

# Safety in Residential Care

## Young Care Leaver Discussion Groups

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### Summary

As part of the trial residential visiting program undertaken by the Office of the Guardian for Children and Young People (OGCYP), Relationships Australia South Australia (RASA) and OGCYP consulted with two groups of young care leavers. Topics discussed in these groups focussed on safety in residential care, responding to issues, and engaging with children and young people in care. These young care leavers expressed a strong understanding of what constitutes safety in a residential care facility.

Three themes emerged:

- the importance of stability and security, which includes consistency, predictability, reliability and calm;
- the need for belonging and support, which encompasses being included, loved and celebrated by a group, culture or community, and living in a house which feels like a home;
- the desire for trust and ownership, which includes freedom, respect, fairness, and the degree to which children and young people are decision makers over their lives.

The participating young care leavers also identified a variety of indicators of these needs being threatened or absent, resulting from environmental, behaviour and bureaucratic causes. Finally, they gave significant insight into approaches and strategies for engaging with children and young people in residential care, largely focussed on visitors listening to children and young people's point of view, and being accommodating, curious and open in interactions.

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# 1. Acronyms and Definitions

OGCYP	The Office of the Guardian for Children and Young People
RASA	Relationships Australia South Australia
PCSS	Post Care Support Services
DCP	The Department for Child Protection
CYPVP	Child and Young Persons Visiting Program
Young care leavers	Young people (aged 15-25) who have lived under the guardianship of the minister, who are now independent or in the process of becoming independent.
Residential care	A form of out-of-home-care provided to children and young people under the guardianship of the Chief Executive of DCP. Children placed into residential care will live in a residential care facility with a number of other children who are also in out-of-home care.

## 2. Background

In 2017, 11.1% of children and young people living in out-of-home care in South Australia lived in residential care. This is the second highest rate of children and young people living in residential care in Australia and more than twice the national average (AIFS 2018). Children living in residential care range in age from one to 17 years old<sup>1</sup> and 34% are Aboriginal.

There are many different kinds of residential care facilities, provided by DCP and by external non-government organisations. These range from units or apartments, housing two children and young people, to large facilities with the potential to house up to twelve children and young people. They are situated in different locations, and often have different cultures, expectations, norms and values, though all are staffed by rotating shift workers.

Commissioner Margaret Nyland's report, *The life they deserve* (Nyland 2016), recommended that a community visitors' scheme be developed for children in residential and emergency care facilities (Nyland 2016, p.331). The laws to enable such a scheme were subsequently included in the *Children and Young People (Safety) Act 2017* (Gazette 2017).

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<sup>1</sup>Information provided by OGCYP based on DCP data

Penny Wright was appointed as the inaugural Child and Young Person's Visitor ('the Visitor') on 26 February 2018. She is also the Guardian for Children and Young People and both appointments take effect until 9 July 2022.

A trial residential care visiting program (the Child and Young Persons Visiting Program (CYPVP)) is being conducted by the Office of the Guardian for Children and Young People (OGCYP) until 2019. The purpose of this trial is to inform planning and decisions about the structure, arrangements and resourcing that will be necessary to enable the Visitor to fulfil her role in the future. Alongside the trial program, several other elements of research are being undertaken to inform development of the CYPVP.

The OGCYP identified seeking and including the voice of children and young people as important in developing the program and contracted Post Care Support Services at Relationships Australia South Australia (RASA) to conduct group consultations with young people who have previously lived in residential care, but no longer do so. RASA's Post Care Support Services (PCSS) have experience in facilitating focus groups with this cohort and have contact with many young people from residential care backgrounds.

This report outlines the research process and preliminary findings from the group consultation for the residential care visiting program project, referred to in this document as 'discussion groups'.

## 3. Methodology

### 3.1 Research Aims

The aim of this research was to gather information from young care leavers to help inform the development of the CYPVP. The perspective of young care leavers from a residential care background, who are currently living independently, semi independently, or in a different form of out-of-home-care, was specifically sought. This was because these young people have experiences of residential care but have had time living elsewhere to reflect upon these experiences.

Safety in residential care was a key theme explored in the discussion groups. That and other themes were explored through questions including:

- What do residential care leavers consider constitutes and embodies safety?
- What makes a residential care facility safe or unsafe from the perspective of those living within it?
- What are the indicators of a young person living in residential care being safe?

- What are the indicators of a young person living in residential care being unsafe?
- How do children and young people living in residential care expect and/or want a community visitor to respond to issues?
- What strategies can community visitors use to connect with children and young people living in residential care facilities, in order to assess their wellbeing?

## 3.2 Method

Two discussion groups with young care leavers from residential care backgrounds were carried out. The groups were held at RASA sites and co-facilitated by Jordan Bell, Principal Community Advocate at OGCYP and Eleanor Goodbourn, Communications and Development Project Officer at RASA.

The aims of conducting discussion groups were to:

- a) create a casual, social and encouraging environment that was conducive to young care leavers' participation and contribution;
- b) collect the perspectives, ideas and opinions of many young care leavers at once;
- c) discuss the topic with young care leavers in a conversational environment to develop concepts further than might be possible during a one-on-one interview.

PCSS team supported the recruitment of participants and they were either clients of PCSS or had participated in a previous RASA program or project. Participants were interviewed over the phone to confirm they fit the criteria and could participate safely in a group setting. This screening also involved finding out some essential information about participants, such as their cultural background, gender and ability to access groups. Bus tickets were sent to participants who felt that it would help them to attend the group. Data was not collected about the size and location of residential care facilities participants lived in, which would have been useful in analysing findings.

Participant criteria was:

- a) Young person is 15 – 25 years old, and
- b) Young person has lived in residential care.

A mixture of male and female participants was sought, as well as participants from a diverse range of backgrounds and lifestyles. Participants were paid a volunteer reimbursement of \$50.00.

From PCSS's experience of working with young care leavers, participation rates are one of the key challenges to facilitating discussion groups, with young people often confirming their attendance

days or hours before and still not attending. This is due to a number of factors, including barriers to transport, difficulty with communication, organisation and motivation, and physical and mental health issues. Support was offered to potential participants to try to remedy this, with bus tickets sent out, reminder text messages and phone calls, and PCSS available for participants to debrief with.

Both groups were structured around two key questions:

- What is safety, in the context of residential care?
- How can OGCYP recognise and respond to issues in a residential care facility?

Questions discussed in the groups included:

- What makes a home safe; and what makes a home *feel* safe to people living there?
- What is the difference between these two things?
- Do we always know when we are safe?
- How can you tell if someone is safe or not?
- What are the signs that someone isn't safe?
- What should we look for when we visit?
- What should our response be?
- What should be done to change the situation?
- What does positive change look like in the life of a child or young person living in residential care?

### 3.3 Participants

A total number of 6 participants attended the discussion groups. This was less than expected, with the aim of 10 – 15 participants in total. Despite the low participation rate, the rates of male, female and Aboriginal and Torres Strait Islander attendance were representative of rates in residential care. The age range among participants was 16 – 23 years with an average age of 20.33 years.

Participants' experiences of residential care ranged greatly, as did current living circumstances.

Participants were generally willing to share their understanding of residential care, brainstorm concepts around safety, and draw on each-other's experiences.

	Number of participants	Average age of Participants	Female Participants (% of total)	Male Participants (% of total)	Aboriginal and/or Torres Strait Islander participants (% of total)	Participants living with a disability (% of total)
Group 1 (City)	4	19.75	1 (25%)	3 (75%)	1 (25%)	1 (25%)
Group 2 (Marion)	2	21.5	2 (100%)	0 (0%)	1 (50%)	0 (0%)
Total	6	20.33	3 (50%)	3 (50%)	2 (33%)	1 (16.6%)

Figure 1. Participant demographics.

## 4. Findings

The findings from this research fall into two areas: what are the requirements of a residential care facility for it to be safe (from the perspective of children and young people living in residential care); and how can OGCYP identify and respond to situations where these requirements are not met, and children and young people are not, or are not feeling, safe.

### 4.1 What is safety?

There was a great deal of overlap between safety and wellbeing in discussions with young care leavers. Participants identified many elements, from very specific situations and interactions to broad, complex and sometimes ambiguous feelings, behaviours and environmental factors that play a role in making them feel safe.

Elements of both positive and negative safety were present; that is, both factors which create or provide safety and those which negate a threat to safety (for instance ‘physical affection from carers’ is a form of positive safety, while ‘the absence of physically bullying’ is a form of negative safety).

Within the discussion, focus often fell on non-physical safety, highlighting the importance of non-physical safety and indicating its potential scarcity in the participant’s experiences of living in residential care. Elements of physical safety were also present in the discussion however, and have been organised and analysed according to the same themes as non-physical safety. These themes are ‘Stability and Security’, ‘Belonging and Support’ and ‘Trust and Ownership’.

#### i) Stability and Security

Young people said being safe is not being re-traumatised by sudden changes, unexpected situations or stressful environments. It is knowing what is going to happen in your life, having routines and habits, and having strong and consistent relationships.

In discussion, participants identified many situations, behaviours, environmental factors and relationships which made them feel safe or unsafe, which sit within the theme of stability and security.

Participants generally thought that more consistency would have benefited them during their time in residential care. Consistency and depth of children and young peoples' relationship with their DCP worker/s was consistently identified by participants as a major contributor to feeling emotionally safe and secure. Participants asserted that more consistent and frequent contact with DCP workers is essential to wellbeing in residential care and the frequent changing of DCP and residential care workers was consistently raised (by participants) as a major issue. Similarly, more frequent and consistent contact with family and community members was important for some participants.

Participants also identified that predictability was important for their ability to cope in residential care. They identified that being familiar with the neighbourhood and house, other inhabitants and workers were all very positive, conversely, being moved to unfamiliar situations, especially regularly, could trigger past traumas or be traumatising in its own right. They said that not knowing what was going to happen next was common in residential care and was harmful to their mental health.

*“Knowing who will be in the house, kids and workers. And knowing how long you’ll be somewhere.” – Young care leaver, when asked about what safety is.*

The topic of being re-traumatised by other inhabitants of a facility, by workers and staff, and by the environment was another theme of the discussion. The systematic approaches to care employed at many residential care facilities were highly criticized by the young care leavers, who described the barred windows, curfews and rotational shift workers of their childhood as ‘re-traumatising’.

*“No more alarms, no more shift workers!” - Young care leaver*

This sentiment was a very common thread in discussion. Participants said that they felt like they were being punished in residential care. Police intervention in household conflict only exacerbated this feeling and made them feel unsafe. They said police intervention in residential care “trains you for jail, trains you to hate cops”. Juvenile detention came up in discussion, with participants identifying issues around young people being moved back and forth from the Adelaide Youth Training Centre (Adelaide’s juvenile detention centre, commonly known as ‘Cavan’ or ‘Juvi’) to residential care.

*“It’s being put back in the same bad environment with the same bad people” – Young care leaver, discussing experiences of moving from Cavan to residential care.*

Another issue raised by participants was the location of the facilities. Consulted young people identified a clear link between the neighbourhood of a facility and the increased likelihood of children and young people becoming “mixed up in bad behaviour”. Participants also discussed the other inhabitants of the house being a potential negative influence. They stressed the importance of ensuring that children and young people living in a house have similar values and expectations of behaviour and do not lead each other astray. In this way, participants felt that some facilities, instead of protecting children and young people from harm, actually encourage harmful behaviour.

*“These units are set up for violent kids, other kids just get put in there too.” – Young care leaver*

## ii) Belonging and Support

Young care leavers discussed being safe as a sense of belonging to a group, community and/or culture. It meant being welcome, loved and supported, being included, cared for, consoled and celebrated. They said having a comforting and comfortable, personal and homely environment plays an important role in this.

Participants consistently said that for residential care facilities to feel safe, they must feel like a home to them as individuals.

*“I tell carers: ‘I’m not living at your work – you’re working in my home’.”  
– Young care leaver*

This meant different things for different consulted young people. Some discussed personal effects and memories being present in the house, others valued a tidy and well-maintained space. On the other hand, some participants said that houses should be comfortable, which for them, meant a little worn in. However, it was generally agreed that a residential care facility should feel like an “ordinary house”.

Activities within the house were also identified by participants as important. They said that doing things they enjoyed would have strengthened their relationships with others in the home and made them more comfortable and happy living there. One participant suggested cooking lessons with workers.

*“(Put) resources into making happier lives for kids, things (they) love doing.”  
– Young care leaver*

Relationships with their co-inhabitants and also with their carers was a consistent topic of discussion. Having good relationships with the people you live with, and being validated and supported by carers, was agreed to be a very important contributor to feeling safe in residential care. One participant expressed her need to have been hugged by carers “when (she) needed it”. This was important to her due to the lack of affection she was shown in her family home before entering care. In participant’s experience of carer-young person relationships, they saw a discrepancy between the acceptability of punishment compared to that of intimacy and care.

*“You can detain a kid, and that’s allowed, but if you show love, you get done for grooming.” – Young care leaver*

Participants identified the importance of workers and carers employing a therapeutic approach. They said they feel safe with workers who are understanding and professional. Workers helping children and young people deal with conflicts outside, as well as inside the facility, was identified as an important contributor to the wellbeing of children and young people in residential care. Participants said that safety is not feeling alone or isolated, but instead having a network of people who help you to overcome challenges and barriers and by whom you feel accepted and loved.

*“Carers who actually care.” - Young care leaver, asked what would have made them feel safer in residential care*

Participants also expressed the need for workers to support them to navigate, and protect them from, and resolve issues of bullying in residential care facilities.

### iii) Trust and Ownership

According to young care leavers, being safe is being respected and trusted by those who care for them; and having a reasonable degree of freedom and a say in decisions that affect them. This leads to a sense of ownership over their lives and a greater feeling of empowerment, as well as a greater degree of independence and resilience.

Trust, for the group participants, is intrinsically linked with feelings of safety. “Trusting the people around you” was one definition of safety given in discussion. Trust was also identified by participants as going two ways - in order for them to trust their co-inhabitants and carers, they must feel trusted. Participants said that workers not making assumptions but instead “learning who you are and giving you a chance”, trusting until there is reason not to, was something that would have made them feel substantially more empowered while living in residential care.

Building this sense of empowerment or ownership over their selves and lives is very important for young care leavers, who are vulnerable to becoming trapped in dependency cycles after leaving care. Being trusted and encouraged to make decisions early in life is one way to counteract this.

Judgement from workers was identified by consulted young people as a significant contributor to their experiences of discomfort and disempowerment, especially when they felt that workers judged some children and young people more than others.

*“Workers shouldn’t have double standards. They should treat kids all the same.”*

*–Young care leaver*

When asked about what this trust and non-judgement looks and feels like, participants discussed curfews, pocket money, boundaries, fairness, and decision making. Consulted young people said that pocket money is important to “buy stuff that you need to fit in”. To them, money is linked to freedom and empowerment. They wanted to be able to make their own choices about how they spent money and to learn from those experiences. Curfews, on the other hand, are linked to respect. Participants understood the need for curfews but said they should be “fair” and negotiated with children and young people.

*“Being able to go out, stay in. Do what you want to do with your free time.”*

*– Young care leaver*

This ability to negotiate boundaries and be involved in decision making was deeply important to participants. They said that being able to make choices for themselves gives them a sense of ownership over their lives and makes them less likely to become disengaged. One participant said she would have been less likely to become involved with drugs and crime if she felt in control of her life in other ways.

*“Having a say. Having input. Having control over your life and environment.”*

*- Young care leaver*

Some participants also identified having personal space as very important to them and maintained that children and young people in residential care should have their own space and control over it. The same participants who said that loneliness makes them feel unsafe also said that “being able to be on your own if you need it” was very important to their feeling of safety. One participant said that the division of boys and girls within a facility was positive in maintaining privacy and boundaries.

## 4.2 Recognising and Responding to Unsafe Homes

### i) Communication with Children and Young People

Participants gave three areas of advice about engaging with children and young people in residential care.

1. The same community visitors should visit a facility and should do so consistently.  
Participants said it will take time for children and young people in residential care to know and trust community visitors enough for visitors to gather significant insight into the young person's experience of care. Participants also said that, in order to assess the facility effectively, the community visitors should know beforehand who is living at the facility, the supervisor, the staff, which of the children and young people are engaged with the justice system, which are still engaged with education, if there have been any conflicts at the facility recently, and so on. Participants advised that this information will better inform the community visitors' interpretation of behaviours and communication of children, young people and workers at the facility.
2. Participants recommended community visitors approach children and young people with a healthy curiosity, assume nothing and be open to speaking on their terms. They said that children and young people in residential care will likely be unwilling to speak in any formal fashion and that a better approach is to do an activity with them and let conversation come naturally. Participants asserted that when in doubt, ask. Ask the children and young people what they want to do, ask them what to refer to them as, ask them what to refer to the facility as.

*“Ask them about how much connection they have with their DCP worker and how many workers they've had. Ask them what they do on the weekend. Ask them about what they like doing and if they get to do it, if they get to do normal things. Ask them about petty cash, ask them about conflict in and out of the house, ask them about water and cooking. Tell them it's confidential.” – Young care leaver*

In terms of what to ask about during a visit, participants suggested not to ask directly about safety. Instead they suggested asking simple questions from which a community visitor can obtain information about life within the facility and how this aligns with concepts of safety as outlined in section 4.1., as well as information through observation of behaviour, peer dynamics, relationships with workers and carers.

*“Play X-box with them, go for a drive, do Zumba. Go to them. Do what they want to do. Take the pressure off.” – Young care leaver*

3. Being clear with children and young people about confidentiality is very important. According to participants, it will gain children and young people’s trust if they understand the extent and limitation of confidentiality. Discussing advocacy with children and young people in residential care was also suggested by participants, who said that it would help the relationship if the children and young people know exactly what OGCYP can and cannot do to resolve their issues, especially considering children and young people in residential care may not understand what OGCYP does or what advocacy is.

## ii) Communication with Workers

Participants generally advised that community visitors ask workers questions from which they can deduce something about the relationship between the worker and the children and young people in the facility. The questions suggested by participants (‘tell me about the (children and young people)’, ‘what kinds of activities do they do on the weekend?’, ‘how much can you trust them?’ etc.) lead to indications of how well the workers know the children and young people, how much they respect and trust them and whether they allow them freedom and opportunity.

Participants’ relationships with workers play a major role in what safety in residential care looks and feels like to them. Participants suggested it would be beneficial to find out how many workers work at the facility and how high the rotation is, as well as finding out about relationship dynamics between the inhabitants of the facility from the worker perspective.

## iii) Behavioural Indicators

When asked about what behaviour indicates that children and young people are unhappy, uncomfortable or unsafe, participants mostly suggested trauma responses and the effects of shame. These included social isolation, withdrawal, inability to make eye contact, disengagement, aggression, anger, irritability, fidgeting, pacing, “looking itchy” and being “on edge”, attention seeking, running away, sexualised behaviour and obvious anxiety.

Physical harm was also consistently mentioned as an indicator of children and young people being unsafe. Participants suggested that community visitors be aware of the signs of self-harm, cuts, bruises, signs of sleep deprivation and signs of eating disorders.

#### iv) Environmental Indicators

The facility itself, how it looks, whether it is maintained, how comfortable and 'homely' it is, played a significant role in discussions of what constitutes and contributes to safety (see section 4.1).

Participants suggested that community visitors consider the way a facility is set up, how much it's layout is based on security compared to comfort and functionality, how well it is maintained, how tidy it is, how many personal or characteristic items there are, and whether it feels like a home or not. In discussion, it was identified that some children and young people may not have any personal items to adorn the house and drawing attention to this may trigger trauma responses.

Participants also suggested that community visitors assess the safety of the neighbourhood that the facility is located within, as this was also an important factor when considering the safety of its inhabitants. They went so far as to say that they could not feel safe living in certain areas.

#### v) Responding to Issues

Participants provided several suggestions as to how OGCYP can respond to issues identified within a residential care facility.

They said that children and young people should always be asked what they think and what they want to happen. Inviting input from children and young people is part of the process of their empowerment, and is a fundamentally essential part of advocating for them.

It was very important to participants, however, that when changes happen because of residents raising an issue, the person or people who raised the issue are protected from potential repercussions, such as bullying from other residents.

They also suggested that ensuring children and young people in residential care know what their rights are and where to go for help, would be very beneficial to their wellbeing and could be a very positive element of the community visiting program.

## 5. Conclusion

There are many things that contribute to a young person being safe and feeling safe in residential care and therefore many indicators of their safety and welfare. Because of the complexity and individuality of a young person's safety, there are many factors and signs to consider and recognise when visiting a residential care facility.

Relationships within the facility can be hugely impactful on a young person's welfare; therefore gauging how close children and young people are with peers and workers, and how positive and consistent these relationships are, is a very important part of the community visitor's role.

House environment is also very influential on a young person's sense of safety. Participants suggested that community visitors should take into account:

- the facilities atmosphere, culture, and norms
- how functional the house is
- how much the house looks and feels like a home
- how much freedom and access within the house children and young people have
- whether children and young people have their own spaces
- whether activities are offered at the house that the children and young people are interested in.

A particularly clear message from participants was that if a residential care facility feels homely to residents, those residents are far more likely to feel safe living there.

How much capacity children and young people have to safely explore the world outside of the facility is also important. Activities to channel energy into, support with conflicts that happen outside the house, and fair curfews and pocket money were all important to the young people consulted with.

Also worth considering, though more difficult to resolve, is how bureaucratic factors (including Police intervention) impact upon children and young peoples' safety in residential care. Participants called for a higher degree of consultation and consideration around the location of residential care facilities and placement and movement of children and young people.

Perhaps one of the most abstract factors to identify within residential care is the degree of ownership children and young people have over their lives. This is indicated by their inclusion in decision making, freedom and pocket money, among other things. The difficulty in recognising when children and young people do not have sufficient ownership over their life lies in the individuality of cases and the intricacy of situations contributing to their empowerment or disempowerment.

## 6. Reference List

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