

# SWIRLS

Social Work Innovation  
Research Living Space

Child and Young Person's Visitor Scheme: A  
developmental evaluation

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## Introduction

In 2018, the Office of the Guardian for Children and Young People (OGCYP) was tasked with implementing a pilot (or trial) in preparation for the implementation of a Child and Young Person's Visitor Scheme.

The visitor scheme stems from Recommendation 137 of the Child Protection Systems Royal Commission: 'Legislate for the development of a community visitors' scheme for children in all residential and emergency care facilities'. Royal Commissioner Nyland identified the role that community visiting schemes can play in monitoring the wellbeing and best interests of vulnerable populations living in residential care, but did not prescribe the type of visiting scheme that should be adopted (e.g. the expertise required and the basis upon which community visitors should be engaged).

*A fresh start*, the SA Government's response to the report and recommendations of the Royal Commission, outlined a range of reforms to the child protection system including the *Children and Young People (Safety) Act 2017 (SA)*, which replaced the *Children's Protection Act 1993 (SA)*. Chapter 9 of the Act concerns the Child and Young Person's Visitor Scheme and sets out the functions, powers and reporting obligations of the Child and Young Person's Visitor. The Guardian for Children and Young People (GYCP) was subsequently appointed as the Child and Young Person's Visitor in February 2018 and the trial visitor scheme commenced in April 2018.

Recognising that evaluation is central to the visitor scheme piloting process, the OGCYP initiated a partnership with the Social Work Innovation Research Living Space (SWIRLS) at Flinders University. SWIRLS researchers Dr Kate Seymour, Professor Sarah Wendt and Associate Professor Lorna Hallahan have worked closely with the OGCYP to design and carry out this evaluation.

As a partnership between SWIRLS and the OGCYP, the evaluation approach was informed by participatory action research principles and developmental evaluation ideas. The objectives of the broader evaluation were:

- to work with the Community Advocates undertaking the visits to develop, test, review, and adapt processes and procedures and identify aspects requiring further consideration/development;
- to work with and alongside the development of the visitor scheme by ensuring appropriate flexibility of evaluation methods to contribute to optimal design and service delivery; and
- to produce a report detailing the program and its developmental evaluation.

## Report structure

The content of this report is structured in seven chapters. Chapter 1 provides an overview of the range of approaches to ensuring oversight of children and young people in care, both nationally and internationally. Chapter 2 summarises the context of, and background to, the

introduction of the visitor scheme in South Australia. Chapter 3 surveys the literature to highlight key themes and debates as well as a range of research findings concerning the use, effectiveness and implications of 'oversight' approaches. Chapter 3 provides important context for the evaluation itself; as explained in the methodology chapter, Chapter 4, the literature review informed both the process of analysis and the development of findings. The findings are presented in Chapter 5, leading to a discussion of key considerations and dilemmas in Chapter 6 and conclusions in Chapter 7.

## Chapter 1: Approaches to oversight of children in care

There are two key approaches to oversight of children and young people in care: community visitor schemes and child advocates and/or guardians. The differences between these relate primarily to the principles underpinning each (discussed in more depth in Chapter 3 of this report), namely the distinction between a primary focus on children's rights (advocacy) or on children's safety and wellbeing (visitor schemes).

### Community visitors

Community visitor schemes, also known as 'official' or 'independent' visitor schemes, generally 'involve individuals independent from government agencies visiting children in out-of-home care or another child protection system to ensure they are safe and receiving adequate care' (Mathews, 2017, p. 13). The intention of such schemes is to provide an 'independent point of contact for children in care', enabling 'problems to be made known' (Mathews, 2017, p. 53). In Australia, the Queensland Community Visitors Scheme is the largest and most comprehensive program, with 'more than 140 community visitors ... covering a geographic area of 1.7 million kilometres' (Office of the Public Guardian Qld, 2019a). Queensland's community visitors 'monitor and promote [children's] rights and interests, and advocate that the services are provided in accordance with the standards of care and charter of rights' (Office of the Public Guardian Qld, 2019a). Empowered to 'do everything they believe necessary to ensure children are safe and well and are being properly cared for', their authority is extensive:

[A community visitor] can enter a visitable site during normal hours (8am-6pm) without notice or outside these hours with the Public Guardian's authorisation.

During a visit the visitor can inspect the site and talk to children living there in private i.e. out of the hearing of other people, including the site's staff.

Staff members are required to answer questions and may also be asked to talk to the visitor in private.

Staff members must provide the visitor with any relevant documentation if requested to do so and the visitor is allowed to copy and take extracts from the documentation if they think it relevant. (Office of the Public Guardian Qld, 2019b, p. 1)

Unlike other Australian schemes that are limited to children in residential care facilities, the Queensland Community Visitors scheme includes children 'in all forms of care, including foster care and relative/kinship care' (Commonwealth of Australia, 2015, p. 85). Victoria's Independent Visitor Program, by contrast, is only available to children and young people in youth justice centres (Commission for Children and Young People Victoria, 2019). The lack, both nationally and internationally, of 'broad scale children's visitor model[s] across all areas of Out of Home Care' reflects their economic and practical demands; and the fact that they 'present major challenges for an often already strained system and require significant financial annual investment' (3p Consulting, 2012, cited in Mathews, 2017, p. 54).

Interestingly, in the UK context, visitor schemes fulfil a slightly different function. The relevant legislation (*Children Act 1989* section 7) provides that the role of the ‘independent visitor’ is ‘visiting, advising and befriending the child’. Here, visitors, usually in a volunteer capacity, are linked to individual children for the primary purpose of sustaining a relationship over time: making regular visits, spending time together, giving advice, supporting and mentoring, and so on.

## Advocates

Advocacy schemes differ from visitor programs in that their primary focus is on children’s rights and representation, often in the context of specific legal, decision-making or complaint processes. Child advocates may have specialised knowledge and skills which they use to ‘work with the child and the system to ensure the child’s voice is heard’ (Coram Voice, 2015, p. 2). In the UK, advocates are appointed ‘where a child wishes to be represented at a meeting or assisted in making a complaint or bringing a matter to the attention of the care provider or ... [relevant] authority’, for the express purpose of ‘help[ing] the young person to express their views’ (Children’s Society, 2019). In Australia, the advocacy role is conceptualised more broadly in terms of jurisdictional oversight and in the form of a public advocate or public guardian with responsibility for overseeing either the child protection system as a whole or specific agencies/functions within it. As Mathews (2017, p. 57) observes:

Different jurisdictions use different terminology to describe the offices of advocates and guardians. There are also differences in their respective roles, and sometimes one office will cover aspects of both advocacy and guardianship roles. ... [T]he position is disparate and complicated across the nation, with agencies having different names performing similar advocacy or guardian functions.

This overview of key approaches is provided as context for the following discussion of South Australia’s community visitor scheme. In short, advocacy and visitor schemes are different approaches to overseeing the rights and interests of children and young people (CYP) in care. Each has a distinct purpose and, thus, it may be that they are better understood as schemes that are complementary, rather than alternatives (as will be explored further in Chapters 5 and 6). There is a further distinction to be made, as the OGCYP (2018, p. 2) observes, between *visiting*, with a primary emphasis on interacting with and listening to residents, and *inspecting* – a ‘rigorous, time consuming and demanding process that goes beyond, but does not ignore, listening to residents’. This acknowledges the substantial challenges associated with getting the balance right while attending to the ‘complex of activities and systems that might not be immediately obvious from only a resident’s experiences’ (OGCYP, 2018, p. 2).

## Chapter 2: Background to South Australia's Child and Young Person's Visitor Scheme

The history of child protection in South Australia has been characterised by a range of issues that are both complex and not easily resolved. The piloting of the Child and Young Person's Visitor Scheme in South Australia follows a series of events and enquiries, culminating in the Child Protection Systems Royal Commission in 2016 and the passage of new legislation in 2017.

### Children in State Care: Commission of Inquiry

The 2004 Commission of Inquiry (SA) into children in state care was established to examine historical (1940s onwards) allegations of sexual abuse occurring in state care including government and non-government institutions. The inquiry also took into account earlier reviews, including that undertaken by Layton in 2003, and subsequent government reforms in the area of child protection. In his final report Mullighan, the former Supreme Court judge who led the inquiry, observed that:

the State's child protection system, like its counterparts elsewhere in Australia, is in crisis, largely because of poor past practices. The number of children being placed in care has increased; there is a shortage of foster carers and social workers; children tend to be placed according to the availability of placements rather than the suitability; and serviced apartments, motels and B&Bs are used for accommodation because there is no alternative. Such a system cannot properly care for an already vulnerable group of children, let alone protect them from perpetrators of sexual abuse. More resources must be made available to deal with the crisis, as well as to implement necessary reforms for the present and future. (Mullighan, 2008, p. xv)

Noting that 'the State has failed to protect some of the children in its care from sexual abuse' over the past 65 years, Mullighan (2008, p. xiv) concluded that '[l]essons must be learnt from this'. Over a decade later, though, the findings of the Child Protection Systems Royal Commission indicated a lack of significant progress in these areas.

Of particular note is Mullighan's reference to evidence that 'the empowerment of children is essential for the prevention of child sexual abuse' (p. xvi), citing the (then) Guardian for Children and Young People's submission that 'arguably the most fundamental and significant change we can make is to listen to and act on what children and young people have to say about their lives in care' (p. xvi). This point was also made by Layton (2003), and Commissioner Nyland picked up on it in the 2016 Royal Commission.

### The Child Protection Systems Royal Commission

The trigger for the South Australian Child Protection Systems Royal Commission was the arrest and subsequent conviction of an employee of (then) Families SA for serious and ongoing sexual abuse of multiple children in residential care. The Commission itself had a broad remit, focusing not just on children in state care but on the system of child protection



as a whole, its 'laws, policies, practices and structures' (Attorney-General's Department, 2019).

The Commission, led by The Hon Margaret Nyland, acknowledged from the outset the 'many inquiries, reviews, reports and political statements [that] have focused on issues of child protection in South Australia' (Nyland, 2016, p. 4). With 'little evidence of change' to date, Nyland (2016, p. 4) emphasised the need to make a difference, observing that '[i]t is time for all of us to work together to give all our children the life they deserve'. While making it clear that child protection 'has been, and continues to be, a persistent challenge throughout the developed world' (Nyland, 2016, p. 8) – that is, that this was not a uniquely South Australian problem – Nyland identified a range of issues, some requiring 'urgent attention', some needing 'ongoing discussion and debate', and others requiring longer-term planning (Nyland, 2016, p. xii).

Ultimately, the 260 recommendations of the Royal Commission were detailed and far-reaching, proposing significant system reform. Noting South Australia's high reliance on residential (non-home-based) care, Nyland observed in her final report that:

Too many children continue to reside in large residential care units ... which cater for up to 12 children. Large units do not provide the homely environment that children need, and the warehousing of a large number of children with complex behaviours under one roof inevitably leads to residents learning new behaviours from each other. It creates an unsafe living environment. A focus on keeping residents safe in such a volatile environment has increased their institutional atmosphere. Children as young as nine live in facilities where they have to ask staff to unlock their bedroom door if they need time to themselves, or ask for the kitchen to be unlocked if they want something to eat. The risks of peer-to-peer sexual abuse, assaults and other critical incidents are aggravated by poor matching of residents within the units. The evidence against this form of care continuing is overwhelming. (Nyland, 2016, p. xxii)

Within this context, the Commission paid particular attention to the imperative that children living in residential care are both 'aware of their rights and understand how to ensure their views are recorded' (Nyland, 2016, p. 330). Echoing Mullighan's (2008) emphasis on children's voice and Layton's (2003) recommended introduction of a community visitor scheme, the Commission noted its support for such a scheme and recommended (Recommendation 137) that the SA Government '[l]egislate to provide for the development of a community visitors' scheme for children in all residential and emergency care facilities'. The Commission noted that, while the 'powers that community visitors will require to effectively perform their function will depend on the model adopted' (Nyland, 2016, p. 331), all children in residential care should have access to it. The aim of such a scheme should be to 'ensure the consistent delivery of best practice services, and improve overall health and wellbeing outcomes' (p. 331). Nyland suggested that the services provided by a visitor scheme could include 'inspecting facilities, advocacy, improving the patients'/residents' experiences, identifying gaps in service provision, increasing accountability and transparency within service provision, helping resolve complaints, and acting as a link between frontline service delivery and policy and service development' (Nyland, 2016, p. 331).

Commissioner Nyland also noted the 2014 efforts of a former Guardian for Children and Young People (GCYP) to progress a community visitor scheme. Recognising the ‘competing organisational demands’ faced by social workers, the former GYCP highlighted the potential role of community visitors – as selectively recruited paid professionals – in being able to ‘focus solely on the child’s views and interests’ while contributing to ‘high quality reporting and advocacy’ (Nyland, 2018, p. 331).

### *A fresh start: The SA Government’s response to the Royal Commission*

The Government of SA outlined its response to the Child Protection Systems Royal Commission in its 2016 report *Child protection: A fresh start*. Described as a ‘framework for reform’ (Attorney-General’s Department, 2016, p. 3), the report responded to each of the Royal Commission’s recommendations while also emphasising the need to ‘look beyond the statutory child protection system to develop a broader child development system’ (p. 3). Acknowledging the ‘system shortcomings’ identified by Royal Commissioner Nyland, the government stated its commitment to prioritising ‘family based care environments’ and, where this was not possible, to ensuring that ‘other care environments will be therapeutic and focused on helping children to be the best they can’ (p. 24). In recognising children ‘as experts in their own lives’, the government also undertook to take steps to ‘provide children and young people with the ability to influence reform and decisions that affect them, and help adult decisionmakers to better understand children’s views, ideas and needs’ (Attorney-General’s Department, 2016, p. 13).

Accordingly, the SA government accepted the Royal Commission’s recommendation to ‘Legislate for the development of a community visitor’s scheme for children in all residential and emergency care facilities’ (Recommendation 137). Subsequent legislative reforms included the introduction of four Acts to ‘underpin South Australia’s child protection system and vastly improve the safeguards for vulnerable children and young people’ (Attorney-General’s Department, 2018, p. 4). These included the *Children and Young People (Safety) Act 2017*, Chapter 9 of which provides for the Child and Young Person’s Visitor Scheme.

### *The Royal Commission into Institutional Responses to Child Sexual Abuse*

The national Royal Commission into Institutional Responses to Child Sexual Abuse was announced by (then) Prime Minister Julia Gillard in November 2012. This followed previous national inquiries into the separation of Aboriginal and Torres Strait Islander children from their families (*Bringing them home*, 1995–97); child migration (*Lost innocents: Righting the record – Report on child migration*, 2000–01); and the treatment and experiences of children in institutional care (*Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*, 2004, and *Protecting vulnerable children: A national challenge*, 2005). Prime Minister Gillard was clear regarding the need for an approach that was both national, going ‘beyond the borders of any one state’, and institutionally focused, acknowledging the ‘systemic failure to respond to [child sexual abuse in institutional contexts] and to better protect children’ (cited in Royal Commission, 2017a, p. 3).

The scope of the Royal Commission included investigating ‘where systems have failed to protect children and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions’ (Moore, McArthur, Roche, Death, & Tilbury, 2016, p. 5). In their final 17-volume report, the Royal Commissioners noted that:

Despite reforms in every jurisdiction, there are weaknesses and systemic failures that continue to place children in care at risk of sexual abuse. Abuse by carers, family members, visitors and workers still occurs, and sexual exploitation, especially of children in residential care, is an emerging concern. Frequent placement changes, poor information sharing, gaps in training and supports, especially to kinship carers, still exist. Given the increasing number of children in care and the inherent vulnerability of children in care, such weaknesses need to be addressed. (Royal Commission, 2017b, p 40)

Importantly, in recognising the necessity of a strong knowledge base for their inquiry, the Royal Commission (2017a, p, 44) ‘established a program of research to answer some key questions and respond to gaps in the Australian and international evidence base’. Thus, the Royal Commission also achieved a critical contribution to broader understandings of child sexual abuse, its identification, prevention and treatment, institutional responses, and so on. Of relevance here is the research that was commissioned to ‘develop an understanding of how children perceive safety and consider it within institutional contexts’ (Moore et al., 2016, p. 5). In their discussion of major findings and themes in their final report, *Safe and sound: Exploring the safety of young people in residential care* (discussed further in Chapter 3), the researchers highlight the ‘vital role that children and young people can play in identifying concerns and shaping the ways that institutions can prevent and respond to issues as they emerge’ (Moore et al., 2016, p. 82). This observation is particularly valuable for thinking about the role of visitor schemes.

### The policy context

The broader context of South Australia’s Child and Young Person’s Visitor Scheme encompasses the state, national and international realms. Internationally, the United Nations’ *Convention on the Rights of the Child* (CRC) articulates the rights of children, setting out ‘the civil, political, economic, social and cultural rights that all children everywhere are entitled to’ (UNICEF Australia, 2019). Of particular relevance to the visitor scheme are the convention’s four guiding principles:

- non-discrimination;
- the best interests of the child, i.e. ‘any decision that is made, or any action that is taken, that may affect children must prioritise the best interests of the child’;
- every child’s inherent right to life, including the ‘responsibility of decision-makers to ensure they are provided every opportunity to develop and reach their potential’; and
- the recognition that, as ‘experts in their own lives and experiences’, children have the right to participate, express their opinion, and to ‘be consulted on decisions that affect them’ (UNICEF Australia, 2019).

At the Commonwealth level, the *National Framework for Protecting Australia's Children 2009–2020* (Commonwealth of Australia, 2009) provides the overall strategic context for child protection services in South Australia, in particular its emphasis on 'children who have been abused or neglected receiv[ing] the support and care they need for their safety and wellbeing' (Supporting Outcome 4). The *National Standards for Out-of-Home Care*, an initiative arising from the National Framework, sets out thirteen standards 'designed to improve the outcomes and experiences for children and young people' (Commonwealth of Australia, 2011, p. 5) in out-of-home care, ensuring that they have 'the same opportunities as other children and young people to reach their potential in life wherever they live in Australia' (p. 4).

At the state level, the *Children and Young People (Safety) Act 2017*, replacing the *Children's Protection Act 1993*, provides the immediate context for child protection priorities, principles and decision making in South Australia. The priorities of the Act, as set out in Part 2, include that the safety (s 7) and other needs – including 'the need to be heard and have their views considered' (s 8) – of children and young people should be the 'paramount consideration in the administration, operation and enforcement' of the Act. Part 4 outlines the responsibilities of the GCYP, including to 'prepare and maintain a *Charter of Rights for Children and Young People in Care*' and the obligation of those who work with CYP in care settings to 'exercise their powers and perform their functions so as to give effect to the Charter'.

Chapter 9 provides for the establishment of a Child and Young Person's Visitor Scheme including the appointment of a Child and Young Person's Visitor 'to be independent of direction or control by the Crown or any Minister or officer of the Crown' (s 117). The GCYP was appointed as the Child and Young Person's Visitor in February 2018. The functions of the visitor are outlined in section 118(1):

- (a) to conduct visits to, and inspections of, prescribed facilities as required or authorised under this Chapter; and
- (b) to communicate with children and young people resident in prescribed facilities; and
- (c) to promote the best interests of the children and young people resident in prescribed facilities; and
- (d) to act as an advocate for children and young people resident in prescribed facilities and to promote the proper resolution of issues relating to their care; and
- (e) to inquire into, and provide advice to the Minister relating to, any systemic reform necessary to improve—
  - (i) the quality of care, treatment or control of children and young people resident in prescribed facilities; or
  - (ii) the management of prescribed facilities; and

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

The provision for a Child and Young Person’s Visitor Scheme in the Act is consistent with, and directly addresses, the Royal Commission’s recommendation. As discussed earlier, while Nyland (2016), in her report, advocated the ‘implementation of a community visitors scheme for all children in residential care’ (p. 331), she was not prescriptive regarding the details of such a scheme, noting that the ‘powers that community visitors will require to effectively perform their function *will depend on the model adopted*’ (p. 331, emphasis added). She did, however, indicate its likely scope and functions in line with independent statutory schemes in other contexts including the mental health, forensic and disability settings. In its translation into legislation, aspects of the scheme have been clarified, reflecting an emphasis on the principles of

- promoting the *best interests* of children and young people;
- *advocacy* for children and young people, with specific reference to the ‘proper resolution of issues relating to their care’; and
- contribution to *systemic reform*.

Further, the focus on children’s *voice* is evident in the requirement that the Child and Young Person’s Visitor both encourage CYP ‘to express their own views and give proper weight to those views’ (s 118(2)(a)).

Of specific relevance to the OGCYP is the *Children and Young People (Oversight and Advocacy Bodies) Act 2016*, which specifies the responsibility of the GCYP to ‘protect, respect and seek to give effect to the rights set out from time to time in the *United Nations Convention on the Rights of the Child* and any other relevant international human rights instruments affecting children and young people’ (s 5). It also defines the terms ‘rights’, ‘development’ and ‘wellbeing’ (s 4) as used in this context.

### Trialling the CYP Visitor Scheme

The Guardian for Children and Young People, Penny Wright, was appointed the inaugural Child and Young Person’s Visitor on 26 February 2018. The Child and Young Person’s Visitor is an independent role, established by the *Children and Young People (Safety) Act 2017* (see above), reporting to Parliament through the Minister for Child Protection.

Following the appointment of the Child and Young Person’s Visitor a trial visiting program was developed, implemented and evaluated in order to inform the establishment of a permanent visiting scheme. The program was developed in accordance with the legislative focus on the best interests of children and young people, advocacy and broader systems, while paying particular attention to the needs of Aboriginal and Torres Strait Islander children and those with a physical, psychological or intellectual disability.

The focus for the trial visiting program, and subsequent developmental evaluation (detailed in this report), was restricted to residential care facilities managed and run by the Department for Child Protection (DCP). The emphasis, in implementing the trial, was on

application, reflection, collective learning and refinement via the systematic incorporation of ongoing learning, which is consistent with the developmental evaluation approach taken here. Visits to DCP residential care facilities were conducted between September 2018 and July 2019, with reporting continuing until September 2019. It is worth noting that staff turnover and staff leave impacted on program capacity at some points during the trial period. The trial program was not extended and ceased operation on 30 September 2019.

A *Common Engagement Framework*, developed by the OGCYP for application across its key program areas, provided the overall structure for the trial visiting program, designating nine<sup>1</sup> 'domains' related to the lives of CYP and facility management:

1. Aboriginality, culture, identity and belonging
2. relationships
  - a. disability
  - b. health, wellbeing and development
3. learning, employment and personal growth
4. rights and participation
5. environment
6. safety, protection and treatment
7. quality and purpose of care
8. governance, management and leadership.

The staffing for the trial visiting program included:

- *Principal Community Advocate* (1.0 FTE) responsible for designing, developing, and overseeing the operation of the trial, and reporting to the GCYP.
- *Community Advocates* (CAs) who conducted the site visits and produced the site reports. Six individuals were employed in the CA role (consisting of initially 3, and later 5, positions) on a part-time basis, over the course of the trial. CAs were recruited from a range of professional backgrounds including social work, education, nursing, child protection and health.
- *Project Officer* (0.8 FTE) responsible for project support and administration.

The tasks associated with each site visit, usually conducted by two Community Advocates, included:

1. preparation
  - reviewing prior incidents, care concerns and relevant information about the facility; and
  - advising the residential facility supervisor and residents of the visit including its purpose and process.

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<sup>1</sup> These were later reduced to six domains with more clearly defined themes and indicators, reflecting the OGCYP's commitment to continuous improvement.

2. pre-visit interview/s with the residential facility supervisor to gain information about the facility including its residents and operations.
3. the site visit (attendance at the residential facility to speak with residents and care staff).
4. post-visit discussion with residential facility supervisor including any follow-up contact with residents
5. report preparation, writing and submission
6. receiving the DCP's response.

## Chapter 3: Literature review

This scoping literature review was carried out in order to discover what has been reported in scientific journals about children’s visiting schemes. Relevant databases were identified (Proquest, Scopus, Informat) and search terms as well as search strategies (peer-reviewed + last 10 years) were developed (see Table 1).

**Table 1: Database search**

| Key terms                                    | Additional terms   | Exclusions  |
|--|--|---|
| community visitor schemes                    | + children<br>+ children in care<br>+ children + residential care            | NOT (housing AND public health AND older people)<br>NOT (public health AND parents & parenting) |
| community visitors                           | + children in foster care<br>+ looked after children                         |   |
| advocacy                                     | + children in out-of-home care   |   |
| independent visiting schemes                 | AND children in care<br>AND evaluation                                       |   |
| looked after children                        | AND independent visitor  |   |
| independent visitors                         | AND evaluation<br>AND out-of-home-care AND effectiveness                     |   |
| (independent visitor) OR (community visitor) | AND children and young people  |   |
| community advocates                          | AND residential care AND Children and young people<br>AND (children in care) |   |

### Children’s rights to be heard *and* protected

The *Convention on the Rights of the Child* (OHCHR, 1989/90) recognises the human rights of children, like adults, ‘across the full spectrum of civil, cultural, economic, political and social rights’, while also highlighting the ‘special rights’ accorded to children due to their vulnerability (AHRC, 2019). These special rights include the ‘right to protection from exploitation and abuse, the right to be cared for and have a home, and the right to have a say in decisions which affect them’ (AHRC, 2019). Australia ratified the *Convention on the Rights of the Child* (CRC) in 1990 and the rights of children to be consulted about and



participate in decisions affecting their lives have subsequently been codified in Australian legislation (Southwell & Fraser, 2010).

Balancing a focus on children's best interests with their right to participate in decision making is a difficult task, both practically and ethically, and a perennial tension in child protection policy and practice. Hayes and Bradley (2009, p. 14) note the 'tendency to prioritise provision and protection rights over participation rights' with the effect that much child welfare practice is oriented, in practice, toward protectionism, with a focus on 'best interests' invariably outweighing that on child participation (Archard & Skivenes, 2009b; Harcourt & Hägglund, 2013; Damiani-Taraba et al., 2018). This is not surprising given the mandate to protect children and young people, as enshrined in the CRC (OHCHR, 1989/90). This includes the requirement that in 'all actions concerning children ... the best interests of the child shall be a primary consideration' (Article 3); and the responsibility to protect children 'from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation' (Article 19). That this sits alongside the 'equally important imperative' (Archard & Skivenes, 2009b, p. 392) to hear the child (Article 12) highlights the tensions inherent in the dual commitment to rights and participation. As Archard and Skivenes (2009a, p. 2) point out, these obligations can 'seem to pull in different directions' in that:

[the] promotion of a child's welfare is essentially paternalist since it asks us to do what we, but not necessarily the child, think is best for the child; whereas, listening to the child's own views asks us to consider doing what the child, but not necessarily we, thinks is best for the child.

Thus while the significance of the CRC, and Article 12 in particular, relates to its recognition of 'the child as a full human being with integrity and personality and the ability to participate freely in society and articulate a view' (McCafferty, 2017, p. 328), it has had 'very little impact on the everyday lives of children involved in the child protection system' (Damiani-Taraba et al., 2018, p. 75).

#### *'In their best interests'*

The 'best interests of the child' is a key guiding principle of the CRC (OHCHR, 1989/90) and lies at the heart of child protection practice. It is, nonetheless, poorly defined and widely interpreted (see, however, UNHCR, 2008). The notion of 'best interests', as Keddell (2017, p. 324) observes, is 'contestable and subject to conflicting criteria' and, thus, 'remains a generally undefined legal concept, which is widely applied but unspecific' (Liebel, 2018, p. 606). Moreover, the very notion of best interests rests upon a range of assumptions, as Keddell (2017) highlights in her study of social workers' decision making in child and family services. Demonstrating the 'uneasy juxtapositions of conflicting discourses', Keddell's findings included that:

the construction of children's 'best interests' was underpinned by concepts related to children's needs. Needs were framed as emotional needs best met by family relationships, and theorised primarily using attachment theory. This resulted in decisions that tended to favour stability over change, as children's distress on

separation, indiscriminate affection, and difficult behaviours were interpreted as evidence of attachment problems that should lead to decisions to retain stable caregiving arrangements. (Keddell, 2017, p. 324)

Liebel (2018, p. 606) explains that the concept of 'best interests' is 'an inheritance of the "protectionist" movement' in which children's rights were understood not 'in the sense of subjective rights of children, but as obligations of state institutions, parents or other adults'. It is perhaps not surprising, then, that child protection and welfare services continue to grapple with this.

Reflecting the complexity of determining best interests, Skivenes (2010), for example, notes the influence of 'subjective preferences' on decision making. She distinguishes between pragmatic and ethical discourses, explaining that the former (pragmatic discourses) rely upon 'empirical facts' and 'professional knowledge of child development' to determine 'whether an assertion is true or false, and whether statements are documented, reliable and realistic'. Ethical discourse, on the other hand, defines best interests as a primarily a question of ethics – and what might be considered a 'good and fulfilling life for an individual'; thus 'opinions of what might be good for a child are discussed and interpreted in relation to cultural and social norms and practices of a value-pluralist society' (Skivenes, 2010, p. 342). A preference for one or the other discourse will therefore shape decision making about 'legitimate ways of bringing up a child' as well as what is 'good and right' for that child (Skivenes, 2010, p. 340).

### Rights-based approaches and participation

Child protection systems have been criticised for interpreting 'best interests' in a way that positions children as the focus – or object – of attention but fails to include them 'in their own safety'. While this may be important for 'securing short-term physical safety', in Damiani-Taraba et al.'s (2018, p. 78) view, this:

inadvertently keeps children in a constant state of victimhood. Rather than perceiving children as resilient survivors and empowering them to make decisions, the child protection system magnifies children's weakness by instilling in them the notion they are helpless and preventing them from ever taking a leadership role in their lives.

A focus on children's rights, however, raises issues that are similarly difficult. For example, achieving a balance between rights and protection is compromised by the 'remarkable lack of clarity' that exists regarding whether the child's 'views, wishes and feelings' are 'actually those of the child or ... an adult's assumption or judgement' of these (Sanders & Mace, 2006, cited in Bruce, 2014, p. 515). Importantly, 'rights' and 'best interests' principles are not mutually exclusive; rather the relationship between these is considerably complex (Liebel, 2018, p. 598). In practice, for instance, the broader political context and focus on 'risk management and protection' influences opportunities for child participation, with 'adults anxious not to make mistakes taking unilateral and sometimes unrepresentative decisions' (McCafferty, 2017, p. 332). Moreover, as McCafferty (2017, p. 331) points out, there is a 'potential tension' between a child's immediate need for care/safety and 'their

long-term interest'. In short, both rights and best interests approaches raise questions concerning authenticity and voice, highlighting the need for multiple accountabilities.

Right-based approaches conceptualise children in society as active participants, not passive recipients, with the 'right to participate in matters that affect them' (McCafferty, 2017, p. 328). The right to participate is central to a child-rights based approach that:

sees each child as unique and *equally* valuable human beings ... with the right not only to *life and survival*, but also to *development* to their fullest potential ... They offer the best understanding of anyone of their own situation and they have essential experience to offer ... They deserve to have their *best interests* met ... through adequate *allocation of resources and implementation* of all the rights in the CRC. (UNICEF, 2009, p. 17, emphasis in original)

While important in their own right, such approaches are associated with better outcomes for children and young people including 'improved understanding of the child protection system, developing a positive sense of self and aiding the transition to adulthood' (Kennan, Brady, & Forkan, 2019, pp. 205-6). The meaning of participation – particularly in relation to children – is less clear though, with Bessell (2011, p. 496) describing it as an 'imprecise and multi-dimensional concept'. Definitions range from the more straightforward: the 'opportunity to express their opinions and wishes about their care as well as the ability to influence or make decisions' (Kriza & Roundtree-Swain, 2017, p. 32); to those with a higher-level focus on enabling 'disadvantaged groups to question existing social practices and overthrow those responsible for their exclusion' (Hart, Ackerman, & Feene, 2004, cited in Damiani-Taraba et al., 2018, p. 78).

### *Participation*

In their discussion of 'different typologies of participation for children', Berrick et al. (2015, p. 139) emphasise the significance of the ways in which participation is understood – its purpose, dimensions and 'the balance between considerations of protection and maturity' – in actual practice with children. Hart's 'metaphor of a ladder', for example, conceptualises participation as 'different steps ... ranging from being assigned and informed, to child-initiated, to shared decisions with adults' (Berrick et al., 2015, p. 129). Similarly, Vis and Thomas (2009) describe six 'levels of participation', beginning with consultation (i.e. the 'child is consulted but does not understand') and extending to the child defining the problem and making the decision (Bessell, 2011, p. 496). Meaningful participation requires that the 'special character of children's agency and position in power relations' be addressed, while also recognising 'different dimensions of participation' (Berrick et al., 2015, p. 129) including the support provided to children, multiple opportunities to express their views, and so on. The right to participate, as outlined in Article 12 of the CRC, does not, however, imply that children and young people have a 'definitive say in decisions affecting their lives', but rather that their 'views should be given due weight in accordance with their age and maturity' (Kennan, Brady, & Forkan, 2019, p. 205).

At the level of everyday practice, the different approaches can impact on children and young people's participation, highlighting the complexities and challenges of rights-focused

work. A study by McLeod (2006), for example, emphasised the significance of understandings of communication – or what constitutes effective communication. Focusing on communication between social workers and young people in care, McLeod found substantial differences in the ways that each group interpreted ‘listening’, observing that while CYP saw ‘listening as action’, for the social workers, listening was an ‘attitude’ (McLeod, 2006, p. 45). From the perspective of children and young people, then, ‘if a social worker did not act on what they said, they had not listened’ or, put differently, the way in which they ‘judged whether someone really listened was by whether they acted in response to what they had heard’ (p. 45). Thus, for children and young people, listening ‘involved actively promoting their autonomy’ (McLeod, 2006, p. 46). Moreover, even when there is agreement about the importance of participation (in principle), the ways in which this is interpreted (in practice) are critical. Research conducted by Bijleveld, Dedding and Bunders-Aelen (2013), for instance, found that CYP viewed participation ‘as the possibility to have a say in the decisions that are important to them, not the ones chosen by the social workers’. Whereas CYP wanted ‘to be listened to and to feel that they are taken seriously’, the social workers talked about participation in the context of ‘gathering and giving information’ and ‘looking for options for dealing with’ problems (Bijleveld, Dedding, & Bunders-Aelen, 2013, p. 137).

### *Rights and advocacy*

Whether understood as ‘speaking for/on behalf of someone [or] enabling them to speak for themselves’ (CCYPP, 2016, p. 11), advocacy is an important way of supporting the participation of CYP. Key elements of the advocacy role include listening, supporting and representing the views of CYP while maintaining a clear focus on protecting their rights (CCYPP, 2016; Pona & Hounsell, 2012). ‘Independent advocacy’ is the model most commonly used with CYP (CCYPP, 2016, p. 11) and is seen by many as ‘an integral part of the child protection process’ (Lagaay & Courtney, 2013, p. 13). Independent advocacy has a clear focus on ‘mak[ing] sure that the child’s views and experiences are considered when decisions are made about their future’, distinguishing it from other approaches that seek to represent the ‘best interests’ of the child (Pona & Hounsell, 2012, p. 6).

The benefits of advocacy most commonly cited in the literature include ‘empowerment, an improved quality of life, better access to care and support opportunities, and increased communication between advocacy partners and professionals’ (CCYPP, 2016, p. 15). By enabling the views of CYP to be ‘represented in a relatively systematic way’, advocates can both ‘ensure that due attention is paid to these views, and facilitate feedback to be provided to the child on the outcome of the process’ (Brady et al., 2019, pp. 29–30). In their systematic review of published research, Kennan, Brady and Forkan (2018) found evidence confirming the effectiveness of advocates in ‘enabling children to participate in personal decisions regarding their care, protection or welfare’ (p. 1994). They further noted that advocates gave ‘young people the confidence to infiltrate an adult-dominated decision-making process and can help to redress the power imbalances at play’ (Kennan, Brady, & Forkan, 2018, p. 1995). The quality of the relationship between a young person and their advocate is seen as especially critical, ‘enabling young people to talk about things that they

do not feel able to talk about with other professionals' (Pona & Hounsell, 2012, p. 6; see also Kennan, Brady, & Forkan, 2018). The lack of 'systematic research into the impact or effectiveness of advocacy services' (CCYPP, 2016, p. 14) is nonetheless a key concern and is discussed in further detail later in this chapter.

### *Children as rights holders: Complexities and ambiguities*

Mayall (2000, p. 243) observes that 'better understanding ... the social condition of childhood' is a key prerequisite for the 'implementation of [children's] rights'. As it stands, however, there are 'multiple barriers' (Berrick et al., 2015, p. 130) to children's participation. These range from structural and systemic factors through to the assumptions and practices adopted by professionals. For Bijleveld, Dedding and Bunders-Aelen (2013, p. 137), for instance, the 'image of children held by professionals' is of central importance; they argue that the 'child image should be less focused on protection, and more on that of a child as a knowledgeable social actor'. Child protection and related services should also seek to address the 'ambiguities' associated with children's rights by both clarifying their 'interpretation and meaning' and focusing on children as 'service-users' (Bijleveld, Dedding, & Bunders-Aelen, 2013, p. 137). Damiani-Taraba et al. (2018, p. 77) draw attention to the ways in which the child protection system structures the opportunities for participation available to children, observing that, '[m]echanisms for voice and participation have been created by adults and are based on their concepts of what they believe children need instead of what children say they want for themselves'. Lundy's (2007) model of participation attempts to address some of the barriers to realising children's right to participate. Articulated as four interrelated elements, the model includes *space*: 'children must be given the opportunity to express a view'; *voice*: 'children must be facilitated to express their views'; *audience*: 'the view must be listened to'; and *influence*: 'the view must be acted upon, as appropriate' (Lundy, 2007, p. 933). In practice, however, 'limited guidance [is] available for professionals on how best to create' these conditions (Kennan, Brady, & Forkan, 2018, p. 1986).

Kriza and Roundtree-Swain's (2017) research concerning the participation experiences of CYP in care is also noteworthy, in particular their finding that:

when the child protection agency viewed study participants as deserving of intervention and support, they were more likely to be heard than when they were mistrusted. The child protection agency seemed to be more likely to respect the opinion of children who complied with the rules and expectations of CPS [child protective services], had shown behavioral improvement over time, and showed respect towards CPS professionals in interactions with them. (Kriza & Roundtree-Swain, 2017, p. 38)

Concluding that 'children and young people were more likely to be heard when their wishes coincided with the ethic of the child protection system', Kriza and Roundtree-Swain (2017, pp. 38–39) note the potential for 'youth who cope by acting out or being disruptive' to be seen as 'problem children' and, therefore, as 'unworthy of participation'. Thus, Archard and Skivenes (2009b, p. 398) advocate that close consideration be given to how those

professionals who work with children ‘actually do understand participation’ as well as ensuring ‘extensive education ... in what a child’s right to participate really does mean’.

The universalist focus of rights approaches is a further challenge, with the potential to underestimate or overlook the ‘diversities in childhoods and children’s experiences, including differences in the ways children learn, play and communicate, develop personal identity and social understanding’ (Hayes & Bradley, 2009, p. 14). Thus it is crucial that work focusing on children’s rights looks ‘beyond dominant, universalised perceptions of normality’ to incorporate differences in cultures and beliefs through ‘bottom up action which engages with the reality of children’s lives in context and accommodates the roles of multiple stakeholders with responsibilities for young children’ (Woodhead, 2005, cited in Hayes & Bradley, 2009, p. 14). The importance of context is also highlighted by Berrick et al. (2015) in their international comparison of child protection practice:

studies of children’s involvement in decision-making must consider actions (e.g. conversations) and processes (e.g. legal and organizational frameworks for care order proceedings) in the context of the wider social, policy, cultural, and practice settings in which decisions are made. (Berrick et al., 2015, p. 139)

In addition, multiple studies emphasise the importance of a comprehensive approach to supporting children’s participation. Archard and Skivenes (2009b, p. 393), for example, point to the necessity of CYP being ‘adequately informed about and able to understand the issues at stake’, requiring attention to the age and maturity as well as the ‘character, abilities and particular circumstances’ of individual children. The development of familiarity and trust between an advocate and child is also critical and is unlikely to be achieved in a single meeting; rather, CYP need a ‘proper opportunity to develop trust’ (Archard & Skivenes, 2009b, p. 393). Kennan, Brady and Forkan (2018, p. 1994) consider two or three meetings to be ‘the optimum’ for establishing this trusting relationship while also ensuring that CYP have sufficient ‘space and time to think about matters and to form an opinion’ (Archard & Skivenes, 2009b, p. 393). Kennan, Brady and Forkan (2018) thus conclude that:

the realisation of a child’s right to participate can be heavily influenced by whether the conditions are conducive to facilitating the child to express a view in a safe and inclusive space and conducive to having their views listened to by those with decision-making authority. (Kennan, Brady, & Forkan, 2018, p. 1998)

### Balancing ‘rights’ and ‘care’

One of the core themes in the literature is the contrast between approaches which have a primary focus on upholding children’s rights and those that prioritise the care/welfare of children. The former is more often associated with advocacy; the role of a child advocate is generally understood as representing a CYP without judgement. Given its exclusive focus on the expressed wishes of CYP, advocacy work is seen as ‘child-led’ and has tended to be conceptualised in terms of the legal profession. Theoretically, child advocacy is grounded in an acknowledgement of CYP as ‘independent social actors’ (Barnes, 2012, p. 1279). In this perspective, ‘childhood’ is a social construct that relies upon the binary division of child and adult, mature and immature, and so on and is ‘used arbitrarily to prevent children and

young people from accessing their rights and from gaining equal treatment with adults' (Barnes, 2012, p. 1279). The focus of child advocacy on the promotion of autonomy and 'participation rights' (Barnes, 2012, p. 1279), grounded in the UN *Convention on the Rights of the Child*, aligns broadly with an 'ethics of justice' approach. Thus, universal principles of equality and fairness are prioritised as the basis for rights and related decision making, with an emphasis on rationality, self-determination, choice, and so on. Consequently, the primary orientation of child advocacy work is to enable CYP to 'achieve more determination of their own lives, rather than being controlled by adults' (p. 1279).

Alternatively, approaches focused on the care and safety of CYP in residential care, such as community visitor schemes, are more likely to prioritise the 'best interests' principle. While both 'rights' and 'care' oriented schemes aim to provide an 'important and independent point of contact' for children in care (Mathews, 2017, p. 53), each varies in their emphasis on relationship. In the UK, for example, independent visitor schemes have a primary focus on spending time with and befriending CYP through the establishment of reliable, positive and ongoing relationships. In this context, independent visitors 'endeavour to become and remain a consistent adult in the child's life who doesn't change when placements or social workers change and will at all times stay child focussed' (Gordon & Graham, 2016, p. 3). Thus, while independent visitors should "'stick up" for the child' and 'promote [their] empowerment' (Gordon & Graham, 2016, p. 3), the focus on friendship and encouragement distinguishes the independent visitor role from advocacy.

#### *Challenging the dichotomy of care and rights*

'Rights' and 'relationship', however, do not – and, in practice, should not – exist at opposite ends of the spectrum. A disproportionate or decontextualised emphasis on child rights, for example, can have significant implications for the safety and welfare of CYP (Barnes, 2012). That the 'best interests' principle 'remains a generally undefined legal concept' (Liebel, 2018, p. 606), though, is an important barrier in practice. As Liebel (2018) argues, the conceptualisation of 'children as abstract legal subjects' is, in itself, problematic (p. 606). That is, the concept – and language – of children's rights is, in principle, 'general and generalising, usually far removed from the actual experiences of children, as well as their feelings and ways of thinking' (p. 609). Thus, ideas about the interests of children may be seen as always 'a product of the imagination of adults' (p. 609). In Liebel's (2018, p. 606) view, then, children should instead be 'understood as social subjects, for whom rights have a meaning and a practical value'. In this respect, an ethics of care approach, emphasising connection and relatedness, human interdependence and the importance of lasting relationships, stands in contrast to the ethics of justice associated with advocacy. As Barnes (2012, p. 1289) argues, however, what is most important in practice with CYP is the 'integration of rights and care' through an approach that seeks not to prioritise one or the other but rather to place an 'ethic of care alongside rights'. This could enable 'rights workers to build on the care ethic they already demonstrate in their individual relationships with young people'. Workers should also reconsider current models of advocacy by:

question[ing] whether principles of rights are always operable and whether they do also need to take into account young people's networks of relationships and the

context of their care in the work. They may also need to consider how they are making the judgements that they very often are making on behalf of young people. An ethic of care incorporated into advocacy models, caring advocacy, would retain the focus on young people as central to the work, and respect them as individuals and agents, thus avoiding paternalism, but it would take account of their important relationships and connections and not necessarily treat them as autonomous. (Barnes, 2012, p. 1289)

## Effectiveness and evaluation

In addition to questions concerning the 'best' model for safeguarding the rights *and* care of CYP, further tensions exist in relation to the conceptualisation and measurement of effectiveness. As indicated earlier, there is a lack of 'systematic research into the impact or effectiveness' of advocacy and visitor services (CCYPP, 2016, p. 14) and the limited evidence that does exist is 'case study heavy' and descriptive rather than critical and precise. Thus, difficult questions concerning what can – and should – be measured and how best to go about this remain largely unresolved. In the view of the Centre for Children and Young People's Participation (CCYPP, 2016, p. 31), there is an important distinction to be made between 'outputs' ('measures of activity such as cases taken, time spent, types of issue presented') and 'outcomes' (the 'actual consequences' such as 'issue resolution, feeling heard, and user satisfaction' as well as the impacts on CYP's lives). Distinguishing between 'soft [process] and hard [practical] outcomes' (p. 16) is a further challenge along with the different framing of outcomes by 'different stakeholder groups, with some emphasising the importance of realising rights and increasing awareness and understanding, while others stress the importance of improving individual agency' (CCYPP, 2016, p. 33; see also McCafferty, 2017). CYP, for example, highly value 'relational quality' (CCYPP, 2016, p. 32) and open and honest communication – irrespective of the result.

The CCYPP highlight, in particular, the importance of reporting and analysis processes that reflect broader factors and influences. Important outcomes could also include less overt impacts on 'practices and policies at the wider organisational, local and national levels' as well as the decision-making culture, accountability and governance structures (CCYPP, 2016, pp. 46–48). Reporting, in this context, fulfils a range of purposes, ranging from demonstrating performance and value of the service, to data gathering (for example, regarding issues affecting CYP), representing 'the voice of young people' to stakeholders, and enabling service learning (CCYPP, 2016, pp. 58–59).



## Chapter 4: Methodology

### Design

A qualitative research design was used for the study; influenced by principles of participatory action research (PAR) and developmental evaluation (DE). The adoption of PAR principles enabled the research team to work closely with the Principal Community Advocate for the OGCYP and those charged with the task of conducting the visits and reporting to the GCYP, to plan, conduct and reflect on the evaluation of the pilot scheme.

PAR principles and methods were combined with Patton's (2011) developmental evaluation approach to guide the conduct of the evaluation. A DE approach was taken because it was not the intention of the project to evaluate the community visiting scheme in terms of success or not, but rather to explore a particular way of working and reporting. Such exploration enables the identification of themes and processes that emerge as part of the reporting as well as identification of aspects requiring further consideration/development to ensure the reporting of visits reflects and meets the original purpose of the community visiting scheme. By its nature DE is collaborative, and evolves as an outcome in and of itself. It is produced alongside the development of a program; hence it is often used when a program is in its infancy or is being piloted so that shared understandings of practice can be developed to assist with future implementations.

### Aims

Little is known regarding the effectiveness of CYP visiting schemes; hence the evaluation provided an opportunity to contribute to the evidence base. The specific aims of the research informing the broader evaluation were:

1. to explore the potential contributions of a visiting scheme to the safety and wellbeing of CYP;
2. to explore the OGCYP's implementation of the community visiting scheme and its alignment with the recommendations of the Royal Commission and legislative parameters of the *Child and Young People (Safety) Act 2017*;
3. to identify the key elements of the OGCYP's visiting scheme model; and
4. to consider aspects of the scheme that would benefit from further development and/or expansion to contribute to the safety and wellbeing of CYP.

### Methods

The methods were informed by a case study design. Case studies allow exploration, explanation and illustration of a phenomenon through employing various methods. The phenomenon for this evaluation was Community Advocates' (CAs') visits to several residential sites operated by the Department for Child Protection in South Australia. As Figure 1 shows, various methods of data collection were used to explore and analyse the visits.



*Figure 1: Data collection*

### *1. Workshop*

The first method of data collection involved a Theory of Change Workshop held with the GCYP, the Principal Community Advocate, and the CAs undertaking the visits. This workshop was used to bring together the researchers and the relevant OGCYP personnel for the purpose of exploring the operating ‘theory’ – including working assumptions, purpose, outcomes and so on – that would guide the evaluation (Patton, 2008). The workshop focus was on the intended impact of the visiting scheme and ‘how communities will be different’ because of it, as well as how ‘earlier outcomes [might] set the stage for longer-term impact’ (Taplin & Rasic, 2012, p. 1).

The three guiding questions that structured the Theory of Change Workshop were:

- What influence do you want (goals)?
- How will you know if the scheme is being successful?
- What assumptions are you making about change?

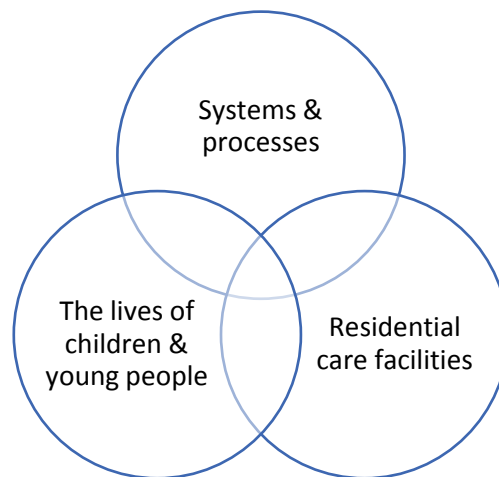
The workshop was facilitated by one researcher, and two researchers recorded (via notetaking) the key messages generated from the three questions. The workshop enabled a shared understanding of the intended long-term goals of the Child and Young Person’s Visitor Scheme (Patton, 2008).

Assumptions identified in the workshop included:

- Positive relationships between residential care staff and visitors can make a difference to how CYP are perceived and heard.
- Statutory independence is demonstrated through thorough assessment and evidence and is meaningful beyond the OGCYP.

- Clear feedback from visits will lead to the implementation of changes that will benefit CYP.
- Advocacy (using both CYP's stories and formalised data/reporting) can improve the wellbeing and safety of CYP by influencing both decision makers and the quality of relationships within residential care settings.
- Visiting CYP who are living in residential care can increase their safety.
- CYP will want to engage with the scheme.

Three core themes emerged from the Theory of Change Workshop, as shown in Figure 2. First the workshop participants wanted the scheme to improve the lives of children and young people living in residential care and enable their voices to be heard and valued. Second, the participants wanted the scheme to contribute to better systems and processes, workforce development, and improving the capacity of providers to care for CYP with complex needs. Third, the participants wanted to influence the experiences of CYP in residential care by improving their quality of life to enable better life outcomes.



*Figure 2: Themes*

Within this context, the participants also identified a number of overriding – or ‘big picture’ – questions (below) that they thought should guide their practice in the visiting scheme. The significance of these questions was reinforced throughout the process of evaluation and is further explored in the findings and discussion chapters of this report.

What is the purpose of residential care?

What does safety mean in this context?

What does safety mean to/for CYP? What do CYP need to feel safe?

What is a ‘home’?

What is a safe home? What makes it safe?

What is important for an advocate to be looking out for when they come into a residential care setting?

## 2. Sensory reflection tool

The second method of data collection involved the development of a sensory reflection tool (see Appendix A) to guide the CAs in the collection of information for reporting purposes. The tool recognises that reflection on experience is a critical source of knowledge for research, encompassing both ‘knowledge about the senses’ and ‘the senses as a route to knowledge’ (Pink, 2015, p. 4). Developed in consultation with the CAs, the template consisted of two columns representing the sensory (see, hear, smell, etc.) and the reflective (thoughts, feelings, interpretation, etc.). Its purpose was to guide and facilitate reflection on the experience of the visit, with the intention that it be completed as soon as possible in order to capture immediate impressions and subjective responses. Information recorded on the template informed the writing of, but was not a part of, this report.

## 3. Site reports

The third method of data collection involved two researchers independently reading the site reports produced by the CAs for the approval of the Guardian for CYP.

The CAs conducted visits between September 2018 and July 2019, with reporting continuing until the end of September 2019. Eight site reports were read and analysed. Table 2 presents an overview of the sites visited and reported upon.

**Table 2: Research sites and visits**

| Site | Date of visit            | Beds                           | Accommodation            | Young persons (YP) & age   | Date report submitted |
|------|--------------------------|--------------------------------|--------------------------|--|-----------------------|
| 1    | 27/11/2018               | 5                              | House 1                  | YP2 female (11 yrs)<br>Siblings:<br><ul style="list-style-type: none"> <li>• YP1 male, Aboriginal (6 yrs)</li> <li>• YP3 male (12 yrs)</li> <li>• YP4 male (14 yrs)</li> </ul>   | 1/1/2019              |
| 2    | 26/9/2018                | 4                              | House 2                  | Siblings (Aboriginal):<br><ul style="list-style-type: none"> <li>• YP1 male (12 years)</li> <li>• YP2 &amp; YP3 male, twins (9 yrs)</li> <li>• YP4 male (7 yrs)</li> </ul>   | 7/12/2018             |
| 3    | 22/1/2019 &<br>24/1/2019 | 5 x 4<br>beds<br>(20<br>total) | House 3a<br><br>House 3b | Siblings (sex not recorded):<br><ul style="list-style-type: none"> <li>• YP1 (10 yrs) <i>not present</i></li> <li>• YP4 (10 yrs)</li> <li>• YP2 (11 yrs)</li> <li>• YP3 (7 yrs)</li> </ul> YP5 female, Aboriginal (3 yrs)<br>YP6 female (11 yrs)<br>Siblings (Aboriginal):<br><ul style="list-style-type: none"> <li>• YP7, sex not recorded (2 yrs)</li> <li>• YP8, sex not recorded (3 yrs)</li> </ul> | 16/4/2019             |

|          |           |                                |          |  |           |
|----------|-----------|--------------------------------|----------|--|-----------|
|          |           |                                | House 3c | YP9 male, Aboriginal (15 yrs)<br>YP10 male, CALD (12 yrs)<br>YP11 male, Aboriginal (10 yrs)  |           |
|          |           |                                | House 3d | Siblings (Aboriginal): <ul style="list-style-type: none"> <li>• YP12 female (8 yrs)</li> <li>• YP13 female (6 yrs)</li> </ul> Siblings (Aboriginal): <ul style="list-style-type: none"> <li>• YP 14 female (4 yrs)</li> <li>• YP15 male (6 yrs)</li> </ul> |           |
|          |           |                                | House 3e | YP19 (10 yrs) <i>not present</i><br>Siblings: <ul style="list-style-type: none"> <li>• YP16 (12 yrs) <i>not present</i></li> <li>• YP17 (10 yrs) <i>not present</i></li> <li>• YP18 (7 yrs) <i>not present</i></li> </ul>                                  |           |
| <b>4</b> | 4/12/2018 | 4 x 3<br>beds<br>(12<br>total) | House 4a | Siblings: <ul style="list-style-type: none"> <li>• YP1 male (8 yrs)</li> <li>• YP2 male (4 yrs)</li> </ul>   | 16/5/2019 |
|          |           |                                | House 4b | Siblings: <ul style="list-style-type: none"> <li>• YP3 male (10 yrs)</li> <li>• YP4 female (9 yrs)</li> <li>• YP5 male (5 years)</li> </ul>  |           |
|          |           |                                | House 4c | YP8 male (10 yrs)<br>Siblings (Aboriginal): <ul style="list-style-type: none"> <li>• YP6 female (9 yrs)</li> <li>• YP7 male (10 yrs)</li> </ul>  |           |
|          |           |                                | House 4d | Siblings (CALD): <ul style="list-style-type: none"> <li>• YP9 female (11 yrs)</li> <li>• YP10 female (5 yrs)</li> <li>• YP11 female (2 yrs)</li> </ul>   |           |
| <b>5</b> | 3/12/2018 | 4 x 3<br>beds<br>(12<br>total) | House 5a | YP1 female (8 yrs)<br>Siblings: <ul style="list-style-type: none"> <li>• YP2 female (9 yrs)</li> <li>• YP3 female (11 yrs)</li> </ul>  | 16/5/2019 |
|          |           |                                | House 5b | YP6 female (10 yrs)<br>Siblings: <ul style="list-style-type: none"> <li>• YP4 male (8 yrs)</li> <li>• YP5 male (6 yrs)</li> </ul>  |           |
|          |           |                                | House 5c | Siblings (CALD): <ul style="list-style-type: none"> <li>• YP7 female (9 yrs)</li> <li>• YP8 female (8 yrs)</li> <li>• YP9 female (5 yrs)</li> </ul>  |           |

|   |            |   |          |  |           |
|---|------------|---|----------|--|-----------|
|   |            |   | House 5d | YP10 male (5 yrs)<br>Siblings:<br>• YP11 female (7 yrs)<br>• YP12 female (6 yrs)   |           |
| 6 | 18/03/2019 | 4 | House 6  | YP1 female (11 yrs)<br>Siblings:<br>• YP2 female (14 yrs)<br>• YP3 female (12 yrs)   | 12/7/2019 |
| 7 | 18/03/2019 | 4 | House 7  | YP1 female, Aboriginal (3 yrs)<br>Siblings:<br>• YP2 female (7 yrs)<br>• YP3 female (3 yrs)<br>• YP4 male (6 yrs)              | 12/7/2019 |
| 8 | 19/03/2019 | 4 | House 8  | YP1 female, Aboriginal (15 yrs)<br>YP4 male (10 yrs)<br>Siblings (Aboriginal):<br>• YP2 female (15 yrs)<br>• YP3 male (10 yrs) | 15/8/2019 |

There were three stages to the data analysis of the site reports. First two researchers read and independently analysed each report using a deductive process of thematic analysis. During the first reading of the data open coding was used to condense the data into preliminary analytic themes. Thematic codes, developed from the literature review and the theory of change workshop, provided the researchers with a protocol for drawing out themes in the textual data (reports). Each researcher used the following theme headings (Table 3) to open code the report data.

**Table 3: Data themes**

| Theme                                | Description   |
|--------------------------------------|---|
| Best interests                       | Children's needs, protectionist   |
| Home                                 | Environment – physical and feeling  |
| Care/safety                          | Relationships, physical and emotional safety  |
| Systems                              | Service provision   |
| Voice of the child and young person  | Direct quotations – what children say   |
| Rights of the child and young person | Children as active participants, not passive recipients – participate in matters that affect them |

The researchers then came together to compare the open coding. This second phase involved axial coding in which the initial themes were refined, linked and cross-referenced. Finally, each researcher re-examined the data alongside the conceptual themes to identify illustrative passages (selective coding). The data was coded independently and then jointly to increase qualitative reliability (van den Hoonaard, 2008). This process and analytic framework enabled the researchers to identify the key messages across the eight reports.

#### *4. Children's voice*

The time constraints associated with the trial program prevented the researchers from accessing the voices of CYP through interviews or other face-to-face activities. Thus, it is a limitation of this report that it does not directly represent the perspectives of children and young people. Acknowledging this, the research team was committed to privileging the voices of CYP – via the quotations included in the CAs' reports – in their analysis of report data.

While outside of the scope of this evaluation, the GCYP's decision to commission two consultations seeking the views of children and young people has, however, ensured that CYP's voices are captured elsewhere.

#### *5. Elite interview (GCYP)*

Consistent with the developmental evaluation approach, the researchers liaised closely with the Principal Community Advocate throughout the trial period. Elite interviewing (Moyser, 2006) is a method in which 'insider' participants are invited to share their unique experiences, comment on events or evidence, and provide extra interpretations. Accordingly, an audio-recorded interview with the Principal Community Advocate was conducted in August 2019, thereby capturing the perspective of the GCYP. Relevant aspects of the transcribed interview have subsequently been incorporated into this report.

## Chapter 5: Findings

This chapter outlines the key themes that were present across the eight reports analysed as part of the developmental evaluation. The themes provide insight into what the visitors focused on and therefore evaluated as important in their reporting.

### Best interests

The influence of ‘best interests’ was most evident in the CAs’ focus on cultural identity. For instance, YP1, in Site 1, identified as Aboriginal but had given conflicting accounts regarding the identity of his biological father and there appeared to be no definitive record of this information. One of the recommendations subsequently recorded in the relevant site report was that the DCP make efforts ‘to identify YP1’s father’:

*It is important efforts to identify YP1’s father continue. His personal and cultural identity will be affected by this knowledge, particularly if his father is not Aboriginal. (Site 1).*

Notably, there was no indication that YP1 himself had raised this as a concern, nor indeed that he had expressed any uncertainty in this respect. Rather the recommendation seems to have been based on the CAs’ interpretation of YP1’s behaviour (that is, of telling ‘each Advocate different information about his father’), combined with the absence of an ‘Aboriginal Cultural Identity Support Tool (ACIST)’ (p. 6).

Similarly, the ‘cultural needs’ of an Aboriginal sibling group were also identified as a concern in the site report for House 2. While the siblings had been going on ‘trips back to country’ as a way of maintaining their cultural connections, the CAs observed that:

*Whilst the residents clearly enjoy these visits, it appeared to the Advocates this might be because they are like short holidays. It was not clear to the Advocates that these visits also help the residents further develop and understand their cultural identity and develop connections with family and community. ... there is some risk [that] current efforts may be broadly focused on their Aboriginality rather than their particular circumstances. ... Prompt attention is required to ensure planning and measures to address their cultural needs are based on clear knowledge and understanding of their cultural background and are effective. (Site 2)*

The importance of current and regularly updated ACISTs and ‘life story books’ was noted in the reports for Sites 1, 2 and 8 (also see ‘Systemic issues’ below).

Concerns about children’s ‘best interests’ inevitably overlap with systems – or systemic – issues. Thus, the emphasis on placement issues, including ‘placement of sibling groups in residential care’, especially evident in the reports for Sites 4, 5 and 8, reflected a concern for ‘what is best’ for children as well as the design, functioning and efficiency of child protection systems. For example, in the Site 5 report, it is noted that:

*While it is consistent with Recommendation 149 of the Child Protection Systems Royal Commission for children under 10 years of age to live in residential care when necessary to keep a sibling group together, the high number of residents aged 10 and*



*under is concerning. Family-based care is likely to be a more suitable form of care for many residents, given their young ages, but it was not generally clear to the Advocates if it is being sought for them. (Site 5)*

It is notable also that a significant proportion of the information contained in site reports was provided by residential care staff (managers, supervisors, carers), and thus constitutes the various interpretations of adults of the issues that they see as relevant, concerning and so on. For instance, siblings YP2 and YP3– as recorded in the Site 5 report (House 5A) – told the CAs that ‘they want to live with their “dad” but do not know when this will happen’. The supervisor told the CAs, separately, that ‘she is concerned about the impact of this uncertainty on the girls, as YP2 has begun self-harming’ (p. 8). This is not to diminish the value of multiple inputs but rather highlights the extent to which adult-mediated ‘best interests’ accounts overlay efforts to give voice to CYP.

### ‘Home’

The site reports approached the concept of ‘home’ in two main ways: firstly, as a physical setting/environment; and secondly, in terms of the CYP’s experience of this. The former was the dominant approach and took the form of descriptive, often quite detailed, content regarding the residential care facility, its characteristics and features. Much of this was concentrated in the sections of the report focusing on environment but references to the physical state of the facility also appeared in other areas of the report and its recommendations. The following examples indicate the kinds of observations recorded by CAs in the site reports:

*The sheer size of the house and, in particular, the large open plan common space, means that even large furniture ... does not fill the space. This gives ample room for activities (for example, during the visit YP4 made a cubby with a clothes horse and a blanket) but also made the space appear temporary, as if the house’s occupants had only just moved in and not yet unpacked. A desk and bookshelf with empty shelves and a small stack of games emphasised the temporary nature of the common space. (Site 1)*

*The house is in a tired state and generally presents as a government facility rather than a home. It would be positive to involve the residents in measures to personalise the house. (Site 2)*

*Some residents in ... invited the Advocates to see their bedrooms. These appeared personal and comfortable and to reflect the ages and interests of the young people. (Site 3)*

*All bedrooms seen had a neatly made bed, a built-in desk, shelves, wardrobe and a tallboy. (Site 4)*

*[Site 5] is a repurposed aged care facility. The floorplan of each house is similar. The facilities share a secure common outdoor area. Advocates noticed gates that presumably can be closed to secure the outdoor area. (Site 5)*

It is notable that less emphasis was placed on site characteristics in later reports (Sites 6–8), likely reflecting an increase in clarity and focus over the course of the trial period.

Aspects of the physical environment were also considered in relation to the actual (reported by CYP) or potential (in the view of the CA) implications for CYP's experience, leading to recommendations to (for instance) 'address aspects of the house environment with potential to improve the residents' lived experience' (Site 1). Demonstrating the former, the Site 5 report notes that 'YP7 ... had to ask the carer to unlock the playroom when the Advocates were there and told them living there was "bad" and "there are locks on everything"'. References to the CAs' observations were more common, though, with CAs surmising what it might be like for CYP to live in this environment. For example:

*In the Advocates' view, they did not feel like particularly homely, personalised spaces. There was no evidence of anything to identify their rooms as their own. YP4 showed the Advocate a box with his mementos, none of which was on display. (Site 2)*

The influence of a 'best interests' focus was also clear here, in that CAs' assessment of the physical setting was shaped by their assumptions about CYP's needs and what is a 'good' environment for them, as shown here:

*YP2 appeared most at ease playing with a hose and walking in a small clamshell sandpit with wet sand. It appeared to the Advocates this might be due to the lack of other equipment to play with. (Site 2, p. 26)*

A focus on less tangible elements, such as the general atmosphere and use of the house, was further evident in CAs' evaluation of whether the physical environment seemed 'home-like'. For instance:

*[Houses 3a and 3d] appeared more home-like to the Advocates than [Houses 3b and 3c]. This appeared partly because more personal effects were present in those facilities but may also be because relationships between residents appeared more comfortable and respectful. Residents in [3a and 3d] also appeared to enjoy more freedom of movement and activity. (Site 3).*

*Overall, the houses appeared generally uniform, functional and organised to the Advocates ... This – combined with limitations placed on residents' freedom of movement by locked doors to the outside areas and the requirement for a carer to be present for them to play outside (likely due to the need to manage resident safety) – appeared to contribute to an environment some residents may find restrictive or institutional. (Site 4, Site 5)*

*Advocates observed residents in all 4 houses to generally relate well with each other. There were many instances of comfortable and easy engagement, including during play, at the dinner table or when moving around the house. (Site 5)*

In this context, the emphasis placed on food and meals across the reports likely reflects this concern with a 'home-like' ideal, while also being indicative of the 'voice' of CYP (see also 'CYP voice' below):

*The open kitchen is in the centre of the house and appeared to be the hub of the house, with a bowl of fruit on the counter for the residents to take from as they wished. The residents spoke positively about the food that is provided. (Site 2)*

*[A]ll residents spoke positively about being able to tell carers what they like to eat and have this considered in meal planning. (Site 4)*

In contrast, discussions of the CYP's responses to questions about 'home' were more equivocal and less developed. It is noted in the Site 2 report, for example, that

*When asked 'does this feel like home?' none of the residents expressed a positive or resounding response. It did not appear to the Advocates that the residents feel a strong sense of belonging within the house or that [Site 2] feels like a home to them.*

Other CYP were adamant that residential care was *not* home:

*Two residents, however, said the house did not feel like a 'home'. YP2 described living there as like being on a holiday and staying in a hotel/motel. YP3 agreed with that comment ... One resident described living in residential care as 'horrible'. (Site 1)*

The enduring association of 'home' with family was also shown in the reports, with CAs referring to the '[m]any residents [who] said they want to go home and live with their families' (Site 4) and citing one child's assertion that 'home is with family' (Site 1).

## Care/safety

The theme of care was constructed in three main ways. First, CAs described the interactions between carers and children. These were mainly positive.

*Most residents told Advocates the carers are nice, kind and they like them. The Advocates noticed the majority of residents appeared to have a good rapport with the Senior who accompanied them to individual facilities. (Site 3)*

*During the visit, Advocates noticed some residents responding with spontaneous bursts of excitement when particular carers arrived. Some residents, for example, talked excitedly about the carer being their favourite. Carers appeared to respond warmly to residents' excitement when this occurred. (Site 4)*

Due to these positive relationships of care, concern was then raised regarding the number of carers in children's lives. Rapport building and consistency of care was seen as being compromised according to the stability of carers' employment.

*YP2 said there are 'so many' carers, in fact 'too many to name', at the house. (Site 1)*

*YP2 and YP3 told an Advocate they feel unsafe when there are new carers in the house they don't know and that it's like 'stranger danger'. They said this happens a lot and they are not sure how to deal with feeling unsafe. (Site 1)*

Care was mainly described in reference to the activities of the carers employed at the residential sites. It was common for supervisors to point out that care from DCP caseworkers was largely absent.

*The a/supervisor described allocated caseworker contact with residents as 'poor'. He said it is limited but they are all very responsive to queries. He has not noted any particular gaps in case management and said he would follow up with caseworkers if he detected any. (Site 3)*

Secondly, care was constructed by reporting children having contact with their biological families. Care was regarding as facilitating this for children, to ensure they had some kind of relationship with parents and/or siblings.

*All 4 residents have fortnightly contact with their parents on Thursdays for one hour after school. 2 siblings see their parents one week and the other 2 see them on the alternate Thursday. All residents spoke positively of this and look forward to spending time with their parents. (Site 2)*

The third way in which care was described was through alertness or attention to the conditions of CYP's lives, including moments or events of fun and joy:

*The staff advised that YP2 and YP3 (twins) had had separate birthday parties last year for the first time, and that this was a success. YP2 spoke about having had 2 friends attend his party, and that this made him happy. (Site 2)*

*The supervisor identified the opportunity for shared outings for residents as positive. Some residents also talked positively about having contact with residents at [another site]. One shared outing was to the Christmas Pageant. ... such experiences may be very important for residents, given their young ages, and particularly for those who have experienced placement changes and/or whose needs would be best met in family-based care. (Site 5)*

The theme of safety was mainly focused on keeping children safe from physical violence and harm inflicted by other children. In the Site 3 report, for example, the CAs discussed their concern regarding:

*the volatile, unpredictable environment residents of [House 3c] are living in. A very high number of incidents has occurred in that facility compared to other facilities, the majority of which involve one particular resident. That resident is aged 10 and has been living there almost 12 months. The CYPV received information about the impact of these incidents on other residents and staff. (Site 3)*

*The [CAs are] concerned about the serious risks to the safety of the three younger residents of [House 3b] caused by an older residents' aggressive behaviour and threats. The older resident is aged 11, has an intellectual disability and has harmed and attempted to harm younger residents. The a/supervisor reported she regularly threatens to harm the younger residents. (Site 3)*

In the report for Site 6, the CA's description of a child telling her that 'she would run away if she was not feeling safe at the house' is followed by a summary of incident reports in which it is noted that '15 Missing Person's Reports (MPR) and/or Guardianship Absentee Reports (GAR)' have been recorded for the same child, at this site, since May 2018.

Despite these concerns and associated risk, most CYP – when asked directly about their sense of safety – responded positively:

*All residents said they feel safe where they live. (Site 4)*

*Most residents said they feel safe where they live. One said he did not because he is bullied by other residents. (Site 5)*

The child referred to above, however, confided in the CA, as follows:

*YP8 (aged 10) invited an Advocate into his room, put a radio on (seemingly to provide some privacy) and said he does not feel safe. He said he feels bullied by the other 2 residents in the house because they tell him he 'goes to kindy' and has an ugly face. He said he has been bullied since he first arrived and the other residents hurt his feelings. YP8 told the Advocate carers have talked with all residents in the house about bullying. He said he knows it is also up to him to stand up for himself. (Site 5)*

Evident here also is the extent to which this child felt both ashamed of, and at least in part responsible for, his feelings and experience.

### Systemic issues

A focus on issues that might best be categorised as systemic was evident across the site reports and covered a range of aspects including staffing, training and support needs, and resourcing, as well as issues concerning interagency and departmental processes.

#### *Staffing of residential care facilities*

Issues regarding the quality, training and management of staff (carers) were common. Differences in the approaches taken by individual carers in the context of 'rotational care team[s]', each with 'their own values and beliefs on how best to care for these young people' (Site 1), were noted as having particular implications for both specific CYP and the facility as a whole. Thus, CAs recommended, in the report for Site 1, that 'staffing arrangements' be reviewed and amended 'to provide stability and predictability for residents; and address the residents' concerns regarding feeling unsafe'. 'Significant staffing changes' were also discussed in the Site 7 report:

*Carers present appeared to possess only limited information about residents and their needs. For example, when an Advocate asked about the children and house routines one carer said she did not know due to being new in the house ... [and] not part of the regular care team and suggested the Advocate ask the other carer who had been there longer. The other carer had been there 2 weeks ... (Site 7)*

Illustrating the implications for CYP residents, the report describes an interaction between a child and an Advocate in which the 7-year-old child 'look[ed] sad and appear[ed] about to cry' when speaking about a particular carer, 'her favourite carer', whom 'she misses' (Site 7).

The use of agency staff – either as fill-ins for ongoing staff or as a standard arrangement (as in Site 1) – was also identified as a concern across the facilities. It is noted in the Site 3 report, for example, that both this supervisor and those at other sites had indicated that they 'would prefer the facilities to be fully staffed by DCP carers as using non-DCP [or agency] carers can be problematic'. Problems included dealing with performance issues or concerns for agency staff given that the responsibility for their supervision and management

sat with the agency and not the site. Managing sick leave was also difficult because agency carers are accountable to the agency (as their employer) and therefore the facility itself has no input into decisions about replacement staff and so on. More generally, relatively high levels of sick leave, and the use of agency staff in backfilling, was a common concern, with cascading implications for the wellbeing of CYP as well as staff cohesion and decision making. Notably, the 'shortage of consistent, skilled carers' was 'identified as one of the main difficulties for the residential care sector' (Site 2). Relatedly, the provisions for training and support of staff were highlighted as a particular concern, as for example in the report for Site 4 in which the supervisor conceded that there was "probably not enough" [training] given their [CYP's] often complex and diverse needs'.

#### *Broader child protection system/s*

The intersection of residential care issues (either in general or facility-specific) and the broader systems of child protection, including departmental policies, practices and processes, is evidenced throughout the site reports. These broader systemic factors impact on residential care facilities, and hence their management – and the experiences of CYP – but are not within their 'control'. These include the adequacy of intervention programs and support services for CYP; CYP's relationships with their DCP case managers including worker changes and frequency of contact; and the completion of key activities such as cultural identity plans (ACISTs). For example:

*The supervisor reported varying levels of case manager involvement with residents. She said some are proactive [and] others are generally responsive to issues raised by carers [but] some case managers have little involvement with residents and carers. She said the high turnover rate of case managers contributed to this and resulted in residents not knowing them and/or being actively involved with them. (Site 5)*

Similarly, it was noted in the Site 2 report that residential care staff 'had to "push" the DCP caseworker in order to get YP2's NDIS plan actioned'. Consequently, CAs recommended that DCP review their practice to ensure that case workers 'visit the residents at the house', 'meet with the residents individually; and seek and consider their views [and] wishes' (Site 2).

#### *Placement planning and decision making*

'Inappropriate placement matching' (Site 1 report), that is, of a CYP to a particular house or facility, was another key issue and one that residential care staff felt that they had little control over. The Site 1 report, for example, refers to a conversation in which a supervisor advised the CAs that 'there is little option but to agree to proposed placements site' (Site 1), even though they could see that this would be problematic. The Site 4 and 5 reports, as quoted above, note concerns regarding the use of residential care, rather than family-based care, for very young children. Likewise, in the Site 5 report, CAs highlighted the 'particular challenges' associated with the 'high proportion of residents aged 10 or under' living in that facility, and the Site 1 report includes the recommendation that 'DCP restrict the capacity of the house to 4 residents on an ongoing basis; and ensure the house is not used for emergency placements'. Risk management was also noted as a key issue, with CAs recording

their concern regarding 'the serious risks to the safety of [younger children] caused by an older resident's aggressive behaviour and threats' (Site 3).

### *External agencies and services*

Work with other government and non-government agencies and professionals (including speech therapists, occupational therapists, psychologists and so on) was recognised as central to the lives of CYP in residential care. In the report for Site 2, CAs noted their concern that there was 'little evidence to demonstrate service provider suggestions/recommendations [in relation to YP2] have been used to enhance the physical environment of the house'. In another example, from the Site 5 report, in reference to the needs of CYP residents who 'often have low levels of academic achievement', the supervisor identified that working with the Department for Education is a 'particular challenge'.

### *Resourcing*

Vehicle access was identified as a problem across sites, with CAs commenting that 'the allocation of one vehicle per house reportedly contributes to some residents attending OSHC [out-of-school-hours care] to allow carers to manage the demand of taking residents to, and collecting them from, different education sites' (Site 5) and recommending that 'DCP consider further investigating issues related to vehicle access' (Site 4). The loss of volunteers due to 'more rigorous screening requirements' (Site 4) was also recognised as having impacted on the supports and activities available to CYP.

### *CYP voice*

The voice of children was captured in the reports by the advocates reporting children's requests, for example, when a child confided in them or asked for something in particular. The most common request from children was to see their families more. For example, CAs recommended

*That information regarding the sibling group's reported request for additional contact with family members be provided to, and explored with them by, DCP case work and/or other relevant staff, if this has not already occurred. (Site 1)*

*YP1 also expressed a wish to have more contact with his parents and said it would be good if access could be weekly, that he thought he and his brothers would all like more contact. He would like to see them on a Monday or Tuesday after school. (Site 2)*

Across the site visits, many residents reported that they wanted to see their families more than they currently do and/or have more contact with more family members. Many residents also said they want to go home and live with their families. As the CAs also highlighted, children's family contact needs may be a particular challenge given many are under long-term guardianship, their young ages, and some parents reportedly seeking less contact with their children. Having these limitations in mind, the CAs also attempted to highlight children's awareness of such limitations. For example:

*YP1 expressed a wish to see more of his older siblings, although he conceded that 'they are a bit busy' (this is consistent with the supervisor's report that the older siblings lead chaotic lives). (Site 2)*

*YP12 and YP13 have regular overnight visits with an Aunty and Grandmother and weekly supervised contact with their mother. They spoke openly with the Advocate about the reason they could not live with their mother and described a recent serious incident of domestic violence that resulted in their mother being hospitalised. The girls told the Advocate they 'don't like Dad', they were able to see their Mum in hospital and she is 'ok now'. (Site 3)*

Children's voice was also expressed through the reporting on positive exchanges and sharing of information with children. Again this was often connected to facilitating contact with family and being connected beyond the residential housing setting.

*YP3 and YP2 both talked about access visits with their parents as being fun. They described having access at a park at [suburb], with mum and dad bringing the food, playing on the swings and in the park then going home. (Site 2)*

*YP9 showed the Advocate his Life Story Book. The Advocate saw that some documents had been added and a few pages completed. YP9 told the Advocate he would like to add more information to his Life Story Book and would like help to do this ... YP9 also spoke about his trips back to country (the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands). He said he feels nervous and anxious when he goes there but, even so, would like to visit more often than he does now. (Site 3)*

Children's voices were also represented in the reports through documenting individual requests that were made to the Advocate during the visit. For example:

*YP1 said he would like to be able to ride his bike to school as all his classmates do, as he would like to be able to ride around to the park after school with his mates. This was the only instance that any of the residents spoke of wishing to spend time with friends. (Site 2)*

*YP7 told the Advocates and carers it is important to him to explore and maintain his connection to culture. He said: he wants to get involved in cultural dance in 2019; he wants to see his Aboriginal mentor more often as he really enjoys it; he wants to have contact with his elders; regular family contact is important to him; and he wishes to travel interstate with his aunt and family. (Site 5)*

The CAs also made reference to the emotions expressed by CYP, demonstrating the potential for engagement that is oriented towards CYP's voice to generate intense feelings and reactions:

*During the visit, YP6 became teary on two occasions while speaking with the Advocate. The carer offered YP6 a hug when she became upset but YP6 declined. The carer later told the Advocate she was surprised by this show of emotion as she knew YP6 was unhappy but had never seen her cry before. (Site 3)*

*YP11 stated strongly to the Advocate he did not want to live at [House 3c]. He told the Advocate 'I want to get out of here', 'can you get me to move?', 'I want to move*



*out', 'can I move out tomorrow?' and asked the Advocate to write his request down in a notepad. (Site 3)*

*YP7 spoke to Advocates about the importance of her siblings to her. She said, 'I don't like to be away from my sisters; the longest it can be is one hour and then I cry'. She also said she wants to see her brother who lives in Vietnam but that this would not be possible or easy to arrange. (Site 4)*

## CYP rights

There was little evidence in the reports of specific attention to (or the upholding of) CYP's rights; instead rights were referred to in a more generic sense. For example:

*The Advocates received information from residents and staff that suggested some individual residents' views had been sought and considered in decisions/matters affecting them. Some information suggested some individual residents understood the reason for some decisions that affected them. (Site 3)*

*Informing and educating residents about their rights and how to exercise them may be a particular challenge due to their young ages and despite staff efforts to do so. (Site 4)*

*The supervisor reported house meetings occur on a monthly basis. She said a broad range of topics are considered in these meetings, such as hygiene, bullying and 'knowing your rights'. ... A suggestion box was also available for residents to provide comment. (Site 5)*

The importance of CYP's orientation to, and understanding of, rights – both in principle, or as a concept, and in relation to them personally – was also emphasised in the site reports. For example:

*Advocates received information from staff and residents suggesting attempts are made to inform them about their rights. For example: the supervisor said residents are told (and reminded) about how to make complaints. (Site 5)*

References to individual rights also appeared in the reports in the form of either CYP's specific requests or CAs' concerns regarding individual children. For example, the right to education is invoked in the Site 3 report:

*The [CA] is concerned about YP11's engagement in, and access to, education but does not have any further information about his education needs and plans to address them. (Site 3)*

In later reports, a clearer focus on evidence of participation was evident. For example, the Site 6 report provides details of CYP involvement in decision making with respect to 'choosing meals [and] making their own lunches' as well as in the development of 'house expectations'. Similarly, close attention is paid to rights and participation in the report for Site 7, although in this case it is the lack of evidence that is in focus. Advocates note, for instance, the 'limited incorporation of the Charter of Rights into facility operation' and carers' limited understanding of the 'GCYP and its roles and functions'.

The differing perspectives of staff and CYP is also evident. The Site 8 supervisor's explanation, for example, that 'residents are given opportunities to share their perspectives and make choices about activities' including 'regular house meetings' contrasts with accounts of the CYP's frustration at their lack of involvement; for instance, that 'activities were decided without their input as decisions were often made while they were sleeping in' and their specific requests were 'denied without clear explanation' (Site 8).

The balance between CYP's wants and rights is contentious and this, perhaps, made it difficult to engage in discussion of CYP's rights beyond ensuring the display of Charter of Rights posters in homes. In the report for Site 4, for instance, a CYP is recorded as saying 'I want my right to go home to be with mum and dad'. Similarly, another CYP at Site 4 told the CAs that 'there are too many rules' and a lack of flexibility or negotiation. As an example, she referred to the rule that CYP must shower in the evenings; she reported that 'she had been living there almost 3 years at the time of the visit and said she prefers to shower in the morning but, even if she does, she still has to shower at night'.

## Chapter 6: Discussion

The findings of this evaluation highlight the scope, complexity and volume of issues that might be raised through a visitors' scheme and, hence, the importance of a clear and tightly focused approach. The following discussion seeks to highlight key considerations and dilemmas that should inform future shaping and refinement of the scheme in order to both maximise, and evidence, its potential impacts. This recognises, firstly, that the needs of CYP are 'complex and context-specific' (Keddell, 2017, p. 328) and don't fit easily within a universal rights framework; and secondly, that the wellbeing of CYP is 'closely linked to' – and difficult to untangle from – 'their relationships and emotions' (Jordan, 2006, p. 48).

### What can be expected of a visitor scheme?

The *Taking us seriously* (Moore, McArthur, Noble-Carr, & Harcourt, 2015) and *Safe and sound* (Moore et al., 2016) reports, produced for the Royal Commission into Institutional Responses to Child Sexual Abuse, provide critical insights into the needs and experiences of children and young people living in residential care settings. Moore et al.'s (2015) articulation of the 'key assumptions about children and young people' that informed their research design is equally relevant, here, to thinking about the role, scope and potentialities of a visiting scheme. Starting from the recognition that CYP 'understand and experience the world in different ways than adults do', Moore et al. note, firstly, that:

There are differences in the way children and young people understand safety and being unsafe, the way that they ascertain their level of safety, and the way in which they evaluate how useful existing strategies are in responding to safety issues. (Moore et al., 2015, p. 20)

They further draw attention to the significance of CYP's 'different standpoints'; different in relation to adults but also 'to the way that adults believe children and young people experience the world' (Moore et al., 2015, p. 72). These standpoints

reflect not only on what it is to be a child or young person, but also on what it is to *not* be an adult, what they believe adults think and feel about and experience differently in their worlds, and how these differences influence what children and adults do. (Moore et al., 2015, p. 19, emphasis added)

Applied to the advocate/visitor context, this highlights the importance of paying attention to factors such as the 'language used, tools adopted, meanings being communicated' in conversations with CYP as well as 'appropriate methodologies and methods' to facilitate these (Moore et al., 2015, p. 20). Thus, enabling the voice of CYP demands a particular approach, one that recognises CYP as 'co-constructors of knowledge' (p. 20) and not merely providers of information or of answers to questions.

The necessary conditions for engaging CYP are those that validate CYP 'as individuals and place value on their views and experiences', provide 'openings for them to raise their needs and issues', and show that 'their views lead to demonstrable change' (Moore et al., 2015, p. 20). These practices, however, as Moore et al. (2015, 2016) highlight, sit within a broader

cultural and institutional context. A visiting scheme, then, should be considered as just one element in an overall approach that seeks to balance the adult responsibility to ‘actively protect’ with the rights of CYP to ‘understand and manage safety issues in the context of a supportive relationship’ (Moore et al., 2015, p. 70).

### The voice of CYP

McLeod (2006, p. 285) argues that ‘[r]eaching an understanding of the viewpoint of a marginalized young person is a time-consuming business’ that requires a ‘sustained relationship’. The approach taken by this pilot scheme, that is, of holistically focused site visits, positions it outside of a relationship-focused and CYP-specific approach. This raises questions about the ethics of inviting CYP to share their feelings and experiences with a CA with whom they might not have any further contact. This is alluded to in the CAs’ field notes:

*[The CYP] said they thought we should return, that they liked talking with us, that they had things to tell us. (Site 5, visit notes, p. 2)*

*YP10 wanted me to stay and said that she had things that she wanted to tell me. (Site 4, visit notes, p. 4)*

*YP5 then said he was feeling shy, but wanted to whisper something in my ear. The carer went out of the room, and [YP5] told me that his Grandfather had died and that he had not met him. He also said that he didn’t even have a photo of him and that it made him very sad. (Site 4, visit notes, p. 8)*

The substantial attention paid to the voices of residential care staff (carers, supervisors) – evident in frequent references to ‘the supervisor described ...’, ‘staff advised that ...’, ‘the supervisor said he believed that ...’, and so on – perhaps reflected this dilemma. Incorporating a more explicit focus on the perspectives of care staff may well be an option worth considering in future iterations of the scheme, thus recognising staff as a key source of information regarding the functioning of a facility and, more crucially, as one way of accessing the experiences of CYP. This could involve talking with staff about issues such as morale, working conditions, their experience of management, fellow workers, processes, house ‘rules’, and so on. Factors such as the high use of sick or other leave, along with measures such as complaints and incident reports – particularly those involving physical restraint – could also be considered indicators of the ‘health’ of a facility and grounds for targeted assessment/intervention by an independent body (i.e. the OGCYP). How visitors engage with and facilitate children’s voices in these environments is challenging work and requires navigating multiple levels of power being exercised within and outside the facilities.

### Thinking about safety

Moore et al. (2016), in their *Safe and sound* report, discuss their research into children and young people’s conceptualisations of safety in residential care. The report provides insights that are important for thinking about the meaning of ‘safety’ for CYP living in residential care including how they might conceptualise and talk about this. Key findings of particular relevance here include:

- CYP tended to understand safety as ‘the absence of unsafe peers, workers and other adults’, including ‘not being exposed to physical, emotional or sexual harm and the availability of positive, caring relationships with peers and adults’ (p. 29).
- CYP were generally ‘pessimistic about the capacity of residential care settings to provide a safe environment’; thus their focus was on ‘developing their own strategies for escaping or managing harm, rather than institutions or adults protecting them from it’ (p. 30).
- The safety of CYP was ‘most often compromised by the behaviours of their peers, so safety was about not being placed with others who might hurt them’ (p. 31, see also pp. 37–43).

The importance of ‘felt safety’ was especially evident, with CYP emphasising that if they didn’t feel safe (that is, calm, relaxed, comfortable) in a residential care setting, this was a critical sign that they weren’t safe (that is, that the residential care setting was unsafe). This highlights the significance of paying attention to, and taking note of, CYP’s feelings, whether expressed in words, non-verbal communication or acts.

Importantly, Moore et al.’s (2016) finding that CYP felt most safe when the residential care was ‘home-like’, ‘where they felt welcome, where things felt “normal” and where adults looked out for them’ (p. 29), directs attention beyond the physical, ‘bricks and mortar’ setting to CYP’s subjective experience. The CYP included in Moore et al.’s (2016, p. 30) study also saw ‘positive relationships with peers and workers, and strong connections inside and beyond residential care’ as crucial to their sense of safety. This reinforces the importance of ongoing, not episodic, contact, conversations and relationships.

### Wants versus rights

Distinguishing between what a CYP says that they *want*, and what they have a *right* to, is more complex than it seems, demonstrating the necessity of a sophisticated and critical understanding of both developmental and attachment theories and ‘children’s complex, nuanced and idiosyncratic behaviors’ (Keddell, 2017, p. 338). For instance, the report for Site 4 refers to YP1 who told the CAs that ‘he wants to see his mum. He also said that he wants a swimming pool’. This juxtaposition of the fantastical with the profound is indicative of the ‘complex meaning terrain’ (Keddell, 2017, p. 338) associated with the space between what children might say and what they might mean. Thus, YP6’s requests for a rabbit and a phone (Site 4) and YP6’s wish for ‘a mermaid tail for swimming [and] some pointe shoes’ (Site 3), sit alongside the deep-rooted desire expressed by YP10: ‘I want to be with my family’ (Site 5). Interesting also, following a conversation with the CA about rights and the Charter of Rights, is YP5’s (Site 4) declaration that ‘I want my right to go home to be with mum and dad’.

These examples emphasise the necessity for CYP to be well-oriented to and understand rights, both conceptually – or in principle – and in terms of what this might mean to them personally. Relevant here is Harcourt and Hägglund’s (2013, p. 286) observation regarding the ‘potential disjunction between rhetorical rights and lived rights’ and the complex

relationship between CYP's interests and their rights (see Liebel, 2018). Clarifying the purpose and rationale for a visiting scheme might offer a way forward in this respect: if CYP participation is encouraged on the basis of its potential to 'lead to positive or better outcomes', through the development of capacity, confidence and a 'positive sense of self' (Kriza & Roundtree-Swain, 2017, p. 36), then it is primarily the process that matters. If, however, the justification for engaging CYP is that they can, and should be able to, 'make rational and informed decisions about their lives' (Kriza & Roundtree-Swain, 2017, p. 36), this would imply a clearer emphasis on rights education for adult workers and CYP, as well as greater clarity in relevant policy and processes. The overarching focus of the Child Protection Systems Royal Commission was the care and protection of CYP, thus orienting the visiting scheme towards a primarily 'best interests', rather than rights, perspective. It is nonetheless worth considering what the CA approach might look like, and how the site report might be structured, should –an explicitly rights-based focus be adopted. How, for example, might a CYP-driven – or 'bottom-up' – orientation shape the structure and processes of a visiting scheme? Furthermore, how do you facilitate the right to participation, ensuring children are heard, valued and part of the process of decision making, even if the decision is not what they wanted? How you inform children about advocacy and outcomes, so that they understand decisions, is equally important.

## Chapter 7: Conclusion

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. In this regard, focusing on the needs and interests of any one child or group, while valuable in its own right, cannot tackle these broader concerns. Moreover, although a visiting scheme can – and, as evident here, does – draw attention to broader concerns, attaching these to particular children and/or facilities risks presenting these as issues that are individual and isolated, idiosyncratic to *this* child or *this* facility, rather than systemic and structural.

Smith and Freyd (2014) use the term 'institutional betrayal' to refer to the particular impacts of institutional wrongdoing on individuals who have trusted or depended upon that institution. Observing that responses to such acts/events have typically focused on individuals rather than systems, Smith and Freyd focus on the ways in which the actions and inactions of institutions can exacerbate the experience of trauma. They advocate the importance of closely examining the institutional settings in which traumatic events are more likely to occur, arguing that institutional-level policies, practices and cultures can function to condone, hide or normalise trauma (Smith & Freyd, 2014). Smith and Freyd's (2014) research directs our attention to both the scale and multiple dimensions of (potential) institutional betrayal for children and young people living in residential care. The visiting scheme, in other words, is just one piece in a large and complicated puzzle.

### Key learning

The researchers consider that the following points - presented as issues for consideration - are centrally important to the planning and implementation of a future visitor scheme.

- Careful consideration must be given to balancing the *best interests* of CYP with their *right to participate* in decision making. This requires attention to the overall orientation, purpose and ethical principles underpinning the program as well as the pragmatics of process and practice, ensuring that this is both appropriately informed

by developmental and attachment theories and responds to ‘children’s complex, nuanced and idiosyncratic’ needs (Keddell, 2017, p. 338).

- Planning must be based upon a clearly articulated understanding of *participation*, including its purpose, dimensions and constitutive practices, in order to ensure a balanced approach that pays attention to both protection and maturity.
- Similarly, it is important that *advocacy* is clearly conceptualised and articulated, with consideration given to its role and parameters within the context and expressed purpose of the scheme. This would likely require further engagement with difficult questions including whether advocacy should be understood as ‘speaking for/on behalf of someone [or] enabling them to speak for themselves’ (CCYPP, 2016, p. 11).
- Consideration should be given to the relative merits of ‘one-off’ visits versus approaches that are based on a continuing relationship between a visitor and child (in line with the UK ‘independent visitor’/befriending role). For example, it could be argued that ‘one-off’ visits offer efficiency, access to larger numbers of CYP, and so on, whereas an ongoing relationship ensures a consistent, individualised and child-focused presence in a CYP’s life. Each approach has advantages and disadvantages that should be explored and evaluated in order to reach an informed position.
- It is critical that any visitor scheme be underpinned by a strong understanding of the continuum of safety as experienced by CYP, encompassing factors that are both detrimental (‘unsafe peers’, ‘physical, emotional or sexual harm’, etc.) and conducive (such as ‘the availability of positive, caring relationships with peers and adults’) to CYP’s perceived safety (Moore et al., 2016, p. 29). Assessing physical and emotional safety needs should go beyond asking CYP directly.
- Recognising that a visiting scheme is just one element in an overall approach is critical; attention must also be directed towards broader systemic and institutional factors as well as the societal-structural context of CYP’s lives.



## References

- Archard, D., & Skivenes, M. (2009a). Balancing a child's best interest and a child's views. *International Journal of Children's Rights*, 17, 1-21.
- Archard, D., & Skivenes, M. (2009b). Hearing the child. *Child & Family Social Work*, 14(4), 391-399.
- Australian Human Rights Commission (AHRC). (2019). Children's rights [website]. Australian Human Rights Commission. Retrieved from <https://www.humanrights.gov.au/our-work/childrens-rights/about-childrens-rights>
- Attorney-General's Department. (2016). *Child protection: A fresh start*. Adelaide, SA: Attorney-General's Department
- Attorney-General's Department. (2019). Child Protection Systems Royal Commission [website]. Government of South Australia. Retrieved from <https://www.agd.sa.gov.au/projects-and-consultations/projects-archive/child-protection-systems-royal-commission>
- Barnes, V. (2012). Social work and advocacy with young people: Rights and care in practice. *British Journal of Social Work*, 42(7), 1275-1292. <https://doi.org/10.1093/bjsw/bcr142>
- Berrick, J., Dickens, J., Posoc, T., & Skivenes, M. (2015). Children's involvement in care order decision-making: A cross-country analysis. *Child Abuse & Neglect*, 49, 128-141.
- Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do young people say? *Children and Youth Services Review*, 33(1), 496-501.
- Bijleveld, G., Dedding, C. & Bunders-Aelen, J. (2013). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child & Family Social Work*, 20(2), 129-138. <https://doi.org/10.1111/cfs.12082>
- Brady, B., Kennan, D., Forkan, C., Tierney, E., Jackson, R. & Holloway, R. (2019). The participation of children and young people in care: Insights from an analysis of national inspection reports in the Republic of Ireland. *Child Care in Practice*, 25(1), 22-36, DOI: [10.1080/1357279.2018.1537257](https://doi.org/10.1080/1357279.2018.1537257)
- Bruce, M. (2014). The voice of the child in child protection: Whose voice? *Social Sciences*, 3, 514-526.
- Centre for Children and Young People's Participation (CCYPP). (2016). *Independent advocacy: Impact and outcomes for children and young people*. London, UK: National Children's Bureau Research Centre. Retrieved from [https://www.uclan.ac.uk/staff\\_profiles/assets/impact-outcomes-of-independent-advocacy.pdf](https://www.uclan.ac.uk/staff_profiles/assets/impact-outcomes-of-independent-advocacy.pdf)
- Children's Society. (2019). Advocacy services [website]. Retrieved from <https://www.childrensociety.org.uk/what-we-do/helping-children/our-programmes/advocacy-services>
- Commission for Children and Young People Victoria. (2019). Independent Visitor Program [website]. Retrieved from <https://ccyp.vic.gov.au/upholding-childrens-rights/independent-visitor-program/>
- Commonwealth of Australia. (2009). *Protecting children is everyone's business: National framework for protecting Australia's children 2009-2020. Implementing the first three-year action plan 2009-2012*. Canberra, ACT: Council of Australian Governments. Retrieved from

[https://www.dss.gov.au/families-and-children/publications-articles/national-framework-for-protecting-australias-children-implementing-the-first-three-year-action-plan-2009-2012-2009?HTML#three\\_year\\_plan\\_2\\_nation](https://www.dss.gov.au/families-and-children/publications-articles/national-framework-for-protecting-australias-children-implementing-the-first-three-year-action-plan-2009-2012-2009?HTML#three_year_plan_2_nation)

- Commonwealth of Australia. (2011). *An outline of National Standards for Out-of-Home Care: A priority project under the National Framework for protecting Australia's children 2009–2020*, Department of Families, Housing, Community Services and Indigenous Affairs with the National Framework Implementation Working Group. Canberra, ACT: Australian Government.
- Commonwealth of Australia. (2015). *Inquiry report: Out of home care*. Canberra, ACT: Committee on Community Affairs References Committee, Senate Standing Committee on Community Affairs. Retrieved from [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Out\\_of\\_home\\_care/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Report)
- Coram Voice. (2015). *Impact report 2014-15*. London, UK: Coram Voice. Retrieved from <https://coramvoice.org.uk/sites/default/files/Coram%20Voice%20Impact%20Report%202014-15.pdf>
- Damiani-Taraba, G., Sky, I., Hegler, D., Woolridge, N., Anderson, B., & Koster, A. (2018). The listen to me project: Creating lasting changes in voice and participation for children in care through a youth-led project. *Child & Youth Services*, 39(1), 75-95.
- Gordon, A., & Graham, K. (2016). *The National Independent Visitor data report*. Barkingside, UK: Barnardo's. Retrieved from <http://www.barnardos.org.uk/national-independent-visitor-data-report.pdf>
- Harcourt, D., & Hägglund, S. (2013). Turning the UNCRC upside down: A bottom-up perspective on children's rights. *International Journal of Early Years Education*, 21(4), 286-299. <https://doi.org/10.1080/09669760.2013.867167>
- Hayes, N., & Bradley, S. (2009). *Right by children: Children's rights and rights based approaches to policy making in early childhood education and care: The case of Ireland*. Dublin, Ireland: Irish Research Council for the Humanities and the Social Sciences. Retrieved from <https://arrow.dit.ie/cserrep/36/>
- Jordan, B. (2006). Well-being: The next revolution in children's services? *Journal of Children's Services*, 1, 41-50.
- Keddell, E. (2017). Interpreting children's best interests: Needs, attachment and decision-making. *Journal of Social Work*, 17(3), 324-342.
- Kennan, D., Brady, B., & Forkan, C. (2018). Supporting children's participation in decision making: A systematic literature review exploring the effectiveness of participatory processes. *British Journal of Social Work*, 48(7), 1985-2002.
- Kennan, D., Brady, B., & Forkan, C. (2019). Space, voice, audience and influence: The Lundy Model of Participation (2007) in child welfare practice. *Practice: Social Work in Action*, 31(3), 205-218.
- Kriza, K., & Roundtree-Swain, D. (2017). 'We are merchandise on a conveyer belt': How young adults in the public child protection system perceive their participation in decisions about their care. *Children and Youth Services Review*, 78, 32-40.

- Layton, R. (2003). *Our best investment: A state plan to protect and advance the interests of children*. Report of the Review of Child Protection in SA. Adelaide, SA: Department of Human Services.
- Lagaay, M. & Courtney, L. (2013). *Time to listen: Independent advocacy within the child protection process*. London, The National Children's Bureau. Retrieved from [https://www.basw.co.uk/system/files/resources/basw\\_122703-5\\_0.pdf](https://www.basw.co.uk/system/files/resources/basw_122703-5_0.pdf)
- Liebel, M. (2018). Welfare or agency? Children's interests as foundation of children's rights. *International Journal of Children's Rights*, 26(4), 597-625. <https://doi.org/10.1163/15718182-02604012>
- Lundy, L. (2007). 'Voice' is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927-942.
- Mathews, B. (2017). *Oversight and regulatory mechanisms aimed at protecting children from sexual abuse: Understanding current evidence of efficacy*. Sydney, NSW: Royal Commission into Institutional Responses to Child Sexual Abuse. Retrieved from <https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/Research%20Report%20-%20Oversight%20and%20regulatory%20mechanisms%20aimed%20at%20protecting%20children%20-%20%20Government%20responses.pdf>
- Mayall, B. (2000). The sociology of childhood in relation to children's rights. *International Journal of Children's Rights*, 8, 243-259.
- McCafferty, P. (2017). Implementing Article 12 of the United Nations Convention on the Rights of the Child in child protection decision-making: A critical analysis of the challenges and opportunities in social work. *Child Care in Practice*, 23(4), 327-341.
- McLeod, A. (2006). Respect or empowerment: Alternative understanding of listening in childcare social work. *Adoption and Fostering*, 30(4), 43-52.
- Moore, T., McArthur, M., Noble-Carr, D., & Harcourt, D. (2015). *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*. Sydney, NSW: Royal Commission into Institutional Responses to Child Sexual Abuse. Retrieved from [https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/research\\_report\\_-\\_taking\\_us\\_seriously\\_children\\_and\\_young\\_people\\_talk\\_about\\_safety\\_and\\_institutional\\_responses\\_to\\_their\\_safety\\_concerns\\_-\\_causes.pdf](https://www.childabuseroyalcommission.gov.au/sites/default/files/file-list/research_report_-_taking_us_seriously_children_and_young_people_talk_about_safety_and_institutional_responses_to_their_safety_concerns_-_causes.pdf)
- Moore, T., McArthur, M., Roche, S., Death, J., & Tilbury, C. (2016). *Safe and sound: Exploring the safety of young people in residential care*. Sydney, NSW: Royal Commission into Institutional Responses to Child Sexual Abuse. Retrieved from <http://childabuseroyalcommission.gov.au/policy-and-research/our-research/published-research/safe-and-sound-exploring-the-safety-of-young-people>
- Moyser, G. (2006). Elite interviewing. In V. Jupp (Ed.), *The SAGE dictionary of social research methods* (pp. 85-86). London, UK: SAGE Publications.
- Mullighan, E. P. (2008). *Children in State Care Commission of Inquiry: Allegations of sexual abuse and death from criminal conduct*. Adelaide, SA: Office of the Commissioner.

- Nyland, M. (2016). *The life they deserve: Child Protection Systems Royal Commission report*. Adelaide, SA: Child Protection Systems Royal Commission, Government of South Australia. Retrieved from [www.agd.sa.gov.au/child-protection-systems-royal-commission](http://www.agd.sa.gov.au/child-protection-systems-royal-commission)
- Office of the Guardian for Children and Young People (OGCYP). (2018). *Community visitor programs – What we can learn from Oakden*. Adelaide, SA: Office of the Guardian for Children and Young People, Government of SA.
- Office of the Public Guardian Qld. (2019a). The community visitor program [website]. Retrieved from <https://www.publicguardian.qld.gov.au/about-us/community-visitor-program>
- Office of the Public Guardian Qld. (2019b). Factsheet: Protecting the rights of children and young people in visitable sites. Brisbane, Qld: Office of the Public Guardian Qld. Retrieved from [https://www.publicguardian.qld.gov.au/\\_\\_data/assets/pdf\\_file/0009/572454/OPG-Factsheet\\_Protecting-the-rights-of-children-and-young-people-in-visitable-sites.pdf](https://www.publicguardian.qld.gov.au/__data/assets/pdf_file/0009/572454/OPG-Factsheet_Protecting-the-rights-of-children-and-young-people-in-visitable-sites.pdf)
- Office of the United Nations High Commissioner for Human Rights (OHCHR). (1989/90). *Convention on the Rights of the Child*. Adopted by the United Nations General Assembly (resolution 44/25) 20/11/89, entry into force 2/9/90.
- Patton, M. Q. (2008). *Utilization-focused evaluation*, 4<sup>th</sup> ed. London, UK: Sage Publications.
- Patton, M. Q. (2011). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. New York, NY: Guilford Press.
- Pink, S. (2015). *Doing sensory ethnography* (2nd ed.). London, UK: Sage Publications.
- Pona, I., & Hounsell, D. (2012). *The value of independent advocacy for looked after children and young people*. London, UK: Children's Society. Retrieved from [https://www.childrensociety.org.uk/sites/default/files/tcs/the-value-of-advocacy\\_final.pdf](https://www.childrensociety.org.uk/sites/default/files/tcs/the-value-of-advocacy_final.pdf)
- Royal Commission. (2017a). *Final report of the Royal Commission into Institutional Responses to Child Sexual Abuse, Volume 1: Our inquiry*. Canberra, ACT: Commonwealth of Australia. Retrieved from [https://www.childabuseroyalcommission.gov.au/sites/default/files/final\\_report\\_-\\_volume\\_1\\_our\\_inquiry.pdf](https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_1_our_inquiry.pdf)
- Royal Commission. (2017b). *Final report of the Royal Commission into Institutional Responses to Child Sexual Abuse, Preface and executive summary*. Canberra, ACT: Commonwealth of Australia. Retrieved from [https://www.childabuseroyalcommission.gov.au/sites/default/files/final\\_report\\_-\\_preface\\_and\\_executive\\_summary.pdf](https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_preface_and_executive_summary.pdf)
- Skivenes, M. (2010). Judging the child's best interests: Rational reasoning or subjective presumptions? *Acta Sociologica*, 53(4), 339-53. <https://doi.org/10.1177/0001699310379142>
- Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, 69(6), 575-587.
- Southwell, J., & Fraser, E. (2010). Young people's satisfaction with residential care: Identifying strengths and weakness in service delivery. *Child Welfare*, 89(2), 209-228.
- Taplin, D. H., & Rasic, M. (2012). *Sourcebook for facilitators leading Theory of Change development sessions*. New York, NY: ActKnowledge. Retrieved from [http://www.theoryofchange.org/wp-content/uploads/toco\\_library/pdf/ToCFacilitatorSourcebook.pdf](http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToCFacilitatorSourcebook.pdf)

- UNICEF. (2009). Toolkit on diversion and alternatives to detention: 'Learn more about a child rights-based approach' [website]. Retrieved from [https://www.unicef.org/tdad/learnmorecrba\(2\).doc](https://www.unicef.org/tdad/learnmorecrba(2).doc)
- UNICEF Australia. (2019). Learn about human rights [website]. Retrieved from <https://www.unicef.org.au/our-work/information-for-children>
- United Nations High Commissioner for Refugees (UNHCR). (2008). *UNHCR guidelines on determining the best interests of the child*. Geneva, Switzerland: United Nations High Commissioner for Refugees. Retrieved from <http://www.unhcr.org/protect/PROTECTION/4566b16b2.pdf>
- van den Hoonaard, W. C. (2008). Inter and intracoder reliability. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 445-446). Thousand Oaks, CA: Sage.
- Vis, S.A. & Thomas, N. (2009). Beyond talking: Children's participation in Norwegian care and protection cases. *European Journal of Social Work*, 12(2), 155-168.

## Appendix A: Sensory data collection tool

### **Guide for community visitors**

The purpose of this template is to facilitate your reflection regarding your experience of the visit by providing a thinking and reflecting guide. It is intended that this be completed as soon as possible after the visit (ideally, in the car) to capture your immediate impressions and subjective response; it is not an official report and thus there is no expectation that this be 'word perfect' or use formal language.

The guide draws upon Sarah Pink's (2015) 'sensory ethnography' approach which recognises reflection on experience as a critical source of knowledge for research, encompassing both 'knowledge about the senses' and 'the senses as a route to knowledge' (p. 4). Accordingly, the template has two columns, representing the sensory (see, hear, smell, etc.) and the reflective (thoughts, feelings, interpretation, etc.).

| SENSORY OBSERVATIONS   | <i>For example</i>  | REFLECTION  | <i>For example</i>  |
|--|---|---|---|
| <p><b>What did I HEAR?</b></p> <p><b>What did the place sound like?</b></p>  | <p><i>Was it quiet or noisy?</i></p> <p><i>Could you hear raised voices?</i></p> <p><i>Could you hear music, tv, other noises?</i></p>  | <p><b>How did this impact on you?</b></p> <p><b>How did it make you feel?</b></p> <p><b>What did you think?</b></p> | <p><i>'I found the noise really stressful. It made it difficult to think clearly &amp; I couldn't wait to get out of there!. I wondered what it must be like for the younger kids ...'</i></p> <p><i>'It seemed really odd that a place where kids &amp; teenagers live could be so quiet. It was almost eerie! I felt uncomfortable ...'</i></p> |
| <p><b>What did I SMELL?</b></p> <p><b>What did the place smell like?</b></p> | <p><i>Could you smell food and cooking?</i></p> <p><i>Was the overall smell pleasant or unpleasant?</i></p> <p><i>Did different areas/rooms smell different?</i></p>  | <p><b>How did this impact on you?</b></p> <p><b>How did it make you feel?</b></p> <p><b>What did you think?</b></p> | <p><i>'It smelt like a hospital! Even in the kids' rooms! There were no "kid smells" at all, it just felt so clinical and impersonal.'</i></p>  |
| <p><b>What did I SEE?</b></p> <p><b>What did the place look like?</b></p>    | <p><i>Was it tidy and clean? Was it messy but clean?</i></p> <p><i>Were there pictures, photos, decorations, etc?</i></p> <p><i>Could you see children's toys/possessions?</i></p> <p><i>Did the bedrooms look different to the common areas?</i></p> | <p><b>How did this impact on you?</b></p> <p><b>How did it make you feel?</b></p> <p><b>What did you think?</b></p> | <p><i>'The TV room was pretty neat and orderly – and a little bit sterile – but the kids' rooms looked just like you'd expect. Messy, clothes on the chairs, posters on the wall, etc. It felt very normal.'</i></p>  |

|   |  |   |  |
|---|--|---|--|
| <p><b>What was your overall sense of the place?</b></p> | <p>(Thoughts, feelings, interpretation, etc.)</p>                      | <p><b>How did this impact on you?</b><br/> <b>How did it make you feel?</b><br/> <b>What did you think?</b></p> | <p><i>'I can't put my finger on it. There just seemed something odd about ...'</i></p> <p><i>'Everything seemed fine and the kids and workers were friendly but I just felt bothered by ...'</i></p> <p><i>'The place looked a bit like a bomb had hit it, which was a bit overwhelming at first. But I could see it was basically clean and the kids seemed really comfortable and at home. It just really felt like a home.'</i></p> |
| <p><b>Any other observations?</b></p>                   | <p><i>[E.g. some kids dominated and others stayed very quiet.]</i></p> |   |  |