



**Guardian**  
for Children and  
Young People

**2022-2023**

**ANNUAL REPORT**

**Child and Young Person Visitor**

*Report prepared by the Child and Young Person Visitor*

The Child and Young Person Visitor respectfully acknowledges and celebrates the Traditional Owners of the lands throughout South Australia and pays its respects to their Elders, children and young people of past, present and future generations.



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*Report prepared by the Child and Young Person Visitor, with support from Georgia Murdock, Em Rozee, Hamish McKenzie, Nadia Baldassi-Winderlich, Alicia Smith, Travis Thomas and Alan Fairley*

*Child and Young Person Visitor*

Level 3, 111 Gawler Place, Adelaide 5000

[www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au)

Ph. 08 8226 8570

[gcyp@gcyp.sa.gov.au](mailto:gcyp@gcyp.sa.gov.au)

GPO Box 2281

Adelaide SA 5001

DX 115



**Guardian**  
for Children and  
Young People

The Hon. Katrine Hildyard, MP  
Minister for Child Protection  
GPO Box 1072  
ADELAIDE SA 5001

30 September 2023

Dear Minister Hildyard

I present to you the report of the Child and Young Person Visitor for the year ended 30 June 2023, as required under section 119(1) of the *Children and Young People (Safety) Act 2017*.

This report provides a summary of the activities and achievements for the 2022-2023 financial year.

With kind regards

Shona Reid  
**Child and Young Person Visitor**

# Content Warning

This report contains information and case examples about life in residential care that may be distressing to some readers. This includes discussion about self-harm and substance use.

If you or someone you know is in danger, call **000** immediately.

If you experience distress or find the information in this report confronting, we encourage you to seek support from family, friends and community or contact services like:

**Kids Help Line** on **1800 551 800**

**Lifeline** on **13 11 14**.

## Request to the Media, Stakeholders and Politicians

This report contains descriptions, quotes and representations of the lives of children and young people. Behind each statistic, quote and anecdote is a child, whose whole life and self is more than the sum of one experience. When reporting or commenting on these matters please do so in that context.

The CYP Visitor encourages reference to key best practice guidelines when reporting on information disclosed in this report, including Mindframe's [Reporting suicide and mental ill-health: A Mindframe resource for media professionals](#) (2020).

## Acknowledgement

### Young People

The CYP Visitor acknowledges the children and young people who shared their views and lived experience with herself and her Visiting Advocates – without your honesty, this would be a lesser report.

### Carers and Caseworkers

Thank you to the tireless carers, caseworkers and other staff. Your work, never-ending efforts, and passions are recognised in this very complex sector.

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# Notes

## About this Report

This report refers to activities undertaken to meet the responsibilities of the Child and Young Person's Visitor (CYP Visitor), just one of the mandates operating within the Office of the Guardian for Children and Young People (OGCYP). For a full description of the work occurring across that office, please refer to the Annual Reports of the other positions held by Shona Reid: Guardian for Children and Young People, Training Centre Visitor, and Youth Treatment Orders Visitor.

Although this report speaks to a financial year, the CYP Visitor Program (CYPVP) only commenced operations in December 2022. The report therefore focuses on activities from December 2022 to June 2023.

## Case Studies and Quotes

Children and young people are at the centre of this report, and the CYP Visitor has amplified their voices and experiences throughout in three main ways:

- **Stories:** to ensure an understanding of the experiences of young people, the CYP Visitor has included descriptions of experiences common in residential care and as described to Visiting Advocates. These stories, while familiar to many in the sector, are not inspired wholly by the experience of any specific young person – any resemblance to existing young people is coincidental.
- **Case examples:** when young people's stories are utilised to exemplify CYP Visitor practice or success, they have altered identifying characteristics to protect young people's privacy. These are identified by the label 'Case Example'.
- **Quotes:** this report presents direct quotes from children and young people in residential care, from discussions they had with the CYP Visitor and her Visiting Advocates in 2022-23. All quotes are anonymised, and the child or young person consented to use in our reporting.

## Data

Much of the data referred to in this report has been collated and analysed by CYP Visitor staff, in performance of her statutory functions. While the CYP Visitor has been cautious to ensure that all data in this report is accurate at the time of publication, it is acknowledged that there may be unintentional errors or discrepancies.

It is also acknowledged that, for some data, the Department for Child Protection (DCP) may not collate and/or report on comparable datasets.

Please note that some data may not add up due to decimal rounding.

## Language and Terminology

The social services sector, South Australian community, and children and young people use different language to express their experiences with and about the residential care system. In this report, wherever possible, the CYP Visitor adopts language and terminology used by the children and young people who were visited this year. This may not be wholly consistent with language endorsed by DCP.



Children and young people living in residential care are legislatively referred to as 'residents of prescribed facilities', in this report, they are referred to as young people. This captures ages from early childhood up until 18 years.

Where placements are identified, in line with the wishes of young people, they have been referred to as "houses".

The language used throughout this report will be, as far as possible, faithful to the words of young people. This means the report may contain some swearing and confronting content. This is the language used by the young people with whom the CYP Visitor works, who may swear to express the intensity of their feelings. The CYP Visitor is committed to amplifying these voices.

## Acronyms and Abbreviations

ACIST	Aboriginal Cultural Identity Support Tool
ACE	Adverse Childhood Experiences.
Act	Children and Young People (Oversight and Advocacy Bodies) Act 2016
AFP	Away from placement.
Centre	Kurlana Tapa Youth Justice Centre (formerly the Adelaide Youth Training Centre)
CYP	Children and/or Young People (Child and/or Young Person)
CYPV	Child and Young Person's Visitor
DCP	Department for Child Protection
GCYP	Guardian for Children and Young People
NGO	Non-Government Organisation
OGCYP	Office of the Guardian for Children and Young People
PSU	Placement Service Unit, within DCP
SADI	South Australian Dual Involved (project)
Safety Act	Children and Young People (Safety) Act 2017
TCV	Training Centre Visitor

## Glossary

**Carer:** also called 'care worker' and 'youth worker', the term 'carer' is used due to its common use by young people.

**Care Environment Survey ('survey'):** survey is completed by the placement supervisor.

**Care Team:** The Carers assigned to a particular house.

**Case Worker:** also called a 'social worker' or 'worker', this is the delegated legal guardian of the young person, by the Chief Executive.

**DCP Houses:** houses that are managed by DCP, but which may be staffed by NGO-employed carers.

**Missing Person Report (MPR):** missing Person Reports are made to SAPOL when a young person is declared missing from the house or the care team are unsure of their whereabouts. These are made by the carer or a member of the care team to enable patrols to conduct searches for missing young people, to ensure their safety.

**NGO Houses:** houses managed by a 'non-government' agency, and fully staffed and managed by the NGO).

**Placement Matching:** term used to describe a decision as to where young people will reside, depend on other young people, location, skills of care team etc.

**Restrictive Practices:** practices restricting the rights or freedom of movement of a young person.

**Self-placed:** young people residing at residence without DCP approval, instead of their allocated residential care placement. This may also be referred to as 'away from placement' or 'AFP'.

**Sharps:** includes items such as kitchen knives, scissors, shavers etc.

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# From the Child & Young Person Visitor

I provide this Annual Report, my first as Child and Young Person's Visitor, with recognition that I am merely the 'teller' of children and young people's stories. They are the experts regarding their time in out-of-home-care in residential settings.

The road to this mandate development has not been linear, and up front I must say the money story is entirely frustrating. This statutory function remains underfunded and only on a short-term funding cycle. Providing full and effective oversight is a challenge in this sector: the complex system and expertise required to appropriately and respectfully make comment requires far more resources than this mandate is currently afforded.



Nonetheless, I provide to you an Annual Report that examines the operation of this mandate during the 2022-23 reporting period. This financial year fell into two parts: firstly, establishment of the mandate (after funding was provided and the team hired), and secondly the 30 visits undertaken to 91 children and young people in residential care. While this report details the mandate's operations, it is my intention to use these operations to share with you the impacts, effects, aspirations, fears, wishes, and day to day lives of children and young people we visited.

When reading a report like this and reviewing successes and challenges of the residential care system, it is important to remember that behind every observation there is a child or a young person, perhaps a few. It is my hope that, as the reader, you will be able to hear their voices and perspectives throughout this report.

My reflections are not complicated, nor do I believe them to be controversial. Simply put, children and young people deserve to grow, heal and be cared for in a family-environment. The creation of a residential care environment poses the challenge of balancing a work environment with that of a nurturing home environment. I am comfortable in asserting, this has not been achieved as a systemic norm. It is incumbent on all of us – specifically the out-of-home care sector but also the wider community – to provide environments for children and young people in which they are nurtured to heal and recover from trauma and negative childhood experiences.

Throughout this report, you will see that, in the houses visited, operational practices continued to separate children and young people from the idea of a 'typical' home. Issues relating to feeling safe in residential care, uncertainty in living arrangements, conflict in households, restrictive practices, self-harm and more mundane institutional approaches are raised throughout this report. Some themes may be confronting but as the responsible oversight body for amplifying the experiences of children and young people, it is incumbent upon me to be direct and transparent about the sector and system in which these children and young people are growing up in. I ask those reporting or commenting on this Annual Report to be mindful of and consider the appropriate context in which these matters have been raised and not sensationalise children's experiences for shock value. This does not serve the intent of this report, nor does it properly value the children and young people's experiences.

In highlighting these system deficits, I must draw attention to the efforts and intentions of those within the sector, but do so with great respect for all those that work tirelessly to support the most vulnerable children and young people in our community – from the Department of Child Protection to non-

government organisations, to the individuals that work within them. Whilst I raise many issues and challenges throughout this report, I do not wish to devalue the care and commitment that is shown on a daily basis to children and young people. They are an essential part of the system and they are needed. So, I thank you for being there for children and young people in need.

I would also like to take the liberty to thank my team who operate this mandate and support me as the CVP Visitor in connecting and advocating for children and young people in residential care. This team has some amazing advocates and system analysts. This report and the amplification of young people's perspectives would not be possible without them.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

**Shona Reid, *Child and Young Peron Visitor***

# About Child & Young Person Visitor

## Four Roles in One Office

During the reporting year, the Child and Young Person Visitor (CYP Visitor) also held three other statutory appointments, as the Guardian for Children and Young People (the Guardian), Training Centre Visitor (TCV) and Youth Treatment Orders Visitor (YTO Visitor).

**Table 1: Four Roles in One Office**

Appointment	Description
Child and Young Person's Visitor	Promote the rights of young people who are under the guardianship, or in the custody, of the Chief Executive of the DCP and who are <b>living in residential care</b> , and to advocate for their best interests.
Training Centre Visitor	Promote the rights of young people sentenced or remanded to <b>detention in youth training centres</b> in South Australia, and to advocate for their best interests.
Guardian for Children and Young People	Promote the rights of all young people <b>under the guardianship, or in the custody, of the Chief Executive of the DCP</b> and to advocate for their best interests.
Youth Treatment Orders Visitor	Monitor the health, safety and wellbeing of young people detained under mandatory treatment orders for drug dependency.

This Annual Report details the work, activities and achievements of the CYP Visitor. Annual reports have been prepared separately for each of the concurrent Guardian, TCV and YTO Visitor positions. These reports are available at [www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au).

## The Child and Young Person Visitor Mandate

Shona Reid commenced as the CYP Visitor on 1 August 2022, with her predecessor, Penny Wright, being the CYP Visitor in the first month of the financial year.

The CYP Visitor<sup>1</sup> must visit, monitor, promote and advocate for the best interests of young people living in 'prescribed residential facilities' in South Australia. She is an independent statutory officer who cannot be directed by government and reports to Parliament through the Minister.<sup>2</sup>

**"Prescribed Residential Facilities"** are more colloquially called 'placements' or 'houses'. In this report, the CYP Visitor will use the term 'residential care houses', as this was the preferred term of young people visited throughout the financial year.

The program has been fully operational since February 2023.

<sup>1</sup> *Children and Young People (Safety) Act 2017*(SA), Ch 9.

<sup>2</sup> *Ibid*, s 117(2).

## Functions and Powers

The CYP Visitor's functions are set out in section 118(1) of the Act, and are to:

- conduct visits and inspections
- communicate with young people
- promote their best interests
- advocate to promote the resolution of issues to do with their care, treatment and control
- inquire into and provide advice to the Minister regarding any systemic reform needed to improve the care, treatment and control of young people in residential care.<sup>3</sup>

The CYP Visitor's powers are set out in s.118(2) to (7) of the Act. Distinct from the Guardian's Mandate,<sup>4</sup> the CYP Visitor systematically visits a sample of residential care houses, providing new insight and access for young people who may not yet be engaged with the Guardian. This is a proactive power.

The CYP Visitor also has an unprecedented 'communicate' function, emphasising the need for engagement with young people. She also must encourage young people to express their own views and give proper weight to those views.<sup>5</sup>

There is a requirement for the CYP Visitor to pay particular attention to the needs and circumstances of young people who are Aboriginal or Torres Strait Islander, or have a physical, psychological or intellectual disability.<sup>6</sup> These obligations help shape visits and engagement activities.

## Overlap with other Mandates

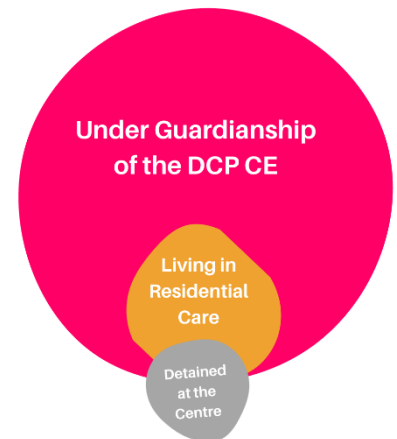
All young people engaged with through the CYP Visitor mandate in 2022-23 equally already fell within the Guardian's mandate.

The serious overrepresentation of young people in residential care in the youth justice system (care-criminalisation)<sup>7</sup> means that those who enter youth detention also are subject to the TCV mandate.

This multiplicity of mandates reflects the complexity of systems that impinge on young people's lives. While all emphasise the voice and best interests of young people, different mandates and functions provide different avenues to address their concerns.

## OPCAT

In December 2017, Australia ratified the *Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT). Intended to prevent mistreatment of people in detention, OPCAT requires each country to establish an independent National Preventive Mechanism (NPM) to inspect places of detention and closed environments and provide preventive oversight and broad civil society input.



**Figure 1: Young people & overlapping mandates**

<sup>3</sup> The formal description in the *Children and Young People (Safety) Act 2017* (SA) is 'prescribed facilities'. This terminology broadly applies to what are generally referred to as residential care houses.

<sup>4</sup> The Guardian's mandate is established under *Children and Young People (Oversight and Advocacy Bodies) Act 2016* (SA).

<sup>5</sup> *Children and Young People (Safety) Act 2016* (SA), s 118(2)(b).

<sup>6</sup> *Ibid*, s118(2)(a).

<sup>7</sup> OGCYP, *Final Report of the South Australian Dual Involved Project: Children and young people in South Australia's child protection and youth justice systems* (2022) ('the Final SADI Report').

As TCV, the CYP Visitor was administratively assigned an NPM role by the state government with respect to young people at the Centre, that presumptively commenced in January 2023. The CYP Visitor considers that, as a place young people may be deprived of their liberty, the scope of OPCAT extends to residential care houses. In a nominal role, the CYP Visitor/TCV participated actively in National NPM Network meetings convened by the Commonwealth Ombudsman.

There is overlap between the CYP Visitor's statutory functions under the *Safety Act* and an OPCAT NPM's responsibilities; however, these functions are only complementary, with separate responsibilities for an NPM under OPCAT. In South Australia, these responsibilities are neither funded nor legislated and, as such, do not meet fundamental OPCAT requirements.

At the time of submitting this Annual Report, the OPCAT process in Australia continues to be problematic in the context of the UN Subcommittee for the Prevention of Torture's (SPT) aborted Australian inspection in late 2022.<sup>8</sup> Commonwealth and state governments have been seriously criticised for failure to comply with basic OPCAT commitments. Identified problems go to the heart of OPCAT compliance, including for South Australia, where current NPM arrangements do not meet SPT requirements. This has been raised by the CYP Visitor (as TCV) with successive South Australian governments.

As indicated in the 2021-22 TCV Annual Report, performance of NPM functions is not possible without appropriate legislation and resources. This equally applies to the CYP Visitor Mandate. Considerable problems remain to be resolved about enabling appropriate scope and capacity to conduct an NPM role, including with respect to a capacity to engage with Civil Society and the SPT itself.

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<sup>8</sup> United Nations, Office of the High Commissioner for Human Rights, 'UN torture prevention body terminates visit to Australia, confirms missions to South Africa, Kazakhstan, Madagascar, Croatia, Georgia, Guatemala, Palestine, and the Philippines' (20 February 2023), <https://www.ohchr.org/en/press-releases/2023/02/un-torture-prevention-body-terminates-visit-australia-confirms-missions> .



# Young People in Residential Care

The CYP Visitor (as Guardian) has long held the position that there are relatively few instances where a residential care placement is in the best interests of a young person. In most circumstances, preference should be given to family-based placements (family, foster, or kinship care) consistent with provisions of the CYP Safety Act that stipulate:

- All young people should be placed in a safe, nurturing, stable and secure environment, and placements with a person who has an existing relationship with the young person are preferred.<sup>9</sup>
  - High priority placements in accordance with the Aboriginal Child Placement Principle (ACPP) are a member of the child's family, a member of their community, or with an Aboriginal carer.<sup>10</sup>
- Following best practice guidance, residential care should only be considered as a last resort.

Placement in residential care, therefore, primarily occurs when other options are unavailable or have been exhausted. This lack of alternative placement can be distressing for young people, and form part of a narrative they develop about their lives and communities. However, many young people the CYP Visitor encountered spoke about believing – or hoping – that an alternative placement would one day be available for them.

*"We are the kids who aren't wanted."*

*Young person, aged 17.*

Through exercise of her mandate, the CYP Visitor oversaw visits to 91 individual young people in residential care through 2022-23. These young people are often reduced to demographic statistics, with their individual personalities sidelined to focus on their vulnerabilities. While demographic information is important to understand and service this vulnerable population, and the CYP Visitor utilises such information in the following section, she will always engage with young people first as the individuals they are.

For that reason, the CYP Visitor has included profiles of young people in residential care, each inspired by a young person visited throughout the year.

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<sup>9</sup> *Children and Young People (Safety) Act 2017(SA)*, s 11(1).

<sup>10</sup> *Ibid*, s 12.

Figure 2: Profiles of Young People in Residential Care

## RHYS, 10 YEARS OLD



Rhys played table tennis with Visiting Advocates and was hard to beat! He loves being outdoors, especially camping and kayaking. He likes to spend time in the backyard with his pet rabbit

## LENNON 17 YEARS OLD



Lennon has lots of energy, and is always moving around - he loves swimming and kickboxing. He wants to be a youth worker one day

## ISLA, 12 YEARS OLD



Isla loves dancing - when Visiting Advocates go to her house, she performs her new dance routine for them (three times!). Even though she's 'pretty grown up', she still wants to play 'princesses' sometimes

## MILO, 15 YEARS OLD



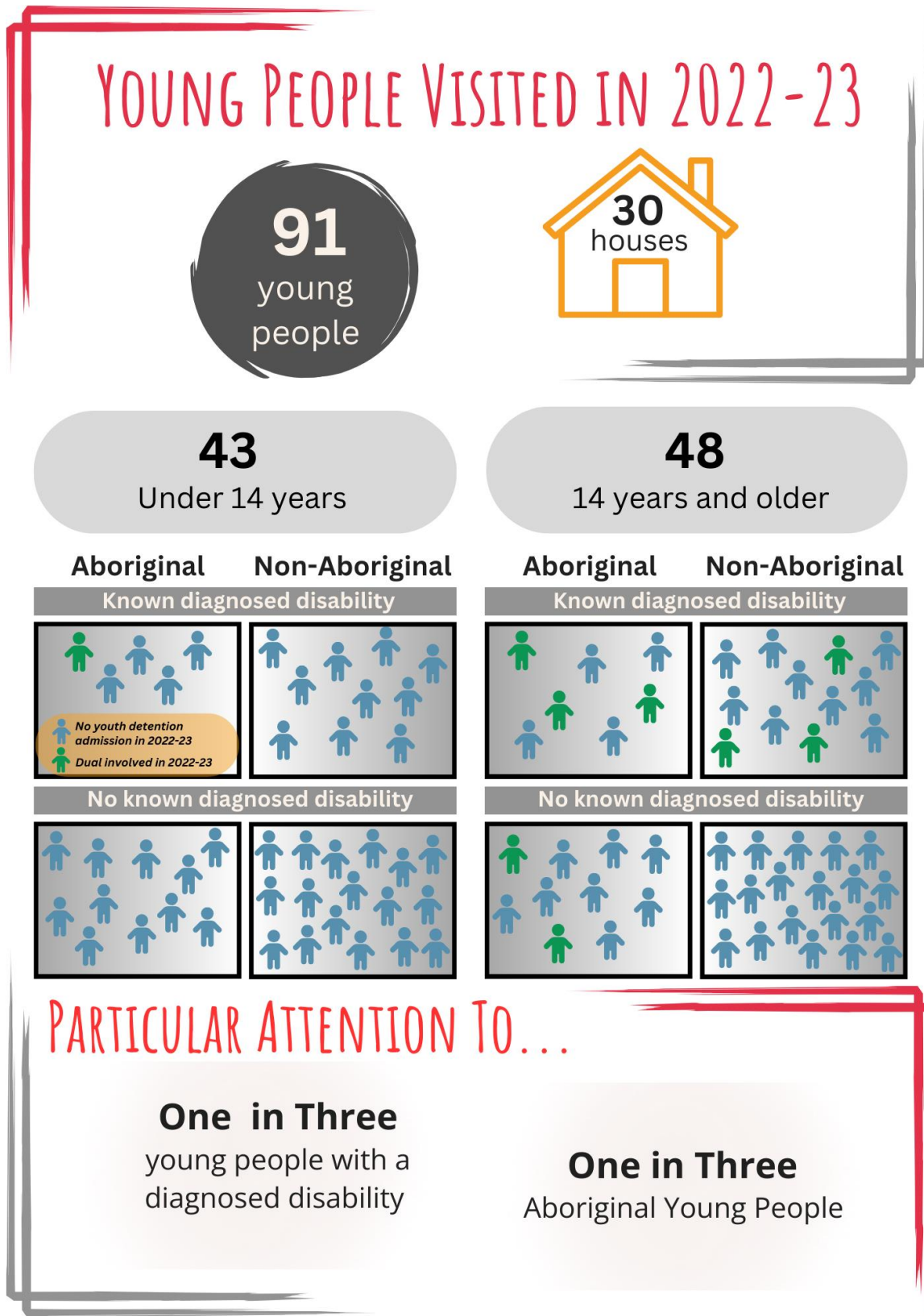
Milo loves AFL more than anything (he's a big Hawthorn fan), but when he's stuck at home he likes to watch scary movies. His favourite movie-night snack is iced coffee and toasties.

## ALISHA 9 YEARS OLD



Alisha likes colouring-in, and snakes. She enjoys walking past the neighbour's house, because they grow sunflowers along their front fence.

Figure 3: Young People Visited in 2022-23



# The Young People

On 30 June 2023, 702 young people lived in residential care houses in South Australia. This cohort, whilst spread across more than 200 houses, is interconnected and many other young people who have lived in residential care for extended periods know their peers.

Young people in residential care often have experienced significant trauma and may have complex needs and disabilities. On their website, DCP states their 'client group' of young people in residential care may present with:

- "trauma related behaviours that are indicative of experiences of significant neglect, physical and sexual abuse, witnessed and/or has been subjected to family violence, and exposure to anti-social family cultures
- high vulnerability to exploitation and abuse
- vulnerability identified by a range of service systems that include mental health, criminal justice and/or education."<sup>11</sup>

## Young People's Ages

Young people living in residential care are presupposed to be between the ages of about 10 and 17 years old. This is noting that a key recommendation from the Nyland report was to ensure that young people under 10 years are not housed in a residential care facility, except where necessary to keep a sibling group together.

Despite this recommendation (which DCP have reported as complete<sup>12</sup>) at 30 June 2022 there were 118 young people aged under 10 living in residential care. The CYP Visitor has encountered some of these young people through visits.

Technically, guardianship orders expire after a young person turns 18. However, in some cases, DCP allows young people to remain in their placements after their 18<sup>th</sup> birthday, usually when no other housing is available. This is discussed in more detail in the body of the report.

## Young People Visited 2022-23

Of the young people visited:

- the youngest was 6 years old
- 3.1% were reportedly culturally and linguistically diverse
- 11% reportedly had youth justice involvement<sup>13</sup>
- 41.7% were female and 57.1% male<sup>14</sup>

While these young people are presented intermittently as cohort statistics within this Report, they are individuals, with different thoughts, feelings and opinions about residential care and their circumstances. This report aims to capture these as best as it can.

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<sup>11</sup> Government of South Australia, DCP, *Residential care* <<https://www.childprotection.sa.gov.au/service-providers/service-specifications/residential-care>>. Accessed August 2023.

<sup>12</sup> Safe and well <https://www.childprotection.sa.gov.au/child-protection-initiatives/system-reform/safe-and-well>

<sup>13</sup> Care criminalisation results in the overrepresentation of young people in the youth justice system, a matter discussed at length in the *Final SADI Report* (n 7), and briefly later in this report.

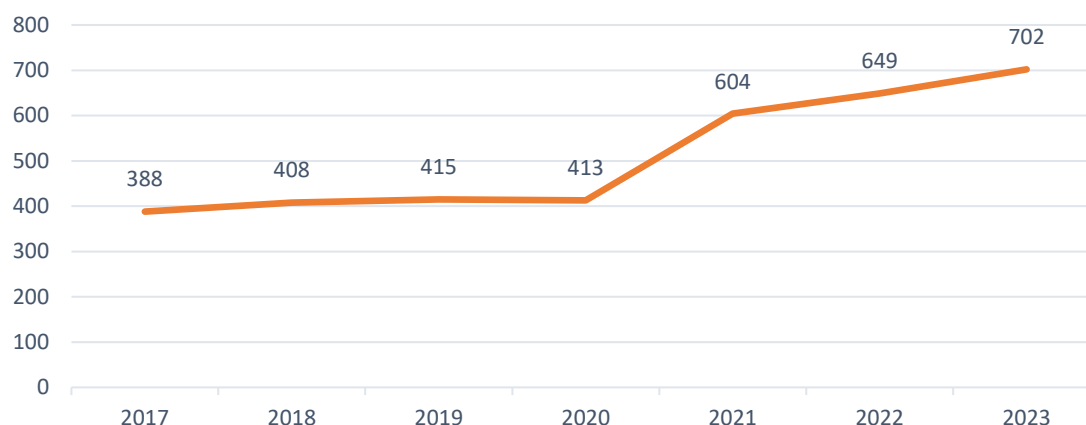
<sup>14</sup> One young person was reported as non-binary, however it is noted this information has been provided by DCP and NGO's and may not be an accurate representation.

## The System

Although often considered a last resort placement for young people, the residential care system has experienced significant growth in the past decade.

Between 2004 and 2017, there was a 622% increase in the number of separate residential care facilities.<sup>15</sup> Since that time, the number of young people housed in residential care has continued to grow, doubling from 388 at 30 June 2017 to 702 at 30 June 2023.<sup>16</sup> As indicated in Figure 4 below, a significant part of this increase has occurred since 2020.

**Figure 4: Number of young people in residential care at 30 June, by financial year**



## The Houses

Residential care houses are managed by DCP or Non-Government Organisations (NGOs) contracted by DCP, where young people have 24/7 rostered carer support.

In South Australia, there were 263 Residential Care Houses operational across the financial year.<sup>17</sup> Each of these accommodated between one to four young people,<sup>18</sup> who may be siblings or come from different families and backgrounds.

Young people regularly move between multiple houses throughout their time in residential care. During visits, they often reported the number of 'homes' they had lived – they are counting.

### **Craig\***

Craig is 8 years old and has lived in his current placement for about six months, after moving houses multiple times before. He shows Visiting Advocates a little garden area he has set up in the back yard, including an ant farm and collections of rocks and shells. When Visiting Advocates ask him if there's anything that would make the house better for him, he tells them: ***"Just make it mine forever, coz I have done a lot of work setting all this up."***

<sup>15</sup> Eighteen in 2006, to more than 130 in 2017.

<sup>16</sup> The phase out of commercial care in the 2020-21 financial year resulted in a large increase in the number of young people living in residential care.

<sup>17</sup> This figure is based on data provided by DCP. It does not account for non 'licensed' facilities.

<sup>18</sup> At the end of 2022-23, the CYP Visitor understands that there were four houses accommodating between 5-6 young people (one of which accommodates two of the young people in a wing for independent living arrangements), which is inconsistent with Recommendation 149 of the Nyland Royal Commission: Margaret Nyland, *The life they deserve: Child protection systems Royal Commission* (2016).

These houses are found across the state and are usually indistinguishable from a *typical* house on the outside. Inside, the houses may show indications of their purpose – to “ensure ... young people who have been removed from the care of a person are placed in a safe, nurturing, stable and secure environment.”<sup>19</sup> This involves the complex establishment of a home environment to meet workplace standards.

## The Physical House

Each young person living in a residential care house will have their own room, and access to a bathroom, usually shared with other young people. During visits, young people often reported pride in their bedrooms, having worked to decorate them with LED strip lights and posters.

However, these rooms exist in already-established houses, meaning young people usually move into rooms originally set up for a different young person. As a result, furniture may show signs of wear-and-tear, or damage from previous residents.

*"The holes in the wall makes me feel bleughhhh."*

*Young Person, aged 11.*

While these houses are ostensibly ‘homes’ for young people, they are also workplaces for carers.

Every house visited had a carers’ room, which nearly always occupied the master bedroom (to allow carers to use the ensuite). This room was often ‘off-limits’ to young people and housed workstations, carers’ belongings, white boards with operational tabling, medication, sharps, and items confiscated or removed from young people.

Work Health and Safety requirements, such as hand washing signs, evacuation procedures, fire extinguishers, illuminated exit signs, and sanitary bins, feature throughout houses. There may also be ‘restrictive practices’ in place as a risk mitigation measure, limiting young people’s access to their houses.

As a workplace, the house is visited by many adults in a way not experienced by young people in the wider community: minor maintenance contractors, case managers, therapists, licensing, auditors, and even Visiting Advocates fall into this category. Multiple cars may be parked in front of the house signalling difference to neighbours. CCTV cameras, duress and perimeter alarms may be present in some houses, and reinforce a sense of unrest or distrust.

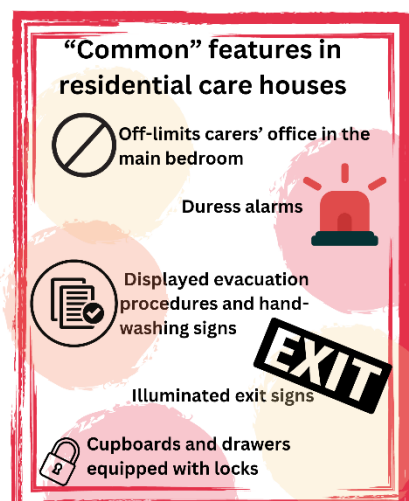


Image 1: Common features in residential care houses

## Rules and Routines

Day-to-day life for young people in residential care should not be too different to life in the broader community. However, there are more rules and routines in place to promote consistency, in an environment where young people may change houses and carers regularly, and may have disability related needs. These include:

<sup>19</sup> Government of South Australia, DCP, *Residential care* <<https://www.childprotection.sa.gov.au/service-providers/service-specifications/residential-care>>. Accessed August 2023.

- carers work on a rotational basis across three shifts (AM, PM, and Night). Young people therefore may wake up with different adults in the house to those who said goodnight to them the previous evening.
- with each change in shift, there is a carer handover. These occur in the carers room, and may mean there are up to five adults in the house. When this occurs, young people are not able to access carers, and report a sense they are being spoken about.
- houses are expected to hold 'house meetings' on a regular basis, to ensure young people can raise issues.
- meals are prepared by either carers or young people depending on age. Whether these meals are eaten together varies house-to-house (and carer-to carer).
- there are set routines for 'bedtime', which may involve Wi-Fi being turned off, bath time, and an expectation that young people will remain in their rooms.

In a *typical* home, similar routines may exist for young people, but be applied flexibly by a consistent parent or guardian, enabling spontaneity or special occasions. In residential care, capacity to make exceptions to routines is reduced – the number of carers involved in a house means there is emphasis on striving for *consistency*. When applied to routine, this can result in rigidity for young people's daily lives. Deviation from routines may need to be logged and accounted for by carers.

*"I just try to live up to the expectations of the house and follow the rules."*

*Young Person, aged 17.*

## The Carers

During visits, the CYP Visitor had access to young people's lives for a brief period. This provided significant insight, however it should be acknowledged that carers share the 'home' environment with young people for eight hours at a time, perhaps longer if they work a double shift. While not a parental relationship, some basic comparisons can be made; carers are the 'responsible' adults in the house, arrange meals, get young people to school, and provide first aid and comfort. They ideally engage as a parent would – playing games, role-modelling behaviours, and just spending time together.

The CYP Visitor acknowledges many of the carers encountered throughout the financial year demonstrated both high-level skills, and a deep affection for the young people they worked with. Carers can be young people's strongest advocates, and a source of comfort and role modelling.

### ***Lisbeth\****

Lisbeth is 10 years old, and is supported by a small, consistent care team. During a visit, Visiting Advocates observe her consistently check in with the carer on shift, turn to include her in conversations, and invite her to participate in activities. The carer demonstrated sound knowledge of her trauma history continuously adapting her communication skills and body language to ensure the Lisbeth felt supported during the visit, and safe to engage.

## Employment Arrangement

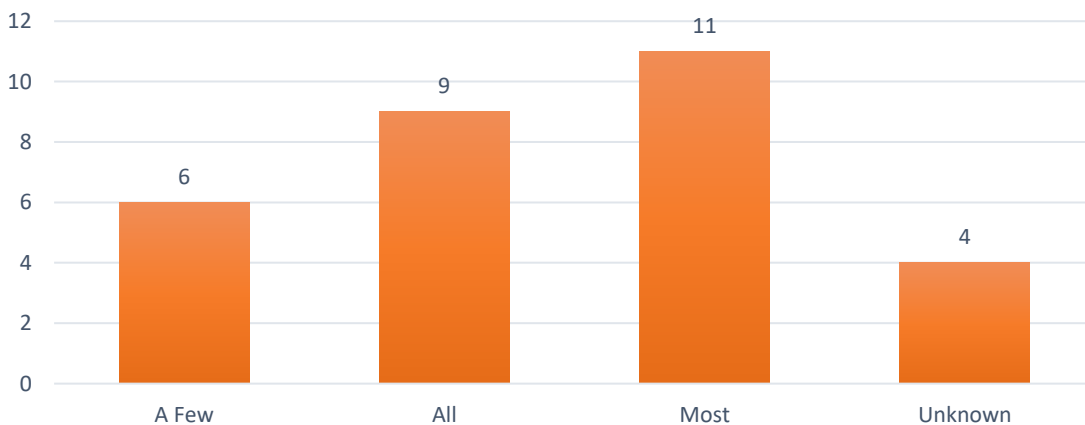
Carers may be employed by either DCP or an NGO.<sup>20</sup> DCP carers (called child and youth workers) are required to complete a Certificate IV in Child, Youth and Family Intervention within 12 months of commencing, and carers often hold additional qualifications (both mandatory and tertiary) including social work, psychology, teaching and behavioural science degrees.

Carers work in groups assigned to houses, known as 'care teams.' Casual workers may occasionally be brought in to fill roster gaps.

### What do carers do that parents or guardians do not?

- Keep shift logs (this may include meals, medication provision, chats with young people, what young people are wearing)
- Make young people sign to verify receipt of pocket money
- Seek supervisor permission to:
  - spend more than \$50 on treats, outings, or activities
  - provide transport to young people to visit friends
  - purchase birthday and Christmas presents
- Log all vehicle travel.

Figure 5: DCP and NGO Estimate of Carers reported to have completed their Certificate IV at date of visit



Carers have (in addition to the fluid task of interacting with young people) clear expectations and procedures to follow during the course of a shift. This can create tension between young people's desire for interactions, and administrative tasks necessary to ensure consistent and safe house practices.

*[To a carer on shift] "You always stay in your office on the phone. You're never here."*

*Young Person, aged 17.*

<sup>20</sup> Both have similar roles and responsibilities; however, differences are seen in recruitment processes. Both DCP and NGOs require pre-employment checks to be conducted; including a working with children check and police check.



## Providing Care

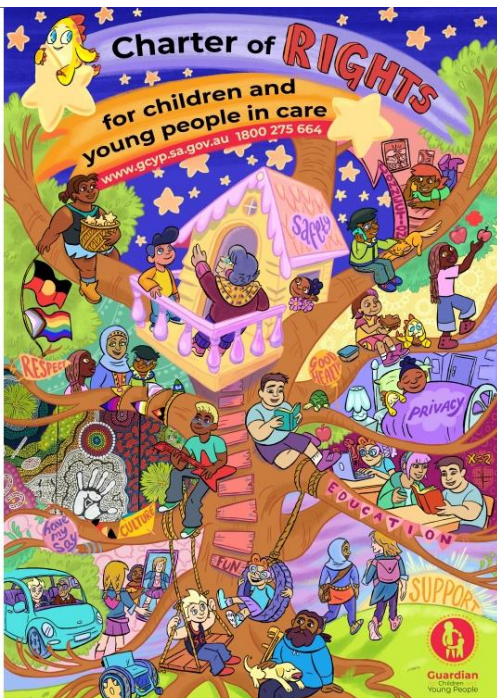
Carers engage with young people through an employment relationship – professional boundaries must therefore be adhered to, even in this close ‘home-like’ setting. The complexity inherent in carers’ dual status as primary caregiver and employee was highlighted across visits.

*“A good carer has TLC, they need to be caring, supportive, there to talk to us when we need and when they are on shift. Also, loving, and funny.”*

*Young Person, 17 years.*

Young people voiced a need for consistent, skilled carers. This is complicated by the casual carer workforce. Young people reported that increasing numbers of shift workers moving through their houses could be de-stabilising. One young person (aged 17) expressed dislike of *“casuals and unfamiliar carers”* saying it compromised their sense of safety. The impact of these workplace difficulties is discussed in more detail later in the report.

## Rights in Care



**Image 2: Charter of Rights for Children and Young People in Care**

All young people have fundamental rights. Those in care or detention have specific rights relating to that status, including the right to feel good about themselves, the right to live in a place where they are safe and well cared for and get the help they need, and the right to understand and be heard about decisions that affect them.

Rights for young people in care are set out in the [Charter of Rights for Children and Young People in Care](#) (the Charter), prepared and maintained by the Guardian, as required by Part 4 of the Act. Young people in youth justice detention have rights set out in the [Charter of Rights for Youths Detained in Training Centres](#).

One of the CYP Visitor’s most important responsibilities is to uphold and support these rights. They are consistent with the UN Convention on the Rights of the Child (UNCRC), with s.5 of the *Children and Young People (Oversight and Advocacy Bodies) Act 2017* requiring that every State Authority in South Australia respect and uphold UNCRC rights when implementing its functions and powers.

All people and bodies involved in the administration, operation, or enforcement of laws relevant to the Child Protection system must exercise their powers and perform their functions to give effect to the *Charter of Rights*, limited

only by the need to hold the safety of young people as paramount.<sup>21</sup> This includes the CYP Visitor and all relevant DCP staff, from Executive, through to Carers.

Core rights in the Charter include to have access to key services such as health and education, have a say in decisions made about care, and to have contact with significant people including family.

Young people are provided with copies of the Charter on coming into care, and poster versions were often displayed in residential care houses visited. However, despite distribution and display of these rights, many young people report a disconnect between the principles espoused by the Charter, and their daily lives.

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<sup>21</sup> *Child and Young Person (Safety) Act 2016* (SA), s 13(9).

# Activities 2022-23

## Developing the Mandate

The role of CYP Visitor was established in the *Safety Act* to visit and inspect the then 180 residential and emergency care homes, and advocate for resident young people. It was proposed as recommendation 137 of the 2016 Nyland SA Child Protection Systems Royal Commission ('Nyland Royal Commission'), which explored safety and wellbeing issues associated with residential care, acknowledging the complex behaviours related to trauma, and the volatile nature of a sector in which young people face high risks of conflict, sexual abuse, and other critical incidents.<sup>22</sup>

Commissioner Nyland's recommendation was based on evidence that community visiting schemes can help keep vulnerable people in institutions safe and amplify their voices. Her report recommended a community visitor scheme to provide oversight of young people in all residential and emergency care facilities<sup>23</sup>.

In 2017 as part of the government's response to the Nyland Royal Commission, the Guardian was asked to undertake a two-year pilot visiting scheme for 100 young people in residential and commercial care. \$1.4m was provided for the Trial Program.<sup>24</sup>

Penny Wright was appointed for the period 26 February 2018 to 9 July 2022 but, as no funds were attached to this legislative function, Ms Wright resigned from her position on 23 August 2021.

In April 2022, it was announced the CYP Visitor Mandate would be funded for the 2022-23 financial year. Despite the increase in the size of the residential care sector, there was no commensurate staffing increase attached to this funding. The resulting limitations are discussed later in this report.

## Building Oversight

The CYP Visitor must perform her functions in this massive sector. This is a nuanced role, with each house visited accommodating up to four young people,<sup>25</sup> all of whom may require advocacy and oversight as individuals, and as a group. The initial program model rolled out in 2022-23 therefore focussed on developing oversight at three levels: individual, house, and systemic.

### Individual Oversight

Individual oversight occurs predominately through comprehensive engagement during visits, with follow up Advocacy as required (discussed later in this report). Cross-over connections and referral processes to the Guardian mandate, and its Monitoring function, allow for



Image 3: Representation of Building Oversight in the CYP Visitor

<sup>22</sup> Nyland (n 18), recommendation 137.

<sup>23</sup> Ibid, p.xli.

<sup>24</sup> As the statutory role of CYP Visitor was legislated but not commenced at the time the trial began, this was managed through the Guardian mandate. See Attachment 1 for an overview of the Trial Program.

<sup>25</sup> Although some houses do accommodate more than four young people: see, n 18.

ongoing oversight of specific young people. For those dual involved young people living in residential care, the TCV mandate can be similarly utilised.

## House Oversight

As well as obtaining the voice of young people, visits allow the CYP Visitor to collect information about house environments, facilities, staffing, and dynamics.

As part of this process, the CYP Visitor requires DCP and NGOs to complete *Care Environment Surveys* ('survey') about each visited house, providing information including:

- general details about the house, care team, and number of young people who have resided in that placement in the past 12 months
- demographic characteristics
- youth justice involvement
- education engagement
- support for expression of Charter rights, including measures to ensure young people are heard
- wellbeing statements
- house and individual successes and challenges.

At the conclusion of each visit, reports are completed based on Visiting Advocates' observations, young people's expressed views and the Surveys. These are discussed further in the Visiting section of this report.

### *Wellbeing Statements*

DCP and NGOs are provided with a list of 12 residential care *Wellbeing Statements*, comprised of various indicators to enable consistent assessment across houses. The DCP or NGO Supervisor/Manager completing these is asked to assess whether each statement is true for all, many, few, or none of the young people living in that house at the time of completion. The DCP/NGO feedback is compared to assessments made by Visiting Advocates post visit. These assessments may differ from those of DCP and NGOs.

Conversations with carers on shift occasionally revealed that they were not aware of the feedback provided in the survey, and at times they expressed inconsistent views. This seemed to be a particular issue for NGO carers who worked in DCP houses.

### *Matters for Attention and Suggestions for Improvement*

Following a visit, each Visit Report sets out the following:

- ***Matters for attention*** which highlight concerns or advocacy issues generated during a visit, noting the impact they are having, or may have, on a young person's wellbeing, and
- ***Suggestions for improvement*** which propose actions to improve house or individual wellbeing, grouped under the appropriate entitlement per the Charter of Rights.

Across the 30 houses visited over the Reporting period, 160 matters for attention were identified and 154 suggestions for improvement were made.

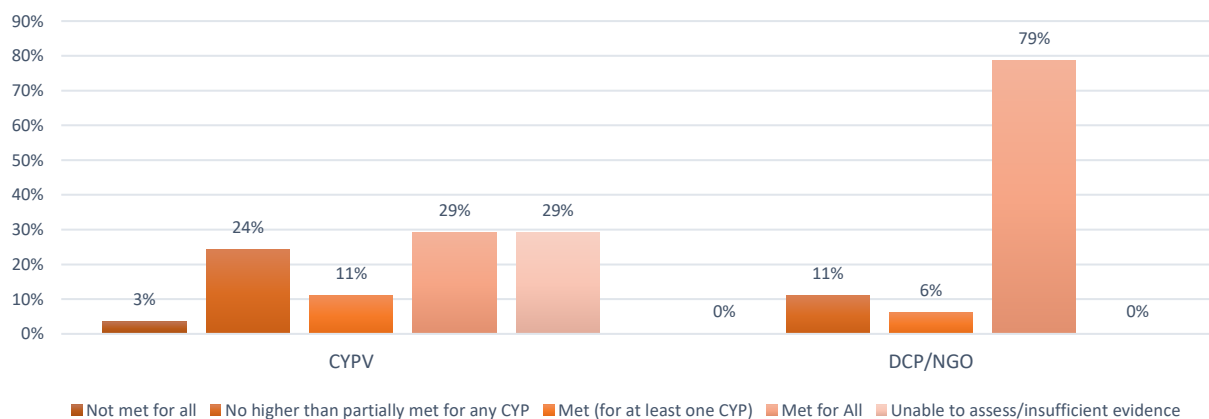
## Systemic Oversight

To meet her legislative 'promote best interests' function, and advise the Minister, the CYP Visitor must maintain systemic oversight of residential care. In 2022-23 she prioritised development of data collation and analysis methods, informed by visit observations, and the views expressed by young people. Though

these processes are still in development (and determined by information available to the CYP Visitor), this enabled the description and analysis throughout this report.

One clear, and concerning, trend which emerged when the CYP Visitor considered comparative Wellbeing Statement Rankings, was a significant divergence in how DCP and NGOs ranked young people’s wellbeing, as compared to the CYP Visitor.

**Figure 6: Wellbeing Assessments by Category and Assessing Agency**



The results indicate DCP and NGOs perceive (or portray) houses through a more generous lens, being nearly three times (2.8) as likely to rate a statement as ‘Met For All’ than the CYP Visitor. This discrepancy will be explored in 2023-24, as it bears upon parties’ understanding and application of the Wellbeing Standards.

In 2021, DCP commenced rolling out a therapeutic model of care in residential care, which “promotes safety and recovery from adversity through the active creation of a trauma informed community that shares values, language and practices” This model, known as the Sanctuary Model, is comprised of four foundational principles (or ‘pillars’): shared knowledge (Trauma theory), shared values, shared language and shared practice. During visits, Sanctuary Model information and posters were observed in carers’ rooms, though implementation was not specifically assessed by the CYP Visitor. The CYP Visitor aims to integrate consideration of the Sanctuary model, and its ‘pillars’ into her work in 2023-24.

## Visit and Inspect

The CYP Visitor must conduct visits to, and inspections of residential care houses.<sup>26</sup>

Between February and June 2023, two female and one male Visiting Advocates regularly visited on the CYP Visitor's behalf, with the CYP Visitor and program managers attending when available and appropriate.<sup>27</sup>

### Visiting

Visiting Advocates aim to speak with every young person present during a visit and provide them the opportunity to express their views or raise concerns. In addition to this core engagement with young people, Visiting Advocates will:

- observe young people's interactions with carers and each other
- monitor the state of the house (for any obvious maintenance issues, but also in terms of overall 'homeliness')
- check-in with carers (as appropriate) to clarify procedures, care arrangements, and other details
- check for any restrictive practices.

Individual or house matters which arise through these observations are followed up as necessary.

At this developmental stage, the CYP Visitor selects houses to visit with the goal of ensuring a representative sample of regional and metropolitan locations, and government and NGO providers. Where possible, she chooses houses unfamiliar to her CYP Visitor or Guardian mandate, to forge new connections in the sector.

Once a house is selected, Visiting Advocates liaise with DCP and care teams to schedule a visit time that suits young people and accommodates their schooling or activity commitments.

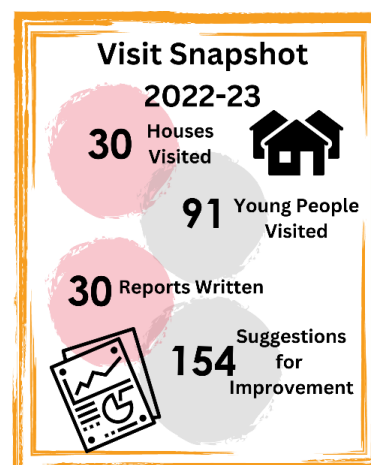
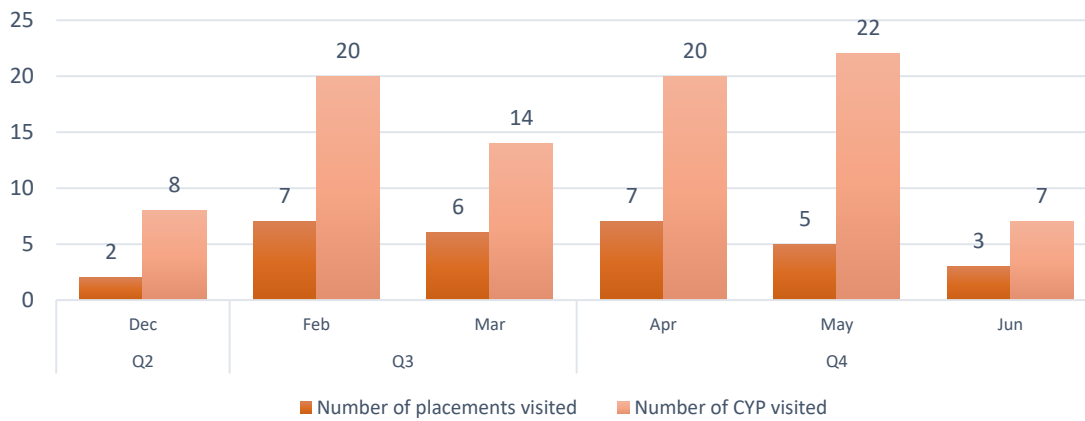


Image 4: Visit Snapshot, 2022-23

<sup>26</sup> The establishment of the Child and Young Person's Visitor follows a recommendation from the Nyland Royal Commission that legislation be passed 'for the development of a community visitor's scheme for children in all residential and emergency care facilities': Nyland, n 18.

<sup>27</sup> From October – December 2022, sporadic visits were conducted by the Principal Visiting Advocate. Since May 2023, an Aboriginal Advocate has been available to conduct select visits and provide cultural guidance.

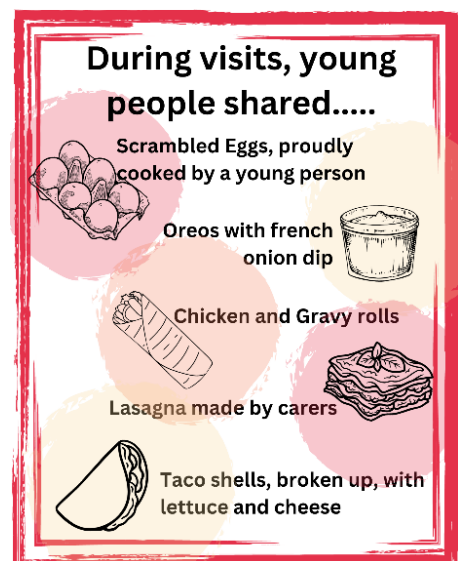
**Figure 7: Number of placements and young people visited, by month and quarter**



During visits, young people determine the flow of discussion and activities. This has led to conversations around the dining table, dance performances, reading stories, games of basketball, soccer and table tennis, hide-and-seek tournaments, and shared meals. While Visiting Advocates (where appropriate) try to touch on topics like house dynamics, Charter rights and general wellbeing, they are in young people’s personal spaces and must always be guided by young people’s boundaries.

For young people in residential care, this child-led communication is not guaranteed across engagement with services and carers. In fact, young people commonly raised that they felt unable to express their views across various aspects of their home-lives, including:

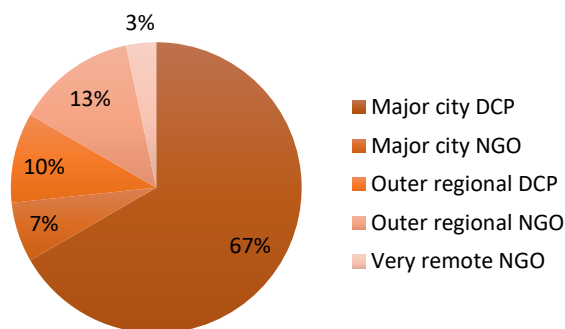
- not having a say about house routine discussions and menu planning
- not having house meetings
- feeling their complaints are not listened to
- being bound by what they see as arbitrary policy and procedures



**Image 5: Representation of foods shared during Visits**

These opinions reinforced the CYP Visitor’s resolve to support young people to share their views, discussed further in the ‘communicate’ section of this report.

**Figure 8: Visits by Placement Type and Region**



## Servicing Regional and Remote Areas

There are many residential care houses in regional South Australia, which face barriers to service accessibility and provision. This is a focus for the CYP Visitor and resulted in multiple visits to regional and remote areas to connect with community (discussed further in 'Communicate').<sup>28</sup>

Virtual Visits may be offered as a pragmatic option, given limited resource capacity. Of the five young people offered this option, only one engaged (he had previously met the Visiting Advocate).

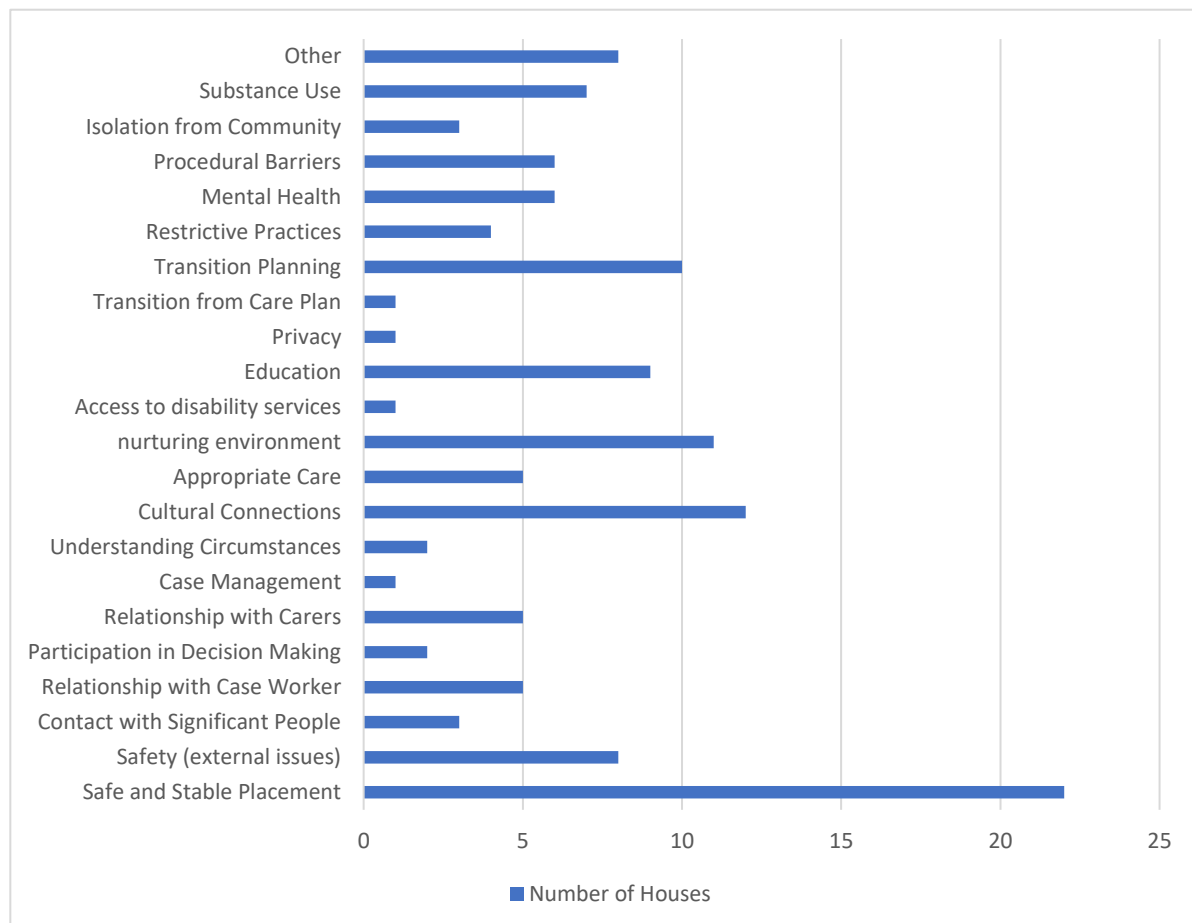
## After the Visit

DCP or relevant NGOs receive a post-visit Report which highlights views expressed by young people and summarises Visiting Advocate's observations and assessment of the house. These:

- assess whether young people's care needs are met and their rights upheld
- follow up with advocacy or monitoring, if required
- identify practice gaps and/or systems issues
- acknowledge good practice.

Reports for the 30 visits undertaken in 2022-23 identified various important strategic matters.

**Figure 9: Matters of attention raised across houses via visit reports 2022-2023**



<sup>28</sup> This is discussed further within [Promote Best Interest](#).



## Inspecting

To date, the inspection function has been exercised by extending the scope of visits to include a formal 'review of records' process, which focuses on operational, procedural, and systemic aspects of residential care. Section 118(2)(c) of the *Safety Act* allows for the CYP Visitor to receive and consider any information, reports and materials that may be relevant to performing her functions.

Visits enable the CYP Visitor to – in real-time – assess young people's environments, care team, and house dynamics. However, this provides only a brief window into their daily lives. Inspections, with their capacity to consider documents for the three months prior allow a multi-level examination of young people's care experience. Not only can the CYP Visitor gain an understanding of the dynamics of a house (through incident reports and care concerns), the record keeping of its care team, and the priorities of the young people (through complaints and house meetings) it also provides valuable insight into dynamics at the time of the visit.

Two Inspection visits were in 2022-23 (one DCP house and one NGO house) with one in metropolitan Adelaide and one in a regional area.



Image 6: Inspect Snapshot, 2022-23

### Documents reviewed through Inspections' Review of Records

- Critical Incident Reports
- Care Concerns
- Complaints and Feedback
- Growth Action Plans
- Intakes (General Practice, Intra-Familial, Adolescent at Risk)
- Well-being and Safety Plans
- Positive Behavioural Support Plan

On occasion the CYP Visitor requested documentation to investigate concerns regarding the care of young people arising from Visits. This facilitates a holistic understanding of the care, treatment and control of young people and the management of their houses.

Documents provided by DCP and NGOs are reviewed in detail by the CYP Visitor, allowing in-depth analysis of the young people's living conditions. When reviewing documents, areas of concern or risk may be identified, requiring follow up, and highlighted through relevant Visit Reports. The inspection process is time consuming, and difficult to perform regularly with a team of only three Visiting Advocates.

# Advocate

The CYP Visitor must act as an advocate for young people in residential care, and 'promote the proper resolution of issues relating to their care'.<sup>29</sup>

## Guardian's Advocacy Team

The CYP Visitor's advocacy model was developed to align with the Guardian's Mandate, not least because of the significant cross-over of young people supported by both mandates.<sup>30</sup> In 2022-23, 68% of queries to the Guardian were from young people in residential care.

As a result, young people may be referred for Advocacy support between applicable mandates, always with the aim of ensuring the most effective outcome for young people. Matters are assigned to a team in response to factors such as:

- how the matter was initially raised (for example, by phone to the Guardian, or during a visit)
- whether either mandate has an existing relationship with the young person
- whether the young person expresses a preference.



Image 7: Advocate Snapshot, 2022-23

## CYP Visitor Advocacy

Advocacy matters under the CYP Visitor mandate arise via:

1. **Young People's direct voice:** Visits involve discussion about young people's opinions of their house, care, and rights. Many raise concerns, and request support from Visiting Advocates. Others may not think their worries are something the CYP Visitor can assist with but, during discussion choose to ask for help. Where possible, young people are supported to self-advocate.
2. **Observation:** Visiting Advocates observe and perform real-time assessments of young people's care environments and may identify areas where advocacy is warranted.
3. **Information provided by Carers:** While visits focus on young people, carers have unique perspectives and may advocate strongly about rights and needs. In cases where barriers prevent young people from expressing their concerns (including age, disability, developmental delay, or discomfort engaging with unfamiliar adults), carers provide support by sharing valuable information.

### Case Example: Jackson\* & Niall\*

Visiting Advocates attended the home of Jackson aged 13 and Niall aged 12. Both were too shy to engage during the visit but had spent the night before writing a list of their concerns with their regular carer. This was provided to Visiting Advocates in the presence of both young people, affirming their right to be heard.

## Types of Advocacy

CYP Visitor Advocacy occurs in three ways:

<sup>29</sup> *Child and Young Person (Safety) Act 2017*(SA), s118 (1)(d).

<sup>30</sup> It is noted that the GCYP mandate also provides advocacy in the forms of monitoring, intermediary and independent observer.

- **Minor Matters** that can be resolved immediately
- **Advocacy Requiring Open Files** where further information must be sought, or where the CYP Visitor advances a specific advocacy position
- **Advocacy via Visiting;** where reports raise matters for attention, particularly important for systemic advocacy.

### *Minor Matters*

These matters are resolved quickly, without opening a file and usually at the time of the visit. They may require a conversation with a carer on shift and are almost always 'direct' advocacy on request of the young person. Typical matters include those that require referral to other services, those that do not need to escalate beyond direct interface with carers, and issues that young people can be supported to raise themselves. Some warrant discussion with senior care team members but do not generate ongoing advocacy work. Young people may ask Visiting Advocates to support them to speak to a carer, or prefer Visiting Advocates speak to the carer on their behalf.

#### **Case Example: Elijah\***

Elijah is 11 years old and told Visiting Advocates that he wants a particular meal on the menu but was too shy to raise this directly with carers. Visiting Advocates did so on his behalf and with his permission.

Visiting Advocates recorded 16 matters within this category since visits commenced.

### *Advocacy Requiring an Open File*

**Direct advocacy** supports the direct voice of the young person, with their permission and knowledge, with the aim of resolving the presenting issue/s early to avoid escalation. Direct advocacy is utilised wherever possible. However, Visiting Advocates may support a position that is contrary to a young person's express wishes (especially if safety is a factor). Over 64% of the matters for which we advocated were 'direct'.

**Best interests** advocacy can happen without the involvement or consent of a young person in certain circumstances (if it is not possible, or desirable, to obtain their views).

Where action is required beyond what can be resolved during a visit, a file is opened as either an advocacy matter (level 1 or 2). Both involve contact with DCP Residential Care or the DCP office.

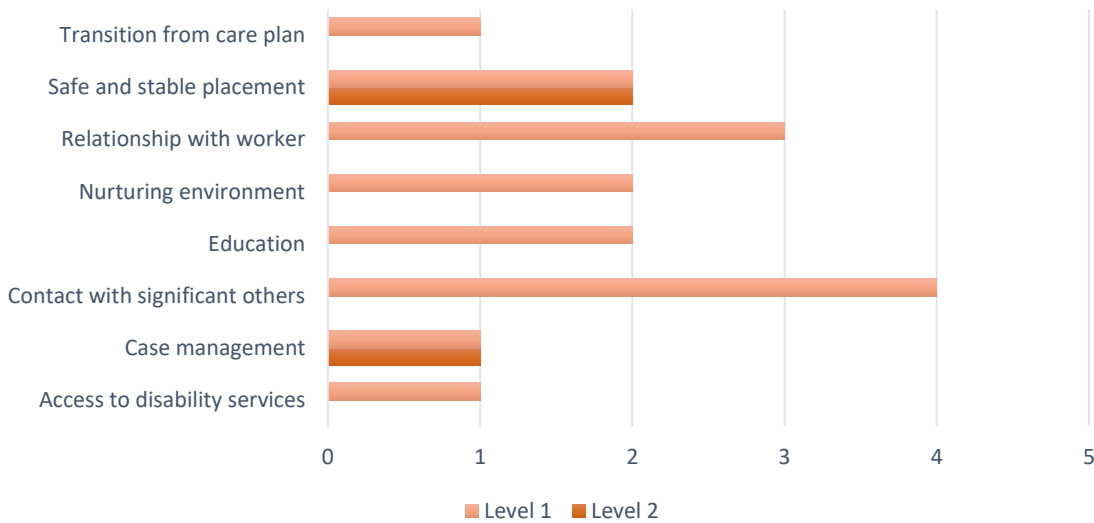
- **Level 1 advocacy** seeks quick resolution. Visiting Advocates typically speak or write to the relevant local DCP office to represent and support the young person's view or request, with the aim of resolving the presenting issue/s early and avoid escalation to the next level.
- **Level 2 advocacy** occurs when Level 1 Advocacy does not achieve an outcome, or where a matter is very serious, complex and/or time sensitive, and requires an immediate response. A formal, written advocacy position is submitted to DCP Executive.

#### **Case Example: Mitchell\***

Mitchell is 15 years old and told Visiting Advocates that he is worried about living with his housemate as there had been tension between them in the past. Mitchell doesn't want to leave his bedroom, concerned that he will be drawn into an altercation with the housemate and face police and court consequences. He said he keeps a baseball bat in his bedroom "in case something happens ...". Visiting Advocates successfully advocated for a placement change with Mitchell's consent. The two young people no longer live in the same house.

Since the CYP Visitor commenced operations until 30 June, Visiting Advocates opened **22** files.

**Figure 10: Matter Files 2022-23, by topic**



## Advocacy Through Visiting

In addition to individual advocacy, Visiting Advocates have two main follow up avenues to progress matters of concern:

1. **Phone calls to placement:** after each visit, Visiting Advocates contact senior workers at the placement to convey and address specific requests and concerns raised by young people which could not be resolved on the day.
2. **Visit Reports:** post-visit reports identify Matters for Attention that may be organisational or systemic. These are discussed at other sections of this report.

### **Case Example: Mara\***

Mara is 14 years old. During a visit, she shared her frustration regarding her mattress, complaining it was hard and uncomfortable, which is impacting her sleep. She told Visiting Advocates she had raised this issue before with Carers, but it had not been addressed. Following discussion with Mara, and with her consent, Visiting Advocates followed this up on her behalf during the post-visit phone call with her house supervisor. The house supervisor committed to following up immediately, and ensured Mara's mattress was replaced.

# Communicate

The CYP Visitor must communicate with young people in residential care houses.<sup>31</sup> She utilises her communication function when exercising all her functions, most commonly in conjunction with visiting, which involves direct contact with young people.

## Communication During Visits

While communication can occur indirectly via promotion and inquiry, visiting enables targeted communication with young people, and empowers them to lead discussion. However, currently the CYP Visitor is not funded to carry out repeat visits to residential care houses. As a result, it is essential to ensure young people are supported to communicate on the day of the visit, as it may be the only face-to-face opportunity they have during the financial year.

To facilitate this communication, the CYP Visitor works to ensure young people are aware of upcoming visits, so they can choose to be present. In addition, she takes the following steps:

- A poster is provided before the visit, with photos of Visiting Advocates.
- Discussions take place with the house supervisor or team leader to explain the purpose for the visit and allow them to provide any information that may impact upon engagement.
- Visiting Advocates contact the house supervisor prior to visits to ensure no late barriers have arisen (eg extra-curricular activities, illness or other factors).

Over the financial year, the CYP Visitor also commissioned a short film explaining the purpose of visits, and her mandate, to young people. It is intended this will be shown to both carers and young people ahead of visits to support them to properly engage and communicate on the day.

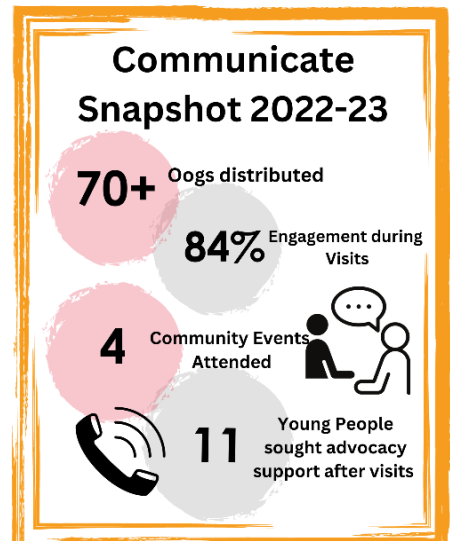


Image 8: Communicate Snapshot, 2022-23

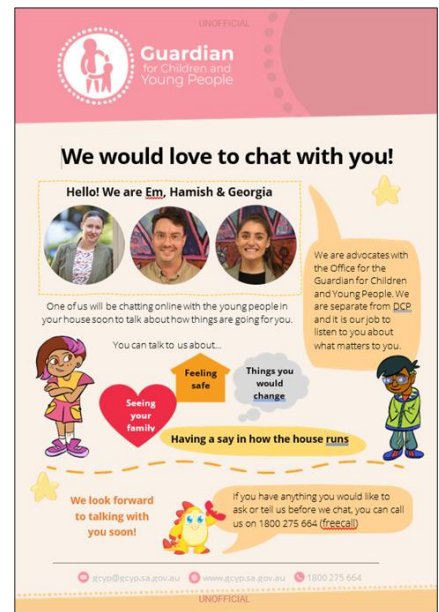


Image 9: Example of a Visiting Poster

<sup>31</sup> Children and Young People Safety Act 2017 (SA), s 118(b).

## Developing Connections



Image 10: Photo from Video Shoot, featuring Visiting Advocate Hamish, and admin support, Mel

When done effectively, communication on visits may connect young people to the CYP Visitor's Guardian mandate, so they can seek help beyond the day of the visit. Young people are provided with contact details, and through a subsequent thank you letter, are encouraged to contact the Guardian if they ever need further support regarding their care and protection.

Eleven young people reached out for support or advocacy following a visit this year – this amounts to over **one in ten** young people visited.

### OOGs and Nunga OOGs

OOG is an effective communication aid that has supported the CYP Visitor's work with young people in care for many years. She/he/they is a tangible reminder that the OGCYP is here, with the phone number embroidered on the left foot. This year, for the first time, OOG is accompanied by Nunga OOG, who has been welcomed enthusiastically

Image 11: Oog and Nunga Oog



During the financial year, Visiting Advocates spoke with young people and carers who were previously unaware of the Guardian's broader work. This was despite the presence of Guardian merchandise, including Oog and Nunga Oog and Charter of Rights Posters, in their houses. This highlighted the importance of the communicate' function.

The CYP Visitor (as Guardian) has undertaken a video production to better connect with young people, and explain their Charter Rights, in addition to current resources.

This is an area that the CYP Visitor intends to develop in future years.

## Promote Best Interest

Legislation requires the CYP Visitor to promote the best interests of young people in residential care,"<sup>32</sup> this extends beyond individual advocacy and into systemic advocacy. To understand and respond to issues impacting upon young people, the CYP Visitor must engage with broader child protection and related sectors, facilitating dialogue and future systems-level advocacy. She must also promote community awareness about issues facing young people in residential care.

In 2022-23, the CYP Visitor promoted young people's best interests through:

- addressing seminars
- publishing reports and blogs, via the CYP Visitor/Guardian/TCV website
- contributing to inquiries and other projects through verbal and written submissions
- liaising with government, non-government and community stakeholders
- educating young people about the Charter of Rights during visits and facilitating a self-advocacy capacity.

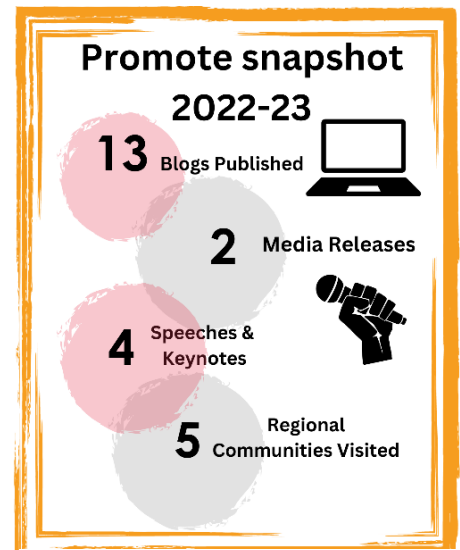


Image 12: Promote Snapshot, 2022-23

## Stakeholder Engagement

### *Making Sector Connections*

The CYP Visitor focussed her efforts this year on ensuring community and stakeholder awareness, to enable cooperation by:

- promoting the program those who support young people, encouraging them to advocate when necessary
- attending community events to bolster awareness of her mandates and the emergent role of Visiting Advocates<sup>33</sup>
- establishing lines of communication with NGO and DCP practitioners and leaders
- familiarising the sector with her mandate to help carers describe to young people how Visiting Advocates can enhance their safety and support their wellbeing.



Image 13: Visiting Advocates Georgia (left) and Emily (right), with Guardian Advocates and Nunga Oog at the launch of the Nunga Time Resource Centre

<sup>32</sup> Ibid, s 118 (1)(c).

<sup>33</sup> Attendance at events in 2023: Closing the Gap Day (16<sup>th</sup> March), Residential Care Nunga Time Resource Centre Launch (27<sup>th</sup> April), Reconciliation Breakfast (26<sup>th</sup> May)

### Getting to know NGOs

The CYP Visitor has regular meetings with DCP executive, including meetings specific to the rollout of the CYP Visiting functions. No equivalent contact existed between the CYP Visitor and the myriad of NGOs operating residential care houses in South Australia. Beginning in February, the CYP Visitor committed to meeting with the CEOs of each such NGO, to raise their awareness about the impending visits, and ensure clear lines of communication in the best interests of the young people who would be visited.

In 2022-23, the CYP Visitor and her staff met regularly with key stakeholders to exchange information and discuss important (and emerging) matters of interest for young people living in residential care in South Australia. This included meetings and correspondence with:

- Care Leavers (young people)
- Minister for Child Protection, Katrine Hildyard
- Minister for Human Services, Nat Cook
- SA Ombudsman, Wayne Lines
- SA Chief Psychiatrist, John Brayley
- The Australian and New Zealand Children Commissioner's, Guardians and Advocates (ANZCCGA)
- ANZCCGA First Nations caucus
- Australia's (OPCAT) National Preventive Mechanism network
- SA Commissioner for Aboriginal Children and Young People, April Lawrie
- SA Commissioner for Children and Young People, Helen Connolly
- SA Commissioner of Police
- DCP Chief Executive, initially Cathy Taylor, then Jackie Bray
- DHS Chief Executive, commencing with Lois Boswell, and then Sandy Pitcher
- YACSA CEO, Anne Bainbridge
- SACOSS CEO, Ross Womersley
- (Then) CREATE Foundation SA State Coordinator, Ashleigh Norton
- Aboriginal Family Support Services
- CAMHS
- Transition from Care stakeholder group (regular attendance)
- The Constellation Project
- Karen Fitzgerald Foundation
- Multicultural Communities Council of SA



Image 14: The CYP Visitor and team with the Commissioner for Aboriginal Children and Young People

Regarding direct service provision, the CYP Visitor and her staff met with relevant DCP executives and workgroups, CAMHS, SAPOL and NDIS Community Engagement Team.



## Regional and Remote Areas

Accompanied by a Visiting Advocate, the CYP Visitor commenced visits to promote her various functions within regional and remote South Australian communities. This is a dialogue focussed process that will inform her understanding of regional issues.

The first visits occurred in Ceduna (7 to 8 June) and Whyalla/Port Augusta (21 to 22 June). The Program will continue to forge local connections and open lines of communication through attendance at events, ranging from casual afternoon teas with carers and young people, to more formal meetings with local agencies and community groups.



Image 15: The CYP Visitor, Shona Reid and Senior Visiting Advocate, Georgia during a Ceduna Visit

## Speeches and Keynotes

During 2022-23, the CYP Visitor provided the following speeches and keynote addresses:

- Launch of The Constellation Project, Lived Experiences Voices Report (November 2022)
- Tindo Utpurndee – Sunset Ceremony (January 2023)
- SA Royal Commission into Early Childhood Education and Care First 1000 Days Roundtable (February 2023)
- SAMHRI International Women’s Day Event (March 2023)



Image 16: The CYP Visitor at Tindo Utpurndee (Sunset Ceremony)

## Submissions

The CYP Visitor made 12 formal submissions to royal commissions, inquiries, reviews, and other consultation processes during 2022-23, including the following:

- **Review of the Children and Young People Safety Act 2017:** an extensive submission to the five-year legislative review of SA’s child protection legislation, with 25 recommendations for legislative reform to improve the lives of young people in care.
- **Commissioner for Aboriginal Children and Young People’s inquiry into the Aboriginal Child Placement Principle (ACPP):** input to Commissioner Lawrie’s inquiry into the ACPP with a comprehensive analysis of data regarding the application of the ACPP, and commentary on key barriers to implementation.
- **Royal Commission into Early Childhood Education and Care:** the CYPV highlighted the circumstances of young children living in residential care, and barriers to accessing ECEC services for young parents with care experiences.
- **Review into South Australia’s Outcomes Framework:** the CYPV advocated for the inclusion of measures and indicators that reflect the lives and experiences of young people in care.
- **Social Development Committee Inquiry into NDIS impacts on participants with complex needs:** the CYPV highlighted the overrepresentation of NDIS participants in out-of-home care, and the interaction between service barriers and paths to residential care and/or youth detention.
- **Review of DCP Licensing Quality and Compliance Framework:** the CYPV recommended the inclusion of the OGCYP’s Charter endorsement program within DCP’s Licensing Quality and

Compliance Framework, to strengthen the obligation on an organisation to demonstrate its commitment to the Charter of Rights.

## Inquire and Advise

Section 118(1)(e) of the Act states that the CYP Visitor must “inquire into, and provide advice to the Minister relating to, any systemic reform necessary to improve the quality of care, treatment or control of children and young people resident in prescribed facilities; or the management of prescribed facilities”.

The CYP Visitor fulfils this function through reports, correspondence, and meetings with the Minister. Over the 2022-23 financial year, important matters were raised with the Minister via both the Guardian and CYP Visitor Mandate, including:

- insufficient resource allocation to residential care sector
- placement matching and safety in residential care houses
- impact of DCP Boundary re-alignment on young people’s relationships with case workers and transition from care
- critical service gaps in access to the Intensive Therapeutic Care Program (ITCP), due to existing program being at capacity<sup>34</sup>
- placement and staffing shortages in residential care
- conditions of detention for dual involved young people.

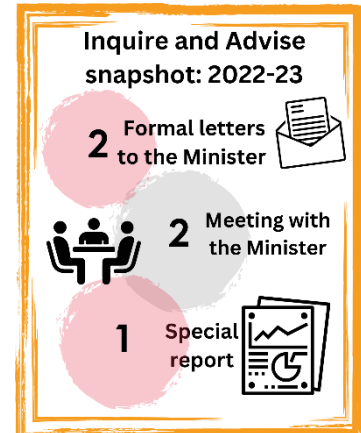


Image 17: Inquire and Advise snapshot: 2022-2023

In May 2023, the CYP Visitor published a ‘special report’ on child protection expenditure in South Australia,<sup>35</sup> advising the Minister about:

- serious forecasted consequences of underfunding prevention and family support services for a growing residential care population, and
- lowered expenditure per child in residential care in 2021-22, compared to three years earlier when the *Child and Young Person (Safety) Act 2017* commenced.

The report is available on the CYP Visitor’s website: OGCYP, [South Australian child protection expenditure from the Report on Government Services 2023](#) (2023).

## Formal Inquiries

The CYP Visitor did not initiate a formal Inquiry in 2022-23. Conducting any formal inquiry that may be proposed in the future will be contingent upon appropriate and sufficient resources being available.

# Barriers to Delivery

In 2022, the Minister announced four-year funding for the CYP Visitor mandate – importantly, this announced funding was significantly lower than the original Business Case proposed by the Guardian in 2020.

<sup>34</sup> The Intensive Therapeutic Care Program (ITCP) was established and currently sits within the Yarrow Place Rape and Sexual Assault Service (part of the Youth and Women’s Safety and Wellbeing Division of the Women’s and Children’s Health Network - WCHN). The ITCP provides clinical services for young people, aged 12-25 years and under guardianship (at the time of referral), who are running away from care and/or at risk of sexual exploitation.

<sup>35</sup> This report was prepared for the Minister via both the Guardian and CYP Visitor Mandate, per the *Child and Young Person (Safety) Act 2017* (SA), s 119(3), and *Children and Young People (Oversight and Advocacy Bodies) Act 2017* (SA), s 29.

This business case considered the minimum funding to deliver the legislated CYP Visitor functions required an annual budget of \$1.637 million. This would theoretically allow for:

- staffing, 1 Manager, 12 Visiting Advocates
- goods and services for standard recruitment, professional development, travel, ICT, and business support
- program Rollout/Delivery to enable –
  - core program engagement activities, including pre-visit liaison, scheduling & preparation, reviews of records, the visit (or 'inspection), post-visit analysis and reporting, post-visit advocacy and follow-up
  - systemic data/information collation and analysis, systems advocacy, and formal quarterly and annual reporting (including consolidated information about the views of young people in residential care).

This Business Case contemplated servicing a residential care sector comprised of 415 young people. On 30 June 2023, there were 702 young people in residential care – a 69.1% increase since the original costings were submitted.

## Implications of the Funding Shortfall

The program is currently funded at \$450,000 per year for four years – just over a quarter of funds initially requested. This is significantly below the projected requirements to service even the 2019 residential care population.

Currently, the funding only allows the employment of a Senior Visiting Advocate and two Visiting Advocates, with some allocation to fund additional duties for another staff member to provide cultural support.

## Compromised Delivery

The CYP Visitor's capacity to perform her functions is therefore compromised in five important areas, notably -

1. **Capacity to undertake regular visits:** provision of regular and predictable visits to young people in residential care, a recommendation from the pilot program,<sup>36</sup> is compromised by limited available staff. Currently, resources fall well below a capacity to visit every house, let alone conduct repeat visits as originally recommended.
2. **Equality of access:** the CYP Visitor endeavours to provide equal support and maintain oversight of young people across metropolitan, regional, and remote areas. Best practice delivery is tempered by capacity, including with respect to regional travel, resulting in fewer visits to remote areas, and therefore less contact with the young people living there.
3. **Systemic Review and Advocacy:** the CYP Visitor must address operational and systemic drivers of issues faced by young people in residential care. The current small team requires all available funding, inhibiting availability of resources to properly identify, collate and analyse data/information necessary to report on the sector.

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<sup>36</sup> The final report on the Trial Child and Young Person's Visitor Program highlighted the need for 'regular and predictable visits' to 'promote the participation of children and young people with the visiting program': OGYP, *Final report on the Trial Child and Young Person's Visiting Program* (2020).

4. **Paying 'special attention':** the CYP Visitor is legislatively required to pay particular attention to the situation of Aboriginal young people and those who have a physical, psychological, or intellectual disability. Recommendations in the 2019 Pilot Program Report identified the need for a representative team, including Aboriginal staff and staff with disability expertise. While additional duties have allowed some Aboriginal young people to be visited by an Aboriginal staff member this has only served to highlight the extent of the need, and the lack of dedicated resources to service it.
5. **Inability to provide employment stability for staff:** Current funding arrangements do not allow for employment of staff on a permanent basis, creating a level of uncertainty for both staff and long-term Program planning and implementation. In any case, the Program necessarily must be managed in the context time-limited funding.

**On current funding, the CYP Visitor cannot....**

- examine complex behaviours in residential care (for example sexual exploitation, peer-to-peer abuse, self-harm and suicidal ideation and attempts)
- visit more houses, including in regional areas
- employ Visiting Advocates able to provide specialist and lived-experience lenses for young people in residential care, including Aboriginal or Torres Strait Islander, disability and culturally and linguistically diverse
- attend houses more than once, to build relationships with young people and monitor ongoing supports
- run comprehensive inspections, which consider documentation for more than 3 months, and from more sources than just NGOs and DCP (for example: NDIS plans, school reports)
- track, collate and analyse data in a more fulsome way
- contribute to systemic advocacy, including submissions
- develop and run more ways for young people to have their say, including through Youth Advisory Groups or Consultations
- utilise the Inquiry function, for more comprehensive insight into residential care
- engage with stakeholders and young people outside of visits
- support young people's self-advocacy, via production and delivery of educational materials.

# 'Pay Particular Attention'

In exercising her duties, the CYP Visitor must pay particular attention to the needs and circumstances of young people who:

- are Aboriginal or Torres Strait Islander
- and those who have a physical, psychological, or intellectual disability.

This financial year, as the CYP Visitor commenced use of her functions, this responsibility has been focused at the house and individual level. However, the CYP Visitor hopes to develop her oversight to enable trends to be tracked on a systemic level. In future years, as more data is gathered, the CYP Visitor anticipates this section of her report will grow.

The CYP Visitor stresses that young people must always be seen as individuals first, not statistics or cohorts. However, understanding this demographic information is key to improving services, and understanding their needs during their time in Residential Care.

## Aboriginal Young People

### Aboriginal Young People in Residential Care



When visiting residential care houses, the CYP Visitor is required to pay particular attention to the needs and circumstances of Aboriginal young people.<sup>37</sup>

In 2022-23, the CYP Visitor and her staff visited 32 Aboriginal young people (35.2% of all young people visited).

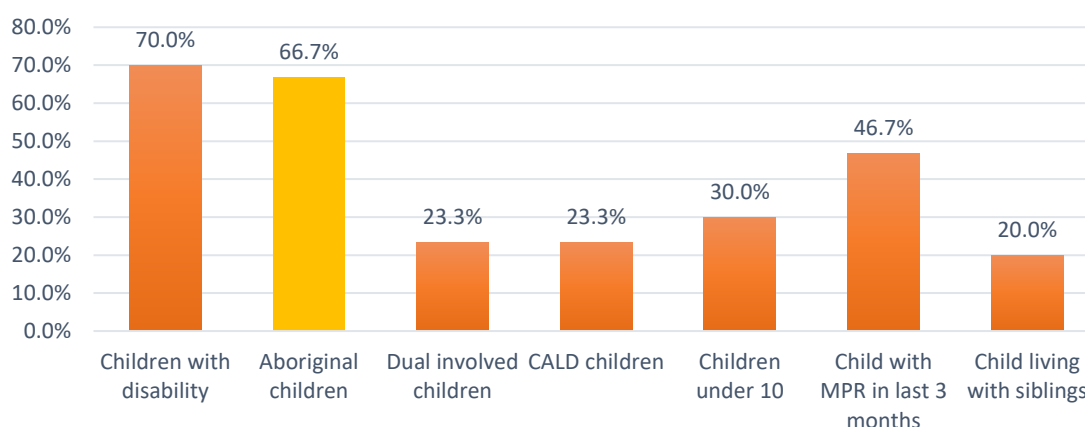
Figure 11: Young People Visited who were Aboriginal, 2022-23

#### Aboriginal Young People Visited: Experience in Residential Care

- Younger overall than non-Aboriginal peers (65.6% under 14, compared to 52.6% non-Aboriginal peers)
- More likely to live with their siblings, at about 19% compared to about 14% for non-Aboriginal young people
- Aboriginal young people had a lower rate of school engagement (56.3%) compared to non-Aboriginal young people (62.7%)
- Nearly three times as likely to have been admitted to KTYJC in the past three months as their non-Aboriginal peers, and with twice the average amount of time spent in detention
- More likely to be on MPR (28.1% Aboriginal young people to 25.4% non-Aboriginal peers)

<sup>37</sup> *Children and Young People (Safety) Act 2017*(SA), s 118(2).

**Figure 12: Proportion of placements visited 2022-23, where different demographics were present**



## The Aboriginal Child Placement Principle in a residential care house

In exercising her functions, the CYP Visitor is firmly committed to promoting the Aboriginal Child Placement Principle (ACPP), to guide all placement, case management and decision-making for Aboriginal young people in residential care.

The fundamental premise of the ACPP is that Aboriginal young people have a human right to grow up with their families. This means that governments have an obligation to provide families with the financial, social, and other supports needed to ensure children have the best possible care, without discrimination, within their families and communities. Where people are genuinely in need of care outside of their families, the ACPP calls for policies, practices and legislation that recognises the imperative for Aboriginal young people to maintain every opportunity to stay connected with their family, culture, and community.

The ACPP requires governments to take active efforts<sup>38</sup> to embed the following five elements throughout all aspects of child protection practice and the delivery of other government services:

1. **Prevention:** Protecting children’s rights to grow up in family, community, and culture by redressing the causes of child protection intervention.
2. **Partnership:** Ensuring the participation of community representatives in service design, delivery, and individual case decisions.
3. **Placement:** Placing children in out-of-home care in accordance with the established ACPP ‘placement hierarchy’.
4. **Participation:** Ensuring the participation of children, parents, and family members in decisions regarding the care and protection of their children.
5. **Connection:** Maintaining and supporting connections to family, community, culture, and country for children in OOHC.<sup>39</sup>

<sup>38</sup> SNAICC – National Voice for our Children (SNAICC) defines ‘active efforts’ as ‘purposeful, thorough and timely efforts that are supported by legislation and policy and enable the safety and wellbeing of Aboriginal and Torres Strait Islander children’: SNAICC, *The Aboriginal and Torres Strait Islander Child Placement Principle: A Guide to Support Implementation* (2019), p 4 (‘A guide to support implementation’).

<sup>39</sup> These definitions of the five elements are reproduced (with minor variation) as they appear in SNAICC, *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A Resource for Legislation, Policy, and Program Development* (2017), p 3 (‘Understanding and applying the ACPP’).

While the five elements of the ACPP must be applied for Aboriginal young people in all care arrangements, the 'placement' and 'connection' element can take on especial importance for those in residential care. The CYP Visitor's observations about how these elements are met in residential care are discussed below.

## Placement

The ACPP requires that high priority should be given to placements with a member of the young person's family, Aboriginal community or other Aboriginal carers, and placements in residential care should be treated as a last resort.<sup>40</sup> This means that comprehensive family mapping must occur prior to placement in residential care. Where no suitable placement with family or community is available initially, DCP has an obligation to consider whether supports could be put in place to make these options suitable. If a residential care placement is required or in the best interests of the young person at a particular point in time, the placement should be regularly reviewed to identify whether circumstances have changed, and family-based options have become available.

While DCP policies and strategies clearly articulate the requirement to adhere to the ACPP – including that priority should be given to family-based placements – the CYP Visitor's experience is that residential care placements may not be treated as a last resort and many young people live in residential care when family and kinship placements have not been explored to the fullest extent.

A report published by the CYP Visitor during 2022-23 demonstrated that there has been a significant increase in the number of Aboriginal young people placed in residential care in past years. In 2021-22 alone, the number of Aboriginal young people in residential care increased by 18%, at nearly five times the rate of non-Aboriginal young people (4%). This information confirms the CYP Visitor's observations that there are significant limitations with current resourcing directed towards family mapping and scoping to prevent Aboriginal young people being placed in residential care.<sup>41</sup>

## Connection to Culture, Family, and Community

*Charter of Rights I have the right to connect with my culture*

The right to connect with culture is a key component of the ACPP and reflected in the *Charter of Rights*, which includes that young people have the right to:

- know their cultural heritage and family connections
- connect with Country, community, and cultural services
- learn their language, stories, songs, and dance
- participate in cultural activities
- have a cultural identity and feeling proud and strong about their culture.

The CYP Visitor has observed key gaps in 'active efforts' to keep young people in residential care connected with their family and culture, with insufficient resourcing and efforts directed towards:

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<sup>40</sup> Ibid, p 4.

<sup>41</sup> OGCYP, *Child protection in South Australia from the Productivity Commission's Report on Government Services 2023* (2023), p 34-36 ('*Child protection in South Australia from the ROGS 2023*). In response to this Report DCP has advised they recently implemented a new service model for the Taikurtirna Warri-aminthi program (the Kurna word for 'Finding Family') which seeks to embed the Aboriginal Child Placement Principle into front end practice, and privileges the voices of Aboriginal young people, families and community decision-makers in family finding for placements for Aboriginal young people..



- providing meaningful opportunities to express cultural identity and access to cultural activities beyond annual events such as NAIDOC week
- engaging family, community and young people in the development and review of cultural case planning plans
- properly resourcing and supporting carers to undertake the actions identified in cultural planning
- holding care teams accountable to the commitments they make to support connection to family, community, and culture.

### *Expressing Culture in a Residential Care House*

DCP and NGOs reported 81.3% of Aboriginal young people in the houses visited were able to express their culture by personalising their own room or common areas in the house. However, young people shared a different view, reporting a 'check box' approach to cultural expression. One young person, aged 14, when asked about how the placement supports his cultural identity, sarcastically stated *"yeah, we have an Aboriginal flag in every room!"*.

This is backed up by data compiled from the Guardian's Annual Review Audits of young people in residential care, which indicated that less than one in two children (45%) were assessed to be, and feel, culturally safe in their house.<sup>42</sup>

Earlier in this report, the importance of young people having control and influence over their home environment was discussed – this is equally true for expression of culture. Where young people's voices and interests were reflected in their home environment, they expressed pride in them, and often utilised them to teach Visiting Advocates.

#### **Nigel\***

Nigel is 8 years old and proudly educated Visiting Advocates about his culture through a collection of images and fact sheets, situated on a wall in the entry of his house. This included a description and photograph of his cultural flag and community group, a map of his country, a fact sheet on his language and a canvas dot painting. None of the carers in the house were Aboriginal.<sup>43</sup>

It was evident some care teams had gone to a lot of effort to create a culturally welcoming and supportive space with the young people. However, this often presented primarily as physical representations of culture. Use of décor and educational materials was differently received across houses – a reflection of the diverse ways young people may experience and express culture. One young person reported frustration that her house was decorated with posters of dot-paintings, feeling they were generic, and that the house should have original artworks.

#### **Stef\***

Stef is 12 years old and is the only Aboriginal young person living in her house. When Visiting Advocates visited, she was wearing a t-shirt with an Aboriginal flag on it, which she showed off to them. She also showed a scrapbook full of pictures of cultural activities she had participated in, explaining each of them in detail and pointing out family and other cultural connections. Stef showed Visiting Advocates a rock given to her by her

<sup>42</sup> OGCYP, unpublished data. Annual Review Audits were conducted for 22 Aboriginal children in residential care between 1 January 2021 –31 December 2022. For more information about Annual Review Audits, see OGCYP, *Guardian for Children and Young People 2022-23 Annual Report* (2023).

<sup>43</sup> It should be noted that not all young people would feel comfortable or supported by this sort of display.

family, which she explained is used to make pigment for paint, encouraging Visiting Advocates to feel the texture of the rock and look at its colour.

Aboriginal young people were more likely to live with siblings than their peers – 18.8% compared to 11.9%, and reported taking great joy in these placements, however this did not always translate to an expressed sense of cultural safety. 12 Aboriginal young people visited over the financial year were the sole Aboriginal child in that placement.

There was no guarantee of cultural connection through carers – with only 60% of houses with Aboriginal young people reporting Aboriginal carers on their rosters. Of those, 33.3% reported just one carer who was Aboriginal. For young people with limited contact with their family, this can be an even bigger gap in their world. Non-Aboriginal carers may work to provide cultural safety and respect to young people, but they cannot provide appropriate cultural guidance to a young person developing their identity or be a cultural role model.

*"[Cultural support at the house] is about a 2 out of 10."*

*Young Person, aged 13.*

### *Contact with Family and Community*

Throughout visits, young people often disclosed how much they missed and loved their family or wanted to return 'home' to parents, siblings, and pets. These same discussions with Aboriginal young people were a little different, with an emphasis on not just family members, but culture and history.

*"We don't know what our clan or tribe is.... like where are [our Mum's] Mum and her Mum's Mum from?"*

*Young Person, aged 16.*

Understanding or knowledge of their family history and culture is important for young people to feel a sense of belonging and develop their identity. DCP and NGOs reported that 75% of Aboriginal young people visited had the opportunity to visit family or country in the past 12 months – this suggests that a quarter of Aboriginal children in residential care have not had this opportunity.

Relevantly, data collected by the Guardian regarding connection to culture and community in residential care (informed by direct voice of young people and file reviews, over two years) found that only 23% of young people had appropriate contact with culture and community.<sup>44</sup>

*"I don't know where we are from or anything like that and I wanna know my [family] history."*

*Young person aged 14 years.*

#### **Sophie\***

Sophie is 13 years old and does not have Aboriginal carers on her care team. She described attending a cultural camp on her traditional lands with a community Elder. She really enjoyed the camp, but she has no cultural support or community engagement on an ongoing basis. She described the camp as a one-off activity.

Information provided by DCP indicates that 78.1% of young people visited know their language or community group. Whilst these statistics are promising, they are not consistent with information provided

<sup>44</sup> OGCYP, unpublished. See, n 42, for further details.

by young people during visits, who occasionally reported limited understanding of their community groups and contact with family.

The survey provided details of activities and cultural events Aboriginal young people were attending. When unpacking this with young people and carers, on occasions it was identified that young people were provided the opportunity to attend but would decline. During one visit, a carer shared that they were struggling to engage young people in cultural events, due to programs being held on the opposite side of the city, requiring over 1.5 hours travel by car. Often the only cultural events facilitated for the young people were general annual events, for example NAIDOC Week.

The complexity of providing a variety of cultural supports to young people cannot be understated – different young people may express and explore their culture in different ways. Often, when young people struggled when asked to describe what might constitute cultural support for them. Despite this, they were often vocal that the cultural support that was on offer was not sufficient.

This is an opportunity for care teams, DCP and NGOs to explore the role they play and the efforts they can take to connect, re-connect and enhance a young person's connection to culture, family and their community. This is of great value to young people and plays a key role in supporting trauma informed healing and healthy development.

*"I would like some more support from the house".*

*Young Person, aged 14 years.*

When young people are not being connected to family and culture, they should have access to Aboriginal-led guidance to help them develop these connections, yet only just over a half of Aboriginal young people visited reportedly had access to Aboriginal mentoring support in the last 12 months.

#### **Myron\***

Myron is 17 years old. He lives with one other Aboriginal young person, but there are no Aboriginal carers on his care team. Myron loves *"dot painting"*, having started doing it when he was little, and it makes him *"feel good"*. However, he has no mentor or guidance with his work – instead he teaches himself. Myron says he has limited cultural support in his residential care house, and no programming to support his cultural growth.

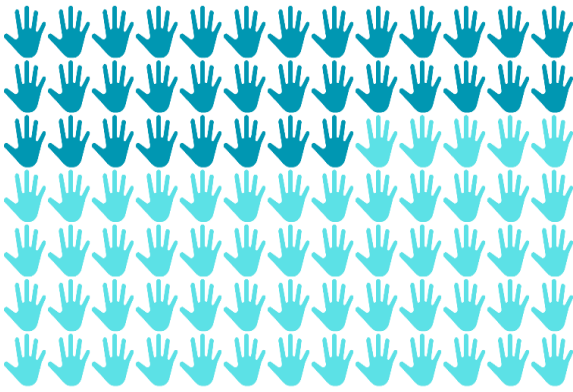
#### **Nunga Oog and connecting to young people**

Nunga Oog was launched in January 2023 and was developed with and for Aboriginal young people in care, a safety symbol developed through state-wide consultation and workshops. Nunga Oog was happily received by young people visited throughout the year and was a focus for meaningful discussion about culture.

## Young People with a Disability

*Please Note: this section speaks about the experiences of young people with diagnosed disabilities in residential care. This does not account for young people who are undergoing or believed to require a disability assessment.*

Notably, six houses visited reported housing young people with a potential need for, or incomplete disability assessment. The CYP Visitor believes the current number of diagnosed disabilities is not a true representation of the needs of young people in houses visited (including psychosocial, mental health, and trauma related needs).



**Figure 13: Young people visited who were reported as having a diagnosed disability, 2022-23**

Information about disabilities for young people visited was initially derived from survey information provided by DCP and NGOs. These documents identified whether young people had disabilities (on an individual basis) and number of current NDIS plans per house.

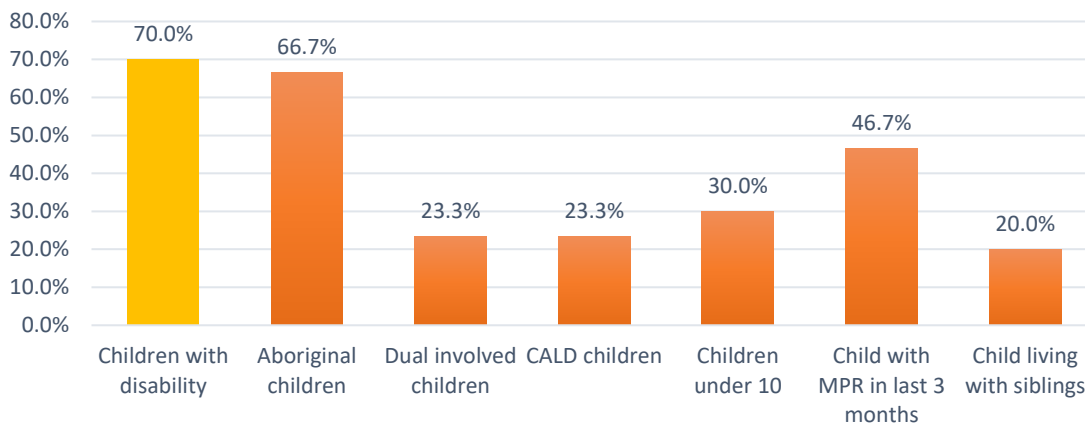
This information is an extremely important preliminary step, to ensure Visiting Advocates can consider disability needs when assessing a space.

However, in conjunction with this information, the CYP Visitor is informed by her other mandates – namely, the Guardian and TCV – which have access to information regarding individual young people. In the process of collating this report, the CYP Visitor identified five young people she knew to have a diagnosed disability who had not been identified through surveys.<sup>45</sup>

### Young People Visited with a Disability: Experience in Residential Care

- Young people with a disability had a lower rate of school engagement (61.8%) than their peers
- They were significantly more likely to have been recorded as being on MPR in the past three months (38.2% compared to 21.1%)
- One in five young people with a diagnosed disability had had a recent admission to the Youth Justice Centre.

**Figure 14: Proportion of placements visited where different demographics were present, with young people with a disability highlighted**



It is apparent that disability needs are prevalent in residential care houses – 70% of the houses visited by the CYP Visitor in 2022-23 were home to young people with diagnosed disabilities. Relevantly, most of these houses were not sole-child placements. In some circumstances, depending on the nature of a

<sup>45</sup> In response to this report, DCP have provided information indicating that 38 young people visited had diagnosed disabilities (41.8% of young people visited). This is four more than the CYP Visitor was advised of through the Care Environment Surveys (provided by DCP and NGO staff) and other Agency sources. The CYP Visitor will work with DCP to review practices for reporting disability information in 2023-24.

disability, other young people may be impacted (in day-to-day life and access to carers) in ways that disrupted or destabilised their living arrangements.

## Meeting Disability Needs in Residential Care

The combination of a rotational care model and physical environment that has housed many young people over the years, meant many of the houses visited appeared unable to provide a calm, safe and secure space for young people to regulate.

This environment is distressing for many young people (discussed later in this Report), but for those with disability-related needs may be further destabilising. The CYP Visitor notes the following broad areas of relevance:

### *Accessibility and Consistency of NDIS Support*

Just over one in two young people (55.9%) with diagnosed disabilities were reported as having current NDIS plans.<sup>46</sup> These plans can be significant for young people in residential care, allowing for the purchase of specialist equipment, and engagement with services to further their emotional, mental, and physical wellbeing. This could be complicated in houses with more than one young person, and at the point when a young person moves to a different house.

Jeremy\*

Jeremy is nine years old and has a disability relevant to his mobility. His NDIS plan has funded some new play equipment for him to help encourage movement, including a trampoline. Jeremy loves his trampoline, and so do other young people he lives with. But when it's time for Jeremy to move houses, the trampoline is left behind with the other young people.

The CYP Visitor was encouraged to see the number of NDIS plans in place, however, noted it was not uncommon for young people to have under-utilised approved NDIS funding. Anecdotally, this was due to factors including:

- changes in placement locations,
- waiting lists for services and resources
- no services available in their area
- change in social workers
- young person's level of engagement fluctuating.

### *Physical Environments*

In some cases, houses did not appear to provide a 'set-up' appropriately for young people with specific disabilities. Examples included, but were not limited to, age and disability appropriate furniture, mobility aids, developmental toys, sensory spaces, and sensory toys. Whilst acknowledging the difficulty of providing an appropriate and safe care environment for multiple young people with varying needs and disabilities, this is an important factor to ensure young people's developmental milestones are being met.

### *Carer Support*

For day-to-day support young people with disabilities rely on their Care Teams. Carers are provided with training prior to working in residential care houses, however this training varies amongst DCP and NGOs.

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<sup>46</sup> Relevantly, not all young people who have been diagnosed with a disability or complex needs meet eligibility criteria for NDIS plans.

Whilst some carers have knowledge and experience supporting young people with a diagnosed disability, these disabilities can be compounded by trauma and living in a rotational care environment. Often carers may not be equipped or have a deep understanding of the disability of the young person they are supporting, which impacts the young person's needs being met.

This is particularly complicated when carers may be transient or casual – in houses without stable care teams, barriers to young people getting consistent support and clear communication are heightened. These issues are discussed more generally below at [Caregivers and Workers](#).

**Maya\***

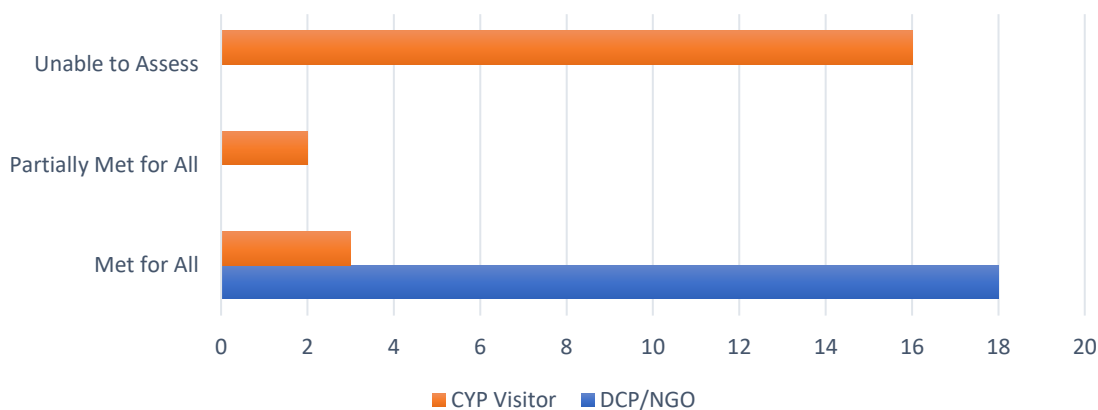
Maya is 17 years old and has an intellectual disability and what she describes as *“list of other things”*. She has a lot of different carers moving through her home, and while she really likes many of them, it has led to a lot of confusion for her, and she is not sure what her NDIS plan involves.

In some cases, information provided by DCP and NGOs highlighted that the DCP Disability Team, was also involved supporting carers to work with and better understand disabilities of young people.

*Assessing Disability Supports*

Assessing a young person's disability supports, based on a single visit, is difficult (as indicated in the below chart). Disability needs and presentations can be varied and require diverse support and knowledge. Depending on a young person's disability, they may not have capacity to express their own views on their supports without assistance.

**Figure 15: Comparison of DCP/NGO and CYP Visitor Assessment of houses, based on Wellbeing Statement ‘the young person has access to disability services that meet their needs’**



Visiting Advocates often rely on carers and DCP/NGOs to advise of a young person's disability, and consequently the care they are provided. If the young person's voice cannot be obtained, this presents a one-sided perspective.

**Daphne\***

Daphne is 14 years old and has been living in her house for some time. She engages well with Visiting Advocates, behaving and speaking in a manner consistent with her chronological age. Visiting Advocates later find out Daphne is functioning at the age of a six-year-old. They are advised she has 'practised' responses to engage more seamlessly with adults. None of the carers on shift spoke to Visiting Advocates about Daphne's disability – it is not clear whether they were aware.

To address this, Visiting Advocates spoke to case workers, carers, and on one occasion a NDIS provider, to gain perspective on young people's experiences of residential care. The CYP Visitor is committed to developing capacity to further critique this complicated area in coming years.

### *Access to Population-Level Information*

While the CYP Visitor has access to information about individual young people she visits, no systemic data is publicly available about young people in care with disabilities. DCP has advised there are impediments to publishing disability related data, in part due to difficulties in retrieving data about disability type and placement from DCP and NGO case management systems.

While this information is not available on an aggregate level, DCP and NGO care teams provided disability information for young people visited during 2022-23 via the Care Environment Survey. Information collected by the CYP Visitor indicated that, of young people visited in 2022-23, 37.4% had a diagnosed disability.<sup>47</sup> This is significantly higher than disability rates in the broader community, where approximately one in twelve young people have a disability.

Population level data relating to the number of young people in residential care with a disability, would provide a more accurate picture of the sector, and allow better monitoring of the young people in residential care, and trends over time. Systemic oversight and advice pertaining to facility accessibility and carers' disability expertise would help ensure that the system reflects the needs of the population it services.

The CYP Visitor considers that publication of data about young people with a disability is in the public interest, both to inform the parliament (and thus the community) and to assist with monitoring the progress of DCP's care strategy: *Every Effort for Every Child*.

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<sup>47</sup> In response to this report, DCP have provided information indicating that 38 young people visited had diagnosed disabilities (41.8% of young people visited).

# Systemic Advocacy and Oversight

The CYP Visitor Program was operational for approximately six months in 2022-23, a limited time to fully come to terms with delivery requirements across the residential care system. Nevertheless, engagement has already provided insight into the lives and views of these young people.

This section of the report introduces systemic matters of interest, which bear upon the best interests of young people in residential care. While these are by no means the only issues young people may face, they convey some of the basic human, day-to-day circumstances of young people within the residential care system.

It is important to recognise that while this Report discusses matters as individual and distinct, young people experience them as an indistinguishable series of moments in their lives. The CYP Visitor will continue to explore these issues, as well as other matters of interest identified over the course of the year in 2023-24.

Unless otherwise stated, any tables and figures in this section are derived from data obtained through the visiting process, this data is collected and analysed by the CVP Visitor's office.

## Houses or Homes?

**Charter of Rights** *I have the right to be safe and well cared for*  
*I have the right to privacy*

Descriptions of home often refer to places 'where I feel safe, loved and accepted,' or 'where I can be myself.' Visiting Advocates rarely heard such words from young people in 2022-23. Instead, they conveyed feelings of uncertainty and disconnection.

Often the complexities of residential care restrict the capacity to create spaces that mirror those available to young people in the broader community. Young people we visited spoke about minimal and generic décor, linking this to a sense of detachment. Many noted that residential care houses have a similar look.

## Personalisation and 'Home'

### Annabelle\*

Annabelle proudly showed Visiting Advocates her bedroom, each wall covered with a range of photos of her friends and adventures. Annabelle said she "loved" her house and described her relationship with the other young people living there as "*like siblings*". Shortly after the visit, Annabelle was moved to another house. Although the care team and young people moved with her, this deeply upset Annabelle. She felt the loss of the connection she had to her old house. She was worried she wouldn't be able to re-decorate her new bedroom the same way after the move, and afraid the house would feel wrong or different.



Figure 16: Representation of young people who referred to their house as a 'home'

The physical environment is an important aspect of a *home*, and young people consistently indicated the value they placed on personalised and homely environments rather than possessions or larger spaces.



*"This place is ugly, it's bland, look at the wall colour. We would [even] prefer white."*

*Young person, 16 years.*

This is particularly the case for bedrooms, where young people should be free to express themselves. A bedroom should be a peaceful place, a sanctuary to withdraw to and feel safe. This may not be the case in residential care where the environment is beyond a young person's control and may be in disarray. For many, their bedroom has previously belonged to an unknown number of young people.

### **What's it like moving into a new bedroom in residential care?**

- The bedroom was likely set up prior to the young person moving in. It may have dark-coloured carpet or lino flooring, with generic décor.
- The furniture may display wear-and-tear, damage (or visible repairs) from the young people who lived there previously.
- There may be graffiti on furniture and walls.
- The walls may have holes and evidence of previous property damage.
- Bedroom windows may have heavy duty security screens, and diminished natural light, making them feel "caged".
- A young person may not be permitted to hang their own personal items without approval or 'maintenance' attending the house.

Some young people went out of their way to provide a guided tour of their rooms for Visiting Advocates and expressed pride in their décor and belongings. Others felt a lack of control over the space. In many houses, bedrooms had lockable doors, to which only carers held the keys. One of the implications is that young people needed to choose between leaving their door unlocked (risking belongings being taken or damaged by other young people) or always requiring carers to let them into their own bedrooms. Teenagers reported this to be particularly frustrating.

*"My room doesn't feel like a bedroom."*

*Young person, 11 years.*

## **Reminders of Uncertainty**

Residential care can be a volatile system, housing some of South Australia's most vulnerable young people. The reality of unpredictable care arrangements can impede traumatised young people from healing, building trust, and moving forward in their lives. A stark reminder of this is the visible turnover of young people and care teams within each residential care house (discussed further in the *'Placement Matching and Dynamics'* section).

*"I don't like [the graffiti] on the wall, it just doesn't make me feel good".*

*Young Person, 16 years.*

Houses visited often displayed tangible reminders of previous residents, in the form of graffiti, toys and books, wear-and-tear, age-inappropriate play equipment (for example sandpits and swing sets in houses now accommodating older young people) and (although unutilised) offensive locks on draws and cupboards. Some houses provided young people with information booklets not dissimilar to those found

in hotel rooms. The above serve as a reminder of the instability and displacement faced by young people in residential care each day.

*It's not a fucking home, home is where my dad lives."*

*Young Person, 15 years.*

## Institutional Style of Living

Residential care must balance provision of environments that nurture, support, and empower young people, with the house being a workplace that meets policy, licensing, and other standards.<sup>48</sup> This tends to result in clinical spaces not conducive to belonging and growth.

Whilst there are attempts to make houses 'home-like', residential care can be experienced as a contrived or 'fake' home environment. Young people reported feeling bound by operational requirements that impact upon their wellbeing and sense of self that they would not have in a *typical* home environment. Practical issues raised in this context included:

- the practice of purchasing clothing at one chain store due to account arrangements<sup>49</sup>
- transport limitations
- outings being limited by policies, including with expenditure constraints due to formal approval processes
- policy-enforced restricted practices.

**"Restrictive Practices"** restrict a young person's rights, freedom, or movement. For example, locking away objects, keeping doors secured etc. This can also include withholding pocket money or "bad" foods based on behaviour or perceived risk.

Many houses featured locked rooms (carers rooms, laundries, and garages), and it was not uncommon to find locked kitchen drawers, pantries, or storage cupboards. These practices may be used in response to risk (perceived or actual) of injury to young people and in some situations, carers. Many of these risk-mitigation practices, not uncommon in a workplace, may seem out-of-place in a home environment.

*"We have to ask the carers to unlock the door just to do our own washing. It's not like we are going to drink the poison!"*

*Young person, 16.*

Anticipated risks vary. Restrictive practices are more likely in houses where one or more young people have a history of self-harming or assault, but they may also be used to curb 'excessive' eating and property damage. Some houses ban items like knives and scissors (sharps) from living spaces due to perceived risks they present.

*"[Removing sharps] is stupid, if I wanted to hurt myself, I'd just go out and buy something".*

*Young person, 17.*

<sup>48</sup> This is discussed in more detail within the section [Caregivers and Workers](#).

<sup>49</sup> In response to this Report, DCP has advised "this is not the case for DCP Residential Care homes; senior staff have measures in place to purchase clothing from any store depending on a CYP's wishes and requirements." Visiting Advocates note young people have raised this issue multiple times and, regardless of existing measures, this perception remains common in both NGO and DCP houses.

Although usually seeing the rationale for such practices,<sup>50</sup> young people expressed frustration and an awareness that such measures amplified the power imbalance between them and carers. These practices were often observed at placements for teenagers, which poses the question; how do these young people learn to live with these items when they leave care, and no one is around to lock them away?

*"[It] feels like a prison when everything is locked."*

*Young person, aged 17.*

Young people spoke of snack and treat food being locked away or moved to the carers room to prevent access. This practice was coupled with the messaging that their eating needed to be controlled, often reinforcing feelings of shame. In houses where these practises were implemented to support one child, all young people were affected. This may influence and often lead to a lifelong challenge with disordered eating. Things young people may be unable to do without carer support due to restrictive practises.

- Display decorative objects featuring glass, like photo frames
- Go into their backyard or car port
- Put on a load of wash
- Shave their legs, face or underarms
- Wash their footy boots in the laundry trough
- Cut up fruit or vegetables for a snack
- Use cleaning substances, like bleach or detergent

**Figure 17: Things young people may not be able to do due to restrictive practices**

**Lisa\* and Stefan\***

Lisa is 9 years old and has an intellectual disability. She has always struggled to recognise when she is full – her carers think this probably stems to her life before she came into care. The house has restrictive practices in place to reduce Lisa’s eating. While there are some ‘healthy’ foods available, snacks like chips, muesli bars and chocolate are kept secured in the Carers’ room. Stefan is a bit older than Lisa and does not face the same binge eating struggles. However, he is a teenager, and recently has had a big appetite. He describes himself as a ‘growing boy’. He is frustrated by the lack of access to foods. In protest (and because he knows Lisa will eat them if she gets the chance) Stefan deliberately takes and hoards chip packets whenever he can. This causes arguments between him and carers.

Restrictive practices implemented remain long after they leave the house. Visiting Advocates saw multiple examples of locks on cupboard doors, which carers and young people said were never used.

Beyond perceived risks it appears in some cases restrictive practices (including around diet) are utilised as a default, influenced by house dynamics, carers’ opinions, or as a control mechanism, rather than based on a clear rationale. The CYP Visitor (as a member of Australia’s OPCAT NPM and as the Guardian) sees this as a matter of interest and intends to explore it further in the next 12 months.<sup>51</sup>

**Pets in residential care**

According to the RSPCA, Australia has one of the highest pet ownership rates in the world, with approximately 69% of households owning pets. Visiting Advocates attended four houses which contributed to this statistic (12.9% of houses visited). Visiting Advocates observed young people tenderly caring for their pets and proudly showing them off. For these young people, their pets provided friendship, opportunities to practice responsibility, a shared point of joy, and a therapeutic intervention. However, many young people reported not being allowed to have pets, occasionally due to policy positions. This caused distress, occasionally coupled with memories of past pets, left behind due to placement changes or removals.

<sup>50</sup> Unsafe and risk behaviour is discussed in more detail in [Mental Health and Unsafe Behaviours](#).

<sup>51</sup> pending appropriate resourcing and capacity.

# Placement Matching and Dynamics

Young people have no say about where and with whom they live in residential care - this decision is made by DCP and determined by factors like bed availability, specific young people's needs (including trauma histories and disabilities), and overall demand for placements. This causes many young people to feel apprehensive in the lead up to a placement move, which may continue as they settle in and learn about their new environment and the young people they are living with.

Where placement matching and dynamics are managed well, sibling-like bonds can develop. In some cases, young people and carers described holidays and experiences shared together as a house. The CYP Visitor acknowledges this practice and hopes to see it in more houses.

**"Placement Matching"** is the process of deciding which house a young person will be placed in. It occurs when the Placement Services Unit assesses available options, with the following principles (outlined in the DCP Manual of Practice,) determining a placement's suitability:

- The young person must be placed in a safe, nurturing, stable and secure environment.
- Consideration should be given to culture, disability, language, and religion of the young person.
- Consideration to be given to the impact the placement may have on existing young people in the placement (for example, the number, ages, needs of the young people and the potential impact this may have on all young people in the house).
- Whether the placement poses any risks to the safety of the young people in the household.

A young person's personal views are not specifically required to be considered.

However, a poor match can have a serious impact upon a young person's emotional wellbeing and safety. It is not uncommon for the CYP Visitor (via her Guardian mandate) to advocate for an individual or group placement change due to unsuitable placement matching and dynamics.<sup>52</sup>

*"It's not like being around family... family feels like you belong."*

*Young person, 15.*

## Peer Tensions or Conflict

Young people consistently reported feeling unsafe in their houses, often describing direct conflict with other young people they live with. As such, 82.4% of the 'suggestions'<sup>53</sup> made to DCP or NGOs following visits related to young people not feeling safe and well cared for – this often related directly to peer to peer conflict.

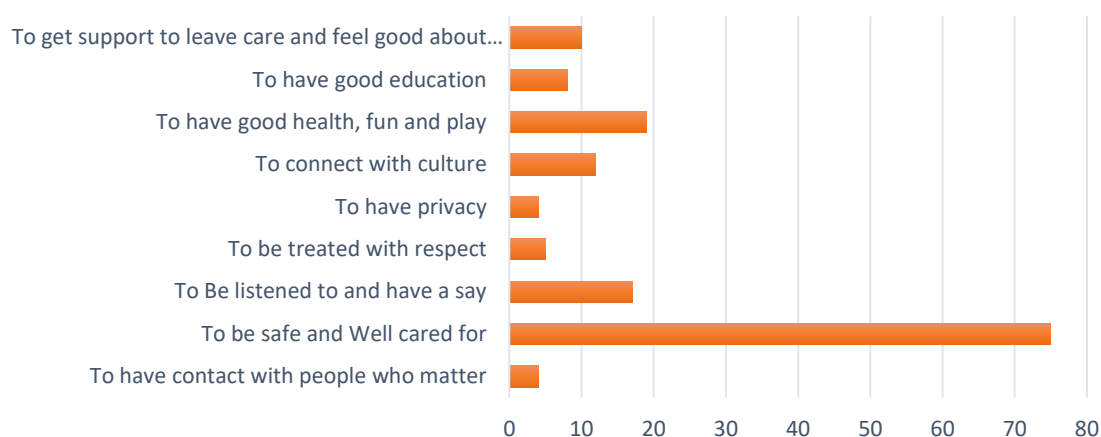
*"I just need to move though. I need to be in a placement where you get on with the kids."*

*Young person, 15 years.*

<sup>52</sup> The Guardian submitted a formal advocacy position to DCP regarding 'safe and stable placements' for young people in residential care on nine occasions in 2022-23.

<sup>53</sup> 75 suggestions, in 24 of the 30 placements, with suggestions related to Charter of Rights entitlements.

**Figure 18: Suggestions for Improvement in Visit Reports, 2022-23**



Some young people reported adaptive/survival behaviour intended to preserve their safety, including spending most of their time in their rooms to avoid the other young people. One young person described having to call the police when another resident became so aggressive that carers were unable to cope, telling Visiting Advocates *“It’s my job to keep the carers safe, I never get to be a kid...”*. Another showed Visiting Advocates the baseball bat they slept with, fearful of what another young person might do.

*“I stay in my room all the time. It’s unsafe to come out. I keep my head down...”*

*Young person, 17 years.*

Even where there is no perceived physical risk, young people described being body shamed, bullied or excluded by peers. It is not uncommon for the CYP Visitor to hear young people on both sides of a conflict blame each other. Both may contribute to the tension, however both are suffering as a result. This ongoing stress can lead to unsafe coping mechanisms that further destabilise the home environment and can carry over to the wider community.<sup>54</sup>

**Amy\***

Amy is 12 years old and has lived in residential care since her foster care placement broke down. There is constant tension with another young person in her placement. When she gets angry, she said she will go into her bedroom and push the cupboard in front of her door so nobody can come in. Although they have never had a physical fight Amy suffers ongoing stress. She said:

*“I cut myself when [the other young person] makes me angry and annoys me”.*

**Jayson\***

Jayson is 17 years old and getting ready to leave care. He has recently moved into a new residential care house, with three other teenagers. He is struggling to adjust to this new environment. He said he used to be a *“social butterfly”* but has become quiet and withdrawn in the months since moving.

<sup>54</sup> This is discussed in more detail within the section [Mental Health and Unsafe Behaviours](#).

## Voting with their Feet

**MPRs** or **Missing Person Reports** are made to SAPOL when a young person is declared missing from the house, or the care team are unsure of their whereabouts. These are made by a member of their care team to enable Police patrols to search for missing young people. In some cases, photographs of the young person may be shared on social media accounts, although there is always consideration of the confidentiality and privacy of the young person. Some young people reported anxiety about carers sharing their **“mug shot”** on social media if they were to be placed on MPR.

Over the financial year 18.7% of young people were not present when Visiting Advocates attended their houses. A significant proportion of these were not at programs or activities but reported as missing (‘on MPR’) or ‘Away from Placement’ (AFP). Put simply, they had chosen not to be at their house.



Figure 19: 1 in 4 young people visited had been reported missing within 3 months prior to visit

More than 1 in 4 of the 91 young people visited were reported as missing persons in the months prior to the visit. It is important to note that most houses were selected randomly, based on geographic location – in light of this, the proportion of MPRs represented is significant.

As much as practicable, visits were scheduled to accommodate the programs and movements of the young people. Despite this, nearly one in five young people did not have the opportunity to express their concerns.<sup>55</sup> Visiting Advocates offered follow up visits, phone calls and virtual visits in these cases, but rarely received any uptake. As a result, the voices of young people on MPR are largely absent from this report.

### Lee\*

Lee is 14 years old and has been reported on MPR more than fifteen times in the past few months. They refuse to return to their residential care house and move between living with friends and the grandmother from whom they were removed. When they breach their youth detention order, they are taken to the Youth Justice Centre. They tell staff that as soon as they are released, they will **“snip”** the home detention bracelet and return to their grandmother’s house.

The youngest person Visiting Advocates spoke to about ‘going on MPR’ was under 12, and had returned to the placement after being missing for a few days (police and the care team were actively searching for them). This young person shared that they disliked their house due to dynamics with other young people.

Young people spoke to the CYP Visitor about the complex factors that cause them to run away from their houses. These include ‘pull’ factors that draw them away, such as being able to see their loved ones, siblings, and friends. One 14-year-old stated, **“when I was removed, they separated me from my [sibling], so I would just run away to go see [them]”**.

Many young people had not been at their houses for weeks due to ‘self-placing’ with family, including those from whom they were removed (grandparents, siblings, parents, or friends). Without DCP authorising this, the young person is recorded as *Away from Placement*.<sup>56</sup> These arrangements vary – some may be pending DCP approval, but some will be considered unsafe and prohibited. Whatever the

<sup>55</sup> 81.3% of young people were present at the time of visits.

<sup>56</sup> The classification of ‘away from placement’ is distinct from MPRs – see definition above.

situation, carers may provide ongoing outreach, via phone calls, catch-ups in the community and transport to appointments, and their bedroom may still be accessible.

*"Home is where my Mum is."*  
 Young person, 12 years old.

This arrangement may be confusing to young people, who previously have been told it is not safe to reside with these persons but are tacitly enabled to do so.

**Jaime\***  
 Jaime is 16 years old and was removed from her family when very young. She has three younger siblings residing with her Mum and is allowed to visit and spend overnights at the family home. However, she remains in residential care. She is told it is not safe for her to live with her mum and siblings.

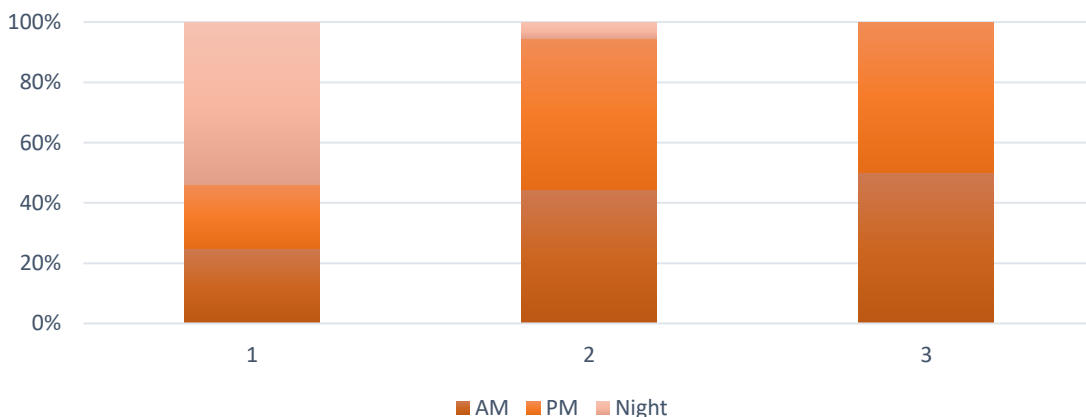
Young people also consistently spoke about 'push' factors that drive them away from their houses, such as fraught dynamics with the young people they live with and their house environments not being safe for them. These environments were often juxtaposed by young people with more positive memories (accurate or not) of the home environments from which they had been removed.

*"It's hell here. [DCP] won't let me go home because it's unsafe. But they don't explain it and it's not safe here?! It's so dumb!"*  
 Young person, 12 years.

### Balancing Competing Needs

With multiple co-residing young people with varying complex needs (all of whom may require intensive support and attention), there is potential for these competing needs to inhibit carers' capacity to effectively provide a safe and nurturing environment. Both managers and carers spoke about pressure to accommodate more young people in their houses, raising their concerns that this could compromise their capacity to respond to the needs of individual young people already living there.

**Figure 20: Number of rostered carers per shift (AM, PM, Night) of houses visited, as reported by DCP and NGOs, 2022-23**



Some young people described feeling forgotten or ignored at their house due to carers' focus on other young people who required intensive support or engaged in high-risk activities. Even where young people don't require specific support, juggling the rights and needs of multiple young people is an enormous task.

### Millie\*

Millie is 16 years old and trying to build hours for her learner's license, but her house has only one carer on shift, and no one is allowed to stay at the house unsupervised. Millie said to complete her logbook hours, *"I have to drag [the other young people in the car with me and they never want to come. So I miss out on getting my hours]".* This seemed *"abnormal"* to her.

Interestingly, despite the frequency with which competing needs were reported, all but *one* of the 30 houses visited over the financial year reported they considered their staffing ratio "adequate".

## Increasing Reliance on Residential Care

For many years, the CYP Visitor (through her Guardian and TCV mandate) has reported on concerns about an increasing reliance on residential care, and consequences for the child protection system more broadly.

In 2022-23, the CYP Visitor published a report on child protection expenditure in South Australia, which analysed drivers and cyclical impacts of a growing residential care population. Key observations from the report included:

- In 2021-22, the number of young people in residential care grew at eight times the rate of the overall out-of-home care population. Unlike the broader care population, growth in the residential care population is not meaningfully slowing.
- Often, young people seem to be placed in residential care without proper or appropriate investment in family scoping to identify alternative placements. This may lead to young people remaining in residential care placements even when suitable family members or other carers have been identified who are willing to care for them in their homes and/or are awaiting a carer assessment.
- Despite a significant increase in expenditure on care services over past years, this is not keeping pace with the rate of growth in the residential care population and, on average, young people in OOHC receive lower expenditure on their day-to-day care than three years earlier.
- Family-based care arrangements continue to be under-resourced at all stages. While considerable attention has been given to the importance of reimbursement for carers, the CYP Visitor noted that expenditure and practice improvements also need to be directed towards matters such as reduced wait times for kinship carer assessments, improved communication, and relationships with carers (including through improving culturally safe practices) and approving costs for therapeutic supports for young people with disability or trauma-related needs.<sup>57</sup>

### Limited Options

Young people who want to move houses must contend with a 'tight market'. The number of young people living in residential care has grown by 8.2% over the financial year, just as housing prices and rentals have increased. Beds are scarce, so options are limited.

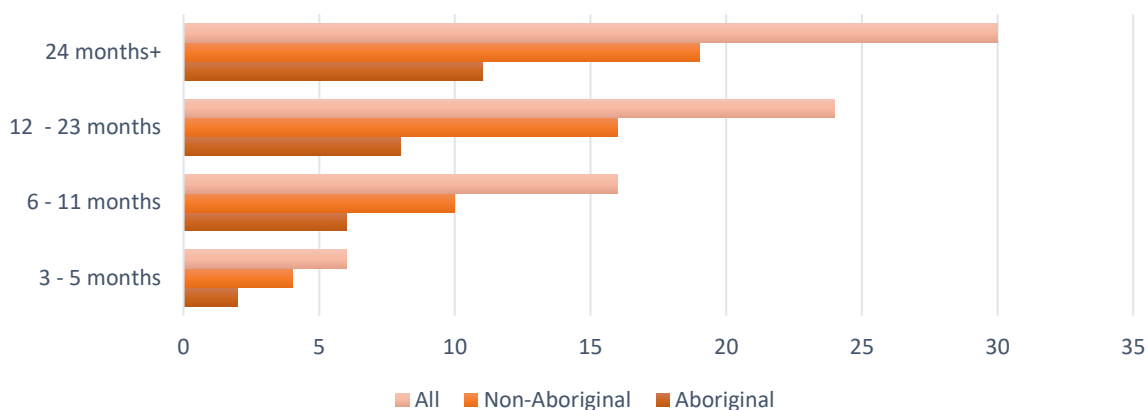
The 30 houses visited in 2022-23 reported an average of 5.6 young people residing there during the previous 12 months (most are four bed facilities). The CYP Visitor understands this number is due to placement shifts and reallocations, which can be highly destabilising.

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<sup>57</sup> OGCYP, *Child protection in South Australia from the ROGS 2023* (n 41), p 2.



**Figure 21: Length of time young people had lived in their residential care house, at date of Visit, 2022-23**



One house reported 33 young people rotating through within a year. Three of the young people had been at the placement for over 12 months, meaning that they had lived with 30 other young people in that time.

**Harrison\***

Harrison is 16 years old and has been in DCP care for over 12 years. In this time, he has lived 20 different placements.

Apprehension and anxiety can arise when a house has a vacant room. Young people know that demand for residential care means that a ‘settled’ house is likely to be changed by a new arrival sooner rather than later. Vacant rooms are a focus for conversation, speculation, and frustration; young people say they get little, or no, notice that someone will be moving in, despite the inevitable challenge of this dynamic change.

## Caregivers and Workers

As well as not having control about who they live with, young people also do not have control about who is responsible for their day-to-day care. This can increase the sense of tension between the house as both a ‘home’ and ‘workplace’. In residential care, the makeup of a care team is determined by workforce trends like pay, qualifications and, at times, the personal attributes of people who are drawn to the work and/or receive the relevant qualifications.

An important – and highly vulnerable – experience that some young people raised with the CYP Visitor was the impact of differences they saw between themselves and the workers in their house, including across gender, age, culture, and language. At times, these differences created communication barriers, or young people struggled to build a relationship of trust and rapport.

The CYP Visitor considers that the instability and casualised nature of many care teams is a large contributor to some of the experiences expressed by young people. Unfamiliarity with carers can cause young people to feel uncomfortable in their home environment. At times, there may be a genuine ‘mismatch’ of skills and need, or personal characteristics of staff members (including gender and physical appearance) that are triggering to young people. A workforce-driven model of care provides very little room to move, to ensure that young people have a care team that matches their individual needs.

Relationships with carers play a big part in a young person’s sense of safety in their house.

*"[Carers] lie and never keep their promises."*

*Young Person, 14 years.*

## Paid to Care

During visits, young people regularly stated the people caring for them are employed to do so. The inference in these statements is that there is a monetary value to time spent in their company, which colours all their interactions, and relationships, with carers.

Residential care occurs in an employment context, which is subject to policies, guidelines, and codes of conduct for its workforce. A house that should typically be geared to raising children is also required to meet workplace health and safety standards. This inherently causes a tension between the workplace and a home environment. The dual nature of this relationship is felt by young people, many of whom reported inherent mistrust of DCP and associated workers during visits. A 16-year-old shared that *“DCP have ruined my family”* and said that, because of this, he does not want any support or financial help to set him up for the future.

Positive relationships with carers are not guaranteed to be permanent, because placements may change. A 15-year-old who had recently moved stated: *“I don’t have a connection with the carers like I did at my old placement, I don’t know why they moved me here”*.

*“It makes me angry when carers come here and leave, but say they are staying and they still leave.”*

*Young Person, 11 years.*

While young people’s needs may be considered, DCP and NGOs operate in a system that requires adherence to HR requirements. Promotions, redeployment, reassignments, and resignations can all change care teams and therefore the circle of security and support for young people. This doesn’t occur to the same extent in a typical family-like environment.

*“I’ve lost four close carers, they just disappeared.”*

*Young Person, 17 years.*

Changes can end years’ long relationships, to the distress of both young people and carers. A 14-year-old was overheard asking a carer *“are you going to leave us too? You like working with other kids better?”*

The end of relationships can be jarring, not just because a familiar source of support is removed, but because it reinforces a sense of abandonment in young lives already marked by continuous change.

*“It’s heartbreaking saying goodbye ... At the same time, you have your own life, separate from the young people and being a youth worker is a job... This is tough for workers, but how can you explain it to young people?”*

*Former residential care worker.*

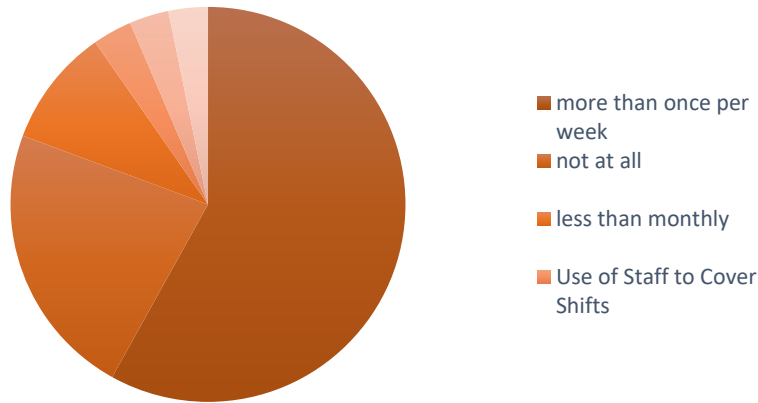
## Staffing Struggles

Many of the young people visited had specific needs requiring nuanced, competency-based support. Despite this, they are often cared for by casual staff whose knowledge derives from 10-minute handovers or safety plans, (assuming these are available, up-to-date, and the carer has time to read them). This can result in inconsistent practice that further destabilises or frustrates young people.

Of the 30 properties visited, 67% relied on external agency providers to cover shifts, and 37% had single staff on roster during AM and PM shifts.<sup>58</sup>

**“External Agency Carers”** are carers employed by an NGO. At times shifts are unable to be filled in houses and external agency carers will be employed to fill the gap. In these instances, young people are faced with unfamiliar and inconsistent carers who they may not have met previously and may not meet again.

**Figure 22: Houses self-reporting on use of external agency staff to cover shifts, 2022-23**



Only one house reported operating with less than four overall carers. Some reported having over 20 carers, with young people potentially having five or six carers rotate through on a single day.

*“There have been lots of casuals here and they don’t know the rules.”*  
 Young Person, 11 years.

## Siloed Care and Support: Case Managers & Carers

While carers have primary care duties for young people on a day-to-day basis, major decisions are made by their case worker, causing a potential to disconnect between everyday reality and theoretical practice.

**Table 2: Comparison of Case Worker and Carer roles**

Case workers...	Carers...
<ul style="list-style-type: none"> <li>are based in an office</li> <li>have a caseload of multiple young people.</li> <li>work business hours.</li> <li>manage administrative decisions.</li> <li>hold a young person’s birth certificate and other documents</li> <li>have delegated authority to make decisions (e.g. about medical treatment, and school)</li> </ul>	<ul style="list-style-type: none"> <li>work in young people’s houses.</li> <li>care for young people in assigned house/houses</li> <li>work rosters in rotational shifts</li> <li>provide day-to-day care and support</li> <li>facilitate young people’s engagement with supports and services, including school and medical care</li> </ul>

<sup>58</sup> This is despite recommendation 150 from Nyland (n 18) to ‘Recruit a sufficient complement of staff to: cease using commercial carers in residential care facilities; develop a casual list to provide staff who are available on a flexible basis; and abandon single-handed shifts’.

Communication breakdowns, delayed response times and misunderstandings can occur, undermining young people's trust in both carer and case worker.

*"There's just no point talking to the carers or social workers."*

*Young person, 12 years.*

Some young people expressed frustration at not being able to contact their case workers, the adult in their life with delegated authority as legal guardian. During a visit, one young person repeatedly phoned their case worker whilst Visiting Advocates were present - all his calls went unanswered.

#### **Micah\***

Micah is 16 years old and was frustrated about the length of time being taken to complete his youth allowance application. Micah has been allocated a new case worker but has only spoken to her once, three weeks ago. She is essential to progressing the application, as she holds his birth certificate.

The recommendation of the Nyland Royal Commission was that every young person in care have face-to-face contact with their allocated caseworker at least once a month.<sup>59</sup> Accepted in principle, DCP reported this recommendation as 'complete' in a 2022 update report,<sup>60</sup> an assurance not corroborated by young people visited by the CYP Visitor.

#### **Elton\***

Elton\* is 16 years old and has had 5-6 social workers since being in care: *"so many social workers I lose count"*. He had yet to meet his newly allocated case worker, and does not know their name, or anything about them.

A practice the CYP Visitor hopes to see replicated involved a house where new carers complete a shift to determine if their personality and skills are an appropriate fit for the young people. The young people can share their views on the carer before they are formally assigned to the house.

Occasionally, information and perspectives provided by case workers and carers differed. As an example, a carer described a young person's school engagement positively, believing them to be an active student with a close group of friends. In contrast, the case worker stated they were disengaged from classes and distracting other students. Both were reporting their understanding; the difference was the source. The carer's understanding came from the young person, while the case worker's derived from discussions with the school.

## Connections to Family and Others

**Charter of Rights** *I have the right to have contact with people who matter to me*

Though young people usually are placed in residential care due to a lack of suitable alternatives, they still have connections with previous carers, siblings, cousins, friends, and neighbours. They have the right to ongoing contact with people who matter to them.<sup>61</sup> However, DCP has ultimate say over this contact,

<sup>59</sup> Ibid, recommendation 77: 'Ensure that every child or young person in care has an allocated caseworker who has face-to-face contact with them once a month at minimum'.

<sup>60</sup> Government of South Australia, DCP, *Child Protection Systems Royal Commission 2022 recommendation status* (2022).

<sup>61</sup> OGCYP, *Charter of Rights for Children and Young People in Care* (2021).

regardless of who a young person says “matters”. The desire to preserve their connection to significant people is constantly (and rightfully) weighed against their safety.

This can be complicated, particularly for young people who may have limited capacity to comprehend why they were removed in the first place and now might lose access to previous caregivers. Caseworkers may be directed to tailor their explanations to minimise potential distress, at the risk of creating a sense of animosity towards or mistrust of DCP. Ongoing contact and connection may be disrupted or displaced by operational barriers, not safety concerns.

*“I understand the reasons I am here, in care. But here is not any different from where I have come from.”*

*Young person, 14 years.*

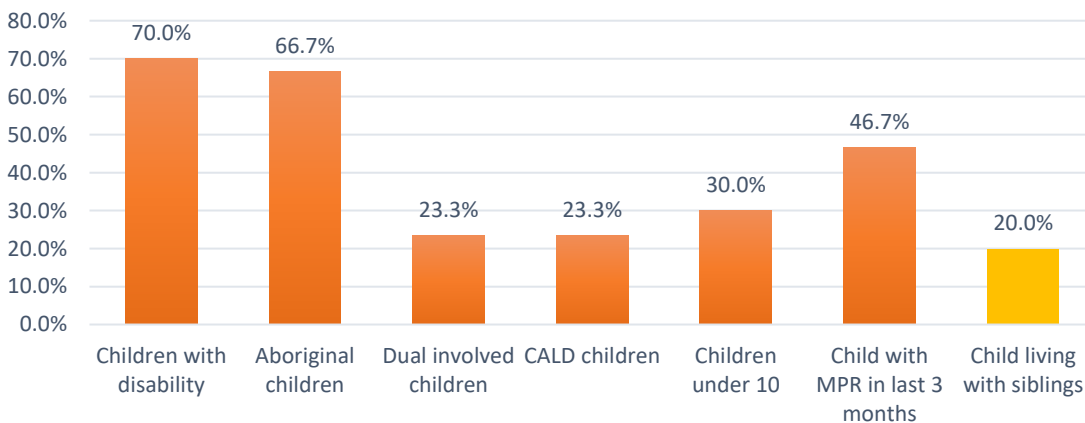
### Non-Sibling Relationships

Sibling relationships are not the only relationships stressed or fractured by young people being placed or moved in care, but most do not have the same level of systemic recognition. During visits, young people spoke of the affection they felt for ex-foster siblings, young people they lived with in previous placements, and ex-carers. Often, these relationships are only appreciated properly after the young person has been moved.

## Placement with Siblings

Of the 91 young people visited, 14% resided with siblings.<sup>62</sup> This was higher for Aboriginal young people, at 19%. Altogether, this meant 20% of all the houses visited had a sibling group living there.

**Figure 23: Proportion of placements visited in 2022-23, where different demographics were present, with young people living with siblings highlighted.**



The importance of housing siblings together is recognised, hence its status as one of the only exceptions made to residential care placement numbers and age limits in Nyland Report recommendations.<sup>63</sup>

*“I call [the house] home, coz I live here with my sister.”*

*Young Person, 10 years old.*

<sup>62</sup> Although not necessarily exclusively. For some, there may have been other young people living in the house.

<sup>63</sup> Nyland (n 18), recommendation 149: (a) no child under 10 to be housed in a residential care facility except where necessary to keep a sibling group together; and (b) no child to be housed in a facility with more than four children, except to keep a sibling group together.

Positively, efforts to house siblings together had been made in some of the houses visited, including sourcing houses to accommodate larger sibling groups. Young people reflected on this, one stating that sibling placements enable them to *“...be together and feel safe”* (Young person, 10 years).

Nevertheless, sibling contact remains a substantial issue, with the Guardian’s Advocacy Team again identifying this as a significant theme in 2022-2023<sup>64</sup>. Young people not living with siblings consistently expressed dissatisfaction about the level of sibling contact.

Without an adequate explanation, young people take matters into their own hands to preserve relationships. A 16-year-old described how they would *“run away to see him”* after their brother was placed separately on first coming into care.

## Building Future Connections

When young people are initially removed, they may leave behind communities made up of neighbours, schools and sporting or extracurricular clubs.

The uncertainty, disruption and disconnection that can occur in residential care may then form barriers to young people connecting to a new local community. Conversations with young people led to the following broad observations (that the CVP Visitor believes deserves greater examination) about how residential care can entrench isolation:

- **Systems:** Policies intended to preserve young people’s safety can limit their opportunities to build new relationships. Often before a young person can go to a friend’s house for a sleepover or playdate, families are screened<sup>65</sup> for safety concerns, limiting the spontaneity common in developing childhood friendships. Other measures may be in place for ‘privacy,’ for example not playing in the front yard, or not being permitted to have fast food delivered.
- **Community Stigma:** Carers described situations in which neighbours ushered their children inside to avoid contact. Visiting Advocates witnessed tense interactions with adult neighbours devolving into shouted abuse across fences. DCP attempts to mediate but, in 2023, at least one house with a fraught ‘neighbour’ relationship was closed.
- **Self-Imposed:** Young people are aware that policies and practice can reinforce stigma and impact upon friendships. Some described screening policies and *“paperwork”* as *“embarrassing”* which they worried would inconvenience or offend their friends’ families. As a result, some young people reduce contact.

*“I’m 17 and never had a sleep over with my friends ‘cause I’d have to ask them for a police check and how abnormal is that?!”*

*Young person, 17 years.*

### Alex\*

Alex is 11 years old and has been living in residential care for about a year. The shift from foster care to residential care has been difficult. Alex told Visiting Advocates that he was self-conscious about other young people realising he was in care. While he likes sport, he dismissed the option of joining his local footy team because different carers would pick him up every day and his teammates might notice. He said he wanted male carers too, so that it would look like he was with a mum and dad at school pickups.

<sup>64</sup> See OGCYP, *Guardian for Children and Young People 2022-23 Annual Report* (2023).

<sup>65</sup> This may include a police check or child protection history check.

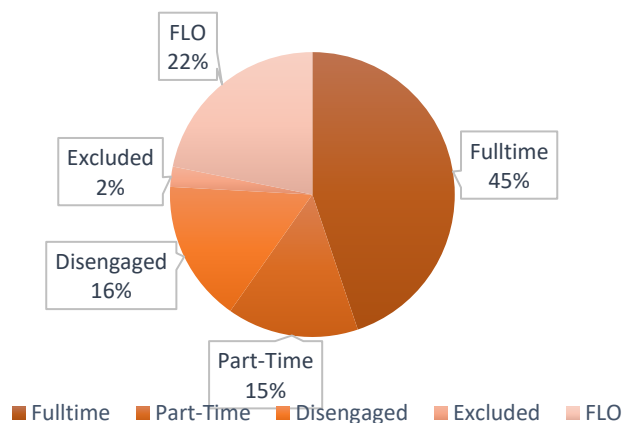
# Engagement in Education

**Charter of Rights** *I have the right to a good education*

From the ages of about 5 to 18 school is a big part of young people's lives, but there are some significant barriers for full engagement in the education system of young people who live in residential care, undermining the participation they are entitled to have.

School may be a place within which young people from residential care struggle to fit, adapt to a routine, or develop friendships. For no small number, it is the location from which DCP removed them from their families. Carers reported that this experience could affect willingness to attend school, particularly for younger children.

**Figure 24: School Attendance reported by DCP/NGOs, across residential care houses visited 2022-23**



## Regan\*

Regan is an 8-year-old who memorised the date he last saw his mum, stating *"...that's the day we came into care"*. Regan and his brother were removed from their mother during a school day, the only belongings they had were their school bags and the clothes they were wearing.

School engagement is pivotal for supporting healthy development, and providing safety, stability and positive relationships.<sup>66</sup> Yet information provided by DCP and NGOs indicated only 45% of young people visited were engaged in full time education. The CYP Visitor believes that this may be a 'best case scenario.' During many visits, young people's self-reported education engagement was significantly lower than that indicated by DCP. For example, Visiting Advocates scheduled multiple visits during school hours as this was identified by carers as the "best time" to engage young people.

*"Every day is a holiday."*

*Young Person, 15 years.*

<sup>66</sup> Government of South Australia, DCP, *Education support for children in care* <<https://www.childprotection.sa.gov.au/carers/how-dcp-works/education-support-for-children-in-care>>. Accessed August 2023.

Care arrangements likely impact this engagement – research conducted in 2020 found that 57% of care leavers surveyed had completed year 12, but "those in home-based placements, and who had fewer placements, [were] more likely to achieve this goal".<sup>67</sup>

## Barriers to engagement

For young people who go through a placement change or enter care, school may have been a stable environment, with familiar teachers, peers and play areas. However, when a young person moves placements, their enrolment at that school may no longer be practical, meaning they are faced with another change.

Four young people in a house may attend four different schools, with a small number of carers responsible for transporting them. This is logistically difficult, and some of the burden falls on the young people. One young person advised he rides his bike to school to reduce the burden on carers who would otherwise be driving to multiple locations. Where distance precludes this, volunteers and taxis support school attendance.

Young people's complexities may impact upon regular attendance and punctuality. A young person needing behaviour support may impact on capacity to transport other young people to school on time. It also may flow on to subsequent classroom engagement.

### Sammie\*

Sammie is 9 years old and attends a primary school over an hour away from her new residential care placement. As other young people in her house go to different schools, she travels nearly three hours a day in a taxi, alone, to get to school.

Multiple young people reported being self-conscious about their guardianship status at school. They reported teachers treated them differently, with one young person explaining that teachers would say *"how is the new resi placement going?"* in front of the class.

*"You get bullied in school for things like your hair or clothes. I'm not trying to get bullied for where I live too."*

*Young person, 17 years.*

### Adele\*

Adele is 15 years old and is on modified hours at school, finishing at midday. Adele feels uncomfortable going to her homegroup in the morning and has been going straight to lesson 1. Her teacher has given her a lunchtime detention for missing homegroup, which falls after Adele has finished school for the day.

## Supporting School Engagement in Residential Care

If young people do not attend school, supporting re-engagement falls to their carers. This is complicated by the existing barriers to rapport – for full time school-attendees, different carers may pick them up than those who drop them off. The casual workforce can raise the following:

- **Lack of knowledge of the young people:** Jim\* (15, reportedly disengaged from school) stated *"school is shit"*. When Visiting Advocates asked what year he would be in next year neither he nor his carers could say for sure.

<sup>67</sup> Dr Joseph McDowall, CREATE Foundation, *Transition to Adulthood from Out-of-Home Care: Independence or Interdependence?*(2021).



- **Confusion about school plans:** case managers and care teams may have different understandings about young people's school situation.<sup>68</sup>
- **Carer complacency:** despite DCP and NGOs indicating active efforts were made, young people were asleep when Visiting Advocates arrived on several visits, with no visible effort from carers to encourage school attendance.
- **Delays in enrolment:** young people in residential care may move school multiple times. Each requires a new enrolment which can lead to periods of disengagement. As one young person waiting to be enrolled shared, *"I'm in year 10 now, so that's a serious year and I am already missing out"*.

#### **Bobby\***

Bobby is 14 years old and was suspended from school two weeks ago. He's anxious about next steps and scared he has been expelled. He had not spoken to his case worker and the carers weren't sure of what conversations had taken place. He told Visiting Advocates *"I'm dropping out of school and getting a job"*.

Disengaged young people consistently expressed dissatisfaction at not attending school. A 16-year-old said he was *"bored"* at home. Another shared, *"I need to go to school. I just sit here all day doing nothing."*

## Mental Health and Unsafe Behaviours

While 16.5% of young people visited were recorded by DCP and NGO's as having a diagnosed mental health condition, self-reported behaviours indicated ongoing emotional and mental distress, including:

- struggling to regulate emotions, without support from carers/external providers
- poor sleep hygiene, inconsistent sleeping routines and night terrors
- low self-esteem and self-worth
- insecure attachments and social issues including inability to develop friendships
- panic attacks
- mental health concerns relating to complex trauma, depression, anxiety, suicidal ideation or self-harm.

*"I cry myself to sleep and I have panic attacks. No one helps".*

*Young person, 13.*

Research links adverse childhood experience with "excessive threat vigilance, problematic social relationships and mistrust, each of which contribute to the development of mental health problems."<sup>69</sup> This highlights the need for trauma-informed practice in the context of young people's complex lives.

**'Adverse Childhood Experiences'** or ACEs are potentially traumatic, for example neglect and abuse, which occur between 0 and 18.

Young people who grow up in caring and supportive environments usually develop safe and appropriate strategies to cope with adversity, which they are guided to hone and practice over time. Young people in

<sup>68</sup> This is discussed in further detail within the section [Silenced care and support: Case managers & carers](#).

<sup>69</sup> Julia Sheffler et al, Anxiety Stress Coping, *Adverse childhood experiences and coping strategies: Identifying pathways to resiliency in adulthood* (2019) 32 *Anxiety Stress Coping* 594.

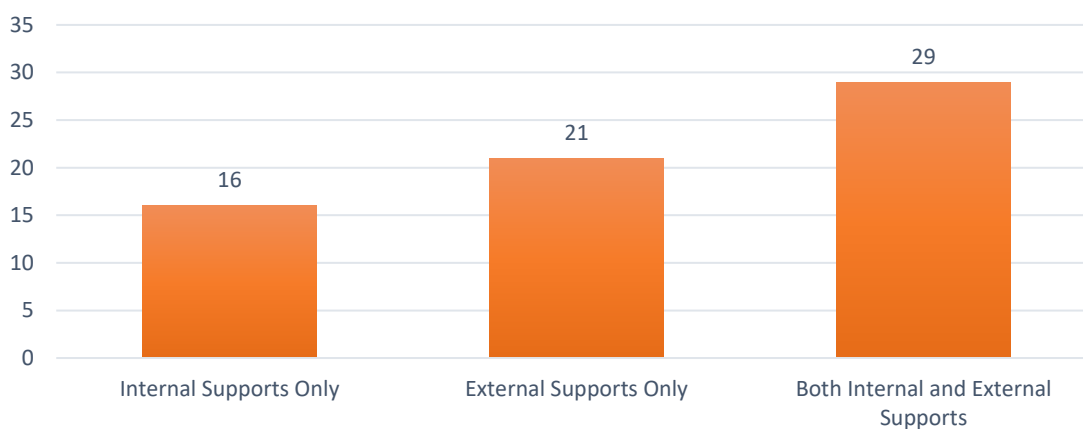
residential care may not have access to the same support. Some did know that they could reach out to carers, but this did not appear to be a typical first strategy. Research indicates that the primary support young people received for emotional and behavioural problems was “informal help or support.... Most often from parents and friends,”<sup>70</sup> which can be problematic for those in residential care.

Not surprisingly, young people may adopt the behaviours of older residents who can become role models. While this can be a protective factor, it also might lead to unsafe coping strategies and behaviours.

## Lack of Satisfaction with Existing Support

Through surveys, DCP and NGOs reported 72.5% of young people visited were engaged with therapeutic support, either internal or external, although this did not capture the frequency or length of time the young person has been engaged.

**Figure 25: Young people reportedly engaged with therapeutic supports, 2022-23**



During visits, young people openly discussed that therapy and counselling had not worked for them, and that call centres often have long wait times. They spoke of:

- not believing that therapy was “*helpful*” or that it “*doesn’t work*”
- not having a relationship with a therapist or having had a negative experience with a therapist in the past
- being referred to many services at once
- ruptured relationships with services when specific staff are reassigned.

*“I’ve tried therapists in the past and the only thing that helps is weed.”*

*Young person, 16 years.*

## Substance use as a Coping Strategy

During visits, many young people spoke about substance use, mainly marijuana and alcohol, but also methamphetamines and vaping, seeing this as a coping mechanism rather than social activity or act of rebellion (the youngest to disclose this information was 11). It often was linked specifically to past traumas and stressors – which in some instances were linked to the challenge of living in residential care, placement dynamics.

<sup>70</sup> Young Minds Matter, *Adolescent service use* <<https://youngmindsmatter.telethonkids.org.au/our-research/adolescent-service-use/>>. accessed September 2023.

This is not unexpected – research suggests substance misuse (including alcohol, cannabis or other drugs, and smoking) is significantly higher amongst young people who self-diagnose as having major depressive disorder.<sup>71</sup> This does not exclude the often-complex influences of trauma, grief, loss, disability, or other compounding factors. Those who experienced childhood trauma have an increased risk of drug use.<sup>72</sup>

*"I vape the same reason every other young person does, to deal with stress."*

*Young person, 16 years.*

As a method for coping with mental health pressures and past trauma, substance use creates major challenges for care teams and other support providers. At the most basic level it can generate tensions within houses if young people seek to consume potentially dangerous illicit substances on site, yet prohibiting use can have significant effects, particularly when young people are turning to the substances due to high levels of emotional pain. Multiple young people spoke to Visiting Advocates about their frustration when told that they could not use substances inside their house, particularly noting a day-to-day alternative means of coping is rarely presented. Some referred to signage in their houses which warned that police would be called if substance use was suspected. Noting the drivers to engage in substance use do not vanish when consumption is regulated, others said the rules pushed them to use drugs in public places which placed them at risk of assault or arrest. Enforcement of these rules can fracture relationships within their houses.

*"It's doing my head in, [marijuana] is how I cope during the day."*

*Young person, 14 years.*

Inconsistent or varied care team approaches can compound the problem as carers seek to balance tensions between policing substance misuse, risk mitigation, harm minimisation and preserving relationships. These concerns are heightened for young people dealing with mental health and trauma related issues, who may feel further isolated from their houses and care teams, and therefore more likely to engage in substance use. This is a complex area that will require further attention by all those involved, on both individual and systemic levels.

## Self-Harm and Suicidal Ideation

*Due to the sensitivity surrounding the discussion of self-harm and suicidal ideation, young people's specific experiences will not be detailed in this section.*

Young people in residential care are some of the most vulnerable in the state and therefore at higher risk of self-harm and suicidal ideation. Research indicates that there are certain cohorts that are at greater risk of self-harm behaviours, including:

- people aged 15-19 years
- with mental health conditions
- from Aboriginal or Torres Strait Islander backgrounds
- living in in out-of-home-care
- living in juvenile justice facilities
- living in rural or remote areas

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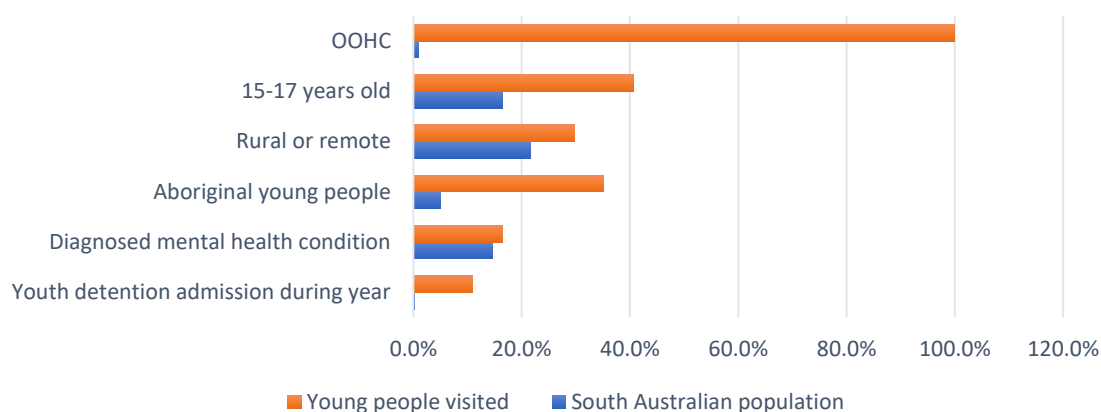
<sup>71</sup> Australian Institute of Health and Welfare, *Health of young people* (2022).

<sup>72</sup> Tammy Ayres, 'Childhood Trauma, Problematic Drug Use and Coping' (2021) 42. *Deviant Behaviour* 578.

- young people who identify as LGBTQIA+<sup>73</sup>

Concerningly, young people in residential care can fit most, if not all, of these identified at-risk categories. Many of these young people have also, prior to coming into care, experienced or witnessed trauma, interpersonal violence, abuse, or neglect. As mentioned above, this can have significant and long-lasting impacts on their mental health and wellbeing.

**Figure 26: Comparison: Approximate proportion of young people in the South Australian population per identified risk factors, compared to young people visited in 2022-23, by key demographics<sup>74</sup>**



### Self-harm or suicide behaviours?

In surveys provided to the care team and DCP executive, the CYP Visitor asked ‘how many of the current children or young people, whilst living in the placement, displayed suicidal behaviour, made suicide attempts or engaged in self-harm’. The CYP Visitor is unable to differentiate specific data for either self-harm or suicidal ideation, the number of incidents or the duration in which the young people have been engaged in these behaviours. The CYP Visitor has reviewed these survey questions and will be seeking more information in coming visits.

Over the course of the CYP Visitor’s operations, DCP and NGOs reported 27.5% of young people visited had engaged in self-harm or suicidal ideation while living at their residential care house. *This data is based on DCP Executive, NGOs and care teams’ understandings, not young people’s self-disclosure.* The numbers are therefore limited by their knowledge, classifications of behaviours, and rapport with the young people. On occasions during visits, young people disclosed recent experiences of self-harm that had not been reported in surveys.

Young people spoke openly about the use of restrictive practices, aimed at preventing self-harm. Young people openly displayed marks and scars from previous self-harm (both prior to entering care and after entering care). Self-harm ideation, spoken with intent or not, was commonly expressed during visits, including in front of other young people.

<sup>73</sup> Data was not collected for LGBTQIA+ young people; see [Support to Thrive & Personal Growth](#).

<sup>74</sup> Data for youth detention is based on information DHS provided to the TCV regarding the number of individuals detained in 2021-22, as a proportion of young people under 18 years at 31 December 2021, as published in AIHW, *Youth detention population in Australia 2022* (2023), Table S55. All other proportions are sourced from the Child Development Council, *How are they faring? South Australia’s 2022 report card for children and young people* (2023).

This is not to say young people took the behaviours lightly – during visits, young people spoke openly of their experiences, linking them to mental health, past trauma and living in residential care. Few generalisations can be made about these disclosures – young people engaged in self-harm for a variety of reasons and in many different contexts.

Through visits, the CYP Visitor has learned from care teams and young people:

- children as young as 7 have engaged in self-harm type behaviours
- processing previous trauma and experiences can result in young people self-harming
- young people may link their ideation to decisions around their placement or care
- self-harm provides relief in the moment
- some young people linked their self-harm to house dynamics. One young person pointed to self-harm marks on their arm saying house dynamics and conflict *“caused me to do this”*.

Positively, many young people reflected on previous self-harm behaviours, which they no longer utilise. Some were proud to share how far they have come, particularly when highlighting they are no longer self-harming as often as in the past. Others reported engaging with therapists or identified friends as a core support.

Carers are provided with suicide and self-harm training, although the extent of this is unclear, particularly given only 9 houses visited reported the whole care team had completed their Certificate IV at the time of the visit.<sup>75</sup> Compounding the increased risk for young people experiencing self-harm or suicidal ideation, is the fluctuating care teams supporting a house. This may impact young people’s trust and rapport with carers, as well as carers’ ability to identify a change or decline in young person’s behaviours or attitude. These circumstances raise questions regarding the availability of safe and consistent support for young people engaging in self-harm.

Carers have tools to reduce inconsistency between shifts and individuals – safety plans, incident reports and logbook entries are utilised by carers to share information and techniques used to support young people. These documents will be subjected to further scrutiny in the coming financial year.

The CYP Visitor is aware of the sensitivity and seriousness of discussions around prevalence of self-harm in residential care. Although not always engaged in with the aim of ending their life, young people who self-harm may engage in suicidal behaviours, and research indicates that young people in out-of-home care are nearly five times as likely to display suicidal behaviour than their peers.<sup>76</sup> Visiting Advocates came across young people who, while not articulating an intention to end their lives, had engaged in behaviours which placed them at significant risk of just that outcome – for example, running into traffic.

## Support to Thrive & Personal Growth

Despite the challenges, a residential care house should be a place where young people are supported to heal, develop, and grow.

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<sup>75</sup> In response to this report, DCP advised they offer targeted Youth Mental Health First Aid accredited training to carers. Carers also work closely with the DCP Specialist Services Team (SST), and have referenced they have relevant staff procedures.

<sup>76</sup> S Trew, DH Russell, and D Higgins, Institute of Child Protection Studies, Australian Catholic University, *Effective interventions to reduce suicidal thoughts and behaviours among children in contact with child protection and out-of-home care systems – a rapid evidence review*(2020), p 5.

Routine, consistency, and predictability can support emotional regulation, development, and independence<sup>77</sup> yet, as discussed throughout this report, residential care is unpredictable due to factors such as inconsistency of care teams and placement changes. This uncertain environment may compound feelings of insecurity and hinder expression of personal identity. This may result in unsafe coping strategies, instead of safe development and exploration of self.

Beyond basic safety, part of a healthy home environment is access and exposure to age-appropriate stimulation and skills development opportunities. Visiting Advocates have observed some houses appeared to have limited to no provisions for such opportunities, diminishing young people's capacity to thrive.

"I just want to be able to go on a [weekend away] like real people..."

Young Person, aged 13.

Personal growth encompasses development of knowledge, skills and behaviours that allow an individual to develop their potential, including through recreation, games, sport, and social, artistic, or cultural participation activities. Of the 30 houses visited, the CYP Visitor identified only 10 within which young people's right to have the opportunity for artistic, spiritual, recreational and/or sporting development, were assessed as being *fully met*.

"I never get to do what I want to do. I even got an activity approved but it never happens because when it's supposed to, the carers always have to sort other shit out."

Young Person, aged 17.

In cases where this was fully met, young people and carers shared a variety of examples which support a young person's social and emotional development including participation in sporting clubs, scouts, and community groups. Carers shared examples of camps, cultural activities and adventures including outdoor nature walks, visits to the beach and arts and craft. These activities are considered to support growth and development, role modelling social skills and interactions, and developing relationships with other young people and carers.

## Understanding Their History

For young people, knowing and understanding where they come from and the reasons they are in care, supports development of identity. This was measured through the CYP Visitor's Wellbeing Statements (*do the young people understand to the full extent of their capacity their life history and why they are in their current circumstances*). DCP and NGOs consistently rated this area significantly higher than the CYP Visitor. Due to the sensitivity of this area, Visiting Advocates were careful when navigating this discussion with young people.

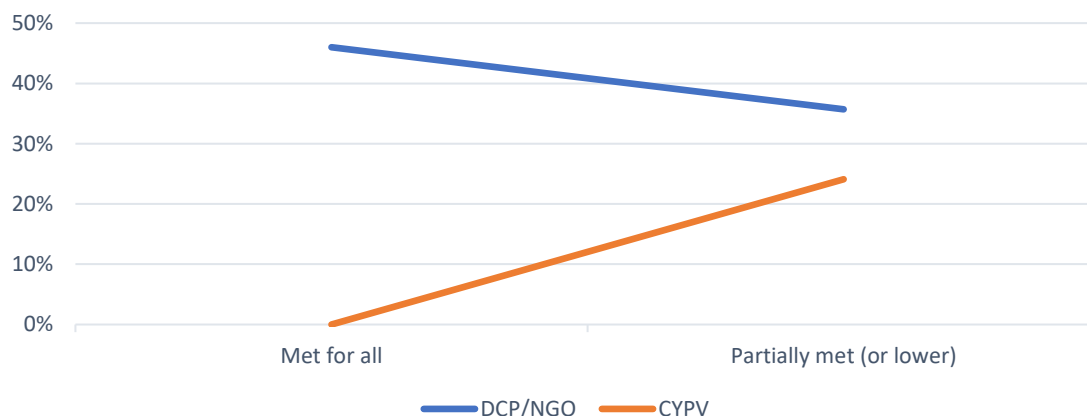
DCP and NGOs commented in some cases that young people were too young to understand the full extent of why they were in care, or suggested their level of understanding was impacted due to diagnosed disabilities or developmental delay. While management of factors like developmental and chronological age are necessary, the CYP Visitor noted young people will occasionally come up with their own explanations for being in care, if they do not feel one has been provided. One young person, aged 14

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<sup>77</sup> This is acknowledged in the DCP Manual of Practice which states residential care aims to provide: 'a safe, responsive, and nurturing home for children and young people in care day-to-day care that is trauma informed, culturally responsive, relationship based and meets individual needs, including the physical, emotional, psychological, social, and cultural wellbeing for every child and young person'.

years, shared through tears she believed it was her fault she was in care, stating *“I’m too hard for my family”*. Speaking of the impact this has had on her self-confidence, emotional wellbeing, and connection to her family.

**Figure 27: CYPV assessment compared to DCP/NGO assessment in 2022-23 of young people's understanding of life history and other circumstances**



## LGBTQI+ in Residential Care

Another aspect of identity and personal growth is development and exploration of sexuality. The CYP Visitor is not aware of any data on queer young people in residential care, a deficit unlikely to be remedied because it is not clear whether residential care is perceived as a ‘safe’ environment for young people to explore their sexual identity.

Statistically, 3-4% of people surveyed identified as gay, lesbian, or bisexual, with figures rising for those under 25.<sup>78</sup> A 2019 national study indicated that about 2.3% of older secondary students identified as trans or gender diverse.<sup>79</sup>

Homophobic language and comments are still common in residential care. Visiting Advocates observed carers using incorrect pronouns and non-preferred names, appearing unaware of the impact this may have on a young person’s confidence and self-esteem. Visiting Advocates observed that of the 30 houses visited, none displayed signs to indicate the space as ‘safe’ for LGBTQI+ young people. It was not clear whether this was due to a lack of interest from young people, or a lack of awareness from care teams.

## Dual Involved Young People

The operation of two simultaneous administrative orders –care and protection, and youth justice – has been a topic of interest the CYP Visitor (as Guardian and TCV) has been monitoring for some time. In July 2022, the SADI report (detailing the experiences of ‘dual involved’ young people) was released. The overall theme of this report was that while young people’s lives were theoretically being cared for by two administrative orders, they were ultimately cared for by neither.

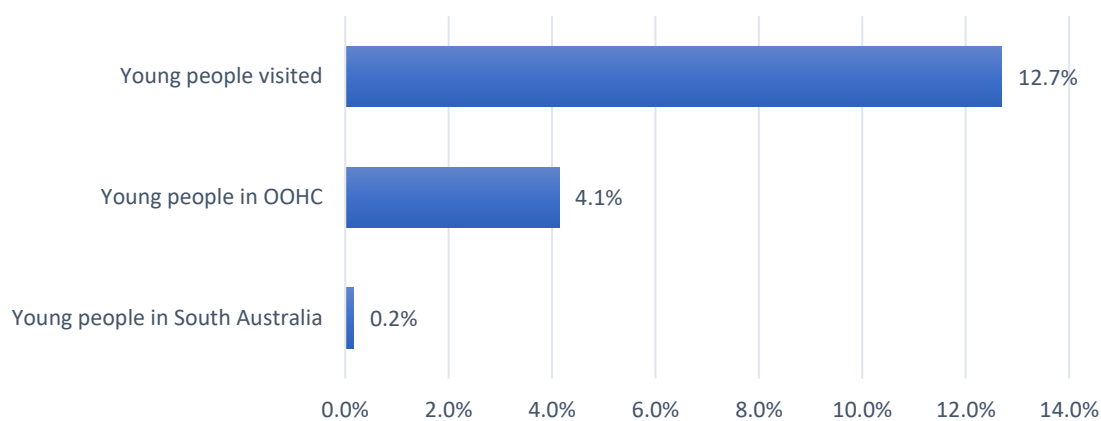
The CYP Visitor noted these vulnerable young people were often further isolated from the safe, caring, kind and rehabilitative environments that they need to live and grow in. In fact, 22.78% of young people

<sup>78</sup> Marina Carman et al, Rainbow Health Victoria, *Research Matters: How many people are LGBTIQ: A fact sheet by Rainbow Health Victoria* (2020), p 3.

<sup>79</sup> La Trobe University and Australian Research Centre in Sex, Health and Society, *National survey of secondary students and sexual health 2018: Results of the 6th National Survey of Australian Secondary Students and Sexual Health* (2019), p 16.

visited (aged 10 or older) were reported as having recent involvement with youth justice, and more than one in ten had been admitted to Kurlana Tapa Youth Justice Centre ('The Centre') over the financial year. This figure eclipses statistics for the general population, where the rate of youth detention admissions is 1.7 per 1000 young people (10 – 17).<sup>80</sup>

**Figure 28: Proportion of young people aged 10 – 17 years admitted to youth detention in a year, by population group<sup>81</sup>**



**“The SADI Project”** described and analysed this overrepresentation from residential care in its 2021 Interim Report and 2022 Final Report concluding that ‘care criminalisation’ is a process exacerbated by such placement. Interviews were conducted with dual involved young people, providing a source of intelligence about the sector. The CYP Visitor’s ongoing engagement with dual involved young people in residential care placements will now inform the ongoing SADI agenda.

An update on implementation of recommendations from the 2022 SADI Final Report is currently being prepared, with learning from the CYP Visitor’s work providing new insight within this cross-mandate scenario. This has affirmed various SADI findings, just three being –

- the prevalence of a sense of being unsafe in placements,
- inconsistent case-worker contact
- impact of poor placement matching.

Dual involved issues are discussed in the TCV and Guardian Annual Reports.

Even so, this does not reflect the totality of young people’s contact with the youth justice system. Young people often spoke to Visiting Advocates about previous court dates and contact with police not referenced in information provided by DCP or NGOs.

## Care Criminalisation

While young people in care account for 1% of the child population, more than one in three young people held in youth justice detention on an average day were in care – a social phenomenon which is referred

<sup>80</sup> In 2021-2022, 285 young people aged 10 – 17 years were admitted to youth detention in South Australia. Rate per 1,000 young people is calculated based on the population of young people aged 10 – 17 years at 31 December 2021: AIHW, *Youth detention population in Australia 2022* (2023), Table S55b.

<sup>81</sup> Data for young people in OOHC and the South Australian population is based on figures for 2021-22, as relevant data for 2022-23 is not yet available. Data sources: Government of South Australia, DHS (unpublished); AIHW, *Youth detention population in Australia 2022* (2023), Table S55b; AIHW, *Child protection in Australia 2021-22* (2023), Table S5.5.



to as 'care criminalisation'<sup>82</sup>. South Australia is not unique in this respect – care criminalisation is the subject of national and international commentary and research.

### Minimum Age of Criminal Responsibility

In South Australia, the youngest a person may be charged with a crime is 10 years old. This is one of the lowest ages of criminal responsibility in the world, despite common law in South Australia presuming young people under the age of 14 are incapable of forming the mental intent to commit a crime. The criminalisation of children often impacts upon vulnerable young people from disadvantaged backgrounds who have already experienced violence, abuse, disability, trauma, and substance misuse ([Australian Medical Association](#)).

In 2021 over 30 member nations of the United Nations Human Rights Council endorsed a recommendation for Australia to raise the minimum criminal age to 14, which was rebuked by the federal government. Despite this, the South Australian government has still not committed to raising the age of criminal responsibility. Children of primary school age continue to be imprisoned, including the detention of children in adult facilities such as police cells and watch houses.

Strategies are required and a commitment made to reducing relevant risk factors, which makes significant work already underway across government welcome, such as:

- improving access to family support services
- embedding trauma-informed practice frameworks into service delivery
- expanding early assessment and service delivery for young people with disability
- improving mental health supports for children, young people, and families.

This work is acknowledged and respected – including the reality that it will take time to see the results of current efforts. However, promoting the best interests of young people does involve turning a critical lens on features of the child protection and social services systems – both to identify 'missed opportunities' where practice improvement can better promote trauma recovery and diversion, and identify those features of both systems which contribute to criminogenic risks and, at times, set young people up to fail.

*"I'm worried for [my sibling] because I don't wanna see [them] in ... lock-up."*

*Young Person, aged 14.*

### What causes care criminalisation?

The CYP Visitor has observed that the South Australian government approaches discussions about care criminalisation with caution, and resistance to findings that attribute causative factors or responsibility to aspects of the child protection system. In this environment, it is important to highlight the CYP Visitor holds the view that causation is not a useful framework to approach this discussion, due to the complexity of the individual experiences and lives of young people in care. It is acknowledged that intersectional experiences which carry increased statistical criminogenic risk are often concentrated for young people in care – including witnessing or being subject to family, gendered violence and/or sexual abuse, homelessness, food insecurity, substance misuse, trauma disorders and social isolation.

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<sup>82</sup> See, eg, Susan Baidawi et al, *Research report – Care criminalisation of children with disability in child protection systems*, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023).

*"I know the statistics for kids like me. I've researched it."*

*Young Person, aged 17.*

Homes should be places where young people can learn how to experience and process emotions safely, to ensure they can engage constructively and appropriately in society as they grow. Young people in a residential care do not have this luxury – the moment they escalate in their 'home' environment they risk contact with the youth justice system, because other young people or carers call for SAPOL attendance.

Young people's contact with police may begin at early ages – over the course of the program operations, Visiting Advocates met young people who had encountered police in the following contexts:

- **Being picked up on MPR:** although it is not a crime to run away from a property (unless there are bail arrangements in place) police may be the ones to collect a young person on MPR. Visiting Advocates heard young people refer to the photo which may be attached to their MPR as a *"mug shot"*.
- **Forensic interviews:** depending on the circumstances, some young people have been interviewed due to the reasons for their removal from their parents' care.
- **Being interviewed as the victim of a crime:** sadly, this was often following sexual exploitation.
- **Police attending the house in response to another young person's behaviour:** this could be complicated for young people, who may have felt scared of the other young person but may also find the presence of police in their house confronting.

This common interface can reinforce a criminogenic link, not just for your people but for carers. Equally, it may shape a young person's perception of themselves, and police.

*"I'm destined for the adult system anyway. I was born into institutions, I'll stay in institutions my whole life."*

*Young Person, aged 17.*

In addition, policies to preserve the safety of the house, its residents, and carers, may force young people into contact with youth justice. Young people spoke of police being called when they allegedly shouted at carers, or possessed weed, or committed property damage. The SADI report provided the example of police being called when a young person sprayed carers with a hose while watering the front yard.<sup>83</sup>

Young people spoke of the police being used as a behaviour management tool, often being utilised as a first response, rather than carers supporting them to navigate complex emotions and outbursts – one young person reported that they believed carers had called the police on them *"maybe 10 times"*. In addition to bringing young people into contact with youth justice, often for behaviours which would not merit the same response in family-based case, this can create friction between young people and their care teams.

*"I complained about [another young person] four times. He made one complaint and [carers] told me I might go to juvie."*

*Young Person, aged 15.*

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<sup>83</sup>OGCYP, *Six Month Snapshot of the South Australian Dual Involved Project Children and Young People in South Australia's Child Protection and Youth Justice Systems* (2021).

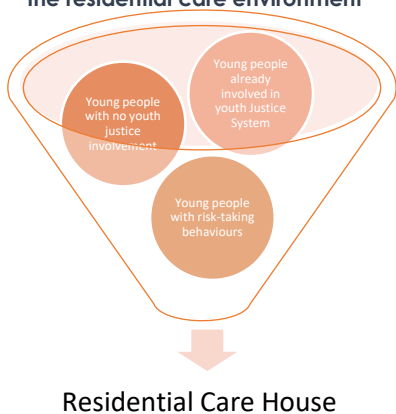
Attempting to utilise police as a warning or threat to encourage good behaviour can exacerbate this. This not only impacts a young persons’ relationship with police at the time, but may shape their willingness to seek police support in future if the need it.

**Simon\***

Simon is 15 years old and has been in care since he was little. He used to run away to his mum’s house, but police would find him and bring him back. It always upset him when they turned up, not just because they’d return him to his house, but because he was worried that his Mum would be in trouble (she’s anxious around police). Simon starts to feel nervous around police, even if they seem friendly. He’s often rude to them when they pick him up on MPR, and while they didn’t care when he was small, as he grows, they seem less tolerant. Since he’s been arrested, he thinks it is getting worse. Simon doesn’t feel safe with police – they’ve only ever made him stressed. He does not think he’d call them if he was in trouble.

The CYP Visitor acknowledges young people in residential care have varied and complex needs – some young people are already involved with youth justice at the time they are placed in residential care (in fact,

**Figure 29: Diverse young people entering the residential care environment**



youth justice involvement may bring young people to DCP’s attention). Others exhibit no risk-taking behaviours that may lead to police interaction. Most fall somewhere in between.

However, ultimately all are housed together, which can lead to developments in behaviours, both positive and negative. Young people in the child protection system are much more likely to have youth justice involvement than those not involved with the child protection system. Younger children having contact with the youth justice system for the first time are significantly more likely to be involved in the child protection system also.<sup>84</sup>

It was common for young people to express a preference for being in custody over residential care. This was discussed in detail in the SADI report but remains a common theme.

*“I’d prefer to be locked up then be in my own placement and deal with that shit.”*

*Young Person, aged 17.*

## Connection to Community While in Detention

Although legislatively required to encourage rehabilitation, the Youth Justice Centre should not be considered a benign environment. The specifics of the issues with this institution are discussed in detail in the TCV’s Annual Report 2022-23, but ultimately, it is not a place for young people to live, grow, learn, or rehabilitate.

Despite this expressed desire to enter youth detention, many young people express frustration with their lack of contact and connection to their residential care house while they are detained.

<sup>84</sup> Australian Institute of Family Studies, *Young people in child protection & youth justice in Australia* (2017).

Young people in care may not be permitted contact with the family from which they were removed, and community contacts also may be limited. This can make for an even more isolating time in custody.

### Contact in the Centre

When a young person is detained, their most regular contact to the community occurs through timed and recorded phone calls, made to a select list of pre-approved phone numbers. Their parent or guardian must approve numbers to be added to their phone lists.

For young people in residential care, this presents an opportunity for their caseworkers to regain control of their contacts. As discussed elsewhere in this report, caseworkers and care teams may struggle to control a young person who is away from placement, or on MPR. While in custody, this can be re-established. Young people often report frustration at DCP not approving contacts for their phone list who they regularly associate with in community. This can include family, partners, and friends. The decision to block contact is ostensibly made to preserve a young person's safety but can seem inconsistent to young people. It also means that as well as having the traumatic experience of detention, young people may be deprived of contact with their usual support network.

In this context, the role played by caseworkers and care teams is intensified. At a time when efforts should be increased, young people report a belief that while they are in detention, carers and caseworkers do not feel obliged to check-in on them or work on their behalf. Some young people reported caseworkers hanging up on them during phone calls if they felt young people were being abusive or rude.

It is reasonable to expect a caseworker to be able to manage tense phone calls with a young person who may be experiencing emotional distress, especially if this is exacerbated by isolation and other conditions in detention.

*"How can [my caseworkers] expect me not to be angry? I'm in here."*

*Young Person, aged 14.*

### Clara\*

Clara has been in and out of custody several times. She has been told she will now be moving to a new residential care house, but she is nervous about meeting a new care team. She has asked her worker whether the care team could come visit her while she is in detention, so she can meet them and get used to them. Clara has not yet been assigned a house or a care team – when she does have one, it will likely have lots of different individuals, none of whom have the time to come visit her. She'll meet them for the first time when they pick her up from the Centre.

The following additional concerns were raised or touched on through the financial year:

- **Concern their belongings will be touched:** this was particularly the case when young people worried their bedroom might be used as a 'ghost bed'.
- **Frustration at remaining in custody until shift changes:** while court may occur in the morning, young people in residential care often needed to wait until shift handover at their residential care house to be picked up. This meant additional hours in custody, often confined to one's room.
- **Strangers picking them up on their release:** casual workforces in residential care meant young people were occasionally released into the care of Carers they had never met before.

### “Ghost Beds”

Some houses have high numbers of young people recorded, not because of formal placements, but due to what is described as a ‘ghost bed’. A ghost bed is a bed left vacant by a young person (while they are on a trip, or more often in youth detention) which is then temporarily occupied by another young person. This is particularly common for some regional houses acting as transition points and for houses where young people are serving periods of remand or detention. DCP does not endorse use of this term, however Visiting Advocates have observed it is used commonly throughout the sector.

## Prolonged Detention

Through the SADI report, the CYP Visitor (as TCV) has raised the issue of DCP relying on the Centre to ‘house’ young people, due to a lack of alternative suitable residential care houses. Young people have alleged DCP representatives directly advocated for their detention,<sup>85</sup> and over the financial year there were reports of DCP caseworkers stating they would seek an adjournment (therefore continued remand) of a young person’s matter due to a lack of placement.

The CYP Visitor (as TCV and Guardian) is aware of young people who ordinarily live in residential care who have been on extensive periods of remand, or had multiple remand periods, over the course of the year.

### Celeste\*

Celeste has been in the Centre for months, but she is expecting to get bail on her next court mention. Celeste’s caseworker tells Celeste that because she’s been in the Centre so long, she no longer has a room at her old placement. They need to find her somewhere else to live. As Celeste’s court date approaches, her caseworker decides to ask the magistrate ‘to extend her time in [the Centre]’ until they can find her a placement.

## Leaving Care

**Charter of Rights** *I have the right to get the support I need so I’m ready to leave care and feel good about my future*

Legislation dictates that, in most cases, young people exit care when they turn 18. Often referred to as ‘aging out’, young people are expected to rapidly leave the child protection system and navigate the adult world, often without guaranteed support. For teenagers not growing up in care, there is more often than not an option to stay under the supportive care of their parents or guardians. This can extend, in contemporary times, well into their twenties.<sup>86</sup> This important time is an opportunity for young adults to learn how to navigate an adult-centric world and responsibilities associated. They do this in a supportive environment, where a mistake is neither a crisis nor a crime. This is fundamental for any person transitioning from being a highly dependent young person to a fully independent adult.

<sup>85</sup> OGCYP, *the Final SADI Report* (n 7), p 72.

<sup>86</sup> La Trobe University (n 79).

The lack of this supported transition period in care has been acknowledged in other jurisdictions, where young people residing in foster and kinship care are financially supported to do so until the age 21. No such provision exists for young people in residential care in South Australia.<sup>87</sup> Often, the Guardian receives phone calls from young people post-18 requesting advice and support, which due to the confines of her mandate, she is not resourced to provide.

Care teams and caseworkers are tasked with preparing young people for leaving care, and the immediate independence this involves. However, preparation for successful independent living should be developed over time, rather than what appears often to be something crammed into the last few months (or at best last few years) of a young persons' childhood in residential care. Relevant DCP policies are introduced below.

## Planning to Leave Care

The DCP manual of practice stipulates that transition from care planning should commence at 15 years of age and be an integral part of case management until a young person turns 18 and exits care. Preparing for independent living, from age 15 or earlier, involves basic household skills, like cooking, cleaning, and hygiene. In the community, this usually begins at a young age, yet the young people visited by the CYP Visitor Program seldom reported having these skills modelled or taught by their care teams.

"It never smells of cooking and we never get to see or learn cooking skills."

*Young person, 15 years.*

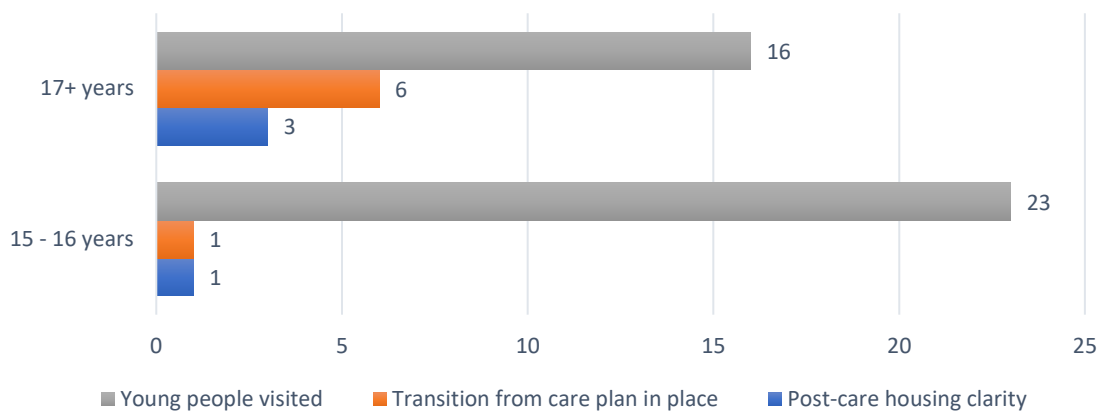
When development of independent living skills does occur in a house, it is received well by young people. A young person spoke highly of a carer's cooking and described her skills as *"amazing."* The young person reported learning cooking skills with the carer and showed Visiting Advocates a recipe folder the carer had put together with the recipes the young person had collected handwritten by the Carer, as a present. This practice is welcomed by the CVP Visitor.

It is important to note that 40.21% of young people visited fell into the 15-18 age range with a high proportion reporting that they did not have a Transition from Care Plan (TCP) and were not being supported to develop necessary skills required to transition successfully. Notably, 16% of calls received by the Guardian in 2022-2023 were from young people requesting support with their transition from care.

**Figure 30: Transition from care planning and post-care housing clarity for young people visited in 2022-23, by age group**

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<sup>87</sup>DCP funds two NGO programs which support residential care leavers with housing and their transition (Next Steps Pilot Service and Stability Post Care and SPC Individual Packages). Cumulatively, these programs have capacity to support a total of 38 young people. In the 2023-24 financial year, the Post Care Support Service commenced advocacy and casework support for the targeted age group of 18-25. This is a positive, though limited, development.



While young people did identify a clear practice shift when reaching age milestones (such as turning 16), they reported this often as a ‘tick box’ approach rather than a supportive and targeted upskilling process.

**Stan\***

Since turning 16, house rules have changed for Stan. Carers will no longer drive him anywhere except medical appointments, telling him that he must learn to use public transport. He has been told he will no longer receive pocket money from the house and instead must sort out a Youth Allowance Application. He is trying but is waiting for his caseworker to help him with the paperwork. It will be a lengthy process and Stan does not want to think about his life after care.

Visiting Advocates frequently heard that carer support would taper out as a young person approached 18, through removal of pocket money (with the understanding they will receive Centrelink), reduced transport assistance, and no support for necessary tasks like laundry, cooking and cleaning. Without proper support to learn these household and life skills, young people may not be equipped for this change in support levels, which must be understood in relation to the prevalent trauma histories, developmental delays, and disabilities amongst young people in care. Young people reported feeling rejected, isolated, disenfranchised, and confused due to this sudden withdrawal by carers, and the overwhelming impact of sudden responsibility for tasks they had previously been supported with.

Despite this apparent emphasis on new independence, young people might still be held to existing house rules that limit capacity-building or growth.

**Natalie\***

Natalie is 17 years old and lives in a house with two younger teenagers. Natalie is no longer going to school, but the other young people in her house are. Natalie is going to be moving to independent living in about six weeks, but she still has to abide by strict curfews and is not allowed to stay at the house alone. She told Visiting Advocates that every morning she is made to get out of bed and drive with carers as they take the younger people to school. She asked: *“What am I gonna do? Chuck a huge party at 8 in the morning and offer everyone a glass of juice?!”*

Young people reported an intensifying sense of uncertainty as each new day brought them a step closer to ‘independence’. While young people’s transition from care is one file of many for their caseworker, it is that young person’s whole future. This disconnect can mean young people interpret any lack of communication as a sign of their caseworker’s disinterest and may experience delayed updates or progress as a personal slight.

## Turning 18 is Not Just a Celebration

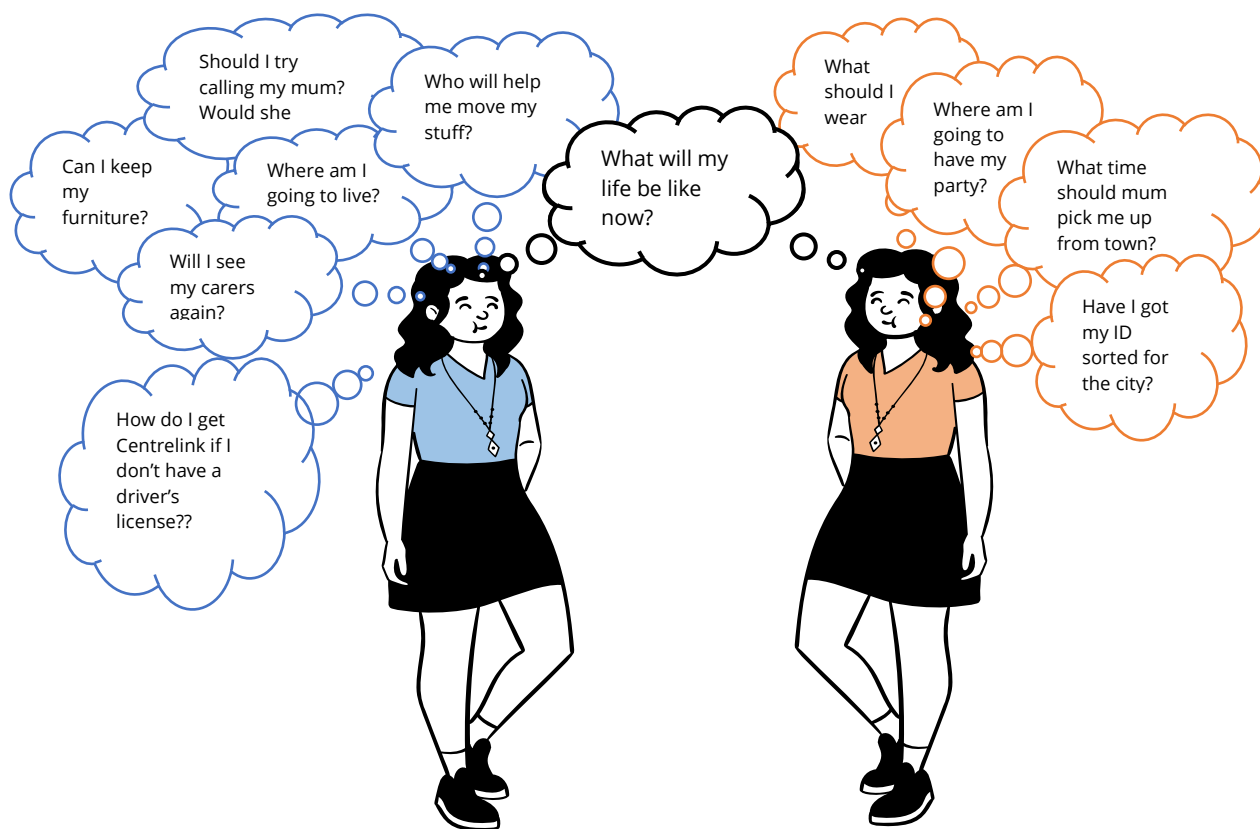
In the wider community, an 18<sup>th</sup> birthday is generally a time to celebrate and focus on, further education or employment. A sense of opportunity can exist in residential care too, with some young people expressing relief at the end of a regimented life in care, that they have been in that situation *“long enough”*.

*“I just want to get out of here, and out of Care!”*

*Young person, 17 years.*

However, feelings were often mixed, as this also can be an anxious, rushed, urgent, and uncertain time for those in residential care.

**Figure 31: Turning 18 in out of home care versus turning 18 in the community**



*“I was initially stressed at turning 18 because I thought I was going to be left homeless.”*

*Young person, 17 years.*

Some reported not knowing what was going to happen to them, where they were going to live or how they were going to be able to afford to live independently. These observations were even more intensified for those subject to dual orders and the experience of detention in the Centre.<sup>88</sup>

<sup>88</sup> OGCYP, *the Final SADI Report* (n 7).



## Housing Shortages

A common concern for those approaching 18 was the lack of secure housing. In the wider community young people may remain at their childhood home until they have the means or desire to move out. This is not feasible in the strict and strained residential care sector, where there is constant demand for beds, and regulations about the presence of 'adults' in the house. Some young people did tell Visiting Advocates that they had permission to remain in their house for three months after turning 18, but this was not standard.

South Australia's current rental crisis has a significant impact on future options. They experience lengthy waits for South Australian Housing Authority (SAHA) or community housing and, if a house is secured, they may be displaced to unfamiliar locations. Despite adverse circumstances often faced by young people in residential care, they do not automatically qualify for housing assistance but must be assessed for eligibility, a further bureaucratic process requiring navigation with often absent or disengaged caseworkers.<sup>89</sup>

*"I won't have to move straight away, I've been told there are lots of 18 year olds who are on the list."*

*Young person, 17 years.*

Paradoxically, minimal housing options can mean that young people are told to explore staying with friends and even family, despite having been told for years these connections are not suitable.

*"I am keen to get my own place and have my own independence."*

*Young person, 16 years.*

Research indicates that 34% of care leavers experience homelessness in the first year of transitioning from out of home care. In the first four years following the transition, this increases to 54%.<sup>90</sup>

## More Severed Relationships

Not only does a young person exiting care have to transition to full independence, they also must say goodbye to who and what they have known, often without connections to the wider community they will enter. Case workers, carers, some medical and mental health supports, and house mates are all still governed by DCP policies and procedures prohibiting or limiting ongoing contact.

Even where carers and caseworkers want to maintain some support for a young person, they must prioritise others who are still under guardianship. The Guardian and CYP Visitor are not exempt from this, as young people are no longer eligible to receive advocacy support once they leave care and pass from the legislative mandate.

Leaving care means discontinuation of much practical support, including crisis management, finances, and care and nurture, among other life domains. However, for many, trepidation centred on the imminent severing of relationships with peers, carers, and/or case workers: the people who (usually) had been there for them, provided a listening ear, shared celebrations and achievements or just passed the time.

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<sup>89</sup> Government of South Australia DCP, *Transition to independence for young people in care* < <https://www.childprotection.sa.gov.au/children-care/priority-access-to-services/transition-to-independence-for-young-people-in-care>>. Accessed September 2023.

<sup>90</sup> The Constellation Project, *Lived experience voices: insights into young people's transition from the child protection and youth justice system in South Australia and the interactions with homelessness* (2022).

*"I just want to have some peace and quiet for my last year of being a child".*

*Young person, 17 years.*

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**Kristy\***

Kristy has been living at the same residential care house for several years and is nearly 18 years old. She has been told that she will soon be required to leave the house. Having spent most of her teenage years at the house and formed strong relationships with the care team, other young people and local community, Kristy was upset at the prospect of moving on. She was concerned that she doesn't know where she will spend Christmas this year.

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# Emerging Themes

Beyond the matters discussed above, the CYP Visitor acknowledges other difficulties, frustrations and unsafe scenarios young people are being faced with. Many experiences, stories and issues were shared by young people that haven't been discussed in detail in this report.

Based on engagement so far, the CYP Visitor therefore will pay particular attention in 2023-24 to several factors, notably:

- **Hybrid staff models and consistency of care teams in residential care houses:** the negative impact of inconsistent and unfamiliar care teams was raised by both young people and carers independently, both voicing the impact on young people's emotional wellbeing, ability to build connections and the overall running of the placement.
- **Availability of *Supported Independent Living Services* placements:** whilst development of independent living skills was touched on in this report, the lack of placements available for young people when aging out of care is of significant concern and places young people at risk of homelessness.
- **Supporting developing identities, including non-Binary /LGBTQI+ young people:** this is difficult to capture as surveys are completed by supervisors/managers who may be unaware of the developing identities of young people. It is unclear what supports, and education are provided to young people, as carers may not be equipped or trained to provide this level of support, particularly considering the impact of trauma on a young person's identity development.
- **Sexual exploitation and abuse of young people in residential care:** The CYP Visitor has noted a prevalence of young people being allegedly harmed both within residential care houses and the wider community. Most of this information has been shared verbally by carers during a visit. This is a complex and multi-layered matter, which deserves greater examination.
- **The supports available for young people engaging in self-harm and suicidal ideation in residential care:** this area has been discussed within the report, however the CYP Visitor is aware the complexity of the issue requires a more in-depth exploration. Currently, the survey captures the number of young people self-harming or experiencing suicidal ideation known to carers/house management – this tells only part of the story. The CYP Visitor is actively deliberating on how best to examine these matters in coming years.

Moving forward, the CYP Visitor is going to actively work on collecting this data to capture areas raised by the young people and carers advocating on their behalf. A review of the survey has taken place as a result to ensure appropriate and relevant information is captured.

# The CYP Visiting Program Finances

## Financial Summary of Expenditure 2022-2023

*Table 3: Financial Summary – Project 972: Child and Young Person’s Visitor*

Financial Summary of expenditure 2022-2023 ('000)			
Item	Budget	Actual	Variation
Salaries	365	190	175
Goods and services	85	16	69
<b>Total</b>	450	206	244

As agreed by the Minister, the \$244,000 underspend will be moved to the end of the current funding, due operationalisation only occurring in the second half of financial year.

## Complaints

The CYP Visitor Program uses the grievances and complaints policy available on the Guardian’s website.

No complaints were received in 2022-23.

## Freedom of Information

The CYP Visitor received no freedom of information requests in 2022-23.

# Attachment 1: Background to the Establishment

## CYP Visitor Role, and the Trial Visiting program

*Note: this attachment uses terminology utilised in the original Trial Child and Young Person's Visiting Program, including the term 'facility' in place of 'house'. This term has been retained to ensure consistency of information.*

The 2016 SA Child Protection Systems Royal Commission recommended the development of a community visitor's scheme for children in all residential and emergency care facilities.<sup>91</sup>

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

In 2017, as part of the SA government's response to the findings of the Royal Commission, 'A fresh start' reform of child protection, the 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 Guardian received two year's special purpose funding for the trial (\$1.4m) and developed and trialled the scheme, called the 'trial Child and Young Person's Visiting Program,' over that timeframe.

At the time the trial was started, in 2017, the role of CYP Visitor was legislated but not established. The trial visiting scheme was tasked to, and overseen by, the Guardian.

### *Previous 'monitoring' of residential care by the Guardian*

Prior to the commencement of the trial visiting scheme in 2017, the Guardian's advocacy team had conducted visits to residential facilities since 2004 to fulfil her function to monitor the circumstances of young people in care, under the *Children's Protection Act 1993*.

The number of young people in care grew significantly between 2004 and 2017 as did the number living in residential care. There was a 622% increase in the number of individual facilities to be visited, from 18 in 2006 to more than 130 in 2017, with no increase in staffing.

Due to the increase in the number of facilities, and an expanded workload due to increased numbers entering care, it was not possible to visit and monitor even a proportion of these facilities satisfactorily with a team of only three Advocates. Monitoring visits became a simplified audit process with a relatively small number of visits achievable.

With the advent of the trial visiting scheme in 2017, the Guardian's 'monitoring visits' to DCP facilities ceased. In June 2020, the number of residential and commercial care placements numbered more than 200.

### *The Guardian's trial CYP Visiting Program*

Between July 2018 and August 2019, the Guardian's trial CYP Visitor Program visited 95 young people. Visiting commenced in September 2018 and finished in August 2019. The end date for the trial was extended to 30 September 2019.

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<sup>91</sup> Nyland (n 18), recommendation 137, p.xli.

A final report for the trial CYP Visiting Program was provided to the Minister and DCP in December 2019. In 2019-2020, a carry-over of unspent budget from the trial scheme (\$200,000) was granted to the Guardian to fund 1.62 FTE staffing for -

- subsequent monitoring of DCP responses to recommendations arising from the visiting scheme
- follow-up reporting on the trial
- advocacy arising from the trial visiting scheme
- conduct of 'audit visits' with existing Guardian advocates

### *Summary of trial CYP Visiting Program Final Report*

A de-identified version of the report, to protect the privacy of young people and carers, was published in February 2020 and is available on the CYP Visitor's website.<sup>92</sup>

The target of visiting 100 unique, individual young people was nearly achieved within the specified timeframe. Information was received about 99 children (as one child was visited twice after moving facilities) and four young people were absent on school camp when the visit occurred. The target would have been exceeded but for repeat visits to some facilities, which meant that 20 young people were visited by a Visiting Advocate more than once (between 2 and 5 times). Repeat visiting provided valuable information about the benefits of more frequent and repeated visits.

### *Details of visits undertaken*

Facilities ranged from 2 to 6 beds (some were capped but had the capacity for 8 or 12 beds). They were across the northern and southern metropolitan areas, and regional areas. They included residential and assessment units.

Category	Number
<b>Individual facilities visited</b>	24
<b>Individual young people visited</b>	95
<b>Facilities visited and formally reported on</b>	23
<b>Visits conducted<sup>93</sup></b>	37
<b>Reports provided to DCP</b>	14
<b>recommendations made in 14 reports:</b>	107

### *Outcomes*

The trial gave rise to a series of clear outcomes and benefits to individual 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, personal development, and interests.

On a facility level there were:

- improvements to physical and social environments, and the support, training, performance management and wellbeing of staff

<sup>92</sup> OGCYP, *Final report on the Trial Child and Young Person's Visiting Program* (2020).

<sup>93</sup> Some facilities were visited more than once.

- one large unit was de-commissioned as a residential unit, consistent with recommendations that arose from one of the Trial Program visits and reports
- another large unit, which was the subject of several visits and serious concerns about the social and physical environment, was subject to significant refurbishment

Broader systemic issues including placement decision-making, access to educational opportunities and the availability of vehicles were raised with the DCP.

### **Evaluation**

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. 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.*

### **Recommendations from the trial CYPV Program**

- |                  |  |
|------------------|--|
| 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.   |
| 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.  |
| 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: <ul style="list-style-type: none"> <li>• regular and predictable visits</li> <li>• pre-visit information for residents</li> <li>• encouraging staff to promote and facilitate visits</li> <li>• post-visit contact and feedback with residents – in writing, by phone and, where appropriate, quick follow up visits.</li> </ul> |
| 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.  |
| 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.  |

- 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
- 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.
- 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).
- Recommendation 11 Consider legislative amendment to achieve consistency in Freedom of Information requirements for the roles of Guardian, TCV and the CYP Visitor.
- 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.
- Recommendation 13 Consider legislative amendment so that the CYP Visitor may delegate functions and powers, consistent with the powers of the Guardian.
- 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.