Monitoring report 2013-14

Smaller residential care environments

January 2015

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 Office has been monitoring residential care environments since 2004. Due to significant increases in the numbers of facilities between 2008 and 2012, the Office 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 facility
4. A visit to the residents in each facility
5. A written report provided to each 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. In this report, the term 'children in care' is used interchangeably with children under guardianship.

[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 Families SA, Department for Education and Child Development, which can accommodate 8 to 12 residents in each unit, with a total capacity of 80 residents. 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 were 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 visits were made to residential sites, 15 of which were visits to smaller residential units.

This report summarises information on four of the twelve quality statements They are:

- 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 smaller facilities and another about the larger facilities.

Monitoring is based on the *Charter of Rights for Children and Young People in Care* and 12 Quality Statements 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 smaller residential care settings

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

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

The majority of smaller residential care environments can accommodate up to four residents in each house, with a total capacity of 200 residents. In 2013-2014 the exceptions were two houses operated by non-government organisations that could accommodate up to five or six children as part of a large sibling group and one house that could accommodate up to six unrelated young people for up to 42 days. Based on the self-evaluation surveys completed in July 2014, the occupancy across the individual houses ranged from 25 to 100 per cent. Almost two out of every three houses were at full capacity at the time the self-evaluation surveys were completed[4].

The smaller houses are diverse in numerous ways:

- management by government or non-government organisations
- ages of children, ranging from infants to 17 year olds
- accommodating sibling groups or unrelated children
- staff engaged under a range of circumstances, including the use of agency (commercial) staff supervised by government staff
- different policies on such things as behaviour management, incident reporting and complaints.

[3] Of this group, the vast majority were under the guardianship of the Minister through care and protection court orders.

[4] Three properties did not complete the self-evaluation survey in the requested timeframe.

With a few exceptions the smaller houses accommodate boys and girls in the one house.

The diversity makes it difficult to generalise and report confidently on the houses as a group, and this should be kept in mind when reading this report.

Of those living in all residential care environments, approximately three-quarters were accommodated in smaller residential care environments in June 2014.

In 2013-14 GCYP Advocates undertook monitoring visits to 14 government and non-government houses[5].

[5] One property was visited twice during the year due to concerns arising from the first visit.

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[6] 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.

[6] 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[7]. 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[8]. Care concern data is now provided to GCYP including the dates that the concerns were raised, the residents involved and the status of investigation. The Families SA Program Manager, informed by the Project Officer responsible for the internal monitoring, reported only one care concern during the six-month reporting periods prior to visits[9].

Ten care concerns, across four of the 10 (including one visited twice) non-government residential care houses visited, were reported to the Advocates for the six month period prior to the visits. Two non-government organisations detailed their internal reporting and responding to care concerns processes, including the tracking of investigations and outcomes.

Carers' reports of safety

In 4 of the 15 visits, significant issues of safety for residents were identified by the supervisors and carers in interview with the Advocates.

[7] 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.

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

[9] A total of 19 care concerns within the larger units were reported during the six-month reporting periods prior to visits.

Self-evaluation survey respondents from government houses indicated that it was challenging to maintain consistency amongst carers when Families SA staff teams were complemented by agency staff. One supervisor reported on issues associated with using commercial care (agency) staff, explaining it was difficult to ascertain what training had been undertaken and the content of any completed training.

One survey respondent reported that an admission of a new resident adversely impacted on the relationships among other residents, and that to alleviate the impact, staff had increased activities that provided 'one to one' time. Another respondent wrote that inadequate training of commercial care staff was a challenge but did not identify specific training or skills that were lacking.

One house experienced significant problems with a previous mix of residents and the continuing placement of one young resident with exceptionally high needs. The Supervisor reported that, when at the house the resident was often agitated and elevated, becoming threatening towards youth workers and other residents.

Critical incidents

One indicator of safety is none or few 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.

High quality incident reports should 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 quality of the critical incident reports and the level of detail was variable in both government and non-government sites. Inadequacies were attributed by senior staff to residential carers' limited experience in writing critical incident reports. The incidents are relatively few and commercial care staff in government houses did not use the electronic incident report template.

Consequences for residents of poor behaviour were not routinely described in critical incident reports. Where it did occur, consequences included the confiscation of items, loss of privileges and time-out. In addition, on eleven occasions SA Police (SAPOL) were called to respond to an incident. In one incident, a resident was subsequently charged with property damage but other reports did not note the outcome of the SAPOL intervention. In one house the threat to call SAPOL was used by youth workers in an attempt to de-escalate a situation. The result on that occasion was that the young person absconded.

In the six-month period covered in the self-evaluation surveys, there were 534 critical incidents within the 53 smaller residential care environments. One half of all reported critical incidents occurred in just four houses. There were 11 houses that recorded no critical incidents during the reporting period[10].

The review of critical incident reports in the 15 visits by the Advocates recorded a total of 270 incidents over the six month period prior to the visits. Just over one-half of those incidents occurred in two of the houses visited. However there were indications during three visits of possible under-reporting of critical incidents. For example, at one visit the manager and co-ordinator spoke about the challenge of one resident absconding frequently, at times with another resident. However, only two incident reports referred to absconding. This suggests that not all incidents of absconding were documented as critical incidents.

Critical incidents - use of physical restraint

Physical restraint is one form of intervention used in residential care environments to manage high-risk behaviours and prevent harm to children and staff. The use of physical

[10] Over the same six-month period, survey respondents reported 266 critical incidents within the eight larger residential care environments. Although critical incidents occurred in all eight units, almost half of the incidents occurred in just two units.

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.

The amount of physical restraint varies widely from one setting to another, influenced by the number and nature of incidents and by instruction from managers or supervisors. Several non-government house supervisors reported that they had a "no-restraint policy". However, there was no written direction to support this and, in one instance, restraint had been used but without the benefit of guidelines or training in safe restraint.

The self-evaluation surveys completed for a six-month period reported that there were 49 uses of restraint within the 53 smaller residential care environments. The review of records at the 15 visits by GCYP Advocates identified six confirmed uses of restraint. The use of Non-Violent Crisis Intervention (NVCI) approaches was described in another 13 reports reviewed. These approaches were described as techniques, moves, holds and stances but no further explanation of the action taken was provided. Three reports noted a resident was 'escorted' from a situation or to their bedroom but no detail was given in relation to the technique(s) used for this action.

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.

There are various approaches to risk assessment in the smaller residential care settings.

These include:

- Case and/or care plans
- Consultation with psychologists
- Risk assessment as part of critical incident analysis and report
- Crisis management and action plans

Responses to high risk situations included placement change to get a better match among residents and increased staffing levels to allow for more individualised attention. In a number of circumstances though, these responses were not possible and staff and residents struggled with the tension and anxiety.

With regards to the smaller government properties, the Advocates were advised that *Individual Safety Plans* (ISP) were not commonly used for the residents. It was explained that generally residents were not engaged in high-risk behaviours and the ISP format was less suited to identifying and managing issues associated with disability, medication or support for age appropriate development.

At a number of the non-government houses, it was reported that residents' care plan meetings had been arranged in an ad-hoc manner and were fragmented. At one visit the co-ordinator expressed concern that no independent professionals, such as Child and Adolescent Mental Health Services (CAMHS) or education personnel attended care plan meetings. The co-ordinator reported that behaviour management strategies were developed and informed by the residents' Families SA social workers. The co-ordinator expressed frustration with having limited Families SA psychologists' advice for residents who are displaying challenging behaviours.

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.

In answer to questions about strategies to manage bullying, all houses reported an informal approach using various strategies. Overall, these were individualised and in response to observations of bullying and disrespectful behaviour. Some staff used the residents' meetings to explore questions like 'what is fun' and 'what is effective apologising'.

On several occasions the Advocates observed appropriate responses to bullying behaviour and overall there appeared to be low tolerance for it. Some houses had visible messages about the right to be safe, including *Charter of Rights* materials. At one non-government house the manager explained that when a young person is interviewed for a placement they are informed that there is zero tolerance for bullying and the expectation is also outlined in a written induction guide given to new residents.

At another non-government house it was noted by the Advocates that in some of the critical incident reports an action plan referred to 'anti-bullying strategies' which included extra vigilance, deterrence and separation of residents.

Residents' reports of feeling safe

During most of the 15 visits to smaller houses the residents spoke about what helped them to feel safe where they were living. They talked about being able to go to their rooms and have time away from others. They also talked about the importance of 'knowing the carers are there' and of being able to retreat if they were feeling uncomfortable. Many residents were able to describe behaviours that they had seen or engaged in that made them feel unsafe.

One resident who did not feel safe explained that living with other children and young people and observing them 'going off' made him feel unsafe. At another house, residents spoke of a young person who was frequently absent and that they preferred it when she was not home as they felt scared of her.

Missing from placement

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

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 343 (19.4 per

[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 do 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.

cent) were reports from the smaller houses, which accommodate seventy-five per cent 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, 247 (32.8 per cent) were reports from the smaller houses. The number of absences from any one house depended very much on the age of the residents and the level of comfort and safety in the house. Some houses reported no absences over the six month period prior to the visit; others had many. The supervisors or managers were generally familiar with the circumstances that led to a high rate of absences and this was usually accounted for by the disengagement of a single resident who would be absent often.

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

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.

Few houses had a formal complaints or feedback process. Most senior staff said they were confident that residents knew how to raise an issue and with who. This was typically reported to be through talking with staff, the Senior Youth Worker or supervisor of the house, or their social worker. However in conversations with residents at numerous houses, the residents' views contradicted this reported knowledge. One manager reported that most complaints made by residents were not serious and therefore handled informally.

The houses that had formal complaint processes were non-government houses. One house had introduced a formal complaints process that was communicated to residents via an induction package upon commencement of placement. Residents were informed of the process for making a complaint or raising a concern. Additionally, residents were provided with information about the Health and Community Services Complaints Commissioner if a complaint remained unresolved. At the time of the monitoring visit it was reported that no complaints by residents at the house were made in the six months prior. The second house used a suggestion box to invite residents to provide feedback.

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 routinely seeks and takes account of their views. 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.

At most visits it seemed that staff and residents had different views about whether residents' meetings occurred. Residential carers often reported that residents' meetings occurred and in most houses they were informal discussions during dinner time. However, on a number of visits residents commented they would prefer to have 'more organised meetings' to discuss issues and make suggestions. Houses with very young residents (one to nine years) did not have meetings.

Only some houses provided minutes of the meetings. Some senior staff reported that issues were taken to staff meetings with the outcomes then reported back to residents. At one house it was reported that formal residents' meetings were previously attempted with different groups of residents but were generally unpopular amongst residents.

Residents at one house talked about 'having a say' and their experiences of communicating with adults. One resident said he found it difficult to express his views, ask questions and raise issues. Another resident said she was confident in talking and expressing herself and was quite open in communicating how she requests what she needs.

Involvement in decision-making

Beyond the decisions made 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.

The children's sense that they were included in decisions depended very much on the strength of the relationship they had with their social worker. In some cases, the residents said how much they liked their social worker and that their social worker visited and joined them on special occasions. In these cases they reported that they felt comfortable telling their social worker 'things'. In two houses, residents said they had little contact with their social workers. One resident said he only saw his social worker when he had contact with his mother which only occurred during school holidays. The resident said there was no contact with the social worker at any other time. Another resident said that she did not have a social worker and had been 'unallocated' for at least two months. The resident was unsure who to speak with about her views or who to ask for help.

In other cases, and usually reported by residential staff, there was little direct contact between social workers and their young clients. This was partly explained by multiple changes of case workers. In two other cases, two residents separately asked for advocacy from the GCYP to request contact with their social workers, which was done.

Celebrates the child

Most houses demonstrated various methods of celebrating the children, including photo collages mounted in shared spaces, school photos on display and bedroom décor influenced by the children and their likes and interests.

Overall, residents were proud of their house, rooms and backyards. One advocate reported:

> *The three bedrooms were quite neat and full of boys 'things'. The rooms appeared well lived in, cosy and personalised. All three residents spoke proudly of their 'things' and were keen to share with me.*

Access to information about their situation and their rights

At most visits, the residents were anticipating the visit by the Advocate and had been informed that they could have their say. At some visits, the residents and carers had not been informed about the purpose of the visit. In preparation for visits, Advocates contact relevant supervisors, and in some cases managers, a month prior to a visit to arrange a suitable time for visiting. Each house has also been provided with fact sheets about the monitoring activities, including the purpose of informal visits to residents. Most staff were comfortable with the visits and most actively encouraged the residents to talk openly.

Residents visited had varying degrees of understanding of the *Charter of Rights for Children and Young People in Care* but were familiar with OOG, the safety symbol for children in care. Advocates take promotional material about rights to every visit and talk with residents about their rights and the purpose of the materials. At a number of houses, carers reported that materials were provided to residents on their commencement of placement. The Advocates visited three properties specifically for children in care with disabilities. Each child had limited capacity to communicate and comprehend. Advocates confirmed that children and young people with disabilities received information in visual formats.

Residents at 4 of the 15 properties were not familiar with, the monitoring visits, role of GCYP or the *Charter of Rights*.

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.

In the government-run houses, survey respondents reported the use of casually employed carers sourced from a commercial care agency. Two supervisors commented on issues associated with using agency staff, explaining it was difficult to ascertain what training had been undertaken and the content of any completed training. One supervisor reported that commercial care staff were only provided with part of the Non-violent Crisis Intervention (NVCI) training and were therefore limited in their ability to respond to all situations.

As previously reported, the Advocates visited houses specifically for children with disabilities. In addition, survey respondents across a number of other houses indicated that they accommodated residents with diagnosed disabilities and developmental delays. It was reported that no specific training to support and nurture children with special needs was provided.

Across the non-government houses it was reported that the minimum acceptable qualification for staff is Certificate III Community Services and a number of managers acknowledged that some carers required further skill development. In the houses for children with disabilities, carers are also required to possess a Certificate III Disability.

Interactions between 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 levels of comfort or tension among residents varied significantly from one house to another. At one visit the Advocate wrote:

> *Residents told the Advocate they prefer it when she (the third resident) is not at home because she 'causes trouble' when she is there. Residents talked about behaviours such as breaking items, yelling, threatening and stealing and described how this made them feel. They also talked about how those behaviours impacted on their sense of safety in the house.*

High tension most often resulted from disagreeable dynamics among residents.

In some houses, the social environment was similar to that between siblings with normal teasing and support. At one house, the residents were observed at times to be kind and respectful towards each other and at other times they were seen to bicker and tease each other.

On several visits the Advocates observed inappropriate behaviour between residents which was quickly addressed by staff, providing clear and direct messages about expectations.

Interactions between residents and carers

Overall, the observed interactions between residents and carers were respectful and warm. Of course, some staff were more attentive than others but staff intervention when tension was high was recorded as appropriate and effective.

A record of one visit noted:

> *The residents interacted well with the two staff. The children clearly liked the staff, felt comfortable with them and showed respect by responding appropriately when given direction or encouragement. The Advocate observed a genuine sense of caring and kindness throughout the visit.*

Consequences

The critical incident reports reviewed across all of the 15 visits 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, supervisors verbally reported that children and young people experienced natural consequences of their behaviours, where it was safe to do so, and no other consequences. Other consequences reported included the confiscation of contraband items, early bed-times and time-out.

Eleven critical incidents documented that SA Police (SAPOL) was called to attend and on one additional occasion staff threatened to call SAPOL in an attempt to manage the resident's behaviour.

Residents' comments on social environment

Unsurprisingly the comments from residents about their social environment were mixed with some voicing great comfort and security but others wishing they lived elsewhere. Overall, the positive comments outweighed the negative, and the children and young people often favourably compared their situation now with previous placements.

One resident said she did not like living at the house. She told the Advocate she had felt uncomfortable since moving to the house eight months earlier. The resident spoke about previously living with family and felt lonely at the house. Another resident said that she did not like living at the house because it was 'nothing like a normal home'. The resident said

that 'it's not like living with a family and you don't get treated like a normal kid'. She spoke about locks on doors as one of the many things that made her feel that way.

At a different house a resident said he had lived there for 18 months, that he liked it, felt cared for and well looked after.

At another property a group of residents said the following about their carers and where they lived:

> *The staff here care and you can tell.*
> *They listen and spend time with you.*
> *When you ask for things, it happens. It's pretty good here.*

Wellbeing of children at centre of practice

The wellbeing of all residents was reported and observed to be dependent on the stability of the care team and the dynamics among the residents. On several occasions where tension among residents was high or one required a lot of adult attention the supervisors reported that they sought an extra staff member in the after-school and evening shift, not always successfully. Some houses had only agency staff, with the exception of the supervisor, and attempts were made to ensure consistency among the group of carers.

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 promotes 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 houses, Advocates met 24 children and young people who identified as Aboriginal, of which 16 were accommodated in four properties that were designated for Aboriginal children. Residents at two of those houses were reported to regularly attend significant cultural community events as well as engage in programs at cultural centres.

Primarily, cultural support and celebrations of cultural identity, where it occurred, was provided by external agencies. There were no reported internal strategies or actions to connect Aboriginal children to their culture[13].

Systemic action to support Aboriginal identity continues to be problematic for Aboriginal children in residential care. Aside from two of the houses visited, very few staff were identified as Aboriginal.

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.

Children's' satisfaction with the level of contact with family and friends varied across the houses, independently of the child's community of origin. The houses were located in both metropolitan and regional areas. Residents' communities of origin included urban, regional and remote communities.

[13] Following one visit to a non-government house, the responsible manager responded to GCYP feedback advising of in-house strategies that would be developed to promote cultural connections.

Generally, residents said they wanted more family contact to occur and expressed that they did not understand how decisions were made about frequency of contact. One resident reported that his family contact was reduced and that he did not understand why, or how the decision was made. The resident was adamant that his view was not sought. He said he wanted more regular contact but that he had not spoken with his social worker about his dissatisfaction because reportedly the 'social worker doesn't get back to me about anything and it makes it hard to get things like this fixed'.

Residents at one government-run house talked with the Advocate about their family contact arrangements and how important family contact was to them. Two residents said they were happy with their current contact arrangements and spoke about who they saw, how often and where. One of these residents also proudly showed photos of his family. The remaining resident in the house talked about his family contact often being cancelled by his family members and described how sad it made him feel. He also commented that it was even harder when 'the other kids see their families all the time'.

Residents spoke to the Advocate about how important their friends were to them. Residents told the Advocate that spending time with friends, in the same way that children who are not in care do, was particularly important. One resident from a government-run house talked about plans for a sleepover and how he was allowed to have his friends visit the house. Based on conversations with residents across other houses this is an infrequent occurrence. Residents said that they were aware that permission for visits from friends was not typical in residential care. Residents told the Advocate that being allowed to have friends visit was good because 'you get to show them where you live, play with your games and it means their parents don't always have to look after and feed you'. Staff at the house commented that there was a lot of support for this approach as it was recognised that it was important for children in residential care to do what other children were able to do.

Satisfied with contact with siblings

Anecdotal evidence elicited 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[14].

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

At every visit residents spoke about their satisfaction, or not, with the frequency of contact with siblings. One resident spoke excitedly about the level of contact that occurred with two younger siblings placed in foster care. The resident was aware that the siblings' carers were highly supportive of the contact and he expressed his appreciation for their efforts to arrange frequent contact. The same resident spoke about limited contact with three other siblings who lived in different foster and residential care placements.

At a non-government run house a resident said it had been at least two months since she had seen her siblings, the youngest aged three years. The resident feared that the younger siblings would forget who she was and worried that they were not well cared for. The resident had spoken with the team leader about her fear and worry, who in turn had spoken with the resident's social worker, about the need for regular information about the child's siblings' wellbeing and arrangements for regular contact.

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

Summary

The 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 smaller residential units/houses in SA. Fourteen of the houses were visited in 2013-14, with one house being visited twice.

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 twelve 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

Compared with last year, there was a significant improvement to the provision of information about the progress and outcomes of notifications of abuse in care. Tracking this information ensures that residential care management are conscious of the number, location and nature of allegations of abuse and neglect, and the progress of investigations and action.

Concerns about residents' safety were reported by staff in four of the 15 visits. Inappropriate placement matching of some residents and the lack of consistency amongst carers were identified as adversely impacting upon actual, and perceived safety of residents.

The quality of critical incident reporting varied across the 15 visits. The residents' views on the incidents were rarely sought and consequences for inappropriate behaviour were not routinely described.

In a six-month period there were 534 critical incidents reported within the 53 smaller residential care environments. One half of those incidents occurred in just four houses. However, in three of the fifteen visits there were indications of under-reporting of critical incidents. Eleven houses recorded no critical incidents.

The use of physical restraint varied from one setting to another, influenced by the number and nature of incidents and by instruction from managers or supervisors. While several non-government house supervisors reported that they had a 'no restraint' policy, there was no written direction to support this and, in one instance, restraint had been used but without the benefit of guidelines or training in safe restraint.

There were 49 uses of restraint reported by survey respondents for a six-month period. This is approximately 0.25 restraints per child compared to 1.5 per child in the larger units.

There are various approaches to risk assessment and response in the smaller residential care settings. Responses included placement change to get a better match among residents and increased staffing levels to allow for more individualised attention. In a number of circumstances though, these responses were not possible and staff and residents struggled with the tension and anxiety. With regards to the smaller government properties, the Individual Safety Plans (used in the larger units) were not commonly used for residents. It was explained that generally residents in the smaller properties were not engaged in high-risk behaviours.

All of the houses visited reported informal approaches to addressing bullying behaviours. At one non-government house the manager explained that when a young person is interviewed for placement they are informed that there is zero tolerance for bullying.

In a period of six months, there were 343 incidents of children and young people in residential care being absent from placement without permission, as reported by the organisations via survey. Children and young people in smaller residential care settings

accounted for 20 per cent of all absent-from-placement reports. Of the 343 incidents, 247 resulted in missing person's reports, or one-third of missing person's reports from all residential care environments.

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

Few houses had a formal complaints or feedback process. The two exceptions were both non-government houses; one provided a formal complaints mechanism for residents and the other used a suggestion box to invite feedback from residents. Senior staff at most properties reported that they were confident that residents knew how to raise an issue. However, in conversations with residents on most visits, the residents' views contradicted this.

At most visits staff and residents had different views about whether residents' meetings occurred. Staff often reported that residents' meetings occurred informally such as at dinner time, however on a number of visits, residents commented they would prefer to have 'more organised meetings'. At one house it was reported that formal residents' meetings were previously attempted with different groups of residents but were generally unpopular.

Beyond the decisions about day-to-day matters, residents' views about their inclusion in decisions depended very much on the strength of the relationship they had with their social worker. The quality of the relationship and frequency of contact varied widely from one resident to another.

At most visits, the residents were anticipating the visit from an Advocate and had been informed that they could have their say about their experiences in care. Residents at four of the 15 properties were not familiar with, the monitoring visits, role of GCYP or the *Charter of Rights*.

This child lives in a kind and nurturing environment.

Children and young people in care have the right to have people caring for them who have training that meets the needs of the children. In the government-run houses, survey respondents reported that they use employed casual carers sourced from a commercial care agency. It was reported that it was difficult to ascertain what training had been undertaken and the content of any completed training. In addition, survey respondents across a number of houses indicated that they accommodated residents with diagnosed disabilities and

developmental delays but no specific training to support and nurture children with special needs was provided.

The levels of comfort or tension among residents varied significantly from one house to another. On several visits the Advocates observed inappropriate behaviour between residents which was quickly addressed by staff, providing clear and direct messages about expectations.

Overall, the observed interactions between residents and staff were respectful and warm.

From the records of incidents at the 15 visits it was not possible to know if consequences for inappropriate behaviour were proportional or appropriate, as not all records included details of consequences. Where they were documented, consequences included early bed-times, time-out and confiscation of contraband items. Eleven critical incidents documented that SAPOL was called to attend and on one additional occasion staff threatened to call SAPOL in an attempt to manage the resident's behaviour.

Comments from residents about their social environment were mixed, though overall there were more positive comments than negative. Some children and young people spoke positively about their feelings of comfort and security but others said they wished they lived elsewhere.

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

During the 15 visits the Advocates met 24 children and young people who identified as Aboriginal. Sixteen of the 24 were accommodated in four properties that were for Aboriginal children.

Cultural support and celebrations of cultural identity, where it occurred, was primarily 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 houses, irrespective of the child's cultural identity and community of origin. Generally, children and young people said they wanted more family contact to occur. At numerous visits, children and young people said that they did not understand how decisions about frequency of contact were made.

A number of residents spoke about how important their friends were and that spending time with them, in the same way that children who are not in care do, was particularly important. One government-run house actively supports and facilitates residents' friendships which were recognised by the children and young people as atypical for residential care settings.

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

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.

Senior staff and management should more closely monitor the quality of incident reporting, including the recording of residents' views and consequences imposed, and ensure that reports are used for practice reflection and training.

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

Voice

A more formalised and systematic complaints process should be introduced in the houses which lack them. All residents should know how to use the formal process and residential care management should monitor the complaints and responses.

Residential care management and staff should actively promote the rights of residents, in particular their rights to express their views and participate in decisions that are made about their lives. Regular residents' meetings are one means of participation in day-to-day decisions.

Nurturing

The training available to, and required of, staff should have 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.

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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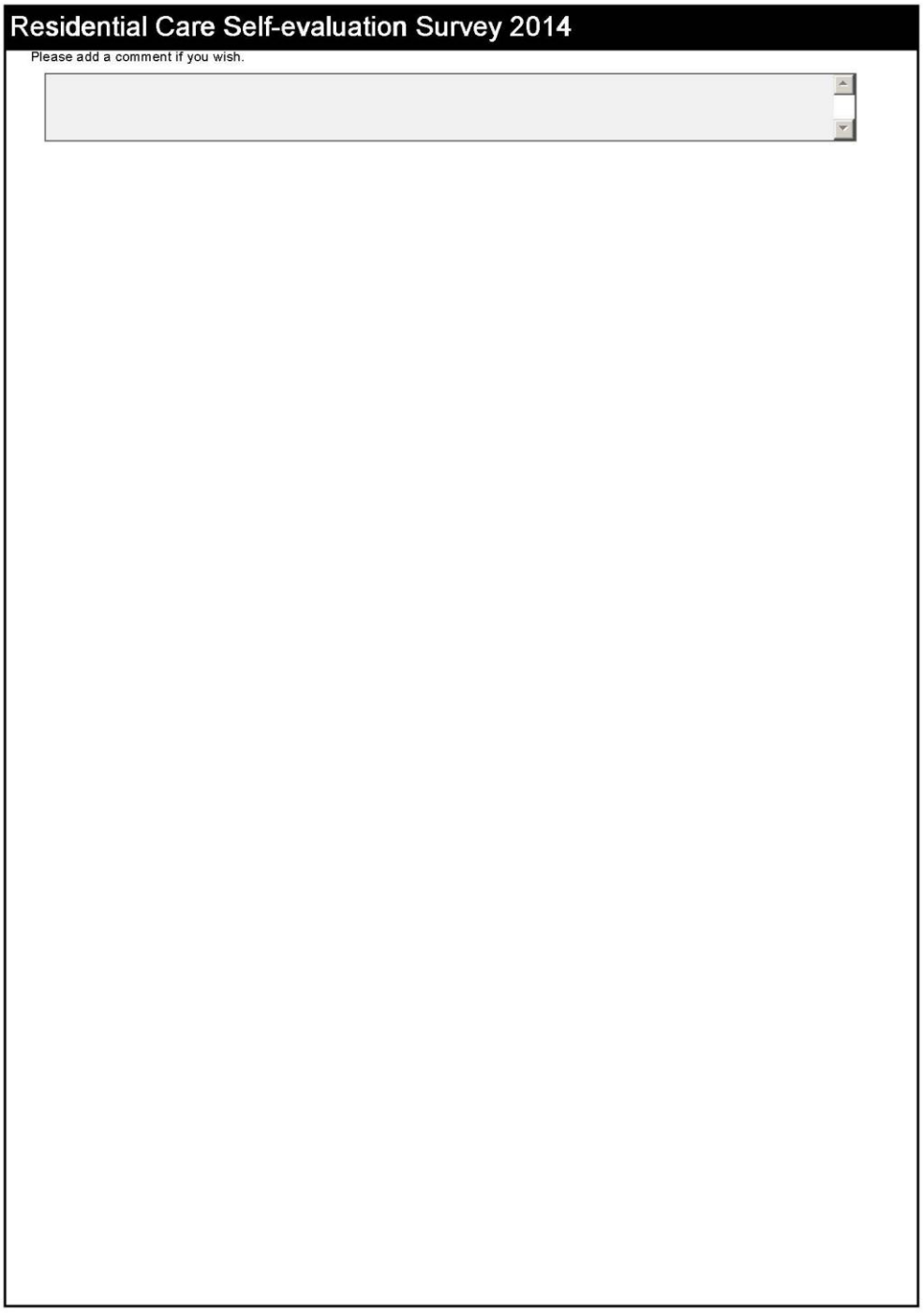
Residential Care Self-evaluation Survey 2014
Please add a comment if you wish.
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Residential Care Self-evaluation Survey 2014

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?

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.