periods in ACAs. Earlier placement in residential care would reduce the damage cause by lengthy placements in ACAs and create a greater degree of permanency. As with all care options, placement needs to be suitable, meet the needs of the child/young person, and provide permanency.

If we are to expand capacity in the existing residential OOHC sector and provide more permanent places for children and young people to thrive, we need to address the current inadequate funding model. SYFS currently contributes approximately \$20,000 per child in OOHC over and above the amount we are funded in our contract. This is unsustainable and means that we are reluctant to expand the number of places we currently offer as we cannot keep raising the extra funds needed. To expand the number of residential OOHC beds available, DCJ needs to cover the full cost of providing the service. When children and young people are placed out of area, there are often additional costs involved in things like contact visits with family who may live long distances from the ITC Home. Funding needs to cover the cost of these contingencies. We also need greater flexibility within the core Permanency Support Program (PSP) to enable experienced providers to care for children and young people whose needs may sit outside the parameters of a particular contract.

Existing providers also need to see a reduction in ‘red tape’ and a simplification of the business rules around the various contract types, particularly in relation to eligibility criteria such as age of the child and CAT score, to enable placements to be made based on children’s needs. Currently, onerous program specifications in OOHC contracts require particular qualifications for staff in OOHC but do not cover the cost of providing training. Given the low wages available in the sector, it is difficult to recruit and retain suitably qualified staff. The current state of the Labour Market is a good reason to reduce the requirements immediately. The current low unemployment rate means the Labour Market is not able to provide the numbers of people that we need to recruit. Similarly, overly restrictive program specifications such as how many staff are needed in ITC Homes, minimum numbers of Clinical Specialists, and other requirements make them extremely difficult to operate. DCJ needs to provide adequate funding to accredited agencies and give them the flexibility to make decisions about how to use these funds in the best interests of the child or young person. Related to this is excessive reporting and compliance activities, with overlaps between DCJ, the Office of the Children’s Guardian requiring providers to provide the same information repeatedly. We would like to see a simplified reporting system that accepts the accreditation process as already guaranteeing compliance and outcomes monitoring rather than intrusive reporting.

Other Issues

The current discussion about ACAs and more broadly OOHC is limited, and it is failing to recognise the significant other environmental factors affecting OOHC. Many of these need urgent Government assistance to remedy.

Insurance

The Risk and cost of Insurance. This has been raised with the NSW Government and various departments now for about 4 years and in the last two to three years in a most strong way. Many agencies can no longer gain insurance to protect them from claims of sexual abuse or other abuse. Some of these have resulted from the National Redress Scheme and also from increasing civil cases. Agencies have had to develop stricter risk assessments to protect themselves from financial claims that could ruin an agency and to satisfy insurers.

To suggest agencies should be forced to take all referrals and have no ability to say no when risk is assessed as high or matching with other people in the facility is not possible and is, quite frankly, not a decent or practical response. The NSW Government needs both to fund agencies well enough to cover the cost of insurance and should underwrite the claims with Government commitment given the children are in the care of the State. The current temporary indemnity scheme is inadequate and does not adequately cover historical claims and has been temporary now for too long. The cost of Workers Compensation insurance is also now almost unaffordable and not adequately funded. This has increased massively for agencies in the year 23/24 and is not sustainable. Agencies must risk assess client behaviour to minimise the cost of claims in this area. Client and Staff safety is essential, and this issue needs to be addressed. The cost of damage to equipment, including through storms and other adverse weather conditions and vandalism also is a pressure for agencies.

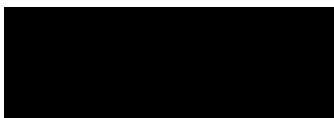
Residential Care Register

This needs to be reviewed. The requirements of this register have caused a lot of extra administration work for agencies and this was additional unfunded work. There seems to be no real “gain” from this work and the existing Working With Children, Police Checks and accreditation systems are adequate. This requirement needs to be relaxed for agencies such as SYFS who may be able to deliver crisis short placements outside the current OOHC rigid rules.

Recommendations

1. Stop placing children in unsafe ACA arrangements but ensure there is a capacity to use a small number in extreme circumstances for short periods.
2. Work with existing providers to develop alternatives to ACAs for emergency and short-term placements where necessary. This will require some flexibility in current specifications, including a relaxation of the residential Care Register Requirements.
3. Work with providers to ensure well-functioning Intensive Therapeutic Transitional Care (ITTC) settings to support the ITC model.
4. Immediately allow mixed households in the ITC residential model and cease inappropriate referrals to SILS or TSILS.
5. Increase funding to accredited OOHC residential providers by at least approx. \$20,000 per child per annum to ensure non-governmental organisations can cover the cost of providing care.
6. Where a child cannot be restored to family and has not been successfully placed in a stable foster care situation, place them in residential care rapidly rather than placing them in ACAs. This will require a change to the use of the CAT and the ability to over-ride it quickly.
7. Address the escalating costs of all insurance for NGOs including workers compensation, insurance for sexual abuse and other abuse, and damage and vandalism. This will require urgent Government intervention to underwrite costs for NGOs by the Government.
8. Provide capital grants to those OOHC providers who are registered housing providers who can develop, design, purchase or build suitable residential care properties.
9. Better support and encourage OOHC providers and commit to Government and OOHC providers working in partnership.
10. Consider the changed environment and identify strategies to address these.

Yours Faithfully,



Narelle Clay, AM
Chief Executive Officer