



**Government of South Australia**

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Office of the Guardian  
for Children and Young People

## **A Community Visitor Program for Children in State Care**

**Report**

**August 2010**

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# 1 Introduction

## 1.1 Purpose

The purpose of the project was to examine the feasibility of introducing a community visitor (CV) program for children and young people in state care in South Australia. The report is the conclusion from background research on other CV programs, the outcomes from a discussion with South Australian experts and consultation with the Youth Advisors to the Guardian. (See Appendix for list of discussion participants).

## 1.2 Definition

Whilst there is no consensus on a definition, a 'community visitor' may broadly be defined as a person engaged, either paid or unpaid, to visit defined groups of vulnerable people in their place of residence, for the purpose of connecting and understanding the issues affecting them.

## 1.3 Guardian's functions

The Guardian for Children and Young People promotes and protects the rights and best interests of children and young people under the age of 18 years who are in state care.

The statutory functions of the Guardian in the *Children's Protection Act 1993* include:

- to 'monitor the circumstances of children under the guardianship, or in the custody of the Minister'<sup>1</sup>; and
- to 'provide advice to the Minister on the quality of the provision of care for children under the guardianship, or in the custody of, the Minister and on whether the children's needs are being met'.<sup>2</sup>

## 1.4 Legislation and supporting frameworks

The *Children's Protection Act 1993* states "Every child has a right to be safe from harm."<sup>3</sup> It also states:

*A child who is placed or about to be placed in alternative care -*

- *must be provided with -*
  - (i) *a nurturing, safe and stable living environment; and*
  - (ii) *care that is, as far as practicable, appropriate to the child's needs and culturally appropriate; and...*
- *must be consulted about, and (if the child is reasonably able to do so) take part in making, decisions affecting the child's life, particularly decisions about the child's*

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<sup>1</sup> *Children's Protection Act 1993*, Part 7A 52C(1)(a).

<sup>2</sup> *ibid.*, Part 7A 52C(1)(e).

<sup>3</sup> *ibid.*, Part 1.4(1).

*ongoing care, where the child is to live, contact with the child's family and the child's health and schooling; and*

- *must be given information that is appropriate, having regard to the child's age and ability to understand, about plans and decisions concerning the child's future...*<sup>4</sup>

Other supporting frameworks include:

- o *Standards of Alternative Care in South Australia, 2008* (Department for Families and Communities)
- o *Charter of Rights for Children and Young People in Care*
- o *Protecting Children is Everyone's Business National Framework for Protecting Australia's Children 2009–2020* and the related *National Standards for Out of Home Care, 2010* (Department of Families, Housing, Community Services and Indigenous Affairs, at consultation stage).

### **1.5 Current context of Community Visitor programs**

Community visitor (CV) programs have been developed nationally and internationally to promote the rights and monitor the wellbeing of different population groups in residential or inpatient facilities, foster homes, secure sites and accommodation services. Although the aims of schemes and programs vary, common purposes are improving outcomes for population groups, enhancing the voice of the consumer via first hand information and identifying systemic issues to be addressed. Other aims include mentoring, improving knowledge about rights, ensuring agency accountability, improving conditions and monitoring the wellbeing and safety of people. Population groups who have benefited from such schemes include the aged, children in alternative care, those incarcerated and people accommodated in mental health or treatment facilities.

South Australia's *Mental Health Act 2009* has legislative provisions for a Community Visitors Scheme. This scheme will provide visiting, advocacy and inspection of services in order to promote and protect the rights and wellbeing of people with a mental illness. The Office of the Public Advocate (OPA) will auspice this scheme. A model has been developed by the OPA in conjunction with SA Health and suggests using trained volunteers on annual retainers (with reimbursement for travel), a paid Principal Community Visitor and a government staffed infrastructure. This Community Visitors Scheme is to be in place by 11 June 2011.

In some Australian states, community visitors are able to undertake the role of visiting children in out of home care to provide monitoring, advocacy or support services (see 2.1, 2.4 and 2.5 below).

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<sup>4</sup> *ibid.*, Part 1.4(6).

Some Australian states and other countries have a legislative mandate to undertake visiting or monitoring of children, such as the Queensland *Commission for Children and Young People and Child Guardian Act 2000*.

There is a limited visiting presence in South Australia for children in state care. Staff from the Office of the Guardian periodically visit children in residential and secure care facilities. Children and young people in family based placements are not visited by an independent monitoring body. However, the circumstances of children in family based placements are monitored to a limited extent by the Office of the Guardian in audits of annual reviews, individual enquiries, consultation and data collection.

## 1.6 Profile group

As at 30 June 2010 there were 2157 children and young people in alternative care. The care arrangements were as follows:

- Foster care – 46.6%
- Relative and kinship care – 38.2%
- Emergency and short term accommodation – 7.0%
- Families SA residential care – 5.8%
- NGO residential care – 2.2%
- Financially assisted adoption – 0.2%

Type of guardianship (of those on 18 year and 12 month orders)

- Order to 18 years – 84.7%
- 12 month order – 15.3%

Gender (of those on 18 year and 12 month orders)

- Male – 52.8%
- Female – 46.7%
- Undetermined – 0.5%

Aboriginality (of those on 18 year and 12 month orders)

- Indigenous – 24.8%
- Non-Indigenous – 74.2%
- Undetermined – 1.0%

## 2 Community visitor programs in practice

### 2.1 Queensland

The largest CV program for children in Australia is Queensland's 'Community Visitors Program', which operates under the *Commission for Children and Young People and Child Guardian Act 2000*. Community visitors report to the Children's Guardian and Commissioner and are independent of any other government department or community organisation. Children and young people in residential, foster, relative and secure care are visited once a month and the visitors' primary role is to provide advocacy, facilitate resolution of concerns and grievances and monitor children's wellbeing and physical health.

After each visit, community visitors prepare written reports relating to the Standards of Care within the *Child Protection Act 1999*. In 2008–09, over 55,000 child reports from visits to foster homes and other locations were submitted and another 3,191 site reports were generated from visits to residential and other visitable sites.<sup>5</sup>

The Queensland CV program is evaluated each year via a survey completed by children, young people and carers. These surveys have found that consistency, reliability and trust were key parts of the CV role, as was the connection:

*'CV is very nice and someone I can talk to, finally.'*

*'I feel very comfortable around him.'*<sup>6</sup>

This program employs over 200 visitors, each on a two-year contract. Visitors are paid around \$40 per hour for visiting and report writing. Supervisors and CV coordinators are permanent government employees.

From 1 March 2010, the Queensland Commissioner has targeted its resources to those children most in need by reducing the frequency of visits to other children to bi-monthly or quarterly visits.

### 2.2 New South Wales

The New South Wales 'Official Community Visitors Scheme' is coordinated by the NSW Ombudsman and reports to the Minister for Disability. This program visits children, young people and adults with a disability living in full-time residential care and licensed boarding houses.

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<sup>5</sup> Commission for Children and Young People and Child Guardian 2009, *Annual Report 08-09*, Brisbane, p. 22.

<sup>6</sup> Commission for Children and Young People and Child Guardian 2009, *Views of Young People in Residential Care Queensland 2009*, Brisbane, p. 88.

The aims of the NSW program are:

- Promoting improvement of services to those with a disability in full-time residential care
- Encouraging and assisting resolution of problems raised by residents
- Prioritising visits to those least likely or able to complain
- Information gathering for the Minister and Ombudsman regarding matters affecting welfare, interests and condition of residents.

The visitors' role is described as the "eyes and ears of the Minister" and a "voice for people in care"<sup>7</sup>. Linked to a mentor (an experienced visitor) for their first six months, there are 30 trained visitors. Visitors report issues to the Ombudsman. Visits are often planned, and visitors are encouraged to meet with senior management of an organisation at their first visit. Unplanned visits can also be conducted to monitor the service on a day-to-day basis. Whilst the Ombudsman decides the minimum number of visits for each service each year, the visitor can visit more often depending on the circumstances. As a result, some services are visited every few weeks, others every month or two, and the majority are visited twice each year.

### 2.3 Victoria

The Victorian 'Community Visitors Program' operates under the *Disability Act 2006* and is attached to the Office of the Public Advocate. The community visitors are volunteers empowered by law to visit Victorian accommodation facilities for adults and children with a disability or mental illness at any time (at least once every month), unannounced. Their main role is to monitor and ensure the wellbeing of residents, that their rights are promoted and their needs are met. Issues are resolved in consultation with staff and management and more serious issues are referred to the Office of the Public Advocate.

Each year community visitors visit up to 5,000 people with a disability who live in a variety of residential premises managed by the government or registered disability service providers. Approximately 1,000 different places are visited each year including institutions, congregate care settings and shared supported accommodation.

### 2.4 Tasmania

In 2009 the Tasmanian Commissioner for Children commenced a CV pilot program to visit 20 children in foster care each month for 12 months. The visitors' goals are informal monitoring and to provide children with someone independent who they can talk to about what is and is not working. The volunteer visitors come from a range of backgrounds and complete training in preparation for the role. The children are aged between eight and twelve years. Reports are required to be produced by visitors within 48 hours of visits. No communication with statutory

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<sup>7</sup> NSW Ombudsman, *A Voice for People in Care*, April 2004, p.2.

case managers is undertaken by the volunteers as all communication must go via the CV coordinator.

## **2.5 Australian Capital Territory**

The ACT Public Advocate provides a program to visit children in hospital psychiatric care, secure care and residential services. The visitor is a paid professional advocate.

## **2.6 United Kingdom**

The *Children Act 1989* (UK) requires local authorities to provide independent visitors for those children in care who have limited, poor quality or no contact with their birth family. Independent visitors are adult volunteers who aim to establish a consistent, positive adult-child relationship. Independent visitors undertake the role for one child or young person only.

The independent visitors are engaged by the local authority or by a non-government organisation. From background research it appears that eligible children are introduced to an independent visitor by their social worker, or are referred by carers, other professionals or via self referral. Where possible, the child and independent visitor have similar backgrounds, hobbies or interests.

The independent visitor role is more of a mentor-friendship role than an advocacy or conflict resolution role, with no formal reporting required. When critical issues arise, the matter is referred by the visitor to the child's social worker or the Youth Justice Board.

## **2.7 United States of America**

The Court Appointed Special Advocate (CASA) program began in Seattle, Washington in 1977 and now operates in 49 US states. Almost 250,000 children are involved.

The CASA model is a variation of the more typical CV model. Advocates are court appointed and the purpose of the CASA program is to ensure abused and neglected children receive high quality, timely and sensitive representation in court hearings regarding their needs and best interests.

Each CASA volunteer has one child whom they engage with and advocate for. The service is provided particularly throughout the period of court hearings. The program, to date, appears to be positive, with reported results of increased rates of reunification and shorter periods in foster care.

## 3 Discussion

### 3.1 Independence and consistency

Two key themes emerge from the research of CV programs interstate and overseas:

- the independence of the CV organisation; and
- the importance of a consistent and trusting relationship between a visitor and a child.

A study of advocacy services for young people in state care in the UK found that young people know that statutory social workers are not independent of the statutory authority. The children also believed that their natural supports (if available) from family members may not provide the partisanship they need regarding certain matters.<sup>8</sup> Whilst complaints systems in statutory services provide some opportunity to raise issues, these systems may not provide the level of independence required. These systems may also be difficult for children to navigate.

The UK study also found that the independence of advocates enhanced the young person's personal position and assisted them to feel stronger, while facilitating their part in decision making.<sup>9</sup> If the visitor role extends to advocacy, independence is critical. Obtaining information from the child in the first instance may only occur if the visitor acts independently of any other service provider

A 2008 Queensland report found that 79 per cent of children and 59 per cent of young people reported that their visitor had managed to assist them in some way (and 50 per cent of their carers agreed).<sup>10</sup> It appears that visitors provide an opportunity for children to develop a positive relationship with an independent adult who is focussed on their needs and best interests, separate to the statutory social worker. However, the introduction of a visitor into the child's life may be detrimental to the relationship with their social worker and the statutory agency may view a visit by a community visitor as a substitute for social worker contact.

The presence of a safe, trusting, consistent relationship in a child's life is a protective factor in preventing abuse. The UK and Queensland CV programs require a commitment from visitors of several years because there is clear evidence that the programs' success is linked to consistency and the development of a trusting relationship.

Some children may resent the introduction of another 'professional' in their lives. In many cases, children in out of home care receive professional assistance from Families SA social workers, mentors, school counsellors and psychologists. A visitor might be 'just another person' who goes

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<sup>8</sup> Dalrymple, J 2004, *Construction of Child and Youth Advocacy: Emerging Issues in Advocacy Practice*, University of West England, Bristol, p. 7.

<sup>9</sup> *ibid.*

<sup>10</sup> Commission for Children and Young People and Child Guardian 2008, *Views of Children and Young People in Foster Care Queensland 2008*, Brisbane, p. 57.

in and out of the child's life. In situations where the development of genuine, trusting and long-lasting relationships is paramount, there is a risk of the child feeling let down if the CV relationship ends.

### **3.2 Role of the visitor**

There are different views on the primary role of the visitor but agreement that the role should be clear. The potential roles include friend, mentor, information gatherer of children's views, advocate (including liaison with the statutory agency), problem-solver, inspector of standards of care, and identifier of systemic issues.

The roundtable discussion identified advocate and mentor as the favoured roles. GCYP's Youth Advisors said that a visitor should act primarily as a friend and information gatherer. However, if the visitor is considered a friend or a mentor, the child could feel disappointed that more time is not spent with one another. So too, if a meeting is made only every three to six months, then it is likely that it would be seen as a 'visit' by a distant professional, and nothing more. Children need to be aware of the limits of the visitor's authority. They may feel let down if they ask their visitor to help them, but the visitor is not in a position to do so.

Separating advocacy from inspection or monitoring may be more resource efficient. For example, if a CV program was based on informal monitoring, visitors would have limited reporting requirements and more time to spend visiting more children. Formal and more complex advocacy could then be provided by another organisation. It is likely, however, that a CV program offering informal monitoring to all children in care would increase referral to a formal advocacy service, which may then require further resources.

Regular and ongoing contact with a visitor could identify any issues or placement concerns early and avoid placement disruption. The visit is an additional opportunity, beyond the visits by a social worker, for issues or problems to be raised in a timely manner. GCYP's Youth Advisors support this. They said that it would be especially valuable for children who are not assigned a social worker. Visitors may facilitate children in care being involved in the decisions that affect them. Generally, part of a visitor's role is to promote the rights and voice of children in care and create awareness of the need for participation.

If the primary role of a visitor centred on information gathering, systemic issues that impact on children and young people in care could be identified. It would inform the Office of the Guardian and other bodies from a more diverse group of children and young people. This intelligence could, in turn, inform areas for development, advocacy and resources.

### **3.3 Privacy and reporting**

Depending on the role of the visitor, any reporting back to the governing body must ensure that the wishes of the child or young person are considered. It is important, that children are in control of what information about them is shared. If a child reveals something about themselves

or their situation, they should have the right to not have this information recorded or shared unless their safety or wellbeing, or that of another, is at risk.

Some children and young people may not feel safe as they worry about carers overhearing their conversation in the home setting. Carers may also wish to raise their own issues with the visitor. Carers may resent the presence of a visitor and obstruct the visit or create conflict and tension for the child.

Some children in out of home care could see a visitor as another infringement to a normal home environment. Advocates from the Office of the Guardian are often told by children and young people in care that they simply want to be like other kids. They do not want to be regarded as special or different, they want to blend in. By having a visitor come to their residence every month, they and others in the household are reminded of this 'difference'. Visits could have negative consequences especially where the child is living with other children of the foster family.

### **3.4 Volunteer or paid staff**

Ensuring that visitors participate long term is critical. For this reason, roundtable participants expressed concern about a visitor program being staffed by volunteers.

From background research, it appears that most CV programs engage paid workers. However, a mentor/friend type visitor role with limited reporting requirements and no liaison with statutory services is more likely to be undertaken by volunteers. In terms of commitment to the role for a period of time, there is no located research to suggest a relationship between payment and commitment. Volunteer schemes operate in the US, Tasmania and the UK. The Tasmanian Commissioner recently reported from their pilot program that the children had commented positively that the visitors were volunteers.

Visitors require induction and training to be familiar with, among other things, child protection, legislation, duty of care, mandatory notification, information sharing and safety requirements. Visitors also need to be skilled in engaging appropriately with children. Supervision of visitors would be ongoing and visitors would need regular debriefing and support to ensure both their wellbeing and professional accountability. In Tasmania, volunteers are provided with such support by a paid member of staff, who is also responsible for advocating with statutory agencies when required.

### **3.5 Target groups**

Access to a CV program could be limited to those children most at risk as determined by the visitor agency. Alternatively, risk and eligibility could be decided based on the nature of the child's placement. If a targeted option is implemented there is a risk that some vulnerable children and young people could slip through the net. It could, therefore, be prudent to provide an initial visit to all children in out of home care regardless of their situation. The children could then be assessed as to their need for further visits.

Roundtable discussion identified four groups for visiting: young people in residential and secure care; children unallocated to social workers; children in relative care placements; and those children in the first few years in care (due to disruption and the court process). The GCYP Youth Advisors' views were that, if all children in care could not be visited, children in foster care placements should be given priority. They said that unlike children and young people in residential care facilities who had many professionals in their lives, children in foster care placements were perhaps more vulnerable. The Youth Advisors also felt that an assessment should be made of all children in foster care followed by an arrangement with the children themselves about whether they wanted a visitor, and, if so, what the frequency of visits should be.

At present, the Office of the Guardian provides proactive advocacy for children in residential and secure care only. Reactive advocacy is provided only in response to enquiries made to the office regarding children in family-based care. Children and young people in family-based care may not feel confident or supported to contact the Office directly, nor may they be aware that the Office exists. So too, children and young people may not be in contact with people who could refer them to the Office for individual advocacy.

Visits by an independent person may provide further opportunity for proactive monitoring and support. For example, children and young people in foster care may be more vulnerable and isolated than those in residential settings because the 'family' home is considered private and the 'state', even as the child's legal guardian, is more reluctant to intervene.

In New South Wales, the Ombudsman determines priority groups for visiting each year. This potentially creates competing priorities for multiple groups in need. However, it ensures that limited resources are extended for a period of time to all vulnerable groups and systemic monitoring of conditions reach further.

## 4 Conclusion

We have a special responsibility for children in state care. Their parents are unable to care for them safely and the court has decided that the state must act as parent, by arranging care and decision-making. The state is not a good parent. The responsibility for them is shared among many and the potential for disagreement and tension is high. Amidst this imperfect and sometimes fractured parenting is the child, who will bear the costs of arguments, delays, moving, and disregard.

For this reason, among others, a visiting scheme is often proposed and sometimes adopted. Visiting by an independent person whose sole interest is what is happening to the child and what the child thinks about what is happening, is a safeguard against oversight, abuse, mistreatment, and silencing.

The benefits of independent visiting are advocacy by an adult when required, regular monitoring of circumstances, more rapid identification and resolution of problems, and supporting young people to make sound decisions.

The costs and risks are financial, detraction from a good relationship between social worker and child, further loss for the child when a visitor stops visiting, and underscoring difference from their peers for children in state care.

Discussion on the feasibility of introducing a community visitor program for children in state care in South Australia was inconclusive. However discussion provided advice on next steps. These were:

- A review of mentoring programs available to children and young people in care to assess equity of access, clarity of purpose, consistency in approach, expectations of commitment to the child and quality of service.
- More frequent visiting by the Office of the Guardian to children and young people in residential and secure care.
- Analysis of work undertaken by social workers and the resources available to assess what is needed to meet the requirement for monthly face to face contact between children and their worker.
- Investigation of the Court Appointed Special Advocate program for transferability to the South Australian context.

## 5 Appendix

Roundtable participants, 23 June 2010.

Lucy Avard, Office of the Health & Community Services Complaints Commissioner

Jane Chapman, Council for the Care of Children

Di Chartres, Office of the Public Advocate

Kendall Crowe, Office of the Guardian for Children and Young People

Deej Eszenyi, Child Death and Serious Injury Review Committee

Andrea Newton, Lutheran Community Care

Megan Philpot, Office of the State Ombudsman

Dana Shen, Families SA

Pam Simmons, Office of the Guardian for Children and Young People

Bethany Stewart, CREATE Foundation

Kath Vannan, Disability SA