



Government of South Australia

Office of the Guardian
for Children and Young People

WHAT MATTERS TO US

The Office of the Guardian for Children and Young People in South Australia developed and implemented a trial visiting program for children and young people living in residential care from 2017-19. As part of the trial, the Office conducted a focused literature review and interviewed young people with lived experience of residential care.

September 2019

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Definitions and Acronyms used within this report

OGCYP: The Office of the Guardian for Children and Young People. OGCYP is an independent South Australian statutory office. Penny Wright is the Guardian. She has also been appointed Child and Young Person’s Visitor and Training Centre Visitor.

DCP: Department for Child Protection

RASA: Relationships Australia South Australia

Child: Any person under the age of 18

Young person: An older child or young adult, including care leavers up to the age of 25.

Residential care: A form of out-of-home care where children in facilities staffed by carers working rotational shifts.

Note: This report refers to other papers about children and young people’s views on living in residential care. Because some of these papers are referred to frequently, the author and year have not been used in text references in this report. These papers are referenced at the start of this report and referred to by a shortened title for clarity and ease of reading in the body of the report. The papers are also fully referenced at the end of the report.

SUMMARY REPORT FOR CHILDREN AND YOUNG PEOPLE

This is a child-friendly version of the full 'What Matters to Us' report.

The Office of the Guardian for Children and Young People is a government organisation which advocates for children and young people living in care and detention in South Australia. The Office is independent, which means it is not part of the Department for Child Protection. In this report we refer to this office as OGCYP.

A Royal Commission in 2016 investigated Child Protection Systems in South Australia. Commissioner Nyland, who was responsible for the investigation and writing the report, made 260¹ recommendations to keep children safe, and to make life better for children who live in care. One of the recommendations was to have an independent visitor to visit children who live in residential care. The Guardian, Penny Wright, was appointed by the Government to be the Visitor and the OGCYP has been running a trial Child and Young Person's Visitor Program.

The Child and Young Person's Visitor Program visits children in residential care to see how things are going. The visitors work for the OGCYP. They talk to children about their experiences in residential care and try to get an understanding about how it could be improved. Sometimes they will talk to staff who work in residential care so they can understand how children and young people are kept safe and cared for.

The voices of children and young people in care are important to OGCYP. It's important to listen to children and young people to better understand how having an independent visitor could make a difference in their lives. To help us understand how an independent visitor could make a difference, we interviewed young people who are currently living in residential care or who have lived there in the past. We also read other reports we thought would have important messages from children. The OGCYP will use the ideas and suggestions from children and young people, and from other reports, to make sure the SA Child and Young Person's Visitor acts in their best interests, and in-line with what is important to them.

¹ Commissioner Margaret Nyland, *The Life They Deserve*, 2016, accessed at https://agdsa.govcms.gov.au/sites/g/files/net2876/f/complete_report_child_protection_systems_royal_com_mission_report.pdf?v=1494388953

Some of the important messages we heard from young people and read in reports were:

- Young people said it was important to have a say and to feel like they were involved in decision making, especially where decisions were about them. They also believed it was important to know what happens with their ideas and what they say.

'I would want to know where the feedback went..... how it helped the situation.'

- Residential care should feel like a home, but often it doesn't. This makes it hard for children who live there to feel safe and happy.

'I came from a house that was a hoarder house into a resi that was like an office.... It didn't feel like a home, it just felt like somewhere to sleep for the night.'

- Having someone to talk to is really important but there's no point having someone to talk to if they don't believe you or they do not follow up.

'Just another worker who's not going to believe what I say.'

- Other young people who live in the residential care facility can make it feel unsafe. It is important to take care to match young people with others who they will get on well with and won't be a bad influence. Young people said this would have made their time in residential care better.

'They could have protected me from the behaviour of some of the others (young people), especially if they knew before, but they never warned me.'

- It is important for adults to show they care. Most young people thought a visitor should be someone who would get to know kids and would see them regularly, or at least be in touch with them regularly by text or email.

'You don't normally come out and tell someone something straight away.'

'Your voice can't be heard – how can your voice be heard and say everything you need once a year in an hour?'

'It's important they know you can be contacted at all times.'

- Children and adults have different ideas about what makes residential care safe. There are some rules that are designed to keep young people safe – like no touching or hugging – but these don't actually make young people feel safer or happier.

'As a kid you don't want to say to someone 'I love you' and have them say 'I care about you.'

- Relationships are the most important thing for children. Safe adults are adults who really care.

'To her we were people, not just clients.'

'Someone you can trust and will keep you safe.'

- All children and young people who live in residential care are different. They have different backgrounds, different experiences, different personalities and different likes and dislikes. It's really important to treat them as individuals and listen to what they want.

'I just wanted the ability to be a unique person.'

Living in residential care can be very challenging. Children and young people living in care should have adults who are willing to listen to their ideas and perspectives. This will help get the best outcomes and a better residential care system.

The OGCYP is thankful to the young people who shared their views and experiences.

WHAT MATTERS TO US

INTRODUCTION

The South Australian Royal Commission into Child Protection Systems (2016) recommended that a community visitor program be legislated for children and young people in residential and emergency care (recommendations 137)². Community visitor programs, which are also referred to as Child and Young Person's Visitor programs in this report, entail representatives from an independent body visiting residential care facilities. They can have a range of functions including inspection and monitoring, advocacy and giving children and young people another avenue to raise concerns or complaints. The way such programs are run varies considerably with some involving frequent visits and having a stronger focus on relationship and advocacy with children and young people, and others having more a monitoring and inspection role where the focus is on the facility itself, rather than individual residents. Over the course of 2018-2019, the South Australian Office of the Guardian for Children and Young People (OGCYP) has been responsible for running the pilot South Australian Child and Young Person's Visitor program, with Guardian Penny Wright being appointed as the Child and Young Person's Visitor.

As part of implementing the trial Child and Young Person's Visitor program, the OGCYP wanted to engage children and young people to explore their views about residential care, and about the value and direction of a scheme like the Child and Young Person's Visitor program. The aim of this discussion report is to outline the findings from this exploration.

Article 12 of the UN Convention on the Rights of the Child says that children have the right to have their opinion heard on matters that impact upon them, and to have this opinion taken seriously. The need for better understanding of children and young people's own views has been noted in Australian Child Protection literature (Moore et. al, 2016, Osborn and Bromfield, 2007). Within South Australia the importance of listening to children and young people in residential care was highlighted by the South Australian Royal Commission into Child Protection Systems. The commission found that in a case of sexual abuse by a residential care worker, adults who were looking after the children and young people who were abused did not act when children and young people told them directly or indirectly about the abuse (Case study 5, Nyland, 2016). As such, including the views of children and young people themselves is particularly important in developing a program which aims to increase their safety and wellbeing in residential care.

This discussion report is broken in to two sections. The first section will explore the current literature on listening to children and young people in residential care. The second section of the report will set out the key findings from consultations with young people conducted by the OGCYP. The report will also consider the views of young care leavers who participated in a consultation group coordinated by Relationships Australia, South Australia (RASA) in conjunction with the OGCYP.

² Rec 137: Legislate for the development of a community visitor scheme for children in all residential and emergency care facilities.

PART 1:

LITERATURE REVIEW

This review has focussed on four Australian reports identified by the CYPVP during the trial;

- *Views of Young People in Residential Care Survey*, Queensland Commission for Children and Young People and Child Guardian, 2011. Henceforth referred to as the 'Views of Young People in Residential Care'.
- *Safe and Sound: Exploring the safety of young people in residential care*, Tim Moore, Morag McArthur, Jodi Death, Steven Roche, Clare Tilbury, for the Royal Commission into Institutional Responses to Institutional Abuse, 2016. Henceforth referred to as 'Safe and Sound'.
- *Young People's perspectives on Residential Care, including police call outs*, a report by the Queensland Family and Child Commission, 2018. Henceforth referred to as 'Young People's Perspectives on Residential Care'.
- *It's not what you think it is – the views of children and young people in residential care*, Australian Capital Territory Children's Commissioner, 2018. Henceforth referred to as 'It's not what you think it is'.

Other reports which have considered the views of children and young people in out-of-home care but not residential care specifically, and focussing on residential care but not the views of children and young people have also been included.

A number of themes have been identified arising from the review of the literature, including:

- Having a voice
- Safety and wellbeing
- Monitoring and visitor programs
- Children and young people see safety differently to how adults do
- Relationships with peers and workers

HAVING A VOICE

SNAPSHOT

- Having a voice/having a say is really important for children and young people in care because it can give them more control over their lives.
- Being able to speak up and be listened to helps children and young people to be safer in residential care.
- Children and young people who live in residential care don't feel that they are listened to enough.

A prominent theme across the literature is the importance of children and young people having a say and being taken seriously. As a participant in the 'Safe and Sound' report said:

***'We believe that the young people are the ones that are going to be affected most by this stuff so they should have a right to have a say.'* (p. 11)**

The 'It's not what you think it is' report found 60% of the children/young people who participated felt they were listened to and able to have a say, but 40% said this happened only sometimes or they did not feel they had a say at all. One participant explained that they did not always feel they were listened to because sometimes a *'carer wants to do something but I want to do something else'* (p. 13). Similarly, the 'Views of Young People in Residential Care' report found that 59% of the young people surveyed felt workers listened to them and took their views into account, and 47% felt that workers *'are always asking about my views and opinions'* (p. 20). In each of these categories however, this left 41% and 53% of young people respectively who felt these things were *'a bit or not at all true'*.

The frustration at not having a voice and not having control over their own lives was identified by many young children and young people in the reports reviewed. Sometimes this was about big matters like safety, or smaller ones such as activities or equipment for houses. One young person recalled that:

***'We asked for certain things and we were ignored, like a PlayStation but they spend money on beach stuff for example. We never went to the beach.'* (Young People's Perspectives on Residential Care, p. 16)**

Another young person said in this report:

***'There is a reason they [young people] are running away. They have tried to have their voices, opinion heard and weren't so they remove themselves from the situation.'* (p. 14)**

A participant in the 'Safe and Sound' report reflected that:

***We have no choice on what's happening to our lives.'* (p. 35)**

It is important to acknowledge children and young people in the reports reviewed were very aware that they are sometimes asked their opinion without having their concerns or views responded to or taken seriously. As one young person noted in Bessell, (2011):

'if this stuff isn't enforced, if we can't say look there are our rights what are you going to do about it, if we can't have our say, then it ain't worth jack shit.' (p. 497)

If children and young people's views are not taken seriously and do not result in a response or change, then the benefits of seeking those views in the first place may be lost³. In the 'Young People's Perspectives on Residential Care' report, one young person recalled they had spoken to a community visitor about a problem but that this did not result in change or follow up:

'She ignored our complaints; we never heard or saw her again. We were complaining about our lives. This should be taken seriously.' (p. 19)

An important part of having a voice is being able to speak out about safety or wellbeing concerns. Children and young people in residential care may not have parents or other family who are able to speak up for them⁴ so it is particularly important that these children and young people have other ways to raise such issues. The literature identifies that for some children and young people it was sometimes difficult to speak out about important things, particularly when these were sensitive. The 'Safe and Sound' report noted that participants felt that:

'Raising concerns about their safety was difficult (particularly when the threats were of a sexual nature)... They thought that workers should initiate conversations with children and young people, rather than requiring individuals to seek out support.' (p. 9)

Nyland (2016) also found there was an issue in residential care with '*inadequate understanding and attention to the need to record and consider what children say about their experiences, including in critical incident reports*' (Case Study 5, p. 140). In other words, staff in residential care might not be properly trained or required to listen to and respond to what children and young people tell them. This might make children and young people reluctant to speak up or might mean they don't get the help they need when they do, or that care staff simply fail to understand the messages children and young people are giving them. Fear of not being believed, or of adults not taking action, has been named by children and young people as a key reason why they might not disclose abuse (see, for example, the Tasmanian Children's Commissioner report into Child Safe Organisations, 2015).

³ A review of the role of children's voices in Swedish residential care inspections found that often children voicing their views does not actually impact on their circumstances, partly because the power of those carrying out inspections or visits of residential care facilities is limited to certain areas covered by set standards (Palsson 2017). In Australia, a summary of consultations with children in out-of-home care by the CREATE foundation, noted that children and young people benefit psychologically from having their views heard, but that this is only the case because this gives them greater control over their own lives (Bromfield and Osborn, 2007).

⁴ It is recognised that many parents and other family and kin of children and young people in out-of-home care do advocate for their children, or try to do so, but may face personal or systemic challenges to communicating and advocating effectively.

Children and young people also felt not knowing what was going to happen if they did make a complaint made them reluctant to disclose concerns (Safe and Sound, p. 9). It is clearly important therefore that children and young people know how the issues they raise will be responded to. The 'Safe and Sound' report concluded that almost all participants valued having adults who, *'were willing to listen, and took complaints seriously when they were made.'* (p. 83). In other words, listening is important and needs to be followed up by acting to protect and care for children and young people. This supports the findings from previously mentioned reports above which found that the benefits of children's voices being heard come from the impact this listening has on children and young people's lives, their agency over their circumstances, and their safety and wellbeing.

Unfortunately, it will not always be possible for children and young people's complaints or comments to lead to change. Residential care homes and the out-of-home care system in general often have to cater to the needs of many children and young people, have limited budgets, and of course have to put the safety of children and young people first. This means that sometimes the things that children and young people want and request are not always practical or possible, even with strong advocacy. Further, a scheme such as a community visitor program may be limited in which areas it is able to make recommendations about, depending on what is in the legislation or standards the scheme is based on. Pålsson (2017) notes that this has resulted in some inspection/visiting programs restricting their discussions with children to areas that relate to set standards or regulations that the inspecting body has some authority to act on or make recommendations about. Pålsson also says however that when matters outside the standards or regulations are raised, *'this approach often ends up with inspectors persuading the managers outside the formal inspection process to heed the children's opinions.'* (p. 37).

In other words, community visitors might have ways of advocating for children and young people that are not linked to the formal inspection criteria. For instance, they might be able to call a child/young person's case manager to talk about a problem the child/young person has raised, or they might be able to inform the child/young person of what other steps they might be able to take to resolve the issue they have raised.

Listening to children and young people might not always mean being able to do everything they would like, but that should not in any way undermine the necessity to take what children say seriously. What it demands is that those engaged in listening to children are both clear and honest with them about what can and cannot be achieved and are willing to respond to issues they have raised in flexible ways. This ensures children and young people's views are given the respect they deserve, even in a system that does not always have the capacity to resolve all complaints and concerns.

SAFETY AND WELLBEING

SNAPSHOT

- Many children and young people don't feel safe in residential care.
- The most common reason for feeling unsafe is other residents.
- Having good relationships with people they trust helps children and young people to feel safe in residential care. These people can be carers or people outside the residential care home.

Safety is a primary concern in residential care, particularly given the reason children and young people are placed in out-of-home care is to ensure they are safer than they would have been had they remained in the care of their families.

The Royal Commission into Institutional Responses to Child Sexual Abuse (2013-17) found 33% of the reports of sexual abuse of children in care reported to the Commission related to residential care (Royal Commission Interim Report 2014, Vol 1). However, given the usually hidden nature of sexual abuse and that the average time between offence and disclosure in the Royal Commission cases was 22 years, it is difficult to determine from this whether sexual abuse in residential care is as prevalent today as it was in the past. There are many more safety measures for children and young people in residential care today than in the past, such as guidelines regarding physical interaction with children and more stringent recruitment practices. Despite these positive changes though, residential care remains a high-risk area for abuse because having workers live with children creates many more opportunities for abuse. In residential care workers have ongoing relationships with children and young people, are often alone with them at times and might be involved in personal care activities such as bathing and changing and being present with children/young people overnight. Residential care also has to walk a fine line of meeting children/young people's needs for emotional connection, but also having clear boundaries in place to make sure children/young people are safe.

The 'Views of Young People in Residential Care Survey' gave participants the option to talk about what made them feel unsafe and, out of 171 young people who responded to this question, only 73 stated that they felt completely safe. The other 98 respondents gave various responses that indicated concern about safety, with the most common reasons being other young people in the home. When asked to rate their safety on a scale of one to ten however, where ten was always feeling safe and one was never feeling safe, the survey found 87% of young people gave a rating that indicated they usually felt safe where they lived, which may indicate that even though many participants named things that made them feel unsafe, these issues were not frequent enough to impact negatively on their overall sense of safety.

The 'Safe and Sound' report found that '*Most children and young people reported that they were not safe and did not feel safe within residential care*' (p. 7). The children and young people interviewed in the 'It's not what you think it is' report were more positive about safety with the majority (71%) saying they felt safe in their residential care placement. It is important to note however that the children and young people who participated in this report appeared to live primarily in units with only one other

young person⁵. The fact that these children and young people assessed themselves as being and feeling safer than children/young people in other reports may demonstrate that smaller residential care homes feel safer for the children and young people that live in them. This report also found that how safe children/young people felt was linked to their age, with younger children being more likely to say they felt unsafe. This is consistent with the 'Safe and Sound' report which found that there was a strong sense among younger children that they preferred to be in other forms of OOHC, such as kinship care, as they wanted a 'normal' family life (p. 53).

The units that were reported by many children and young people to feel safe in the reports reviewed were those that were 'home like, and where children and young people had multiple trusted relationships within and outside of the unit' (Safe and Sound p. 7). One participant in the 'Safe and Sound' research noted that:

***'Just having everything a house normally has that's what makes it a home. Like if it looks like a home, it feels like a home.'* (p. 36)**

Participants in this report directly correlated safety, or lack of it, with physical factors such as things being locked away, visible property damage such as holes in walls, or evidence of behavioural issues such as food or paint splattered around ('Safe and Sound', p. 36). It was clear that children and young people associated these things with risk from other residents and felt uncomfortable in such homes.

In contrast to the things that made a home feel uncomfortable, children and young people in some reports emphasised the importance of feeling 'normal' and reflected that small things could make a big difference in this, for instance:

***'On your way home from a day out, to get ice cream [like a normal kid] that would make a kid's day.'* ('Young People's Perspectives on Residential care', p. 13)**

Good workers were considered to be those that:

***'Didn't make us feel like resi kids, it felt like a home.'* (p. 14)**

Conversely though, participants in some reports indicated that strong security measures made them feel safe. One young person reported 'the security of the property' as being a reason they felt safe and another stated that 'unsecure doors' were a reason to feel unsafe (It's not what you think it is, p. 11). Others named 'alarms on the doors' and 'having a lock on all doors and safety screens on all windows' as safety factors ('Views of Young People in Residential Care', p. 25).

Some participants in the 'Safe and Sound' report expressed concern about 'creepy adults' who were overly familiar or inappropriate in their relationships with children and young people (p. 37). In the 'It's not what you think it is' report, a small number of female participants also raised particular concerns about male workers, saying they made them feel uncomfortable or unsafe. While workers were named by some participants as a reason for feeling unsafe in the 'Views of Young People in Residential Care' survey, the reasons given primarily related back to other residents, such as 'workers

⁵ Children and young people in this report referred only to their 'housemate' (singular) rather than to other residents in a multiple sense. It is not clear from this report whether residential care facilities with only two residents are the norm in the Australian Capital Territory as the sample size was 21 children/young people and the size of residential care facilities in the ACT as a whole is not discussed.

not doing anything about fights in the house', though not knowing the worker and *'when I find out one of the workers is talking crap'* were also given as reasons for feeling unsafe (p. 25).

The most common reasons given for feeling unsafe in all the reports reviewed were linked to other residents:

***'Most participants highlighted bullying, harassment and violence as a major threat, while older young people felt that there were a number of sexual threats that were uncommon but significant and needed to be better understood.'* ('Safe and Sound', p.37)**

Some participants in the 'Safe and Sound' report discussed the impact of witnessing distressing incidents such as suicide attempts or violent behaviour. In another report, one participant also stated she felt she had to protect her unborn child from another female resident who frightened her ('Views of Young People in Residential Care').

While sexual abuse by workers was not a common theme, it did come up, with several young people saying they had been at units where sexual abuse by a worker had taken place, and one young person stating she herself had been sexually abused by a worker ('Safe and Sound'). A young person quoted in Australia's NGO Coalition Report to the United Nations Committee on the Rights of the Child recalled that a South Australian residential care worker who was later convicted of child sexual abuse, *'looked me in the eye and told me I was too old to rape'* (Irani, Lamoin, and Lee-Jones, 2018, p. 31). This young person stated that they felt residential care was a place where workers would abuse children.

Some young people raised concerns about safety issues posed by people outside the unit, i.e. sexual exploitation or involvement in drug use by older people who target vulnerable young people. These young people noted that how residential care workers managed situations like this had a significant impact on the safety of residents, with several examples given of workers either ignoring or even supporting young people's involvement with older people who were exploiting them sexually ('Safe and Sound', p. 55).

Other young people raised concerns about workers being punitive, aggressive or inappropriate in behavioural management, with one young person noting that aggression from workers may be due to the fact that many residential care workers are inexperienced and/or young, and that they are not required to have much training or understanding of caring for children with complex needs to work in residential care ('Safe and Sound', p. 47). One participant reflected on what it must be like to be a residential care worker:

***'Carers [residential care workers] don't register how hard it is. They aren't prepared for dealing with difficult kids'* ('Young People's Perspectives on Residential Care.', p. 14)**

As their relationships with workers and others in the facility are so important to children and young people feeling safe, it is an aspect of residential care that a community visitor program must consider. Pålsson (2017) notes however, that even though relationships seem to be the thing that children and young people in residential care consider the most important thing, they are often not considered in official inspection reports because they are hard to assess, especially if a visitor/inspector only sees a child or young person once. Asking children and young people specifically about their relationships with carers and fellow residents and representing these views accurately is important for any program

wishing to cover the aspects of residential care that are most important to children and young people themselves.

MONITORING AND VISITING PROGRAMS

SNAPSHOT

- Children and young people's ideas and opinions about community visitor schemes are very varied.
- Children and young people might be worried about what happens if they talk to a community visitor about problems.
- Children and young people might not feel comfortable talking to someone they don't know well.
- Children and young people do want to be asked to share their views and asked about safety and wellbeing.

Not all the reports reviewed discussed community visitor programs. The participants in the 'Young People's Perspectives on Residential Care' report overall appeared to feel that community visitor programs had been of little value to them. Several commented that they seldom saw a visitor, that the visitor should come more often, or that the visitor would say they would come and then did not. One young person recalled:

***'I saw one once between the ages of 12-16.'* (p. 19)**

Children and young people interviewed for the 'Safe and Sound' report overall felt there was potential benefit to an external service supporting the safety and wellbeing of those in residential care. While most children and young people identified their case worker, police, their school or other adults they knew and trusted as the people who should perform this role, two young people discussed monitoring by a specialist external body.

The 'It's not what you think it is' report asked participants about who they could talk to about concerns and only one out of the 21 respondents identified the 'official visitor' as someone they would talk to (despite the research being carried out by official visitors, meaning all participants would be aware of the existence of such visitors). The majority of the children and young people in this report indicated that they would talk to a carer if they had any concerns (p. 13).

One young participant in the 'Safe and Sound' report suggested that '*random checks*' should be carried out (p. 63). Another participant reflected that, though it could be beneficial to have an outside service involved if something went wrong in residential care, it was important to be careful with this because it can be humiliating for a young person to have too many people involved. This young person agreed that it was important for an external body to step in, but was unsure about how this should occur.

Some younger children expressed reluctance to disclose concerns due to fear of repercussions, in particular the possibility of person who had hurt them finding out about they had told someone (Safe

and Sound). Participants also raised concerns about the ability of workers to respond appropriately when approached about serious issues:

***'Although most of the children and young people in this study identified a worker or outside professional who they trusted, it is concerning that most held ambivalent views about workers' capacity to demonstrate empathy or the skills to respond to issues such as violence or abuse.'* ('Safe and Sound', p. 80)**

While highlighting how difficult it was to raise concerns, participants in both reports also discussed how important it was for children and young people to have the opportunity to do so. The Safe and Sound report notes that:

***'Although participants stressed the importance of staff asking them questions about their safety in residential care, most reported that it was something that rarely occurred.'* (p. 67)**

When talking about what *was* helpful in responding to children and young people who raised concerns, most said that listening and showing genuine concern helped them to feel supported in resolving the issue ('Safe and Sound').

These are important themes for a community visitor program to consider in order to be a service that is child/young person centred. Clearly it is vital for children and young people to have someone they can talk to about concerns, but how important any individual child or young person feels a visitor program might be in this will vary depending on the other relationships and advocacy pathways they have in their lives. Further, finding ways for such a service to connect with children and young people in authentic ways and creating a feeling of comfort and safety for children and young people who would benefit from talking to an external visitor would be vital in order for the visitor role to meet this need.

CHILDREN MIGHT SEE SAFETY AND WELLBEING DIFFERENTLY TO THE WAY ADULTS DO

SNAPSHOT

- Children and young people have their own ideas about what makes them feel safe and happy, and these are sometimes different to what adults think makes children safe.
- Sometimes the things adults know about keeping children safe mean that things children and young people want are not possible because they might be unsafe – for that child or young person or for others.

It is important to recognise that the things children and young people view as important to their safety and wellbeing in residential care may not be the same as the things adults see as important. The things that adults view as important have often come from enquiries or reviews of cases of abuse but may not always have considered the views of children and young people. The 'Safe and Sound' report notes:

***'There are differences in the way children and young people understand safety and being unsafe, the way that they ascertain their level of safety, and the way in which they evaluate how useful existing strategies are in responding to safety issues.'* (p. 19)**

A Swedish report on children's voices in residential care inspections also notes that:

***'Inspection tends to focus on standards that do not necessarily correspond to what children consider important.'* (Pålsson, 2017, p. 35)**

It is important to ensure children are allowed the freedom to talk about what they find important and what makes them feel safe and feel good in residential care, even if that may not be the same, and at times may even be in conflict with, adult views and standards of safety. An example of this difference can be found in the 'Young People's Perspectives on Residential Care' report, where one young person identified the fact that '*workers would wrestle with us in the pool*' as something that contributed to residential care feeling like a normal home where the young people were '*free to be youthful*' (p. 14). In contrast, protective practices policies may well identify such behaviours (wrestling with children who are clothed only in bathers) as unacceptable or unsafe. Another young person in this report recalled that he had wanted to do 'Muay Thai' (a Thai mixed martial art) as an activity but had not been allowed to do so, presumably due to concerns this would lead to him or other young people being harmed (p. 16). The importance of listening to children and young people's perspectives and giving them as much weight and importance as adult perspectives is clear. However, these examples highlight this may not always be straightforward and may require careful balancing between the right to safety from all forms of harm and those of having a voice and having needs for connection and autonomy met.

For a community visitor program whose primary focus is listening to the views of children and young people, clear communication about the need to prioritise safety of residents of residential care homes would be vital. This should however occur alongside reassurance that the views of children and young people do matter and will be considered, even if they may at times be different to what adults perceive as important or even necessary for safety and wellbeing.

RELATIONSHIPS WITH PEERS AND WORKERS

SNAPSHOT

- Having positive relationships in residential care is very important to how safe and well children and young people feel.
- Forming good relationships with workers and peers can be very hard for children and young people living in residential care due to workers and residents changing frequently, or being moved around to different residential care placements.
- Many children and young people have had bad or harmful experiences with other residents in residential care.
- Children and young people think that 'matching' them to other children and young people they will get on well with and be safe with would make a big difference to their residential care experience.

Workers being engaged, available and responsive were things considered important to most of the children and young people in the reports reviewed. The 'Views of Young People in Residential Care Survey' found that most (89%) young people said they got along with all or most of the workers. The 'It's not what you think it is' report found that:

***'specific traits for carers that are considered to be important include "caring", "kindness" and being "nice", in addition to demonstrated behaviours such as "respect", "patience" and "not treat[ing] me like someone lesser.'* (p. 14)**

The importance of genuineness and the ability of children and young people to sense and place value on the intentions of adults who interact with them is also highlighted by a comment made by a participant in this report ('It's not what you think it is'), which indicated that a good carer was, simply, 'someone who gives a shit' (p. 14).

It was clear children and young people felt that peer relationships were as important to their safety and wellbeing in residential care as their relationship with workers and other adults. As discussed previously, many children and young people in this study identified other children and young people in residential care as a source of harm or concern. One 'Safe and Sound' participant reflected that:

***'I think that if you stay in resi long enough you either become a bully or a victim. It's just how it is. You do it so you don't get bullied yourself. Or you do it because you're just angry about your life and want to take it out on other people. Or you don't want to be the weak one that gets picked on ... I guess it all depends on how good the clients are and like where they've been, you know, if they're drug using or not. It pretty much all depends on that ... Because teenagers – they feel like violence is the only answer.'* (p. 38)**

A consideration of the peer relationships within a unit is critical to understanding how safe and appropriate for the child or young person any particular unit is.

A common theme across reports was the need for placement matching to ensure children and young people were not negatively impacted by other residents. One young person reflected that:

'They could've done a lot better, match kids with similar personalities, not a random mix. Personality clashes or putting you with a hot head will end up in fights.'
(Young People's Perspectives on Residential Care, p. 10)

Another noted that:

'You have to think about – yeah. You have to think about – instead of just slapping three random people in a house together and hoping for the best. Because that's either going to work out really well or blow up in your face.' (Safe and Sound, p. 59)

Interestingly, in the 'It's not what you think it is' study, participants mostly lived with only one other child/young person. The vast majority (15 out of 17) of these children and young people stated that they got on well with their housemate and did not raise the same concerns about negative impacts of other residents that participants in the other studies reviewed did. This may indicate that smaller residential care homes are conducive to more positive peer relationships than larger ones.

The impact of placement stability on peer and carer relationships was another factor noted by many children and young people, including the impact this had on schooling and family contact and therefore on peer and family relationships. Participants in the 'Young People's perspectives on Residential Care' report had experienced between nine and 'too many to count' placements (p. 9). Many discussed having lived in several different residential care facilities. Children and young people reflected on the fact that this made it difficult to settle into a routine, have a predictable lifestyle, and form long term peer relationships. One young person noted that:

'You feel like you're never settled. You don't want to make new friends or get too connected because you know they'll move you and you'll have to start again.' ('Safe and Sound', p. 33)

The importance of positive relationships with workers was raised by many children and young people⁶, with several participants in the 'Young People's Perspectives on Residential Care' report reflecting that these relationships had an impact on their lives that continued into adulthood. One young woman recalled that:

⁶The importance of these relationship is clear, but whether and how they are measured and assessed by systems or individuals monitoring residential care is less clear. Pålsson (2017) notes that the Swedish children and young people, like those in the Australian studies, tended to express views about '*interpersonal relationships, ambiguous rules and the resources available in the care environment*' but that these factors are often not the ones measured by reviews of facilities. Given the importance children and young people clearly place on these factors such as relationships with peers and workers, and the 'feel' of a residential facility, it is particularly important that children and young people's views and words on these matters are represented by those visiting them, and are incorporated into the standards or measures used by a community visitor program.

***'They [residential care workers] showed me why [ante-natal] appointments were important to attend. They taught me structures, routines, how to cook. I still call that house now to tell them how I am going.'* (p. 13)**

Australia's NGO Coalition Report to the United Nations Committee on the Rights of the Child quoted one young person who recalled having a younger sibling in residential care with them and who reflected on the nature of rotating shifts and the way this deprives young children with close nurturing relationships:

'I look at my little sister in residential care, and it breaks my heart. I would still parent her, even though we had carers. And they were like 'no, you can't keep doing that, you're not having your own childhood'. But you're not giving her a childhood by chucking her in with carers that rotate, eight hour shifts, on and off, 24/7.'

(Irani, Lamoin, and Lee-Jones, 2018, p. 30)

Relationships are clearly very important to all children and young people, and for those who live in residential care it is workers and fellow residents who are likely to make up their core relationship base. The stability and suitability of these relationships is something a community visitor scheme should consider, not just in terms of the level of safety and wellbeing these things create, but in terms of how they may impact on a child or young person's need for an external advocate, and even how and whether they are willing to speak to a visitor.

While the views of children and young people in the literature reviewed varied depending on their individual backgrounds, experiences and situations, there was a significant level of consistency in the themes identified and in the key issues children and young people highlighted as important to them. These key themes, as well as further exploration of the topic of the Child and Young Person's Visitor program, are also reflected in our consultations with children and young people as set out in the following section.

PART 2:

INTERVIEWS WITH CHILDREN AND YOUNG PEOPLE

Introduction

The South Australian OGCYP facilitated a series of interviews with young people who have lived or currently live in residential care in South Australia. The aim of these interviews was to hear from young people about their residential care experience, and explore their thoughts about community visitor programs.

Methodology

Participants were recruited via the OGCYP and had been involved in previous projects or had other involvement with the OGCYP. One on one interviews were done in a location of the young person's choosing. One of these was conducted via telephone due to the young person living in a non-metropolitan location. In one case the young person elected to have a friend present as a support person.

A total of six young people were interviewed ranging in age from 15 to 25 years. All participants were female as none of the male young people invited to participate responded to this invitation. Three young people were over 18 and as such no longer in care, while two were still living in residential care and one was in independent living. For those young people still in care, interviews were arranged with the cooperation of the young person's DCP case worker or residential care workers.

In addition, this report has considered two consultation groups with a total of six participants run by Relationships Australia SA (RASA) in conjunction with the OGCYP. These groups used similar themes but slightly different questions to the OGCYP individual consultations. The views of young people who participated in these groups were written up in a separate report by RASA which can be accessed on the OGCYP website (Goodbourn, 2019). There was a large amount of consistency between what the participants in the RASA groups and the OGCYP individual consultations said.

The interviews consisted of initial questions about residential care in general, with a focus on safety and wellbeing. Further questions were specifically about community visitor programs and how they should be run. The questions used to guide these interviews are provided in Appendix 1. The interviews were semi-structured with questions being used as a guide only and young people being encouraged to elaborate on things they felt were important.

The safety and wellbeing of all participants was of paramount importance and it was recognised that the topics being discussed were sensitive and may bring up distressing memories for some participants. It was felt however that the value of young people being able to share their views was strong enough to make this small risk worthwhile, especially as other research has noted that '*only very small numbers of children and young people experience distress when discussing issues such as child abuse and interpersonal safety.*' (Safe and Sound, p. 22)

In order to make sure all children and young people who participated were safe and felt positive about participating, several harm minimisation principles were in place:

- Interviews were undertaken by qualified social workers with experience in trauma informed care and working with children and young people in or with a history of the statutory child protection system.
- Young people were told what the consultation was about before agreeing to participate. Their verbal consent was confirmed at the beginning of the interview when the nature of the project and report was repeated.
- Prior to and during the interviews, participants were informed that the length and detail of the interview was up to them, that they could decline to answer any questions, and that they could end the interview or take time out at any stage if they felt uncomfortable. On average the interviews went for approximately an hour.
- Young people were informed they could contact the interviewer or the OGCYP at any time after the interview if it raised any issues for them or they wanted follow up support.
- Questions were open ended, allowing participants to give as much or as little detail as they felt comfortable with.
- Young people were informed of how the information they gave was going to be used and told that any quotes or summaries of what they had said would be de-identified and that they would not be named in the report.
- Young People were informed that handwritten notes were going to be taken during their interview and that these would be transcribed to a typed copy. Handwritten notes were destroyed, and the electronic copy of notes kept by the OGCYP.
- A plan was in place regarding what would happen if a participant disclosed abuse. This included mandatory reporting of abuse for participants under the age of 18, or if anything was said that indicated a child or young person was at risk of harm (as per South Australian mandatory reporting laws). For young adult participants, the plan was to ensure they were aware of their right to report the abuse or harm and given options on how to do this, including a follow up check in call to reiterate these options at a time after the interview.

Participants were reimbursed for their time. The OGCYP recognises that all children and young people who have lived in residential care are individuals with different backgrounds, experiences and personalities and that they will all have different views. This report is in no way meant to represent the views of all children and young people who live in or have lived in residential care.

Themes emerging

Some of what interviewers heard from young people was very similar to what children and young people have said in other reports. This helped to reinforce the importance of these ideas and opinions, because it made it clear how common these views are among children and young people who have lived in residential care. Other things interviewers heard, in particular about community visitor schemes, were unique and gave important and new information about what young people themselves think is important in a community visitor scheme.

Having considered the feedback from this cohort of children and young people, a number of themes emerged which were largely consistent with the themes that emerged from the literature reviewed.

- Having a voice
- Safety and wellbeing
- Relationships with peers and workers
- Children and Young People might see safety differently to the way adults do
- Child and young person's Visitor Program

These are considered in detail below.

Having a Voice

The importance of children and young people having a voice and contributing to the way programs that aim to support them work was emphasised to participants when they were informed about the nature of the report and interviews. While most participants did not explicitly talk about having a say, all agreed during these initial discussions that it was important and that they wanted to contribute by sharing their views and ideas. Some participants also talked about how disempowering it had felt to not be asked about their ideas and views while in residential care, or not feeling able to share their ideas because they felt they would not be listened to. One participant in the RASA groups) discussed the importance of:

***'Having a say. Having input. Having control over your life and environment.'* (Goodbourn, 2019, p. 11)**

This link between having a say and having control reflects what has been noted by literature in this area (see above) that has noted that children and young people sharing their views and or concerns only has an impact if it can lead to a response and an improvement in their circumstances, rather than being simply what Pålsson terms 'conditioned agency' (Pålsson, 2017). The value children and young people place on what they have to say having impact and outcomes is reflected in the fact that all the young people who were interviewed said it was very important to them that there was follow up if they spoke to a Visitor, and that they knew what happened as a result of what they said.

Safety and wellbeing

The things participants said were important for a safe residential care home were very similar to the things that children and young people in other reports have said.

Several young people commented on the fact that when a residential care home doesn't look like a normal home this makes it feel less safe:

'It was quite scary to see that set up, especially when I first came there – doors locked, the kitchen locked, not like a home, just the one TV in the lounge, just the dining room table in the dining room – bare'.

'I came from a house that was a hoarder house into a resi that was like an office.... It didn't feel like a home, it just felt like somewhere to sleep for the night.'

Participants in the RASA groups also suggested that how homely and comfortable a residential care home feels is one of the most important factors in how safe it feels (Goodbourn, 2019).

Other residents were identified as one of the biggest threats to safety. A participant in the RASA groups stated that moving from a youth justice facility to residential care was:

'Being put back in the same bad environment with the same bad people.'
Goodbourn, 2019, p. 9)

One young person recalled one other resident in particular who was involved in dangerous things and reflected that staff should have been aware of the fact that this would not only be a negative influence, but would also place her at risk:

'They could have protected me from the behaviour of some of the others (young people), especially if they knew before, but they never warned me.'

Two other young people, who lived together in a residential care facility, stated that they had felt sexually harassed by another resident, a younger male, but had not felt able to raise this issue with workers.

One young person interviewed discussed significant and consistent threats to safety by residential care workers, particularly with regard to sexual safety. This young person described several incidents of being sexually threatened by workers, including one worker saying he would like to get into bed with her. The young person stated she responded to this threat by taking her siblings into her bed so there would be no room for the worker to get in. She also recalled an incident where a worker stopped by the side of the road while driving and demanded she engage in sexual activity with him while the other young person present filmed. On this occasion she said she and the other young person threatened to report the worker and this led to him driving off again and not repeating this. The young person stated that both these incidents were reported to the department for Child Protection (then known as Families SA) and that regarding the first issue the worker was removed from the unit, but that with regard to the second *'they believed him and not me'*⁷.

This young person also reported frequent inappropriate behaviour from workers that made her feel unvalued and unsafe, for instance being told her parents *'should have dropped you all (her and siblings) at the pound'*, and, when she fell pregnant while in care, *'your baby will be black so you should get rid of it'*.

While not strictly a safety issue, one issue identified by participants in both the individual interviews and the RASA groups was that of young people feeling they were not treated as individuals when in residential care. Young people reflected that residential care units appear to be set up with a certain

⁷This young person was informed that these incidents constituted serious abuse and was offered assistance from the Office of the Guardian to raise these complaints with the Department for Child Protection again. The young person declined this but was made aware that she could contact the OGCYP at any time to discuss these concerns again. The OGCYP also made a follow up call to reiterate this information. This young person was over 18yrs old at the time of interview and engaged with post care support services.

type of child/young person in mind and that assumptions are made by workers about what children who end up in residential care are like. Comments included:

'These units are set up for violent kids, other kids just get put there too.'
(Goodbourn, 2019, p. 9)

'I just wanted the ability to be a unique person'.

'I wasn't like the other kids there but they treated me like the other kids there'.

One RASA group participant however also commented that '*workers shouldn't have double standards. They should treat all kids the same*' (Goodbourn, 2019, p. 11), so care must be taken for flexibility and accommodating individual needs not to be done in a way that could be seen as favouritism or unfairness.

The desire to be treated as an individual and not have assumptions made was also clear in what the young people interviewed said about how a community visitor program should be run. While many had similar ideas, all stated during their interview that what they wanted would not necessarily be what other children and young people wanted or needed, and that there was a need for any visitor scheme to be flexible in the way things were done in order to meet the needs of the diverse group of children and young people who live in residential care.

Relationships with peers and workers

Most young people we spoke to felt that relationships with workers and peers were very important in feeling safe. Things young people said about safe adults were:

'If you have a disagreement with someone else living there, they will know how to sort it out'.

'Someone you can trust and will keep you safe'.

'To her we were people, not just clients'.

The importance of trust and respect in feeling safe was also raised in the RASA groups, with one young person giving '*trusting the people around you*' as a definition of safety (Goodbourn, 2019). Another participant poignantly highlighted the need for respect in reflecting that workers and visitors to residential care facilities should remember that:

'I'm not living at your work, you're working in my home' (Goodbourn, 2019, p. 9).

One young person reflected that, at the time she was living in residential care, she didn't appreciate how important the relationships with carers were but that after moving to independent living she missed having people around who cared about her and wished she could have had that for longer.

Young people also told us that the other children/young people in a residential care home have a big impact on how it is to live there. One young person talked about how being in a home with young

people who had criminal records influenced them to also become involved in criminal activity, something that could have a life-long impact:

'They shouldn't move a person with no criminal record in to a place where everyone has a criminal record'.

Another reflected that it was not good to have older young people who may have '*seen a lot of bad things*' together with younger children who '*haven't seen as much*' as this could negatively impact upon younger children.

Children and Young People might see safety differently to the way adults do.

As raised in some other reports reviewed, young people in this consultation had some views about what made them feel safe or was important to them, that may be different to the views of adults. In particular, this was with regard to how carers related to children and young people, with participants pointing out children and young people need affection and connection but that this often appears to be frowned upon or even prohibited in residential care.

'As a kid you don't want to say to someone 'I love you' and have them say 'I care about you'.

A RASA group participant reflected on the irony of the fact that:

'You can detain a kid, and that's allowed, but if you show love, you get done for grooming.'
(Goodbourn, 2019, p. 10)

One young person spoke about a worker who they had made a significant connection with, to the point they considered this worker a friend and very trusted adult. The worker began connecting with the young person outside of their shifts, for instance buying tickets to a concert the young person wanted to attend and offering to drive them there. As a result of these things, this worker's employment was ceased. This young person reflected that this kind of connection had been exactly what was needed and that:

'It would have been better to employ her as my mentor or something, not just get rid of her.'

Young people consistently said workers who were safe were seen to be those *who 'really care about you'*, but sometimes felt the rules and regulations of residential care made it hard for workers to demonstrate this level of genuine care for children and young people.

It is important that a program such as the Child and Young Person's Visitor scheme takes this into account, as well as recognising the need for evidence-based safety factors. The emotional safety and wellbeing of children and young people is as important to them as their physical safety. The quality of their relationships with caregivers, which is a factor that is hard to measure in any way other than talking to and observing children and young people themselves, appears to be key to this.

Child and Young Person Visitor program

Young people were asked about several aspects of community visitor programs, including how advocates should talk to children/young people, what kind of thing an advocate should do before, during and after a visit, and how often they should visit.

All young people interviewed felt the role of a Child and Young Person's Visitor could be important and helpful if it were done in a way that met the needs of children and young people. One young person pointed out that some children/young people may never trust their case manager/social worker from the Department (Department of Child Protection or equivalent) because they mistrusted *'the system'*. Another stated that a child/young person may not have a good relationship with their case manager and that a case manager may know little about the child/young person. Two other participants raised a concern about being sexually harassed by another young person in their residential care facility and had not previously felt able to raise this with the carers in the house, yet did feel able to raise it with the representative from the Child and Young Person's Visitor program who interviewed them. Another young person discussed that there was nowhere for children/young people in residential care to turn if their problem was with the carers or a supervisor of the residential care house, they lived in. A visitor from an independent body such as the OGCYP was seen by these young people to be a more trustworthy person to talk to than case workers or carers who might be seen to be part of the child protection system or who might be seen as unsafe or difficult to talk to for other reasons.

How often should an advocate visit?

Frequency is a big question for community visitor programs and in part, how often an advocate visit depends on the aim of the program. If community visitor programs aim to have an active role in case management, more frequent visits might be made, whereas programs that aim to have more of a monitoring or oversight role might visit less frequently. It is important to note that all the participants who shared their views about the frequency of visits did not like the idea of an advocate who visits only infrequently and does not have an ongoing role in children's/young people's lives.

'It should be regular, probably once a week. If it's a smaller place – not as many incidents, probably once or twice a month.'

'Your voice can't be heard – how can your voice be heard and say everything you need once a year in an hour?'

'You don't normally come out and tell someone something straight away.'

Once a year 'wouldn't be enough to do anything.'

One young person acknowledged that frequent visits might be difficult, given the number of residential care homes, and suggested that twice a year might be a good balance that would allow visitors to visit all homes but still be frequent enough to be remembered by children/young people. Another suggested that if a visitor isn't able to come frequently, there could be the option of staying in contact with children and young people in other ways, such as phone calls or text messages, to ensure there was continuity of the relationship and that children and young people knew they could contact the visitor at times between visits if there were things they wanted to say.

Before, during and after a visit

Before

Several participants said they were not very aware of the role of the Office of the Guardian and of their rights, or at least had not been at the time they lived in residential care. These young people felt it would be helpful to know about this before a visit. These young people also reflected that they would want to know exactly what the purpose of a visit is before it happens, and for this to be reinforced during and after the visit. Two young people also noted the importance of distinguishing the OGCYP from the Department for Child Protection (DCP) because many children and young people may not realise the difference and may not understand the OGCYP is an independent body with an advocacy function.

'Let kids know you are not DCP and what you do.'

'staff should relay to the child that it's a positive visit... what they say isn't going to get them in trouble.'

'You could have a 'hey G'day' pack, with a book to write things down that they might want to say to an advocate.'

The young person who suggested this pack reflected that it was important to give children and young people various ways to communicate, including time to think about what they might want to say or to write down or draw their thoughts before a visit, as some children/young people might be better at expressing themselves in drawing or writing or may need time to express what they want to say. Another young person however stated that she felt children and young people would not read a booklet and that it would be better to have information about the OGCYP and the Child and Young Person's Visitor to be conveyed by a worker (carer) that child/young person had a positive relationship with. This shows again the need for flexibility and use of a variety of approaches to meet the diverse needs of children and young people in residential care.

During

Participants were asked when and how they would like to meet a Child and Young Person's Visitor, and what they should do during the visit. Most acknowledged that this would vary between children/young people and that it was important to give residents a choice.

'some people would want to meet one on one; others are more confident in a group with others they know around, especially the first time – it depends on the person.'

'definitely alone, but maybe with two people from the Office of the Guardian because that way it's not a 'he said she said' situation.'

Might not feel comfortable talking in front of others because ***'there is a mentality that authority is not to be trusted and they might be judged.'***(ie, judged by other residents for speaking out)

'Meeting with other kids would be better because then they can back you up.'

The participant who said it was better to meet with a group of children reflected that some children/young people might worry the advocate would not believe what they said or would not take them seriously and that having other residents who could corroborate their complaint or who had the same issues might make the advocate take them more seriously. This participant felt that if the advocate was able to develop a trusted relationship with a child or young person so that he or she would know they would be believed, then meeting one on one might be good.

Participants in the RASA groups felt the same community visitor should visit a facility consistently (Goodbourn, 2019). This was echoed by one participant in the individual OGCYP interviews, who stated that:

'Consistency is important – unless the child says they want someone else, have the same person who visited do the follow up and do future visits.'

Another suggestion from the RASA groups was that visitors should engage children/young people in an activity to facilitate conversation (Goodbourn, 2019). This was echoed by participants in the OGCYP interviews. One young person recalled that they had enjoyed the experience of a visitor sitting and doing colouring in with them while chatting as this made the visitor feel more approachable and made it feel easier to talk, another suggested that taking children or young people out of the home, for example to a café or park, might make the child/young person more relaxed and more able to talk.

One participant pointed out it was important for the visitor to take note of the mood and feel of a residential care home, rather than just what children and young people say:

'If some kids are really quiet or if they talk too much that might mean they are anxious... look at their body language.'

Another participant reflected that understanding a child or young person's situation and history would be important as it was good to have context to what was said. The example was given that a young person might complain they were not allowed to have a razor to shave, but that this might be because the young person had a history of self-harm and workers were trying to keep them safe.

It was also pointed out that some young people just might not want to talk to an advocate for various reasons, especially since many young people in residential care have a lot of people coming in and out of their lives. In this context, the advocate might be seen as:

'Just another worker who's not going to believe what I say.'

The majority of participants also felt that visits should be done in an informal way to help children and young people feel comfortable:

'Dress in casual clothes, a suit would be a breach in power and would be intimidating.'

'No taking notes, that would make it feel too much like an interview and kids might have negative experiences with that kind of thing, like police interviews.'

After

Most young people felt that it was important that there was follow up after the visit.

'It's important they know you can be contacted at all times.'

One said they would want the advocate to say that *'it's ok to contact them again'*, but also to reassure the child/young person that if they would like to talk to someone else they could, because the child/young person might not have liked or connected with the advocate who came to see them.

Young people also commented that they wanted to know how the information or concerns they raised would be used and what would happen to follow it up:

'I would want to know where the feedback went... how it helped the situation.'

It's important to tell kids what will happen with what they have said, if there is going to be follow up tell kids that. Kids need to be reassured that what they've said won't just be told to everyone.... They should be in control of where their information goes.'

One young person talked about how disempowering it was when an issue at their residential care home was managed without the young people who had raised concerns being involved or even knowing about the process. This young person said that it would be important for a community visitor who sees or hears about a problem to tell the child/young person exactly what they would be doing to address or report it, and give the child/young person a chance to have a say about how the issue should be managed.

One participant was very concerned about confidentiality, which she felt had been a particular issue in a residential care setting where many workers knew her extended family and kinship network. This young person recalled that she would talk to workers and they would immediately pass this information on to family and kin, and that this may have made her reluctant to talk to anyone, even an outside visitor. The issue of confidentiality was also raised in the RASA groups. It was found that ensuring children and young people of the confidentiality of the communication is important in building trust.

Several young people also mentioned that children/young people might feel quite anxious about possible repercussions of talking to an advocate, which meant it was important to address this directly with children/young people:

'Reassure them that they won't get into trouble for anything they have said.'

CONCLUSION

What did we learn from the literature and talking to young people?

- Children and young people want residential care facilities to be more home-like. Young people said facilities should be comfortable and welcoming. They want to have input into the design and décor, so the facility reflects their unique character. It is important to young people to be treated and included like other young people in the community.
- Children and young people with a care experience reflected a stronger sense of safety in facilities with smaller numbers of residents. Smaller residential facilities appear to be conducive to more positive peer relationships than larger ones. This may be an important consideration for the visiting program in terms of understanding the complexities of larger units.
- Relationships between children and young people and staff have implications for a visiting program.
 - Where staff relationships are positive and staff already act as ‘natural advocates’ for residents, the need for the external advocacy of a visiting program may be less obvious.
 - In addition to this, staff attitudes about the visit may impact on resident engagement. If staff actively promote and facilitate the visit, residents tend to be more likely to engage with visitors and talk about what is important to them.
- Placement matching impacts young people’s sense of safety and belonging. Young people referred to violent, unsafe behaviours or criminal activity of other residents and how it may impact on their experiences. Making efforts to ensure residential care doesn’t expose young people to additional trauma, peer abuse or anti-social influences is important for long-term success as adults.
- Contact with adults who show care is important to children and young people living in residential care. It is important to have adults who can be trusted to maintain safety and manage conflict. These adults could be residential care workers or case managers who have regular contact with the young people and help them to feel valued and cared for and ‘not just a client’. This may be useful to acknowledge for a visiting program.
- It is important to acknowledge children and young people living in residential care may have different perspectives or priorities than the adults in their lives. It is necessary to listen to residents and value what they say, while also considering the evidence-informed practice and safety concerns.
- Children and young people showed an awareness of challenges faced by staff, including high case-loads, staff retention and recruitment and budget restraints. They acknowledged it was difficult for adults to develop and run effective residential care facilities.
- Children and young people expressed a desire to be recognised as individuals. A community visitor program should consider the individual needs of children and young people,

particularly in relation to culture, disability or developmental delay and trauma history. Specific consideration should be given to individual differences when planning a visit including preferred location, visiting personnel, methods of capturing input and communication strategies. Culture should also be a key consideration; particularly where young people have a strong cultural identity.

- Children and young people highlighted the importance of regularity for a visiting program, to build connections and have ample opportunity to share concerns. It was recognised however this may be challenging due to the high number of residential care facilities, so alternative contact methods could be considered.
- It is important for a visiting scheme to build trust with young people. Respondents said they had concerns about confidentiality and the management of complaints and concerns. They want to know their information is being used appropriately and followed up by a visitor who cares about their welfare.

Overall, the information provided by interview participants was consistent with information gathered from children and young people in out-of-home care across Australia, and with literature about the views and needs of children and young people in residential care. Areas in which there was diversity of opinion highlight the need for a community visitor program to be flexible and responsive to the needs of individual children and their varying backgrounds and situations. Consistent messages, for instance the desire for follow up or checking in after a visit, may provide guidance for the Child and Young Person's Visitor Program to set goals for the future. Children and young people demonstrated a great awareness of their own needs and what would make residential care a safer and more positive experience for them.

One particular area in which the interview participants were consistent in their views was the desire for more frequent visits than community visitor programs may be able to deliver. This appeared to reflect a desire to have an ongoing relationship with a visitor and, in some cases, reflected young people feeling that they had few other trusted people to speak to and wanted more trusted adults in their lives. Given this, finding ways to build and maintain trust and a sense of care for the children and young people who are part of a visitor program is important. For programs where visits are infrequent, it may be that methods other than visits, such as follow up phone calls could be utilised for this.

As many of the young people we spoke to acknowledged, programs such as community visitor programs are often constrained by budget and staffing issues, as well as having to work within a legislative and policy framework. Developing and maintaining a program in a way that meets the needs of the diverse group of children and young people living in residential care will always be challenging. Hearing and considering the views of the children and young people can help to ensure that such programs remain as child/young person focussed as possible. This will also help to meet the needs of the children and young people whose safety and wellbeing they aim to improve.

We sincerely thank the young people involved for their contribution to make residential care a more positive experience for all children and young people who live there.

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Appendix 1 – Interview Questions

Note: *These questions were used as a guide only. Participants were able to choose not to answer questions, and to talk about topics not covered by the questions.*

- What things are important for a safe residential care home?

- If you were living somewhere that an Advocate was visiting, what sorts of things should they do when they visit?

- Would you want to meet with them individually?

- How often should Advocates visit?

- When should they visit?

- What is important for an Advocate to be looking out for when they come to the home?

- What would you want to know before a visit?

- What would you want to know after a visit?

- What needs to happen when an Advocate doesn't see a safe home?

- Have you lived in a residential care home where you think they got things right?