Zoë Robinson | Advocate
Office of the Advocate for Children and Young People
Ground Floor
219 -241 Cleveland Street
Strawberry Hills NSW 2012

17th November, 2023

Dear Zoë,

Re: Special Inquiry: Children and young people in Alternative Care Arrangements (ACA)

My name is [redacted] and I am the Founder and Director of [redacted], an agency in [redacted] Since 2016, [redacted] has been providing support services to children and young people who have had contact with the child protection system or are in Out-Of-Home-Care.

[redacted] initially began providing contact and mentoring services to children and young people who were case managed by the Department of Community Services (DOCS) as it was known at the time. In 2017, we had a small team of mentors who were supporting a sibling group experiencing many placement challenges. Eventually the placement broke down and DOCS contacted us to care for the children in what was referred to as a 'Motel Placement'. This form of service request was not known to us at the time; we did not realise that DOCS was utilising this type of service in our area, or at all. However, given that our mentoring team were the most consistent people in the children's lives at the time, we were important people to them. The children were suffering all of the difficulties that come along with complex and developmental trauma; behaviours that are challenging to both themselves and their carers, complex health needs, attachment and relationship challenges, not having their needs met in an educational setting, along with not having their needs met in their care setting that resulted in a placement breakdown. So much of trauma healing for children and young people is relationship based, so it made sense that our mentoring team be the ones to provide them the emergency care they needed that allowed them to remain together through this unpredictable and stressful time, with people they knew and trusted; the team was also highly trained and skilled at providing trauma-informed services, were able to work as a team to meet the diverse and challenging needs of the children, and were heavily supported by other professionals around them who also knew the children. The ability of the care team to work together to meet the children's needs resulted in consistency and security that in turn allowed us to develop strategies that would go on to inform future carers and contribute towards placement stability once they moved on from our care.

While entry into ACA is rarely a planned move, the objectives of the placement remain; build relationships, provide stability. We learned a lot from the children I refer to above, and the many,

many children and young people who have been in our care since this time. Our service delivery has evolved and improved, however one thing has stood true over time; children and young people who struggle with life barriers and behaviours that challenge due to trauma, need relationships with safe adults who don't give up on them. This usually does take a village.

ACA, as it is now known, can be an opportunity for the most damaged and disengaged young people to experience success and develop reparative relationships with safe and nurturing adults, provided there are three things; A consistent care team who are committed and heavily supported to meet challenging needs, a focus on giving the young person a sense of control over the things that they can control, and provide predictability and stability in their daily life. [redacted] has devoted expertise, time and resources into understanding the needs of a successful ACA placement and providing a very high standard of ACA service that is focused on reparative care and equipping the young person with a tool kit that will help them to experience improved outcomes in their future, whether this be for placement stability, restoration, or independent living. This service cannot be merely 'child minding' and 'roster filling'. Young people in ACA placements are also often in desperate need of an advocate; this is a role our agency takes very seriously. Below is Appendix A; One of many advocacy email correspondence examples we have that I believe gives a very thorough overview of the potential of well facilitated ACA placement, and the challenges faced regularly in this space.

Having extensive experience in facilitating ACA placements, I have summarised below a number of responses that our team have given feedback on with regard to the Special Inquiry Terms of Reference;

- In our experience, the greatest contributing factor to improved outcomes for children and Young People in ACA is the commitment of the face-to-face care team, and those leading these teams. It is resource intensive and emotionally challenging. Agencies that provide care teams who are unsupported, untrained, and poorly remunerated are transient and inconsistent, exacerbating instability, poor care standards and therefore overall poor outcomes of the young people in some ACA placements. Personnel must be valued and supported to not only continue to show up for the young person when it's tough, but to have a desire to facilitate the high standard of care required for the most vulnerable young people in our communities. This is often both a leadership and staffing aptitude, and commitment to finding and training the right people is imperative to success.

- If ACA was valued as an approved placement option for children and young people that are experiencing extreme instability and placement challenges, it could be planned and supported as a far better alternative to ICM and ITCs that do not provide one-on-one care.

- Children and Young People who need this type of emergency care may benefit from the development of ACA best practice standards that are made in collaboration with agencies with service experience, and understand how this type of care is best facilitated. Its strengths, when it is facilitated by professional care teams who are highly experienced can be harnessed to ensure that the level of care received is not just 'potluck' based on which

agency they end up with.

- It is our experience that case management sitting with DCJ is often a limiting factor to ensuring the interests and needs of the individual child are paramount; apart from the impression that DCJ make decisions that are budget-centred and not child-centred decisions, the outcomes for the child in the placement are often very dependent on the competency of the caseworker or casework team. Many caseworkers seem to lack an understanding of what children in ACA placements need from them, as well as lacking an awareness of the basic neuroscience of complex trauma and how something as simple as missing a scheduled home visit that the child has been thinking about all day, can be a trigger for a stress response that is retraumatising.

- Further to this, the approach by DCJ that ACA be seen as the very last resort often compounds what has already been a traumatic experience for the young person. In our experience, children or young people that have had a placement breakdown in an emergency situation are given little information about where they will next be cared for because the direction given to caseworkers from "above" is that approval for an ACA will not be given until all other options are exhausted. It is not uncommon for a young person to be waiting with their belongings in a case worker's office all day, and at 5pm when approval is finally received, be told they are going to serviced accommodation with our care team. This practice prolongs the period of distress.

- Given the usually reactive nature of placement in an ACA it is often unclear to us what information has been provided to the young person prior to our engagement. Sometimes caseworkers are very efficient, and we receive detailed and helpful information on the young person coming in to our care, and other times we receive very limited information and incorrect details regarding the young person's needs.

- The decision-making process under which a child or young person is removed from an ACA, in our experience, is budget-centred. It is often a case of "anywhere but ACA will do". This can sometimes be in a whole different geographical location without local supports, or to a placement type that is insufficient to meet the needs of the young person such as an ICM. We are often disappointed by how little weight is given to the fact that our ACA care teams have improved outcomes for young people, built strong relationships and have often become important people in the lives of the young people we care for. Adequate transition planning to move the young person from ACA into another placement is rare.

- We have found that children and young people being moved to an unsuitable placement such as an ICM, residential care, or foster care setting with multiple children with high needs, might be more cost effective in the short-term, but are ill-equipped to meet the one-on-one reparative care needs of the young person and therefore become more expensive in the long term by exacerbating support needs. We also commonly provide ACA placements to young people who have previously been placed in highly unsuitable ICM homes, and residential care facilities.

[redacted]

- ACA placements can give greater opportunities for young people to receive individualised care that creates targeted and consistent access to the provision of education, recreation, health, psychological supports, and other services. In our experience, placement breakdowns are often occurring when foster care placements are unable to meet all the needs of the young person due to them having greater or more challenging needs across all of these parts of their life. Our small and consistent care teams of people with specialised skill-sets give a high level of education support in diverse settings, ensure people are on-hand at any time to access allied health services, that in our regional area often require travel, have the time and ability to facilitate family contact arrangements, and support independent living goals, along with many other support areas that require intensive face-to-face support.

- One of our greatest challenges is seeking appropriate accommodation options in regional areas, where the facilities are adequate for both safety, and practicality, but also, finding serviced accommodation that is not a hotel room and where we can stay in indefinitely, because no one ever knows how long our services will be required for. Our agency has a number of local accommodation service providers who understand our needs and can be very accommodating, however we provide care in regional tourist hot spots, and this can be very difficult at popular times of year when visitors flood our region.

Thank you for providing an opportunity to hear the voices of those involved in providing ACA services. Service delivery in this space is complex and multi-faceted, however we have attempted to summarise our experiences here, and I invite you to contact me if you have any questions or would like further information.

Kind regards,

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[redacted]

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