Government of South Australia

Office of the Guardian
for Children and Young People

Final Report on the Trial Child and Young Person's Visiting Program

Published - February 2020

De-Identified for Publication

February 2020

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Notes to this report

This is a version of the Report which was previously provided by GCYP to the Department for Child Protection, but edited to remove or modify features that would risk identifying particular children and young people, staff and facilities.

Where case studies have been included, identifying characteristics have been changed to protect privacy and indicated ages are approximate.

All data remains accurate and care has been taken to ensure that the nature of the facilities and the experiences of visitors, staff and – most importantly – children and young people are reflected accurately.

The report to DCP included extensive appendices. Two of these, involving consultation with CYP, have been previously published by OGCYP. Further appendices, including a sample Visiting Report, will be published in the future.

Glossary

ATSI	Aboriginal and Torres Strait Islander
CYP	Children and Young People (Child and Young Person)
CYPV	Child and Young Person's Visitor
CYPV Program	Child and Young Person's Visitor Program
DCP	Department for Child Protection
DE	Department for Education
GCYP	Guardian for Children and Young People
NESB	Non-English-Speaking Background
NGO	Non-Government Organisation
OAB Act	Children and Young People (Oversight and Advocacy Bodies) Act 2016
OGCYP	Office of the Guardian for Children and Young People
Safety Act	Children and Young People (Safety) Act 2017
TCV	Training Centre Visitor
YJ Admin Act	Youth Justice Administration Act 2016
Developmental Evaluation report	the Developmental Evaluation, completed by Social Work Innovation Research Living Space, Flinders University (Seymour et al)

1 Summary

This report represents the culmination of just over two years work by the Office of the Guardian in developing, implementing and reviewing a trial scheme to visit 100 children living in residential care in South Australia.

The Child and Young Person's Visiting Program arose from the 2016 SA Child Protection Systems Royal Commission. In her report ('the Nyland Report,'), Commissioner Margaret Nyland endorsed the establishment of a visiting scheme specifically for children living in residential care facilities. Recommendation 137 provided:

> '*Legislate to provide for the development of a community visitor's scheme for children in all residential and emergency care facilities*'[1]

As a result of the SA government's response to the Nyland Report, 'A Fresh Start,' in 2017 the Department for Child Protection (DCP) asked the Guardian for Children and Young People to undertake a 'two-year pilot visiting scheme for 100 children and young people in residential and commercial care facilities, to be finalised in June 2019'. The finalisation date for the scheme was subsequently extended to 30 September 2019.

Visiting commenced in September 2018 and finished in August 2019.

- Facilities ranged from 2 bed to 6 bed (some capped from up to 8 or 12 beds), northern and southern metropolitan, regional, residential and assessment units.
- Number of individual facilities: 24
- Number of individual children: 99
- Number of visits (some facilities visited more than once): 37
- Number of reports provided to DCP: 14
- Number of facilities visited and formally reported on: 23
- Number of formal DCP responses: 9, at the time of writing (noting DCP has since responded to all reports)
- Number of recommendations made in 14 reports: 107
- Number of recommendations formally responded to by DCP, at time of writing: 63
- Number of recommendations accepted by DCP: 53
- Number of recommendations not accepted: 1
- Number of recommendations being further considered: 9

The target of visiting 100 unique, individual children and young people was nearly achieved within the specified timeframe. Information was received about 99 children (as one child was visited twice after moving facilities.) The target would have been exceeded but for repeat visits to some facilities,

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[1] M Nyland, '*The life they deserve: the Child Protection Systems Royal Commission Report*,' South Australia, 2016, p xli

which meant that 20 children and young people were visited by a Community Advocate more than once (between 2 and 5 times). Repeat visiting provided valuable information about the benefits of more frequent and repeated visits.

Outcomes

To date, the trial has given rise to a series of clear outcomes and benefits to individual children and young people, relating to physical and emotional safety, health and wellbeing, cultural identity, connection with family, access to education, participation in decision-making and the circumstances of their life, decisions about placement and personal development and interests.

On a facility level there have been positive outcomes through improvements to physical and social environments, and the support, training, performance management and wellbeing of staff.

Broader systemic issues including placement decision-making, access to educational opportunities, and the availability of vehicles have been raised with the Department for Child Protection.

Learnings from this trial and specific recommendations to inform decisions about a future visiting scheme are set out in more detail at the conclusion of this report.

The trial was evaluated by Dr Kate Seymour, Professor Sarah Wendt and Associate Professor Lorna Hallahan of SWIRLS (Social Work Innovation Research Living Space) at Flinders University and is attached as Appendix A to this report. They concluded:

> *The OGCYP has embraced, and largely delivered on, Royal Commissioner Nyland's vision of a community visiting scheme staffed by selectively recruited professionals focused 'solely on the child's views and interests' and providing 'high quality reporting and advocacy' (Nyland, 2018, p. 331).*

> *The impacts of broader systemic factors on both the functioning of residential care facilities and the experiences of their CYP residents, however, are both substantial and incredibly difficult to tackle, transcending the mandate of any single department, agency or facility.*

> *This intersection of residential care issues and the broader systems of child protection, including – but not limited to – DCP policies, practices and processes, is evidenced throughout the site reports analysed for this evaluation. Concerns raised about the adequacy of intervention programs and support services, the quality of CYP's relationships with their DCP case managers, and actions taken to meet the needs of CYP (such as cultural identity plans or ACISTs), along with issues regarding placement planning and decision making, for example, point to the complexities associated with multiple systems facing high and competing demands and multidimensional, multi-causal problems, within the context of considerable (local and national) political and economic pressure.* [2]

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[2] K Seymour, S Wendt, L Hallahan, '*CYPV Scheme: A Developmental Evaluation,*' SWIRLS, Flinders University, 2019, p 47

2 Background

2.1 A request to establish a trial visiting scheme – Recommendation 137

In 2017 the Department for Child Protection (DCP) asked the Guardian to undertake a 'two-year pilot visiting scheme for 100 children and young people in residential and commercial care facilities, to be finalised in June 2019'.

The pilot scheme, called the trial 'Child and Young Person Visiting Program,' commenced visits to facilities in September 2018 and, having been extended by three months, wound up on 30 September 2019.

The scheme stemmed from Recommendation 137 of the 2016 Child Protection Systems Royal Commission ('the Nyland Report'):

> *'Legislate to provide for the development of a community visitor's scheme for children in all residential and emergency care facilities'*[3]

In her report, Commissioner Nyland reflected that South Australia relied more heavily on residential care than any other jurisdiction. In 2014 - 2015 15% of children in out of home care in South Australia were in residential care, in comparison with the next highest proportion, 12%, in Victoria. This remains the case and is discussed further in 'Understanding the residential care context in SA', below. She also reflected that the residential care population was expanding to include much younger children than had previously been the case.

A significant proportion of the Nyland Report was devoted to considering the risks and concerns affecting children and young people living in residential care in South Australia and, particularly, large residential units. In her final report she observed:

> *Too many children continue to reside in large residential care units […] which cater for up to 12 children. Large units do not provide the homely environment that children need, and the warehousing of a large number of children with complex behaviours under one roof inevitably leads to residents learning new behaviours from each other. It creates an unsafe living environment.*
>
> *A focus on keeping residents safe in such a volatile environment has increased their institutional atmosphere. Children as young as nine live in facilities where they have to ask staff to unlock their bedroom door if they need time to themselves or ask for the kitchen to be unlocked if they want something to eat. The risks of peer-to-peer sexual abuse, assaults and other critical incidents are aggravated by poor matching of residents within the units. The evidence against this form of care continuing is overwhelming.*[4]

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[3] Nyland, p xli
[4] Ibid, p xxii

Recommendation 137 came on the back of previous inquiries. In her 2003 Review into Child Protection ('the Layton Review') Robyn Layton QC had recommended the introduction of a community visitor scheme located within the Office of the Guardian. Commissioner Nyland subsequently supported this view, stating that 'The Commission supports the implementation of a community visitors scheme for all children in residential care' while acknowledging that the '… powers that community visitors will require to effectively perform their function will depend on the model adopted,'[5]

Commissioner Nyland also referred to the advocacy in 2014 of the then Guardian for Children and Young People (GCYP) for a targeted community visitor scheme which would enable visitors to 'focus solely on the child's views and interests, in contrast to the 'competing organisational demands' faced by social workers. She acknowledged that the former Guardian had recommended that visitors be paid 'in order to recruit individuals with a background of engaging and working with children' so as 'to achieve high quality reporting and advocacy'.[6]

The Nyland report recommended implementing a visiting program because such programs provide 'important services for vulnerable populations … accommodated in out-of-home environments'[7] including:

       a. inspecting facilities
       b. advocacy
       c. improving the patients'/residents' experiences
       d. identifying gaps in service provision
       e. increasing accountability and transparency within service provision
       f. helping resolve complaints
       g. acting as a link between frontline service delivery and policy and service development.

and highlighted the capacity of visiting programs to 'improve overall health and wellbeing outcomes'. The Commissioner also discussed other reforms required for non-family-based care to 'keep children in the care of the state safe'[8].

However, the Nyland Report does not prescribe the type of visiting scheme that should be adopted and the subsequent provisions in the *Safety Act* also leave the model open.

A significant aspect of developing the CYP Visiting Program was therefore to consider the purpose of the scheme, the nature (depth and breadth) and frequency of visits, the criteria for determining which children, or facilities, should be visited and the expertise required of the community visitors (known as community advocates) as well as the basis upon which they were to be engaged.

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[5] Ibid, p 331
[6] Ibid, p 42
[7] Ibid, p 331
[8] Ibid, p 309

2.2 The subsequent enactment of the CYP Visitor role in SA

The *Children and Young People (Safety) Act* was passed in July 2017 but the first operational provisions did not commence until February 2018, after the trial Visiting Program had already commenced.

Sections 117-119 of the *Safety Act* established the role, functions and powers of the Child and Young Person's Visitor. The Visitor's role is to promote and protect the *particular* interests of children and young people who are living in residential care in SA.

The Visitor's functions are set out in section 118 of the *Safety Act*:

118—Functions and powers

(1)   The functions of the Child and Young Person's Visitor are—

    (a)   to conduct visits to, and inspections of, prescribed facilities as required or authorised under this Chapter; and

    (b)   to communicate with children and young people resident in prescribed facilities; and

    (c)   to promote the best interests of the children and young people resident in prescribed facilities; and

    (d)   to act as an advocate for children and young people resident in prescribed facilities and to promote the proper resolution of issues relating to their care; and

    (e)   to inquire into, and provide advice to the Minister relating to, any systemic reform necessary to improve—

        (i)   the quality of care, treatment or control of children and young people resident in prescribed facilities; or

        (ii)   the management of prescribed facilities; and

    (f)   any other functions assigned to the Child and Young Person's Visitor under this or any other Act.

(2)   In performing functions under this Act, the Child and Young Person's Visitor—

    (a)   must encourage children and young people resident in prescribed facilities to express their own views and give proper weight to those views; and

    (b)   must pay particular attention to the needs and circumstances of—

        (i)   Aboriginal or Torres Strait Islander children or young people; or

        (ii)   children and young people who have a physical, psychological or intellectual disability; and

    (c)   may receive and consider any information, reports and materials that may be relevant to performing the Child and Young Person's Visitor's functions.

(3)   On a visit to a prescribed facility under this Chapter, the Child and Young Person's Visitor may—

    (a)   inspect any part of the prescribed facility; and

    (b)   make inquiries about the care, treatment and control of each child or young person resident in the prescribed facility; and

    (c)   take such other action as may be reasonably required to perform the Child and Young Person's Visitor's functions under this Act.

(4)   Subject to subsection (5), a visit to a prescribed facility—

    (a)   may be made by the Child and Young Person's Visitor on the Child and Young Person's Visitor's own initiative or at the request of a child or young person who is or was resident in the prescribed facility; and

    (b)   may be made at any reasonable time; and

    (c)   may be of such duration as the Child and Young Person's Visitor thinks appropriate.

(5)   The Child and Young Person's Visitor must—

    (a)   except in exceptional circumstances, give the person in charge of a prescribed facility reasonable notice of a visit; and

    (b)   take steps to ensure that the safe administration of the prescribed facility is not compromised by a visit; and

    (c)   obey the reasonable directions of the person in charge of the prescribed facility in relation to any genuine concerns the person may have in connection with the safe management of the prescribed facility.

(6)   If the person in charge of a prescribed facility refuses to allow the Child and Young Person's Visitor to visit the prescribed facility because of genuine concerns the person may have in connection with the safety of the Child and Young Person's Visitor (whether related to a security risk, a health related risk or some other reason), the person must, as soon as reasonably practicable, provide the Child and Young Person's Visitor with written advice as to why entry to the prescribed facility was refused.

(7)   The Child and Young Person's Visitor has such other powers as may be necessary or expedient for, or incidental to, the performance of the Child and Young Person's Visitor's functions.

Penny Wright was appointed as the inaugural Child and Young Person's Visitor on 26 February 2018, 'ex officio', in conjunction with her role as Guardian for Children and Young People. Both appointments take effect until 9 July 2022.

3 The Views and Voices of Children and Young People

In addition to seeking the views of children and young people during visits, the CYPV Program conducted two projects to seek and incorporate the views and perspective of children and young people into the visiting program.

3.1 Key messages: 'Safety in Residential Care: Young Care Leaver Discussion Groups'

Post-Care Support Services of Relationship Australia South Australia (RASA) were contracted to conduct two group consultations with young people with experience of living in residential care. The report, 'Safety in Residential Care,'[9] was completed on 12 July 2019, and provides important insights into what is required for a residential care facility to be 'safe' (from the perspective of a child or

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[9] E Goodbourn, *'Safety in Residential Care: Young Care Leaver Discussion Groups'*, RASA, Adelaide, 2019

young person living there) and how the CYPV Program can identify and respond to situations where those requirements are not met.

This report, previously published by OGCYP, is referred to as Appendix B.

Goodbourn consulted with six young people, aged between 16 and 23, who had all lived in residential care. She noted that there was a great deal of overlap between safety and wellbeing in their discussions and focus often fell on non-physical safety.

The report identified three major themes:

- The importance of stability and security, which includes consistency, predictability, reliability and calm;

- The need for belonging and support, which encompasses being included, loved and celebrated by a group, culture or community, and living in a house which feels like a home;

- The desire for trust and ownership, which includes freedom, respect, fairness, and the degree to which children and young people are decision-makers over their lives

Other key messages are:

- relationships within facilities can have a huge impact on a residents' safety and wellbeing so it is important for a visitor to gauge how close residents are to peers and workers, including how positive and consistent those relationships are

- residents' sense of safety is highly influenced by the facility environment so visitors should take a wide range of factors into account. These include:
    - the facility's atmosphere, culture and norms
    - how functional the facility is
    - how much the facility looks and feels like home
    - how much freedom and access residents have
    - whether residents have their own spaces
    - whether activities are offered at the house that residents are interested in

- if a facility feels homely to residents, they are far more likely to feel safe living there

- residents' capacity to explore the world outside the facility is important, including:
    - activities
    - support with conflicts that occur outside the facility
    - fair curfews
    - pocket money

- consultation and consideration around facility location and placement and movement of residents

- the degree of ownership residents have over their own lives, indicated by inclusion in decision-making, freedom and determining pocket money

3.2 Key messages: 'What Matters to Us'

The second project was conducted by Ulrike Marwitz, who was contracted to complete a literature review, interview some young people/adults with lived experience of residential care and prepare a report for the CYPV Program. Her report, 'What Matters to Us'[10] identifies some key themes from the literature and some valuable guidance for community advocates who visit facilities.

This report, previously published by OGCYP, is referred to as Appendix C.

In the course of her consultation, Marwitz reviewed the findings of four previous Australian reports dealing with safety and the experiences of children and young people living in residential care. She also conducted interviews with young people/adults, aged between 15 and 25, who had had experience of living in residential care. A further young person currently living in residential care was interviewed by the Guardian for Children and Young People.

Taking into account the previous studies, Goodbourn's work and the most recent interviews, Marwitz made the following findings:

- 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.

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[10] U Marwitz, '*What Matters to Us*,' Office of the Guardian for Children and Young People, South Australia, 2019

- 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'.

- It is important to acknowledge **children and young people living in residential care may have different perspectives or priorities to 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 caseloads, 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.

'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.'

- 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.

According to Marwitz, 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 other literature about the views and needs of children and young people in residential care.

She notes that the young people do not always agree, highlighting a need for a visiting program to be flexible and responsive to the needs of individual children and their varying backgrounds and situations. However, Marwitz also reflects that there are some expressed desires that are consistent, including that visitors follow up or check in with residents after a visit, and that visits occur frequently, perhaps more frequently than community programs may be able to deliver. This latter issue is a challenge that is discussed further in the Learnings aspect of this report.

It is acknowledged that both Goodbourn's consultation and the interviews conducted by Marwitz occurred relatively late in the implementation of the trial and it would have been desirable to have commenced them earlier, to inform the design of the earlier visits. It would also be useful to repeat this form of review over time, to refine the questions and promote continuous learning and development of the program.

3.3 Key messages: 'CYPV Scheme: A Developmental Evaluation'

In evaluating the trial visiting program, Seymour et al conducted a literature review which also contributed useful insights into the views of children and young people about 'safety' in residential care:

- CYP experience the world in different ways to adults

- CYP were generally pessimistic about the capacity of residential care settings to provide a safe environment

- CYP tended to understand safety as the absence of unsafe peers, workers and other adults

- Safety of CYP was most often compromised by the behaviours of their peers, so safety was about not being placed with others who might hurt them

- Importance of 'felt' safety was particularly evident – CYP emphasised that if they didn't feel safe (that is, calm, relaxed, comfortable) in a residential care setting, this was a critical sign that they weren't safe (that is, that the residential care setting was unsafe)

- Highlights significance of paying attention to, and taking note of, CYP's feelings whether expressed in words, non-verbal communication or acts.

- The finding that CYP felt most safe when residential care was 'home-like', 'where they felt welcome, where things felt 'normal' and where adults looked out for them; this directs attention beyond the physical bricks and mortar setting to CYP's subjective experience of this

- Positive relationships with peers and workers, and strong connections inside and beyond residential care was crucial to their sense of safety, reinforcing the importance of ongoing, not episodic, contact, conversations and relationships.

4 Design and Development

Developing, implementing and evaluating the trial visiting program in just over two years was a significant and challenging undertaking.

The work took place in a context of broad and sweeping reform within DCP and the child protection system generally, in the wake of the Nyland Report, including the introduction of the *Safety Act* in two phases, and there was limited evidence and a limited research base upon which to found program development and practice.

In developing the Child and Young Person's Visiting Program, guidance was taken from the commentary in the Nyland Report, the functions and powers subsequently provided within ss 117-119 in the *Safety Act*, evidence and models available from other visiting schemes and the findings of various recent commissions and inquiries into child protection and the role of visiting and oversight bodies, in South Australia and nationally.

4.1 Appointment of Principal Community Advocate

The Principal Community Advocate, Jordan Bell, was recruited and commenced work in August 2017, at which time he started scoping the CYPV Program.

4.2 Scoping

4.2.1 Purpose

While the role of a visiting scheme for children living in residential care may seem superficially self-evident, it quickly became clear that there was a range of possible aims and it was necessary to clarify the purpose of this particular program.

The safety of children in residential care was a clear priority. The Nyland Report had identified the vulnerability of children living in residential care, failings of that form of care in South Australia and reforms required to "keep children in the care of the state safe"[11]. Similar failings and other required reforms were also identified in the final report of the federal *Royal Commission into Institutional Responses to Child Sexual Abuse*.

Further aims of visiting schemes were described by Commissioner Nyland as being: 'to ensure the consistent delivery of best practice services and improve overall health and wellbeing outcomes'[12]. She articulated a broad and ambitious suite of potential services, including:

- inspecting facilities
- advocacy
- improving the patients'/residents' experiences
- identifying gaps in service provision
- increasing accountability and transparency within service provision
- helping resolve complaints

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[11] Nyland, p 309
[12] Ibid, p 331

- acting as a link between frontline service delivery and policy and service development[13].

However, Nyland did not recommend a particular model or approach.

It is notable that the provisions within the *Safety Act* (and its associated regulations) are broad in comparison to the legislation that governs the Queensland's Office of the Public Guardian and the UK's Office for Standards in Education, Children's Services and Skills (Ofsted).

Ultimately, the primary purpose of the Child and Young Person's Visiting Program was determined to be to enhance the safety of the children and young people living in the facilities visited. The secondary purpose was to provide, as much as possible, the other services articulated by Commissioner Nyland.

Over the course of the program it became clear that this approach necessitated long visits, and comprehensive reports covered individual resident advocacy, the physical and social environment of facilities and broader systemic issues such as access to education.

4.2.2 Research – other visiting schemes

There was only limited evidence about the outcomes of other visiting programs and nothing to indicate a preferred (or best practice) model or approach. This is also reflected in the developmental evaluation report, which identified 'the lack, both nationally and internationally, of 'broad scale children's visitor model[s] across all areas of Out of Home Care'[14]

Commissioner Nyland noted that the 2003 Layton Review had recommended that "functions be included within GCYP similar to the 'community visitors' that were then provided for in Queensland"[15].

In July 2018 the CYP Visitor and the Principal Community Advocate visited the Office of the Public Guardian in Queensland to view the Community Visitor scheme which visits children and young people living in 'visitable' locations across Queensland including residential care facilities, the homes of foster and kinship carers, detention centres and disability and mental health institutions.

The Public Guardian's website described having responsibility to support and protect the rights and interests of children and young people in the child protection system through advocating for their rights, access to services and a voice and states that the Community Visitor program is designed to 'protect the rights and interests of children and young people in foster care, kinship care or residential care across Queensland.' It also states that, 'For children and young people in care, community visitors monitor and promote their rights and interests, and advocate that the services are provided in accordance with the standards of care and charter or rights… under the *Child Protection Act 1999,* section 74 and Schedule 1.'[16]

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[13] Ibid

[14] Seymour et al, p 6

[15] Nyland*,* p 331

[16] Public Guardian, website, https://www.publicguardian.qld.gov.au/about-us/community-visitor-program/the-purpose-of-the-visitor-program viewed as at 15 October 2019

The legislation establishing the Queensland program provides more specific guidance as to the Public Guardian's functions[17] and the standards underpinning the scheme. The responsible Department of Child Safety, Youth and Women is required to provide a level of care which is consistent with a statement of standards, outlined in s 122 of the *Child Protection Act 1999*.

While there were learnings from the visit and the Queensland program, it also differed in significant respects: its scope extended beyond visiting CYP in residential care and it was designed to respond to unique demographic factors such as a more dispersed and de-centralised population located in relatively large regional centres.

Another slightly analogous regime is that of the UK Office for Standards in Education, Children's Services and Skills, known as 'Ofsted'[18]. However, although Ofsted's mandate extends beyond schools and educational institutions to organisations providing care services, its operation provided limited guidance for the development of the CYPV Program as it is an inspection, regulation and reporting agency rather than a visiting scheme.

4.2.3 Lessons from Oakden

In February 2018, Hon. Bruce Lander QC, the South Australian Independent Commissioner Against Corruption, released his investigation report into issues associated with the care of residents in the Oakden Older Persons Mental Health facility (*Oakden: A Shameful Chapter in South Australia's History*). The report included 13 recommendations and contained material that was relevant to the development of the CYPV Program. In particular, Commissioner Lander expressed a strong view that the Community Visitor Scheme (CVS) which visited the facility should have utilised its power to conduct unannounced visits[19], and observed that-

> *'Whilst in theory the powers and functions of the CVS and the Chief Psychiatrist were appropriate and were important mechanisms for the addressing of complaints and reports of sub-optimal care, in practice they were less than effective, in part because the statutory powers conferred on the relevant statutory office-holders were not exercised to the extent that they could have been.'[20]*

Commissioner Lander noted "the very real possibility that similar failures could be perpetuated in the future in other settings" and suggested the report "ought to be considered by all public officers in positions of authority, irrespective of the agency within which they are employed"[21]. Given the nature of the responsibility and powers of the CYP Visitor role, it is relevant to consider his further views that:

> '*This report offers some salient lessons about identifying and properly dealing with complaints, the consequences of attempting to 'contain' issues of concern and withhold*

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[17] Set out in s 13 of the Public Guardian Act 2014 (Queensland)

[18] https://www.gov.uk/government/organisations/ofsted/about#our-responsibilities

[19] B Lander, *'Oakden: A Shameful Chapter in South Australia's History'*, ICAC, South Australia, 2018, p 260: 'In my opinion, the PCV and the community visitors should have made random, unannounced visits. It can be expected on any announced visit that the institution under inspection will present itself as best it can. The purpose of an unannounced visit is to see how an institution operates without the glare of an announced visit,' p 260

[20] Ibid, p 293

[21] Ibid, p 16.

information from senior persons and the extraordinary dangers associated with poor oversight, poor systems, unacceptable work practices and poor workplace culture. Above all it highlights what can occur when staff do not step up and take action in the face of serious issues. I appreciate that it is not always easy to step up in such circumstances. But that is what is expected of every person engaged in public administration and particularly so in respect of public officers in positions of authority who have information that might expose serious or systemic issues of corruption, misconduct or maladministration.' (p 16)

The report influenced early planning and development of the CYPV Program in various ways, including decisions about the best way to structure staffing for visits.

The question of fully exercising available powers, and particularly the power to conduct 'unannounced visits,' was clearly a relevant one. Notwithstanding Commissioner Lander's views, section 118(5)(a) of the *Safety Act* provides that the CYP Visitor may conduct unannounced visits to residential facilities only in 'exceptional circumstances'. As well as this limitation, it was the view of the PCA and CYP Visitor that this power would need to be exercised with great care because a residential facility is actually a child or young person's *home* and there is a significant risk of compromising the stability and predictability in their lives by turning up to do a visit or inspection, unannounced.

4.2.4 Previous Monitoring by OGCYP

Prior to the CYP Visitor role and this trial, the Office of the Guardian for Children and Young People (OGCYP) conducted limited visits to residential care facilities to fulfil the Guardian's original *monitoring* function. However, since 2017 the Guardian was not able to visit a statistically meaningful number of facilities, nor carry out the monitoring or reporting with sufficient rigour, due to the rapid and high growth in the number of residential care facilities and the number of children living in them.

The framework for these earlier monitoring visits had largely been developed before the introduction of other important initiatives that guide, support and/or influence the provision of out-of-home care – such as the *Standards of Alternative Care in South Australia* (2009), *National Standards for out-of-home care* (2011) and *Draft National Principles for Child Safe Organisations* (2018)[22].

As such, it was necessary to develop an entirely new framework for the trial Visiting Program, to be consistent with current legislation, human rights conventions, state and federal policy initiatives and the recent state and federal Royal Commission reports and recommendations[23].

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[22] The *Draft National Standards for Child Safe Organisations* were developed by the Australian Human Rights Commission as part of the Commonwealth Government's response to the *Royal Commission into Institutional Responses to Child Sexual Abuse*. They have been agreed to by Community Services Ministers and were to be submitted to COAG for endorsement in late 2018 (according to the Australian Human Rights Commission website – National Principles for Child Safe Organisations, January 10 2019).

[23] The SA *Child Protection Systems Royal Commission* (2016) and Commonwealth *Royal Commission into Institutional Responses to Child Sexual Abuse* (2017).

4.3 Interpreting the legal framework and key terms

4.3.1 Residential care

'Residential care' is defined on the Department for Child Protection website as 'care provided by the Department for Child Protection in a residential building. Carers are provided by Department for Child Protection or funded non-government organisations'.[24]

4.3.2 Emergency care

The Nyland Report described 'emergency care' as being 'a response to an urgent situation and delivered by casual staff, engaged via private agencies who maintain panels of carers.' At the time of the report there were no minimum qualifications for staff engaged in that way, and they frequently cared for children in unsupervised environments. While the requirements for eligibility for employment as agency carers have now been increased it is still the case that the environments in which the care occurs may still be unsupervised, with carers working alone in the placement.

4.3.3 'visit' and 'inspect'

The Guardian was tasked with conducting a 'visiting scheme'. The Safety Act refers to both visits and inspections. Neither term is defined.

An overview of the various models in use suggests that a visit primarily focuses on interacting with residents whereas an inspection is a more time-consuming, rigorous process. Inspection is more likely to include reviewing staffing arrangements, policies and procedures and management systems to gain a deeper understanding of a facility's operation and the experience of its residents.

Where both options exist, any scheme must decide what to do, when, to achieve the maximum benefit for residents and meet legislative requirements. Both the Queensland scheme, undertaken by the Queensland Public Guardian, and that of Ofsted, can rely on more guidance in the legislation to make this decision.

The table below reflects the common characteristics of these two options.

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[24] DCP website, SA, viewed in October 2019

Table 1: Characteristics of Visits and Inspections

Visits	Inspections
Focused on individual residents	Focused on individual residents and at cohort level and broader organisational operation/management issues and practices
One visitor	Team of visitors/inspectors Teams may include an external member as an observer and/or with specific expertise
Focused reports about individual needs and experiences	Comprehensive reports addressing individual and cohort needs and experiences, facility operation, practices and management and broader systems issues
No or minimal consideration of records	Consideration of records, procedures and policies and operational data and records
Informal process	Formal process
Regular visiting to individual facilities on an ongoing basis	Infrequent process (for example, annually) that may involve a review visit/process
	Formal responses and monitoring of follow-up actions
	Use of photographs in reports

Over the course of the trial, the character and form of the 'visits' evolved and became more formal. This occurred in a bid to reflect the various 'services' identified by Commissioner Nyland such as advocacy, review of facilities and systems and review of service delivery.

Ultimately, the visiting process became somewhat of a hybrid, landing somewhere between a 'visit' at one end of the spectrum and a more comprehensive 'inspection' at the other.

As an alternative, a future visiting scheme could feature shorter, regular 'visits' supplemented by (or preceded by, or followed up by) longer and more rigorous but less frequent 'inspections.'

4.3.4 The power to visit which facilities, when?

The Guardian was tasked with conducting a two-year pilot visiting scheme for 100 children and young people in *residential and commercial care facilities*.

Due to the phased implementation of the *Safety Act*, between March and October 2018, it was necessary to carefully consider the legal framework to establish the point of time at which the powers of the CYP Visitor applied to particular forms of care: residential and commercial, DCP and NGO.

As well as the organisations providing commercial care, approximately 14 NGOs operate residential care facilities across metropolitan and rural sites. Each of these has parameters specific to their own organisation, shaped by contract and funding arrangements and associated goals. Some of these provide specialist therapeutic care services for children and young people with particularly complex needs. Facilities operated by not-for-profit, non-government organisations (NGOs), licensed by DCP, did not enter into the potential scope of the trial Visiting Program until late October 2018.

By the time the *Safety Act* and its associated regulations had fully commenced, and the visiting and reporting requirements for DCP facilities were established, the negotiations required to establish protocols for visiting with individual NGOs or commercial care providers were beyond the capacity of the program within the remaining timeframe for the trial.

For this reason, all visits in the trial were residential care facilities managed by DCP and staffed by DCP personnel or, in some cases, staffed by NGO-contracted personnel. There were no visits to NGO-managed facilities or commercial care properties.

4.4 Understanding the residential care context in SA

In 2016, the Nyland Report reflected that South Australia relies more heavily on residential care than any other jurisdiction. This is still the case.

Approximately 13% of South Australia's care population live in commercial or residential care placements, compared to the national average of 5.5%. South Australia's reliance on residential and commercial care is so high that South Australia accounts for approximately 19% of Australia's total residential or commercial care populations.[25]

As at 30 June 2019, there were 3,919 children and young people aged under 18 living in out of home care. The majority were living in family-based care but 414 were living in residential care and approximately 103 were living in commercial care.

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[25] Based on data from the Productivity Commission's Report on Government Services 2019, Table 16A.19 '*Children in out-of-home care by Indigenous status and placement type,* at 30 June'. Note, there are slight variations state to state in definitions relating to commercial or residential care.

Both the number of children living in residential care facilities, and the number of facilities to be monitored in South Australia has increased significantly over the last decade. In 2006 there were 18. By 2012 there were 65 and as at 30 June 2018 there were 182 facilities, each housing between one and six children and young people. Of these, DCP operates approximately 75 facilities with the remainder run by non-government organisations.

4.4.1 Aboriginal children and young people

Section 118(2)(b)((i) of the Safety Act requires the CYP Visitor to pay particular attention to the needs and circumstances of Aboriginal and Torres Strait Islander children and young people living in residential care.

As at 30 June 2019 Aboriginal children accounted for 34% of the SA out-of-home care population[26]. Of the 414 children and young people living in residential care as at 30 June 2019, 36% (147) were Aboriginal. Of the 103 CYP living in commercial care at that time, 33% (34) were Aboriginal.[27]

4.4.2 Children with a disability

Section 118(2)(b)((ii) of the Safety Act requires the CYP Visitor to pay particular attention to the needs and circumstances of children and young people living in residential care who have a physical, psychological or intellectual disability.

Approximately one in twelve children in the general population have a disability and about half of these have a severe or profound disability that affects their ability to undertake daily activities[28]. Accurate data about the number of children with a disability living in out of home care and, particularly, in residential care, are not currently available. However, anecdotal information indicates that the frequency of disability diagnosed in children in out-of-home care exceeds that of the general population. It is estimated that between 25 and 30% of children and young people in care have a disability and/or significant developmental delay. It is clear that these children are particularly vulnerable.

4.5 Governance

When DCP initially tasked OGCYP with developing the visiting scheme, DCP was the Lead Agency for the project. Lead Agency status was transferred to OGCYP in late 2017 to enhance efficiency and flexibility and to avoid a potential conflict of interest on the part of DCP. This was also an appropriate reflection of the independence of the Guardian for Children and Young People and the CYP Visitor.

This arrangement was confirmed in a letter from the Executive Director, Strategy and Performance, DCP, dated 21 December 2017.

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[26] GCYP summation of Department for Child Protection website data
[27] Data provided to OGCYP by DCP
[28] Ibid

4.6 Developing a visiting framework within OGCYP

2017 was a time of rapid expansion in the Office of the Guardian; the CYPV Program and the new role of the Training Centre Visitor (to oversee the rights and interests of children in detention) commenced at around the same time. There is substantial common ground between the work of the CYP trial visiting scheme, the GCYP Advocacy Team and the Training Centre Visitor program and this led to extensive consultation and work within the office to develop and refine procedures that would allow the three teams to operate efficiently, consistently and effectively together within a cohesive organisation.

One of the establishment tasks for the PCA was to determine the framework that would guide the visiting process. The previous monitoring visits by OGCYP Advocates had been underpinned by a framework that incorporated 12 Quality Statements based on the *Charter of Rights for Children and Young People in Care* and additional cultural and community indicators. Although necessary policies and operating procedures had been developed over time and the indicators were periodically reviewed and amended within the office, that framework was largely developed prior to the introduction of other important initiatives that guide, support and/or influence the provision of out-of-home care – such as the Standards of Alternative Care in South Australia (2009), National Standards for out-of-home care (2011) and Draft National Principles for Child Safe Organisations (2017-18).

With the confluence of new roles within the office and broader child protection reform, it became clear that an entirely new framework was needed to support the work of the office, which would be consistent with current legislation, human rights conventions, state and federal policy initiatives and the recent state and federal Royal Commission reports and recommendations[29]. Considerable work was undertaken to create a new rights-based framework (a 'Common Engagement Framework') to underpin all functions and operations occurring within the Office of the Guardian, including those of the CYP trial Visiting Program.

The CYPV Program took a lead role in developing and 'road-testing' this whole-of-office framework and has produced written visit reports based on the framework domains. Over time incremental changes have been made to the framework and a private consultant was engaged to assist with its development.

Earlier reports were structured around nine domains that captured important aspects of the residents' lives and the management of facilities:

1. Aboriginality, culture, identity and belonging
2. Relationships
3. a. Disability
   b. Health, wellbeing and development
4. Learning, employment and personal growth
5. Rights and participation

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[29] The SA Child Protection Systems Royal Commission (2016), Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse (2017) and Royal Commission into the Protection and Detention of Children in the Northern Territory (2017)

6. Environment
7. Safety, protection and treatment
8. Quality and purpose of care
9. Governance, management and leadership.

These domain definitions are contained in *Appendix D: Domain definitions (1)*

A more recent version of the framework has reduced the number of domains from nine to six and includes more clearly defined themes and aspirations/indicators. This version was used for the final visit to the Mackellar Unit. This version of the Domains remains a working draft and is subject to trial, review and further refinement.

The latter six domains were:

1. Domain 1: Culture, identity and belonging
2. Domain 2: Health and wellbeing
3. Domain 3: Personal growth, development and opportunity
4. Domain 4: Dignity, rights and treatment
5. Domain 5: Leadership, governance and management
6. Domain 6: Wellbeing, safety and social environment

These domain definitions, which are still being developed, are contained in *Appendix E: Domain definitions (2)*

4.7 An ethos of trial, learning and improvement

As there was no blueprint and limited evidence available about models for visiting schemes, the CYP Visitor and the Principal Community Advocate decided to take advantage of the 'trial' status of the project to start small then build, refine and systematically incorporate learning on an ongoing, cyclical basis.

The principles underlying the program encompassed: flexibility, creativity and being responsive to local South Australian factors, such as a relatively small state population and a high proportion of the out-of-home-care population in residential care, including a growing number of young children (who were aged 10 and under).

The CYPV Program took a planned approach to program development utilising action learning/continuous improvement/innovation-thinking principles to incorporate and build on staff/program learning and experience.

ie   plan -> act -> reflect -> learn -> etc
                  think -> plan -> do -> review -> etc

This occurred both at the operational level (ie designing the conduct of the visits) and the structural level (staff recruitment and responsibilities).

Visits were planned and conducted to allow for exploration and the testing of various approaches, in order to respond to, and maximise, program learning. For example, some facilities were visited once

while others were visited more often, to explore issues such as visit frequency and regularity and development of relationships with residents and staff.   Visits were conducted both to small facilities (two children) and to large congregate units in order to understand the requirements and differences. Some facilities were located in a cluster of residential houses while others stood alone. Some were based in the metropolitan area and three in a country region.

The 'Developmental Evaluation' method applied by Flinders University was complementary to this approach.

4.8 Evaluation

In 2017, the Social Work Innovation Research Living Space (SWIRLS) group at Flinders University was engaged to conduct an external evaluation of the CYPV Program, using a developmental evaluation approach.

The process used a qualitative research design influenced by principles of participatory action research and developmental evaluation. This enabled the evaluation team to work closely with the Principal Community Advocate and those charged with the task of conducting the visits and reporting… to plan, conduct and reflect on the evaluation of the pilot[30]. The report outlines that:

> *Such exploration enables the identification of themes and processes that emerge as part of the reporting as well as identification of aspects requiring further consideration/development to ensure the reporting of visits reflects and meets the original purpose of the community visiting scheme. By its nature DE is collaborative and evolves as an outcome in and of itself. It is produced alongside the development of a program; hence it is often used when a program is in its infancy or is being piloted so that shared understandings of practice can be developed to assist with future implementations.*

Overall, the aim of the evaluation was to contribute to the limited evidence base about CYP visiting schemes.

Specific aims were to:

1. explore the potential contribution of a visiting scheme to the safety and wellbeing of CYP;

2. explore the OGCYP's implementation of the community visiting scheme and its alignment with the recommendations of the Child Protection Systems Royal Commission and legislative parameters of the *Child and Young People (Safety) Act 2017*;

3. identify key elements of the OGCYP's visiting scheme model; and

4. consider aspects of the scheme that would benefit from further development and/or expansion to contribute to the safety and wellbeing of CYP

The Flinders University Developmental Evaluation report is attached as Appendix A to this report.

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[30] Seymour et al – in 'Design' in *Section Four: Methodology*, p 19

4.9 Considerations of Structure and Staffing

Design of the CYPV Program required a decision about the recruitment of the Community Advocate staff:

- their employment status – voluntary or paid
- their hours and conditions – casual, sessional or part-time/full-time contract
- their qualifications/experience – and hence salary level
- and their induction/training on the job

Some visiting schemes, such as the South Australian Community Visitor Scheme, which visits and inspects facilities where people are living with disability or mental illness, rely predominantly on volunteers to conduct the visits; others employ their community visitors on a casual[31], part-time or full-time basis.

The Nyland Report noted that the former Guardian for Children and Young People recommended "paid employment of community visitors, in order to recruit individuals with a background of engaging and working with children, and thereby achieve high quality reporting and advocacy"[32].

The design of the CYPV Program incorporated this view, which was reinforced by the findings of the Oakden Report that any scheme visiting vulnerable individuals must be rigorous and defensible in its practice. It was evident that the nature of the Community Advocates' work (visiting and advocating for children and young people with complex needs, who are living in vulnerable circumstances, requiring judgment, negotiation and high-level communication skills) would require similar skills and qualifications as the Advocates working in the Guardian's existing Advocacy Team. For this reason, they were employed at the same level: ASO6.

After extensive discussion and consultation with the HR team in the Department of Education as to potential employment arrangements and conditions, the Community Advocates were employed on a part-time (rather than casual) basis to allow for the fact that visiting would generally occur outside school hours or during school holidays. Over time it became apparent that additional hours would be readily filled in preparing for visits and writing the comprehensive visit reports.

Further influenced by the Oakden Report, the program was structured so that two staff would attend each facility. This enabled quality assurance and mitigated the risk that an individual or isolated perspective might become too influential or unreliable. Importantly, it also allowed for one Community Advocate to make themselves available for private conversations with residents while the other could engage staff to elicit information and view the facilities.

A further, more senior role (ASO7) was introduced in 2019, in response to program learning, to establish a stronger focus on quality assurance, improve consistency of practice, address the consultation and co-working needs of the team, develop procedures and processes and to assist with the high-level reporting required for DCP.

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[31] Such as Community Visitors employed by the Office of the Public Guardian, Queensland
[32] Nyland, p 331

4.10 Program Staffing

CYPV Program staff had diverse professional backgrounds including social work, education, nursing, child protection and health. Recruitment panels included a young adult with lived experience of residential care. The CYPV Program staff comprised:

4.10.1 Principal Community Advocate

ASO8 (1.0 FTE) (from August 2017 to 27 September 2019)

- responsible for designing and developing the trial program and overseeing operation
- reported to the Guardian

4.10.2 Community Advocates

ASO6 – from .4 to .8 FTE

- the program employed a total of 6 part-time Community Advocates during operation who ranged from working 2 – 4 days per week
- 3 part-time Community Advocates during initial operation – increased to 5 part-time Community Advocates during peak operation
- Community Advocates conducted preparation, visits, follow-up work and wrote reports

4.10.3 Community Advocate with Higher Duties

ASO 7 equivalent - .8FTE

- one Community Advocate assumed a senior role across the program (during peak operation, towards the end of the trial) to fulfil a range of higher duties/responsibilities regarding:
  - o quality assurance
  - o consultation
  - o co-working
  - o team functioning/practice development

The Advocate staff had diverse professional backgrounds including social work, education, nursing, child protection and health. Initial recruitment of Community Advocates was limited by a lack of office space. Recruitment of additional Community Advocates coincided with a move to new accommodation in February 2019.

Some staffing gaps occurred during the trial due to the resignation of two Community Advocates and one Community Advocate requiring extensive sick leave, which limited some aspects of service delivery.

4.10.3 Project Officer

ASO5 (0.8 FTE)

- responsible for project support and some administration, with particular skills in information management and research

5   Activity/Operation

The CYPV Program operated from August 2017, when the Principal Community Advocate commenced researching and developing the program, until 30 September 2019, when the program came to an end.

There were four phases of operation:

- Phase 1 – scoping/research, initial administrative and policy development, consultation with OGCYP staff, arranging for evaluation, recruitment
    (Principal Community Advocate and Project Officer)

- Phase 2 – initial program building and development of visiting operation
    (Principal Community Advocate, Project Officer and three Community Advocates, with recruitment of further CAs restricted by lack of office space until re-location in February 2019)

- Phase 3 – further recruitment, structural changes and increased/peak operation
    (CYPV Program conducting most visits and refining reporting and monitoring procedures)
    (Principal Community Advocate, 5 Community Advocates and Project Officer)

- Phase 4 – finalisation/completion, wrap-up and handover
    (Principal Community Advocate, 3 Community Advocates and Project Officer)

5.1 Visits

Active visiting commenced in September 2018 and concluded in July 2019. Reporting work continued until the end of September 2019 (and beyond, in the case of the Mackellar report).

The CYPV Program visited a variety of DCP residential care facilities with diverse characteristics including:

- size/capacity (ranging from 2 bed to 12 bed, capped at 6)
- location (north, south and west metropolitan, and country)
- demographics (for example: age, gender, cultural background, disability)
- purpose (eg longer term community or residential units and shorter-term assessment units)

During the trial the CYPV Program conducted 37 visits to 24 individual facilities operated and managed by DCP. (A visit was organised for a further facility but the residents were absent on a camp[33].)

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[33] This facility was one of a cluster of 5 facilities visited over two days during school holidays.

At the time visits occurred the facilities accommodated 100 individual children and young people (approximately 23% of the residential care population). Some facilities had an unallocated bed at the time of the visit but this was rare.

The CYPV Program conducted some repeat visits to test different approaches and, as a result, some residents were seen more than once. Overall, approximately 20 residents were visited by the Community Advocates between two and five times. This enabled some further learning about the value of return visits in developing relationships. It reflects some of the key messages from children and young people that they would like more regular or frequent visits.

Table 2 - Visits undertaken and visiting reports provided

Location	Facility visits	Size/Type	Dates of visits	Report Completed/ Draft/ Pending	DCP Response received
Western Metro	Paterson x 4	12 bed, capped at 6	11/09/2018 24/09/2018 08/10/2018 22/10/2018	Draft (completed after facility closed) Draft not formally completed and sent	----------
Southern Metro	Harwood Unit x 5	8 bed – capped at 6	26/09/2018 05/03/2019 12/03/2019 26/03/2019 16/05/2019	Completed – sent to DCP 27/11/18 Completed – sent to DCP 5/9/19	24/5/19 26/11/19
North East Metro	Noonuccal	5 bed Capped at 4	26/9/2018	Completed – sent to DCP 19/12/18	24/5/19
North East Metro	Murray House	5 bed	27/11/2018	Completed -sent to DCP 11/1/2019	24/5/19
Southern Metro	Kendall x 2	4 bed	15/10/2018 02/04/2019	Draft (Advocate left position)	--------
Northern Metro	Lawson	3 beds per house 4 houses co-located	04/12/2018	Completed -sent to DCP 16/5/19	9/7/19
Northern Metro	Leonard	3 beds per house 4 houses co-located	03/12/2018	Completed -sent to DCP 16/5/19	9/7/19

Southern Metro	Porter: A Hope B Hope C Hope 2 McMaster 4 McMaster (not visited)	Cluster of 5 individual houses	22/01/2019 24/01/2019 16/04/2019	Completed – sent to DCP 18/4/19	9/7/19
Southern Metro	Llewellyn	4 bed	18/03/2019	Completed – sent to DCP 12/7/19	26/11/19 Combined response
Southern Metro	Lilley	4 bed	18/03/2019	Completed – sent to DCP 12/7/19	
Northern Metro	Zwicky x 2	4 bed	19/03/2019 06/07/2019	Completed 15/8/19 – sent to DCP 15/8/19	26/11/19
Regional	Rose Street Fishwyck Street Richard Street	2 bed 3 bed 3 bed	23/04/2019 23/04/2019 24/04/2019	Completed Completed Completed – sent to DCP 28/9/19	Received after time of writing
Northern Metro	Mackellar	8 bed, capped at 6	29/07/2019	Completed - sent to DCP 22/11/19	Received after time of writing

Table 3: Facilities - size/capacity and number of visits

Facility size/capacity	Number of facilities	Total number of visits
2 beds	1	1
3 beds	10	10
4 beds	9	14
5 beds	2	2
8 beds	2	6
12 beds	1	4
Totals	**25[34]**	**37**

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[34] For reasons outlined below, only 23 facilities were formally reported on (not Paterson or Kendall)

Table 4: Facilities visited more than once

Name of facility	Size/capacity	Number of times visited
Harwood	a large unit, capped at 6	5
Paterson	a large unit, capped at 6	4
Kendall	4	2
Zwicky	4	2

5.2 The visiting process

Although no formal inspections were conducted, there were elements of the 'inspection' process included in the visits, as discussed above in the Design and Development aspect of this report.

Visits were conducted by two Community Advocates, to enable a comprehensive approach, quality assurance and staff support.

Over the course of the duration of the trial the visit process evolved as follows:

1. Preparation
   - Obtain summary of incidents and care concerns
   - Obtain facility resident information
   - Provide information to Supervisor and residents about the visit

2. Pre-visit interviews
   - Speak with facility Supervisor (and sometimes Senior Child and Youth Worker) to complete planning, discuss residents and facility operation and provide Supervisor with information about the process

3. Visit
   - attend facility and speak with residents and staff

4. Post-visit interview
   - with facility Supervisor

5. Follow-up contact with residents

6. Complete Visiting Report and provide to DCP

7. Receive and analyse response from DCP

5.2.1 Pre-visit information and preparation for facility staff

The CYPV Program sent pre-visit emails to inform the Supervisor and staff about the CYPV Program, purpose and process.

The Program then arranged interviews between the Supervisor, Senior Youth Worker and two Community Advocates from the CYPV Program, to collect details about the operation of the facility and the children and young people living in the facility, as well as any other relevant information necessary for an effective visit. Prior to this the Supervisor was given 'Information about the Pre-visit Interview and 'Discussion topics' *[Appendix F]* and a Resident Details Record to complete *[Appendix G]*

5.2.2 Pre-visit information and preparation for children and young people

At first the CYPV Program relied on facility staff to give residents information about a forthcoming visit, the role of the Office of the Guardian and the purpose of the visit. To help the process Community Advocates provided a flyer to the Supervisor for printing and display at the facility and they were requested to convey information to staff and residents. *[Appendix H]*

Staff at the facility were also requested to give children and young people details and positive messages about the visit in advance.

This process was reliant on factors such as staff receiving the communication, their understanding of the purpose of the visits and general goodwill. Sometimes it was successful and sometimes it was not.

In response, the CYPV Program developed other ways to prepare CYP for a visit and to facilitate/assist conversations with them. 'Invitations' to 'speak with us' were provided directly to children and young people before the visit, in a greeting card format. These contained information about the visit and who would be visiting, promoted the role of the Guardian and started to build some familiarity and connection. *[Appendix I]*

5.2.3 Post-visit information to staff

In the course of the trial the CYPV Program began to organise post-visit Interviews with facility supervisors to create an opportunity to raise issues, inform them about residents' perspectives (and, sometimes concerns) and seek timely outcomes. These discussions helped foster constructive working relationships between CYPV Program staff and supervisors by giving them useful information about facility operation or the needs of residents that supervisors may not otherwise have known. For example, one supervisor reported she had not been aware of some information before the Community Advocates brought it to her attention.

A Guide was developed to help Community Advocates to conduct the post-visit interview with the supervisor – a de-identified example is provided as these were tailored to individual facilities *[Appendix J]*

5.2.4 Post-visit information to children and young people

As discussed in Views and Voices of Children and Young People, young people have told us they want and need feedback about what will be done with the information they have given and what will come of the visit.

Over the course of the trial, the CYPV Program developed a 'What you told me' letter on OGCYP letterhead, to be sent to children and young people who were visited and which could also be provided to their case manager, with their permission, for follow-up and help with resolution of the issues they had raised. This document and accompanying email were also designed to help residents to raise matters themselves. *[Appendix K – Post-visit feedback to CYP]*

5.3 Characteristics of the children and young people visited

Overall, the facilities we visited accommodated at least 100 individual children and young people.

The CYPV Program received information about 99 residents to be visited, aged from 2 years to 17 years as one young person was visited twice, having moved from one facility to another where they were visited again.

In addition, four CYP were away on camp at the time of a visit to a cluster of houses, and this reduced the potential number of children available to be visited to 95.

At the time of visits, other individual children and young people were absent (missing or absent from their placement, detained in the Adelaide Youth Training Centre or participating in other activities away from the facility). Some chose not to meet with or speak to visiting staff in detail and others were not aware the visit was occurring. These details highlight the challenges faced by visiting schemes to children and young people in residential care and are discussed further in 'Issues and Themes', below.

Although the number of individual children visited is just short of the target of 100 children and young people, the target would have been comfortably exceeded if CYPV Program had not conducted repeat visits to some locations. However, this was a considered decision, designed to test the implications and outcomes of repeat visits.

The age of 4 residents visited was not accurately recorded as the visit occurred early in the development of the program, before the systems were refined, but they were aged between 12 and 15. The breakdown of ages among the remaining 95 residents is reflected in the table below.

Table 5 - Residents by age
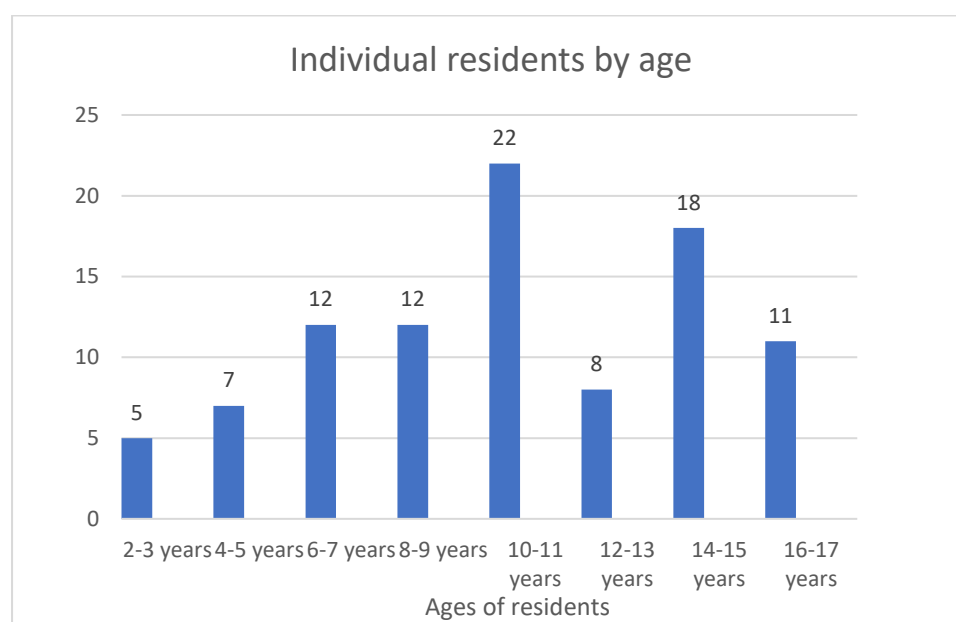
Residents had the following broad characteristics, according to information provided by DCP Residential Care.

Table 6 - Resident characteristics (from DCP)

ATSI Residents (Aboriginal and Torres Strait Islander)	NESB Residents (Non-English Speaking Background)	ATSI residents with a disability[35]	Residents with a disability[36]
48	7	12	32

5.4 Visiting Reports

5.4.1 Format

The format for reporting on visiting was painstakingly developed over time, in conjunction with the development of the Visiting Framework, as discussed in 4. Design and Development, above. The reports went through various iterations in order to capture and reflect the comprehensive information (individual, facility and systemic) that was obtained during visits.

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[35] Due to a system wide issue relating to the definition of 'disability' – these numbers can only be considered approximate and are based on Residential Care identification of residents with disabilities
[36] As with footnote 33

One de-identified sample visit report is to be found in Appendix L. It pertains to a facility where there were younger children.

5.4.2 Reports completed

To date, the CYPV Program has completed 14 final reports, containing 129 recommendations.

A Report on Paterson) was completed after that facility closed but will be incorporated into a general report on large units, which is in draft form and will be provided to DCP upon completion. (A further draft report from a visit to Kendall could not be completed after a Community Advocate left the program.)

5.4.3 Provision of reports to DCP

Initially, the CYPV Program provided reports to the DCP Director of Residential Care and the relevant Assistant Director, Manager and facility Supervisor.

At a later stage, a centralised reporting process was developed by DCP's Central Business Support in consultation with the Principal Community Advocate. A report was sent to the DCP Central Business Unit, they formally acknowledged its receipt, determined who, in DCP, should receive it and then collated a response and returned it to the CYPV Program after it had been signed off by the DCP Deputy Chief Executive.

In this process, DCP also provided feedback about any inaccuracies. Over the course of the trial, reports were highly accurate – one error of fact was reported to the CYPV Program but that was based on information provided by facility staff at the time of the visit that was later identified by DCP as incorrect.

5.5 Recommendations in visiting reports

The CYPV Program has made a total of 107 recommendations to DCP as a result of visits across 23 facilities, contained in 14 reports (some reports pertained to cluster of facilities).

The number of recommendations for each of the nine domains is reflected in the table below.

Table 7: Recommendations by domain

Domain	1 Ab'/ Culture	2 Relation- ships	3 Disability & Health	4 Learning Personal Growth	5 Rights & Particip'n	6 Environ- ment	7 Safety & Protect'n	8 Quality of Care	9 Governance & L'ship
No.	19	5	14	11	5	11	6	13	23

All Recommendations (and Issues and Themes reflected in Executive Summaries) arising from 14 Visiting Reports, (and details of DCP responses at the date of this report) have been collated according to Domains and are attached at *Appendix M.*

5.5.1 Recommendations about safety

Safety issues were specifically identified and the subject of 6 recommendations within Domain 7 - *Safety, protection and treatment*, as well as more general reflection in the Executive Summary for that domain, as set out in the table below. However, other recommendations and observations also addressed residents' concerns about bullying and other aspects of facilities that affected their sense of safety.

Table 8: Recommendations from all Visit Reports relating to Domain 7 – Safety, protection and treatment

Domain 7 - Safety, protection and treatment		
Children and young people are protected from harm, treated with respect and dignity and supported to keep themselves safe		
RECOMMENDATION(S)	STATUS	RESPONSE FROM DCP/NGO
That DCP Residential Care Directorate review the Incident Report and other relevant documentation regarding the incident of 23 June 2018 to ensure it is completed and all relevant issues have been identified and addressed	Accepted	An incident report was finalised by the Supervisor on ##/##/ 2018 Following this incident report, Residential Care participated in a reflective discussion with the staff member involved. Refresher training was provided to the staff member on suicide and self-harm procedures and the use of knives by house staff.
That DCP Residential Care Directorate and/or other staff with relevant responsibilities review and amend staffing arrangements and take other measures as may be required to: a) provide stability and predictability for residents; and b) address the residents' concerns regarding feeling unsafe'.	Accepted	The Residential Care Directorate has identified problematic practices and these staff members no longer provide care to these residents. Care concerns have been raised as appropriate. The residents have been moved into another 4-bed facility; however, the current care team has moved with them to support continuity of relationships. This also means that no further placements will occur into the facility due to maximum occupancy being reached.

Provide YP with opportunities to receive and discuss further information regarding treatment and abuse of her by previous carers.	Accepted	Young Person has regular therapy once a fortnight with a psychologist.
Review residents' placement arrangements, measures to ensure their safety and wellbeing and the suitability of the current mix of residents.	Accepted	Decisions are underpinned by a trauma informed approach and involve an application of child development principles. Placement decisions in Residential Care are not static but dynamic and subject to regular review through the weekly placement coordination meetings. Wellbeing Plans are used to identify underlying causes of behaviours and provide appropriate responses and strategies to help support children and young people and to assist them to learn to co-regulate and develop adaptive behaviours. Further to this, the Self Care Plan is a tool to help children and young people understand and recognise some of their own feelings and how they can be best supported within the placement.
Note the information contained in this report and consider whether development of further approaches is required to address and/or support the safety, protection and treatment of residents in this facility and community.	Formal response received after time of writing	
Review the frequency and nature of critical incidents in the facility with a view to addressing their prevalence, harm and causes. Close [this facility] and relocate the residents to alternative placements that are capable of addressing their health, emotional and education needs in a positive social environment. NB the body of the report states: "Advocates received information and made the following observations that indicate that the social environment of [this facility] is predominantly negative… "On the basis of information received, The CYPVP is concerned the large congregate model of care offered at this facility, combined with the negative aspects of the current social environment make it very difficult to achieve a safe living environment that supports residents' wellbeing. "Due to the prevalence of peer abuse, the CYPVP is concerned residents do not live in a safe environment that is calm, consistent, predictable and positive and are thereby exposed to further trauma.	Formal response received after time of writing	

ISSUES AND THEMES RAISED IN VISIT REPORT SUMMARIES BUT NOT SUBJECT TO EXPLICIT RECOMMENDATION(S)		
The summary comments on one carer the residents did not feel able to trust. The body of the text expands on this, addressing issues with the carer, with another resident and with changing personnel. It also addresses the difficulties the supervisor and carers experience working with NGO staff and NGO policies. One recommendation is made to address some of these issues (see above table for recommendation and DCP's response). No other issues are raised.	N/A	NB DCP's response indicates that they have addressed the issues at this site via staff changes and resident placement moves. (It doesn't address the more systemic issue of managing facilities with a blend of DCP and NGO staff, or of frequent staff changes and the resulting anxiety for CYP and lack of relationship development.)
The summary reports on safety issues in houses # and # where there are risks due to the behaviour of specific residents. The body of text expands on this in detail. No recommendation is made under Domain 7. Recommendations are made under Domain 8 in the report to review the suitability of placements – the Quality and Purpose of Care. No other issues are raised under Domain 7.	N/A	GCYP received separate advice from DCP that one of the residents has been moved to an alternative resi care program for Aboriginal CYP …
The summary indicates that most residents feel safe at this facility. One stated he didn't due to bullying by older residents. The body of the report indicates high incident numbers in one house. The supervisor responded that a placement had been changed to address this. The child who felt bullied provided info about this to the advocates. The supervisor responded that they have addressed bullying in the house.	N/A	It remains uncertain whether the perceived bullying has actually ceased following the carers' efforts to stop it. This could be checked at a future visit.
The summary reports that all residents feel safe at the facility. It also reports the view of the supervisor that the behaviour of residents highlights the importance of DCP adopting a model of therapeutic care as per Nyland Recommendation 146. The body of the text reports that incident reports are low for [*this facility]* and that all residents feel safe.	N/A	NB The former Government accepted Recommendation 146. The Government's website reports that DCP is *implementing* Phase1 of the recommendation. At time of writing, the entry has not been updated since June 2018.

5.5.2 Recommendations about individual resident needs

Visiting Reports contain recommendations to address individual resident needs. These were needs that residents had identified and raised with Community Advocates themselves or disability needs that Community Advocates identified from other sources of information.

Characteristics of these recommendations include:

- *Access to community and culture and supporting identity needs* –
  - complete ACIST (Aboriginal Cultural tools) and Life Story Books with residents' participation
  - ensure residents were supported to develop knowledge and understanding of family and cultural identity

- *Access to family* –
  - ensure resident wishes regarding family contact are sought, considered and acted upon

- *Health and wellbeing* –
  - ensure administration of medication for a resident is in accordance with a treatment plan
  - follow up for specific health related needs such as ear, eye and dental health
  - provide a resident with opportunities to discuss further information regarding treatment and abuse by a previous carer

- *Disability services* -
  - review, consider and implement suggestions/recommendations made by relevant service providers
  - consult the DCP Disability Support Program

- *Education and schooling* –
  - check all required measures are in place to ensure re-engagement in mainstream education for a resident
  - provide supports for improved school attendance for a resident
  - ensure a resident's request for a tutor is considered and the outcome explained

- *Placement matching and decision making* -
  - 6 recommendations were made for placement reviews of individual residents regarding their safety and wellbeing
  - consideration be given to appropriate levels of independence of a resident
  - 2 recommendations were made to ensure the provision of support for two residents with their transitions
  - ensure long term planning occurs for a resident and that they participate in this
  - continue to monitor efforts to secure family-based care

5.5.3 Recommendations about a facility – management and physical environment

Recommendations that related to facility issues comprised the following:

- *Staff competencies and training*
  - staff receive information and support regarding cultural needs
  - training in disabilities and needs

- o ensure carers receive sufficient information about residents to provide care
- o continue to develop effective approaches to meeting the needs of residents in a facility

- *Resident participation*
  - o consider, develop age appropriate ways to include resident views in planning/decision making/ care in the facility
  - o consider and develop approaches to informing and educating residents about their rights
- *Management of resources*
  - o amend staffing arrangements
  - o consider basing a supervisor locally to support the operation of residential facilities in two regional towns

- *Facilities and amenities*
  - o protect/remove personal and confidential information of residents
  - o ensure the facility is appropriately secure
  - o make environments more home-like and personalised and have resident input and participate in the process
  - o consider whether displaying of photos of rostered staff should be standard practice
  - o restrict capacity (size) of facilities
  - o investigate and implement the installation of locks on residents' bedrooms that will enable them to have security and independent access without necessarily requiring the assistance of staff
  - o Review the rationale for, and practice of, locking doors to common rooms and equipment such as cupboards and cabinets, on a regular basis

- Generally
  - o review the Incident Report to ensure it is completed and all relevant issues have been identified and addressed
  - o develop approaches required to address safety, protection and treatment of residents.

5.5.4 Recommendations and discussion about systemic issues

Promoting the interests of children and young people living in a prescribed facility required Community Advocates to identify, highlight and make recommendations about systemic issues that they observed. Reports were also used to report good work and potentially useful resources. In some cases, these issues were not made the subject of recommendations but were noted and discussed.

Where DCP had already formally accepted recommendations or taken recommended action in relation to systemic issues, the CYPV Program refrained from making duplicate recommendations in subsequent reports (for instance, in relation to education and transport).

Systems issues included:

- *Case management contact*
  - arrangements to consider meeting with residents individually, seek and consider their views, visit residents at the house
  - Have face to face contact at least monthly or as per wishes of residents

- *Education*
  - Review current policies, procedures and measures to ensure resident's educational needs are met and liaise with the Department for Education regarding impediments to educational access

> *'I want to go to school but I'm not allowed! These kids here don't even get up to go to school and sleep all day long and I can't go!'*
>
> *(young person, 14 years)*

- *Access to vehicles*
  - As noted in the Developmental Evaluation report, "vehicle access was identified as a problem across sites, with Community Advocates commenting that 'the allocation of one vehicle per house reportedly contributes to some residents attending OSHC [out-of-school-hours care] to allow carers to manage the demand of taking residents to, and collecting them from, different education sites' (Site 5) and recommending that 'DCP consider further investigating issues related to vehicle access' (Site 4)."[37]

- *Placement planning and decision making*
  - Visit reports noted concerns, which were taken up in the Developmental Evaluation report, about inappropriate placement matching for a child or young person in a particular house or facility.[38]

- *Staffing of residential care facilities*
  - As noted in the Developmental Evaluation, 'issues regarding the quality, training and management of staff (carers) were common.'[39]
  - These issues included variable approaches and values of by different staff members in the context of 'rotational care' teams, supervision and management arrangements related to the use of agency staff and the level of training and support provided by staff.

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[37] Seymour et al, p 38
[38] Ibid
[39] Ibid, p 37

- o In particular, visit reports noted that a number of children and young people did not have carers who sufficiently understood their disability needs, as discussed below.

- *Staff responsiveness for CYP with disabilities*
  - o a number of children and young people did not have carers who sufficiently understood their disability needs, did not have the requisite training and were unable to respond appropriately so that services and supports, including NDIS plans, were difficult to co-ordinate consistently

- *Young children living in residential facilities*
  - o Recommendation 149(a) of the Nyland Report provided that no child under 10 years was to be housed in a residential care facility except where necessary to keep a sibling group together.
  - o Many of the visited children in residential care were of a young age but this was frequently associated with being part of a large sibling group and poses a dilemma as to the best care option for these children.
  - o It also posed a challenge for Community Advocates to communicate with these residents about the concept of having rights.

- *Managing Transitions*
  - o It was noted that children and young people moving into or between residential care facilities (and particularly where it was occurring urgently/quickly) would be better supported through the provision of information such as photos of the facility and the staffing team and details about other residents. This would be similar to the requirements of section 80 of the Safety Act, which applies to children who are starting a family-based placement.

- *Social climate/social environment*
  - o As reflected in the consultation with children and young people discussed in 'Key Messages from Children and Young People', above, children and young people tell us that the quality of relationships within facilities and the non-physical environment are crucial to their sense of safety and wellbeing.

  - o The CYPV Program identified a body of developing research and material from the Australian Childhood Foundation (ACF), that appears likely to be a useful resource.

  - o The ACF has produced a *Practice guide: Creating positive social climates and home-like environments in therapeutic care[40]* which highlights how the less-tangible aspects of a care environment such as the 'culture of care' evident in the place they

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[40] L McPherson, K Gatwiri, N Cameron & N Parmenter, *'Practice Guide: Creating positive social climates and home-like environments in therapeutic care'*, Centre for Excellence in Therapeutic Care, 2019 (https://www.dovetail.org.au/news/2019/april/australian-childhood-foundation-practice-guide-for-supporting-young-people-in-out-of-home-care)

live and the sensory dimensions of their physical environment, has an impact on children and young people. The CYPV Program has provided the table and guide to DCP for consideration and potential use *Creating positive social climates and homelike environments in therapeutic care.* It was suggested that consideration be given by DCP to this resource, including assessing its potential and suitability for broader use.

- o In the course of visiting, Community Advocates began to use the term 'social environment', adapting the concept of 'social climate' by placing a greater emphasis on the impact of peer-to-peer behaviour when assessing residents' sense of safety and wellbeing

- o Community Advocates noted diverse social environments and tried to reflect the way these varied between facilities.

- o Some facilities had a distinctly positive social environment (respectful, warm, caring, orderly) and others were more negative (a prevalence of threatening or angry language by residents or staff, disrespectful, detached, disorganized).

- *Locks on doors/cupboards*
  - o Community Advocates observed that locking doors and cupboards was a common practice in all facilities, limiting residents' ability to freely access their surroundings or activities.

  - o The overuse of such practices impedes the development of residents' life skills, particularly at an age when they would be expected to be developing independence.

  - o At some facilities, residents' bedrooms were locked and keys held by staff. While this practice secured their belongings, it meant they always had to ask a staff member to access their own personal space.

  - o As discussed in 'Key Messages from Children and Young People', above, the importance of a 'homelike' atmosphere is a consistent theme when young people are consulted about what makes them feel safe in a residential facility, and they often comment on the presence of locks and security infrastructure as eroding their sense of safety and wellbeing.

> *'the workers have their own home- I don't have keys to their place – why do they have keys to my room?'*
>
> *(young person, 14 years)*

- *Large units*
  - a separate report is in the process of being prepared and will be made available when completed

> *'We're working with really challenging young people who are very damaged, coming down off drugs, have trauma…any time you put more [of these] kids together it's going to be bad.'*
>
> *(staff member in a large unit)*

5.6 DCP Responses

At the time of writing, of 14 visiting reports provided to DCP, DCP had provided nine formal responses (to ten of these reports, having provided some single responses where the facilities were linked.) There remained five DCP responses, which have now been received.[41]

In their nine formal responses to date, DCP has formally responded to 63 recommendations: 53 were accepted by DCP, 1 (comprising 3 parts) was not accepted and 9 (including one that comprised two parts) were to be given further consideration.

Table 9: DCP Responses (at time of writing) to 63 CYPV Program recommendations (There were 107 in all and the remaining 44 were subsequently received)

Accepted	53	
Not Accepted (all relate to the one facility)	1	• Restrict capacity of facility from 4 to 2 while current residents in place • Consider optimal capacity and mix of residents within facility while existing 2 residents in place • Ensure facility is not used for emergency placements while one particular YP is living there
For Further Consideration	9	• Addressing the cultural needs of residents (x 2) • The educational needs of residents at a large facility • Case manager contact and considerations be made to account for residents' views • Converting a garage into a living area • Family contact (x 2) • YP's wish to ride bike to school • Ensure the facility is appropriately secure

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[41] 1 for Mackellar, 1 for Llewellyn and 3 for Blue Hills.

5.7 Outcomes and impact

The CYPV Program sought to maximise its outcomes and impact through:

- compiling and sharing relevant information for DCP/NGO staff and DCP Executive
- advocacy to support the rights and interests of children and young people – during visits and in post-visit interviews and follow up communication
- educating children and young people about their rights
- making formal recommendations for DCP in Visit Reports
- making general observations in Visit Report Executive Summaries

One means of assessing impact is to track the uptake of the CYPV Program's formal recommendations by DCP. *Appendix M* (to be published in the future) contains all 107 Recommendations arising from the 14 Visiting Reports, according to domain, and details of the DCP responses to those recommendations.

Another means of assessing impact is through anecdotal information from facility staff, children and young people or information gained during follow-up individual advocacy. Over the course of the trial, the CYPV Program became better at identifying, understanding and recording outcomes achieved through the visits. See *Appendix N – Examples of Outcomes for 11 facilities (incomplete but indicative)*

6 Challenges and Learning

Developing, implementing and evaluating the trial visiting program in just over two years was a significant and challenging undertaking. Maximising learning and development within the two-year timeframe were particularly challenging due to the inherent complexity of the work, broad context of reform and the limited research and evidence base upon which to anchor program development and practice.

Various themes and challenges have emerged that will require consideration if a visiting scheme is implemented in the future.

6.1 Identifying the purpose of the visiting program

Commissioner Nyland identified a wide range of services visiting programs can provide, to achieve her broad goals of ensuring "consistent delivery of best practice services and [to] improve overall health and wellbeing outcomes".

- inspecting facilities
- advocacy
- improving the patients'/residents' experiences
- identifying gaps in service provision
- increasing accountability and transparency within service provision

- helping resolve complaints
- acting as a link between frontline service delivery and policy and service development

The legislative focus – at individual, facility and systems level – was similarly broad and challenging.

In the absence of any further guidance from the research, one of the greatest challenges was identifying the focus and purpose of the visiting program. This challenge is acknowledged in the Developmental Evaluation report, which emphasises the necessity of determining the overall orientation, purpose and ethical principles underpinning the program.[42]

The CYPV Program aimed to fulfil all of the services identified by Nyland, to achieve her broad goals.

This resulted in complex reports with a variety of foci. Due to the detail in these reports and the rigour with which they were drafted, they took some months to complete.

Recommendation 1

Ensure that the overall orientation, purpose and ethical principles underpinning the program are clear. Seek to prioritise the main services to be provided.

6.2 Program Approach: Advocacy and Participation vs 'Best Interests', Care and Safety

The Developmental Evaluation report identified two key approaches to overseeing the rights and interests of CYP in care:

i.   Advocacy – with a primary focus of 'mak[ing] sure that the child's views and experiences are considered when decisions are made about their future'; and

ii.   Visiting – with a view to 'best interests' and focused on the care, wellbeing and safety of CYP

It is the view of the CYPV and program staff that these approaches are complementary and a visiting program must focus both on 'rights' and 'best interests', rather than one or the other. It is crucial that the program is designed to ensure that the child's views and experiences are sought, heard and reflected and considered, and that they are encouraged and supported to participate in the visiting process as much as possible.

It is also important that visitors consider the facility environment and broader issues with an eye to the 'best interests', care and safety of the children living there because this information may not be known or understood by residents or they may not be present to participate. This is especially the case with some of the facilities which housed older residents, where there were not many present when the visits occurred. Visiting advocates must also be alert to identify and highlight broader care and protection issues that may not be visible to the CYP but impact on their wellbeing.

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[42] Seymour et al, p 47

Recommendation 2

A visiting program needs to focus both on the 'rights' and the 'best interests' of children and young people, rather than one or the other.

6.3 Relationships with children and young people

It was not possible for CYPV Program staff to speak with all residents visited. Individual children were sometimes absent (for example, missing or absent from their placement, away on camps or participating in other activities away from the facility). Some residents chose not to speak to CYPV Program staff in detail and some residents were not aware of the visit.

This was a particular challenge in the large units where residents were often detained in the youth training centre, away or 'missing' from the unit (possibly on an MPR[43]) or present but unwilling to talk or engage.[44]

A visiting scheme must operate in a way that supports the participation of CYP if it is to be effective. This requires seeking CYP's views and perspectives and developing approaches that enhance their inclusion in decisions being made about them and the care and services they receive, including the visiting scheme itself.

As noted in the Developmental Evaluation report, children 'offer the best understanding of anyone of their own situation and they have essential experience to offer' – and participatory approaches are 'associated with better outcomes for children and young people including 'improved understanding of the child protection system, developing a positive sense of self and aiding the transition to adulthood'[45].

That report also notes the observation of Justice Mullighan in his final report of the 2004 Commission of Inquiry, that 'the empowerment of children is essential for the prevention of child sexual abuse', citing the (then) Guardian for Children and Young People's submission that 'arguably the most fundamental and significant change we can make is to listen to and act on what children and young people have to say about their lives in care'.[46]

Research and some feedback suggest relationships need to be established over time to allow CYP to develop trust and discuss their safety and concerns. This was certainly true of some children and young people visited by the CYVP – but some also told Community Advocates about their concerns and other important things quickly and readily. Two factors that appeared to influence this were:

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[43] MPR – subject to a Missing Person's Report, notified to SAPOL

[44] This was the experience of the CYPV and Program staff when visiting Mackellar. Of the five current residents, one young person was willing to speak, one was in his bedroom and did not come out and one was unwilling to engage. One was detained in the AYTC and one was on MPR.

[45] Seymour et al, p 11

[46] Ibid, p 8

- whether the child or young person had previously had contact with OGCYP which they found useful and/or supportive; and

- the quality and clarity of explanation of the role of Community Advocates and the CYPV Program, including what would happen with the information they provided and how their concerns/wishes might be addressed.

Visits appeared most fruitful and beneficial when CYP were well prepared and informed about the CYPVP and role of Community Advocates. The role of OGCYP was not always well known to CYP though and some initially thought Community Advocates were from DCP[47]. Tailored, individualised approaches to CYP – such as material personally addressed to them – appeared to help with this. There is scope for other mechanisms.[48]

CYP who share their views and/or raise concerns they have with visitors also need individual follow-up tailored to their circumstances.

The consultations conducted by Goodbourn and Marwitz also underlined the importance of participation, where it was evident that residents' sense of safety and wellbeing in a facility was highly influenced by consultation and consideration of their views, a sense of ownership over their own lives and inclusion in decision- making. In addition, they wanted to be recognised as individuals and may have different perspectives or priorities to the adults in their lives. It is not possible to obtain those perspectives without genuine engagement.

6.4 Frequency and regularity of visits

Children and young people also told Goodbourn and Marwitz they wanted a regular visiting program, with sufficient frequency to build connections and have the opportunity to share concerns and build trust.

In the course of the program, most facilities were visited once but the experience of visiting one facility (5 times) and others (twice, approximately 3 months apart) suggested that repeat visiting and other contact appeared to encourage CYP to develop trust in the Community Advocates over time, apparently allowing them to raise additional concerns. The Smith Street case study is an example *(Appendix N)*

Repeat visiting also helped Community Advocates gain a greater understanding of residents' views and concerns, which was particularly valuable with large facilities. It also allowed CYPV Program staff to develop valuable relationships with residential care staff, which helped facilitate resolution of some individuals concerns

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[47] On one visit, residents thought Community Advocates were from DCP because they had OOGs with them (an OGCYP soft toy mascot) which they had previously received from their DCP case managers
[48] For example, the use of QR codes and videos to provide CYP with information about the CYPV Program and visiting Advocates.

Recommendation 3

In order to promote the participation of children and young people with the visiting program, it is crucial to develop strategies and practices that enhance engagement, including:

- Regular and predictable visits
- Pre-visit information for residents
- Encouraging staff to promote and facilitate visits
- Post-visit contact and feedback with residents – in writing, by phone and, where appropriate, quick follow up visits

6.5 Formal and informal visits, and inspections

6.5.1 Formal and informal visits

Based on program experience and learning, it would be useful to distinguish between informal and formal visits and employ both, depending on the focus and need.

Increasing the number of informal visits conducted would allow the CYPV Program to have a higher level of direct contact with more CYP in a greater number of facilities. Informal visits would focus mainly on interaction with CYP and identifying concerns that can be addressed at a local level.

Formal visits (which may also involve a small number of initial, informal visits to help CYP understand the purpose and role of Community Advocates) would have a broader, holistic focus similar to visits conducted by the trial CYPV Program.

The visiting scheme could determine whether a formal or informal review visit is required to assess progress and responses to recommendations.

Large units appear to require monthly informal visits interspersed with regular formal visits every six months (or more often if required).

An annual formal visit to all other facilities, complemented by more frequent informal visits targeted to facilities where they appear required and/or are requested by CYP, appears likely to provide a robust level of coverage.

Alternatively, the visiting scheme could develop a limited schedule of planned formal visits and reserve capacity to visit additional facilities if information is received suggesting that is required.

6.5.2 Inspections

Inspections are a rigorous, time-consuming process that may include review of staffing arrangements, policies and procedures and management systems to gain a deeper understanding of a facility's operation and the experience of its residents.

The CYPVP did not conduct any inspections. The time and resourcing involved in developing a suitable approach, conducting an inspection and producing the report would have severely reduced the number of CYP able to be seen in the trial period. The target of visiting 100 CYP would not have been achieved.

One future approach may be to define the circumstances where an inspection is clearly required. Another is to nominate a certain number of inspections to be conducted on an annual basis.

Large facilities appear most likely to require an inspection.

6.6 Relationships with residential care staff

Staff working in residential care facilities are a rich source of information and have helped visitors understand residents' circumstances and facility operation[49]. They can also support or – inadvertently or deliberately – hinder a visit and the opportunities for CYP to speak to a visitor. Providing information directly to residential care supervisors and staff is important and can influence their attitude towards visits, which, in turn, can assist CYP.

The CYPV Program worked to develop respectful and professional relationships with supervisors, senior residential care workers and carers and other staff. For example, pre and post-visit interviews with facility supervisors allowed the CYPV Program to seek information and raise matters regarding individual residents but also gave supervisors the opportunity to ask questions and provide feedback about the visit and broader CYPV Program operation and approaches. Post-visit interviews also allowed the CYPV Program to provide supervisors with initial feedback about key themes identified through the visiting process before the formal report was completed. Through this process, the CYPVP received some positive feedback from supervisors about the visiting process and the value of an independent external perspective.

> **Reflection 1**
> Pre and post visit interviews and communication with supervisors and staff was a valuable way
> to introduce the visits, gain useful information and build relationships to improve outcomes
> for CYP

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[49] Seymour et al noted that 'incorporating a more explicit focus on the perspectives of care staff may well be an option worth considering in future iterations of the scheme, this recognising staff as a key source of information regarding the functioning of a facility and, more crucially, as one way of accessing the experiences of CYP', p 30

6.7 The diversity of residential care in SA

The CYPV Program found all (DCP) facilities visited to be unique, despite identifying some common themes. They are influenced by a wide range of factors including, for example,

- diverse staffing arrangements
- the physical environment
- the nature of relationships between residents and between residents and staff.
- Individual CYP's ages, cultural backgrounds, characteristics and needs

In addition to DCP, around 14 NGO service providers operate residential care facilities across metropolitan and rural sites with organisational-specific parameters shaped by diverse contract and funding arrangements and associated goals.

This will introduce further complexities in communicating with, and informing, various organisations and their management structures and residential care staff about the scheme, developing protocols for pre and post-visit procedures, visiting and reporting, receiving responses to reports and ongoing monitoring.
This makes it difficult to establish benchmarks that are applicable to all facilities.

Reflection 2

Designing a visiting scheme for all residential and commercial care properties will require general principles applied in a flexible way. Significant planning and relationship building will be necessary to develop appropriate communication and protocols with diverse service providers.

6.8 Reporting

Providing high-quality reports in a timely fashion was challenging and requires further development. A considerable amount of information is received and/or available from visits and assessment is required regarding relevance and strength of evidence requested and gathered.

Reflection 3

Reporting practice and processes can be improved by:

- continuing to develop the GCYP Common Engagement Framework and practice guidance
- receiving further feedback from DCP and other stakeholders (such as NGO service providers) regarding structure, content and perceived value
- providing training in report writing to staff

> **Reflection 4**
>
> Considering systemic issues separately on an as-needed basis (if addressing a particular issue/theme) and/or regularly if providing an overview of issues identified during a given period (for example, quarterly, biannually or annually) would allow visit reports to focus on residents' needs and facility operation on a site-by-site basis and to be produced in a more timely fashion.

> **Reflection 5**
>
> Providing reports to the DCP Central Business Unit allowed formal receipt and acknowledgement to occur and formal responses to be provided to recommendations made by the CYPVP. This process also has potential to contribute to effective review arrangements, particularly if GCYP and DCP define appropriate and achievable timelines for provision of reports and receipt of responses.

6.9 Data

DCP generally shared operational data about facilities visited by the CYPVP openly and easily,

> **Reflection 6**
>
> The systematic, regular provision of cohort and facility-level data by DCP to the CYPV Program has potential to assist target visiting to particular facilities and sub-cohorts of residents that appear particularly vulnerable in a residential care setting (for example, CYP younger than 10 years old with a disability). It would also improve broad monitoring of CYP living in residential care

including summary information about incidents that had occurred and Care Concerns raised. Facility Supervisors provided other valuable information, such as numbers of Missing Person Reports made about residents.

Such data could include information about:

- CYP with a disability and/or a NDIS plan at overview and facility level
- cultural background of CYP at overview and facility level
- age of residents at overview and facility level
- length of time CYP have lived in residential care cross-referenced with age and number of placement changes
- placement changes in residential care (ie CYP who have moved from one facility to another)
- incidents and care concerns, including those classified as EXF (extra familial abuse) that relate to peer-to-peer abuse in residential care
- CYP on a youth justice order and/or detained in AYTC.

6.10 Structure and staffing

The experience of the CYPV Program confirmed that visiting, advocating and reporting is complex work, requiring professional judgement and knowledge of systems, particularly in light of the range of services undertaken by the program.

The Community Advocates required a high level of skill to engage with the CYP, understand their needs and concerns and contribute to their resolution at individual, facility and whole-of-system levels. They needed to work collaboratively and productively with a wide variety of residential care staff and other professionals. Staff therefore required sound knowledge, relevant experience and excellent communication and writing skills.

The use of paid staff in the visiting scheme was appropriate and necessary.

> **Recommendation 4**
> Due to the complexity of visiting, advocating and reporting with respect to children and young people and systems, a visiting scheme for CYP living in residential and commercial care requires the paid employment of experienced and appropriately qualified staff in the role of visitors and advocates.

Initially the program employed Community Advocates at 0.5 FTE (18.75 hours per week) to maximise flexibility and reflecting the fact that visiting would occur outside school hours. However, program learning was that this caused a lack of continuity and delays in the completion of reports.

Increasing Community Advocate employment hours to .6FTE and .8FTE improved the timeliness of reports as well as increasing the number of visits completed during the trial.

> **Recommendation 5**
> The hours of employment of Community Advocates must make sufficient provision for the completion of pre and post visit tasks and the completion of reports.

Despite efforts to recruit a diverse range of Community Advocates including Aboriginal workers and males, this was not achieved in the staffing of the CYPV Program.

> **Recommendation 6**
> A future visiting scheme should strive to employ, using targeted recruitment, an appropriate number of Aboriginal staff that reflects the proportion of Aboriginal children in residential and commercial care.

> **Recommendation 7**
> Given the issues that arose in relation to CYP with a disability, a future visiting scheme would benefit from staff with, or access to, expertise about the care needs of CYP with a disability.

7   Evaluation

7.1 Conclusion of Developmental Evaluation Report, Flinders University

The Developmental Evaluation report concludes that:

> "The OGCYP has embraced, and largely delivered on, Royal Commissioner Nyland's vision of a community visiting scheme staffed by selectively recruited professionals focused 'solely on the child's views and interests' and providing 'high quality reporting and advocacy'[50]

7.2 Key Learning

The researchers identified the following points as centrally important to the planning and implementation of a future visitor scheme[51].

- Careful consideration to balance the 'best interests' of CYP with their 'right to participate' in decision making
    - Requiring attention to the overall orientation, purpose and ethical principles underpinning the program as well as the pragmatics of process and practice
    - It must be appropriately informed by developmental and attachment theories and respond to 'children's complex, nuanced and idiosyncratic' needs

> **See Recommendation 2**
> A visiting program needs to focus both on the 'rights' and the 'best interests' of children and young people, rather than one or the other.

- Planning must be based upon a clearly articulated understanding of 'participation', including its purpose, dimension and constitutive practices, to ensure a balanced approach that pays attention to both protection and maturity

> **Reflection 7**
> A visiting scheme must be responsive to the age and developmental needs of the child when considering the extent to which they can participate and will benefit from participating.

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[50] Seymour et al, p 47

[51] Ibid

- Advocacy must be clearly conceptualised and articulated, with consideration given to its role and parameters within the context and expressed purpose of the scheme. Further consideration needs to be given to the difficult question as to whether advocacy should be understood as 'speaking for/on behalf of someone [or] enabling them to speak for themselves'

- Consideration should be given as to relative merits of 'one-off visits' versus approaches that are based on a continuing relationship between a visitor and child (as with the UK 'independent visitor'/befriending role). For example, it could be argued that 'one-off' visits offer efficiency, access to larger numbers of CYP, and so on, whereas an ongoing relationship ensures a consistent, individualised and child focused presence in a CYP's life. Each approach has advantages and disadvantages that should be explored and evaluated in order to reach an informed position.

- Critical that any visitor scheme be underpinned by a strong understanding of the continuum of safety as experienced by CYP – encompassing factors that are both detrimental ('unsafe peers', 'physical, emotional or sexual harm' etc) and conducive (such as the availability of positive, caring relationships with peers and adults') to CYP's perceived safety.

Recommendation 8

In designing a visiting program, regard should be had to the Australian Childhood Foundation's *Practice guide: Creating positive social climates and home-like environments in therapeutic care* and ensure that assessment of physical and emotional safety needs goes beyond merely asking CYP directly.

- Recognising that a visiting scheme is just one element in an overall approach is critical; attention must also be directed towards broader systemic and institutional factors as well as the societal-structural context of CYP's lives.

7.3 CYPV Program view of evaluation process

The evaluation partnership with Flinders University was valuable in developing and implementing the trial visiting scheme.

The objective, evaluative perspective brought by Flinders University staff provided a useful balance to operational, organisational and contextual factors and demands on the CYPV Program staff.

Future evaluation following further operation, including incorporation of learning from this evaluation, would also be valuable.

8   The future: a visiting scheme for SA

8.1 Resourcing

The Developmental Evaluation report noted the lack, both nationally and internationally, of 'broadscale children's visitor model[s] across all areas of Out of Home Care' and concluded that this 'reflects their economic and practical demands; and the fact that they 'present major challenges for an often already strained system and require significant financial annual investment' (*3p Consulting, 2012*, cited in Mathews, 2017, p. 54).[52]

Because of the limited scale of this trial program (100 children, in DCP facilities), the costing of a general visiting scheme was not undertaken. However, it is noted that in 2016, Commissioner Nyland reported (based on figures developed by OGCYP at the time) that 'providing the service to children in residential care only was estimated at $1.7 million'[53]. Since then, the number of residential care facilities has increased and now amounts to more than 180.

Given the number of CYP living in residential care and commercial care in South Australia, and the number of provider organisations involved, a comprehensive and well-resourced scheme will be required if all of Nyland's services are to be consistently provided, with the option of visiting all children in all facilities.

If a comprehensive visiting scheme were not to be implemented, it would be necessary to design a targeted scheme by defining particular goals (such as a number or percentage of residents to be visited) and/or focusing the role by amending the legislation to clarify the core focus or tasks. Both these options are discussed below.

8.2 A comprehensive scheme

A comprehensive visiting scheme to all CYP in residential and commercial care, as recommended by Commissioner Nyland, could comprise:

- Regular and predictable visiting schedules for all facilities

- Visiting to be sufficiently frequent (monthly) to respect the views of children and young people to build connections, share concerns and build trust, increasing the likelihood that disclosures will be made regarding issues of safety.

- Once instituted, shorter, less formal visits, focusing on interaction with residents, could be augmented by strategic more formal visits, or 'inspections,' of particular facilities to establish baseline information or to monitor progress on responses to recommendations

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[52] Seymour et al, p 6
[53] Nyland, p 331

8.3 A limited scheme

A limited scheme would need to be targeted as to scope and/or purpose and could comprise:

- Visits to a specified number of residents/facilities per year

- Visits and facilities to be determined using a responsive, variable approach based on an assessment of risk, the vulnerability of residents and other relevant information about the facility or residents, gained through other OGCYP work

- Employment of a strategic combination of visits and inspections

- The use of a 'roving' team of Community Advocates to facilitate the building of trust and confidence, where additional contact is required but a more frequent visiting schedule is not possible.

Recommendation 9

In the event that a limited, targeted scheme is resourced, ensure that the purpose of the visiting scheme is explicit and that the CYP Visitor has clear responsibility to define and set priorities for the program within the resources allocated.

Recommendation 10

Ensure the CYPV has the powers and other measures necessary to enable the setting of priorities for a visiting program (including the systematic provision of data from DCP that will help target visits/inspections)

8.4 Locating the CYP Visitor role and program in the Office of the Guardian

Locating the role of Child and Young Person's Visitor in the Office of the Guardian for Children and Young People was positive and contributed to development and implementation of the trial visiting program. There is natural crossover between the CYP Visitor and that of Training Centre Visitor.

However, the co-location also created some challenges.

Due to experience and expectations arising from previous 'monitoring visits' to facilities undertaken by GCYP Advocates, staff and residential care service providers had some initial misconceptions about the purpose, nature and formality of visits in the CYPV Program. Development and implementation of the CYPV Program required some effective expectation management and communication to minimise this confusion.

A lack of office space hampered the early development of the program, putting a brake on the capacity to recruit sufficient Community Advocates until OGCYP's move to new premises in 2018.

In addition, due to the appointment of the Guardian for Children and Young People as CYP Visitor and Training Centre Visitor, OGCYP's workload and responsibilities grew significantly and quickly. The CYPV Program was established in, and contributed to, an organisation undergoing extensive change. While this created challenges, it also allowed the CYPV Program to benefit from OGCYP's established knowledge and expertise, adopt the organisation's broader values and contribute to its evolution.

The development of a Common Engagement Framework to address the need for cohesion and consistency in the domains against which advocacy and visiting functions would be assessed was time consuming but extremely valuable as a unifying ethos. The Principal Community Advocate was integral to this process.

Locating the CYP Visitor role and required operations elsewhere would pose significant challenges because of a lack of particular legislative provisions for the role in comparison to the powers and functions ascribed to the Guardian or the TCV.

These include:

- *Freedom of Information:*
  While the role of Guardian is exempt from Freedom of Information (FOI) requirements, the CYP Visitor role is not. This will result in some documents being subject to different FOI requirements, depending on the circumstances of individual children and the nature of their contact with OGCYP.

> **Recommendation 11**
> Consider legislative amendment to achieve consistency in Freedom of Information requirements for the roles of Guardian, TCV and the CYP Visitor.

- *Power to require information:*
  The Guardian and the TCV are able to require information under the *Children and Young People (Oversight and Advocacy Bodies) Act 2017* and the *Youth Justice Administration Act 2016*. The Visitor does not have the same explicit powers under the *Safety Act* so is likely be limited in her capacity to fulfil her functions in some circumstances and/or may need to rely on her powers as Guardian to request relevant information such as Critical Incident Reports, Care Concern Reports, Life Story Books, Aboriginal Cultural Identity Support Tools, individual resident Wellbeing Plans and electronic logs.

> **Recommendation 12**
> Consider legislative amendment to the *Safety Act* to give the CYP Visitor the power to require information, consistent with the powers of the Guardian and TCV.

- *Ability to delegate:*

  Whilst the Guardian has the power to delegate some functions, the TCV and the CYP Visitor do not. It will be necessary for the CYP Visitor to delegate some functions and powers to effectively implement a visiting scheme.

Recommendation 13

Consider legislative amendment so that the CYP Visitor may delegate functions and powers, consistent with the powers of the Guardian.

- *Resources*

  In the event of a visiting scheme being developed, the CYP Visitor will require staff and resources. However, unlike the roles of Guardian or TCV, the legislation which establishes the CYP Visitor role (*the Safety Act)* does not include a requirement that the Visitor is provided with the staff and other resources reasonably needed for carrying out the functions.

Recommendation 14

Amend the legislation to provide for the resourcing of the CYP Visitor role with the staff and other resources reasonably needed for carrying out the Visitor's functions.

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9 Recommendations and Reflections

Recommendation	Page
Recommendation 1 Ensure that the overall orientation, purpose and ethical principles underpinning the program are clear. Seek to prioritise the main services to be provided.	48
Recommendation 2 A visiting program needs to focus both on the 'rights' and the 'best interests' of children and young people, rather than one or the other.	49
Recommendation 3 In order to promote the participation of children and young people with the visiting program, it is crucial to develop strategies and practices that enhance engagement, including: • Regular and predictable visits • Pre-visit information for residents • Encouraging staff to promote and facilitate visits • Post-visit contact and feedback with residents – in writing, by phone and, where appropriate, quick follow up visits	51
Recommendation 4 Due to the complexity of visiting, advocating and reporting with respect to children and young people and systems, a visiting scheme for CYP living in residential and commercial care requires the paid employment of experienced and appropriately qualified staff in the role of visitors and advocates.	55
Recommendation 5 The hours of employment of Community Advocates must make sufficient provision for the completion of pre and post visit tasks and the completion of reports.	55
Recommendation 6 A future visiting scheme should strive to employ, using targeted recruitment, an appropriate number of Aboriginal staff that reflects the proportion of Aboriginal children in residential and commercial care.	55
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Reflection	**Page**

10 References

E Goodbourn, '*Safety in Residential Care: Young Care Leaver Discussion Groups'*, RASA, Adelaide, 2019

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11 Tables

12 Appendices

A   Seymour et al, *'CYPV Scheme: A Developmental Evaluation'*

B   E Goodbourn, *'Safety in Residential Care: Young Care Leaver Discussion Groups'*

C   U Marwitz, *'What Matters to Us'*

D   Domain definitions (1)

E   Domain definitions (2)

F   Information about the Pre-visit Interview and 'Discussion topics

G   Resident Details Record

H   Information flyer for display at premises

I   Invitations for CYP – 'Speak with Us'

J   Post-visit Interview Guide

K   Example, post-visit feedback to CYP

L(1)   De-identified sample visit report – younger children

L(2)   De-identified sample visit report – facility in a regional town

M   Table of Recommendations by Domains & DCP responses-

         Domain 1 (Aboriginality, culture, identity and belonging)

         Domain 2 (Relationships)

         Domain 3 (Disability, health, wellbeing and development)

         Domain 4 (Learning, employment and personal growth)

         Domain 5 (Rights and participation)

         Domain 6 (Environment)

         Domain 7 (Safety, protection and treatment)

         Domain 8 (Quality and purpose of care)

         Domain 9 (Governance, management and leadership)

N   Examples of Outcomes for 11 facilities (incomplete but indicative)