Advocate for Children and Young People

By email: specialinquiry@acyp.nsw.gov.au.

17 November 2023

Submission in response to the *Special Inquiry: Children and Young People in Alternative Care Arrangements (ACAs)*

We welcome the opportunity to make a submission to the *Special Inquiry: Children and Young People in Alternative Care Arrangements (ACAs)*. We commend the Advocate for undertaking this special inquiry into the use of ACAs, because their increasingly frequent use is an issue that has received very little public scrutiny until now.

Uniting NSW.ACT contributes to the work of the Uniting Church in NSW and the ACT, through social justice advocacy, community services and spiritual care. We provide services for all people through all ages and stages of life, and drive solutions to systemic issues so people experiencing disadvantage can live their best lives. Our purpose is to inspire people, enliven communities and confront injustice. We value diversity and always welcome everyone exactly as they are.

Our submission is informed by our work as a large provider of the Permanency Support Program (PSP) in NSW, and also our experience as a large provider of After Care services to young people when they exit out-of-home care. This breadth of experience means we are acutely aware that a child's experiences within the care system can have a profound impact on their lives long into adulthood.

We believe that, while it is understandable that providers may sometimes resort to using high-cost emergency arrangements such as ACAs as a stop-gap measure when no other placements are available, the fact they are being used with increasing frequency throughout the sector is a sign of structural and system-wide problems within the NSW out-of-home care system. Alternative Care Arrangements cost taxpayers approximately $100 million in the 2022-23 financial year, and this is money which would be much better invested in targeted early intervention measures that support children with complex needs and their carers more effectively and prevent placement breakdowns from occurring in the first place.

Data indicate that the average age of children placed in ACAs is 13, a key transition point in a child's life at which they enter a period of biological and psychosocial development. This age also marks the move between primary and high school, with evidence clearly showing that children are more susceptible to the onset of mental health issues at this time. For these reasons, Uniting firmly believes that increased investment should be

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targeted towards children in out-of-home care to provide support to them and their carers as they navigate this transition. Uniting's Extended Care Pilot Program provides evidence of the positive outcomes that can be achieved if young people in out-of-home care are provided with a coach from the age of 15 to help them transition out of care to independence at 18. We would suggest that coaching also be provided to young people at an earlier age if they are at risk of placement breakdown.

Our submission includes a number of recommendations, which are summarised below:

- **Recommendation 1**: Fund agencies to provide carers with more extensive support for responding to children and young people with challenging behaviours arising from trauma, including guidance and access to more frequent respite opportunities.
- **Recommendation 2**: Address the current carer shortage by funding alternative, professional caring models – such as Professional Individualised Care (PIC), which provides effective, therapeutic support to children and young people with challenging behaviours.
- **Recommendation 3**: Invest in a coaching model to support young people in the Permanency Support Program from the age of 13 or earlier where there is a risk of placement breakdown. Coaches could provide tailored, strengths-based support and assist with navigating key life transitions, such as the move from primary to high school, or the exit from care at age 18.
- **Recommendation 4**: Consult with accredited providers in order to design a more effective and accessible emergency accommodation model. This model should be run by accredited providers – and the practice of paying significant revenue to private providers should be discontinued.
- **Recommendation 5:** The Department of Communities and Justice should ensure that children and young people are appropriately assessed and receive a CAT outcome that accurately reflects their support needs. This would ensure that children and young people with the highest needs are identified as a priority cohort and receive therapeutic support based on their clinical need.
- **Recommendation 6**: ACAs should be used primarily as a circuit breaker in situations where placements are at risk of breaking down, with emphasis placed on the provision of therapeutic support to children and young people and the development of targeted goals to support re-entry to foster care.
- **Recommendation 7**: Family Finding practice should be re-oriented towards the goal of building family networks for child stability, rather than simply identifying a suitable placement. Kinship carers should also be provided with:
    - Effective intergenerational trauma training.
    - Access to training, coaching and/or therapy (if necessary) around family dynamics, in order to assist in the creation of healthy and positive relationships between children, kinship carers and birth parents.
    - Access to incidental Intensive Therapeutic Care (ITC) placements, as this would assist in allowing children and young people access to professional therapeutic interventions and also provide kinship carers with respite opportunities.
    - Further support from ITC staff after the ITC placement has ended. This would enable children and young people to be re-integrated back into the kinship carer's home with the assistance of professional support, to ensure

a smooth transition.

Please do not hesitate to contact us for further information.

Yours sincerely,

[redacted]

[redacted]

Submission to the *Special Inquiry: Children and Young People in Alternative Care Arrangements (ACAs)*

Alternative care arrangements have been increasing in NSW in recent years, even as the number of children placed in out-of-home care has been decreasing. These two phenomena are linked. The decrease in entries into care is due, to a significant extent, to the success of efforts in early intervention, and particularly to the introduction of new and more effective forms of family preservation. However, it has also meant that children are often entering care at a later stage (i.e. when they are older) and with more extensive and complex trauma.

Alternative care arrangements are used in the NSW out-of-home care system as a form of temporary emergency placement when no other option is available. They can include the use of hotels, motels and other settings. As a provider, Uniting is responsible for making the accommodation arrangements when a child or young person needs to be placed in an ACA. However, once arranged, ACAs are staffed by a different provider. Uniting's preference is always to try and find settings that are as home-like as possible, such as houses and units located in close proximity to the child or young person's school and social network. However, in regional areas this can sometimes be impossible and we have resorted to using motels when no other forms of accommodation are available.

The underlying factors that contribute to these circumstances include:

1. Children and young people in the out-of-home care system often require comprehensive therapeutic supports to manage their trauma and develop prosocial behaviours.
2. The current lack of effective trauma-experienced professionals and child and/or family mental health services means that children are frequently unable to access the services they need to heal at a young age – and thus progress to adolescence with significant behavioural and other health issues. Adolescents who have experienced trauma are "at an elevated risk for substance use disorders, including abuse and dependence; mental health problems (e.g., depression and anxiety symptoms or disorders, impairment in relational/social and other major life areas); and physical disorders and conditions, such as sleep disorders".[1] Carers often lack the training and support to be able to deal with a child or young people experiencing these issues. Placements can therefore deteriorate and frequently break down.
3. Children and young people affected by trauma (and/or the impact of multiple placements) can find it difficult to develop secure attachments with a new carer. They lack trust in adults, as well as the ability to develop and maintain healthy and affectionate relationships. Carers can therefore struggle to develop a bond with children who show low levels of responsiveness or actively reject efforts to establish positive connections. This situation also contributes to placement breakdown and instability.

[1] Treatment Improvement Protocol (TIP) Series, No. 57. *Center for Substance Abuse Treatment* (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014: https://www.ncbi.nlm.nih.gov/books/NBK207195/.

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

1. Lack of carers and appropriate carer support

The shortage of carers is a well-documented issue, both in Australia and internationally. The situation for children and young people with complex needs and challenging behaviours is even more acute, as carers often have their own children, or several children living with them, and caring for a child or young person with high needs can be challenging or place other children at risk. The amount of support required for a child or young person with complex trauma and other high needs is also beyond what many carers can offer. Carers now increasingly combine employment with their caring responsibilities, so the number of stay-at-home carers with the ability to take care of multiple additional children or sibling groups has significantly decreased. A lack of available foster carers almost always results in a corresponding lack of optional or optimal placement matching, which does not support placement stability.

This situation is compounded by the fact that caring for children and young people with complex needs can often lead to carer burnout or "compassion fatigue". "Compassion fatigue" refers to the type of numbness and exhaustion that can be "experienced by those working in the helping professions, as a response to being exposed to the trauma of people who they are supporting".[2] In the context of carers, this can include the types of physical and emotional responses that are prompted by children's insecure attachment behaviours (which can affect a carer's ability to create a healthy connection with a child or young person), as well as broader issues such as secondary traumatic stress. Fostering requires carers who can become 'therapeutic parents' to children in a way that "promotes the child's developmental recovery after abuse, neglect and trauma. Unlike other professions, a foster carer's home is also their place of work with respite from the demanding task of caring for children difficult to achieve. Carers live with, experience, and listen to children's accounts of maltreatment."[3] Uniting's PSP Practice Lead affirms the occurrence of carer burnout:

> "Quite often, the children we are trying to place [have] really, really complex [needs]. And even when we do really great placement-matching, it ends up that caring has a significant impact on the carers."

In situations where ACAs are used, the need is usually immediate (i.e. the same day) because of a placement breakdown. The child or young person in question typically has challenging behaviours and high support needs, and agencies have no available or suitable foster carers to take them. One solution would be to improve the support available to carers, so that they could better manage and respond as part of a care team to children and young people who exhibit challenging behaviour as a result of complex trauma. This type of support would include recognition that carers can experience compassion fatigue (and information about strategies for managing it), support and advice about responding to challenging behaviours and access to regular respite opportunities.

- **Recommendation 1: Fund agencies to provide carers with more extensive**

[2] Figley, C.R. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in those who Treat the Traumatised.* Brunner-Routledge, New York (1995).
[3] Ottoway, H. and Selwyn, J. "'No-one told us it was going to be like this': Compassion Fatigue and Foster Carers", School for Policy Studies, Hadley Centre for Adoption and Foster Care Studies, University of Bristol (2016): 8. https://www.bristol.ac.uk/media-library/sites/sps/documents/hadleydocs/compassion-fatigue-and-foster-carers-research-summary.pdf

training and support for responding to children and young people with challenging behaviours arising from trauma, including guidance and access to more frequent respite opportunities.

In the context of the current shortage of carers, it is also important that alternative, professional caring models are considered and funded. An example of one such model is Professional Individualised Care (PIC), which involves matching one child or young person with a carer who has professional expertise in providing trauma-informed therapeutic support. The child or young person lives together with the professional therapeutic carer (PTC) and the model is based on the formation of a trusting attachment between the two. The PIC model differs from other models of foster care because the PTC has the professional skill set to respond to high needs behaviour. The mix of home-based professional support and the establishment of positive attachment between child/young person and carer can lead to very positive outcomes – especially for young people who have experienced placement instability and are potential candidates for ACAs.

An alternative caring option would be to enable two professional carers to share the caring responsibilities for a particular child or young person on a long-term basis. Carers would be paid on retainers and agencies would also provide a suitable house, which would allow children and young people to receive professional support in a home-based setting. This type of professional caring model would provide more stability and consistency than the current Intensive Therapeutic Care (ITC) model, which is limited to 13 weeks.

- **Recommendation 2: Address the current carer shortage by funding alternative, professional carer models – such as Professional Individualised Care (PIC), which provides effective, therapeutic support to children and young people with challenging behaviours.**

A further form of support would be to provide young people at risk of placement breakdown with a Youth Development Coach. Uniting's Extended Care Pilot Program has demonstrated that when coaches are provided to young people in the care system from age 15, their self-esteem and confidence improves, as does their relationship with their carer(s). Coaches are relatively inexpensive (approximately $30k per year per young person) but can have a profound impact on a young person's ability to navigate difficult situations and transitions. Coaches can also provide young people with support in recognising their own trauma and its triggers, as well as providing guidance in how to manage behaviour and regulate emotions. Investing in a coaching model for young people in PSP – and ensuring that young people with complex behaviours could access strengths-based, trauma-informed and individualised support in the form of a coach – would be a strategic form of early intervention that help to prevent placement breakdowns.

- **Recommendation 3: Invest in a coaching model to support young people in the Permanency Support Program. Coaches could provide tailored, strengths-based support and assist with navigating key life transitions, such as the move from primary to high school, or the exit from care at age 18.**

2. The NSW PSP provider model currently supports a second tier of "private" providers

Alternative Care Arrangements are problematic because they offer an inconsistent level

of care and support to children and young people. This is because the agencies that provide staff for ACAs are not required to be accredited. Uniting's PSP staff report that ACAs are currently staffed by agencies that employ a mixture of untrained individuals and highly-trained former agency staff, who are attracted to these positions because of the high rates of pay. As a result of the increase in children and young people being placed in ACAs, the industry has lost highly-skilled residential workers to ACA 3rd party contractor providers. The current provider model thus reduces the availability of skilled workers able to support children and young people with complex needs.

There are currently no effective and readily accessible emergency response models available in NSW. The issue for accredited PSP providers is the significant funding discrepancy between the current unit price for the Casework Support Scheme (CSS) and that paid for ACA placements. While accredited providers are paid in line with ITC funding models, unaccredited ACA providers are not and can therefore demand much higher rates,

In situations where a child or young person's placement breaks down due to challenging behaviours and high needs, an ITC placement would typically be the best option under the currently available emergency and temporary arrangements. However, due to a lack of ITC places, ACAs are being used more frequently. While the current funding model enables accredited agencies to provide ITC (or ITC-like) services, the eligibility criteria for providing these types of therapeutic services is high and accredited agencies often have limited or no capacity. In situations where emergency accommodation is needed immediately, ACAs are thus the only viable option.

The current shortage of carers, combined with the exodus of professionally-trained residential care staff to private providers, requires the development of a more effective and accessible emergency response model – in consultation with accredited providers. Intensive Therapeutic Care providers should play a leading role in helping to design these emergency response options. All options should be staffed by accredited agencies, in order to provide adequate support to children and young people with complex needs.

- **Recommendation 4: Consult with accredited providers in order to design a more effective and accessible emergency accommodation model. This model should be run by accredited providers – and the practice of paying significant revenue to private providers should be discontinued.**

3. Child Assessment Tool (CAT) levels are inadequate and do not accurately reflect the needs of many children and young people

Children and young people in out-of-home care have frequently experienced socio-economic disadvantage, high levels of abuse and maltreatment., and are experiencing severe trauma. *The Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care (2018)* found that at the time of leaving care:

- over 30% of the young people who participated in the study had clinical behavioural problems;
- over 50% had language development delays; and
- just under 50% had below the normal range of non-verbal reasoning skills.[4]

[4] FACSIAR 2018, *Pathways of Care Longitudinal Study: Literature review – factors Influencing the outcomes of children and young people in out-of-home care*, Sydney, NSW, p. 26.

These types of cognitive impairments, coupled with trauma, can have a profound impact on a child or young person's behaviour and mental health. They can also impact a carer's ability to meet the needs of the child or young person in their care – especially within the constraints of a service system where it is often difficult to access specialised paediatric or psychological services for children and young people, due to long wait lists. The issue is even more urgent for children and young people located in regional and rural areas.

Our observations are that staff from the Department of Communities and Justice are reluctant to assess a child or young person's needs with a CAT outcome of HIGH, as this essentially means that they require therapeutic residential care and are not suitable for foster care. The recent independent evaluation of the Permanency Support Program came to a similar conclusion about a large proportion of children in the program receiving low CAT scores. The report found that "over 90% of cases were assigned low needs packages initially".[5] The report also found that:

> …the level of need observed in the cases reviewed commonly did not appear accurately reflected in the assessed level of needs using CAT scores - the level of need observed across cases with low needs scores varies greatly (e.g., reported challenges with inappropriate behaviours at school or in placement). This is in line with the… finding… that over 90% of cases were assigned low needs packages initially and that level of need tended to increase overtime. This suggests that the CAT score assigned does not consistently reflect the amount of effort required by PSP providers to deliver services, especially when children first enter OOHC.[6]

The report concludes that many cases were classified as low need, even in situations where a child or young person appeared to have significant physical, mental and behavioural conditions. A further issue with the CAT is that DCJ is not required to review needs assessments. (However, PSP service providers may request a review.)

The impact of these associated issues with the CAT is that **children and young people are under-serviced and under-supported on the basis of incorrect CAT scores**. Placement breakdowns and the need for emergency responses – such as ACAs - are a direct consequence of not providing children and young people with the support they require.

- **Recommendation 5: The Department of Communities and Justice should ensure that children and young people are appropriately assessed and receive a CAT outcome that accurately reflects their support needs. This would ensure that children and young people with the highest needs are identified as a priority cohort and receive therapeutic support based on their clinical need.**

[5] Rose V, Jacob C, Roberts J, Hodgkin L, Shlonsky A, Kalb G, Meekes J, Etuk L & Braaf R. 2023. *Evaluation of the Permanency Support Program: Final Report*, Centre for Evidence and Implementation, Sydney (2023), p.121.
[6] Rose V, Jacob C, Roberts J, Hodgkin L, Shlonsky A, Kalb G, Meekes J, Etuk L & Braaf R. 2023. *Evaluation of the Permanency Support Program: Final Report*, Centre for Evidence and Implementation, Sydney (2023), p.121.

4. ACAs are used in NSW because of the lack of an effective step-up and step-down model of therapeutic residential care

Alternative Care Arrangements are a symptom of deep structural issues in the PSP system. As previously stated, children are now entering care with greater trauma and attachment issues and even experienced foster carers are unable to manage, resulting in burnout and placement breakdown. The increase in numbers of children and young people placed in ACAs can also be attributed to the simultaneous decrease in availability of residential care places in NSW. Alternative Care Arrangements are therefore staffed by unaccredited providers but essentially fill the gap left by therapeutic providers with no capacity or in areas where supply is an issue and 'markets' for therapeutic services are thin.

The need for improved access to therapeutic interventions is a key reason for the increasing use of ACAs as a last resort:

> There's a general recognition among caseworkers that ACAs are not ideal for kids. However, having said that, there are a number of children in care who are not suitable for placement in a care environment with foster carer. Your average family, your average couple, just can't cope because the behaviours of these children require professional therapeutic intervention. They require more than just your average mum and dad. These children require around the clock support and or the ability to provide around the clock support and NSW in particular does not have this type of "step-up step-down" model of therapeutic care.
>
> Practice Lead, Permanency Support Program

In situations where children and young people require 24-hour professional support for complex needs, **Intensive Therapeutic Care Homes (ITCH) are an effective solution.** However, **there are currently too few ITCH places available**. The result is that children and young people are moved to ACAs as the next best option.

A further problem with ACAs is that a child or young person's time in this type of care is currently time limited and not needs-based. The NSW Government's focus on moving children and young people out of ACAs at all costs creates a revolving door that increases rather than decreases numbers. **As children and young people don't receive professional support when placed in ACAs, it rarely results in positive changes to behaviour – and in fact can exacerbate existing problems.** This is coupled with the fact that children and young people are disempowered and become frustrated when in an ACA because workers are unable to inform them of the exact length of time they will be living there. Agencies also frequently have to move children and young people into placements that we know are unsustainable because of pressure from DCJ, resulting in placement breakdown and re-entry to ACA with greater trauma.

An alternative ACA model

Uniting's PSP staff would like to emphasise that ACAs do not always have a negative impact on children and young people – and that, if the model were changed, it could operate in a way that benefitted both children/young people and their carers:

> I have actually seen a situation where an ACA has worked, where we've been able to take a child out of whatever was going on for them, and actually put them in a setting which is

> run therapeutically. We've worked hard to make sure everybody is involved in order to get that wrap-around level of support. So it's not just babysitting, it's not just someone making sure they're fed and you know, go to school and whatever. We've tried to put a different lens on it.
>
> State Manager of the Permanency Support Program

Ideally, **ACAs should be used as a circuit breaker in situations where placements are at risk of breaking down. During the ACA placement, staff would work on targeted goals to support re-entry to foster care** (in the absence of having residential care services working properly to do this).

The type of model that Uniting would support should provide access to therapeutic support and adhere to the following principles:

1. Duration of stay in an ACA should be based on an evidenced treatment plan, not on time allowed.
2. Placement in ACAs should be allowed to be periodic and when needed, and used in conjunction with providing carers with respite opportunities. The aim should be to provide therapeutic support to children and young people, while simultaneously up-skilling carers and giving them access to respite opportunities.
3. Transitions or step-down planning, which occurs when a child or young person leaves an ACA, should be undertaken with more robust placement matching. Solely relying on the CAT assessment, as occurs currently, is not sufficient.
4. Transitions and step-down plans should be structured around the needs of both the child/young person and their carer. This planning should be designed to allow both carers and the child/young person to develop and establish strategies necessary for ongoing healing and recovery.
5. Until the above is remediated, DCJ should support children and young people to remain in ACAs for longer periods if the case managing agency can demonstrate that it is in the best interests of the child or young person.

- **Recommendation 6: Alternative Care Arrangements should be used as a circuit breaker in situations where placements are at risk of breaking down. During the ACA placement, children and young people would receive professional therapeutic support and staff would work on targeted goals to support re-entry to foster care.**

5. Family Finding is too often used as a short cut to ill-conceived kinship placements

A further issue which contributes to the increasing number of children and young people experiencing placement breakdown and therefore needing to be placed in ACAs relates to the NSW Government's policy preference for kinship placements. Many kinship placements are indeed successful and support the best interests of the child or young person. However, Uniting would like to raise the issue of a small number of emergency cases where provisional authorisation is granted to kinship carers without properly considering carer capacity – especially in situations where children and young people are exhibiting challenging behaviours and consequently require support from experienced carers. Our experience in these types of situations has led us to conclude that kinship placements can sometimes be rushed, and that intergenerational trauma and complex and/or dysfunctional family dynamics are not well considered or managed.

Ultimately, failing to consider these issues has the most significant and detrimental

impact on the child or young person – as it leads to the deterioration (or eventual breakdown) of family connections that would otherwise increase a child or young person's sense of belonging and identity, as well as their family connection and feelings of safety. These factors then have a cumulative impact on placement stability.

The NSW Department of Communities and Justice places an inordinate amount of pressure on agencies to commit to these placement types. If they are problematic – for the reasons outlined above – such kinship placements can break down relatively quickly and result in ACA placements. Furthermore, we find this is often followed by multiple placement breakdowns and periods of instability for the child or young person involved.

To resolve these issues, Family Finding practice needs to be allowed sufficient time in which to locate family members and also to build and maintain family networks. The primary goal should be to create stability for the child or young person, rather than simply identifying a suitable placement. Once a suitable kinship placement is identified, kinship carers (just like other carers) need to be provided with extensive training and support. In the case of kinship carers, this support and training needs to address the impact of intergenerational trauma and specifically assist carers to develop trauma-informed strategies for dealing with and managing challenging behaviours. Kinship carers should also be provided with training, coaching and (if necessary) therapy to assist them to better understand family dynamics for both carers and birth parents. Uniting also suggests that kinship carers be provided with access to incidental ITC placements if/when the child or young person in their care experiences significant emotional distress.

- **Recommendation 7: Family Finding practice should be re-oriented towards the goal of building family networks for child stability, rather than simply identifying a suitable placement. Kinship carers should also be provided with:**
    - **Effective intergenerational trauma training.**
    - **Access to training, coaching and/or therapy (if necessary) around family dynamics, in order to assist in the creation of healthy and positive relationships between children, kinship carers and birth parents.**
    - **Access to incidental placements at Intensive Therapeutic Care Homes, as this would assist in allowing children and young people access to professional therapeutic interventions and also provide kinship carers with respite opportunities.**
    - **Further support from ITC staff after the ITC placement has ended. This would enable children and young people to be re-integrated back into the kinship carer's home with the assistance of professional support, to ensure a smooth transition.**

Focus area c): The treatment of children and young people whilst in an ACA

One of the basic rights protected under the *UN Convention of the Rights of the Child*[7] is that all actions taken by governments in relation to children and young people should ensure that the best interests of that child are a primary consideration. It is difficult to argue that the ACA model currently used in NSW serves the best interests of the children or young people living in such arrangements. In Uniting's experience, children and young people are often moved into ACAs with little warning and provided with no information

[7] UN Commission on Human Rights, *Convention on the Rights of the Child.*, 7 March 1990.

about how long they will remain in such accommodation. These moves can therefore be destabilising for children and young people, and reinforce feelings that they are unloved and do not belong in "normal family settings". Although the children and young people who are typically placed in ACAs have experienced high levels of trauma and therefore display associated challenging behaviours, the staff used in such settings come from unaccredited agencies. There are therefore significant inconsistencies in their levels of training and professional qualifications. For the purpose of developing this submission, Uniting ran an internal consultation with PSP staff. Below is a selection of responses we received about the impact of ACAs on children and young people:

- "Adolescence is a time when children should be consolidating the skills they're going to be using later in life. And instead of being in a stable, secure environment where they're feeling that they're loved and connected, these kids are sitting in a motel room where they're consolidating the idea that they are unloved. That they don't belong. That there is no place for them. That they need to fend for themselves because they don't trust others. They don't trust society."

- "We have a young girl who's 13 and she's been in and out of ACAs. Her behaviours became so extreme, but instead of focusing on how to address these, all DCJ are interested in is when we can get her out of the ACA. They care more about timeframes than anything else. They really lost sight of that child. I just wish DCJ would work in a more collaborative way with agencies. We know the children and we could play a role in working out what kind of solution would be in the best interests of the child."

- "We have one young person who is 17 and who was recently put into an ACA. And, you know, we actually had him settled down there and things were going really well for him. We were able to access mental health supports for him. We also managed to get him employment – a job nearby – and he had workers that he'd known for years helping him. He was settled and he was happy. But after 6 weeks DCJ was pushing for him to leave. They wanted to get him into an ITCH placement. And the whole thing was so unsettling for him because he doesn't know where he's going, or where he's going to end up… what his life looks like. Of course he got moved out of the ACA and [the impact of this destabilisation] is that now he's assaulted two staff members and is up on charges. And my view is that if we'd left him in the ACA, where he was settled and with workers he trusted, then this wouldn't have happened."

- "When you're trying to explain to the young person what's happening to them [when they're in an ACA], you really can't. As caseworkers, we just have to keep on saying to their questions: "I don't know, I don't know, I don't know." We have one young person at the moment [in an ACA] and he's just asking everyone to adopt him. You know, when the Case Coordinators come to visit him, he says: "Can you take me home?". He actually wanted to go door-to-door around his neighbourhood to ask if anyone would take him in. This is just a kid that feels totally rejected. As if he doesn't belong and has nowhere to go."

Uniting would also like to raise the issue of ACAs in relation to children and young people with a disability. As previously mentioned, the children and young people most likely to be placed in an ACA are those that have complex needs and exhibit the most challenging behaviours. However, it is important to note that the personal expressions of children and young people with intellectual and other cognitive disabilities – such as aggression, repetitive behaviours and forms of self-harm - have historically been perceived as

abnormal, maladaptive and dysfunctional.[8] In reality, such behaviours are often a valid response to being unable to communicate unmet needs or being in difficult environments and situations. The inter-relationship between trauma and disability for children and young people in out-of-home care cannot be overstated. There is an ongoing need for increased workforce skills and training around trauma-informed care and understanding the relationship between trauma and disability. Unfortunately, the care system often fails to meet the support needs of children and young people with a disability, as well as the support needs of their carers.

Conclusion

The increasing use of ACAs in NSW is a symptom of deep structural issues within the PSP system. An increasing shortage of carers, combined with the fact that many children are now entering care at a later age but with more profound trauma, have created a situation where placement breakdown and the need for emergency accommodation is becoming more common. The increase in numbers of children and young people placed in ACAs can also be attributed to the simultaneous decrease in availability of residential care places in NSW. The NSW Government should urgently invest in a number of reforms to address the major costs associated with running ACAs – most significantly by providing early intervention measures (such as targeted training and support to carers, as well as adopting a coaching model that would give young people additional support during key life transitions) and investing in a "step-up, step-down" model of therapeutic residential care that would enable children and young people to access professional support when required, as well as offering regular respite opportunities to carers.

[8] Jorgenson, M, Nankervis, K, and Chan, J. "Environments of Concern: Reframing Challenging Behaviour within a Human Rights Approach". *International Journal of Developmental Disabilities.* (2023),Vol 69, No 1: 95.