

# Monitoring report 2012–13

Smaller residential care environments

February 2014



**Government of South Australia**

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Office of the Guardian  
for Children and Young People

The Office thanks the staff and management of South Australia's residential care facilities for their cooperation and assistance during the 2012-13 monitoring round.

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## Background

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

The Office of the Guardian (GCYP) monitors residential care<sup>1</sup> facilities:

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

The Office has been monitoring residential care environments since 2004. With the increase in the number of facilities from 17 in 2006 to 65 in 2012, the Office reviewed its monitoring process in 2012 to undertake more intensive monitoring of a smaller number of facilities.

This entails:

1. An annual online survey returned by all facilities
2. Selection of facilities for monitoring visits based on criteria<sup>2</sup>
3. A review of the safety records of each facility
4. A visit to the residents in each facility

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

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

5. A written report provided to each facility's supervisor and service manager<sup>3</sup>
6. A summary report on the performance of the facilities as a group.

### Monitoring of residential care in 2012-13

Most children in residential care in South Australia are accommodated in houses of three to four residents. The exception is the community residential care units (CRCs) operated by Families SA, Department for Education and Child Development, which can accommodate 8 to 12 residents in each unit, with a total capacity of 80 residents. In 2012-13, GCYP was provided with a list of 62 individual houses and units that accommodate children and young people in care and meet the definition of 'residential care'. Eight of those are large residential care units (CRCs).

Two surveys of residential care facilities were conducted in 2012-13, one that closed in December 2012 returned by 58 facilities and another that closed in July 2013 returned by 59 facilities. This represents approximately 96 per cent of all facilities and all of those subsequently selected for monitoring visits. A copy of the July 2013 survey is in Appendix 2.

In 2012-13, 17 residential sites were visited, 12 of which were the smaller residential units.

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

- This child is safe and feels safe
- This child has knowledge of and participates in decisions that affect him/her
- This child lives in a kind and nurturing environment

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

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

For more information on monitoring and all 12 Quality Statements please see the fact sheet [Monitoring visits – information for houses](#) on the Guardian's website.

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<sup>3</sup> Reporting uses 12 Quality Statements from the GCYP monitoring framework which, in turn, are based on the *Charter of Rights for Children and Young People in Care*.

## Children and young people in smaller residential care settings

As at 30 June 2013, there were 2,657 children and young people in out of home care in South Australia. Most children lived in family-based out of home care.

There were 268 in residential care and another 62 in emergency accommodation with rotating carers.

The majority of smaller residential care environments can accommodate up to four residents in each house, with a total capacity of 200 residents. In 2012-13 the exceptions were two houses operated by non-government organisations that could accommodate up to five or six children as part of a large sibling group and one house that could accommodate up to six young people for up to 42 days. Based on the self-evaluation surveys completed in November 2012<sup>4</sup>, the occupancy across the individual houses ranged from 50 to 100 per cent. Two out of every three houses were at full capacity at the time the self-evaluation surveys were completed.

The features of the smaller houses are diverse in numerous ways:

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

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<sup>4</sup> Following completion of the trial in October 2012, the model was implemented to all residential care environments and the self-evaluation surveys were distributed for the first time in November 2012. Thereafter, self-evaluation surveys are distributed on an annual basis at the beginning of June.

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

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

Of those living in all residential care environments, children and young people in smaller residential care environments accounted for 71 per cent in December 2012 and 76 per cent in June 2013.

In 2012-13 GCYP Advocates undertook monitoring visits to 12 government and non-government houses.

## Findings – Safety

### *This child is safe and feels safe*

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

- Seek information in a survey<sup>5</sup> completed annually (with data for a six month period), on critical incidents, use of physical restraint and missing persons, among other things.
- View critical incident reports for the six month period prior to the house visit.
- Record the number of incidents and the use of physical restraint.
- Seek information from the supervisor or manager about any notifications of abuse and consequent investigations or action (care concerns).
- Seek information on how assessments of risk are made and the consequent action.
- Seek information on any measures to address bullying behaviour in the house.
- Talk to the residents about their feelings of safety.

*See Appendix 1 for a more complete list of indicators.*

### Notifications of abuse in care (care concerns)

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

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<sup>5</sup> The survey is a self-report completed by the Manager, Supervisor or Senior Youth Worker of the unit or house.



GCYP expects:

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

In the non-government residential care environments visited there were no care concerns reported to the Advocates for the six month period prior to the visit.

Information about care concerns for any single government house was not readily available. The Program Manager advised that the information was best sought from the Care Concerns Investigation Unit or the Senior Manager for residential care.

This was an item for discussion with Families SA residential care management at each quarterly meeting with the Guardian. The concern was that there was no internal or external tracking overall of care concerns for children in government residential care, except for the monitoring of serious sexual abuse allegations done by the Office of the Guardian.<sup>6</sup> In response, Families SA assigned an officer to record care concerns that involved children living in government residential care properties and to report to residential care management on the number and status of any action.

At the end of 2012-13 this information was not available on a residential unit basis so the supervisors could still not provide the information requested during the monitoring visits.

However, three care concerns were noted by the Advocates, two from critical incident reports and a third from the Program Manager, but there was no information provided on the status of investigation or response.

### **Carers' reports of safety**

In three of the 12 houses visited there were significant issues of safety for residents identified by the supervisors in interview with the Advocates. Carers did not talk about safety during the visit because of the presence of children.

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<sup>6</sup> Care concerns were tracked for each case separately by the Families SA office to which the young person's case was allocated.

However, self-evaluation survey respondents from government houses indicated that it was challenging to maintain consistency amongst carers given that Families SA staff were complemented by agency staff and that this impacted upon teaching protective behaviours to young children.

One survey respondent described the importance of working closely with therapists to support the residents to feel safe and secure.

One house experienced significant problems with a previous mix of residents and the continuing placement of one young resident with exceptionally high needs. It was reported that violence towards youth workers by residents was a challenge and that reflection by youth workers on their own responses to escalating behaviours was being encouraged. The data provided to the Advocates showed that staff were assaulted by residents on 58 occasions in six months.

### **Critical incidents**

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

GCYP expects:

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

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

The Families SA Program Manager provided a copy of the template for writing critical incident reports which included the required accounts of pre-incident, incident and post-incident.

With the exception of two houses, there were many examples of good recording of critical incidents. However, the quality varied, even within one site.

Critical incident reports reviewed at two houses were noted to have lacked detail about the de-escalation techniques applied throughout an incident or what occurred following the incident. There was also no information provided about the decision making by staff, whether any consequences were imposed or the provision of debriefing for residents and staff following the incident.

There was little evidence of residents' views being sought following critical incidents. Some supervisors thought that the residents were too young and one said that "bringing it all up again" would not be helpful.

As reported in the self-evaluation surveys completed over two six-month periods<sup>7</sup>, there were 1,035 critical incidents within the 54 smaller residential care environments. One third of all reported critical incidents occurred in just six houses. There were 14 houses that recorded no critical incidents in at least one of the two reporting periods.

The review of critical incident reports in the 12 houses visited by the Advocates recorded a total of 211 incidents over the six month period prior to the visits. Just over two-thirds of those incidents occurred in two of the houses visited.

### **Critical incidents - use of physical restraint**

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

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<sup>7</sup> One survey of a six-month period was conducted in 2012 and the second in 2013 which means that for some data there was a gap of one or two months between the two six-month periods, making them non-consecutive.

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

The self-evaluation surveys completed over two six-month periods<sup>8</sup> reported that there were 189 uses of restraint within the 54 smaller residential care environments. The review of records of the 12 houses visited by GCYP Advocates identified 83 uses of restraint. Seventy-two of those restraints occurred in two government-run houses. The use of restraint to manage self-harming behaviour was difficult to determine. For example, in one house, self-harm or threatening to self-harm was a feature in four of the thirteen critical incidents but due to the lack of detail in the critical incident reports, GCYP Advocates could not ascertain how staff responded to the behaviours. In another house, physical restraint was used to hold a resident’s wrists to prevent further self-harm.

### **Risk assessment**

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

GCYP expects:

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

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

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<sup>8</sup> One survey of a six-month period was conducted in 2012 and the second in 2013 which means that for some data there was a gap of one or two months between the two six-month periods, making them non-consecutive.

These include:

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

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

One house had a designated 'chill-out' room for one resident. This room was used in 14 of the 15 critical incidents. There were occasions when the resident took himself to the 'chill-out' room and other times when he was escorted by staff. On one occasion the critical incident report indicated that the resident was locked in the 'chill-out' room. The supervisor advised that when the 'chill-out' room is locked it is only done so for two minutes at a time and with constant staff supervision. The ensuing discussion resulted in an acknowledgement that the child was being detained and it was agreed that the practice would cease.

### Strategies to prevent and manage bullying

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

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

On several occasions the Advocates observed appropriate responses to bullying behaviour and overall there appeared to be low tolerance for it. Some houses had visible messages about the right to be safe, including *Charter of Rights* materials. At one house the supervisor explained that a resident was subjected to bullying at school and was engaging in the behaviour in the house. Strategies were being developed in consultation with the school.

One non-government manager reported that there were organisational policies that underpinned practice, but the approach was always individualised with consistent and clear messages about respect.

### Missing from placement

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

The self-evaluation reports recorded 1,142 incidents of children missing from the smaller residential care houses over the two six-month periods<sup>9</sup>. The number of absences from any one house depended very much on the age of the residents and the level of comfort and safety in the house. Some houses reported no absences over the six month period prior to the visit; others had many. The supervisors or managers were generally familiar with the circumstances that led to a high rate of absences and this was usually accounted for by the disengagement of a single resident who would be absent often.

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<sup>9</sup> One survey of a six-month period was conducted in 2012 and the second in 2013 which means that for some data there was a gap of one or two months between the two six-month periods, making them non-consecutive.

## Findings - Voice of children and young people

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

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

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

*See Appendix 1 for a more complete list of indicators.*

### Complaints

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

GCYP expects:

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

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

Few houses had a formal complaints or feedback process. Most senior staff reported that they were confident that residents knew how to raise an issue and with who. This was typically reported to be through talking with staff, the Senior Youth Worker or supervisor of the house, or their social worker.

The exceptions to this were both in non-government houses. One house had a 'suggestions box' for written complaints or feedback which was then recorded electronically as part of the organisation's centralised complaints management. A response was provided to the resident and, where appropriate, the information shared at staff meetings. This same residence provided written 'induction' information to residents which included information about the complaints/feedback process.

Another house had introduced a 'mail box' for the one older resident as a means of de-escalating ongoing conflict with staff. The case worker reported that this had worked well and there were fewer incidents. The other residents were too young to write feedback.

One group of Families SA houses where the residents were young, introduced a forum at which residents submitted questions which were answered by the senior staff. Families SA Psychological Services provided advice about how to run the forum and how to respond to questions, depending on the child's age and maturity, and the sensitivity of the question. All residents were given the opportunity to submit questions. It was reported that the feedback from residents and staff was very positive.

### **Residents' Meetings**

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

Residents' meetings were more commonly used than written feedback mechanisms. Most houses held some sort of house meeting, sometimes referred to as 'family meetings' or



'kids' meetings' to normalise the arrangement. Houses with very young residents (one to nine years) did not have meetings.

Only some houses provided minutes of the meetings. Some senior staff reported that issues were taken to staff meetings with the outcomes then reported back to residents. One supervisor said that they did not hold meetings but rather ate dinner together to talk through any issues, in an attempt to run the house more like a home than a unit.

There were few unprompted comments from residents to the Advocates about the meetings with most saying, when asked, that they were "ok". One group said that the meetings were only held when there had been issues with behaviour in the house and that they were run by staff with little opportunity for residents to talk about what was important to them.

### **Involvement in decision-making**

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

The children's views about their inclusion in decisions depended very much on the strength of the relationship they had with their social worker. In some cases, the residents said how much they liked their social worker and that their social worker visited and joined them on special occasions. In these cases they reported that they felt comfortable telling their social worker "things".

In other cases, and usually reported by residential staff, there was little direct contact between social workers and their young clients. This was partly explained by multiple changes of case workers. In one case, a young person asked for advocacy from the Office of the Guardian to get a new social worker, which was done.

### **Celebrates the child**

Most houses demonstrated various methods of celebrating the children, including photo collages mounted in shared spaces, school photos on display and bedroom décor influenced by the children and their likes and interests. One house had a custom of a special welcome for new residents which included a dinner at the house prior to moving in and the chance to look at their bedroom. When they move in they have a 'welcome book' which has information about the house and what residents can expect. They are given their own toiletries and new linen.

Overall, residents were proud of their house, rooms and backyards. One report of a visit demonstrates this:

*The residents showed pride in having a new couch, nice pictures on the walls, lots of play station games and a trampoline. The Advocate was also shown photos from a dinner that was had at the house where residents cooked a three course meal and a recent birthday celebration for one of the residents. One resident also had a large photo board that he talked through in detail with the Advocate. It was evident that photos were important and valued by all residents and efforts were made to ensure they were on display around the houses, personalising the environment in a 'homely' way.*

### Access to information about their situation and their rights

At most visits, the residents were anticipating the visit by the Advocate and had been informed that they could have their say. At some visits, the staff had not been informed about the purpose of the visit. Most staff were comfortable with the visits and most actively encouraged the residents to talk openly.

At one visit the supervisor talked about the work of the Charter Champion<sup>10</sup> in the house which included convening the residents' meetings, stocking up on *being in care* materials and ensuring the children's rights were written into the house rules. In general, older residents were familiar with the *Charter of Rights* and had personal copies or there were copies in the house.

### Cultural support

The children residing at one house were identified as Aboriginal and it was reported in other settings that it was difficult at times to explore a child's cultural identity and heritage. With regards to the children identified as Aboriginal, further work was required to support the children to learn and understand their identity and cultural connections. At one house an Aboriginal mentor had been engaged for the Aboriginal child resident and, at another, the staff actively supported the child in participating in cultural activities.

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<sup>10</sup> A Charter Champion is someone who has a strong belief in the rights of children and has embraced the Charter for the benefits it brings to children and young people in out of home care.

### Critical incidents

As stated earlier in this report, there was little evidence of residents' views being sought following critical incidents. Some supervisors thought that the residents were too young and one said that "bringing it all up again" would not be helpful. One incident report though had a letter of apology to staff. One house had introduced one-on-one 'reflection time' using a 'young person's response letter' to think through what had happened.

## Findings - Nurturing environment

*This child lives in a kind and nurturing environment.*

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

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

*See Appendix 1 for a more complete list of indicators.*

### Staff training

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

In the reporting period there were no records of staff training provided to the Advocates. However, in the Families SA houses, supervisors and managers reported that training had been conducted in child safety, first aid, cultural awareness and some had undergone refresher training in non-violent crisis intervention. At one house at least, there had also been requests for training on child development and attachment theory. Most permanent residential staff are required to complete a tertiary certificate in Youth Work.

In the government-run houses which engaged agency staff the training was provided by the employing agency. There was therefore no record or report provided at the visit on the

training that staff had undertaken. The supervisors reported that they did not feel confident about the skills of the carers because they did not know what training they had done.

One of the non-government houses reported that an agency-wide annual training calendar is available to all residential care staff, although aside from Child Safe Environments training, there was no requirement to attend additional training. Non-government organisations reported the following training as available to residential care staff: cultural awareness, first aid, mental health, and therapeutic crisis intervention.

### Interactions between residents

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

GCYP expects:

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

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

*The dynamics between the residents are difficult and the tension is clearly unsettling and upsetting. It is difficult to know for how long this arrangement will continue but it is clearly having an adverse impact on the wellbeing of the residents.*

High tension most often resulted from disagreeable dynamics among residents.

In some houses the social environment was similar to that between siblings with normal teasing and support. At one house, during the evening meal everybody had a turn at speaking about 'good things' and 'bad things' that had happened during the day.

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

### Interactions between residents and carers

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

A record of one visit was:

*Throughout the visit residents interacted positively with staff and the routines for dinner, homework and showers appeared to be well established.*

### Consequences

From the records of incidents it was not possible to know if consequences were imposed. Most supervisors talked of 'natural consequences' to incidents of poor behaviour, such as being removed from a group activity. Several also said that they used incidents as an opportunity for reflection and engagement with the children or young people when they were calm enough to do so.

The one house which did use and record consequences referred to 'early beds', removal of Nintendo DS or additional chores. Another house used 'time-in' a child's room which was timed to match the child's age, such as nine minutes for the nine year old. On only one occasion were the police called and no charges were laid.

### Residents' comments on social environment

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

The positive comments focused on activities, such as:

- Going to the skate park is the best thing about living in the house.
- Liking the trampoline and the large backyard.
- Bedtime stories are the best.
- Having dinner at the house is good.
- Moving to a foster home is good but I will miss my friends.

One resident spoke very fondly of staff, and said he felt supported in everything.

One resident said, "I like living here because I get looked after properly."

The negative were most often about changes of carers such as:

- Having strangers look after me makes me feel unsafe.
- Too many carers.
- The carers change too often.

One resident thought there were too many spiders in the house.

### Wellbeing of children at centre of practice

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

Staff and residents found it hard when one resident moved to a family placement, leaving the others in residential care. This was particularly so in the case where there were three siblings and one was placed with a foster family, leaving the other two at the house. The other reported difficulty was when there was an expectation that a resident would move but did not because alternative placements were not found or fell through. The uncertainty heightened the children's anxiety and insecurity.

## Summary

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

Reporting on the larger residential settings (8-12 residents) has been separated from reporting on smaller environments (3-4 residents) because the issues are consistently different or are different in scale. This report is exclusively about the smaller residential units/houses in SA. Twelve of the houses were visited in 2012-13.

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

### ***This child is safe and feels safe***

At the start of the reporting period (November 2012) the progress and outcomes of notifications of abuse in care were not closely followed by government (Families SA) residential care management or staff. This issue was being addressed towards the end of the year with the assignment of the task to a project officer. At the end of 2012-13 this information was still not available to GCYP on a house by house basis. Tracking this information ensures that residential care management are conscious of the number, location and nature of allegations of abuse or neglect, and the progress of investigations and action.

In three of the 12 houses visited the supervisors reported that there were significant issues of safety for residents.



In 10 of the 12 houses visited there were many examples of good recording of critical incidents. However, the quality varied considerably, even within the one site. There was little evidence overall of residents' views being sought following critical incidents.

There were 1,035 critical incidents in the 54 smaller units reported over two non-consecutive six-month periods. One third of these incidents occurred in just six houses. This is roughly a per child rate of 5.2 incidents over 12 months compared to 5.5 in the larger units.<sup>11</sup> Some houses recorded no critical incidents.

The use of physical restraint varied hugely from one setting to another, influenced by the number and nature of incidents and by instruction from managers or supervisors. While several non-government house supervisors reported that they had a 'no-restraint' policy there was no written direction to support this and, in one instance, restraint had been used but without the benefit of guidelines or training in safe restraint. Over two non-consecutive six month periods, there were 189 uses of restraint reported in the surveys across the 54 houses that responded. This is roughly a per child rate of 0.9 use of physical restraint compared to 3.0 per child in the larger units.

There are various approaches to risk assessment and response in the smaller residential care settings. Among the responses discussed in interview was moving children to other houses or increasing staffing levels to allow for more individualised attention. In a number of circumstances though, these responses were not possible and staff and residents struggled with the tension and anxiety.

All houses visited reported an informal approach to addressing bullying behaviour, using various strategies. These were individualised and in response to observations of bullying and disrespectful behaviour. Only one non-government manager reported that there were organisational policies that underpinned practice.

There were 1,142 incidents of children missing from the smaller residential care houses over two six months periods, as reported by the organisations. This is roughly 5.7 incidents per child of missing from placement compared to 24.8 in the larger units. This disproportion will in part be explained by the older median age in the larger residential care units.

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<sup>11</sup> This comparison should be treated with high caution because it does not take account of average actual occupancy in the houses but only on the bed capacity.

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

Few houses had a formal complaints or feedback process. Most senior staff said that they were confident that residents knew how to raise an issue and with who. The two houses which did have a suggestions box or mail box were both non-government. One group of Families SA houses where the residents were young, introduced a forum at which residents submitted questions to senior staff.

Residents' meetings were more commonly used than written feedback mechanisms. Most houses had some sort of house meeting and the conduct of 'meetings' depended very much on the age and circumstances of the residents. Houses with young residents aged under 10 did not have meetings. Only some houses provided notes of the meetings to GCYP.

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

Overall, residents were proud of their house, rooms and backyards. Most houses visited had various ways of celebrating the children, such as photos in shared spaces and bedroom furnishings chosen or influenced by the children.

*This child lives in a kind and nurturing environment.*

It was impossible to assess the suitability of staff training to meet the needs of residents because records of training could not be provided. In the government houses, supervisors and managers reported that training had been conducted in child safety, first aid, cultural awareness and, for some staff, refresher training in non-violent crisis intervention. Non-government managers reported that training in cultural awareness, first aid, mental health and therapeutic crisis intervention was available to residential care staff.

The levels of comfort or tension among residents varied significantly from one house to another. High tension most often resulted from disagreeable dynamics among residents. In some houses, the social environment was similar to that between siblings with normal teasing and support.

The observed interactions between residents and staff overall were respectful and warm. Some staff were more attentive than others but staff intervention when tension was high was observed to be appropriate and effective.

From the records of incidents of those houses visited it was not possible to know if consequences for poor behaviour were imposed. The one house which did use and record consequences referred to 'early beds', removal of Nintendo DS and additional chores. On only one occasion were the police called and no charges were laid.

Comments from residents about their social environment were mixed. Overall, the positive comments outweighed the negative, and the children often favourably compared their situation now with previous placements. The positive comments focused on activities. The negative were most often about changes of carers.

The wellbeing of all residents was reported and observed to be dependent on the stability of the care team and the dynamics among residents. Staff and residents found it hard when one resident moved to a family placement, leaving the others in residential care. Managing expectations about alternative placements was also reported to be difficult.

## Areas for attention

### Safety

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

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

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

### Voice

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

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

### Nurturing

The training available to, and required of, staff should have continuous emphasis on building skills for positive communication with children and young people and on working with children who have disabilities and challenging behaviours as a result of trauma.

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

## Appendix 1 – Major indicators for quality statements

### Indicators for 'This child is safe and feels safe'

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

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

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

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

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

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

## Appendix 2 – July 2013 Residential Care Survey

**Section 1 - General Information**

\*1. Name of the house

\*2. House supervisor

\*3. Name of the managing organisation

\*4. Manager of residential care service

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

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

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

\*8. What is the age range of current residents of the house?  
 youngest resident (yrs)    
 oldest resident (yrs)

\*9. How many full-time staff are employed to provide direct care?

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

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

\*12. What is the staff to resident ratio during:  
 the AM shift 1 to   
 the PM shift 1 to   
 overnight .... 1 to

The self-evaluation survey for residential care facilities is the prelude to a monitoring visit by an Office of the Guardian advocate. The information you provide here will make our conversations with you and with your residents much more valuable and effective during our visit. Your responses will also be aggregated with others to provide a picture of the care provided for young people in residential facilities across the state.

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

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

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

If you have questions or difficulties with the survey, please call Malcolm Downes on 8226 8564 or email [malcolm.downes@gocyp.sa.gov.au](mailto:malcolm.downes@gocyp.sa.gov.au).

This survey closes on 1 July 2013 at 5pm.

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

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

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

Please add a comment if you wish.

**Section 2 - The rights of residents**

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

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

|  | all                   | many                  | few                   | none                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Residents have easy access to the Charter of Rights for Children and Young People in Care    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Age appropriate information is provided to residents about the rights of children            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Residents are provided with information about advocating for themselves or seeking advocates | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please comment if you wish.



**Section 5 - Hearing the voice of residents**

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

|   |                       |           |                       |           |                       |       |                       |
|---|-----------------------|-----------|-----------------------|-----------|-----------------------|-------|-----------------------|
| Residents' meetings   | <input type="radio"/> | regularly | <input type="radio"/> | sometimes | <input type="radio"/> | never | <input type="radio"/> |
| A suggestion box  | <input type="radio"/> |           | <input type="radio"/> |           | <input type="radio"/> |       | <input type="radio"/> |
| Meal planning discussions                                       | <input type="radio"/> |           | <input type="radio"/> |           | <input type="radio"/> |       | <input type="radio"/> |
| House rule discussions  | <input type="radio"/> |           | <input type="radio"/> |           | <input type="radio"/> |       | <input type="radio"/> |
| Discussion with residents of the design of their personal space | <input type="radio"/> |           | <input type="radio"/> |           | <input type="radio"/> |       | <input type="radio"/> |
| Other (please specify)  | <input type="text"/>  |           |                       |           |                       |       |                       |

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

Method 1

Method 2

Method 3

Method 4

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

|   |                       |     |                       |      |                       |     |                       |      |                       |
|---|-----------------------|-----|-----------------------|------|-----------------------|-----|-----------------------|------|-----------------------|
| understand and can describe how to make a complaint   | <input type="radio"/> | all | <input type="radio"/> | many | <input type="radio"/> | few | <input type="radio"/> | none | <input type="radio"/> |
| make use of the complaints mechanisms as they need to | <input type="radio"/> |     | <input type="radio"/> |      | <input type="radio"/> |     | <input type="radio"/> |      | <input type="radio"/> |
| feel safe to complain                                 | <input type="radio"/> |     | <input type="radio"/> |      | <input type="radio"/> |     | <input type="radio"/> |      | <input type="radio"/> |
| have made a complaint in the last six months          | <input type="radio"/> |     | <input type="radio"/> |      | <input type="radio"/> |     | <input type="radio"/> |      | <input type="radio"/> |

**Section 4 - Incidents**

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

**\* 15. What period does the incident data cover?**

Start DD / MM / YYYY  /  /

Finish DD / MM / YYYY  /  /

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

How many critical incidents have occurred?

Of these, how many involved the use of restraint?

How many missing person reports were lodged?

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

**Section 8 - Successes and challenges**

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

Challenge 1

Challenge 2

Challenge 3

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

Challenge 1

Challenge 2

Challenge 3

**Section 7 - Staff training**

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

|                                | all                   | most                  | few                   | none                  |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| regular supervision meetings   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| specific skills coaching       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| self-education                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| formal non-accredited training | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| formal accredited training     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify)         | <input type="text"/>  |                       |                       |                       |

**Final details**

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

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

name

role or title

phone number

email address

**24. Did anyone else help?**

name

role or title

phone number

email address

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

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

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

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

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

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

The Guardian has six statutory functions:

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