Minister's NGO Forum: Alternative Care Arrangements
December 2, 2020

Overview and proposed actions

1. Overview

ACWA has been undertaking targeted work with the Department of Communities and Justice (DCJ) and non-government out-of-home care service providers on curbing the unacceptable number of children and young people living in Alternative Care Arrangements (ACAs) - such as in hotel or motel care arrangements or other forms of care with non-accredited providers. In terms of outcomes, the sector's efforts over the past 14 months have resulted in a significant decrease in ACA numbers, from a peak of 199 in October 2019, to ACA numbers that are now in the 70s (as at 28 January, 2021).

While this significant decrease is welcome, the fact that there are still over 70 children and young people (cyp) in these placements, serves to illustrate the need for more innovation and creativity in our collective response to this issue.

In this regard, we note both DCJ and the NGO sector recognise that one fundamental issue that requires further work is the lack of foster carers for children who are older and have low/medium needs. While enhancing our carer recruitment strategies should form part of our response to meeting the needs of children who are older and have low/medium needs, a number of providers have made the point that our strategy should also include providing increased flexibility in the residential care system (this is discussed below).

2. Background

On 2 December, 2020, the Minister for Families, Communities and Disability Services, Gareth Ward, met with service providers to discuss what needs to be done to further reduce the number of children and young people entering ACAs.

This paper presents a collective overview of the proposed actions that were discussed during the meeting, together with additional suggestions that service providers have brought to ACWA's attention since the meeting.

There are cyp who avoid entering an ACA because suitable placements can be found for them within the system. However, during 2019, there were 496 instances of cyp being placed in ACAs. During 2020, there were 467 ACA placements. Approximately 60% of cyp exit their ACA placement within 90 days.

These numbers highlight the need for targeted and creative responses, including effective strategies for recruiting more carers and expanding the availability of innovative carer models to

support those cyp with very complex needs whose needs cannot be met within the existing system.

The Permanency Support Program (PSP) seeks to maximise flexibility for individual cyp. However, for the now relatively small group of cyp in ACAs, the implementation of the program hasn't achieved the required level of flexibility to meet their needs. Issues such as lack of suitable carer availability, variations in staff and carer skill levels and related training needs, placement matching challenges, and variations across the state in terms of the availability of relevant supports and services, are but some of the factors that contribute to cyp not getting access to the right care and services at the right time.

In addition, NGO providers have noted that there are young people who might not be assessed as high CAT whose needs could be met in a residential care placement. However, the current policy setting inhibits us providing this type of solution to meet their needs, and results in young people unnecessarily being placed into ACAs.

NGO providers have also noted that the PSP program directs that permanency outcomes be achieved in the shortest possible timeframe. While the principles underpinning PSP are well understood and appreciated, the fact is that what is currently available in the system for these cyp is not always compatible with our shared goal of finding the right placements within a short timeframe.

While the ACA population is a very small part of the total out-of-home care (OOHC) population at less than 0.5%, it highlights a number of service challenges in the broader care system, particularly in relation to the need for emergency placements for high CAT cyp, Aboriginal cyp, sibling groups, adolescents and certain cyp with disability. The types of emergency placements that are required for these cyp can vary greatly. In attempting to deliver the right placement for this group, there is often the need for rapid planning between multiple agencies and the reality is that, under the current system, the requisite placement option is not always available. However, both NGO providers and DCJ have noted the creativity and flexibility already employed to lower the ACA numbers, and are committed to providing even greater flexibility in the system to avoid ACA entries and to rapidly find placement options for those children and young people who enter an ACA arrangement.

3. Cohorts of cyp in ACAs

a. Aboriginal cyp

Aboriginal cyp currently make up about half the existing ACA placements. Six months ago, this figure was 41%. The reasons for this percentage increase include:

- large sibling groups among this cohort
- a higher proportion of Aboriginal high CAT cyp, but no Aboriginal Intensive Therapeutic Care (ITC) providers (one Aboriginal provider is accredited to provide Therapeutic Home-Based Care (THBC) and Sibling Placement Options (TSOP), although they are not accredited to provide residential care)
- the ongoing lack of service options in certain areas where Aboriginal cyp reside e.g. Western NSW.

Over recent months, a number of new service options have been established, particularly for Aboriginal young people on the Mid North Coast. This added flexibility in the system is very welcome and has resulted in four young people being placed on country (one of whom is Significant Disability (SD) eligible).

AbSec has raised the need to develop cultural therapeutic responses for Aboriginal cyp as a priority for future work, as well as finding additional Aboriginal service options that have a strong focus on maintaining cyp on country. AbSec is currently supporting an Aboriginal Community Controlled Organisation to expand the available options for Aboriginal children, including those in, or at risk of, an ACA placement.

Proposed action	Lead	Timeframe	Status
1. Continue work on identifying options of innovative care for Aboriginal cyp to avoid ACA entries and to expedite exits, including how culture can be built into therapies. 2. Consider support required by Aboriginal NGOs to maintain their children, especially when high needs.	AbSec	Medium term	Proposal

b. High CAT children and young people

The majority of cyp in ACAs are high CAT and over 12 years of age, which makes them technically eligible for Intensive Therapeutic Care (ITC)/Intensive Therapeutic Transition Care (ITTC)/Intensive Therapeutic Care Homes (ITCH) services. The main referral pathway is into a residential or quasi residential care setting.

However, cyp often require a placement quickly. While some cyp progress into Emergency Respite Care, or can be quickly placed into a ITTC service, this is not the case for the majority. The typical pathway therefore is: an ACA placement; a referral or re-referral to the Central Access Unit (CAU); a suitability assessment by the CAU; and then a referral to provider/s. This process can often take 4-6 weeks for a service referral to be made. It can then take another few weeks for a referral to be assessed/queried/accepted or rejected; for a transition meeting to then be booked; and for the transition process to commence. If a referral is declined, then an alternative referral will be made to another provider until all options are exhausted. There is a shared view that we have to be able to do better than this current timeframe.

Some high CAT cyp are in an ACA placement for at least several months before being exited to a residential provider – sometimes, this is only after an extensive negotiation process has been undertaken. In addition, cyp are in ACAs despite the fact that there are substantial numbers of vacancies reported in ITC services. In this regard, work is currently underway between DCJ, ACWA and service providers on a range of strategies that may assist in managing the high vacancy level.

For cyp who are under the age of 12 years, a move to a residential setting is generally not a preferred, nor an appropriate, option (although we note that there are cases that constitute an exception to this general rule). However, among other options that need to be considered, THBC and TSOP need to be available for this group.

DCJ, ACWA and ITC service providers have been working collaboratively to address issues that are impeding the implementation of THBC/TSOP options, and have identified a range of ways forward. However, at this point, THBC options remain undeveloped and come with various caveats e.g. DCJ finding the carer for the agency to assess.

A broader suite of innovative carer led options is currently being explored. This must include addressing the needs of various cohorts e.g. as an alternative to residential care, when this form of care is not in a child's best interests; a step down out of residential care; care for sibling groups; care for children with disability; various forms of community care for Aboriginal cyp; and effectively using the Interim Care Model (ICM) as a transitional model to a carer-based option.

However, providers have also noted that, for some cyp, a further family-based care experience will not be best to meet their needs at the time when they require a placement. Therefore, they have questioned the appropriateness of a residential care system that is targeted at **only** high CAT cyp. Providers have noted that this can result in some adolescents who are not high CAT, but whose needs could be met by residential care, ending up in ACAs. Furthermore, providers have noted that, if there was scope for households of young people with a mix of CAT scores, this could be of benefit to the young people in these residential services (including enhanced client compatibility matching and faster transition of these young people to other more appropriate and permanent placement environments).

In addition, providers identified the critical need for the system to offer more crisis type residential beds that are delivered by accredited providers.

Proposed action	**Lead**	**Timeframe**	**Status**
3. Review, in collaboration with ITC providers, all current high CAT cyp in ACAs to establish if there is compatibility and grouping opportunities within the ACA population (as well as continuing, and potentially enhancing, the efficiency of referrals of individuals to vacancies in existing services). Regularly provide data to ITC providers on all high CAT cyp in ACAs, with the view to placement matching/creating.	Deputy Secretary, Child Protection and Permanency, Districts and Youth Justice Services/ED Statewide Services	Short term (meeting) Short to medium term (service solutions)	Commenced. First meeting held 14 January, second meeting held 10 February.

4.	Identify opportunities to shorten the length of time in the current high CAT ITC referral pathway.	Deputy Secretary, Child Protection and Permanency, Districts and Youth Justice Services/ED Statewide Services	Short term	Underway
5.	To inform service planning, consider collating and sharing data on the availability of therapeutic based services that includes examining the overall service capacity in terms of different types of care models, and the number of available placements for each care type, relative to service need.	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Underway
6.	Consider opportunities for more emergency style options, especially for yp over 12 years, including residential and home-based emergency care[1].	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Proposal

c. The restricted nature of current service models in terms of meeting the needs of cyp

One of the distinct differences between what ACA providers offer and what PSP contracted services provide, is the ability of ACA providers to immediately deliver accommodation on-demand across a wide variety of locations. While ICM is available across the state, it is not generally available for cyp over 14 years, and nor for any high CAT cyp. Should the system support this kind of service response, some 'designated' PSP providers would consider providing an 'on-demand' placement service.

Within the current ACA landscape, there are a small number of cyp for whom the system does not offer a suitable exit option. For example, there are particular constraints around congregate care for high CAT cyp over 12 years that impact on our ability to exit these cyp from ACA placements. In this regard, some of these young people are declined by all therapeutic providers, for reasons associated with drug and alcohol misuse, restrictive bail conditions, mental health issues, behaviours that present a risk towards themselves or others, or a combination of these factors. While some young people may require detoxification or mental health inpatient services, there are often no options once they exit from these types of services, other than to be placed in an ACA. The majority of these young

[1] In response to this proposal, DCJ states: "This option needs further consideration and suggest not including at this time. We have a service model, ITTC, which is an emergency placement option for high CAT kids. This model also has a high vacancy rate and low referral acceptance. We would prefer to focus on improving the performance of this part of the system before adding another service model that potentially duplicates the same function". However the sector would suggest that with demand for high CAT ACAs, even if ITTC was fully functional it would fall short of demand.

people will also not reach the Sherwood House admission threshold. For those who do, a placement at Sherwood is generally not available due to capacity.

Therefore, due to the limitations of the current service offerings, ACA exit pathways can prove incredibly difficult to identify. However, on occasions, individualised placements can sometimes be arranged by designated agencies (usually via customised arrangements involving the provider's staff).

A number of NGOs also expressed the desire to explore opportunities for bespoke arrangements for young people or cohorts of young people. In particular, to be able to develop strong and effective partnerships with other agencies, in order to bring to bear the collective expertise, approaches and resources to find solutions for cyp in ACAs or to avoid them ending up in an ACA. It is felt that this type of approach is especially useful for young people with complex AOD/legal/restrictive practice presentations for whom more traditional models in the PSP would not be appropriate.

When this approach is required, DCJ could take a lead role in the facilitation of collective discussions aimed at finding a creative multiagency solution to meeting the needs of cyp with particularly complex needs. If this approach was used proactively and creatively, it was felt that this may lead to the development of a framework of flexible, costed, bespoke care options that could be further refined over time. Presently, agencies are having to undertake this type of discussion 'from the ground up', each time a particularly complex case arises.

It was also noted that, if we could further develop and embed this kind of joint problem-solving approach, it would promote greater flexibility in the system. This would assist us all in meeting the disparate needs of the involved cyp, and permanently shift the provision of care from non-accredited agencies to accredited agencies. In this regard, it is essential we do not continue with a system that results in non accredited agencies receiving substantially more payment for providing substantially less quality care (including hotel, motel and caravan park type accommodation).

In relation to this need for flexible and creative models of care to meet the individual needs of cyp, it was recognised that productive discussions have already taken place regarding alternate models of care, as well as the scope for creating a broader suite of options, such as: innovative carer led options; individualised TSIL/SIL; pre-SIL; lead tenant; on demand options for Juvenile Justice exits; emergency and mixed CAT residential services etc. These 'models' could well be added to the existing PSP package options.

Proposed action	**Lead**	**Timeframe**	**Status**
7. Consider options for on-demand and on-location, staffed placement services from designated providers[2].	Deputy Secretary Strategy,	Short to medium term	Proposal

[2] In response to this proposal, DCJ notes: "As per comments above (see footnote 1), needs consideration in terms of how it would interact with other emergency staffed placement services that are already in the market". Again, the sector would argue that demand exists for flexible, on-demand emergency placements that are location specific to the child's needs and that designated agencies providing this through a contracted arrangement is far more appropriate than the current ACA system of predominantly non-designated agency care.

	Policy and Commissioning		
8. Continue to explore alternate and flexible models of care, including innovative carer led models and mixed CAT residential care.	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Proposal
9. Develop costing frameworks that provide for additional tailored PSP packages to be available in the market to address the current gaps in service offerings.	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Proposal

d. ICM placements

During the establishment phase of the ICM, there have been vacancies in these residential services. Investigations are underway as to the causes of these vacancies. Obvious issues, such as client matching challenges and addressing very significant behavioural issues, need to be closely analysed. Furthermore, there is the need to ensure that these types of services are made available in the right locations, and can meet the needs of the cyp requiring a placement (including sibling groups intended to be placed together).

In relation to sibling groups, it is pleasing that various bespoke models have already been created to exit sibling groups from ACAs as part of the ICM roll out. This has been very welcome, and ongoing flexibility in this regard should be encouraged. However, DCJ is keen to further consider key aspects of the model, including expectations regarding client outcomes, costs and approval pathways.

Proposed action	**Lead**	**Timeframe**	**Status**
10. Consider system adjustments to allow ICMs to operate at maximum efficiency, including transition to permanent placements[3].	Deputy Secretary Strategy, Policy and Commissioning	Short term	Proposal
11. Given the over representation of high CAT yp over 12 years in ACAs, consider expanding residential emergency models of care as a transition step for yp to enter	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Proposal

[3] In response to this proposal, DCJ notes: "This action could be focused on how we work together to transition ICM kids out to longer term placements. Now that occupancy rates are increasing, that is the key efficiency issue". While a focus in this regard would be welcome, this was not the intent of what the sector raised where other issues, such as case management responsibilities etc, were the intended discussion points.

ITC/ITTC/ITCH or other appropriate residential or carer led models[4].			

4. Systems issues

a. Pathways and process

From undertaking significant work in this area, ACWA is aware that a number of cyp in ACAs have been the subject of delays relating to decisions concerning their placement needs, along with protracted funding and other negotiations that have either resulted in them entering into an ACA and/or delaying their exit.

Proposed action	Lead	Timeframe	Status
12. Where tailored options for cyp are possible, facilitate pathways that streamline current approval processes and timeframes.	Deputy Secretary, Child Protection and Permanency, Districts and Youth Justice Services/ED Statewide Services	Short term	Commenced

b. Placement breakdown

There are opportunities for the sector to focus on efforts to avoid ACA entries arising from placement breakdowns or placement moves. Collaborative work across the sector to support and train carers in trauma and complex needs is critical. There is also a need for high quality and consistent industry workforce development and training activity that is focused on high quality and expected practice in this area. Easier and faster access to additional supports and services to prevent a placement breakdown, or to facilitate an unplanned placement change, are also important. In addition, there needs to be greater transitional and post ACA support to sustain placements once a cyp leaves an ACA, with the aim of avoiding an ACA re-entry.

Proposed action	Lead	Timeframe	Status
13. Identify sector opportunities through workforce and carer development, to target and avoid placement breakdown.	ACWA[5]	Medium term	Proposal

[4] In response to this proposal, DCJ notes: "We have the ITTC service model specifically for this cohort. Don't support adding an additional model that may duplicate this function while we still have vacancies / capacity". The sector's response is captured in footnotes 1 and 2.

[5] DCJ has proposed that ACWA lead this initiative, given the bulk of placements are with the NGOs. ACWA would welcome further discussion about these opportunities.

c. CYP with disability

A particular issue of concern relates to the need to find appropriate placements for certain cyp with disabilities. This issue requires very careful consideration.

The DCJ Engagement and Family Support have been involved in a range of issues for cyp, including brokering more appropriate NDIA packages. ACWA has also recently commenced a sector project that is focused on improving outcomes for vulnerable cyp with disability. This initiative is being led by Lyn Ainsworth. Through the endeavours of both Susan Priivald and Lyn, ACWA is committed to working with DCJ in relation to meeting the needs of this cohort, including in relation to preventing these young people entering or remaining in ACAs.

d. Supported independent living

The ability to provide young people a supported independent living (SIL) option is based on the premise that suitable accommodation can be made available for that young person. Transitional housing providers have a stock of Land and Housing Corporation (LAHC) properties in which to accommodate their clients. The benefit of this arrangement can be the provision of secure accommodation, thus potentially enabling significantly reduced transience, and sustained education/employment and professional support from services to assist the involved young people to develop the essential skills to live independently.

SIL properties need to be fit for purpose, so shared housing is usually not viable. While single units are preferable, these properties are also in high demand from community housing providers (CHP), and so various client groups are in competition for this type of accommodation. As the LAHC is responsible for making allocations of properties to CHPs, it would be extremely helpful if some units could be earmarked for allocation to OOHC SIL providers. Alternatively, OOHC could reintroduce a capital funding program to enable purpose-built properties and more specialised facilities.

It was noted that Housing NSW appears to be directing young people into the private rental market through their Rent Choices Youth product. In this regard, NGOs would welcome an opportunity to work closely with Housing NSW to more strongly support young people in care and those leaving care.

Many young people who are in SIL arrangements, or who are transitioning from ACAs, present significant behavioural issues, and an initial lack of skills, to be successful tenants. The private rental market can prove challenging for providers to secure a property, even under head leased arrangements. Providers are finding it increasingly difficult to secure rental accommodation in tight markets, and/or in smaller communities where there can be a reluctance to accommodate this client group.

In terms of SIL as an appropriate service type, many young people have a case plan of supported independent living by the time they are 17 years. However, for a good portion of these young people, independent living is wishful thinking rather than a realistic plan to independent adulthood. Sector perception is that supported service models either exclude young people who are approaching 18 years, or pressure is exerted to exit them once they have turned 18.

In contrast, the current PSP contract allows young people to stay in SIL for up to 24 months from time of entry, including after they have turned 18. However, DCJ's contracting arm discourages extended SIL placements as a replacement for adequate leaving care planning. While DCJ can contract NGOs to provide leaving care support until young people reach 25 years of age, concerns have been expressed over whether the funding that is provided is adequate to meet the support needs of the involved young people.

e. Funding and workforce issues

As mentioned above, the ACA system promotes the perverse outcome where the least skilled non-accredited providers receive much greater funding. PSP providers receive substantially less funding – this is adversely impacting providers' capacity to pay competitive wages, provide appropriate incentives for staff, maintain critical staffing numbers etc. In this regard, providers have reported that it is becoming increasingly harder for them to compete with ACA and NDIA providers who can offer higher wages, together with more attractive salary packages and incentives. One provider noted: "It is a worker's market and the government supporting a more level playing field would assist in alleviating some of the challenges faced in this area".

Proposed action	**Lead**	**Timeframe**	**Status**
14. Identify sector opportunities to allocate accommodation to support SIL arrangements.	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Proposal
15. Consider service models that provide pre-SIL and continue long term SIL, including for young people over 18 years.	Deputy Secretary Strategy, Policy and Commissioning	Medium term	Proposal