

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



To:	Ms Zoë Robinson Advocate for Children and Young People
Email:	specialinquiry@acyp.nsw.gov.au
From:	Barnardos Australia
Contact:	Dr Robert Urquhart - Head of Knowledge, Outcomes and Research
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Barnardos Australia (Barnardos) is large not for profit organisation and registered charity, with services and support provided to over 11,000 children, young people and their families through integrated Children's Family Centres (CFCs) each year¹. CFCs are geographically located in, and targeted to reach, specific areas of disadvantage and child protection risk. Barnardos is also well recognised in the delivery of child outcome-focused out-of-home care (OOHC) placements, also providing foster care, kinship care and open adoption from foster care for more than 1,000 children and young people each year.

Barnardos vision is to empower every child in Australia to reach their full potential. To ensure that all children reach their brightest future, vulnerable children and young people should be supported to recover and thrive despite the adversity they have experienced.

Barnardos OOHC

As a longstanding OOHC provider for 100+ years Barnardos is expert in providing diverse OOHC placement types, including:

- Residential Care 1921-1982
- Family Group Homes 1965 -1978
- General Foster Care 1978 – 1984
- Specialist Adolescent Community Based Placement 1983 – ongoing
- Specialist Residential Care (young people 12-18) 1985 – 2023
- Permanent Foster Care 1985 – ongoing
- Open Adoption (from foster care) 1985 – ongoing
- Specialist Interim Care Order Assessment and Foster Care 1985 – ongoing
- Kinship Care 2012 - ongoing

Since 1985 Barnardos has provided family-based placements based on child legal status and planned childhood outcome, with discrete teams of social workers and specifically authorised direct (foster/kin/adoptive) carers implementing evidence-based and evidence-informed OOHC based on proven model fidelity and discrete program streams.

Barnardos' commitment to outcomes for children and young people stands in contrast to the ongoing crisis-driven nature of statutory child protection need and demand for 'a bed' in which to place a child without an adequately child-focussed and outcome-directed care 'plan'. Barnardos' child-rights approach to OOHC is based on firm belief that OOHC placement must be goal directed and deliver improved life outcomes for children.

¹ Moore, K. (2023). *Barnardos Children's Family Centres: Integrated local service delivery for vulnerable children and their families*. Barnardos Australia: Sydney.

Barnardos' extensive experience over time is that delivering child focussed OOHC placement outcomes requires:

- Carers to be recruited with careful assessment for matching motivation to care with individual child plan/s
- The period when a child is first taken into statutory care to be recognised and treated as crucial for assessment of ongoing care needs (restoration/family care or ongoing statutory care)
- OOHC plans to be risk assessed for unintended consequences, including systems abuse, and separate/distinct from statutory child protection plans
- The child/young person be listened to individually and carefully throughout their time in OOHC

The use of NSW OOHC arrangements currently known as ACAs for a small group of children and young people is directly linked to a broader systemic failure to adequately operationalise the full continuum of planning for children removed by statutory child protection into OOHC.

ACAs: who

Children and young people in ACA placements are variously described as having individual needs, including behavioural issues, sibling group considerations, and multiple previous placements. However, public data is not currently available on the profile of children and young people in ACAs, including the average length of stay in these non-standard arrangements. Extreme cases have been reported of children living for years in ACAs, although Barnardos believes that most children placed in ACAs are moving to other placements within shorter periods of time. Whilst it is understood that some data is being provided to the NSW non-government child welfare peak, the Association of Children's Welfare Agencies (ACWA), Barnardos is concerned at the current lack of transparency and shared commitment to a collaborative 'whole of OOHC sector' approach across both government and non-government services in meeting the needs of 'hard to place' children and young people including ACAs.

For strong and comprehensive individual child outcome OOHC planning to occur, the following information is crucial and must be routinely available to NGOs at the time of referral for placement, which is not the case within the NSW OOHC system:

- Age, gender, Aboriginality, sibling status
- OOHC placement agency (government/non-government care)
- Child legal status (Interim/Final Care Order)
- Placement history (number/duration)
- Case Plan Goal

ACAs: what & why

An ACA is currently defined by the Department of Communities and Justice (DCJ) as 'an emergency or temporary fee-for-service arrangement for a child in, or entering, statutory or supported OOHC after every effort has been made to place them with relatives/kin, a foster

carer, or contracted OOHC placement (eg accredited PSP provider), where the child/young person is:

- Cared for in a hotel, motel or other temporary arrangement that can be terminated at short notice AND/OR
- Directly cared for and supervised by sub-contracted staff from a non-designated agency authorised to provide care under clause 31B of the Care Regulation'.²

ACAs are a residential care placement type, with paid workers providing direct care to children and young people on a rostered rotating shift basis in a non-private home setting.³

ACAs are not a new/recent OOHC placement type in NSW. Following the final closure of NSW government residential care and group homes in the mid-1990s, a persistent small number of children and young people in the NSW OOHC system have been placed in 'non-standard' arrangements for varying periods, under specific non-contracted funding arrangements. Changing terminology over the period since then has included ICAs (Individual Client/Care Arrangements) and ISPs (Individual Service Plans), currently referred to as ACAs. The number of children in non-standard placement arrangements has been consistent at around 1+/-0.5% of children and young people in the total NSW OOHC population throughout this time.

The emergence of 'fee-for-service' arrangements used by government for components of OOHC-related work, such as supervised contact, transport, sibling camps and assessment-related services⁴ was initially characterised by small private providers, often sole trader arrangements set up by former employees of government and/or non-government child welfare/protection/OOHC agencies. More recently, the move to competitive neutrality in government outsourcing across a range of social care service delivery (including OOHC), combined with the ongoing growth in the number of privately owned 'for purpose' organisations delivering direct care across a range of children's social care areas, has led to increasing numbers of medium- to large-sized private (Pty Ltd) companies providing services, predominantly residential care. This growth in the number of 'for profit' organisations within the children's social care service continuum and particularly OOHC, while in principle 'filling a gap' in services, challenges the premise that the care of vulnerable children and young people who are unable to be cared for by their families is the responsibility of government and is not appropriately a private profit-making activity.

ACAs & the NSW 'care continuum'

ACAs are a residential care 'OOHC placement type' - one of 9 residential care⁵ models currently provided in NSW, and one of two currently 'unfunded' placement types.

Funded NSW residential care:

- Intensive Therapeutic Care (ITC)

² NSW Permanency Support Program OOHC Emergency and Temporary Arrangements Terminology https://www.facs.nsw.gov.au/_data/assets/pdf_file/0007/835909/psp-oohc-terminology-emergency-and-temp-arrangements.pdf

³ [Glossary | Family & Community Services \(nsw.gov.au\)](https://www.nsw.gov.au/glossary/family-community-services)

⁴ Clark, R. (1997) *A Review of Intensive Out-of-Home-Care Support Services*. NSW Department of Community Services: Sydney.

⁵ AIHW Child Protection Glossary - definition of residential care 'where the placement is in a residential building and where there are paid staff' <https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/glossary>

- Intensive Therapeutic Transitional Care (ITTC)
- Intensive Therapeutic Care – Significant Disability (ITC-SD)
- Residential Care (non-PSP)
- Interim Care Model (ICM)
- Emergency Residential Centre (ERC)
- Short Term Emergency Placement (STEP)

Unfunded NSW residential care:

- Individual Placement Arrangements (IPA)
- Alternative Care Arrangements (ACA)

IPA and ACA arrangements differ in that IPAs are provided by organisations holding NSW Office of the Children’s Guardian OOHC Accreditation, while for ACAs, direct care is provided by non-accredited organisations (generally Pty Ltd Companies) under sub-contract to the case management agency (either DCJ or an NGO provider). Both IPAs and ACAs are predominantly 1:1 placements with direct care provided by rostered shift work employees (as per the definition of residential care).

Special Inquiry Areas of Focus

(a) Pathways and trajectories

The current lack of availability of public data on children and young people placed in ACAs over time makes it difficult to accurately identify child pathway and trajectory trends before being placed in an ACA and through an ACA once placed in this non-standard arrangement. However, Barnardos’ experience is that placement pathways for children and young people in ACAs are typically shaped by the system-wide gaps and deficits below.

- Lack of OOHC contractual separation of new entries to OOHC as a discrete child cohort group with specialist temporary placement and assessment needs linked to NSW legislation and the Children’s Court Care Application process.
- The crisis-driven nature of statutory child protection and child removal.
- Lack of recognition that OOHC practice is a discrete area of child-focused practice requiring specialist knowledge and a different skill set to statutory child protection.
- Sector and professional presumptions that all foster carers are the same and can provide and maintain child placements without personal preference for the length of care to be provided – leading to multiple placements for some children (OOHC systems abuse) and associated escalation in challenging behaviours.
- The predominant focus on recognition, assessment, therapeutic remediation and behaviour management of child trauma over and above necessary attention to risk assessment of the potential for compounded trauma caused by OOHC systems abuse.

- Insufficient focus on holistic individual child assessment based on developmental and psychological factors/needs, including reliance on contradictory research claims (for example, very young children placed in ACAs as part of a sibling group due to professional reluctance to separate children).
- Current NSW OOHC contracts are for 'beds', not child or placement outcomes, treating all children (regardless of legal status) with a 'one size fits all' approach - this leads to placements being declined by NGOs due to child-carer matching considerations and instability via placement moves within the OOHC system over time.

(b) Decision-making process/es

In Barnardos' experience, neither DCJ nor NGOs believe placement in an ACA to be a preferred option for any child or young person, noting the current decision-making processes within the system generally and for ACAs listed below.

- Children and young people are referred by DCJ to NGOs via a 'Broadcast' system which is essentially a request for a 'bed', regardless of the child/young person's legal status or current Case Plan Goal - this includes children in ACAs.
- Some DCJ Districts also refer directly to local NGOs within the District, this can be separate or additional to using the Broadcast system.
- The current Broadcast system is inefficient, duplicative of resources and unintentionally contributes to systems abuse for children with particular planning and placement needs, some of whom are ending up in ACA placements due to inadequate assessment and OOHC planning.
- The decision to place a child in an ACA is made by the placement agency (either DCJ or an NGO), noting that for NGOs this decision also requires DCJ funding approval due to the additional high cost of residential care outside PSP foster care funding arrangements.
- Case management for children and young people in OOHC, including ACAs is held by the placement agency (either DCJ or funded NGO OOHC provider), with responsibilities defined by the PSP Permanency Case Management Policy (PCMP).⁶
- The PCMP covers all aspects of case management for all OOHC placements, including Rules and Practice Guidance, Safety in Care and Critical Events. However, when a child or young person is in an ACA placement, this policy unintentionally risks being used as a mechanism to defer decision making responsibility regarding who is responsible for the child or young person needing high-cost care.
- All aspects of day-to-day decision-making for children and young people in ACAs, as in all residential care placement settings, is the responsibility of employed rostered shift workers who are providing direct care.
- Because ACA residential care workers are the employees of organisations under sub-contract to the OOHC agency holding case management (DCJ or NGO), there is no effective exercisable control by the agency holding case management, of the daily direct care being provided to the child.

⁶ [Permanency Case Management and other policies \(nsw.gov.au\)](https://www.nsw.gov.au/permanency-case-management-and-other-policies)

- DCJ/NGO case manager visits to the child and regular involvement in the ACA care environment and case planning (as required by the PCMP) cannot effectively monitor or control the direct day-to-day care received by the child because the direct care workers are not employees of the organisation holding case management for the child.

(c) Treatment of children/young people

Barnardos strives for placement stability and permanency outcomes as the highest priority for children and young people in our OOHc programs, and we have extensive experience in creating family- and community-based placements targeted to the individual child/young person's needs. When a child or young person in our care cannot be maintained in such arrangements, we stress the importance of careful and sensitive prioritisation of the relational aspects of OOHc to ensure that key relationships are continued and can be supported and maintained in ACA arrangements for that period of time.

- Referring again to dot points 7-9 under b) above, Barnardos notes that no effective direct care decision-making control can be implemented for children in ACAs as a result of ACA direct/residential care workers being employees of organisations under sub-contract rather than employees of the OOHc agency holding case management (DCJ or NGO).
- That direct care workers are employees of non-accredited organisations is of significant concern and poses a risk to the day-to-day care children and young people in ACA residential care.
- **Attachment A** provides three case studies illustrating the importance of support for educational and relationship continuity for children and young people while living in ACA arrangements.
- Andrew⁷ a young person aged 18 years who was in foster care from Year 3 (one continuous placement) commented on the support he received from Barnardos while living alone in an ACA⁸:
 - *"It wouldn't have worked out if I lived with other people"*
 - *"Barnardos people came and stayed with me at first"*
 - *"It was good at first but got pretty annoying after a while"*
 - *"Then I got used to living alone with them [Barnardos case workers] coming 3 - 4 times a week"*
 - *"The place was a bit rundown but it was close enough to my family if I needed help"*
 - *"If I had the choice to live on my own, or in a residential placement with other young people, or living with somebody coming in every 12 hours, I would have chosen to live on my own."*

⁷ Pseudonym. Full transcript and audio file of the interview available on request with the young person's informed consent for the purpose of the Special Inquiry.

⁸ Appendix A Case Study 3

(d) Safety, welfare and wellbeing

Following on from c) above, Barnardos additionally refers to the safety and wellbeing concerns below for children and young people placed in ACAs.

- Success of residential care placement types depends heavily on 'matching' the behaviours and care needs of children and young people within an existing group setting - this underpins current concerns regarding 'vacancy rates' in NSW contract-funded residential care as children/young people whose needs are incompatible with others already placed in residential care leaving no alternative other than the creation of an individual OOHC setting.
- As mentioned, DCJ or the funded NGO holding case management has no effective day-to-day control over the direct care of children and young people in ACAs as direct care workers are not their employees, increasing risk due to the inability to control the direct care provided.
- With no effective control able to be exercised over the direct care provided by rostered shift employees in ACAs, continuity of relationships with previous carers (including parents, kin/extended family and/or foster carers) is crucial, but in Barnardos' experience this is not sufficiently focused on or maintained.
- Accommodation settings vary considerably in ACAs (including serviced apartments and caravan parks), which impacts the nature of direct care provided to children/young people and the ability to meet OOHC legislative and regulatory requirements.

(e) Cost effectiveness

The cost-effectiveness of ACAs needs to be considered in the context of the overall costs of residential care within the funded NSW OOHC continuum, and considerations of 'unit cost' per child in care, noted below.

- Residential care is a high-cost service model as the cost of operating a house (or alternative physical setting) and providing 24/7 rostered shift direct care workers (including after-hours and weekend penalty rates) is fixed, regardless of whether one child or multiple children are in care.
- Increasing the number of children in a residential care house decreases the 'cost per child' hence the government's preference for funding 4-bed residential care, which reduces the individual unit cost.
- However, as noted in d) dot point one above, the vacancy rate in funded NSW residential care is high due to child/young person needs and placement matching considerations. Placing traumatised children and young people together, including placement of younger children with older age groups displaying more disturbed/challenging behaviours, decreases safety and increases risks such as peer-on-peer abuse and learned behaviour 'contamination'.
- Comparisons between cost per child in an ACA placement and a funded residential care setting where 'beds' are vacant must be made to determine true and accurate costs.
- In consideration of the above, neither ACA nor residential care placement models can be seen as cost effective, noting, however that ACA costs are arguably less transparent

because financial acquittals are not required for non-contracted OOHC providers. NGOs are required to acquit program funds provided under PSP contracts, however ACA funding is additional and as such, not acquitted separately

- While NGOs are required to submit a budget for ACA funding, and PSP-associated casework/case management costs provided for in that funding contract are correctly deducted from the proposed ACA budget amount, sub-contracted 'fee for service' private agencies are not required to acquit funds to the relevant agency (DCJ/NGO provider)
- Therefore, the provision of ACAs is not transparent, making it difficult for costs to be effectively controlled by the government.

(f) Alternative approaches

Consideration and treatment of ACAs as part of the OOHC continuum require a systemic solution rather than a crisis response, based on the reality that ACAs are not a viable ongoing OOHC placement alternative for children and young people and are costly for government. Calls for recruiting more foster carers, paying carers as 'professionals' and citing the use of ACAs as symptomatic of current NGO-funded providers not providing sufficient foster care (and fulfilling contracts) will not change the fundamental way the system works nor address the need to build individual placement alternatives for a disproportionately small number of children/young people within the NSW OOHC system, on an ongoing basis.

While evidence-based models (for example, Treatment Foster Care Oregon - TFCO) may be of assistance for some children/young for whom return to existing foster carers or the family is a viable ongoing placement alternative post 'treatment', in the absence of adequate ongoing care planning, this is not an effective systemic solution. What is needed in the first instance is a comprehensive, holistic system-wide analysis based on the recognition of core child development principles and the crucial importance of safety, stability of placement, and continuity of relationships throughout the whole of childhood.

Recognising that individual solutions will ongoingly be needed for a small number of children and young people who are 'hard to place' due to specific behavioural or other high needs and/or have been poorly planned for in OOHC (and as a result, further damaged by the OOHC system), the focus must shift to the creation of workable solutions for child-focused planning at the point of initial/first entry to OOHC. Instigating a NSW state-wide pilot of Specialist Care and Assessment Teams for children at the point of removal from family, when a Care Application is made in the NSW Children's Court (Interim Orders), is a crucial first step to strengthening child-focused care planning in OOHC.

Summary & Recommendations

This Barnardos submission has focused on the nature of ACAs as part of the current NSW OOHC continuum, and the effect and implications of this residential care placement type on and for the most vulnerable NSW children and young people – those separated from their families. While the number placed in ACAs is a small number of the total OOHC population, the ongoing high-profile challenges of cost combined with public and media attention means that the NSW government must find a systemic solution based on the core needs of traumatised children for safe ongoing care.

Priority should be placed in the first instance on improving OOHC planning at the point of entry to care via recognition that OOHC decision making and care planning for restoration or ongoing placement differs from statutory child protection. The current differentiated NSW OOHC system whereby both DCJ and NGOs provide foster care is inefficient and should be re-examined with a view to the creation of place-based agile Specialist Care and Assessment Teams, provided by accredited NGOs with demonstrated track records of experience in the NSW Children's Court Interim Order environment and family restoration success. Children and young people unable to be safely restored to family or placed with extended family/kin would then be transferred by SCAT teams to an ongoing family-based care or residential care provider.

Consideration should be given to contracting ACAs into current NSW-funded residential care (OCG accredited OOHC providers), thereby increasing effective safety controls within the direct care environment via ensuring the use of accredited OOHC agency employees (as opposed to current sub-contractual employee arrangements).

Current NSW NGOs who do not provide residential care are largely ill-equipped (and not accredited) to provide employee-rostered shift care, and as such, are therefore unsuitable to 'stand up' ACA arrangements in any effective or efficient way. The government should, therefore, also consider DCJ providing residential care for the small 'ACA population' as placement of 'last resort', reducing direct care risk for older children unable to be placed in OOHC family-based and community settings.

In summary, Barnardos believes that addressing the current use of ACAs in NSW requires, first and foremost, an enhanced focus on comprehensive and well-assessed planning for children and young people at the entry point to OOHC. The current system focus on risk management of child protection concerns is not sufficiently child-focused in planning for ongoing care at the point when children are removed into care, leading to Children's Court Magistrates not receiving the information they need to confidently make sound Final Orders and associated subsequent poor planning for the ongoing stability of care. The reality of an ongoing small number of children in OOHC who do not fit standard placement models requires clear and transparent data and child-related information shared between the government and NGOs, combined with flexibility in funding to existing accredited OOHC organisations and a bottom-line government responsibility approach.

Attachment A

ACA Case Studies

Case study 1: Nihad⁹, aged 16

Background to OOHC

- Nihad is a 16-year-old young person who identifies as Lebanese. Nihad entered care with her brother in 2008, aged 1 year, and both were placed with their paternal aunt.
- Final Orders (Parental Responsibility to the Minister until 18 years) made 2009.
- In 2021, DCJ responded to numerous risk of significant harm (ROSH) reports in relation to physical abuse perpetrated by the children's aunt. DCJ conducted an alternate care assessment and assessed the placement as unsafe. Nihad and her brother self-placed with Barnardos carers, who they knew as family friends.
- They initially settled in this placement until Nihad made reportable conduct allegations toward the carers leading to placement disruption in 2022.
- Nihad made allegations against her male carer, stating that the carer would make her do squats as a form of punishment when she was in trouble. Nihad also disclosed that the male carer made her feel uncomfortable because he would touch her on the waist.
- Nihad then self-placed between her mother's and father's respective homes and refuges in Sydney. In 2023 Nihad was placed in an Alternate Care Arrangement (ACA) placement after a violent incident occurred at her mother's home.

Barnardos Involvement

- Self placed with Barnardos dually authorised carers for 11 months in 2022, these Barnardos carers were friends of the children's family and knew the children from when they were little. When placement with the aunt broke down, the children self-placed with the carers, and thereafter, case management transferred from DCJ to Barnardos until the placement was disrupted due to allegations of ill-treatment.
- Nihad left the previous placement and self-placed with her father for one month; this was an unauthorised placement.
- Nihad left her father's home and self-placed with her mother for three months. Barnardos supported Nihad and mother towards restoration; however, this did not last long, with Nihad leaving the placement after an altercation with her mother to live in a refuge.
- Nihad refused to be placed in foster care, and preferred to live at a housing refuge for one month.
- Nihad left the previous housing refuge to stay at another refuge for two months. Nihad was unsuccessful in accommodation at other refuges and could not extend her stay at the new refuge.

⁹ Pseudonym.

- Nihad again self-placed with her mother. An incident occurred at her mother's residence, where Nihad was severely assaulted and hospitalised.
- Barnardos established an ACA with a view to assessing Nihad for a referral to a Supported Independent Living program/provider.

Assessments/action undertaken by Barnardos

- Individual Care Model (ICM) placement request made to DCJ through the Child & Family District Unit (CFDU)
- Child needs package (CAT) changed from low needs to medium.
 - Mental health plan developed with Nihad's GP
- Supported Nihad to enrol at College
- Referral made to Head Space
- Nihad supported to visit TAFE as she did not want to continue school/college attendance
- OOHC Health Pathways referral
- Nihad completed general construction induction training (white card), so that she is eligible to work on a construction site for up to 60 days

Case Plan Goal and continuity arrangements

- Nihad does not wish to be placed with a foster carer.
- Initial referrals to Supported Independent Living (SIL) programs and/or providers were unsuccessful as Nihad did not meet the criteria.
- Barnardos continues to support Nihad with developing skills to meet SIL criteria and concurrently pursue referrals to appropriate alternate placement options to transition her from the ACA.

Case study 2: Jarrah¹⁰, a 9-year-old Aboriginal child

Background to OOHC

- Jarrah is a 9-year-old who identifies as Aboriginal. Jarrah and his two brothers aged 5 and 7 years old were removed from their mother and fathers into OOHC following significant ongoing safety and risk concerns and placed by DCJ with their maternal grandmother.
- Jarrah and his siblings were subsequently removed from their grandmother's care following ongoing safety and risk concerns within the household, relating to physical, emotional and health neglect, inadequate supervision, psychological/physical and sexual abuse.
- There were also concerns regarding the ongoing safety of the children due to a history of sexual abuse in the home and convicted family sex offenders frequenting the home, housing issues and homelessness, unsatisfactory school attendance, exposure to domestic violence, criminality, unsafe/hazardous living conditions, inadequate parenting skills/capacity and lack of engagement with support and therapeutic services.
- Jarrah and his siblings entered Barnardos care in 2021 on Interim Orders of NSW Children's Court and placed by Barnardos with a case plan goal of restoration – no culturally appropriate ACCO placement was able to be found by either DCJ or Barnardos
- In 2023 Final Order was made allocating all aspects of Parental Responsibility to the Minister for Jarrah and his two siblings until 18 years.

Barnardos Placements

- All 3 siblings initially placed together under the Interim Orders, this placement ended as carers indicated they were unable to cope with the three boys.
- Subsequent placement under Interim Orders for a two-month period with all 3 siblings placed together. Placement ended due to behaviors including swearing, property damage (breaking/smashing things) and allegations of sexual abuse (touching private parts).
- Short term crisis carer for three-day period - all 3 siblings placed together prior to securing appropriately matched short term crisis carer 7 months - DCJ Additional Carer Support package (funding) applied from August 2023.
- 7-month placement disrupted due to aggressive behaviours, Additional Carer Support Package continuing.
- Final Order (Parental Responsibility to Minister) to age 18 made.
- Barnardos was unable to identify a culturally appropriate long-term/permanent carer for all three siblings, referral to an ACCO was again unsuccessful.
- Psychological assessment to assess the possible impact of separating the sibling group separately to accommodate individual child needs, and associated recommendations

¹⁰ Pseudonym.

- Based on assessment findings, individual placement was secured for Jarrah
- Jarrah's carer sustained physical injury following an attack by Jarrah, with police recommending that the placement was no longer safe and insisting Jarrah be moved immediately – placement was disrupted the following day.
- Barnardos was unable to identify another appropriate foster carer for Jarrah and sought approval to establish an ACA.

Assessments undertaken whilst in care

- Review of the boys' needs was undertaken via Child Assessment Tool (CAT) and for Jarrah changed from low to high, and for one of his siblings aged 7 years changed from low to medium.

Case Plan Goal and continuity arrangements

- The case plan goal for Jarrah and his siblings is long term care until 18 years old. Jarrah's siblings are settled in a stable, permanent care placement; the boys identify as Aboriginal, so it is appropriate for them to be placed with an ACCO however despite multiple referrals an ACCO placement is not currently available.
- Jarrah has settled in terms of behaviour whilst in the ACA, he has a consistent team of support staff and is attending school regularly.
- Barnardos is working with the permanent carers where Jarrah's siblings are placed, view to Jarrah transitioning into this placement. Failing which, with consistent settled behaviours, Barnardos will look at other potential carer options for Jarrah, within reasonable distance from his siblings.

Case study 3: Andrew¹¹, aged 18

Background to OOHC

- Andrew and his two sisters were placed with Barnardos on Interim Orders in 2012, aged 7 years.
- In 2013 Final Orders (Parental Responsibility to Minister) were made until age 18.

Barnardos Placements

- Andrew and his sisters were initially placed with Barnardos on Interim Orders
- Following Final Orders the sibling group remained in Barnardos care, in the Permanent Care program
- Andrew's older sister left Barnardos in 2021, at age 18. His other sister remains in the placement.
- Andrew's placement became tenuous in 2021 due to his aggressive behaviors towards the carer/s. Andrew was also becoming oppositional and when he did not want to comply, he would resort to aggressive behavior, instilling fear in the carers due to his physical stature and overpowering presence.
- In 2022 an ACA was established to give Andrew a break from the carer household, at his request
- Andrew has been preparing for leaving care and in preparation for him transitioning to NDIS supported independent living, and the Barnardos care team has worked intensely with Andrew to improve his independent living skills.

Assessments undertaken

- Speech assessment
- Occupational therapy assessment
- Education assessment
- Paediatric health assessment
- Autism assessment
- In 2020 Andrew was accepted into NDIS

Case Plan Goal and continuity arrangements

- Andrew was aged 17 at the time of ACA placement and time supported by live-in Youth Workers in addition to regular NDIS support.
- The ACA accommodation was arranged close to the carer home, enabling Andrew to maintain connection with the carer and his sister in the placement. Andrew had intensive

¹¹ Pseudonym.

support to gradually improve his independent living skills and concurrently weaned off the live-in support.

- In June 2022, the ACA was downgraded to a Barnardos established supported independent living (SIL) arrangement, with drop-in supports. This SIL arrangement was sustained till February 2023, at which time Barnardos successfully transitioned Andrew from a Barnardos SIL to NDIS supported independent living; Andrew remains in the same accommodation, this has supported his stability in living arrangements.
- Andrew remains closely connected to his carer and sisters, noting the ACA was established close to the carer home. Barnardos supported Andrew to transition from an ACA to a SIL and as part of his leaving care plan to NDIS supported independent living.