Review of Residential Care
2017–18
Executive summary

Between March 2016 and March 2017 the circumstances of 604 children and young people in residential care and temporary emergency care arrangements in NSW were reviewed by the Office of the Children’s Guardian (OCG). This report outlines the key findings and themes from the review.

The review was undertaken by OCG assessors in the accreditation and monitoring team based on a review of FACS’ records and information gathered from non-government residential care providers through routine accreditation and monitoring activities.

Significant reforms to the delivery of residential care services in NSW are underway. It is envisaged that residential care will be limited to those children who require intensive care and cannot be placed in family environments. Findings of this review indicate that children and young people continue to be placed in residential care because of a lack of alternative options. While the implementation of a therapeutic care model should provide children and young people with specialised care, it remains to be seen how the system will meet the needs of children and young people who struggle to be placed in a family environment, but are not eligible for entry into the therapeutic care system.

Placement instability was a common theme amongst the children and young people reviewed and Aboriginal children and young people were almost twice as likely as non-Aboriginal children and young people to have had ten or more placement changes prior to their current placement in residential care or temporary emergency care.

The review also indicates that while almost all children and young people in residential care with mental health issues were receiving some kind of treatment from medical practitioners or psychologists, less than half of the children and young people appeared to have been formally assessed, diagnosed and treated by a relevant mental health specialist.

While nearly all of the 604 children and young people reviewed had current case plans, evidence of meaningful participation by the child or young person, where age-appropriate, varied. Leaving care planning seemed to focus primarily on the product (the leaving care plan itself) rather than the process of equipping young people to transition to independence. Where there was evidence of good leaving care planning, this tended to be where the young person had maintained a relationship with a caseworker, despite changes in placements and across different agencies.
The Office of the Children’s Guardian has gathered comprehensive information about individual children and young people throughout the review. This information will assist in tracking the progress of this group of children and young people throughout the implementation of the residential care reforms.

**Key Observations**

- 17% of the total residential care population (as at 30 November 2016) were under 12 years of age and 43% of these children had experienced 5 or more placement changes prior to their current placement in residential care.

- 90% of all children under the age of 12 years in residential care had records indicating at least one complex care need and just under 50% were prescribed psychotropic medication.

- Of 352 children and young people in motels or other similar emergency accommodation, just less than half were under the age of 12 years.

- Of the 604 children and young people reviewed (in both residential care and emergency accommodation) 35% of Aboriginal children and young people had experienced 10 or more placement changes, compared to 18% of non-Aboriginal children and young people.

- Most of the 604 children and young people reviewed had current case plans but the quality of plans, particularly leaving care plans, varied across the sector.

Of the 185 children and young people in residential care reviewed:

- Of those children and young people who had had ten or more placement changes prior to their current placement in residential care, Aboriginal children and young people accounted for just under half of these.

- Almost 30% had been placed in a motel or other similar emergency accommodation immediately prior to their current placement in residential care.

- Aboriginal children and young people were more likely than non-Aboriginal children and young people to have spent time in Juvenile Justice facilities.

- Just under 60% had had a recent needs assessment indicating that residential care was the most appropriate care arrangement.

- Most school-aged children and young people were engaged in education or vocational training. However, there was a small group of 15-18 year-olds who were not participating in any form of education or employment, despite proactive efforts to re-engage them after a period of instability.

- Almost all children and young people reviewed had records indicating a diagnosis of mental illness, behavioural disturbances or developmental delay. A minority of children and young people had been assessed and diagnosed by a psychiatrist or other relevant health specialist and ease of access to child and adolescent mental health services seemed to vary across health districts.
Background

Organisations providing statutory residential care to children and young people in NSW must be accredited by the Children’s Guardian. In order to maintain accreditation, agencies must demonstrate that they meet the requirements of the *NSW Child Safe Standards for Permanent Care*. The OCG regularly monitors the provision of residential care services in NSW via case file audits, the review of policies and procedures and on-site assessments of agency practice.

Residential care aims to create a home-like environment in community settings that assist children and young people to develop the necessary skills to transition to either a family-based placement or independent living. Children and young people are typically accommodated in small groups, depending on their care needs. Some children and young people require intensive supervision and may be placed in a residential unit on their own for short periods of time.

As at 1 March 2018 there were 38 non-government organisations accredited to provide statutory residential care in NSW. FACS has one accredited residential care unit (Sherwood House) that provides therapeutic secure care to up to six children and young people. Sherwood House provides secure care to children and young people with highly complex needs and placement in the unit requires an order from the Supreme Court and is reviewed on a regular basis.

In January 2012 FACS implemented the Child Assessment Tool (‘CAT’) for all children and young people in statutory OOHC. The purpose of the CAT is to determine the level of care a child or young person requires, ranging from general foster care to intensive residential care. There are six levels of care in OOHC and the required level of care is based on an assessment of the child or young person’s behavioural issues, health and development. The recommended level of care indicates the level of supervision a child or young person requires, the degree of support to be provided to the placement, the level of staffing required and the level of restrictiveness in the placement of the child or young person.

Children and young people with a recommended level of care of 5 or 6 require residential care. Children and young people requiring level 6 care have highly complex care needs and may have behaviours that include sexual offending, cruelty to animals, fire setting, harm to self and others and violence.

Case management responsibility for children and young people in residential care may be retained by FACS, or transferred to the residential care provider. Case management responsibilities include the development, implementation and review of case plans, coordination of services for the child or young person, provision of relevant information to all services involved in the care of the child or young person and monitoring the safety and suitability of the placement. This review considered
the exercise of case management responsibilities by both FACS and non-government residential care providers.

Residential care is generally considered to be unsuitable for children under the age of 12 years and agencies providing residential care to children under the age of 12 years must notify the Children’s Guardian. Children under the age of 12 years may be placed in residential care in circumstances where their needs cannot be met in a family environment (such as foster care), or where the child is part of a larger sibling group and residential care is the most appropriate arrangement to keep the sibling group together. The OCG has observed an increase in the number of children under the age of 12 years placed in residential care in recent years, with this number doubling since 2012.

**Purpose of the review**

This review was initiated in March 2017. The purpose of the review is to assess how children and young people are faring in the residential care system, the profile of children and young people in residential care and their care trajectory once they enter residential care. The review particularly focused on the safety of children and young people in residential care, case planning and casework support and the provision of therapeutic services to address past trauma and problematic sexual behaviour.

In light of current reforms to the delivery of residential care services in NSW, the review will provide a useful baseline to assess the impact of the new therapeutic residential care model.

**Review methodology**

The review consisted of a desk-based assessment of records contained on the FACS Key Information Distribution System (‘KiDS’) and the new ChildStory system. Further information was gathered from some residential care providers during routine monitoring and accreditation activities. The OCG also referred a number of matters of concern identified during the review, to relevant agencies for further review and follow-up.

The records reviewed included 185 children and young people who were in residential care as at 30 November 2016. The sample included all 110 children under the age of 12 years and a random sample of the remaining children and young people.
In addition, the OCG undertook a review of records relating to 352 children and young people who were placed in motel or other similar, temporary accommodation between September 2016 and March 2017.

Records relating to allegations of sexual misconduct or serious physical assault involving 67 children and young people in residential care between 2016 and 2018 were also reviewed.

The initial intent of the review was to consider the circumstances of all children and young people who were in residential care as at 30 November 2016. However, given the significant number of children and young people in motel or other similar temporary accommodation during the same period, the review methodology was amended to consider a mixed sample of children and young people in both residential care and motel accommodation. This was in part in response to concerns raised by out-of-home care providers regarding the suitability of these care arrangements. Motel arrangements share a number of characteristics with residential care, including the use of shift workers who are often providing direct care, unsupervised, to children and young people with highly complex needs.

Children and young people’s records were reviewed by assessors in the OCG’s monitoring team. A tool was developed to assist the information gathering process, however the review was not an audit. Each assessor exercised professional judgement when reviewing and interpreting material and identifying where additional information regarding a particular child or young person’s circumstances was required.

The review of records focused on the following domains as potential indicators of the quality of services received by children and young people in residential care:

- child protection history and reasons for entry into out-of-home care
- care history prior to entering residential care
- case planning and casework support
- behaviour management and responses to critical incidents
- provision of therapeutic supports
- health and educational needs

In total, the OCG undertook a review of the circumstances of 604 children and young people between March 2017 and March 2018.
Snapshot of children and young people reviewed

The OCG reviewed the circumstances of 604 children and young people who were in residential care as at 30 November 2016, or in motel accommodation between September 2016 and March 2017. OCG assessors reviewed these records between March 2017 and March 2018.

Of the children and young people reviewed:

- 35% were female
- 65% were male
- 39% were Aboriginal
- 37% were under the age of 12 years.

Themes identified in the review

*Most children and young people in residential care have experienced significant placement instability*

The overwhelming majority of children and young people reviewed had experienced placement instability prior to their current placement in residential care. Aboriginal children and young people accounted for half the number of children and young people who had had ten or more placement changes prior to their current placement in residential care.

While it is not uncommon for children to have several short term or emergency placements upon first entering OOHC, almost all of the children and young people reviewed had experienced at least two unplanned placement changes following the breakdown of an intended long-term placement. Most had experienced between 5 and 10 planned and unplanned placement changes and 35 children and young people had experienced more than 10 placement changes prior to their current placement in residential care. Of these children and young people, 19 were Aboriginal.

A smaller group (18 children and young people) had experienced upwards of 20 placements prior to their current placement in residential care and 10 of these children and young people were Aboriginal. Six children and young people had experienced more than 30 placements prior to their current placement in residential care and five of these children and young people were Aboriginal.

Of all 604 children and young people reviewed (in both residential care and temporary emergency arrangements), 35% of Aboriginal children and young people had experienced more than 10 placement changes, compared with 18% of non-Aboriginal children and young people. In the sample reviewed, Aboriginal children were also more likely to have spent time in juvenile justice facilities (n=7) than non-Aboriginal children and young people (n=3).
Children and young people are often placed in residential care when there are no suitable alternatives

Of the children and young people reviewed, the most commonly cited rationale for placement in residential care was that the child or young person required care in an emergency situation following removal from family or unexpected placement change, or required a period of stability in order to better-assess a child or young person’s care needs following a series of foster care or relative/kinship care placement breakdowns (n=130).

While just under 60% of the children and young people reviewed had had a recent needs assessment indicating that residential care was the most appropriate and preferred care arrangement (that is, a CAT score of 5 or 6), almost all of the children and young people reviewed had complex needs or displayed challenging behaviours that made placement in home-based care difficult. As a result, it appears there are a number of children and young people in residential care who have been assessed as requiring general or intensive foster care, but where there is a shortage of carers available to meet their needs.

A small number of children and young people (n=14) were placed in residential care as part of a sibling group with the aim of keeping the sibling group together following removal from family or placement breakdown. In almost all of these circumstances, there was proactive work being undertaken to locate suitable foster care or relative/kinship care placements.

There are a high number of children and young people being cared for in motels and other temporary arrangements

Of the children and young people in residential care who were subject to this review, almost 30% had been placed in motel or youth refuge accommodation immediately prior to their current placement in residential care.

The Children and Young Persons (Care and Protection) Regulation 2012 provides for designated agencies to authorise a person as an authorised carer, to provide emergency care. Agencies placing children and young people in these care arrangements are responsible for ensuring that the person providing the care is safe and suitable to do so, and has the necessary skills and experience to provide care to vulnerable children and young people.

According to information provided by FACS, 430 children and young people spent at least one night in motel, youth refuge or other similar, temporary accommodation, between September 2016 and March 2017, in arrangements authorised under these emergency care provisions. Motel accommodation is used across NSW to meet placement shortages in the OOHC system.

1 Clause 31 B
These care arrangements most commonly involve a child or young person placed on their own, or as part of a sibling group, in a motel under the supervision of workers employed by non-designated agencies such as non-placement support services. These agencies are not required to meet the same standards of care as accredited OOHC providers.

This review identified 21 non-designated agencies regularly engaged to supervise children and young people in these temporary care arrangements. While the designated agency placing the child or young person in this care arrangement retains the responsibility for the safety and quality of the placement, the degree of supervision of these placements seems to vary across NSW.

The OCG has serious concerns about the suitability of these care arrangements, given that the staff supervising these placements often lack the skills and experience to care for highly vulnerable children and young people, many of whom have challenging behaviours. Of the 352 children and young people reviewed who were accommodated in motel type arrangements, approximately 5% had records indicating a significant history of psychiatric issues including self-harm and suicide attempts requiring admission to a psychiatric hospital for treatment. Five of the children and young people reviewed were either discharged from a juvenile justice facility directly into motel accommodation, or were placed in detention while living in a motel. A small number of children and young people were evicted from motels or other similar accommodation on multiple occasions, as a result of their behaviour.

The reasons for placement in motel accommodation varied significantly, depending on the age of the child or young person. For younger children, placement in motels tended to occur as a result of an emergency (either removal from family or placement breakdown), or to keep a sibling group together. Just under 10% of the children and young people reviewed were placed in motels as part of a larger sibling group. Amongst older children and young people (15 years and over) motel accommodation was often arranged where a child or young person was homeless after self-placing with family or friends or refusing to return to a placement.

The majority of children and young people reviewed were placed in motels for periods of less than one month. These arrangements usually occurred where a child or young person (or a sibling group) required emergency care following removal from family or a placement breakdown. In each of the cases reviewed, there was some evidence of proactive casework to identify more appropriate placement options including placement with extended family members.

Just under 35% of the children and young people reviewed were accommodated in motels for between one and two months and a small number (8%) were placed in motels in excess of three months. Children and young people in this group tended to have particularly complex behaviours, had experienced multiple foster care or kinship care arrangements and had care needs that were challenging to meet in a family environment. A very small number of children and young people
were placed in motels as they posed a risk to other children and young people and could not be safely accommodated in a family or group-home environment. In almost all of these cases, proactive casework was underway to identify alternative care arrangements.

**Children under the age of 12 years in residential care have complex care needs**

While residential care is not the preferred model of care for children under 12 years of age, the sample reviewed found that 17% of all children and young people in residential care and 47% of all children and young people in motels or similar accommodation fit within this age group.

A review of records relating to 110 children under the age of 12 years in residential care indicated one or more of the following complexities for 100 of these children, with varying degrees of severity:

- intellectual disability, learning delays or global developmental delays
- Downs' Syndrome or other chromosomal or genetic disorders
- sleep disturbances, anxiety and obsessive/compulsive behaviours
- Attention Deficit Hyperactivity Disorder, Opposition Defiance Disorder, Reactive Attachment Disorder
- Post-Traumatic Stress Disorders associated with complex history of trauma
- deliberate self-harming behaviour
- inappropriate sexual behaviour
- physical disability
- brain injury
- Autism Spectrum Disorder
- Violent, aggressive behaviours, history of property damage and poor emotional regulation.

The majority of children under the age of 12 years had a behaviour support plan in place, where the need for a plan was indicated, with varying degrees of restrictiveness. 50 of the 110 children were prescribed psychotropic medication to assist with behaviour management and mood disturbances.

Of these 110 children, 48 had experienced more than five placement changes prior to entering residential care and the reason for placement changes was overwhelmingly attributed to challenging behaviours that could not be managed appropriately in a home-based environment.

This is of particular concern given the current reforms to residential care which will exclude children under the age of 12 years from accessing therapeutic residential care. This is exacerbated by the apparent shortage of skilled carers who are equipped to meet the needs of these children.

**All Aboriginal children in residential care were placed with non-Aboriginal service providers**
During the period of this review, there were no Aboriginal residential care providers operating in NSW. Aboriginal children and young people are frequently placed off-country and away from family and community. Cultural support plans often seemed to be tokenistic and birth family contact was sporadic, partly as a result of frequent placement changes.

Aboriginal children and young people considered in this review were more likely to have had a high number of placement changes compared with non-Aboriginal children and young people, prior to entering residential care. This may in part indicate efforts to apply the Aboriginal Placement Principles, with a preference for placing Aboriginal children and young people in relative/kinship care or culturally-appropriate foster care placements rather than in residential care with non-Aboriginal providers. It is clear, then, that the provision of appropriate supports to relative and kinship carers are vital to creating more permanent, stable care for Aboriginal children and young people. Where family or kinship placements are not possible, there continues to be a lack of culturally appropriate care for Aboriginal children and young people who require residential care.

Most children and young people have case plans, but the quality of leaving care plans varies significantly

Most children and young people in residential care and motel arrangements had current case plans. For children and young people 15 years and over, just under half were engaging in leaving care planning processes from the age of 15 years. Most young people reviewed had some form of leaving care plan by the age of 18 years however the quality of the plans varied significantly.

Engagement in meaningful leaving care planning seems to be hampered by placement instability and changes in case management responsibility between agencies. Leaving care planning with children and young people who had experienced multiple placement changes was more likely to be occurring where FACS retained case management responsibility for the child or young person throughout placement changes, rather than multiple changes in case management responsibility between agencies.

While there were many examples of proactive and creative approaches to engaging young people in leaving care planning activities, it appears that across the sector the focus is on the product, that is, the leaving care plan document, rather than the process of assisting young people to develop independent living skills. Where children and young people were disengaged with the process, leaving care plans tended to focus heavily on financial supports post-leaving care. It appears that the strength and consistency of the relationship between the young person and their caseworker, or at a minimum between a young person and one agency, has an impact on the quality of the leaving care planning process.
Evidence of proactive and ongoing contact between a young person and the residential care provider after the young person turned 18 was fairly rare and most contact post leaving care was at the initiative of the young person, or an after care service provider, when additional supports were required. Contact with young people after leaving care was most evident where the young person was referred to a semi-independent living program.

While almost all of the 604 children and young people of all ages had a current case plan, slightly less than half of those children and young people, who were of an age to participate, appeared to have participated in the development of the plan.

**Health, education and social and emotional wellbeing**

Of those children and young people in residential care reviewed, 20 were identified as having a history of harmful sexualised behaviour that resulted in JIRT investigations, or limited the type of care arrangement the child or young person could safely be placed in. Eight of these children and young people appeared to be receiving specialist treatment (such as participation in New Street services) in response to these behaviours. The remainder were being managed by residential care providers, through behaviour management and risk reduction plans. A small number of children and young people (n=5) were identified as a ‘person causing harm’ to another child or young person, four of these were in relation to sexually harmful behaviour and one was in relation to a serious physical assault.

57 children and young people in the residential care had been formally diagnosed - by a psychiatrist or other relevant mental health professional - with a mental illness, behavioural disorder or developmental delay. Of the 57 children and young people with formal diagnoses, 40 were being treated with medication or receiving counselling and other supports from appropriate mental health services. 13 children and young people had been admitted to hospital on at least one occasion, for treatment of depression, psychosis or suicidal ideation.

Although some children and young people have received a formal diagnosis, there are far more who appear to have multiple, unconfirmed or unclear diagnoses of various emotional and behavioural disturbances which are being managed by residential care providers through the development of behaviour support plans. Most of these children and young people are reviewed by general practitioners or paediatricians and it appears that there are often lengthy waiting lists for referral to child and adolescent mental health services. As a result, it would seem that a high number children and young people in residential care have been diagnosed with various disorders, but not necessarily by mental health specialists with the particular expertise to make these assessments.
It is clear that managing the behaviour of these children and young people is extraordinarily challenging. A review of the records indicate that police are often called on to assist in responding to distressed and agitated young people threatening suicide or self-harm. Police are also frequently called to respond to drug-taking and threatening behaviour. While the OCG has observed some examples of proactive collaboration between agencies and police, there was no clear evidence of wide-spread, consistent implementation of the joint protocol to reduce the contact of young people in residential out-of-home care with the criminal justice system.

Police are also frequently contacted to report children and young people missing from their placements. Of the sample of children and young people in residential care reviewed, 25 had a serious history of absconding from placements (frequently absconding from placements or a history of absconding across a number of different placements). Most risk of significant harm reports to the FACS Helpline regarding children and young people in residential care were in relation to risk-taking behaviour while away from their placements, including drug and alcohol use, prostitution or other risky behaviours.

While most school-aged children and young people in residential care appeared to be engaged in education (that is, attending school on a regular basis), there was a group of 46 older children and young people (15-18 years) who appeared to be completely disengaged from any form of education, employment or vocational training or were resisting all efforts by agencies to re-engage them in education. These children and young people tended to be frequently absent from their placements, or self-placing with friends and family. Most casework in relation to this group was focused on finding secure accommodation and maintaining contact with children and young people in order to meet their immediate care needs.

The 185 children and young people in residential care reviewed had on average, three changes of school (excluding movement between infants, primary and high school). Older children were more likely to have changed schools multiple times and a small group of children and young people (n=15) had experienced more than five school changes since entering care (excluding changes between infants, primary and high school). In the majority of cases where disengagement from education, or sporadic attendance at school was a serious concern, agencies were being proactive in working with schools to support children and young people to re-engage in their schooling. It appears that efforts were most successful where the school was involved in case planning for the child or young person and where there was regular, positive, communication between the school and the agency.
Residential care providers report difficulties in maintaining a stable residential care workforce

The residential care sector is heavily reliant on a casual workforce and providers frequently report difficulties in attracting and retaining skilled and qualified staff. The unsettled nature of residential care (turnover of staff, the use of casual staff and movement of children and young people in and out of residential units) increases the vulnerability of children and young people to harm from adult workers, and their peers. It can also create difficult work environments for residential care workers who may not have the expertise to manage particularly challenging behaviours.

Designated agencies are required to report to the OCG all allegations of sexual misconduct or serious physical assault involving staff, authorised carers and volunteers. Between January 2016 and December 2017 the OCG received 240 allegations involving children and young people in statutory OOHC. Of this group, 62 were in residential care arrangements and one child was the subject of multiple reports. All allegations have been referred by the responsible residential care provider to the NSW Ombudsman, FACS and Police, where relevant.

Sexual misconduct (including crossing professional boundaries, grooming or sexually explicit comments or overtly sexual behaviour) was the most common allegation in residential care settings (n=41). The most frequently reported concern in relation to sexual misconduct related to inappropriate contact between staff and children and young people on social media or via mobile phones, often of a sexually explicit nature. A small number of allegations (n=5) involved sexual or indecent assault.

Serious physical assault accounted for 19 allegations and one child was the subject of repeated allegations of physical assault. A review of his circumstances and behaviour management supports was undertaken by the relevant agency, at the request of the OCG, during the review period.

Residential care providers have expressed concerns about the ease of movement of unsuitable staff between agencies and challenges in ensuring future employers are alerted to potential risks to children and young people. Residential care providers may also be unaware that a worker engaged on a casual basis may be the subject of allegations of reportable conduct at other agencies.

The OCG understands that reforms to the residential care system and the implementation of the intensive therapeutic care system explicitly preclude the use of casual staff in therapeutic residential care settings.

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Reforms to the delivery of residential care services in NSW

This review occurred in the context of significant reforms to the delivery of residential care services in NSW, as well as the release of the final report of the *Royal Commission into Institutional Responses to Child Sexual Abuse*.

The current residential care system will be replaced by the Intensive Therapeutic Care Program which aims to provide time-limited intensive supports to children and young people with complex care needs and who cannot be safely placed with family or in a foster care arrangement. The purpose of the program is to support children and young people to transition into less intensive, permanent care arrangements. At the same time, the Permanency Support Program is also being implemented, which aims to create pathways to permanent care arrangements for children and young people entering the out-of-home care system through restoration, guardianship and adoption. Improved permanency planning for children and young people in out-of-home care should, over time, reduce the placement instability that was evident in this review.

The OCG understands that access to intensive therapeutic care will be coordinated by the Central Access Unit (‘CAU’) within FACS. Children and young people requiring intensive therapeutic care may be referred to a number of programs including sibling placement options, therapeutic supported independent living, intensive therapeutic care home arrangements or therapeutic home-based care. Children and young people over the age of 12 years and with CAT scores of 5 or 6 may be eligible for the intensive therapeutic care program.

FACS has indicated that an independent intermediary organisation will be appointed to provide expert advice, information and training to agencies providing therapeutic care. The OCG understands that one of the functions of this organisation is to ensure that agencies are providing services in accordance with therapeutic frameworks.

FACS is currently reviewing the circumstances of children and young people who may not meet the criteria for the intensive therapeutic care program and will be transitioned to other care arrangements. In April 2018 FACS advised that 22 children under the age of 12 years remained in residential care, awaiting transition to alternative placements.

Given the observations in this review regarding the needs of children under the age of 12 years currently in residential care, the OCG will prioritise the monitoring of the circumstances of this group of children.
OCG monitoring priorities for 2018–19

This report provides an overview of the thematic issues identified following the review. However, in conducting the review the OCG has collected information on individual children and young people in residential care and will use this as a baseline for monitoring the impact of the therapeutic care reforms on this group of children and young people.

Based on the observations arising from this review, the OCG’s 2018-19 monitoring program will prioritise the following areas of practice:

- leaving care planning processes, particularly the participation of children and young people in the development of leaving care plans;
- the circumstances of children under the age of 12 years who have been transitioned from residential care into alternative care arrangements;
- the implementation of the new therapeutic residential care model, including the role of the Central Access Unit in placement decisions and determining children and young people’s eligibility to enter the therapeutic residential care system;
- whether the therapeutic care program provides improved access to specialist mental health professionals; and
- practices regarding the placement of children and young people in motels and other temporary accommodation and the supervision of these arrangements by designated agencies.

During the course of this review the OCG identified concerns regarding the emergency authorisation of workers to provide care to children and young people placed in motels or other similar, temporary accommodation. These arrangements are frequently supervised by workers employed by non-designated agencies such as non-placement support services. These agencies are not required to meet the same standards of care as accredited providers.

The Children’s Guardian has issued guidelines regarding requirements for the authorisation of individuals providing emergency care and the supervision of these arrangements. The Children’s Guardian has placed a condition of accreditation on all out-of-home care providers requiring agencies to comply with the guidelines, when placing children and young people in these arrangements.

In addition to these monitoring priorities, the OCG is progressing a number of strategies to address issues identified in this review as well as responding to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse, regarding children and young people in out-of-home care.
The OCG proposes to implement a register of residential care workers, similar to the NSW Carers Register. The purpose of the register is to prevent unsuitable workers moving from one agency to another by requiring residential care providers to contact previous agencies that have employed the person, to gather information about their safety and suitability to work with vulnerable children and young people. The register will also require agencies to ensure that Working With Children Checks and National Police Checks are completed before the person is engaged to care for children and young people.

Individuals providing direct care to children and young people in both voluntary and statutory residential out-of-home care, as well as individuals authorised to provide emergency care to children and young people in motels and other temporary accommodation will be included on the register.

The OCG will also be refining its current approaches to accreditation and monitoring activities, to accommodate the significant reforms underway in the OOHC sector and to better-respond to the needs of individual children and young people in OOHC.