



Allambi Care

Response to

System Review into Out-of-Home Care:

Final Report to the NSW Government

December 2024

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Executive Summary

Allambi Care have taken the opportunity to provide formal feedback in response to the “System review into out-of-home care: Final report to the NSW Government”. Although responses were not formally called for, we want to be part of the solutions and are very keen to continue to engage in dialogue about the current challenges in the sector and offer potential innovative responses that have been created within the existing funding envelope. We recognise that this work is not well understood by those outside the sector and that there is often an unrealistic expectation on government to manage all the complex contributors that place children and young people at risk. We want to stand with the government in finding and refining the levers that can improve the sector. After careful consideration by the senior practice experts and program directors at Allambi Care and connected respected leaders in the field of child protection we offer the following specific and generalised observations.

Our response provides general observations based on our extensive experience and addresses each of the recommendations in the report. Our feedback is offered in the spirit of shared goals and the understanding that children and young people do best when all the adults charged with their care collaborate to provide the support they require to achieve the best outcomes.

General Observations

Future system design collaboration

We welcome any opportunities to be involved in future system design changes arising from the review. Allambi Care has an extensive history, more than forty years in the child protection and disability sector. We currently provide direct service to approximately 600 children and young people every day across the continuum of care models and believe we are well placed to share practice wisdom and evidence that would be invaluable in any reform. Our response includes references to the many innovative and evidenced-based initiatives that Allambi Care has developed over the years in direct response to many of the challenges the report highlights. We are keen to work collaboratively with DCJ and sector partners towards an improved continuum of care in the out-of-home service delivery space.

Whole of government support

Allambi Care is supportive of any measures to strengthen whole of government support for children and young people in out-of-home care. As noted in the report, the importance of joined up approaches has been well documented both nationally and internationally in research, countless reviews and royal commissions over decades. Despite the best efforts of successive governments in NSW the service delivery from partner agencies remains fragmented and access has been highly problematic. This has meant that over time service providers such as Allambi Care have needed to build internal infrastructure to address the lack of access to timely support for children and young people, (details of the solutions that Allambi Care have developed will be further explored under the specific recommendations).

Simultaneously, Allambi Care have developed strong working relationships with local government agencies including police, health, education and justice to build a partnership approach. This local relational work has not replaced the need for in house solutions as these agencies struggle with their own demand challenges, but it has built mutual understanding and respect.

Improved Practice

Recommendations that call for improved practice will always be supported by Allambi Care as we constantly strive to build the evidence base of quality work in all aspects of the service continuum in the out-of-home care space. We invest significant time and resources into developing innovative approaches, and evaluation is a critical part of this work. Partnerships with respected academics such as Dr Howard Bath, Dr Trish Macnamara and Dr Tatiana Corrales ensure that Allambi Care are both contributing to the evidence base and utilising peer reviewed evaluation tools. Allambi Care are active participants in and contributors to national and international forums that are engaged in the exchange of ideas and building the body of contemporary knowledge in the out-of-home care field.

Allambi Care acknowledges the current budgetary pressures and consequent constraints and has been advocating for some time that the use of unqualified and expensive 'for profit' agencies in the provision of emergency care was unsustainable, inappropriate and damaging to children and young people. We are encouraged by the governments work in successfully reducing these arrangements. We are supportive of improvements to contract management that result in greater transparency and accountability and support measures that simplify compliance reporting but do not add layers of clunky bureaucracy that cause unnecessary confusion and delay.

Program design and funding

Allambi Care believe that the government and non-government partners have a role in educating taxpayers about the true cost of providing high quality care to children and young people with complex needs. All decisions regarding program design and funding should be considered in the light of the evidence of effective interventions. Taxpayers do not call for a reduction in intensive care beds in the health system despite their cost, or the closure of expensive secure units in aged care facilities, because they recognise that there will always be a cohort of the population that will require an intensive and costly service response. We need to help them understand that keeping all children safe is an expensive enterprise.

We agree that we need to ensure that the return on investment proposition translates into improved outcomes for children, young people and their families but believe that any comparative analysis that is introduced should be based on a clear understanding of the

multi layered and nuanced nature of the out-of-home care population. Viewing the service system through a narrow prism of cost per child will provide a skewed perspective that does not properly account for complexity or individualised outcomes.

Early intervention and prevention

Allambi Care support the shift towards early intervention and family preservation as a fundamental necessity in reducing the overall numbers of children and young people requiring care. We are proud of the work that we have done in this area and recognise its importance as part of the continuum of intervention and support. Evidence from multiple jurisdictions suggest the long-term savings to government and the social benefits are indisputable. Allambi Care have achieved excellent, independently evaluated results in their program of family preservation. However, there is very little research on what an optimum funding balance would be and whether this shifts overall demand for intensive therapeutic responses in the long run. The challenge is how child protection systems identify the right children and families early on, if they can be identified, and then matching what services they most need, and identifying and resourcing the appropriate organisation to provide them.

Ross Hommel's (and teams) promising research on early intervention in Queensland, may provide some guidance, but this is just one study and is focused mainly on a school and youth justice context rather than a child protection one. Given the cost of child protection services, the focus is naturally on the tertiary end where the need is most acute. Based on the available evidence the assumption that a shift to a preventative focus will necessarily return savings in the short or longer term for the cohort of children and young people in intensive therapeutic residential care may not prove to be true.

In NSW and Australia the decline in overall out-of-home care numbers, is more likely reflective of intervention with lower needs families. It is much easier to prevent the less complex needs children/families coming into foster care (and indeed to get them restored back home after a placement), than it is getting children and young people in residential care back home or into a 'permanent' option.

Deinstitutionalisation

As the overall out-of-home care numbers nationally have dipped in the last few years, the numbers in residential care have surged, despite the strong efforts of all state jurisdictions to cut down on this care type over at least two decades. This is particularly the case in NSW and the latest numbers (included in the report) attest to the fact that the demand for intensive therapeutic residential care continues to increase. Allambi Care believe that even with a whole of government approach, fully funded and committed to an early intervention system, you cannot change the realities on the ground, the complexity and the issues faced by the children, young people and their families. Dr Howard Bath argues in his paper *Deinstitutionalisation in Australia: How far is too far?* (Bath, 2024), “The reality is that most of the young people in question cannot be placed into home-based care. Suitable home-based options are very scarce and difficult to sustain, and most cannot meet the care and safety needs of these young people, many of whom have long histories of failed foster care placements. Moreover, it is clear that efforts to prevent placements in the first place or to divert young people to less-intensive options, are unlikely to succeed with the majority of the young people in question given their complex needs.

It is becoming apparent that there is a ‘floor-effect’ when it comes to effective de-institutionalisation, beyond which the system itself becomes responsible for causing the very harms that have been ascribed to residential care. This is particularly the case in Australia which de-institutionalised extensively over 4 decades. Insisting that fewer and fewer young people should be placed into residential care inevitably leads to further neglect, a reality we are seeing play out across the country” (Bath, 2024, para 16).

We are concerned that the appropriate and necessary work that DCJ undertook to address the problem of Alternative Care Arrangements (ACAs) has potentially shifted the population to a new definition of care, Individualised Placement Agreement (IPAs), both of which are High-Cost Living arrangements (HCEAs), representing the same cohort of children and young people, albeit it with accredited care providers.

It appears that the HCEA’s are listed as separate to residential care, when in fact, most of these HCEA’s are forms of residential care by the Australian Institute of Health and Welfare (AIHW) definition. This takes the total percentage of children and young people in residential-type care to over 8%, close to the Australian average (which is double what it was 20 years ago). Even without these children and young people being counted in the

residential care numbers, there is still a significant increase in residential placements overall. Whittaker, Holmes, del Valle, and James (2023), through the Therapeutic Residential Care group, have investigated the use of out-of-home care internationally and have demonstrated that Australia is in a small group of countries that have de-institutionalised the most extensively, and NSW has the lowest proportion of children in residential care. Our central concern is how far can de-institutionalisation go before it harms the children and young people it is designed to help?

Service models

In terms of the review of the service models, Allambi Care propose that within broad parameters such as a contemporary and peer reviewed evidence-base, that is trauma-informed and culturally appropriate and consultative, services should be able to specify the precise service models they employ, while the funding body contracts focus on desired child-focused outcomes, KPI's etc. The international collaboration Therapeutic Residential Care group notes that there are no 'gold standard' models that epitomise best practice and that we need more innovation and research to guide us. Innovation is derived through sufficient flexibility and incentive and will be stifled if models of care are overly prescriptive, underfunded and compliance driven. Accountability, transparency and adherence to agreed quality standards are not mutually exclusive to fresh approaches grounded in contemporary evidence.

We strongly support that review of the models be undertaken in a genuinely collaborative and independent manner. Utilising the 'brains trust' of experienced subject matter experts who are committed to building a sustainable and high-quality response to children and young people with complex needs. If the driving purpose behind any review of the models is to find savings/efficiencies this will inevitably result in a predetermined outcome and potentially to the detriment of the service users. Savings and efficiencies may well be found in the review of the current system, but we are concerned that this is not its central purpose. In fact, Allambi has been able over many years to build a raft of innovative solutions within the existing funding. Whilst the sector worldwide faces several challenges that require constant review there are strong examples across the sector of evidenced-based, innovative and outcome focused interventions. We were disappointed to see only brief references in the report to all the good work that is currently occurring in NSW and that it did not offer details of the successful and innovative work that Allambi Care and other sector partners are undertaking as a balance. We recognise that this report was

completed in a comparatively short time frame that did not fully allow for extensive consultation or submissions to be considered. We welcome more discussions, further site visits and any opportunities to be part of a collaborative sector wide approach to reform.

Response to Recommendations

Recommendation 1

The current out-of-home care arrangements across all levels are ineffective in driving change and delivering outcomes within a system that has limited accountability for achieving results. The NSW Government should establish a quadripartite agreement (the Council) between secretaries of the relevant statutory departments to drive comprehensive reform in out-of-home care. This agreement must enhance multi-agency collaboration, improve service coordination and shift investment toward early intervention and family preservation, with clear objectives and performance metrics. It should not add another level of governance into the system, but instead review current governance arrangements to streamline decision-making, enhance collaboration and ensure a more coordinated approach. This Council should convene regularly and report to the Minister for Families and Communities, other relevant ministers and the Premier.

Allambi Care acknowledge the importance of all associated government departments being part of the solution to improving child protection responses. Allambi believe that in a 'perfect world' scenario where all departments were sufficiently resourced this would be the ideal way the system would function to support the implementation of a public health approach to child protection with emphasis on early intervention and prevention measures.

Whilst it would be ideal for other statutory agencies such as education, health and police to formalise agreements and prioritise the needs of children in out-of-home care and those at risk of entering out-of-home care, it is important to acknowledge that many of these agencies are currently facing their own individual challenges with workforce shortages and budgetary challenges. Allambi Care believe that this recommendation will be difficult to achieve as other agencies will contest that whilst they want to play a part in servicing and supporting those at risk and who are already in out-of-home care, that this is not their core business. We think that whilst these agencies are already struggling with their own sector challenges it is unlikely that they will take on additional responsibilities, budgetary commitments and requirements from other portfolios however if a quadripartite agreement was reached this could change.

There are smaller scale pre-existing agreements in place between child protection services and police through the JOINT Protocol which aims to reduce the criminalisation of children in out-of-home care, however this agreement is yet to undergo a formal evaluation to understand the benefits and challenges of this type of agreement. Our lived experience of this type of agreement is that an enormous amount of energy and resources goes in to arguing the definitions of “whose job is this”. Whilst agencies push back on referrals and priorities, children and families fall through the gaps. The classic example for decades has been the argument in mental health service provision to young people about whether the presenting issue is a mental health one or behavioural. This has been to the detriment of timely support for young people and their families.

Allambi Care believe that collaboration between these agencies is integral to good outcomes for children in out-of-home care, and in the absence of a formal agreement or Council, have worked hard to develop strong working relationships with local health services, courts, schools and police. Allambi Care are always working on improving collaboration with other services to achieve the best outcomes possible for the people we support.

Recommendation 2

There is a need for dual investment in the out-of-home care, early intervention and family preservation programs for a defined period. Strong investment is required to reduce demand in out-of-home care, while increasing family preservation.

- a. The NSW Government should implement a whole-of-government integrated funding strategy supporting early intervention, family preservation and out-of-home care systems concurrently. This should be administered by the Council.*
- b. DCJ should create a reinvestment plan that gradually shifts focus and resources from out-of-home care to family preservation as out-of-home care demand decreases over time (noting there will always be some children and young people who cannot remain with their family of origin).*

Allambi Care is aware of the strong evidence for many years of the importance of investment in early intervention and is equally aware that it is difficult to secure and redirect funding from the acute to the preventative end of any service delivery. Additional early intervention funding cannot come at the expense of intensive service delivery quality but ideally should be in addition to current funding models. If in fact savings are realised over time through reduced demand, then they should be reinvested in strengthening universal and targeted family support.

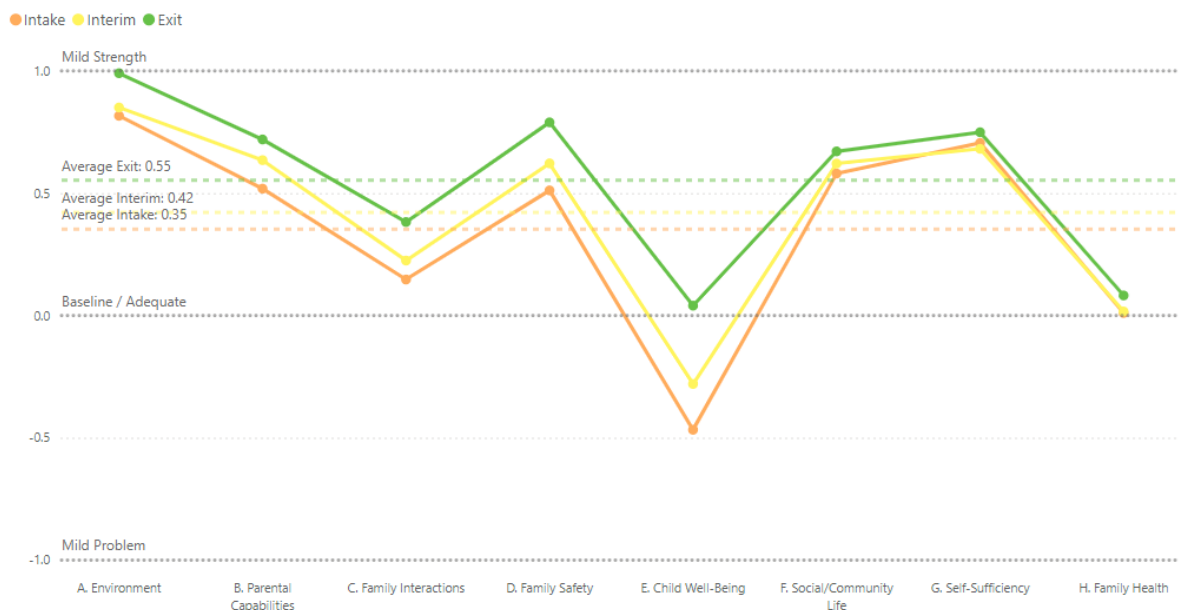
Allambi Care have held the Family Preservation (formerly Youth Hope) contract since 2014 for both the Hunter and Central Coast regions. The Family Preservation program has been instrumental in providing early intervention support to families at risk of entering out-of-home care. Throughout the program regular evidence-based assessments of family functioning were conducted from the perspective of the primary carer and primary worker involved with each family. The assessment tool being used is the North Carolina Family Assessment Tool (NCFAS). Below is a data snapshot from June 2020 to December 2024, which demonstrates the positive shift for families involved in the program.

The assessment scores across all domains showed notable improvement:

- Average Intake score: 0.35
- Average Interim score: 0.42
- Average Exit score: 0.55

These scores indicate a positive shift from 'Baseline/Adequate' or 'Mild Problem' towards 'Mild Strength' for the families involved. A significant highlight is the improvement in the 'Child Well-being' category, which on average exited above 'Baseline/Adequate'. Although it remains uncertain if increased involvement with Family Preservation services will sustain this trend, or if families with greater stability and skills are more likely to complete the program through to Exit assessment, most improvements were observed for those who were engaged between the Interim and Exit assessment periods.

It should be noted that these outcomes were achieved through voluntary participation in our 12–18-month Family Preservation program, with 90% of the clients referred by DCJ and at Risk of Significant Harm (ROSH). We would be keen to continue to build on this already successful program we operate, which is contributing to the decline in out-of-home care entries in our district.



The Social Work team within Allambi Care run several evidence-based group programs as part of Family Preservation, these include: Circle of Security, My kids and Me, Blackbox Parenting, The Shark Cage, Triple N and Secure Connections (more information can be found in Appendix 1).

Recommendation 3

The review team supports a comprehensive and independent review of the Children and Young Persons (Care and Protection) Act 1998 (Care Act) and the Children and Young Persons (Care and Protection) Regulation 2022 (Care Reg) (collectively, the Care legislation) to ensure the legislation is contemporary, culturally sensitive and appropriate to address the complex needs of children and young people within the out-of-home care system. The review should consider:

- a. Inclusion of a 'duty to act' being placed on relevant statutory agencies to safeguard and deliver timely and effective services to children and young people in out-of-home care. The legislation change must be accompanied by legal and policy ramifications for noncompliance.*
- b. The state having clear responsibility for delivering early intervention services and support to help families avoid entering the statutory child protection system.*
- c. Providing the necessary powers to the state to mandate engagement, or remove children, that can only be accessed once preventative supports have failed. This should be reinforced through the principles of legislation.*

Allambi Care supports an independent review of the legislation to ensure its currency and relevance and would be very interested in any opportunities to contribute to amendments as they pertain to out-of-home care.

We are committed to culturally sensitive and empowering interventions that seek to address the unacceptable growth in the number of Aboriginal and Torres Strait Islander children entering care. At a local level Allambi Care's Aunty Deb Swan (Cultural Therapeutic Advisor) sits on the Wee-ya Win-na Community Controlled Panel, which is a community led group, made up of local Aboriginal community members that aims to support Aboriginal families within Newcastle and the Hunter to identify and prevent any potential child protection risks to children and youth. It is an opportunity to seek community support before things escalate. It provides a culturally safe space for families to come and share their story with Aboriginal community members/Elders and seek support options.

Mandated Engagement

This point is unclear. We were unable to locate in the report the evidence on which this recommendation was based. Currently parental responsibility contracts allow for matters that have been brought before the court to mandate engagement with services, so it is not clear whether the report is seeking to extend these powers to matters that have not yet met the threshold for statutory intervention. Allambi works within the family preservation space using a relational, voluntary engagement approach and would strongly support the voluntary nature of engagement continuing. Approaches that are seen as punitive or heavy handed are unlikely to reap rewards in terms of long-term sustainable change and will be unwelcome and triggering for clients with previous experience of government intervention, especially for Aboriginal and Torres Strait Islander families and communities. We acknowledge that we may be misinterpreting this recommendation in the absence of provided context.

Allambi Care have had much success in the recruitment of a Parent Peer Advocate, a staff member with lived experience in our Family Preservation Program. Acting as an ally to parents, the Parent Peer Advocate builds on their personal experience to connect with families and build trust in order to assist them to achieve their family goals. Please see Recommendation 8 for further details on this initiative.

Recommendation 4

To strengthen accountability and value for money across the allocated \$2 billion out-of-home care system, DCJ must create an Accountability Framework that ensures it remains accountable for interventions in the lives of citizens, funding, and overall system stewardship. This framework must include rigorous mechanisms for evaluating the efficiency, effectiveness, and equity of services provided by, and on behalf of DCJ (including sub-contractors). Specifically, DCJ should:

- a. Establish clear key performance indicators and performance outcomes, introduce cost-benefit and program funding analysis and conduct outcomes-based evaluations across the out-of-home care program.*
- b. Complete a comparative analysis of service providers to ensure competitive value and continued improvement in the delivery of high-quality services to children and young people in out-of-home care.*
- c. Conduct a comprehensive review of the out-of-home care contract management and governance arrangements, focusing on enhancing oversight, ensuring compliance and establishing clear monitoring and accountability measures.*

Allambi Care acknowledges the importance of data collection and tracking outcomes for children and young people in out-of-home care. To support this process Allambi Care has developed their own Client Management System called AIMS (Administration Information Management System) which has been custom built to include all the areas which Allambi Care feel are necessary to track client data and information across the continuum of care and service delivery.

The data from AIMS is then linked to a Power BI dashboard which enables management to have access to daily updates around their key performance indicators, what documents are due in the near future and helps plan their workflow accordingly.

The data that is collected in AIMS also informs Allambi Care's Client Escalation Framework. This is a dashboard which pulls data from across different areas of AIMS to track changes in trends of client's behaviours. The different data points are allocated a weighting providing an overall score. The highest scored cases are then presented to a multidisciplinary panel each week to discuss the clients' needs and any interventions that need to be put in place to reduce risk and increase therapeutic outcomes.

Allambi Care are supportive of establishing key performance indicators and performance outcomes. However, it is important to note that outcomes that are attached to specific discrete interventions (such as the Oregon treatment model) that have a clear beginning, and an end, are significantly easier to measure because there is a clear entry and exit point and there are clear outcomes linked to the intervention. However, other types of outcomes related to being in out-of-home care are much more challenging to measure. Being in out-of-home care is not necessarily an intervention. However, there are outcomes that can be measured by being in care, such as the number of placement moves, but these don't really tell us about a child's progress. There are more important outcomes such as well-being and belonging which are more difficult to measure, and they need to be measured over a long period of time to demonstrate impact.

It is integral that if we are measuring some of these other outcomes such as wellbeing, that they are consistently defined across the sector. It is also important to take into consideration the baseline level of functioning for children and young people in out-of-home care. Often these children and young people have a complex needs profile. We need to ensure that the outcomes we are measuring are relevant and contextualised to the individual and consider that individual's starting point. A good example of this is provided by education. Often a successful outcome is measured by full-time attendance, however some of the young people we support have had extremely fractured education histories and when they are taken into our programs they are completely disengaged from school. Allambi Care believes that outcomes need to include progress towards full-time attendance such as when a young person is attending on partial days for an hour or two. This progress allows the young person to build their confidence, sense of belonging and relationships at school before increasing their hours.

Allambi Care's model of care is based on a continuum of care that has the flexibility to meet the individual needs of a young person at different points across their care journey. Given the uniqueness of this model, a unique set of outcome measures would need to be utilised to accurately reflect the model's impact and success. The same measures that are used in a discrete program with a clear start and finish date would not be applicable to a continuum of care model.

The issue of competitive value is complex and our concerns regarding the true cost of the provision of high-quality care were explored in our executive summary. Streamlining

supportive mechanisms and tapping into other revenue streams should be explored but cost reduction cannot come at the expense of quality.

A related issue is the one of proximal versus distal controls. It is understood that there needs to be centralised oversight and accountability mechanisms, but centralised systems are never as flexible, responsive, timely or agile as those that are closer to the child. Policy changes that propose funding formulas that are overly prescriptive and rigid, do not allow for individualised needs to drive expenditure. For example, a hospital budget can arrive at an average cost per day of an intensive care bed, they cannot account for variation in patient population and need on an individual basis and they will not limit treatment accordingly. At the intensive end of out-of-home care the same principles should apply. Whilst Allambi Care recognise that the funding envelope is finite and will continue to look for in-house solutions to cost reduction, we will simultaneously continue to advocate for appropriate levels of funding for the sector.

Allambi Care's experience with contract management has been varied and at times largely dependent on the approach of individuals employed in the various roles at the time. We were aware of District variations within our own organisation, with our services split over the Hunter, Central and North Coast districts in NSW. We strongly agree with the need for clarity and consistency in the contracts as it allows organisations to plan with certainty. Building strong relationships based on trust is imperative, this is a joint enterprise that can only be successfully delivered where the basis is mutual understanding and respect. We understand the need for transparency and appropriate audit procedures and hope that these measures can be established through consultation and agreement with agencies so that they do not become onerous and an impediment to the flow of service delivery.

Our in-house experience with practice compliance is that it operates most effectively when it has dual drivers. Quality practice stems from a solid understanding of an evidenced-based framework that clearly defines values and purpose. When you pair this with effective review systems that embed regular evaluation, audit and reflection you can have confidence that service delivery aligns with both contractual obligations and the strategic purpose of the organisation. The design and delivery of these systems is critical in ensuring their efficacy. Allambi Care are not suggesting that we have developed a perfect compliance system, but significant efforts have been made to build a raft of training, practice, policy and data solutions to drive a cycle of continuous improvement and quality assurance. We

would welcome the opportunity to showcase our initiatives and to be part of the compliance design process.

Recommendation 5

There is lack of capability, fragmentation and significant information gaps about children and young people across the whole out-of-home care system. DCJ must:

- a. Ensure its data sharing, integration and storage capabilities enhance security and enable key stakeholders to have timely access to critical care information.*
- b. Create a single source of truth that incorporates all information relating to children and young people, including services provided, funding, performance, and contract management information.*
- c. Review all relevant information sharing protocols, practices and legislation to strengthen the sharing of information to enable coordinated service delivery.*

Allambi Care acknowledge that a single source of truth for a child or young person's information would be the holy grail. However, it is important to consider that in both national and international jurisdictions this has been notoriously hard to achieve. However, any improvements in ChildStory to reduce duplicative work would be warmly welcomed.

Allambi Care note that with a single source of truth there would need to be significant considerations around privacy of the young person and their story. Frequently young people acquire a label early in their care experience and the stigma of this can follow them across their care journey.

As mentioned in Recommendation 4, Allambi Care have developed an internal system which is providing powerful data and enables real-time tracking of progress on case plans that can be viewed by management and provides a powerful tool for both managing and predicting behavioural changes in children and young people.

Allambi Care would like to work collaboratively to help streamline system integration and communication. In the past, representatives from Allambi Care have been a part of working groups with representatives across other services to create an API to integrate systems and enable services to pull and upload data to ChildStory. Any further opportunities to participate in working groups around streamlining system integration would be appreciated.

Recommendation 6

The NSW Office of the Children's Guardian should:

- a. Collaborate with DCJ to clarify roles and responsibilities in the administration of duty, including the principles for sharing information and decision-making related to performance of service providers across the out-of-home care system and noncompliance with the Children's Guardian Act (2019) and related instruments.*
- b. Review the Reportable Conduct Scheme, ensuring improved timeliness of investigations, procedural fairness and evaluation of the unintended consequences that can cause further harm and trauma on children, young people and carers affected by the scheme.*
- c. Review the effectiveness of the Official Community Visitor Scheme. Observations pertaining to the safety of children and young people, and quality of services must be expeditiously shared with DCJ and the NSW Office of the Children's Guardian.*

Office of the Children's Guardian

This recommendation predominantly sits with the DCJ. It is important to consider that there is independent oversight across the sector if the DCJ are also going to be running residential care facilities.

Reportable Conduct Scheme

The mistreatment of children and young people is a serious matter that should be met with the highest standards of professional intervention. Unfortunately, some elements of the Reportable Conduct Scheme are not effective in meeting the immediate response and safety needs of these matters and are often contributing to delays, and, as the report states, 'unintended consequences' that can, '...cause further harm and trauma on children, young people and carers affected by the scheme'.

Allambi Care's experience is that there are delays in initial responses to the review of ROSH reports that can be to the detriment of the investigation. These delays can often be two to three weeks post-notification being made. This can result in unintended consequences for the children and carers involved in these matters where a timely response is known to be

most effective to avoid misremembering details or prevent influence on the victim/reporter.

Allambi Care would like to see an increase in staffing of the Safety in Care team and for timely and immediate response times enforced for ROSH reports to ensure that children, young people and carers receive a fair, professional and timely investigation and outcome, and to limit the unintended consequences that could cause further harm and trauma.

As an allegation-based initiative, the Reportable Conduct Scheme requires that matters are first reported and then investigated. This is despite cases where concrete evidence exists that is contrary to the allegation, such as contradicting eye-witness accounts or video evidence. The unintended consequences for carers involved in these cases are apparent, however Allambi Care are unsure as to how these matters could be resolved differently whilst still maintaining integrity and impartiality in the Scheme.

Possibly out of DCJ's and the OCG's sphere of influence is the NSW Police Force's response regarding allegations, however this is a significant issue that deserves mention. Some of the most significant delays have occurred when a matter is sitting with Police, and this often has a considerable negative impact on all parties, particularly the carers of the children. It is often a requirement to find the children a short-term placement whilst the matter is investigated, which is not only costly to the agency, but is highly impacting on the carers and children. It would be a positive step forward if there could be more timely and effective collaboration between the NSW Police Force, DCJ and Agencies regarding Reportable Conduct Matters.

We would also support a state-wide resource (hand out/booklet/flow chart) being developed that clearly outlines the process, indicating what carers can expect during an investigation. This should help with consistency, and help carers get more predictable responses from DCJ and their Service Provider.

Official Community Visitor Scheme (OCVs)

Allambi Care are supportive of a review into the scheme. Allambi value and appreciate the independent observation of children's experiences in care. Allambi believe it would be beneficial to have clear roles and cross education about the compliance and constraints of

the out-of-home care system. Below are some of the experiences we have encountered and are actively discussing with the Official Community Visitors.

Recently we have been receiving OCV reports asking for further significant levels of information, which could be resolved through follow-up communication with management or review of appropriate files. There have also been occasions where OCV reports are escalated to the Ombudsman's office who are seeking similar information to the OCVs, requiring us to respond to two bodies, using additional resources. It's important to note that these reports have not resulted in further investigations once all information is obtained.

OCVs have communicated that at times they have had trouble accessing files or have not had access to parts of the file required for review. After further review with the OCV Manager and Director we have provided clarity about what should be accessible in the placements and are also attempting to work with our placements to resolve any barriers that may arise during visits. One measure that was discussed was the OCVs completing planned visits as opposed to unplanned as this can often result in visits being more productive, with appropriate preparations occurring with the young person, as well as a management staff member being able to attend to bring an office version of AIMS where full file records can be accessed.

We are in discussions with OCV Manager and our Operations management teams to continue to strengthen our relationship. We will also be providing the OCV with additional information regarding potentially problematic placements and discussing with them how we can better maintain information regarding placement moves, or changes in processes, and providing appropriate contact details for them to ensure they have people to reach out to with concerns.

Allambi Care would welcome any involvement in a review of the current OCV process.

Recommendation 7

There is inconsistent application of care models across the out-of-home care system with limited oversight and evaluation regarding effectiveness. The NSW Government and DCJ should create effective models of care within the out-of-home-care system that cater for all children and young people. These models need to be clearly defined, evidence-informed and culturally appropriate. The continuum must cover: • Family preservation. • Restoration. • Relative/kin care. • Foster care. • Intensive and/or professionalised foster care. • Residential care. • Semi-independent and independent living. • Leaving care. • Aftercare.

This recommendation is wide ranging and suggests a wholesale recreation of the models on the continuum. We support any reviews and updates to the current models of care that are widely consulted and draw on the wealth of expertise in academia and in the sector.

The central purpose of a continuum or pathway of care is that it allows for a sliding scale of need and differential responses. The key to its future success will lie in appropriate investment across the service models and that decision making regarding the planning and possible placement of children and young people is driven by their individualised needs and not a rigid classification system based on a pre-determined policy position.

We support critically assessing the effectiveness of all parts of the model based on the evidence. There is much good work occurring in the State across the continuum and we would like to see this supported and embedded. Some Allambi Care examples include:

- Family Finding - Allambi provides support to families during some of life's biggest challenges through our Family Preservation and Family Finding programs. These programs focus on developing meaningful relationships with parents, carers and extended family to provide a safe and loving platform for children and young people to thrive. For example, the Allambi Care Preservation team received a referral from Health and DCJ for three siblings who had recently been orphaned. The siblings were unfortunately left with little support and housing instability. The eldest sibling (over 18) assumed the caring role for her two younger siblings, one with special needs. Family Preservation were able to connect with the extended family, stabilising their housing and strengthening their natural support network. This enabled the family to grieve without the stress of further adversity. Furthermore, the Family Preservation team have been supporting the young family to develop

and strengthen their everyday living skills, connect and strengthen their community supports and genuinely encourage and support them through such a tough journey. The community supports that have now been integrated into their lives has been phenomenal. It has been such a rewarding experience watching as this family stay together and become stronger than ever. It is important to note that for a number of young people in ITC family finding is likely to be more focused on connection than a 'return home' restoration focus. For the reasons outlined in previous discussion being restored to family is not a realistic expectation but being reconnected is critical.

- Cross-agency collaboration to address Foster Carer shortage - Allambi Care worked closely with CatholicCare Hunter-Manning for several months in 2024 to deliver a collaborative awareness advertising campaign to draw attention to the desperate need for foster carers in our region. The campaign was funded through support of our local community, including events such as the Lord Mayor's Prayer Breakfast and Evening, where many donated to help us shine a spotlight on this local issue. The hope is to collectively raise awareness of this shortage and encourage people to open their homes to children and young people in need.
- Housing - housing permanency is consistently mentioned throughout the report as a recognised fundamental component of stability and quality care for children and young people. The report also repeatedly acknowledges the housing crisis in NSW as well as the challenges of finding and providing suitable houses for young people in out-of-home care. A paper by Dr Tatiana Corrales is included in the appendix (Appendix 6) which discusses this issue in depth. Allambi Care has explored several innovative responses to this challenge as we have struggled to obtain suitable housing options in an impossibly oversubscribed rental environment. This includes building strong relationships with real estate agents, building the profile and connectedness of Allambi Care to the community, partnering with community housing providers, the staff housing initiative and the recent successful grant application to build 6 tiny homes on an existing site. The proposal will involve studio-style dwellings with residents sharing the existing laundry onsite. These dwellings are completely relocatable, ensuring that the housing we invest in can be used elsewhere if required.

- Therapeutic Home-Based Care - Allambi Care was the first service provider in the district to implement a Therapeutic Home-Based Care placement. Currently, Allambi have 14 Therapeutic Home-Based Care Placements.
- Long Term Carers and supports - Allambi Care is deeply committed to developing professional, supportive and trusting relationships with our Carers, recognising that these connections are essential for successful outcomes for the young people who come through our program. We walk the fostering journey closely with our Carers every step of the way, providing unwavering support, guidance and partnership throughout their caring experience. They are a precious resource, and we believe they should be treated as such. This dedication is reflected in our retention rates, with half of our current Carers having been Carers with Allambi Care for over five years, and 11 carer households have cared for 15 years or more. This longevity is an indication of the trust and collaboration we cultivate, ensuring that our carers feel valued and equipped to provide the best possible care for the young people they invite into their families and homes.

Allambi Care's Needs-Based Restorative Framework is evidence informed and based on our commitment to respond to the multiple needs of clients rather than requiring them to adjust to a pre-determined service model. The model is applicable whether they are living in the community with families or are being supported in out-of-home care. The framework has three core components with a central focus on the normal and shared development needs of all people and the defining features of healthy growth as defined in the *Circle of Courage*. Given most of the people we support have experienced adversity, the second major element is an understanding and responding to trauma-related needs. The third element of the framework is that of individually assessed needs. The Circle of Courage was introduced in the landmark book *Reclaiming Youth At Risk: Our hope for the future* by Brendtro, Brokenleg and Van Bockern and draws its substance from decades of developmental and cultural research. The Circle of Courage is widely used around the world in services for children and young people, as well as adults who have developmental disabilities. The Circle of Courage closely parallels the higher developmental needs in Maslow's (1970) hierarchy of human needs. The four quadrants of the Circle of Courage also parallel the four key determinants of self-esteem, as proposed by Coopersmith. As Allambi's Care's model is a framework as opposed to a rigid intervention model, it can accommodate a variety of tools, strategies, and techniques as long as these are compatible

with the principles of the framework and can be shown to meet the needs of individuals. Allambi's framework is entirely compatible with the ten elements of therapeutic care.

Recommendation 8

The NSW Government and DCJ should empower and elevate the voice of children, young people, carers, and families across the out-of-home care program to ensure services are responsive to their needs and they can raise issues and influence system design, improve services and outcomes.

- a. The NSW Government and DCJ should establish mechanisms and processes (including advisory structures, advocacy support, surveys, and feedback systems) that actively seek, incorporate, and respond to feedback from children and young people, carers, and families.*
- b. DCJ and service providers need to reorient themselves to ensure all carers feel valued and are treated as partners in decision-making relating to children and young people in their care, and without fear of reprisal.*
- c. Relational approaches should be embedded in all out-of-home care service delivery and practice.*

Allambi Care acknowledge the importance of hearing the voice of the individuals and families that we serve. The following initiatives by Allambi Care demonstrate our ongoing commitment to inclusion of people with lived experience and genuinely listening to the voices of our clients.

- Internal Systems Reviews - Allambi Care have completed several independent internal systems reviews across different programs including ITC, NDIS, Fostering and Permanency, Leaving Care and Learning and Development to streamline processes, increase efficiencies and distinguish clear roles and responsibilities. A key part of these reviews included gathering information from the people who are supported by these programs, including children, young people, families and carers, through surveys and interviews. These responses then directly informed changes to service delivery in specific program areas and continuous improvement. These reviews allow Allambi Care to determine what is important to the people we support so that we can facilitate further investment of time resource into these areas.
- 'Your Voice' and 'Carer Voice' Surveys - Allambi Care have developed a 'Your Voice' survey to provide an opportunity to hear feedback directly from the people we support at all levels of the organisation. The survey provides an opportunity for Allambi Care to evaluate the embedding of

the Needs-Based Restorative Framework and provide opportunities for continuous improvement of service delivery. The survey has been run bi-annually since 2022. More recently, Allambi have developed a 'Carer Voice' survey which has been sent to all Allambi Care foster carers to seek feedback around how we are supporting them, building their confidence in caring for their foster children and if there are any additional training supports they require. This feedback will further support continuous improvement in service delivery and directly inform training opportunities. The survey questions were developed through the adaptation of standardised metrics and with input and review from experts in the sector including Dr Howard Bath, Dr Trish McNamara, Dr Tatiana Corrales and Dr Ian McCracken. The anonymised survey responses are also reviewed by these sector experts to help with analysis and identification of trends.

- A partnership with Building Bridges Initiative (BBI) Family Partner Project - BBI offered a six-month technical assistance program to residential service providers who were committed to hiring a family partner in their organisation. BBI's intention was to assist providers to prepare their organisation to hire, support, integrate and maintain a family partner into their programs. Allambi Care's Family Peer Advocate intro video resource was shown at the 2024 ACRC Conference and we have been asked to share another video around the impact of the role for the 2025 ACRC conference. The goals of the project were to:
 - Provide a group of residential programs, chosen through a simple application process, with a range of technical assistance activities that will successfully prepare their organisations for, and help them with hiring, developing support systems for, and integrating family partner(s) fully into their organisations, and enhancing family-driven care practices.
 - At the end of the project, leaders/staff from each participating program will have enthusiasm for BBI, and believe they have the tools to be successful with family partners.
- Family Peer Advocate Role - A Family Peer Advocate (FPA) is a person with a lived experience of the out-of-home care sector. The role supports a productive and mutually respectful relationship between service staff and family, to empower family to be involved in planning for their child. The aim of this position is to support parents and family members to be actively engaged in the care and support of their children whilst in out-of-home care. Allambi Care understand the importance of parents and family in the lives of the children and young people we support. Children and young people living in care will do better when they have their family and kin supporting them through their care experience. Regardless of

where a child is living, they will always need their family in their lives. Impacts of FPA role in the first 12 months:

- Staff – Supporting and educating staff through the lens of a parent that has had a lived experience of the child protection system. Understanding implicit bias and the danger of a single story for families and the impacts this has. One staff member noted, “Thank you for all your advice and support while I have been in this role. You have been an inspiration to me to change my views on family work.”
- YP – YP was assumed into Kincare from 6 weeks of age, only knew one narrative of their mother and was kept isolated from her. YP came into ITC at the age of 17, FPA was able to contact mum and sit in a space with mum to truly hear her journey over the last 17 years. We continued to share information with YP’s team to provide them with a balance of stories about their mum. Now YP and their mum are reconnected, YP has met siblings, another set of grandparents and found their belonging.
- FM – FM is the mum of a child in ITC and had a fractured relationship with Allambi Care and her child’s team. FM is her child’s biggest cheerleader, a smart and intelligent lady and a fierce advocate for her child. FM’s communication style was often aggressive and threatening towards staff and management. Getting to know FM has been a privilege for the FPA who used their own lived experience along with their professional experience within Allambi Care, to support FM to reflect on her communication style to allow her to work with her child’s team for the best outcomes.
- Youth Leadership Group - In 2024 Allambi Care initiated a Youth Leadership Group, the group is comprised of young people who are or have been in out-of-home care with Allambi Care and wanted to share their knowledge and experience to support better outcomes for young people who are in out-of-home care. The group have been consulted on such matters as:
 - Groupings and the impacts on young people
 - What makes a good youth worker and what do young people need from them
 - What do young people in care need most
 - Care team meetings and reference meetings

Future plans for the group are:

- Youth leaders will create training resource videos for youth workers going through induction
 - Youth leaders to attend and present the youth voice at conferences and sector forums
 - Moving youth leaders into paid positions of “Youth Advocates”. The goal of the Youth Advocate position is to have a person with a lived experience of care to walk alongside young people currently living in care, to ensure that their voice is heard and elevated in all areas of their care experience and future planning.
- Staff with Lived Experience - Allambi Care currently employ adults who have transitioned through Allambi Care’s continuum of care and are now wanting to help support other young people in the care system through working as mentors and youth workers. These staff members have lived experience, formerly residing in foster and residential care. Allambi Care are working towards evolving these roles so that staff with lived experience have further input and feedback into the continuous improvement of Allambi Care’s service delivery and policies.

Allambi Care are eager to continue implementing initiatives and are supportive of any processes which will elevate the voice of the children, young people, carers and families connected to the out-of-home care system.

Recommendation 9

There is a lack of transparency and accountability regarding expenditure for children and young people in out-of-home care.

- a. DCJ should maintain a system-wide financial policy that standardises and governs care allowance, expenses, and additional supports that carers can access for children and young people in their care from the case management agency.*
- b. Providers must be transparent with carers as to the funding they receive from DCJ for children and young people in their care. This should be provided to carers on an annual basis.*
- c. Carers must be provided with a list of services that every child and young person in out-of-home care is automatically entitled to receive.*

System-Wide Financial Policy

Our observation about a standardised care allowance is that it is linked to the needs of the child through a Child Assessment Tool score, but it does not consider the circumstances of the carer. The risk in implementing this, is that it will remove some of the flexibility that agencies currently have to try and meet the individual placement needs of both the carer and the child. This is a significant challenge because all carers are not equal in terms of their economic status. Flexibility is important because some carers don't rely on, or need additional funding through an increased allowance, however some carers do. The reality for these carers is that if the allowance wasn't over the statutory rate, the placement wouldn't exist, and another place would need to be found for the children to live. With the current state of the foster care system, this could be an unintended consequence of removing some of the flexibility afforded to agencies under the current system.

We would support standardised inclusions in the allowance, for example, mandating that agencies pay for specialist services such as psychology and psychiatry, or optometry. With the carer allowance being so low, and the cost of these specialists being so high and almost impossible to access effectively through the public system, it is unrealistic to expect that all carers can pay for these additional supports from the basic carer allowance.

Funding Transparency

Whilst we support the principle of transparency for carers about their allowance, careful consideration should be given to how this information is communicated. The total funding an agency is provided for their foster care program encompasses not just the carer allowance but all the associated on-costs of providing the service. A simple communication that does not acknowledge that every dollar cannot simply be transferred to the carer is likely to cause distress and mistrust. The unintended consequence of this could be that carers are left feeling 'ripped off' as they have complete visibility of their allowance compared to the total funding received from the agency. We suggest that any explanation to carers of the total funding envelope is accompanied by a full explanation of the administrative costs of providing the service.

If the goal of this recommendation is to ensure carers are getting the financial support they need, appropriate measures need to be put in place that do not impact the funding flexibility that is allowing agencies who are doing the right thing to continue with their individualised support.

Whilst we acknowledge the report's concerns about program funding slippage, we would suggest that within the foster care funding envelope the capacity to shift the resources between carers, outside of the allowance paid, has allowed for a much more nuanced and responsive approach. If every dollar from every single child's funding is only to be spent on that child and associated carer, it will remove the capacity to utilise the 'bucket of funding' model allowing a surplus of funds from one placement to be used to assist another placement or child. If the expectation is the former (maintained for only that child/ placement) it is very likely that DCJ will receive additional funding requests from agencies, such as complex needs applications and ACS applications, as an unintended consequence.

List of Service Inclusions

We provide our carers with guidelines of what we will pay for, and what they are expected to pay for from their carer allowance.

We support our kids and carers by covering the costs of specialist services (when part of an approved case plan) such as optometry, dentistry, psychology, psychiatry etc (if not funded through NDIS). Anything outside of this is a conversation where each individual

circumstance is considered, factoring in the child's needs, the circumstances of the carer, the impact on the stability and effectiveness of the placement, and many other factors. In other words, if we can fund anything that is of benefit to the child, the placement and/ or the child's connection with family, we will do so.

Paid family time workers to support relationships with family is another support/service we provide carers when necessary. This reduces the burden of this from the carer, and it also ensures that regular family time occurs. If this can occur organically and at no cost to the organisation, then that occurs, however the risk of demanding carers facilitate all family time is that it is possibly less likely to occur, as it is yet another thing that is expected of the carer. Family time should be looked at very carefully within the sector, as we know how important it is for children and young people to be supported to have positive connections with those who are significant to them.

The current arrangement with family time is that there is a financial disincentive to facilitate paid family time workers. For example, the more family contact a child or young person has, the greater the cost is to the organisation. This could result in one of two things, the first resulting in minimal family time being supported by an agency, and the second being an increased burden on the carer to facilitate at no cost to the service provider.

We believe that our current practices, wrap around services and auxiliary supports demonstrate value for money. Allambi Care believe that these additional supports and services help the children and young people we support in foster care to maintain placement stability by reducing expectations of carers and also achieving individual outcomes for the children and young people. The additional supports and services offered by Allambi Care include the following:

- Family Time staff
- Education Transport Shifts (when necessary to maintain a foster care placement / schooling placement)
- Family Search and Engagement
- Cultural support
- Tutoring programs
- Clinical support
- Allied Health
- Learning Centre program

- Consistent respite
- Carer training opportunities
- Carer acknowledgements and celebrations

All the additional wrap-around services that Allambi provides to the young people and carers we support, encourage stability and longevity within the foster care placement, by both addressing the children and young people's well-being and trauma-related needs, as well as the needs of the carer for continued learning, a sense of community and practical support

Recommendation 10

The current case management policy has created significant gaps in service delivery and contributed to lengthy delays in court proceedings. DCJ should:

- a. Retain case management for all children and young people until final court orders.*
- b. Accept service provider requests for case management to be transferred back to DCJ.*
- c. All plans relating to children and young people in out-of-home care should be completed to a high standard. This should include taking a holistic approach, involve all key people and the Principal Officer should regularly review for quality assurance.*

Given the number of children and young people currently on interim orders with Allambi Care is reasonably small, the decision to transfer case management back to DCJ will not have a significant impact. However, our concern would be that in the current environment of under resourced caseworkers within the DCJ we would not want children and young people to be disadvantaged in a transfer where there were already existing supportive relationships and they have existing access to the supports that Allambi Care offer that are particularly relevant to children on interim care orders, such as family finding.

Allambi Care have a meeting called the 'Bergy Seltzer' which takes place eight weeks after a child or young person enters our care. The meeting is a multidisciplinary panel including management staff, child psychiatrists, psychologists, cultural therapeutic advisors, family finding specialists as well as representation from each program within Allambi Care. Prior to this panel a Needs-Based Assessment is completed which involves several standardised metric tools (CANS, SDQ20, CBRIS) to assess the child or young person's current needs and strengths, a case review and case planning goals. The purpose of the panel is to identify permanency options and planning, and to identify any gaps in the young persons' history which can be addressed by Allambi Care's multidisciplinary team. This process allows triaging of the young person's needs and ensures that all the necessary experts are in the room to review a young person early in their care journey with Allambi Care.

Allambi Care agree that there needs to be a high level of quality assurance around case planning as this is a key document for children in out-of-home care to track and reach outcomes. Allambi Care have several quality assurance processes to ensure that the quality of these documents remain high. The processes include the following;

- Case Plans have some in built quality assurance measures which include ensuring all various sections are included in the plan such as summaries and overviews, client voice, etc. before it can be authorised.
- We work from various resources and writing guides/workflows which assist staff to create quality case plans. There are also templates being developed with essential goals and steps that may be required based on various case plan goals (this is not yet in place other than for the initial case plan template).
- Training is provided through practice coaches for new staff to learn the Care Team Meeting process and how to complete them, and ongoing training and feedback is provided through therapeutic specialists.
- Theory and expectations are included within training modules which each staff member is expected to access and review.
- A writing guide will be accessible to all staff across the continuum of care to maintain consistency across all programs within the organisation. This also includes aspects of meeting facilitation, theory and background regarding case planning goals and principals, and additional planning and preparation tools which sit outside of the Care Team Meeting itself.
- Managers have spot checks which they are expected to do at various points in time regarding case planning on their caseloads, where reviews are conducted to ensure teams are producing quality case plans and the integrity of our model is being maintained
- Outside of this we have KPI systems (Power BI) which helps ensure we have in date case plans and cultural plans and that case plans are also redacted and provided to family members. This includes ensuring consultation has occurred with the child or young person prior to and after the Care Team Meeting.
- There is also an audit tool which checks for out-of-date documents, and this is accompanied by a manual audit tool conducted quarterly which checks for adherence to OCG guidelines in relation to case planning.

Allambi believe that these internal auditing processes are ensuring a high level of quality for case plans and the most recent 2024-2025 Quarter 1 PSP Dashboard data indicating the following levels of compliance for Allambi:

- 97% of Allambi Care's Case Plans are up to date as opposed to 82% of all service providers.

- 90% of Allambi Care's Leaving Care Plans are up to date as opposed to 77% of all service providers.
- 97% of Allambi Care's Cultural Care Plans are up to date as opposed to 75% of all service providers.

Recommendation 11

There is a lack of prioritisation, timeliness, and integration of health care (including mental health) for children and young people in out-of-home care.

- a. The NSW Government should establish integrated health care coordination teams, where dedicated professionals are responsible for providing comprehensive and priority access to physical, social and health (including mental health) services that improve overall health outcomes for vulnerable children in out-of-home care.*
- b. If integrated health care coordination teams are not feasible, the current Out-of-Home Care Health Pathway Program model is to be immediately enhanced, and NSW Health out-of-home care coordinators should be held responsible for the implementation of health plans for children and young people in the out-of-home care system.*

Over the past decade Allambi Care have provided care for numerous young people with significant mental health needs. During this time Allambi Care's lived experience is that there are significant difficulties finding public-funded services that were equipped to manage the challenging behaviours and complex needs of the young people in out-of-home care and accessing these in a timely manner.

Given the needs of the children and young people that Allambi Care support, we identified a gap in the service system which meant these children were not receiving what they required and as such progressively built up an internal, specialist clinical department, now known as TracksHealth. TracksHealth consists of a Child and Adolescents Psychiatrist (Dr Ian McCracken), several psychologists, social workers, autism specialists, play therapists, behaviour support practitioners, speech therapists as well as ancillary supports such as a nurse and adolescent and family counsellor. Several of the psychologists who work in the clinical support area are former youth workers who Allambi Care supported through their training. This blend of firsthand experience and professional training is ideal in developing behaviour management plans that are rooted in the therapeutic framework and the lived reality of group homes.

These clinical services are available for all children and young people in Allambi's care and effective, stable responses can be provided as they transition across service types as their needs change. This helps to prevent long delays in making mental health appointments and

ensures that the needs of all children and young people can be addressed. To meet the needs of the cohort of children we support, TracksHealth now also have staff who specialise in problematic and harmful sexual behaviours.

Having access to these therapeutic supports enable Allambi Care management to assist with triaging the urgency of needs for children and young people. These clinical supports also provide Allambi Care management advice and guidance on cases at our internal clinical panels and sexual safety panels which are held fortnightly.

Allambi Care's Sexual Safety Committee is made up of experts in the field including a Child and Adolescent Psychiatrist (Dr Ian McCracken), a Social Worker / Counsellor who specialises in sexually harmful behaviours and trauma informed care (Lynne Cossar) and a mental health nurse. This committee can draw on data from Allambi Care's AIMS program to identify red, orange and green flag behaviours in relation to sexually harmful behaviours and then triage this and complete safety planning with the management team.

Allambi Care understands the commitment of NSW Health to address the needs of children and young people in out-of-home care via the pathways process but our lived experience and that of our colleagues is that the adolescent mental health area is chronically underfunded and ill resourced to take on the additional commitment required to fully service this cohort. This has been an issue between the Department of Communities and Justice, NGO's and Health for many years and despite a healthy and respectful relationship between Allambi Care and our Health colleagues, without our investment in in-house services our children and young people would have been significantly disadvantaged with poor or no access to appropriate support. It would seem to be illogical to wind back funding for current and existing services to try and build parallel services further removed from the large cohort.

Allambi Care is an inclusive and welcoming space for children, young people and staff. Allambi Care have developed a Sexuality and Gender Inclusivity and Diversity Committee as a space where young people, carers and staff can come to learn, ask questions and seek guidance on how to support children and young people with their gender and sexuality. The Committee also participate in and organise local community events to celebrate sexuality and gender inclusivity and diversity.

Recommendation 12

Current education plans and practices are deficient in achieving the best learning outcomes for children and young people in care.

a. The NSW Education Standards Authority should consider mandating the training of trauma-informed practice. This training should be completed within the next 12 to 18 months as an initial strategy with refreshers offered to ensure all staff are contemporary in their application of trauma-informed practice.

b. Where a child or young person in out-of-home care is excluded from school (for any period), the NSW Department of Education must ensure suspension plans include reintegration strategies that support academic, wellbeing and behavioural needs.

c. Where children or young people in out-of-home care are not able to attend mainstream schools, the NSW Government and NSW Department of Education should ensure appropriate alternative specialist schools or ensure learning services are supported.

d. The current Out-of-Home Care Education Pathways Program model is to be immediately reviewed to enhance learning and development for children and young people in care. The NSW Department of Education should be responsible for overseeing education plan implementation for children and young people in the out-of-home care system.

e. DCJ and the NSW Department of Education should jointly and publicly report on education outcomes for children and young people in out-of-home care.

Allambi Care are in support of these recommendations and prides itself on the strong and committed education programs it has developed to support young people in out-of-home care disengaged with the education system. These include the Learning Centre, which is further explained in the responses below, and North Academy.

North Academy is an Independent Non-Government Special Assistance school that is Registered and Accredited with the NSW Education Standards Authority (NESA). The inception of North Academy stems from Allambi Care's commitment to supporting the community's most vulnerable people through tailored services and programs. A product of innovation intertwined with over 40 years of reputable history; North Academy provides an invaluable alternative school for those who find that mainstream does not meet their

needs. The North Academy educational philosophy is driven by the fundamental belief that every young person, regardless of their circumstances, deserves the opportunity to learn and thrive in an environment that is right for them. The school does this by providing a safe and welcoming space in which young people can experience acceptance, healthy connections and form positive relationships during their educational journey. The team at North Academy specialise in trauma-sensitive and developmentally aware education and offer small class sizes and shorter days for a small number of young people. More information on North Academy can be found in Appendix 2.

Mandating Trauma-Informed Training

We are in strong support of the proposition that the NSW Education Standards Authority (NESAs) mandate training in trauma-informed practice for educational staff. As education staff working closely with young people in out-of-home care, we witness daily the profound impact that trauma has on their learning, behaviour, and engagement. Unfortunately, many teaching and executive staff across NSW lack the necessary understanding and skills to adequately support these students, starting from enrolment and continuing throughout their education journey.

Trauma-informed practice training is essential, not optional. At Allambi Care, all staff - whether grounds maintenance, office-based, café, or direct care roles - are trained in Therapeutic Crisis Intervention (TCI) to ensure everyone interacting with our young people understands and is equipped to manage trauma-based behaviours.

Many young people present with trauma-based behaviours that are often misinterpreted as defiance, disengagement, or a poor attitude. This misunderstanding can lead to punitive responses, exacerbating their challenges, further alienating them from education, and increasing the likelihood of leaving school early or chronic disengagement.

Mandating trauma-informed training for education staff across public and private sectors within the next 12 to 18 months, with regular refreshers, could address this gap in understanding and practice. Such training would:

- **Enhance Enrolment Processes:** Ensure that the enrolment of young people from complex backgrounds is handled with empathy and understanding, recognising the additional supports they may require.

- **Improve Classroom Practices:** Equip teachers with strategies to create safe, inclusive, and responsive learning environments that reduce re-traumatisation and foster engagement. Allambi Care has three classrooms dedicated to achieving better education outcomes for our young people.
- **Support Retention and Engagement:** Empower school staff to identify and address barriers to learning, providing the support needed to help young people remain connected to education.
- **Build Staff Confidence:** Proper training reduces stress for staff, empowering them to handle trauma-based behaviours effectively, leading to more positive outcomes for both students and teachers.

Trauma-informed education is a proven approach that aligns with NESA's commitment to equity, inclusion, and quality education for all students. Mandating this training would be a pivotal step in ensuring that every young person, regardless of their background, can thrive within the education system.

In response to the poor engagement of our cohort we decided 17 years ago to establish a learning centre. Our core demographic consists of young people with complex trauma backgrounds, mental health needs and/or challenging behaviours. Under the Learning Centre umbrella, we work collaboratively to build the capacity of our chronically disengaged young people to return to school, alternate settings or vocational pathways. We work closely with case work teams, schools, the broader Department of Education network and the young people themselves to understand their educational needs and aspirations and plan for their futures. Additionally, we support our young people to remain engaged in their education and increase their academic ability through our 1:1 tuition program.

The Learning Centre utilises the trauma-informed North Education Model (formerly Learning Without Walls) which incorporates five elements that aim to promote healthy connections, boost cognitive function and improve coping strategies. Sessions that vary in length from one to six hours and individual, paired or small group sessions are offered based on the needs of the young person. Our dedicated team prioritises strengths, acknowledges the impacts of trauma, and fosters teamwork. As reflective practitioners we constantly review student progress and adapt groupings and settings to increase the likelihood of optimal engagement. This holistic approach could serve as a model for NSW schools. For more information on the Learning Centre, see Appendix 3.

Suspension Plans

Allambi Care strongly support the recommendation regarding suspensions. This initiative is critical to addressing the significant challenges faced by students in out-of-home care, many of whom are disproportionately impacted by school suspensions and their long-term consequences.

As a service provider that frequently supports excluded young people, we have witnessed the detrimental effects of suspensions that fail to address the underlying needs of these students. In 2024 alone, we have supported young people through 91 suspensions, amounting to 2,766 hours of lost classroom time. During these periods, many students had no access to meaningful learning opportunities, which widened the gaps in their academic knowledge, compounded feelings of isolation, and increased the risk of disengagement from education altogether. Where possible (limited by resourcing), the Learning Centre offered temporary enrolment to these young people to increase felt safety, maintain routines and access to education and enhance wellbeing. The Education Manager and/or Consultant then provide support to management teams and schools to return the young person to their education setting as quickly as possible, reducing 53 planned suspension days over the course of the year (see Appendix 4 for data).

To mitigate the adverse outcomes that derive from exclusion, it is imperative that suspension and transition from exemption plans include comprehensive reintegration strategies that:

- **Support Academic Continuity:** Provide access to tailored learning materials or remote instruction during suspensions to ensure that students remain engaged and do not fall further behind.
- **Address Wellbeing Needs:** Incorporate mental health and wellbeing support, recognising that exclusion often exacerbates feelings of rejection, anxiety, and disengagement in young people who have already experienced significant trauma.
- **Focus on Behavioural Growth:** Include behavioural interventions that address the root causes of the incident leading to suspensions or exemptions, providing students with skills and strategies to navigate future challenges more constructively.

- **Plan for Successful Reintegration:** Develop and implement a structured re-entry plan that involves collaboration between the school, the young person, their caregivers, and external support services. This plan should ensure the student feels welcomed and equipped to reintegrate successfully into the school community (see Appendix 5 for case study)

Suspensions and exemptions, while sometimes deemed necessary, should not act as a barrier to education but rather as an opportunity to address the holistic needs of young people in a constructive and supportive manner. By implementing reintegration-focused suspension and exemption plans, the NSW Department of Education can create a system that upholds the right to education for all students, particularly those in out-of-home care who are among our most vulnerable learners. Together, we can ensure that every student has the opportunity to achieve their potential and remain connected to their education.

Alternative Specialist Schools and Learning Services

We endorse the recommendation for the NSW Government and the NSW Department of Education to ensure appropriate alternative specialist schools or learning services are available for children and young people in out-of-home care who are unable to attend mainstream schools. This is a critical step in addressing the educational inequities faced by these vulnerable learners.

Currently, the lack of support classes within mainstream schools, combined with a limited understanding and lack of capacity to implement trauma-informed practices and keep all students safe, has contributed to a high percentage of young people requiring alternative educational settings. For many, the mainstream system is ill-equipped to address the complex social, emotional, and behavioural challenges that often result from their lived experiences of trauma.

The absence of appropriate support often leads to repeated suspensions, academic disengagement, and further marginalisation. This highlights an urgent need for alternative educational pathways that are designed to meet the unique needs of these young people.

One such model that exemplifies this approach is Allambi Care's self-funded Learning Centre. With trauma-informed, qualified teaching professionals, our Learning Centre provides a safe, nurturing, and structured environment where disadvantaged and

disenfranchised youth can access social, emotional, and academic support. Through individualised education plans, restorative practices, and a holistic focus on wellbeing, the Learning Centre demonstrates how alternative settings can effectively re-engage young people with education and empower them to achieve their potential.

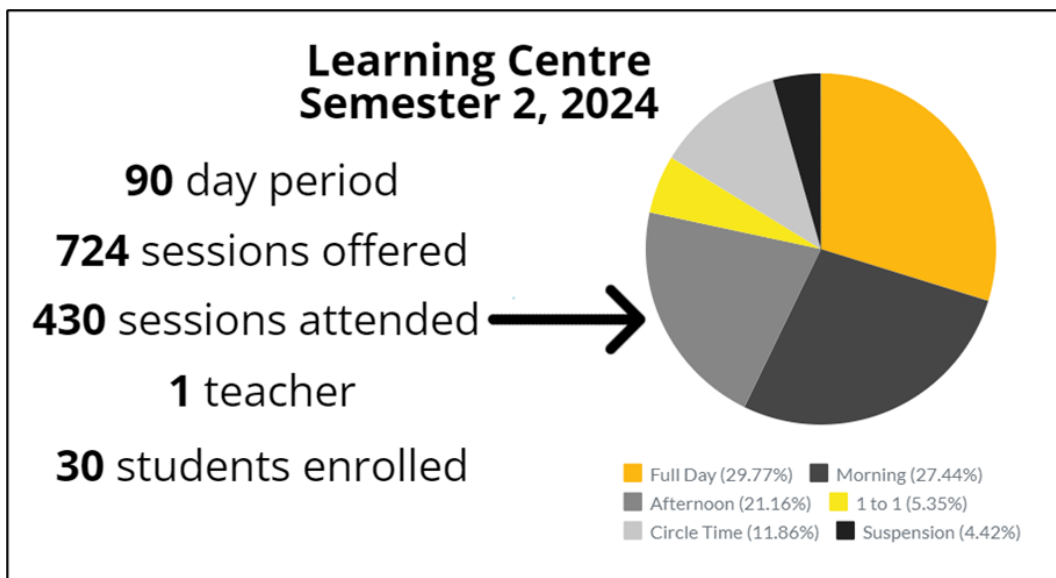
The Learning Centre staff focus on developing rapport and connections with the young people in attendance to enhance their social and emotional wellbeing, increase their confidence and self-belief and build their educational capacity to enable them to develop and achieve their goals. When a young person enrolls at the Learning Centre or in the Tutoring Program, a full set of diagnostics is completed to identify student strengths and areas for improvement and develop targeted, needs-based education plans. We facilitate distance education, digital vocational pathways, personalised programs tailored to address specific needs and interests and specialised programs such relationships and sexuality, music and tutoring.



Despite being a small team, our passion, innovative thinking, and persistence have led to many triumphs. Above is a snapshot of recent successes and below are some statistics from the last twelve months. Some of the ways we have supported our young people include:

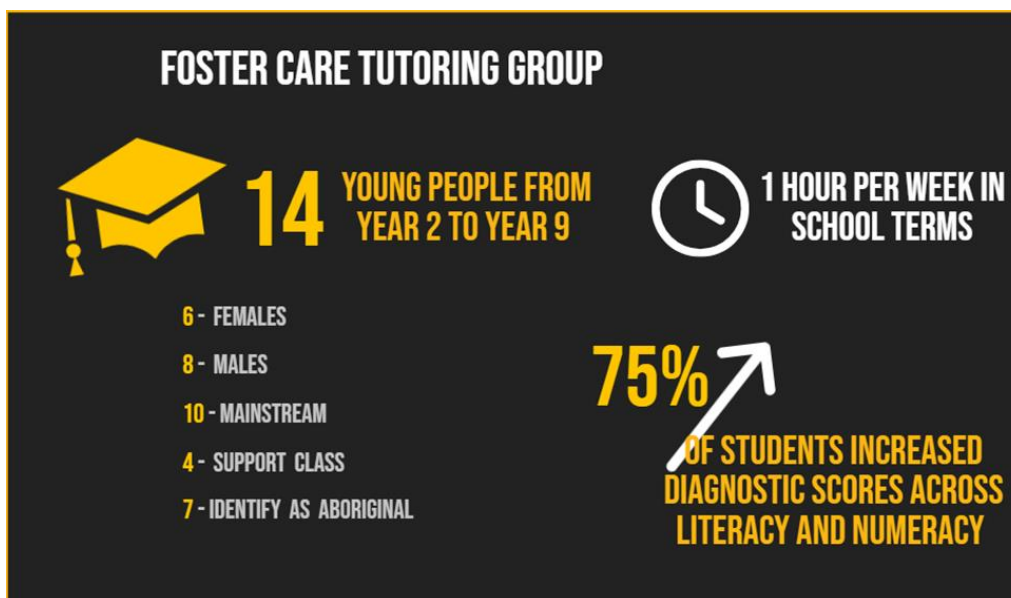
- Offering multiple short-term placements for young people who have been suspended (ranging from 4 days to 20), helping them to stay engaged in their learning and facilitate their successful return to school.
- Enrolling four students in our program to support them to complete overdue assessments, avoid expulsion, and return to school within six weeks.

- Assisting 16 young people to develop consistent study habits, complete assessments, and improve numeracy and literacy results via our tutoring program. Two are no longer enrolled due to placement moves and travel times.
- Facilitating Distance Education for three students that are unable to cope with the stressors of a school environment.
- Helping two young people, who had been chronically disengaged from school for three years to attend the Learning Centre to rebuild their belief in education and begin a slow, supported transition back to school.
- Implementing several semester-long interim placements to build structure, routine, and positive connections with education and preparing those students for enrolment in alternative settings and vocational pathways.
- Encouraging eight young people to engage in and begin working toward various Certificate II qualifications via digital pathways.
- Support one young person who had been expelled from their locally zoned school to reengage with their education, begin to self-regulate their emotions and accept a letter of offer at a School for Specific Purpose (SSP).



- Recommendations from the Pathways of Care Longitudinal Study are referred to on page 98 of the System Review, “Tutoring should be explored as a learning tool for all children in OOHC. This should not just be provided to those identified as requiring additional support”. Allambi Care’s Tutoring Program is delivered at the Learning Centre, in homes and in schools. It is in its 7th year of operation and is constantly evolving to meet the needs of young people. Our Education Support Officer collaborates with classroom teachers to

determine educational needs, develop strong relationships and enhance communication with the local schools our young people attend. Our tutor works tirelessly with the young people on the tutoring program to close their educational gaps, extend areas of strength and develop socio-emotional skills.



Current 2024 Tutoring Program Data

To meet the growing demand and ensure equitable access to education, we urge the NSW Government and Department of Education to follow Allambi's lead and:

- **Expand Alternative Education Options:** Establish and fund additional trauma-informed specialist schools or alternative learning services that cater to the diverse needs of young people in out-of-home care.
- **Embed Trauma-Informed Practices in Mainstream Settings:** Increase professional development for mainstream educators to create inclusive environments that minimise the need for alternative settings.
- **Support Partnerships with Proven Providers:** Leverage partnerships with organisations like Allambi Care to ensure young people have access to high-quality, evidence-based educational programs tailored to their needs.
- **Prioritise Transition and Reintegration Support:** Develop pathways for students in alternative settings to transition back to mainstream schools, where appropriate, with ongoing support to ensure their success.

Ensuring that all children and young people, including those in out-of-home care, have access to appropriate and effective education is a fundamental responsibility and a basic human right. By investing in alternative education services and fostering trauma-informed practices, the NSW Government can create a more inclusive and equitable system that leaves no student behind.

Education Pathways Program

We strongly support the recommendation to immediately review the current out-of-home care Education Pathways Program and for the leaders of each sector to oversee the implementation of purposeful education plans for these students.

While the program provides an essential framework, its current execution falls short in several areas, particularly within the Catholic and Independent school sectors. Many of these schools are unfamiliar with critical processes, such as receiving 'Notice to School' or 'Change of Circumstances' forms. Despite legal requirements for students in out-of-home care to have education plans, it is often challenging to develop these in these sectors, with some schools reluctant to fulfill this obligation.

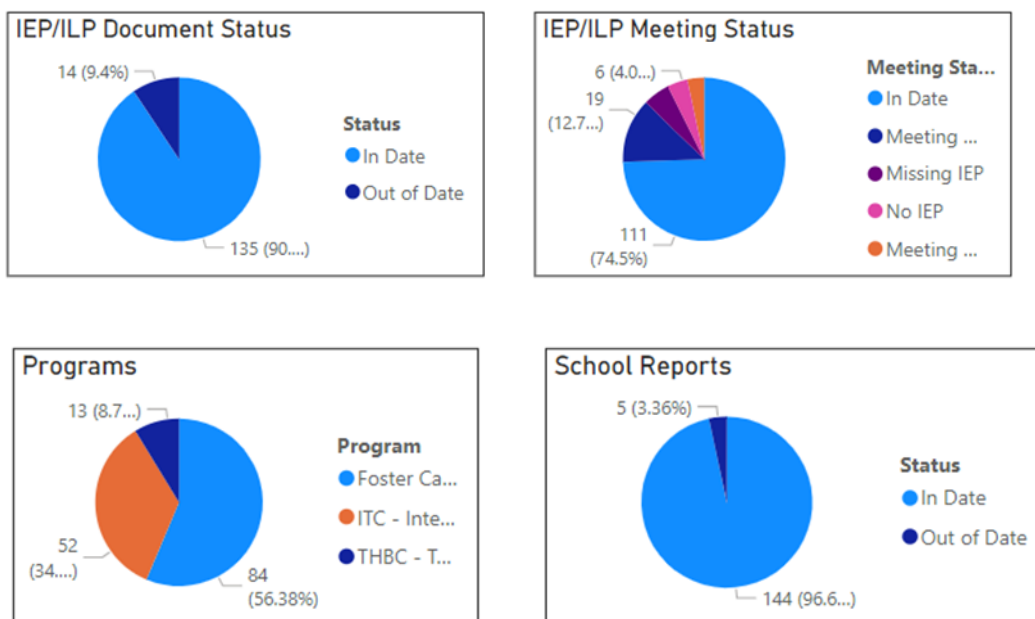
Compounding these issues is the difficulty in obtaining and maintaining essential documentation, such as semester reports, individual education plans (IEPs), suspension letters, and exemption documents. Requests for these documents frequently require multiple follow-ups, and response times from both education providers and care teams are often inadequate. These delays not only strain resources on both sides but also impact the continuity and quality of support provided to young people.

When a young person enters Allambi Care's care, the Education Consultancy team reach out to the relevant DoE OOHC teachers to obtain historical school data and determine the needs of the young person, whether that be they remain in their current location, enrol in their locally zoned school, apply for a support class transfer etc. They then work with the relevant key stakeholders to achieve the required outcomes.

The Education Consultant meets with case work teams on a termly basis to ensure Allambi Care are meeting the document requirements mandated by the Office of the Children's Guardian, the consultant provides advice and support to teams to assist them with meeting

the requirements, convening IEP, Learning Support, return from suspension meetings and reaching out to schools to obtain documentation where required.

Education data is tracked continuously, with the education representatives across Allambi Care’s three jurisdictions meeting monthly to discuss challenges and successes in ensuring Allambi are meeting their legal requirements surrounding education. Strategies for re-engagement are discussed, along with alternate options and program delivery options for young people in OOHC.



To address these challenges and improve outcomes, it is essential to:

- **Fund Specialist Education Teams Within Service Providers:** Adequately funding dedicated education teams (like the Learning Centre) within out-of-home care service providers would create a critical point of advocacy for young people. These teams could assist schools and care providers with navigating legal requirements, developing education plans, smoothing transition processes, educating young people and ensuring timely documentation and communication.
- **Streamline Enrolment Processes:** Enrolment delays remain a significant barrier. Schools are often reluctant to enrol young people in our care due to the stigma associated with what is considered ‘challenging behaviour’. When applying to locally zoned public schools, there needs to be clear guidelines that are adhered

to that require students to be able to commence within two weeks of a submitted application. Delayed enrolment only exacerbates the educational disadvantage for young people in out-of-home care.

- **Sector-Wide Awareness and Training:** Raising awareness of the OOHC Education Pathways Program across all education sectors, including Catholic and Independent schools, is critical. Training should focus on legal obligations, trauma-informed practices, and collaborative strategies to support young people in out-of-home care.
- **Improved Collaboration and Communication:** A coordinated approach between schools and care providers is essential. Establishing formal communication protocols and accountability measures can help address delays and ensure timely action on critical matters.

Enrolment Delays

	Application Submitted	Enrolment Meeting	Start Date
YP 1	Term 3, Week 7	Term 4, Week 1	Term 4, Week 2
YP 2	Term 3, Week 9	Term 4, Week 1	Term 4, Week 5 - withdrew enrolment
YP 3	Term 3, Week 9	Term 4, Week 1	Term 4, Week 8 - withdrew enrolment

In all of these cases enrolment was delayed by the locally zoned school, despite ongoing attempts to arrange meetings and seeking assistance from DoE counterparts. For the two occasions where enrolment was withdrawn, positions in alternate schools were accepted because the schools involved had not processed the enrolments.

Having vulnerable young people out of education for extended periods of time only further exacerbates fears and anxieties and increases the potential of problematic behaviours and/or disengagement from learning.

It is worth acknowledging the significant challenges of staffing shortages and resource constraints faced by both the education and care sectors. However, the responsibility to provide equitable educational opportunities for young people in out-of-home care requires us to prioritise effective collaboration and shared accountability. These young people, through no fault of their own, rely on our collective commitment to ensure their educational needs are met.

A thorough review of the program, coupled with targeted investment in specialist teams and streamlined processes, will empower all stakeholders to deliver the best possible outcomes for children and young people in out-of-home care.

Education Outcomes

This recommendation represents a vital step toward transparency, accountability, and systemic improvement in supporting the educational needs of one of our most vulnerable populations. Education plays a transformative role in the lives of children and young people in out-of-home care. However, these students face unique barriers to academic success, including frequent school transitions, trauma-related challenges, and systemic delays in accessing supports. Despite existing frameworks, there is currently limited publicly available data to assess whether the education system is meeting the needs of out-of-home care students effectively.

Joint and public reporting on education outcomes would provide several key benefits:

- **Increased Accountability:** Regular reporting would ensure that both DCJ and the NSW Department of Education remain committed to improving outcomes for out-of-home care students, fostering greater collaboration and accountability.
- **Informed Policy and Practice:** Detailed reporting would highlight areas of strength and identify gaps where targeted interventions, such as trauma-informed training or enhanced support services, are needed.
- **Equity and Advocacy:** Transparent data would empower advocacy groups, service providers, and community stakeholders to champion evidence-based initiatives that promote equity in education for out-of-home care students.

The following suggestions would enhance the effectiveness of this initiative:

- **Data Disaggregation:** Reports should include data disaggregated by region, school sector (Public, Catholic, Independent), and demographics to ensure a comprehensive understanding of the diverse experiences of out-of-home care students.
- **Inclusion of Holistic Metrics:** Beyond academic performance, reports should incorporate metrics on wellbeing, engagement, attendance, and retention to provide a holistic view of student outcomes.

- **Regular Updates and Accessibility:** Reports should be published at regular intervals and presented in accessible formats to ensure they reach a wide audience, including schools, carers, and service providers.
- **Feedback Loops:** Establish channels for educators, caregivers, and service providers to respond to the data, fostering continuous improvement in policies and practices.

In our experience working with out-of-home care students, it is evident that systemic barriers—such as delays in enrolment, the inconsistent implementation of education plans, lack of funding and a lack of access to alternative education options—negatively impact outcomes. Public reporting will shine a light on these challenges and provide the impetus for meaningful reform. This shared responsibility will drive improvements, create stronger partnerships between education and care sectors, and ultimately enhance the opportunities available to these students, ensuring that young people in out-of-home care are not left behind.

Recommendation 13

The industry workforce is under immense pressure including a high caseworker vacancy rate and high workforce turnover.

- a. The NSW Government should consider a sector-wide strategy to attract, recruit, retain and recognise the value of the workforce.*

We would support any sector wide initiatives in drawing people to the vital work within this sector. Allambi Care utilise several tools to recruit and retain staff, as we know the impact that continuity of care provides the best outcomes for children, young people and families. Some of those methods of recruitment and retention are outlined below.

Retention of Staff

Allambi Care has put considerable effort into its ability to retain staff with a recent low turnover number of 3.07% for October 2024. Each year we celebrate several staff who have reached long service milestones. As at December 2024, Allambi Care have 998 staff, including our CEO Simon Walsh who celebrated 25 years with Allambi Care this year. Other extraordinary years of service include 7 staff with 20 years, 30 staff with 15 years and 85 staff with 10 years of dedication to Allambi Care and the children, young people, families and communities we support.

Allambi ITC position vacancy rate is also incredibly low at 5.4% as of September 2024 (19.1% being the average across all service providers).

Training and Professional Development

Allambi Care recognise the value of investing in their people, while it is easy to pour funding into direct goods and services, the long-term impact of lifting the qualification and skills of staff is immeasurable. Allambi have developed a Professional Development Pathway of in-house training programs which include Core Training, Probationary Learning, Role Specific Training, a Diploma in Community Services and an undergraduate Bachelor of Community Services accredited by CCWT (previously a Bachelor of Human Services). Allambi Care also provide specialised training in Cultural Awareness, Practice Reflection, Case Planning, Family Finding, Leadership, Juvenile Justice, Lifespan Development and various training offered on a needs-basis and by the clinical services

team. It is this Professional Development Pathway that places Allambi Care as a leader in the sector for training innovation and excellence by providing a completely work-integrated program offered to Allambi employees. The Diploma of Community Services is offered to all staff, including frontline. The Degree program is offered to staff with three years' experience in management role and five years' experience in a frontline role.

Current qualification rates are:

- 553 staff have completed the Diploma of Community Services
- 36 are currently enrolled in the Diploma of Community Services
- 8 staff are qualified to deliver the Diploma of Community Services
- 70 staff completed the Bachelor of Human Services with the Australian Catholic University
- 33 are currently enrolled in the Bachelor of Community Services with the University of New England with another 15 in pre-enrolment for 2025

Current retention rates based on qualifications are:

- 57% retention of those who have completed the Diploma in Community Services
- 79.34% of staff who have completed the Degree remain employed with Allambi since its inception in 2018

The core focus of the Professional Development Pathway has always been to enhance outcomes for the staff of Allambi Care, children, young people and families, the organisation, and in turn, the wider community. Those benefits reflected by students, the organisation and sector have included:

- Improved outcomes for children, young people and families Allambi Care support through retention, quality of care, carer consistency, evidence-based intervention and innovative approaches to care.
- Increased safety for young people and staff.
- Staff wellbeing, role satisfaction and some of the most highly qualified and experienced staff in the industry.
- Staff are committed to Allambi Care and see the value in having consistent relationships with young people.
- Genuine networking opportunities for staff.

- Staff have a sense of empowerment – providing an opportunity for staff and clients to feel confident.
- Creating employment for those in the region who are now eligible for work and go on to undertake sector qualifications.
- The opportunity to delve deeper into areas staff are passionate about resulting in a greater understanding of theories, systems, policy and processes behind the work they do and the legal requirements in their role.
- Significant developments in written and oral skillset – documentation is timelier and more accurate, and public speaking confidence is increased. With these skills staff are more likely to engage with other professionals in the sector.
- Encouragement to engage with and question theories that influence practice alongside the ability to stop, think and apply perspective to each new scenario to provide the most reasonable and beneficial intervention.
- Confidence in, and alternative approaches to dealing with issues and problems in their roles.
- A desire to undertake research outside of the areas covered within the courses that benefit of the organisation, clients and the sector.

The design of the Professional Development Pathway, which includes over 1200-1500 hours of training, is based on the commitment to respond to the multiple needs of people rather than requiring them to adjust to a pre-determined course booklet. Whilst this is an important element and is comprehensively met, the design and delivery of the Professional Development Pathway is always about enhancing practice and tailoring it to be current, relevant and engaging. A critical component in the design of the training is that staff undertake workplace assessment with the clients they work with every day, ensuring those individuals feel safe, connected and secure. This is a non-intrusive approach that enables minimal disruption to the child, young person or individual's routine. In addition, many of the assessments provide clients with the experience of an extra-curricular activity with their support workers, enhancing well-being and quality of care.

The investment into the development of each employee was initially designed to maintain and enhance the overall performance of the organisation and care for those vulnerable individuals Allambi Care support. The unique outcome of the pathway is when clients are better supported, relationships enhance, challenging behaviours reduce, and outcomes excel for all (particularly direct care staff). When the wellbeing of employees is increased, it

results in a reduction of work-related absences due to issues such as workplace incidents, injuries and mental health care needs. With increased productivity and workplace presence by direct care staff, greater consistency is provided to employees and those they support.

In 2022, Allambi Care won the Australian Business Award for Training Excellence for our Training Pathway. In 2021, Allambi Care also won the NSW Training Awards Industry Collaboration Award for our work with the Bradford Institute of Advanced Education and was a finalist in the Large Employer of the Year Award.

Recognition of Staff

Acknowledging the commitment and outstanding contributions of our staff is core to Allambi Care values. We celebrate these achievements with teams from across our service areas of Victoria, Northern NSW, the Hunter and Central Coast. Staff are honoured for their dedication, commitment, and Service Awards are presented to staff who have been with Allambi for 10, 15 and 20 years.

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Appendix

1. Family Preservation Social Work Programs

Blackbox Parenting

A Parenting Program for parents who have faced domestic violence and/or trauma.

The program covers the following topics:

- The stress response and the effects on our ability to regulate our emotions.
- How attachment disruption effects behaviour and the parenting bond
- Understanding child and parent responses in the context of past experiences.
- Using "Pride Time" to repair the attachment
- Emotion coaching
- Managing behaviour effectively

Blackbox Circle of Security is 5 weeks in duration. Each session takes about 2 hours. The facilitators will follow up on your progress each week with a phone consultation. Program is suitable for parents and carers of children between 4-18 years of age.



The program is designed to help parents understand their child's behaviour and to build and strengthen a secure relationship with their child.

Parents and caregivers learn that children need to feel secure and safe and have a sense of attachment to be able to learn and develop optimally.

With secure attachment comes confidence and curiosity to go out and explore the world as well as knowing that they can at any time return their parent/carer for comfort, reassurance, and support.

Parents will learn how to identify and respond to their children's needs.

They will learn how to 'be with' their children through strong and difficult emotions.

And how to repair the relationship when a rupture has occurred.

Circle of Security is 8 weeks in duration. Each session takes about 2 hours. The Program is suitable for parents and carers of children from birth to 12 years of age.





My Kids & Me

This program has been designed to support parents with children in Out of Home care and help them strengthening their relationships with support services as well as their children in care

My kids and Me covers the following topics:

- Myths and beliefs about parents of children in care
- Grief and Loss
- Shame and guilt
- Pathways of hope
- Effective communication with Service Providers
- Navigating the Legal System
- Strengthening my relationship with my children
- Moving forward

This program is facilitated on-demand across 8 weeks. Each program session is 2 hours in duration.

The Shark Cage



- Shark Cage is a 6-week program that provides individuals with the tools to create healthy boundaries, feel empowered in personal relationships and to actively decrease the likelihood of victimization in their life.

The Program aims to:

- Increase knowledge on healthy and unhealthy relationships
- Increase ability to set boundaries
- Increase ability to recognize potentially abusive and exploitive people
- Increase assertiveness skills
- Increase awareness of impacts of abuse and trauma
- Decrease self blaming

Program sessions are 2 hours in duration

Name Narrate Navigate (NNN)

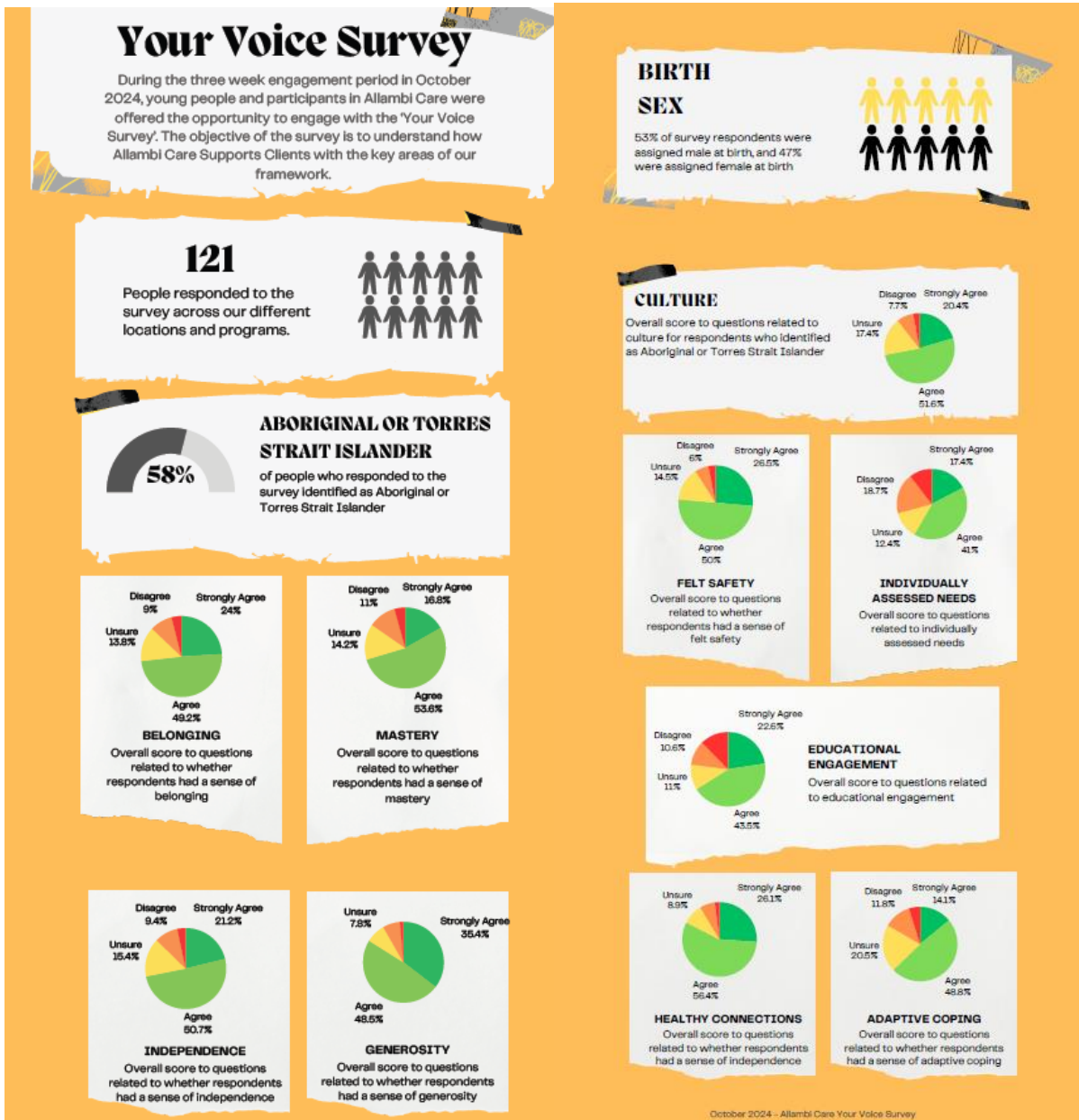


NNN is a small group program for young people. During the program sessions young people will have the opportunity to explore emotions, empathy, power and control, shame, choice and having a voice. Participants you will get to take part in a range of activities, including taking and sorting photos, taking part in activities that might give them new ideas, talk about their thought, and developing new skills.

The program is facilitated over 8 weeks and sessions are 2 hours in duration. Participants will be provided with all the resources needed to complete the program.



2. 'Your Voice' Survey Infographic



3. North Academy

Our Story

North Academy was born from Allambi Care's dedication to supporting the community's most vulnerable individuals through tailored services and programs. A product of innovation intertwined with over 40 years of reputable history; North Academy is here to provide an invaluable alternative school for those who find that mainstream does not meet their needs.

For nearly 20 years, Allambi Care has been at the forefront in providing alternative education to children and young people within the service who had been expelled, suspended, excluded or left behind. Through our Learning Centre and Learning Without Walls programs, Allambi has been offering a unique approach to education for almost two decades. Our frustration with the lack of support and funding from government channels led us to take the step of establishing a registered and accredited school.

In 2023, North Academy officially opened its doors to 20 young people in Years 9 and 10. Fast forward to 2025, we have expanded to include our first senior pathway for Year 11 and increased our capacity to offer enrolment to up to 30 of the community's most vulnerable young people.

North Academy is an Independent Non-Government Registered and Accredited Special Assistance School. We're located in West Wallsend, on Awabakal land NSW. We enrol young people who have social, emotional and/or behaviour needs in years 9, 10 and 11. Young people who attend North Academy have found that mainstream education has not met their unique needs.

Our educational philosophy is driven by the fundamental belief that every young person, regardless of their circumstances, deserves the opportunity to learn and thrive in an environment that is right for them.

We aim to provide a safe and welcoming space in which our young people can experience acceptance, healthy connections and form positive relationships during their educational journey.

What We Offer

North Education Model

The North Education Model was established to support young people who have disconnected from education. It is focused on recognising the impact of trauma, developmental conditions, and mental health needs on an individual's ability to learn.

We have five regular program elements that aim to promote healthy connections and relationships, boost cognitive function, rebuild social and emotional skills and improve coping strategies which are incorporated into our daily schedule.

Embedded in our curriculum are our daily elements that all students will participate in:

- **Circle Time:** Building fundamental healthy connections so healing may occur, and learning can begin.
- **Move:** Physical exercise is proven to stimulate neurogenesis, enhancing cognitive function, concentration, and on-task behaviour.
- **Brain Breather:** Mindful awareness practice changes how our body and brain respond to stress, preparing the nervous system ready to learn.
- **Brain Boost:** Mental exercise helps and reshapes through the power of neuroplasticity, improving the speed of thought, decision-making, cognitive function and memory.
- **Replay:** Strategies that develop social and emotional skills in young people allowing them to better cope with stressful situations, providing a better educational experience.

Specialised Staff

We specialise in trauma-sensitive and developmentally aware education, fostering an environment where every student feels supported and empowered to learn. Our exceptional team is highly trained in trauma-informed practices and Therapeutic Crisis Intervention for Schools, ensuring a compassionate and effective approach to education.

At North Academy, we take pride in integrating wellbeing and learning through a unique staffing structure. Youth Workers are embedded in our classrooms to support both students and teachers, while our dedicated learning support and wellbeing staff work collaboratively to provide the individualised care our young people deserve.

Small class sizes

We offer small class sizes, shorter days and tailored programs for a small number of young people at our campus. Our class ratios are 10 students to 2 staff. This approach allows us to dedicate focused time and attention to meet both academic and social-emotional needs, ensuring every student receives the support they require to thrive.

Wellbeing support

Our Wellbeing Program is at the heart of our commitment to fostering a supportive and inclusive community. Led by our Wellbeing Coordinator, the program provides comprehensive, wraparound support tailored to meet the unique needs of our students and their families.

We work closely with TracksHealth clinical services and a multidisciplinary team at Allambi Care to provide tailored interventions that address a wide range of needs. This partnership enables us to deliver comprehensive wraparound support, integrating mental health, social, and educational services to empower individuals and families.

Head to our website for further information:

<https://northacademy.nsw.edu.au>

4. The Allambi Care Learning Centre

Roles Within the Learning Centre

Education Support Officer (ESO) – Allambi Care’s Tutoring Program is in its 7th year of operation. The ESO provides safe and flexible learning experiences through individualised programming that assists in enhancing social and academic outcomes for young people in foster care. A key focus of the program is to support those young people who are at an age-appropriate level and extend their academic capacity even further.

Key responsibilities for the ESO are:

- Develop a healthy connection with our young people and attend schools, placements and/or the Learning Centre to deliver tutoring sessions.
- Build positive relationships with school contacts and work collaboratively to identify any educational gaps in the young person’s learning.
- Conduct diagnostic testing in the areas of literacy, numeracy and social/emotional regulation to inform program specifics and lesson content.

Teacher – The teacher plays a pivotal role in fostering positive relationships with young people and supporting their educational and personal development. Working collaboratively with key stakeholders, the teacher designs and delivers tailored learning experiences that align with each young person’s Individual Education Plan (IEP) and specific needs and interests.

Key responsibilities for the teacher are:

- Strong relationship building skills and a keen understanding of trauma-based behaviours.
- Utilise the IEP and diagnostic results to guide the development of Individual Learning Programs (ILP), including work materials and resources.
- Deliver individual & small group sessions at the Learning Centre, within the community or at placement.

Education Consultant (EC) – The consultancy role provides support to the broader Allambi Care organisation to meet the current and future educational needs of our children and young people. The EC works with key stakeholders internally (management teams and

clinical staff) and externally (Department of Education and vocational staff) to advocate for and enhance the educational outcomes for the young people in our care.

Key responsibilities for the EC are:

- To support and guide Allambi Care management teams to coordinate enrolments and transitions, advocate for the needs of our young people and/or seek alternative placements for students.
- Establish connections with children and young people in the community to provide support and assist students with engaging or re-engaging in educational settings.
- Facilitate and report on the delivery of Allambi Care's Sexual Health Program for young people.

Education Manager (EM) – The EM oversees the Allambi Care Learning Centre and provides educational leadership, consultancy and advocacy for school-aged individuals in our care. This role involves strategic planning, research, and capacity building to address current and future educational needs.

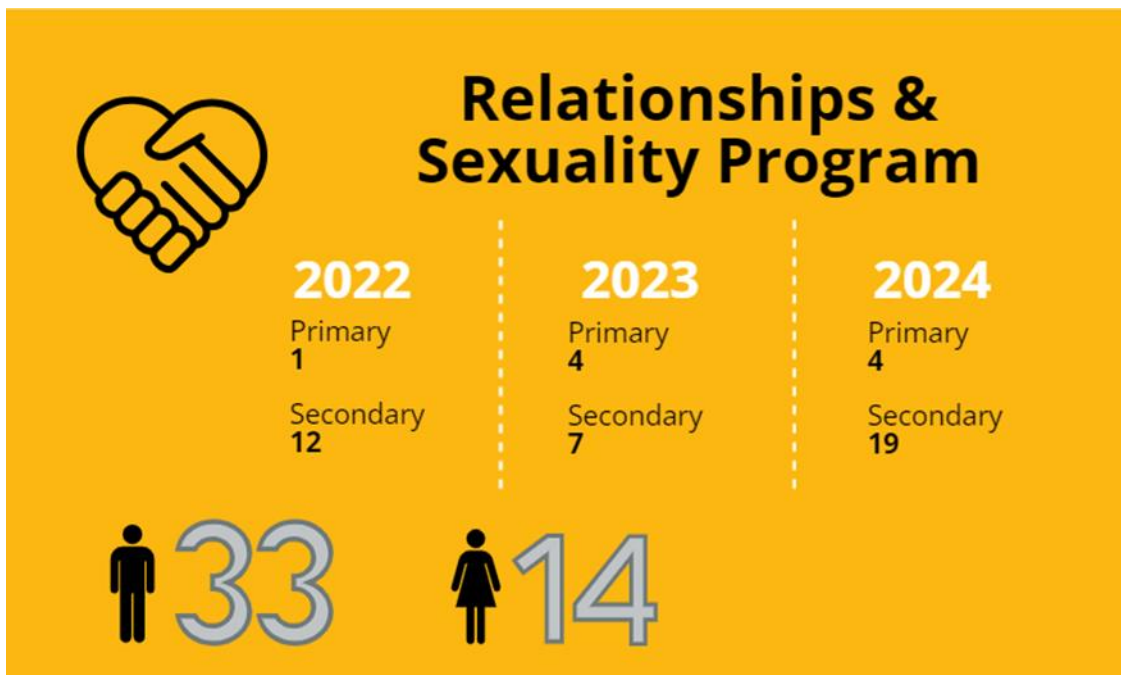
Key responsibilities for the EM are:

- Coordinate all educational and vocational pathways including (but not limited to) enrolments, suspensions, expulsions, funding applications and alternative placements for all students across Allambi Care.
- Consult with internal Allambi staff from all departments regarding educational and vocational policy and procedure advice.
- Collaborate and network with external agencies and organisations including but not limited to; Department of Education (DoE), Job Service Providers, Supported Employment Agencies, Centrelink, Day Programs and local businesses to assist with improving student outcomes.
- Research, develop and maintain innovative, therapeutic, and broad-based education, programs and experiences that cater for a diverse range of individuals with complex trauma backgrounds.
- Review and assess practices, systems, and modes of operation at regular intervals to ensure they align with strategic vision and best practice

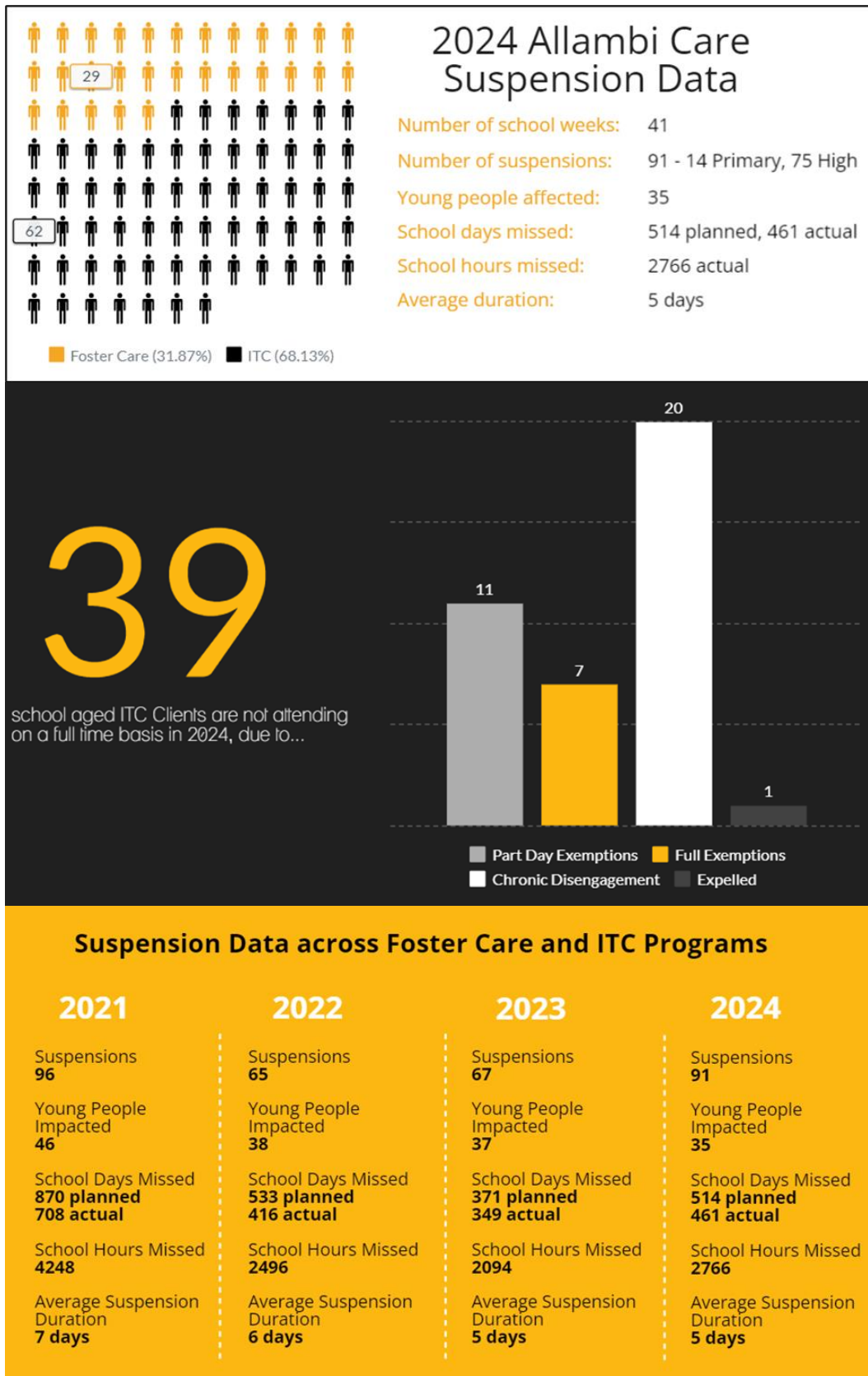
Relationship and Sexuality Program

The Learning Centre offers both a primary and secondary 'Relationships and Sexuality Program' that aligns with NSW curriculum outcomes and covers key topics including but not limited to; the body and reproductive system, puberty, private and public behaviours, respectful relationships and conversations, emotional safety, consent, safe sex, online safety and sex and the law.

This is delivered over the course of one 2-hour session with a short break in the middle by our Education Consultant. The session is interactive and utilises videos, discussion, hands-on activities and diagrams to keep the young people engaged. Young people attend the session with a chosen support worker, cultural mentor or team member that they feel comfortable with that can then continue these important conversations with the young person outside of the classroom. Feedback from Miss 14 was 'I really thought this was going to be horrible and embarrassing, but I have actually learnt a lot and I would come back again tomorrow'.



5. Allambi Care Suspension Data



6. Learning Centre Case Study

Case Study

In Term 1 of 2024, there were growing concerns for the safety and wellbeing of Jye* after an incident outside of his control at his local school. Jye was a 15yo male in a multi-categorical support class due to his multiple disabilities and health conditions. Jye's casework team approached the Learning Centre to provide support to Jye as his school wanted to exempt him whilst they implemented safety measures. The decision was made to engage Jye in the Learning Centre for a two-week period. During this time, Jye was also transitioning from foster care to ITC and his placement location was yet to be determined. The DoE then requested that the LC extend their support period whilst Jye awaited categorisation and placement.

Jye enrolled in our flexible learning space and began attending a small group class four days a week for 3 hours a day. On Fridays, he participated in a team building activity with his teachers and peers for 2-3 hours. An individual education plan (IEP) was developed by staff that was tailored to meet Jye's specific needs, taking into consideration his interests and motivators, his diagnoses and capabilities.

As positive relationships formed and felt safety occurred, so did Jye's sense of belonging, fostering his ability to trust his educators and build connections. Initially he was hesitant to engage in activities outside of his comfort zone, but the therapeutic environment and holistic approach enabled Jye to engage in his learning. **He began communicating his feelings and frustrations, attempting activities that challenged him, forming friendships and demonstrating pride in his accomplishments.** Jye's mental and emotional state improved despite it being such a tumultuous period of change in his life with many uncertainties ahead. Learning Centre staff encouraged the case work team to pursue an enrolment in a smaller, alternate school setting as they believed Jye would benefit from that type of learning environment rather than a return to the public system.

The strengths-based, consistent approach provided by the Learning Centre team enabled Jye to build his confidence and self-belief and be open to the opportunity before him. Learning Centre and Clinical staff met with the new school and offered onsite support and open communication during Jye's gradual transition to his new school, ensuring the process was smooth for all involved. **Jye spent sixteen weeks enrolled at the Learning Centre before beginning his transition to his new school setting equipped with an array of coping strategies and the willingness to take risks with his learning and embrace his new educational pathway.**

*Name has been changed.

7. Issue Paper – Challenges in securing housing stock for children in residential care

Issues Paper

“There’s just enormous pressure in the system”: Challenges in securing housing stock for children in residential care.

Dr Tatiana Corrales

Background

Australia is experiencing a housing crisis due to a combination of a lack of stock and high market values in the ownership and rental markets (Australian Institute of Health and Welfare (AIHW), 2024a; Reynolds et al., 2024). The impacts of the dual housing and cost of living crisis on the broader population has been widely canvassed, but less attention has been directed at understanding the impacts for service providers who work with vulnerable populations for whom housing is a core element of the service delivery model. This Issues Paper explores the challenges being experienced by residential care providers across Australia, in a service system defined by tighter funding, more onerous funding requirements, increased demand for residential care placements, and a lack of a housing stock that is affordable and fit for purpose.

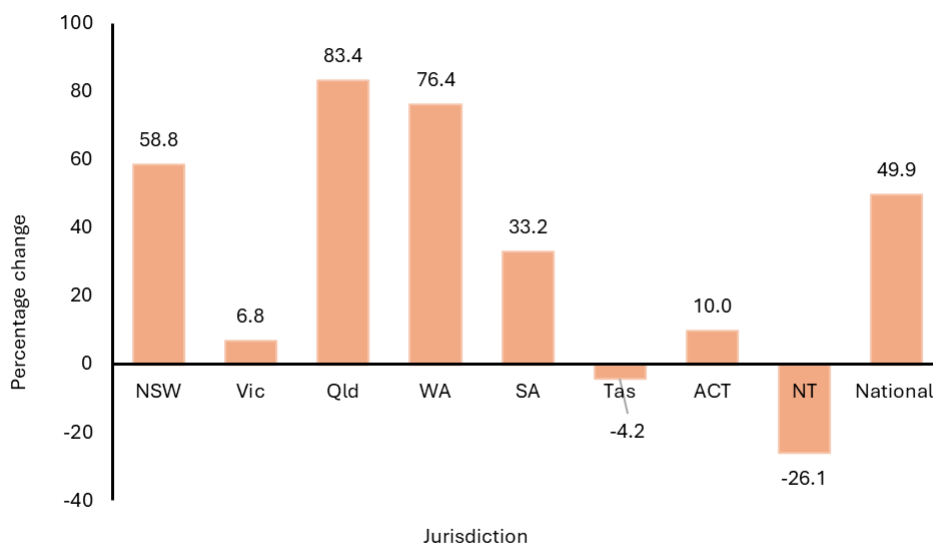
Residential care continues to represent the smallest component of the Out-of-Home Care (OOHC) system (AIHW, 2024b), but *demand* for residential care placements has been increasing. In the past 10 years the number of children in residential care nationally has increased by 95%, with some variation across states and territories¹ (AIHW, 2024b). The same trend is observed over the past five, albeit at a more attenuated rate. Figure 1 provides an overview of the change in demand between 2019 and 2023 in residential care for all states and territories.

The increased demand for residential care is occurring within a broader social and economic context where large segments of society are also experiencing financial stress, and where young people are increasingly reliant on family to support them for longer periods of time (Palmer et al., 2022; Sting & Groining, 2020). The Australian Housing and Urban Research Institute (AHURI) has found that access to the private rental market is severely limited for adolescents and young adults aged 19 to 24 years old (AHURI, 2023).

Where children and young people are not able to rely on family support during adolescence and into adulthood, the risk of homelessness is high (AHURI, 2023). For young people leaving care, housing unaffordability, combined with abrupt and/or disrupted transitions out of care, and the expectation that young people can support themselves to live independently in the community once they turn 18 years old (Glynn, 2021) can have devastating impacts, including chronic homelessness (Elkins et al., 2023; Johnston et al., 2010; McNamara, 2015; Mendes et al., 2023).

Residential care service providers are operating within these broader social and economic contexts and are therefore differentially impacted by limited and unaffordable housing. These impacts are particularly pronounced for *therapeutic residential care* providers, where the model of care relies on access to safe and appropriate housing that meets the unique needs of their client groups.

Figure 1
Proportional change in the number of children in residential care by state and territory, 2019-2023



Aim

The aim of this Issues Paper is to highlight the key challenges identified by residential care service providers in relation to securing appropriate and safe housing to be used for

children and young people in and transitioning from care. While these challenges are particularly acute for *therapeutic* residential care services, they apply across the entire residential care sector.

The information contained below is drawn from discussions with experts from across Australia who collectively represent some of the largest residential care service providers in the country. Their insights highlight that despite jurisdictional variability, there are common challenges associated with housing for residential care, and that these challenges have a significant impact on the provision of quality, therapeutic care to improve children's outcomes.

Challenges identified by the sector

"We send messages to children and young people about the value we place on them by the type of homes we house them in. And sometimes the cost model means that we're housing kids in houses that don't look particularly nice, they don't feel nice to live in, and I think that sends a message to kids about what we think they're worth. Or that concept that you're a kid in care and this is all that you deserve to get" (National provider)

Providers identified five main issues affecting residential care services across Australia:

- Limited and unaffordable housing stock
- Challenges with current funding models and costings, including the impact of the NDIS and blended funding models
- Neighbourhood fatigue
- Unique challenges for Supported Independent Living, leaving care and post-care supports
- An absence of joined up systems to support children and young people with multiple and intersecting vulnerabilities.

Limited and unaffordable housing stock

All providers raised the issue of an absence of housing stock that is appropriate, fit-for-purpose and financially viable. In most states and territories, residential care providers must compete in the private market to secure properties, whether they are purchasing or renting. Because of the decreased stock and increased demand across the community, providers are no longer viewed as an 'attractive proposition' by investors, landlords and

real estate agents. To circumvent these challenges, providers have to pay above market value – sometimes substantially – just to secure housing to accommodate the number of children being referred to their programs.

We often have to take the property that's in front of us, and not the property that's best for children or best for our staff. So you'll accept a less than ideal property because you need to stand up a home, or you need to move a home. (National provider)

A number of issues that are unique to residential care service providers flow on from the absence and unaffordability of housing stock. Service providers noted that it can take up to six months to secure a property in the current market, which significantly constrains their capacity to meet the needs of children and young people being referred by child protection. The time taken to secure housing can negatively impact the:

- capacity to provide therapeutic services and supports, or to respond flexibly to the needs of children, young people and families,
- ability to accommodate specific cohorts of children, including very young children, sibling groups, and children for whom family work is a priority as per their case plan/ permanency objective.

Real estate agents and landlords can also perceive residential care providers as a riskier proposition in the context of increased community demand. As result, providers have to make a range of compromises to secure properties. This can include accepting properties that are located in neighbourhoods that are too far from a child's community and that may lack the amenities to support children's complex needs.

It's important to maintain some semblance of consistency and stability in their lives, and so it's important to house them close to their schools, to their communities. (South Australian provider)

Providers emphasised the impacts of placing children in locations that may be more affordable, but are removed from their communities and families, including impacts on maintaining meaningful connections, supporting independent living skills and educational engagement. As one provider noted,

I have seen kids placed an hour away from their school so things like engagement with education becomes more difficult. Those morning routines become more stressful. And so

the children and young people, and the staff, are essentially set up to fail because if you have to drive an hour to get to school, because that's where we can get property, that creates a barrier that wouldn't have been there if we'd been able to provide accommodation closer to where the child or young person goes to school. (National provider)

In therapeutic models of care a child's living environment needs to feel like a home, preferably in communities that provide children with a sense of safety, connection and belonging (Ames & Loebach, 2023; Whittaker et al., 2016). As one provider noted,

In a world of disrupted attachments, we know that maintaining continuity of other factors in [children's] lives is vital, so you need to have houses in communities that [children] come from. (Queensland provider)

The cost of securing housing means that for some children, their 'homes' are located in neighbourhoods that may not be safe, or that have low amenity including access to services and supports that the child may need. The location of housing therefore can negatively impact on children's broader outcomes, including education and/or employment. This can be particularly challenging for NDIS participants where supports tend to be centralised in metropolitan locations where housing is sparse and unaffordable.

Funding

All service providers raised the issue of existing funding models as a significant barrier to securing appropriate housing for residential care. The two main challenges were related to funding not keeping up with inflation, leading to shortfalls that must be covered by individual providers, and inflexibility in funding models and acquittal processes. Providers noted that the current funding is either insufficient or too rigidly allocated. In either case, service providers have to cover the additional costs associated with:

- higher rents linked to increased competition and a risk bias among real estate agents and landlords against residential care providers
- modifying houses to ensure safety of children and staff, and paying for modifications to be removed when a lease expires
- damage to property, or the need to move houses due to neighbourhood fatigue.

The cost of purchasing properties in the private market is prohibitive for most service providers, particularly considering the tight surpluses in the sector. As one provider highlighted,

In most jurisdictions if you've got surplus funds you have to return them, they're recouped. But surplus funds are really needed in residential care because you also have to be able to meet the fluctuations in need...So the reality is that you always need surplus funds in residential care, and the concept of having sufficient surplus to invest in property is a little bit of a pie in the sky proposition. (Queensland provider)

Providers across multiple jurisdictions also raised issues related to the blended funding models that draw on OOHC and NDIS funding streams. For some providers, there are inherent tensions in the way NDIS funding can (or should be) acquitted.

If you've got a young person with a disability and part of their plan has support hours, the department will argue that they will reduce the funded support hours for that child, because they're already being supported over in the other (NDIS) stream. However, our argument is that the child protection concerns are 24/7 and the support hours (from the NDIS) are over and above (the child protection support hours) to support that child's disability." (Queensland provider)

In addition to challenges in the way support hours are allocated, there are significant issues with the *lack* of housing support provided through the NDIS when children are in care. Currently, the NDIS does not provide funding for housing for a child in OOHC until that child turns 18 years old, and therefore, the NDIS package cannot be used for housing related needs. The lack of flexibility in the NDIS packages, combined with the rigidity of funding models in the OOHC systems can have particularly detrimental impacts on children with disabilities who are transitioning to independent living. As one provider indicated *"this is what happens when you try to fit human beings into economic models, rather than trying to make economic models fit human beings"* (National provider).

The challenges with funding can compromise a service providers' ability to deliver therapeutic residential care services and can further compromise the quality of care that is provided unless providers can cover those additional costs. For example, the cost of modifying houses to make them fit for purpose was raised by all providers as a significant

financial barrier that is not covered under existing funding models. In the private rental market, it has become increasingly difficult to customise properties due to lack of owner consent. While some providers have template agreements with landlords where permission is granted for *minor* modifications, these agreements also stipulate that providers carry the cost of returning the property to its original state when they vacate. These costs can become prohibitive across multiple properties.

There are additional costs associated with securing properties to support various residential care models. In states and territories that rely on 4-bedroom models the cost of 5-bedroom houses can be prohibitive. However, in states where 2- and 3-bedroom models dominate, there is an absence of housing stock that can meet this demand. As one provider noted,

There is a mismatch between the typology of housing that is available and the types of people that want to live together. So you'll find single dwellings and large dwellings, but nothing in between. (South Australian provider)

Further, the physical living environment can have an impact of behavioural support. As such, it is important that residential care properties have sufficient space to ensure staff and children's safety. This can include:

- Basic design features like having a walk-in robe that creates an extra room to put a safe and filing cabinets
- A kitchen with two entry and exit points so no one can get stuck without an easy exit route
- Having good lines of sight throughout the house
- Two living areas so that children can have some personal space away from each other without having to be stuck in their bedroom
- Ability to instal a master key system where bedroom doors automatically lock from the outside so that no one can enter a bedroom without being invited in, but the child/young person is not locked in their bedroom because it unlocks from their side

Finding properties to meet these specifications is difficult and costly. These challenges can be compounded within a service system where not-for-profit providers are competing with unlicensed and/or for-profit providers. Smaller, often unlicensed providers can provide 'cheaper' placements because they are standing up fewer houses with no clinical

or therapeutic inputs. This however, represents “*a false economy, because these kids aren’t getting good care*” (Queensland provider).

Neighbourhood fatigue

Another prominent challenge raised by providers is the issue of neighbourhood fatigue. While service providers undertake extensive and continuous neighbourhood engagement, they still experience significant pressure to vacate a neighbourhood due to complaints about noise, police callouts, allegations of drug use in the street, and a perception that staff ‘don’t do anything to de-escalate situations when children become heightened.

The pressure placed on providers to vacate a neighbourhood can result in further instability for children and young people. One provider, for example, indicated that they have had to rotate children among properties to give neighbours some respite. While this runs counter to therapeutic principles of care, it reflects some of the tensions that service providers have to navigate in order to ensure adequate housing stock to meet the ongoing demand for their services.

Leaving care and post-care supports

There are unique challenges for young people transitioning to independent living. The location of housing is especially important for this cohort, as access to community supports, educational opportunities, workforce opportunities, and peer groups becomes increasingly important.

Access to transport when you’re trying to teach independence is really problematic and challenging, particularly for older children or young people who might want to engage in community access as part of their development. If you don’t have really good public transport around you they can’t do that. And so again, that impacts their outcomes because it’s more difficult to teach independence or to assist them to become independent – if they want to get a job, or if they want to see their friends or family – it’s just that much harder.

(National provider)

Providers noted that in the current housing climate, young people transitioning to Supported Independent Living may end up in locations or neighbourhoods where they feel unsafe and/or in housing that is not appropriate. When combined with insufficient financial support to transition out of care, these young people can be left at a significant disadvantage in the private rental market. Their inability to compete in the rental market is

exacerbated by the absence of a rental history, references and a parental figure who can act as a guarantor. While providers welcome the extended support that is now available to all children in care up to their 21st birthday, significant barriers still remain for this cohort. In some jurisdictions, for example, the extended supports are provided by ‘transitional services’ who do not have pre-existing relationships with the children or young people. Further, young people have to self-refer into these services and there is insufficient engagement from external providers with residential care services. As such, many young people are missing out on extended supports that they are entitled to receive, further impacting their capacity to secure housing in the private rental market.

Absence of a holistic, systemic approach

Across all jurisdictions, providers commented on the absence of joined-up system that can support children and families in their OOHC trajectories, including leaving care and post-care.

We’re working with the same clients but we’re not talking the same language, and we’re not seeing the problems from the same perspective, which makes those innovative and cross-sector solutions a bit harder to get over the line. (Victorian provider)

Other than Victoria – where the Department of Families, Fairness and Housing provides the physical infrastructure to support residential care – there is a perception that, child protection services view housing as the purview of other government departments. This leads to a lack of integration within the service system resulting in poorer outcomes for children (and families) impacted by child protection and OOHC. Despite the well-established overlap in the cohort of children who are impacted by child protection, OOHC, youth justice and homelessness (Baidawi & Ball, 2022; Hallam et al., 2020), there continues to be a lack of collaboration and data-sharing between government departments that are all working with the same client group.

The siloed nature of the service system, in conjunction with a housing and cost of living crisis, funding models that have not kept up with inflation and are inflexible means that service providers are facing extreme pressures to meet the needs of the most vulnerable children in the OOHC system.

What are the alternatives?

I think there's only two choices really to move out of the difficulties that we're in, either government has to decide to provide the houses like they do in Victoria, or we have to try to push towards some sort of scheme for investors. ... Or I guess a third option is being more tolerant of the fact that organisations are going to use surplus funding to invest into properties or create their own schemes.” (Queensland provider)

There are a number of existing models and approaches that can be adapted for the residential care sector. Most of these, however, require formal partnerships between housing and child protection departments to ensure that there is adequate and appropriate housing supply that providers can afford to access.

As we come to grips with the fact that there's always going to be residential care, we have to come up with a housing product to secure residential care. Because just relying on the domestic rental market, or even the domestic purchasing market isn't going to work anymore. (Queensland provider)

For example, a provider in Queensland operated a 'Same House, Different Landlord' model between housing and child protection. Housing was quarantined for use by the residential care provider who would then create a short-term lease (6-12 months maximum) for a young person. The service provider acted as guarantor, and at the end of the lease the young person had a reference and a rental history that they could use in the private rental market. At completion of the short-term lease, the property would return to the service provider for use with another young person transitioning into independent living.

Another model that has been trialled in South Australia is a 'tiny homes campus' located on land leased to the service provider by the department of housing. The tiny homes campus draws on the principles of the Foyer Model reflecting a therapeutic community approach where young people are able to live safely in self-contained 'pods' within a broader gated community. This campus includes communal spaces, and support services, particularly for educational engagement and workforce participation. It is located close to public transport and health services and includes culturally safe spaces and design elements to support First Nations children. While this may be a viable model, it is

dependent on the availability of land that is close to children’s communities with easy and reliable access to services.

Finally, providers discussed the possibility of adapting the Defence Housing model or the Specialist Disability Accommodation model of the NDIS for the residential care sector. This would necessitate having a housing product that investors can buy into with a clear return on investment. This type of approach would better support providers to secure housing that meets the design elements known to work for children in residential care. It would also enable greater certainty – for providers and for children in care. - Such a model would require partnerships between residential care service providers, child protection systems, community housing providers, property developers and private investors.

In light of these issues, service providers have made the following recommendations:

1. There is a need for greater flexibility in the way that funding from different streams can be acquitted to support housing for children in and leaving residential care.
2. Government departments need to be open to creative solutions to the housing problem in the residential care sector. This may involve partnerships across government agencies and/or with property developers and investors.
3. There is a need for more robust funding for the leaving care transition so that planning can commence earlier, and children can be supported for longer to assist them to live independently in the community.
4. Currently, extended care support (up to 21 years old) is not provided to every child although every child is entitled to receive this support. There needs to be much greater accountability on providers to ensure that *all children* are able to access extended care support.
5. The availability of housing stock is a significant problem affecting the sector at a national level. There is an urgent need for governments to develop formal collaboration agreements between child protection and housing to allocate some housing stock specifically for use by residential care providers.
6. Therapeutic residential care is not adequately funded in any state or territory, which places a significant financial burden on providers who want to deliver quality therapeutic residential care services and programs. In a context where various governments are moving to a service system where all residential care is classified as ‘therapeutic’, there is an urgent need for a systemic and nation-wide review of:
 - The true cost of running therapeutic residential care services in Australia, including the costs associated with securing, maintaining and modifying housing that can provide a therapeutic environment for children
 - The minimum requirements that are needed to claim that a model is ‘therapeutic’.

As a signatory to the United Nations Convention on the Rights of the Child (UNCRC, 1989) Australian governments have a responsibility, under Article 27(1) and 27(3) to recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. This includes the provision of *material assistance and support programmes, particularly with regard to nutrition, clothing and housing*. For children in residential care, the onus is on statutory bodies as legal guardians to ensure that children and young people have access to safe, secure and appropriate housing while they are in care. In the current fiscal climate, this may necessitate more creative and flexible approaches that draw on public-private partnerships to support increased demand for residential care services across most states and territories.

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T 02 4944 5900
F 02 4943 1045

enquiries@allambicare.org.au
allambicare.org.au

28 Fraser Parade
Charlestown NSW 2290

PO Box 555
Warners Bay NSW 2282
ABN 24 097 262 459

ALLAMBI CARE