

8 December 2023

Ms Zoë Robinson Advocate for Children and Young People Ground Floor, 219-241 Cleveland Street Strawberry Hills NSW 2012

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

Dear Ms Robinson,

Special Inquiry into Children and Young People in Alternative Care Arrangements (ACAs)

Thank you for the opportunity to provide a submission to your offices on the special inquiry into the use of ACAs in NSW for children and young people in care. The overuse of ACAs has been a serious concern of Adopt Change for some time, and it is our view that in most cases, a family-based home is the only suitable care arrangement for a child or young person when a child is in the state care system. In cases where family-based care is not possible, there should only be a use of evidence-based therapeutic residential programs, when it is in the best interest of that child.

About Adopt Change

Adopt Change believes that every child has the right to grow up in a safe, nurturing and stable family home, and that all families need the appropriate supports for children to thrive. Adopt Change works towards this, raising awareness and finding new potential carer homes. We recognise the impact of childhood trauma, and provide a number of services and education to support children and families. We also work with government, sector and community to seek changes to legislation and policies to better provide for children and families.

Adopt Change recognises the importance of permanency for stable childhoods and positive life outcomes. We encourage capacity building of families to ensure that vulnerable children are able to remain within their birth family where possible. When that is not possible or safe, we advocate for other permanent options, including adoption where appropriate. Underneath it all, we call for A Home and Healing for Every Child in care.

<u>Submission</u>

What's happening to kids?

There is an increased reliance by those managing the out of home care system to use residential group housing, and concerningly in some cases, motels with shift workers to care for children due to multiple pressures including a shortage of carers. Ultimately though, there is a significant overspend on crisis options such as these care models, instead of investing in the much more cost effective and hugely more beneficial care options that would provide family-based homes for children. Namely, investing in better family supports to keep children with, or return them safely to their parents; in early stages of removal funding family finding for kin care; and in recruitment find meaningful support of foster carers and the children in their care for it to be a viable and sustainable care option, as well as ensuring permanency options of guardianship and adoption are employed when it is in the

best interest of the child. These options would completely reform the care system for children in NSW for vastly improved childhoods and outcomes.

With the globally known impacts of institutionalisation and the need for children to have attachment and nurture, Adopt Change strongly advocate that all children in the care system need to be living in a nurturing, family-based home environment where that is possible and safe for all.

When a child has a legal order to be in state care, the Community Services Minister is their legal parent. These children have been deemed to be too unsafe to live with their birth parent(s) and therefore are under the care of a new parent. If this is not a safe option, there needs to be the same level of accountability.

Even the adoption of the term "ACAs" has depersonalised, sanitised and softened the sound of what is occurring for these children. They are not simply in "Alternative Care Arrangements". They are in a form of costly and unsuitable accommodation with no consistent care arrangement. These placements are typically a motel room with a one-on-one shift worker changing every seven hours. The level of safety in this situation is highly risky, as well as failing to provide the trauma informed therapeutic care for those who have already experienced Adverse Childhood experiences including abuse, neglect, grief and loss and are particularly vulnerable to further exploitation and/or compounding of their trauma. Understandably, this in turn can also exacerbate behaviours and make it more challenging to place a child in a family home after the ACA experience.

Why kids deserve better than non-home-based care placements (ACAs)

Adopt Change believe that all children and young people entering the out of home care system should receive therapeutic assessment and have access to funded therapeutic care as per the assessment recommendations. Every child and young person that enters care has experienced trauma; either as a result of why they are entering care, or from the removal from their family of origin (or both). Currently there is no national standard that a child or young person in care should automatically receive a therapeutic assessment and if required, the resources allocated to that child for ongoing or as-needed therapeutic care.

We are concerned that if a child coming into care may spend their first months living in a motel, coupled with staff unable to attain relationships with young people in ACA's, therapeutic care arranged for that child is probably being skipped, with their immediate care arrangements being prioritised. While that is understandable, childhood is fleeting and a child entering care should have their emotional wellbeing prioritised along with their physical care need from the moment they enter care. If the emotional wellbeing of children cannot be prioritised in ACA's due to the number of inconsistencies it presents then it is safe to assume we are not ensuring the bettering and development of children when we place them in these types of care arrangements, and therefore should not be removing children from homes to live in hotels, and where safe to do so focus should remain on restoration with the family while the young person is in alternative family-based care.

In addition, placement moves only serve to destabilise and further compound the trauma of a child or young person in care. We know that children in out-of-home care often experience multiple placement moves. The instability of coming into care in alternative accommodation can further destabilise a young person who is already experiencing higher than normal emotional distress. A study into the placement history of 77 young people who had been in out-of-home care in Victoria

and Western Australia found that 40% had experienced between two and five placements, 14% between six and 10 placements, and 32% had moved between placements more than 11 times¹. Reducing placement moves for a child or young person should be a priority. We submit that children and young people should enter care into a home-based emergency care so that their needs can be assessed before being moved into longer term care if reunification is not possible.

Each time a child moves, they are at high risk of re-traumatisation: they have new people to get to know (carers and their children, new extended family members, other foster children), new house rules, new foods, new house structures and locations, a potential disruption to their schooling, friendship groups or sporting activities, a change in their day-to-day routine and more. Familiarity is a necessary part of feeling calm, connected, and enforces safety structures that exist already within the system to support this transition for children. It is within the boundaries of a bedroom that most children find their deepest values and keep their most treasured belongings, when we create an environment where a child's space is unknown to them, we create a world that is unfamiliar and scary. Even an adult with stable mental health would struggle with this much change, but the effects of the system require that a child or young person who has suffered trauma and neglect, must be subject to the consequences of moving placements regularly. Each time a child moves their sense of safety and trust in their carers decreases, they become more anxious and more unable to control their emotions and reactions. The resulting inability to trust their carers and to control their emotions can lead to behaviour that is extremely confronting and difficult for their carers, teachers and case managers, making the child less likely to be able to develop healthy attachments and more likely to suffer from placement breakdown.

Osborn and Bromfield in their Outcomes for Children and Young People in Care paper found that placement disruption was 3.38 times greater for children with a history of multiple (six or more) placement changes². This supports the view that early placement security for children in care is crucial to preventing multiple placement moves and therefore improve the outcomes that child will have while in care.

What do we know about what kids need?

Research has repeatedly identified that placement instability has multiple negative short and long-term implications for children, as it reduces their ability to form healthy relationships, engage in education, and participate fully in society in adulthood³.

We also know that young people leaving OOHC who have experienced impermanency are significantly more likely to be impacted by homelessness, poor education, poor health outcomes (especially mental health and addiction) and are more likely to be involved in criminal activity⁴.

¹ https://aifs.gov.au/cfca/publications/children-care

² Osborn, A and Bromfield L, Outcomes for children and young people in care, Australian Institute of Family Studies, NCPC Brief No. 3 — October 2007 https://aifs.gov.au/cfca/publications/outcomes-children-and-young-people-care Predictors of Placement Disruptions, Australian Institute of Family Studies, NCPC Brief # 3, October 2007, accessed herehttps://aifs.gov.au/cfca/publications/outcomes-children-and-young-people-care

³ Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. Children and Youth Services Review, 27(3), 227-249.

⁴ Campo, M., & Commerford, J. (2016). Supporting young people leaving out-of-home care (CFCA Paper

If we are removing children from their family of origin then we must, both legally and ethically make sure that the children and young people are being cared for better than their previous living arrangement. It is not acceptable to remove children and young people into worse conditions with the added trauma of being away from family and friends. In essence, we must ensure that these children have a 'gold standard' of care. That means home based care where possible, cultural support, access to therapy and medical services, timely and sound case planning (within 6-12 months of entering care) – including permanency planning – while ensuring that the voice of the child is included where possible and appropriate. We have a duty to ensure children thrive, not merely survive the system that is meant to protect them and provide them with care.

Why are ACAs the new norm?

One of the contributing factors to the increasing use of ACAs is the lack of family-based foster and kinship carers who are readily, willing and able to take on the demanding role of a foster carer.

In each state where data is available, foster carers are resigning and exiting the out of home care system faster than they can be recruited. According to NSW Office of the Children's Guardian (OCG) data, there were 2,684 Carer Household exits in the year prior to 30 June 2023, and 1,581 Carer Household authorisations in the four quarters reported 31 Dec 2022 to 30 Sept 2023⁵. This data, along with the number of carer households that DCJ reports they need, indicate the shortage of Carer Households available for children, adding to the pressure to find emergency options for housing children in the care system. In Victoria during the 2021—2022 period 621 households withdrew from being foster carers while only 317 household commenced their foster care journey⁶.

The increased cost of living, low subsidy rates and the time demands placed on foster carers are some of the reasons why recruiting and maintaining foster carers is difficult. The recruitment and retention of a sufficient number of foster and kinship carers is fundamental to resolving the overuse of ACAs. However, the manner in which to do, while touched on briefly, is beyond the scope of this submission.

There is also evidence that there are in fact authorised carers with vacancy or capacity to take children into their home and provide them care. In NSW however, there is not a central database of carers outlining availability. Carers are "owned" by the agency they are authorised with. So, if a carer has a vacancy and they aren't found in time by the department referring to an agency, or the agency doesn't choose to make them available, then this opportunity is missed. This disparate system is out of sync with the times where there is highly capable technology available (and yet not used) and is coming at an expense to children and their futures.

What do ACAs cost compared to home-based care?

The cost of an ACA is reported to be on average $^{\$}840,000$ per annum compared to the minimal amount ($^{\$}15,000$ per year) of support a carer in NSW receives to provide a home for these children. Some ACAs allegedly cost in the vicinity of $^{\$}1$ million per year per child.

Carers have been calling out for years for access to the rapeutic support for the children in their care, for improved supports and financial assistance to make their role viable and sustainable, and there is

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No. 41). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.

⁵ NSW Government, Office of the Children's Guardian, Carers Register

⁶ AIHW, Child Protection Australia 2021-2022, data table 7.2

research that shows that positive word of mouth from existing carers is the most successful way to recruit new carers to provide more home-based care options. There are multiple reports showing the importance in investing early in families, as well as models employed elsewhere where investment in the full continuum of care delivers better results for children and the jurisdiction.

The money exists in the system to completely change the care provided – better early investment in families and where keeping children with family is not possible, investing in a viable carer home system. The outcomes far outstrip children suffering further abuse at the hands of a system. The state can achieve this on a much more cost-effective budget, however, the move must be made to invest early for this shift to be made. Additionally, children who are moved through to permanency – returning home, guardianship or adoption where possible and suitable, alleviates some of the strain from a burgeoning system and delivers better outcomes for children. Children need to be raised by families, not systems, and the outcomes are evidenced to be far better, as well as much more cost effective.

In conclusion

"While the State may make financial provisions and uphold the legal rights of the children for whom it is responsible, it cannot perform the functions of the family – to provide the enduring bonds of attachment which nurture the ability to love and to be loved."

The right to love and be loved is paramount. No matter a child or young person's circumstance, they deserve to be raised in a loving, home-based environment. This consideration should be key when determining the care environment for a child or young person.

If a child or young person cannot safely be cared for in a home environment, then all possible steps should be taken to provide therapeutic care for that child/young person with the aim of returning them to home based care as soon as they are ready.

We hope that this submission will assist the inquiry and with more time, Adopt Change can provide further submissions or information if requested.

Best Regards,

Renée Carter Chief Executive Officer

⁷ Scott, D. (2010). "Here under the southern cross...": reflections on child welfare in Australia. *Developing Practice*, 28(Spring), 4-6.