Monitoring report 2013-14

Larger residential care environments

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Government of South Australia
Office of the Guardian
for Children and Young People

The Guardian and staff thank the staff and management of South Australia's residential care facilities for their cooperation and assistance during the 2013-14 monitoring round.

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Background

The Guardian for Children and Young People has a statutory obligation to promote the best interests of children and young people in alternative care settings and monitor their circumstances and wellbeing. For a full description of the Office's role and functions see Appendix 3.

The Office of the Guardian (GCYP) monitors residential care[1] facilities:

1. to ensure that the voices and experiences of children and young people in residential environments are heard by those working with, and for them, and
2. to influence agency practice to better respond to children's needs.

The GCYP has been monitoring residential care environments since 2004. Due to significant increases in the numbers of facilities between 2008 and 2012, the GCYP implemented a more intensive monitoring of a smaller number of facilities. This entails:

1. An annual online survey returned by all facilities
2. Selection of facilities for monitoring visits based on criteria[2]
3. A review of the safety records of each selected facility
4. A visit to the residents in each selected facility
5. A written report provided to each selected facility's supervisor and service manager
6. A summary report on the performance of the facilities as a group.

[1] In Australia, residential care is the co-location of a number of residents in a community setting staffed by paid residential care workers (Australian Institute of Health and Welfare 2008). This is distinct from home-based care arrangements where a child or young person lives in a carer's home, such as in foster or kinship care. Children and young people accommodated in residential care are usually subject to a guardianship or custody court order.

[2] The information for prioritising facilities is taken from the self-evaluation survey, previous visits by GCYP and other GCYP monitoring activities.

Monitoring of residential care in 2013-14

Most children in residential care in South Australia are accommodated in houses of three to four residents. The exception is the community residential care units (CRCs) operated by the Department for Education and Child Development which can accommodate 8 -12 residents in each unit, with a total capacity of 80 residents, and one facility operated by a non-government organisation that can accommodate up to six young people. In 2013-14, GCYP was provided with a list of 61 individual houses and units that accommodate children and young people in care and meet the definition of 'residential care'. Eight of those are large residential care units (CRCs).

A survey of residential care facilities was conducted in 2014 requesting respondents to provide data for a six month period, 1 November 2013 to 30 April 2014. Completed surveys were returned in July 2014 by 57 facilities. This represents approximately 93 per cent of all facilities and all of those subsequently selected for monitoring visits. A copy of the June 2014 survey is in Appendix 2.

In 2013-14, 22 residential sites were visited, seven of which were the larger residential properties.

For the purposes of this summary report four quality statements were selected. They were:

- This child is safe and feels safe
- This child has knowledge of and participates in decisions that affect him/her
- This child lives in a kind and nurturing environment
- This child has contact with family, friends and cultural community that provide emotional support and identity

Two summary reports were prepared, this one about the larger facilities and another about the smaller facilities.

Monitoring is based on the *Charter of Rights for Children and Young People in Care* and 12 Quality Statements that are distilled from the rights. For further information on the *Charter of Rights for Children and Young People in Care*, please visit the Charter of Rights pages on the Guardian's website.

For more information on monitoring and all 12 quality statements please see the fact sheet *Monitoring visits – information for houses* on the Guardian's website.

Children and young people in larger residential care

As at June 2014, there were 2, 631 children and young people in out of home care in South Australia.[3] Most lived in family-based out of home care.

There were 261 in residential care and another 73 in emergency accommodation with rotating carers.

The eight larger government residential care environments can accommodate 8 -12 residents in each unit, with a total capacity of 80 residents. Based on the self-evaluation surveys completed in July 2014, the occupancy across the individual units ranged from 30 per cent to 100 per cent. Only one of the units was at full capacity at the time the self-evaluation surveys were completed. Towards the end of the financial year (when self-evaluation surveys were completed) there was a deliberate measure to reduce the occupancy in three units, ahead of their planned closure. The occupancy, with a combined capacity of 32 in those three units, ranged from 30 per cent to 60 per cent. Two 12-bed units accommodated 23 children at the time the self-evaluation surveys were completed.

There was an average of 62-66 children and young people living in the larger residential care units at any one time. Generally the age range was 11 to 17 years, with a median age of 14 years.

Some of the units have boys and girls, some have only boys.

Children and young people in larger residential care environments accounted for a quarter of those living in all residential care environments in June 2014.

[3] The vast majority of these children are under the guardianship of the Minister.

Findings – Safety

This child is safe and feels safe

The visiting Advocates from the GCYP undertake the following activities to inform their assessment of the safety of residents. They:

- Seek information in a survey[4] completed annually (with data for a six month period), on critical incidents, use of physical restraint and missing persons, among other things.
- View critical incident reports for the six month period prior to the house visit.
- Record the number of incidents and the use of physical restraint.
- Seek information from the supervisor or manager about any notifications of abuse and consequent investigations or action (care concerns).
- Seek information on how assessments of risk are made and the consequent action.
- Seek information on any measures to address bullying behaviour in the house.
- Talk to the residents about their feelings of safety.

See Appendix 1 for a more complete list of indicators.

Notifications of abuse in care (care concerns)

Safety is supported by prompt investigations of allegations of abuse or neglect and by implementing the required change as a result of investigations.

[4] The survey is a self-report completed by the Manager, Supervisor or Senior Youth Worker of the unit or house.

GCYP expects:

- Notifications are made to the Child Abuse Report Line as required by legislation and policy.
- Information is shared with others when serious harm can be anticipated, consistent with the Information Sharing Guidelines and confidentiality policies.
- Care concern investigations are conducted promptly, recorded and monitored for progress.

There was a significant improvement to the provision of information about care concerns compared with 2012-13[5]. Resulting from discussions between the Guardian and Families SA residential care management, Families SA commenced internal tracking of care concerns for children in government residential care[6]. Care concern data is now provided to GCYP including the dates that the concerns were raised, the residents involved and the status of investigation.

During interviews with the GCYP Advocates, the Families SA Program Manager, informed by the Project Officer responsible for the internal monitoring, reported a total 19 care concerns during six-month reporting periods across the units visited (seven sites). In the review of safety records, an Advocate identified another incident that should have been raised as a care concern. The Program Manager agreed.

Carers' reports of safety

Residential care staff spoke of the difficulty of keeping all children safe when the residents with volatile behaviours were co-located and persuade or coerce each other into engaging in high-risk activity off-site. Staff reported active encouragement from, and competition amongst, residents to engage in high-risk behaviours. At four visits, staff spoke of highly challenging peer dynamics and at one of the units it was described by staff as 'terrible'. It was commented by staff that staff were exhausted and that efforts to manage day to day

[5] During 2012-13 information about care concerns for any one house was not readily available and supervisors could not confidently say what care concerns had been made or the progress of any consequent investigation or action to address issues.

[6] Prior to this year, there was no internal or external tracking except for the monitoring of serious sexual abuse allegations done by the GCYP.

incidents impacted upon the residents who did not display or engage in volatile or high-risk behaviours. Those residents were reported to feel scared and 'missed out' on positive interactions and time with staff.

At one unit the supervisor reported that some residents were afraid of others and one resident had refused to return to the unit as a result of his fear. The supervisor explained that although social workers were aware of the social environment within which the residents lived, the lack of placement alternatives prevented movement.

Critical incidents

One indicator of safety is a low level of critical incidents. Another is minimal harm during a critical incident.

GCYP expects:

- Behaviour management policy is supported by procedures which are communicated well to all staff and to residents as appropriate.
- A decline in the number of critical incidents over time.
- A decline in the physical restrictions in response to incidents, except to the minimum required to protect from serious harm.
- De-escalating responses ahead of incidents to prevent the need for physical intervention.
- Debriefing and review of incidents in order to prevent such incidents re-occurring.

As reported in the self-evaluation surveys requiring data over a six-month period, there were 266 critical incidents within the eight larger residential care environments. Almost half of those (131 or 49.2 per cent) critical incidents occurred in two units.

On viewing the records of incidents at the seven units visited in 2013-14, the Advocates noted the types of issues that triggered incidents. These were:

- Dissatisfaction with where they live.
- Intoxication by alcohol and other drugs.
- Residents facing significant challenges at school.
- Inactive supervision by staff and not intervening as tensions rose.
- Bullying by other residents.
- Residents reacting to staff who they did not know or did not like.

High quality incident reports provide detailed information on what led to the incident, what attempts were made to prevent an incident, what happened during the incident, and post-incident response including a report from the resident as part of de-briefing. The reports are reviewed by the supervisor and manager and their comments recorded on the report, including recommendations or action taken. Incident reports should be used in staff discussion about improved responses to each resident and be available for external review.

The Advocates noted continued improvements from early 2012-13, with incident reports routinely having most of the elements above. However the quality of incident reports varied. In one unit for example, some incident reports provided good detail of what occurred before, during and after the incident. However at the same unit, some reports were confusing and were not written in the order of events.

Resident comment sheets – enabling the resident(s) involved to contribute their perspective to the incident report – were not used. Some incident reports detailed attempts by staff to reconnect, reflect and debrief with the resident(s) involved. Attempts to support and debrief residents who were not involved but witnessed the incident were not in the reports. During one monitoring visit, a resident spoke of his negative emotional reaction when he heard another resident restrained in the hallway late at night. Support to other residents is particularly important considering the high number of incidents and acknowledges the cumulative exposure to violent incidents.

The Program Manager reported on the ongoing efforts across residential care to improve the quality of critical incident reporting, such as use of the template, training of new staff and ongoing feedback from Supervisors to increase consistency. The Advocates viewed some incident reports that recorded thorough comments and recommendations by the Supervisor or the Program Manager.

The Supervisors' comments in many reports were good, providing reflection on staff's actions, areas for improvement and explanation of causes for residents' behaviours. At one unit, the Supervisor reported that the critical incident reports were indicative of the violent, aggressive and high risk environment during the reporting period.

Consequences for poor behaviour were often not recorded, other than intervention by SA Police. When a resident was required to spend time alone in their room, the length of time was rarely recorded.

Use of physical restraint

Physical restraint is one form of intervention used in residential care to manage high-risk behaviours and prevent harm to children and staff. The use of physical restraint in residential care environments is monitored by GCYP because it is a high risk to safety and it should only ever be used as a last resort. It has been known to cause physical and psychological injury to children, and is reported by children to be frightening, traumatic and humiliating.

For a six month period, self-reported data from *all* residential care shows at least 149 occasions of the use of physical restraint of children during a critical incident[7]. At least two-thirds of these occasions (67 per cent or 100 occasions[8]) were the restraint of a child in the larger residential units, which accommodate a quarter of the total residential care group. This is roughly a minimum per child rate of 1.5 incidents of physical restraint over a six month period, compared with 0.25 per child in smaller units.[9]

This equates to at least 16 occasions of physical restraint each month across the larger units and GCYP expects that, if the missing data had been reported, the actual number would be similar to 2012-13, which was 20 occasions each month. In 2007 and 2008 when the Guardian conducted an inquiry into the use of physical restraint in residential care, there were 17 occasions per month. This suggests that physical restraint is being used more now in larger residential care units than it was six years ago despite reduction of resident numbers in some units.

Closer examination of this data shows that some larger units had significantly higher rates of restraint than others, which could in part be explained by the different level of need of particular residents. Increased use of restraint was often attributed to residents with very high needs and/or adverse dynamics among a group of residents. The rate of incidents of physical restraint across all eight units over a six month period ranged from 0.6 per child to 4.9.

In the seven units visited in 2013-2014 the incident reports for the six month period prior to the visit numbered 247[10]. Physical restraint was used in 158 of these incidents.

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[7] One supervisor of a larger unit did not provide the required data in the self-evaluation survey or during subsequent requests for the data at the time of the monitoring visit.

[8] GCYP expects this number to be higher given that one unit did not provide the data.

[9] This comparison is based on average actual occupancy in the houses.

[10] In 2012-2013 there were 204 incident reports in the six month period prior to the visit.

The Advocates noted confusion among staff and managers about what constitutes a physical restraint and an inconsistent use of terminology in reporting restraint. The data report for one visit recorded the use of a 'prone restraint' in six incidents. The Program Manager advised that this is not a preferred technique and investigation occurred after each use.

With regards to another unit, the Program Manager noted there was a need to approve an alternative restraint technique as it was identified (by the Directorate) that the endorsed Non-Violent Crisis Intervention (NVCI) techniques were not successful with one particular resident. It was reported that staff were injured during restraints and the risk of injury to the resident was acknowledged to be high. The unit supervisor reported that staff were reluctant to use restraint in some instances due to the escalation of force required to control a situation.

Risk assessment

Responses to risk, threats or incidents of harm must be timely and comprehensive. This includes physical and mental health services.

GCYP expects:

- Health assessments identify urgent health needs, including risk of self-harm.
- Self-harm and suicide prevention and intervention strategies are in place.
- Risk assessment and review procedures are implemented well.
- The organisation analyses self-harm incidents and responds on the basis of such analyses.
- There are regular audits of the built environment and equipment to identify and minimise the risks of harm.

The Program Manager reported that Individual Safety Plans (ISPs) were to be used for high-risk residents. The ISP assists to identify risk and details appropriate strategies to address behaviour. The Program Manager advised that not all units were using the ISPs, as previously there was no policy to do so. However, as part of the new practice framework, that was gradually introduced in 2013-14, it was reported that ISPs would be used in all units.

One resident who was involved in five of 24 critical incidents in the six month period prior to a monitoring visit was subject to an ISP and the strategies to be used were noted in the

critical incident reports. One of the strategies used often was keeping the resident outside whilst behaviour was elevated.

At another unit, nine of 19 incidents in the six month period prior to the monitoring visit involved self-harm, namely the misuse of substances including alcohol, Panadol or No-Doze. An ambulance was called on each occasion and residents were taken to hospital. Three incident reports included instruction about referrals or follow-up with therapeutic services. It appeared from reporting that in most instances, the resident attended the Women's and Children's Hospital alone, with no Families SA worker present. In discussion with the Supervisor and Program Manager it was noted that due to staffing ratios, particularly at night, it is often not possible for residents to be accompanied by a staff member. It was explained that the night officer will be contacted and may be able to meet the resident at the hospital, if other commitments allow. It was also explained that medical permissions for residents are sometimes required by the hospital and cannot always be provided by unit staff but need to be through a Families SA office supervisor.

Reports indicated that the misuse of Panadol was led by a couple of residents and was then copied by others in following evenings. Both the Program Manager and Supervisor confirmed that Families SA psychological services and individual residents' therapists were consulted to identify strategies to manage the mimicking and misuse of Panadol.

Strategies to prevent and manage bullying

Bullying is repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group. In this report comment on physical violence is in the section on critical incidents.

Supervisors in most units talked of the difficulties in managing bullying among residents. This was particularly so when resident numbers were high or residents colluded against one resident. Residents with disabilities and younger residents were reportedly more vulnerable to bullying. In one unit, the child who was persistently bullied was then separated from the others, as a way of managing the behaviour. The child commented on the significant amount of time he spent alone in his bedroom.

Despite observations by the Advocates of bullying behaviours and discussions with staff about the prevalence of bullying, there was no identifiable consistent approach to preventing bullying behaviour. All supervisors reported that incidents were addressed by talking with the residents involved and some units reported increased vigilance by staff.

Some unit supervisors invited SA Police officers to talk with residents as a group about the criminality of bullying, and the risks of social media, cyber bullying and the importance of developing connections outside of the unit.

Residents' reports of feeling safe

During each visit at least one resident spoke about violent incidents, restraints they observed and some acknowledged their own volatile behaviour.

At one visit an Advocate was introduced to a resident who was happy to talk in his room but refused to leave, for fear of another resident.

At another visit, residents talked about bullying behaviours, yelling and loud noises that frightened them. One resident noted that the bedroom doors, with open air vents provided little protection to the noise, including during incidents late at night which scared him.

Missing from placement

The risk posed to children and young people when they run away includes sexual exploitation and abuse, violence, drug taking and involvement in criminal activity.

Young people who engage in risky activity and associations often invite or coerce others into joining them, and younger children with disabilities are particularly vulnerable. This risk of harm is further amplified as adults involved in the recruitment and abuse are adept at identifying vulnerable young people.

For a six-month period self-reported data on absences without permission[11] from all residential care units (large and small) totalled 1,764 incidents.[12] Of these 1,421 (80.6 per cent) were reports from the large units, which accommodate a quarter of the total residential care population group. During the same six-month period self-reported data on missing persons from all residential care units (large and small) totalled 752 incidents. Of these, 505 (67.2 per cent) were reports from the large units.

[11] In 2013-14 Families SA and SAPOL implemented a new missing person's practice guide, focused on assessing a child's risk factors and urgency for response if, and when they go missing from placement. A trial was held in 2012-13. The practice guide distinguishes between a resident who is absent without permission, resulting in a 'Guardianship Absentee Report', and a child who is reported as a missing person when they are considered at high or extreme-risk and urgent response is required.

[12] There is no record of how many individual children this represents.

Children and young people in the large units told GCYP Advocates that they run away for reasons including:

- issues relating to the management of their care,
- not wanting to live in residential care,
- scared of other residents in placement,
- to seek contact or reunion with family,
- a deliberate decision to 'seek fun', or
- to meet an emotional/psychological need (for example, as a coping strategy).

Findings - Voice of children and young people

This child has knowledge of and participates in decisions that affect him or her.

The visiting Advocates from the GCYP undertake the following activities to inform their assessment of the strength of the voice of residents in decisions that affect them. They:

- Seek information in a survey completed annually on strategies employed to seek and obtain the voice of residents, for example, residents' meetings, suggestions box and discussion about house rules.
- View written complaints made by residents.
- View minutes of residents' meetings.
- Ask residents for their views on involvement in decisions.

See Appendix 1 for a more complete list of indicators.

Complaints

A complaints system provides residents with the opportunity to alert house management to issues which may threaten safety or comfort in the house.

GCYP expects:

- Residents are provided with information about their rights and responsibilities.
- A secure complaints process is in operation at all times and is transparent to authorised oversight bodies.
- Residents are assisted to raise concerns without fear of retribution, including requests for independent advocacy.

- Complaints are responded to in a timely and respectful manner.
- Complaints are systematically recorded and reported.

In 2012-13 Families SA commenced a trial of a formal complaints process. In March 2014 it was reported to be unsuccessful and that efforts were to be made to explore other ways of facilitating residents' feedback.

Supervisors at all units said that residents could raise issues by speaking with their unit key worker, the supervisor, case worker and during discussion following serious incidents. On the whole, most staff were confident that residents were comfortable with this process.

Residents' views on the complaints process though varied from comfortable with the way it was, to most dissatisfied. Several said that they were not listened to when issues were raised and questioned the value of speaking up. Regardless of their level of comfort, all agreed that a more formal process that required documentation of the complaint and responses from 'higher up' would be a good idea. One said that 'sometimes it is easier to write things on paper'.

The GCYP view is that the informal complaints process (relying on residents talking to staff) means that there is usually no record kept, nor management or external oversight of complaints or persistent issues, which is unsatisfactory.

Residents' Meetings

An important harm prevention measure is for children and young people to feel safe and encouraged to talk. They are more likely to do this in a setting which seeks and takes account of their views as a general practice. Residents' meetings are only one way of doing this and the conduct of 'meetings' will depend very much on the age and circumstances of the house residents. Sometimes 'meetings' are regular mealtime conversations when everyone sits down to a meal. However, things that are agreed to at the meeting should be recorded.

From interviews with unit supervisors the expectation of residential care management that residents' meetings be convened regularly was well understood. At most units, the supervisors reported that meetings were to have been held fortnightly and record of the meeting discussion and action kept. The Program Manager also reported that there was an expectation that issues from residents' meetings were discussed at unit team meetings to ensure issues were addressed collectively.

Where the minutes of meetings were provided to the Advocates for viewing, they demonstrated good and open communication between staff and residents. Supervisors at three units reported only irregular meetings and attributed this to frequent absenteeism and the perceived lack of interest amongst residents to participate. One supervisor said that due to the dynamics in the unit residents' meetings had not been considered a priority or appropriate. Another supervisor reported that the unit was 'trying something different' and had used the resident meeting agenda template in individual discussions with residents.

At one visit, the residents had conflicting views on the opportunity to have a say in decision making. One resident spoke favourably of a recent residents' meeting stating that it provided a forum in which he felt he had a say. Another resident seemed disgruntled that despite expressing his views in that forum he believed residents had not been heard as the issue remained unresolved. In units where meetings were irregularly held, residents commented that meetings were useful, preferred them to be run by residents and talked about the importance of rules.

Involvement in decision-making

Beyond the decisions about day-to-day matters or conditions in the house, residents should be involved in other decisions that affect them. Many of these decisions will be made by the child's social worker or the supervisor at the Families SA office.

At most visits residents talked about a lack of participation in making decisions about their lives. At one visit the Advocate arrived following the completion of several care team meetings but the residents did not seem to know that the meetings had occurred or that there was a 'plan' for them. Residents also appeared confused about who they would ask for such information.

At all visits residents spoke about contact with social workers as an ongoing issue. Residents reported on the infrequency of visits from, and difficulty in contacting their social workers. Residents said they did not see their social workers regularly and felt that their social workers did not know who they were. Some residents at all visits openly spoke of wanting to have more input into decisions, wanted to feel heard and wanted an opportunity to talk about issues that affected them.

Almost half of the residents across the seven units visited talked a great deal about wanting to be more involved in the decisions that were made about them. They talked about wanting to have input to the care plan meetings that take place at the units, wanting to have regular residents' meetings and a suggestions box.

Access to information about their situation and their rights

As in 2012-13, at several visits, residents talked about issues which related to living with others in larger congregate care environments. These included dissatisfaction with living with residents they did not like, and at times were fearful of, and a belief that residents were treated differently, preferentially and sometimes unfairly. Residents also discussed how the behaviour of others directly impacted on how they felt about where they lived and that they had no say in what happened to them.

Familiarity among residents with their right to access external advocacy and information from the GCYP varied significantly and depended on the length of time a young person had been in care and whether they had made use of external advocates. Some residents had been well prepared by staff for the visit by the Advocate, but in other units there was little preparation.

The visibility of reminders of residents' rights, in *Charter of Rights* booklets or posters, varied from unit to unit. There was frequent reference by unit staff to minimising the institutional feel to the unit and therefore resistance to displaying the posters in residents' living areas.

Findings - Nurturing environment

This child lives in a kind and nurturing environment.

The visiting Advocates from the GCYP undertake the following activities to inform their assessment of nurturing in the care provided to residents. They:

- Seek information about the training that had been provided to residential care staff in the prior six months.
- Observe interactions among residents and between residents and staff.
- Review critical incident reports to assess the proportionality and appropriateness of consequences imposed on residents for poor behaviour.
- Seek the views of residents about the social environment.

See Appendix 1 for a more complete list of indicators.

Staff training

Children and young people in care have the right to have people caring for them who have special training that meets the needs of the children.

The availability of training relevant to caring for children with special needs seemed limited. Only two units reported that workshops, specific to mental health, disability and sexualised behaviours were available to staff.

Several unit supervisors said that refresher training on non-violent crisis intervention had been provided and the Program Manager advised that Solution Based Casework[13] training was implemented across the directorate although, reportedly, some staff questioned the relevance of the training to their role in direct care provision.

All supervisors spoke of the training they would like staff to undertake, however reported that it was challenging to coordinate due to the staff roster.

The Program Manager reported that a psychologist and Police Liaison Officer had attended some staff meetings to assist staff to debrief on incidents.

Interactions among residents

Positive interactions among residents and staff are conducive to calm and safe residential environments.

GCYP expects:

- Interactions among residents and staff are respectful and caring, and no bullying or other intimidation occurs.
- There is evident and active promotion of positive behaviour and prompt responses to incidents of abuse or harassment.

The social climate varied from one unit to the next. The Advocates observed the significant challenges for residents and staff in all large units in being with a high number of residents, many with complex needs and some with similar high-risk behaviours.

> *During the visit the Advocate encouraged residents to have their say about what improvements were needed at the unit. It was clear that residents were not comfortable or willing to engage in constructive conversations. Two residents, both aged 13 years, deteriorated into destructive behaviours – throwing things at each other. Staff reported that this behaviour was constant. [excerpt from monitoring visit contact note]*

[13] Solution Based Casework is being introduced across Families SA as the sole approach to casework service.

Most noticeable at visits were established behaviours of bullying.

> *There was evidence during the visit that some residents felt intimidated and unsafe due to the behaviours of other residents. The Supervisor reported that one resident, aged 12 years, ran away from the unit the day before the visit after being assaulted by another resident. The Advocate observed tension between residents and inappropriate and disrespectful comments. [excerpt from monitoring visit report]*

In several cases the Advocates recorded their deep concern with the exceptionally high vulnerability of individual residents, due to their low level of cognitive ability and their susceptibility to abuse by other residents.

Interactions between residents and workers

At most visits the Advocates observed positive interaction between the young people and residential care workers and on several occasions witnessed skilled responses by workers to challenging behaviours which prevented incidents from escalating. However at one visit the unit supervisor reported that residents had demonstrated an adversarial attitude towards staff and that 'nothing staff do is working'. The supervisor explained that staff were being verbally abused on a daily basis and it was demeaning and demoralising. The supervisor said that it had significant detrimental impact on the quality of care provided as the environment was extremely negative and violent.

Individual residents at a number of units reported feeling supported by staff and two residents in one unit said this had improved over time. One resident attributed the improvement to 'staff learning how to manage us'. Residents said that good workers were consistent and clear in instruction and decisions, and they did not show favouritism. Sometimes when residents complained about their treatment or care, this was done in the presence of staff which suggests a level of trust between them.

One resident noted that staff had called him 'anti-social' as he chose not to socialise with other residents. The resident described himself as 'not fitting in with the others' and said it was his way to manage the dynamics in the unit. This lack of 'fit' was observed by the Advocates when two other residents returned to the unit. The resident kept himself separate from others and the difference between residents' temperaments, interests and capabilities was apparent.

It was consistently reported by unit staff that there was a significant increase in the past few years in the number of residents with high and complex needs, and resultant challenging

behaviours. The staff said that these residents required greater levels of support and intervention and staff were required to manage competing demands. One supervisor reported that four of the co-located residents were considered to have extremely high needs and be at extremely high risk and should not have been placed together.

Over the reporting period the Advocates observed the increasing number of Aboriginal children living in the larger units[14] and that there were few Aboriginal residential staff. Families SA is aware of this and are attempting to recruit more Aboriginal care staff.

Consequences

In all units, the critical incident reports did not consistently record the consequences imposed following an incident. This makes it impossible to judge proportionality or appropriateness. Incident reports should include information on what consequences, if any, were imposed. In most cases, the only consequences documented in critical incident reports reviewed by the Advocates were SA Police call-outs but the outcome of their attendance was not always documented. Eight incident reports documented other consequences imposed by staff:

- Three incident reports recorded that electrical power to a resident's bedroom was turned off. In two circumstances the Advocate discussed the consequence in the context of the behaviour and expressed concern that it was disproportional and inappropriate. In one of those situations, the supervisor agreed.
- Three incident reports described that residents were 'moved outside' to manage their behaviour and to reduce risk to property and others.
- Two incident reports documented the confiscation of equipment.

The limitations of this reporting must be acknowledged. The Advocates can only report on what was documented or said to them.

[14] During visits in 2013-14 the Advocates met 16 children and young people who identified as Aboriginal. Not all unit residents were present during Advocates' visits, therefore the population of Aboriginal children and young people in larger congregate care environments is expected to be greater. GCYP does not receive data from Families SA to report on the total number of Aboriginal children and young people placed in residential care.

The summary written by the Advocates of critical incidents showed reasonably frequent calls to the police to attend during incidents. For example, in one unit, of the total 24 critical incidents in the six month period prior to the monitoring visit, on 14 occasions SAPOL were called to attend the unit during an incident. The outcome of their attendance, such as residents being cautioned or charged, was not always reported.

In another unit, out of 22 critical incidents, on nine occasions SAPOL were called to attend the unit during an incident but details regarding action taken by SA Police were not consistently reported.

Residents' comments on social environment

There were examples of residents talking positively about their circumstances. This often centred on activities and reports of staff engaging with residents for fun. Across two units, three residents spoke fondly of the staff and felt safe and cared for. In another, one resident said he did not mind living at the unit, that the 'staff were pretty chilled' and he 'eats better since moving in'.

In some units the atmosphere was generally negative and residents were unhappy. Residents spoke about 'hating it' at the units, wanted to 'change everything' about where they lived and said 'things were even worse than before'. They experienced intimidation by other residents, there were too many residents, and they recognised that the difficult behaviours were a result of fear and defence. At one visit, a resident said 'I have nothing positive to say about this place'.

Findings – Identity and belonging

This child has contact with family, friends and cultural community that provide emotional support and identity

The visiting Advocates from the GCYP undertake the following activities to inform their assessment of the significant connections that promote the child's sense of identity and belonging. They:

- Seek information about the training that had been provided to residential care staff in the prior six months.
- Observe interactions among residents and between residents and staff.
- Seek the views of residents about their significant connections.

See Appendix 1 for a more complete list of indicators.

Connected with cultural community

Aboriginal children have the right to know about their cultural identity and community.

GCYP expects:

- Aboriginal children are placed within their cultural communities.
- Aboriginal children not placed within their communities have access to people and information from their communities.

- Aboriginal children and those of culturally and linguistically diverse backgrounds who are not placed with their cultural community have an implemented plan of cultural connection.

During visits to the units Advocates met 16 children and young people who identified as Aboriginal. Not all unit residents were present during Advocates' visits. There are likely to be more Aboriginal children and young people in larger congregate care environments. GCYP is not able to report on the total number of Aboriginal children and young people living in residential care or the number living within the larger units as that information is not provided.

None of the larger units are specifically for Aboriginal children and young people. Cultural support and celebrations of cultural identity, where it occurred, were provided by external agencies. There were no reported internal strategies or actions to connect Aboriginal children to their culture.

Systemic Aboriginal identity, needs and support continue to be problematic for Aboriginal children in large units. Across all units, very few staff were identified as Aboriginal. One supervisor reported that residential care was an 'inappropriate placement' for one Aboriginal child who was considered to desperately seek connection and belonging.

Contact with family, friends and community networks

Significant connections to trustworthy adults, siblings and friends help children and young people in care to build resilience and provide the necessary consistent emotional support.

GCYP expects:

- Children and young people's views about who is important to them and how they want to have contact are sought and inform decision making.
- Adults in the child's life actively encourage and support contact with those who help the child to feel good about themselves.
- Children are satisfied with contact with family and friends.

Satisfaction with the level of contact with family and friends varied across the units, irrespective of the child's community of origin. All of the units are located in the metropolitan region and accommodate some children and young people originally from regional areas. Generally residents said they wanted more family contact and did not

understand how decisions were made about frequency of contact. Two residents at one unit told the Advocate that they felt they were able to initiate contact with family members if and when they required. However another resident at the same unit said he had been in care for a year and saw his mother only every couple of months. The same resident said he had a good relationship with his father but had little contact with him due to his father living in the far north of the state.

Residents talked about the importance of spending time with friends and could differentiate between getting along with other residents and being friends with them. Residents spoke negatively about not being allowed to have friends visit the units and also commented that it was embarrassing to tell friends where they lived.

Three residents at different units spoke about their involvement in organised recreational and sporting activities that enabled them to maintain community and social networks. Other residents may also be engaged in community activities, however did not speak with the visiting Advocates about it.

Satisfied with contact with siblings

Anecdotal evidence from young people in care suggests that sibling contact is an important issue for them. Siblings have a prominent role in the child or young person's construction of family. Indeed, GCYP has spoken with children and young people who rate their relationships with their siblings as being equally important, if not greater, than their relationships with their biological parents[15].

GCYP expects:

- Children and young people's views about sibling relationships have been sought and inform plans for contact.
- Cultural considerations are borne in mind when considering a child's view of their siblings.
- Caregivers, including residential care staff, actively encourage and support contact between siblings who are placed separately.
- Children and young people are satisfied with sibling contact.

[15] GCYP (2011) *What children in care say about contact with their siblings and the impact sibling contact has on wellbeing.*

At every visit some residents spoke about their satisfaction, or not, with the regularity of contact with siblings. Two residents spoke about their need to know what was happening in their siblings' lives and they were satisfied with informal contact via mobile phone and social media, in between face-to-face visits. One of those residents said that a sibling lived in another unit and knew she was not happy. Maintaining regular contact with his sister was highly important.

Generally residents said they would enjoy more frequent contact with siblings.

Summary

The Office of the Guardian (GCYP) visits residential settings to strengthen the voice of children and young people and to influence agency practice.

Reporting on the larger residential settings (8-12 residents) has been separated from reporting on smaller environments (3-4 residents) because the issues are consistently different or are different in scale. This report is exclusively about the eight larger units in SA, all of which are operated by the government agency Families SA and are in the metropolitan area of Adelaide. Seven of the units were visited in 2013-14.

The information reported here is based on agency self-reporting, examination of written records, interviews with senior staff and from talking with residents. Only four of the possible 12 Quality Statements are written about in this report: safety; voice of children and young people; living in a nurturing environment; and contact with family, friends and cultural community.

This child is safe and feels safe

Resulting from discussions between the Guardian and Families SA residential care management, there was significant improvement to the provision of information about care concerns compared with 2012-13.

A total of 19 care concerns were reported during the six-month reporting periods across the seven units visited in 2013-14. However, there were indications of possible under-reporting. In the review of safety records at one visit, an Advocate identified another incident that should have been raised as a care concern but was not. The Program Manager agreed.

Carers and supervisors were often deeply concerned about risks to comfort and safety for some residents because of the coercion by others of younger or more vulnerable young people into high risk behaviours.

There were 266 critical incidents within the eight larger residential care environments reported by survey over a six-month period. Almost half of those (131 or 49.2 per cent) occurred in two of the units. The per child critical incident rate is almost double that in the smaller units.

Although continued improvements from the previous year were noted, the quality of incident reports varied. Resident comment sheets were not used. Consequences for inappropriate behaviour were often not recorded other than intervention by SA Police.

The use of physical restraint during critical incidents was comparatively high in larger units, at least in some units. At least two thirds of physical restraint within all residential care settings occurred in the larger units, which accommodate only one quarter of all children and young people in residential care.

Across the larger units there were at least 16 occasions of physical restraint each month. Required data was not provided by the supervisor of one unit and GCYP expects that if provided, the actual number would be similar to 2012-13, which was 20 occasions each month.

Despite the reduction of resident numbers in some units the use of physical restraint is being used more now than it was six years ago.

The new residential care practice framework introduced Individual Safety Plans for high-risk residents. The Advocates viewed an example of a critical incident report that noted specific response and incident management strategies informed by the Plan.

There was some evidence of serious self-harming, such as the misuse of Panadol, being repeatedly copied by residents in the same unit.

Bullying among residents remains a major cause of a stressful social environment in all of the larger units. There is no formal anti-bullying framework developed for residential care. Supervisors in most units talked about the difficulties in managing bullying among residents. The informal strategies adopted were largely one-on-one discussions and staff intervention when bullying was observed. Some unit supervisors invited SA Police officers to talk with

residents as a group about the criminality of bullying, and the risks of social media, cyber bullying and the importance of developing connections outside of the unit.

During each visit at least one resident spoke about violent incidents and restraints they observed. Some residents also acknowledged their own volatile behaviour.

Children and young people in the larger units talked about running away from the units because they did not want to live in the units, they felt scared at the unit or they did not feel connected to people. Eighty per cent of absences without permission were reports from the larger units, which accommodate only one quarter of the total residential care population group.

This child has knowledge of and participates in decisions that affect him or her.

In early 2014 a trial of a formal complaints process was reported to have been unsuccessful. Staff reports on residents' confidence in informal methods for complaints and feedback was not supported by comments made by residents to Advocates. The reliance on residents talking to staff means that there is usually no record kept, nor management or external oversight of complaints and persistent issues. GCYP was advised that efforts would be made to explore other ways of facilitating residents' feedback however the Advocates saw little evidence, other than a suggestion box in one unit. GCYP will continue to monitor this.

Senior staff were well aware of the expectations for regular residents' meetings. However, supervisors at three of the seven units visited reported in interview that meetings were irregular. Frequent absenteeism and a perceived lack of interest amongst residents were reported as reasons. Residents themselves expressed interest, commenting that meetings would be useful and preferred residents to lead them. The only comment detracting from that was from a resident who felt disgruntled that despite expressing his views in a residents' meeting he felt that residents had not been heard as the issue was not resolved.

Being more involved in decisions that affect them was a common issue raised during visits. At most visits residents commented on not knowing how they could contribute their views and participate in decision-making and planning, citing confusion about who they could speak with and identifying infrequent contact with social workers as an ongoing issue.

This child lives in a kind and nurturing environment.

The availability of training for staff that is relevant to caring for residents with special needs seemed limited. Only two units reported workshops specific to mental health, disability and sexualised behaviours. All supervisors spoke of the training they would like to undertake but aside from refresher training on Non-Violent Crisis Intervention and Solution Based Casework, it was difficult to coordinate due to rostering and other priorities.

The social climate varied from one unit to another. Advocates observed the significant challenges for residents and staff in the larger units with the higher number of residents, many with complex needs and some with similar high-risk behaviours. Most noticeable at visits were established behaviours of bullying.

Overall, the Advocates observed positive interaction between the residents and staff. Additionally, the Advocates witnessed several instances of skilled responses by workers to challenging behaviours. Individual residents at a number of units commented positively on the staff caring for them.

Workers reported that there has been a significant increase in the number of residents with high and complex needs.

Families SA is aware of the need to recruit more Aboriginal residential staff in response to the continued rise in the number of Aboriginal residents.

The proportionality and appropriateness of consequences imposed for inappropriate behaviour was impossible to judge because incident reports rarely recorded this. However, the Advocates noted the fairly frequent calls to SA Police to attend during incidents.

Activities and staff engagement were spoken of positively on some occasions. However, in some units the atmosphere was generally negative and residents were unhappy. This was attributed to their experiences of intimidation and too many residents living in the one unit.

This child has contact with family, friends, and cultural community that provide emotional support and identity.

During visits to the larger units Advocates met 16 children and young people who identified as Aboriginal. Not all residents were present during Advocates' visits. It is expected that the number of Aboriginal children and young people in larger units is higher.

None of the larger units are specifically for Aboriginal children and young people. Where it occurred, cultural support and celebrations of cultural identity were provided by external agencies. Systemic action to support Aboriginal identity continues to be problematic for Aboriginal children in residential care.

Satisfaction with the level of contact with family and friends varied across the units, irrespective of the child's cultural identity and community of origin. Generally, children and young people said they wanted more family contact.

Residents talked about the importance of friendships but were embarrassed to tell friends where they lived. Residents spoke negatively about not being allowed to have friends visit the units. Residents could differentiate between getting along with other residents and being friends with them.

Three residents at different units spoke about their involvement in organised recreational and sporting activities that enabled them to maintain community and social networks.

Sibling contact is an important issue for children and young people in residential care. At every visit, residents spoke about their satisfaction, or not, with the frequency of contact with siblings. Generally residents said they would enjoy more contact with siblings.

Areas for attention

Reported above are significant risks to child safety and huge challenges to residents and staff in coping with intimidating social environments. The Guardian maintains her view that it is inappropriate to accommodate more than three or four children on one residential site, with some exceptions for large sibling groups or for very short periods of time. The risks are particularly high for children with complex needs, yet the tendency in placement decisions has been to accommodate the highest need children in the larger facilities where there is reduced staff availability and more volatile dynamics among residents. The larger units should be closed permanently.[16]

Safety

Residential care management and senior staff should closely monitor the responses to allegations of abuse (care concerns) to ensure that the responses are timely and suitable.

Residential care management should intensify efforts to reduce the use of physical restraint of residents in response to critical incidents. This would include more on-site training and analysis of incidents where restraint was used.

Decisions to place a child or young person in a larger unit should be informed by the needs of the child and the needs of, and impact on, residents already in placement.

Additional effective anti-bullying strategies should be used more systematically across the units in addition to the one-on-one counselling.

[16] At time of writing three of the larger units had ceased operation, leaving six larger units. One of these six had not yet opened.

Voice

Residents should have access to a range of formal complaints and feedback processes in all units, with a focus on recording residents' views, the responses from senior staff, and management oversight of complaints and persistent issues. [GCYP expects this work to continue in 2014-15.]

There should be more visual reminders of residents' rights, including the right to participate in major decisions that affect them.

Nurturing

A renewed emphasis on training for staff associated with caring for children with special needs is required. Training that has a continuous emphasis on building skills for positive communication with children and young people and on working with children who have disabilities and challenging behaviours as a result of trauma should be prioritised.

Efforts to reduce the number of residents accommodated in each unit to a maximum of six to minimise the tendency and opportunity for intense 'pecking orders' to develop among residents should continue.

With the increase in the proportion of Aboriginal young people accommodated in residential care, residential care management should make every effort to recruit and retain Aboriginal care staff.

Critical incident reports should routinely record if consequences for poor behaviour were imposed and what the consequences were, so that managers and external monitors can judge proportionality and fairness.

Identity and belonging

Management should ensure an appropriate strategy and related training for staff that promotes cultural support to Aboriginal children and young people through daily interactions and activities.

The views of children and young people about their contact with family, in particular siblings living in separate placements, should be regularly sought and included in care plan meetings.

Strategies for ensuring that children and young people living in residential care are not isolated from their friends and community connections should be discussed as part of care plan meetings.

Appendix 1 – Major indicators for quality statements

Indicators for 'This child is safe and feels safe'

- The **child reports** feeling safe and well cared for
- The **carers report** the child is safe
- Induction is provided to the care situation that is easy to understand and reduces anxiety in the child
- **Care plans** clearly identify risks and protective factors for the child
- Pro-active **strategies to prevent and manage bullying** are observed
- The house has clear practices and agreed arrangements with local police when a **child goes missing**
- The child has access to timely support when subject to a **notification of abuse in care**
- **Force is never used on a child or young person except to protect them** or others when the danger or risk of harm is unacceptably high
- **Consequences** for misbehaviour are not harsh, cruel, inhuman or degrading
- Organisational management monitors the **use and incidence of physical restraint**
- Caring organisations have a current and comprehensive suicide prevention and intervention strategy that is understood and applied by carers
- Carers are **trained in the indicators of abuse** and the appropriate responses
- Policies and procedures are in place to **minimise the risk of a child missing from placement**
- Policies and procedures are in place within the caring organisation to prevent abuse in care

Indicators for 'This child has knowledge of and participates in decisions that affect him/her

- The **child reports** being involved in decision-making

- The child has access to and receives culturally appropriate support to participate in decision-making
- Young people who are not fluent in English have the services of an interpreter whenever necessary
- Children who have disabilities are given information about their circumstances in a way that is understandable to them
- The child talks about participation in case planning and decisions, as appropriate for their age and capacity
- The child has access to information about their situation and rights (for example the Being in Care book and the Charter of Rights)
- The child directly or indirectly contributes to their annual review, where appropriate
- The child can explain how to make a complaint
- There is evidence that the carers support the child's participation in the decisions affecting them

Indicators for 'This child lives in a kind and nurturing environment '

- The **rights of children** are acknowledged and promoted by carers
- Carers place the **wellbeing of the child at the centre of practice** within the house
- Observed **interaction between child and carers** is caring and positive
- Observed **interaction between residents** is caring and positive
- The **child, independently, comments** positively on carers and the care environment
- The child is **encouraged and supported to express their views**
- The child is spoken to in a caring and respectful way
- The care **environment celebrates** the child
- Carers **respond to inappropriate behaviour** in a respectful and timely manner
- **Consequences** for misbehaviour are not harsh, cruel, inhuman or degrading
- **Training** is readily available to carers of children with special needs

Indicators – Identity and belonging

- The child is **placed within their cultural community**
- A child not placed within their community has **access to people and information from their community**
- Aboriginal children and those of culturally and linguistically diverse backgrounds who are not placed with their cultural community have an **implemented plan of cultural connection**
- **Information about clan group and language is known** by the child and carers
- Carers are able to identify the child's **needs relating to their cultural background and personal identity**
- The child is **satisfied with current access** to family, friends and community networks
- The child has a suitable level of **contact with siblings**
- The child is supported and encouraged to develop and maintain **friendships**
- There is evidence that the child has **broader community and social networks**
- The child has a **life story book**
- The child **maintains any religious affiliations** they might have

  Information provided to carers includes the **cultural heritage of the child and cultural awareness training** has been provided where required

Appendix 2 – June 2014 Residential Care Survey

Residential Care Self-evaluation Survey 2014

The 2014 self-evaluation survey for residential care facilities is the prelude to a possible monitoring visit to you facility by an Office of the Guardian advocate. The information you provide here will make our conversations with you and with your residents much more valuable and effective during our visit.

Your responses will also be aggregated with others to provide a picture of the care provided for young people in residential facilities across the state.

The information you provide is confidential and will only be used for purposes arising from our monitoring activities but please do not make references in this survey to individual residents by name.

For more information about our monitoring activities in residential care houses and the Office's other monitoring activities visit our website, http://www.gcyp.sa.gov.au/about-2/monitoring-childrens-wellbeing/

Please note that questions preceded by an asterisk require an answer before proceeding.

If you have questions or difficulties with the survey, please call Malcolm Downes on 8226 8564 or email malcolm.downes@gcyp.sa.gov.au.

This survey closes on 1 July 2014 at 5pm.

Residential Care Self-evaluation Survey 2014

Section 1 - General Information

***1. Name of the house**

***2. House supervisor**

***3. Name of the managing organisation**

***4. Manager of residential care service**

***5. Are you a government or non-government run facility?**

◯ Government ◯ Non-government

***6. How many residents can be accommodated in the house at any one time?**

***7. How many residents are currently accommodated in the house?**

***8. What is the age range of current residents of the house?**

youngest resident (yrs)

oldest resident (yrs)

Residential Care Self-evaluation Survey 2014

9. For each current resident WITH A DIAGNOSED DISABILITY, please indicate the type of disability or disabilities applicable to each resident.

	acquired brain injury	autism spectrum disorder	developmental delay	intellectual disability	physical and neurological disability	sensory disability
Resident 1	☐	☐	☐	☐	☐	☐
Resident 2	☐	☐	☐	☐	☐	☐
Resident 3	☐	☐	☐	☐	☐	☐
Resident 4	☐	☐	☐	☐	☐	☐
Resident 5	☐	☐	☐	☐	☐	☐
Resident 6	☐	☐	☐	☐	☐	☐
Resident 7	☐	☐	☐	☐	☐	☐
Resident 8	☐	☐	☐	☐	☐	☐
Resident 9	☐	☐	☐	☐	☐	☐
Resident 10	☐	☐	☐	☐	☐	☐
Resident 11	☐	☐	☐	☐	☐	☐
Resident 12	☐	☐	☐	☐	☐	☐

***10. How many part-time staff are employed to provide direct care?**

☐

11. What percentage of care staff in the four weeks prior to this survey were agency staff?

agency staff % ☐

***12. What is the staff to resident ratio during:**

the AM shift 1 to ☐

the PM shift 1 to ☐

overnight ... 1 to ☐

Residential Care Self-evaluation Survey 2014

Section 2 - The rights of residents

This section asks you to evaluate how your house has supported the rights of residents.

***13. Are the following statements true for all, many, few or none of the house's residents?**

	all	many	few	none
Residents have easy access to the Charter of Rights for Children and Young People in Care	○	○	○	○
Age appropriate information is provided to residents about the rights of children	○	○	○	○
Residents are provided with information about advocating for themselves or seeking advocates	○	○	○	○

Please comment if you wish

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Residential Care Self-evaluation Survey 2014

Section 3 - Monitoring residents' wellbeing against the 12 monitoring state...

***14. Based on the staff's knowledge, estimate whether the following quality statements are true for all, many, few or none of the house residents.**

	all	many	few	none
1. This child lives in a kind and nurturing environment.	○	○	○	○
2. This child is safe and feels safe.	○	○	○	○
3. This child is loved.	○	○	○	○
4. This child is receiving appropriate shelter, clothing and nourishment.	○	○	○	○
5. This child is cared for in a placement that is stable and secure	○	○	○	○
6. This child has a secure personal space to which he/she can withdraw and where personal things are kept safe.	○	○	○	○
7. This child has contact with family, friends and cultural community that provide emotional support and identity.	○	○	○	○
8. This child has access to health and disability services that meet his/her needs.	○	○	○	○
9. This child is getting an education suited to his/her needs and the opportunity for artistic, cultural and sporting development.	○	○	○	○
10. This child understands to the full extent of his/her capacity why he/she is in his/her current circumstances.	○	○	○	○
11. This child has knowledge of and participates in decisions that affect him/her.	○	○	○	○
12. This child has regular contact with the same case worker who is skilled, knowledgeable, respectful and advocates energetically in the child's best interests.	○	○	○	○

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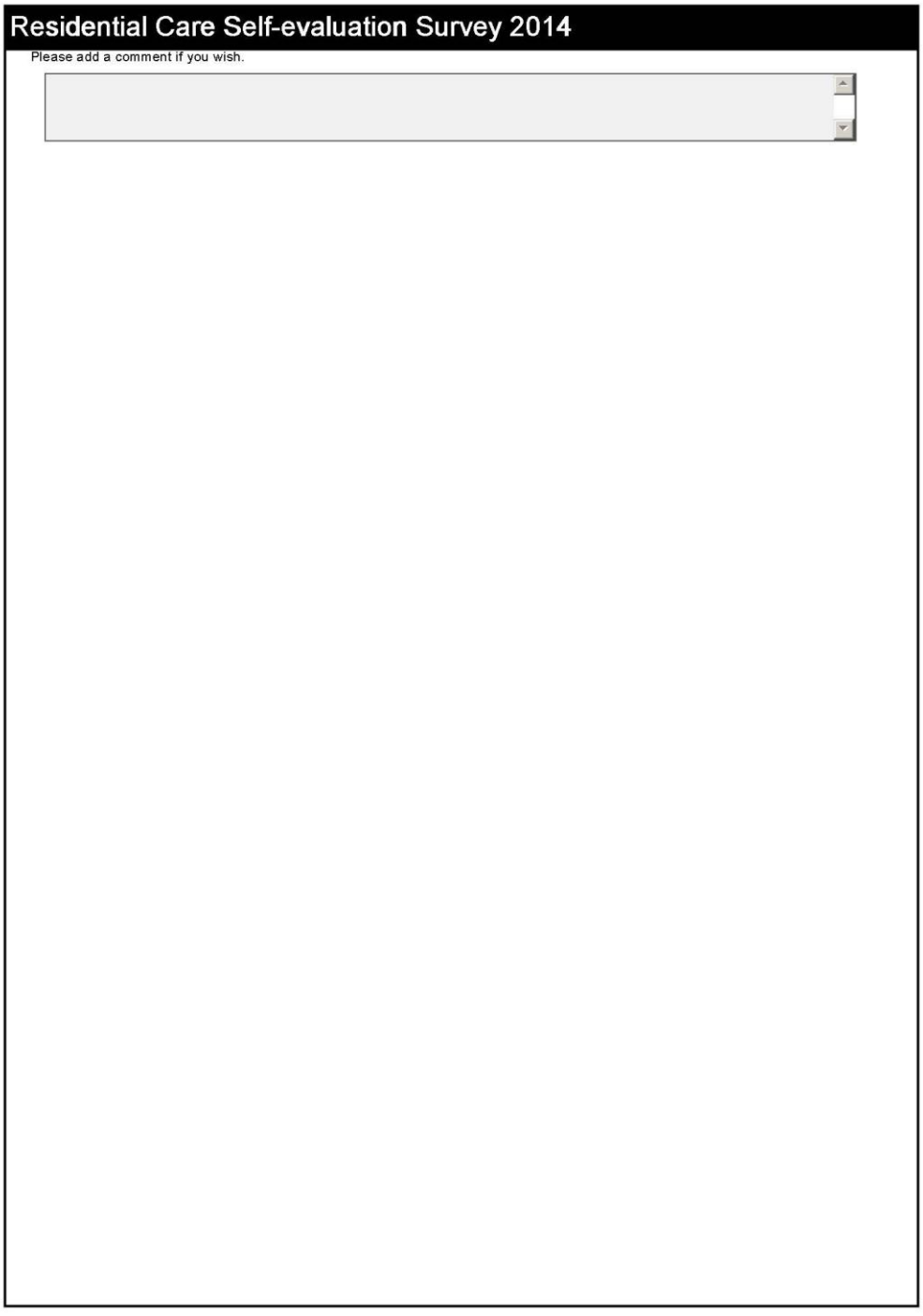
Residential Care Self-evaluation Survey 2014

Please add a comment if you wish.

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Residential Care Self-evaluation Survey 2014

Section 4 - Incidents

In this section we would like to collect data about incidents involving residents that occurred in the six full months prior to the month in which you are completing this survey.

***15. Please provide incident data for the period 1 November 2013 to 30 April 2014. Are you able to provide data for that period?**

◯ yes ◯ no

If you answered 'no', please provide an explanation and the period covered by the incident information you will provide.

***16. During the above period:**

How many critical incidents have occurred?

Of these, how many involved the use of restraint?

How many guardianship absentee reports were lodged?

Of these, how many were missing person reports?

How many individual residents were the subject of three or more guardianship absentee reports?

How many individual residents were the subject of three or more missing person reports?

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Residential Care Self-evaluation Survey 2014

Section 5 - Hearing the voice of residents

***17. Of the following, which methods are used to solicit the voice of residents and how frequently?**

	regularly	sometimes	never
Residents' meetings	◯	◯	◯
A suggestion box	◯	◯	◯
Meal planning discussions	◯	◯	◯
House rule discussions	◯	◯	◯
Discussion with residents of the design of their personal space	◯	◯	◯

Other (please specify)

***18. Please list the methods by which residents can make a complaint.**

Method 1

Method 2

Method 3

Method 4

***19. With regard to complaints, how many young people in the house:**

	all	many	few	none
understand and can describe how to make a complaint	◯	◯	◯	◯
make use of the complaints mechanisms as they need to	◯	◯	◯	◯
feel safe to complain	◯	◯	◯	◯
have made a complaint in the last six months	◯	◯	◯	◯

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Residential Care Self-evaluation Survey 2014

Section 7 - Staff training

***20. Please indicate the number of staff who have undertaken the following forms of professional training and development in the last six months.**

	all	most	few	none
regular supervision meetings	○	○	○	○
specific skills coaching	○	○	○	○
self-education	○	○	○	○
formal non-accredited training	○	○	○	○
formal accredited training	○	○	○	○

Other (please specify)

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Residential Care Self-evaluation Survey 2014

Section 8 - Successes and challenges

21. Please detail some of the challenges staff have met to improve the wellbeing of residents in the house IN THE LAST SIX MONTHS.

Challenge 1

Challenge 2

Challenge 3

22. Please detail up to three challenges that staff NOW FACE that most effect the wellbeing of residents in the house and what steps have been taken to meet them.

Challenge 1

Challenge 2

Challenge 3

Residential Care Self-evaluation Survey 2014

Final details

We hope that your have found this self-evaluation process interesting and valuable.
We look forward to meeting you and discussing your responses when we visit in person.

***23. Who completed this form?**

name
role or title
phone number
email address

24. Did anyone else help?

name
role or title
phone number
email address

***25. How long did it take you in total complete this survey (in minutes)?**

Appendix 3 - The role and functions of the Office of the Guardian

The Office of the Guardian for Children and Young People promotes and protects the rights of all children and young people under the age of 18 years who are under court orders granting guardianship or custody to the Minister for Education and Child Development.

The position of Guardian for Children and Young Persons was established in an amendment to the *Children's Protection Act 1993* proclaimed on 1 February 2006.

We work to improve services to children and young people in out of home care, to promote and protect their rights and to strengthen their voice. To do this we work in partnership with children and young people, their families and carers, government agencies and non-government organisations.

The Office of the Guardian is an independent government agency and the Guardian advises the Minister for Education and Child Development.

The Guardian has six statutory functions:

- to promote the best interests of children under the guardianship, or in the custody, of the Minister, and in particular those in alternative care
- to act as an advocate for the interests of children under the guardianship, or in the custody, of the Minister and, in particular, for any such child who has suffered, or is alleged to have suffered, sexual abuse
- to monitor the circumstances of children under the guardianship, or in the custody, of the Minister
- to provide advice to the Minister on the quality of the provision of care for children under the guardianship, or in the custody of, the Minister and on whether the children's needs are being met
- to inquire into, and provide advice to the Minister in relation to, systemic reform necessary to improve the quality of care provided for children in alternative care
- to investigate and report to the Minister on matters referred to the Guardian by the Minister.