

Institute of Child Protection Studies



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Research to Practice Series Safe and Sound: Creating safe residential care services for children and young people

The Institute of Child Protection Studies Research to Practice Series links the findings of research undertaken by the Institute of Child Protection Studies, to the development of policy and practice in the area of child, youth and family welfare.

About the Institute of Child Protection Studies

The Institute of Child Protection Studies at the Australian Catholic University was established in 2005 to carry out high quality research, evaluation and professional development to enhance outcomes for children, young people and families.

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Safe and Sound: Creating safe residential care services for children and young people

Issue 18 of the ICPS Research to Practice series explores the development of safe residential services for children and young people, and discusses the factors preventing them from seeking support for safety concerns, strategies for preventing harm, and responding to safety concerns. It is based on a study conducted by ICPS, and colleagues from Griffith University and Queensland University of Technology, for the Royal Commission into Institutional Responses to Child Sexual Abuse, which interviewed 27 children and young people with lived experience of residential care in Australia. More information about the project is provided at the end of the issue.

Issue 18 builds on Issue 17, which discussed the factors leading to children and young people's vulnerability in residential care, and the safety concerns of children and young people.





Factors preventing young people from seeking support about interpersonal safety concerns

As discussed in Issue 17, children and young people reported that residential care felt unsafe most of the time and explained that this was a result of concerns related to peers, staff and adults outside of residential care. In particular, young people identified bullying and harassment, sexual harassment or assault, witnessing violence, self-harm and abuse of peers as major safety concerns.

In interviews, children and young people suggested that they were sometimes reluctant to seek support when they were confronted by a peer, a worker or an adult outside of residential care. They identified a range of factors and barriers that kept them from asking for and getting help when they needed it.

Not knowing what to do

Many children and young people¹ said they weren't aware of what they should do or what was in place to deal with their interpersonal safety concerns. Some children said their service did not have a complaints process, despite posters being on the wall to promote the service's complaints policy, highlighting the importance of not only having policies and practices in place, but also ensuring that children and young people are aware of them, have confidence in them, and know how best to use them.

Fear of consequences

Some children and young people reported ambivalence in raising concerns for fear of the consequences that might occur if they did. A number of children under 12 years old said they couldn't talk to staff about particular workers who were acting unfairly or inappropriately, for fear that those workers would find out and punish them for complaining. Because peer sexual relationships were often banned in residential care units, some young people also reported that they were reluctant to disclose concerns when they emerged, afraid that they would get into trouble for having sex (and breaking the rules), or that workers would see it as their fault that they had been assaulted.

Lack of faith that workers would effectively respond

Participants reported that workers often downplayed their concerns, arguing that because they hadn't seen the incident there was nothing they could do, suggesting it was the young person's fault that they had been assaulted or harmed. Some young people voiced significant frustration in these situations and observed that they would either have to deal with the issue themselves, or seek support from someone outside of the unit. A number of young people described that when workers said they would take their concerns to a manager, this rarely occurred.

'I feel like they try to deal with the big issues as well as avoiding it at the same time. I think they don't think that they can fix things so they just give up on it.' (Young man, aged 17–20)

Some young people identified that services failed to act on their concerns, due to the potential ramifications for another young person, such as when peer violence had occurred

1. Participants were aged 10-20 years. Children include participants aged 10-12, while young people were aged 13-20. Where this issue refers to 'older young people', this relates to 17-20 year olds.

Section 2

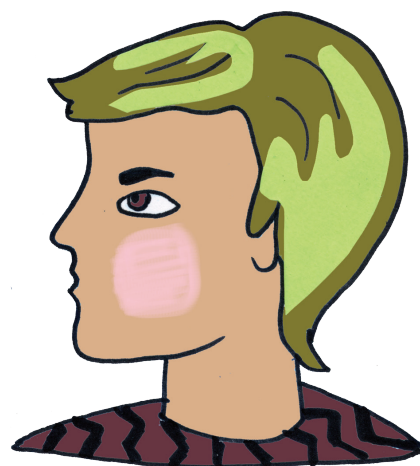
Preventing harm in residential care

To prevent harm in residential care, children and young people believed that changes were required at systemic, service and staff levels.

Systemic and organisational changes to protect children and young people

Children and young people felt that the residential care system did not always prioritise children and young people's safety, and identified ways that residential care could be improved at a systemic level.

Children said that most children should be kept out of residential care. They most wanted a 'normal' family life where they could live with siblings that loved and cared for them and were unlikely to hurt them. Mostly, older young people preferred to live in residential care rather than foster care, however, their underlying needs were similar – they wanted strong connections, a sense of stability and a sense that they were 'at home'.



'You have to think about – yeah. You have to think about – instead of just slapping three random people in a house together and hoping for the best. Because that's either going to work out really well or blow up in your face.' (Young man, aged 17–20)

Older young people felt that more vulnerable children and young people should be kept out of residential care, or at least residential care where there was a mix of older, 'riskier' young people. Two young people felt that different models should be considered, suggesting that mental health and homelessness services were more likely to provide young people with the safety, stability, care and support not always afforded to young people in residential care. Participants' strongest criticism was the lack of stability, and older participants felt that it should be seen as a longer-term option, with young people matched with others with similar needs.



'I think making sure that you've got the right mix of people. So making sure the right group are in there. If you've got a group that's working, don't move them out to move someone else in, if something's not working in the unit and there's issues then it needs to be reassessed on what is the issue and what can they do to improve it.' (Young woman, aged 17–20)



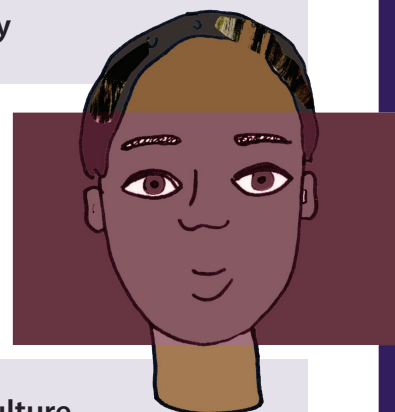
Creating safe services

Children and young people said that services needed further investment to prevent interpersonal safety issues. They highlighted appropriate matching of children and young people placed in the same residence, and adequate supervision as key priorities, and said that children in care needed to be provided with the information and skills to protect themselves.

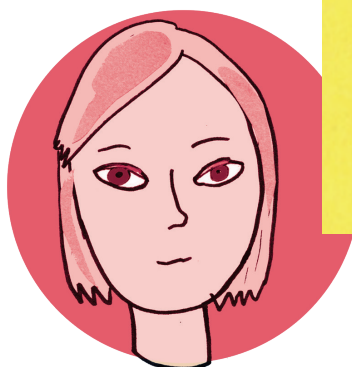
Participants said that safe residential care services:

- **Appreciate risks and take safety seriously**
- **Provide children and young people with opportunities to have their say**
- **Provide children and young people with adequate and appropriate information about risks and how to protect themselves from harm**
- **Understand why young people engage in sexual relationships, and keep an eye out to ensure they are safe**
- **Clearly articulate, communicate and demonstrate expectations**
- **Mix and match children and young people based on need and safety**

'I think workers should rely more on young people. We know what is going on, we know what it's like, we know what works and we know what is going to work ... If young people know that workers have learned what to do from us kids I reckon they'd be more like ... to go along with it. It makes sense – but I don't think they'd even think about asking us.' (Young man, 17–20)



- **Foster friendships among the peer group and create a supportive culture**
- **Adequately screen staff and inform children and young people how this is done**
- **Roster staff on the floor, particularly at night**
- **Reduce the staff's administrative responsibilities so they can be more available to children and young people**
- **Occupy children and young people and give them more things to do**
- **Manage environmental risks**
- **Collaborate with outsiders**
- **Monitor workplaces and workers**



'I think definitely education around safe sex is very important. I think so definitely education around that. I think they need to really be looking into why young people are seeking out the attention of older people, because I think that would answer a lot of issues with sexual stuff.' (Young woman, aged 17–20)

The importance of trustworthy staff

Children and young people felt that residential care was most safe when there were adequate numbers of competent and trustworthy workers who were available and present. Although almost all participants could identify at least one competent and trustworthy worker, most had reservations about adults who were employed in residential care, and felt that many sought employment because it was easy work, was well paid and they did not have the skills to be employed in other professions. While they felt that not all staff were under-skilled, they thought there were lots of workers who did not demonstrate the skills that inspired the confidence of children and young people.

When they were asked to describe a worker they trusted, young people identified the following characteristics:

'Someone that's not just there for a job, they're there because they actually care.' (Boy, aged 10–12)

Trusted staff are safe:

They have a good understanding of safety risks, take child sexual abuse and exploitation seriously, and act whenever they are concerned about a child's safety.

Trusted staff care:

They demonstrate this care in practice. A caring worker is one who looks out for children and young people, is available when they need support and encouragement, and who 'checks in' to see how they are doing. Good workers were ones who were aware that it took time for young people to build trust in workers, and who 'hung in' there for them.

Trustworthy Staff

Trusted staff are available and accessible and protect children and young people from harm:

Although they wanted adults to act professionally and to have boundaries, they also wanted to feel that the worker liked spending time with them and was friendly and available when they needed them.

Trusted staff act:

Safe workers had expectations of young people and enforced rules fairly. Children and young people felt that predictability was important and that it was good to know how workers would deal with situations.

'Of course because you've got to build those relationships up. It doesn't matter how much a young person pushes a worker away that worker will keep trying to break through. They will get through eventually. It takes time, you can't build a friendship overnight.' (Young man, aged 17–20)

Section 3

Responding to interpersonal safety concerns in residential care

Children and young people stressed the importance of workers and services providing good responses to those who experience abuse or assault or encountered unsafe peers or adults. They felt this was predicated on having trustworthy relationships with adults who noticed when a child may not be safe. They felt it was important for young people to have an adult they trusted, who they could turn to if they had concerns about their safety, although they preferred that adults take the initiative in checking in with these young people.

When a child or young person raised an issue or disclosed abuse or assault, they needed adults to demonstrate empathy, take their concerns seriously, work with the child or young person to decide what needed to happen, support the young person to seek resolution, and inform them of the things that they and others were doing as a response to the threat. They also emphasised the need to recognise that other young people might be affected by these encounters, and to engage with them about how best to respond.

Children and young people wanted services to look out for threats to young people's safety, and to behaviours that might suggest that a young person was unsafe. They also stressed that workers should check in with them regularly to see if they were safe and whether there were any issues troubling them. They discussed that raising concerns with adults is often difficult for young people, and it is critical that staff make young people feel comfortable by engaging with and showing interest in them. They also felt it was important that staff carefully consider where conversations take place: when young people were in earshot of their peers, when they were in spaces where they felt uncomfortable or where incidents had occurred, or when they felt pressure to talk, young people reported that they would be reluctant to talk about issues or raise concerns.

'I don't know. Go for a walk, go for a drive somewhere. Just like different – change of location could change a lot.' (Young man, aged 17–20)

Young people also stressed the importance of workers responding to disclosures with empathy and understanding. They wanted workers who would sit with them and allow them to express what they were thinking and feeling, provide them with comfort and reassurance, and develop an appreciation of how hard it was to disclose, and how the assault or abuse had affected them.



'They do listen, but they don't listen at the same time. It's just like they go "oh yeah, yeah, yeah". But they're not really – they're sitting there listening, but they're not actually listening.' (Boy, aged 10–12)

Children and young people voiced their frustration in workers who failed to adequately and effectively respond to their concerns. They believed that workers often turned a blind eye on issues such as physical and emotional violence, believing there was nothing they could do, or because they felt unable to deal with the day-to-day violence young people experienced because they thought it was inevitable.

While some young people reported that they felt comfortable raising their concerns with senior staff and management, others reported that organisations were not responsive to their complaints, often accepting workers' accounts for what had happened and dismissing young people's alternate views. Those who had experienced abuse or harm, or had witnessed how services responded to their peers, reflected that after disclosing their experiences to a worker or services, subsequent events did not go the way they might have hoped. For example, some children and young people reported receiving little support to go through an investigation and legal process after a child protection report was made; whereas others felt that workers and services took over and gave them little control over what happened next. Young people in both situations felt they wanted to be actively supported and given some control. Having staff 'hang in' and provide ongoing support was valued by young people.

Children and young people felt that when complaints had been raised or concerns had been shared,

'You get a say. They let you know what will happen if you make a certain decision. They let you tell them what you want them to do and what you will do for yourself. And they'll hang in with you so you know you're not alone.' (Young woman, aged 17–20)

workers and services needed to report back on what they had done and what resolutions had been achieved. They felt that too often, workers did not keep them informed about how they were managing the concern or event.

Additionally, children and young people highlighted the need for staff and services to respond to the needs of all young people who are affected by others' behaviours. They reported that they often felt unsafe when they were exposed to self-harm and other self-destructive behaviours of their peers, and argued strongly for recognition of these impacts and for services and supports to be made available to all young people exposed to these distressing events.



About the Study

This study was commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse, building on the first Children's Safety Study. It explored the experiences of young people and their safety in residential care, and aimed to understand what young people believed institutions are doing to identify, prevent and respond to sexual abuse and problematic sexual behaviours among young people. The study included interviews with 27 children and young people aged 10 – 21, and a workshop with young people and key stakeholders to develop a youth-centred response to sexual abuse.

More information about the project, along with links to associated publications, is available at www.acu.edu.au/icps

References

For a complete reference list, please refer to the report.

Moore, T., McArthur, M., Roche, S., Death, J., & Tilbury, C. (2016). *Safe and Sound: Exploring the safety of young people in residential care*. Melbourne: Institute of Child Protection Studies, Australian Catholic University. Royal Commission into Institutional Responses to Child Sexual Abuse.



ICPS. (2017). *YouTube animation on young people's safety in residential care*. Canberra: Institute of Child Protection Studies, ACU.

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