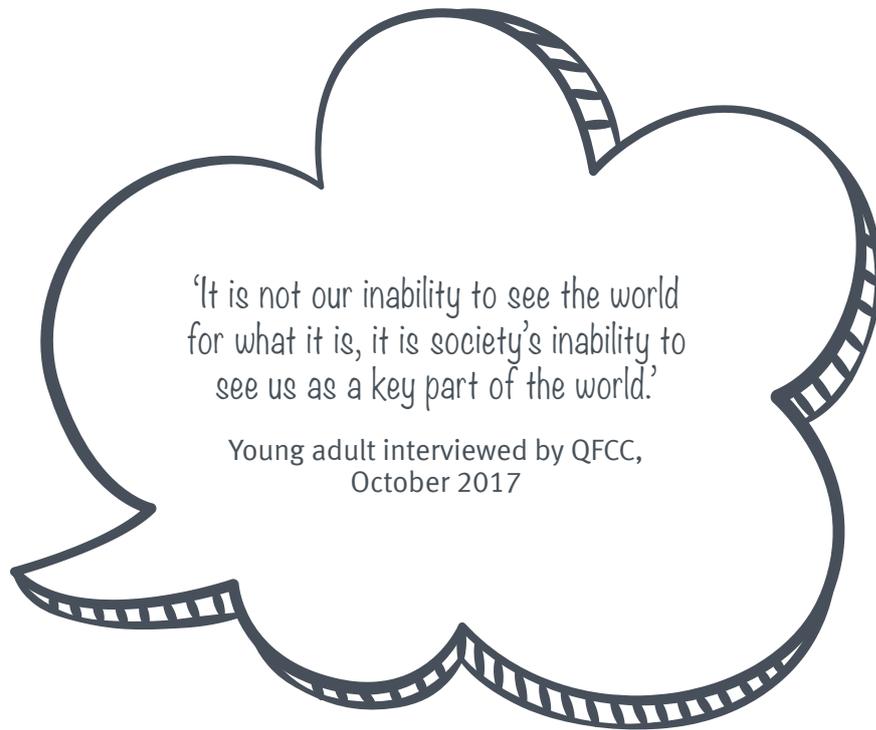




YOUNG PEOPLE'S
PERSPECTIVES OF
RESIDENTIAL CARE,
INCLUDING POLICE
CALL-OUTS



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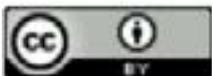
Young people's perspectives of residential care, including police call-outs.

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June 2018

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Content notice

This paper contains material that some readers may find confronting and emotionally challenging. Reading the direct quotes of participants may cause sadness or distress, or trigger traumatic memories for readers, particularly survivors of past abuse or childhood trauma.

For some readers these responses can be overwhelming. The QFCC recognises the importance of mental and emotional self-care. If you or anyone you know needs to talk to someone, support is available. Please contact:

- Lifeline on 13 11 14 for 24 hour access to crisis support and suicide prevention services.
- Kids Helpline on 1800 55 1800 for 24 hour access to phone counselling service for young people aged 5 to 25.
- Parentline on 1300 30 1300 for access to confidential telephone counselling aimed at supporting parents and carers of children.

1 Introduction

The Queensland Family and Child Commission (QFCC) is responsible for promoting and advocating for the safety, wellbeing and best interests of children and young people. One of the ways the QFCC is required to do this is by engaging with and taking account of the views of children and young people.

GForce is a working group chaired by the CREATE Foundation. It consists of young people with a lived out-of-home care experience, along with government and non-government sector members. GForce works to improve systems and supports for children living in out-of-home care and actively advocates for changes to improve outcomes for children living in residential care.

In 2017, GForce identified the need to understand children's perspectives of residential care including the high rate of police call-outs. As a member of GForce, the QFCC committed to undertaking further consultation and establish the scope for this work.

During October and November 2017 the QFCC conducted workshops with 11 young adults who had recently transitioned to independence after living in residential care. The CREATE Foundation and Life Without Barriers Next Step After Care program assisted to make the workshops happen and supported participants to attend.

Participants were a mix of males and females from different cultural backgrounds and life experiences. Participants were aged between 18 and 23 years of age.

The workshops were aimed at gaining a better understanding of young people's experiences and hearing their perspectives on what is working well or could be done better to strengthen the residential care system and improve outcomes for children living in residential care. Although facilitators discussed

key topics (see Appendix A) during the two-hour workshops, participants guided discussions as much as possible.

The topics discussed included the placement environment, placement matching, involvement in activities, police presence at residential care services, case planning processes and key messages participants wished to share with others about the residential care system in Queensland. These perspectives informed the development of *The criminalisation of children living in out-of-home care in Queensland* information paper and the *Joint agency protocol to reduce preventable police call-outs to residential care services* (the Joint agency protocol). They also provide valuable information to GForce for ongoing consideration about what is working well and what could be strengthened in the residential care system.

The QFCC would like to thank all participants for openly sharing their experiences and perspectives on the residential care system in Queensland.

While participants had diverse experiences of residential care, their stories shared some common themes including:

- the impact regular placement movements have on a person's sense of belonging and connection with others and the anxiety created during placement changes
- feelings of being stigmatised and perceived differently from other young people when living in residential care including by the police, Child Safety Services and the criminal justice system
- something said or written about a child can have a lasting impression on how others perceive them throughout their care experience
- the importance of placements providing continual opportunities for young people to be involved in activities, to learn new things and to have a say
- the importance of rules, boundaries and expectations from the placement
- the difficulty encountered by workers in knowing the right level of supervision to provide for each young person in a placement
- the importance of supporting a young person to engage with and commit to the right activities for their interests, along with the need to improve funding and approval processes
- high levels of contact with police, with most participants feeling police presence was unnecessary in certain situations
- the significance of a case planning process that actively involves a young person, encourages and celebrates their achievements, supports their cultural identity, reflects their life stages and acts as a platform for sharing information with them about their rights and entitlements.

These insights do not attempt to represent the views and perspectives of all children and young people with lived experience in residential care. Rather, they build on the existing narrative. Research shows these themes have remained prominent over the years and can also be relevant to children and young people with a foster/kinship care experience.

In this paper, the terms children and child are used to describe the young people in residential care. This is consistent with the Queensland definition of a child (a person under the age of 18), and the definition of residential care, which is available to people under the age of 18. The words 'young person' and 'young people' are used to describe the members of the Gforce Committee and workshop participants, as these people are no longer under the age of 18 or living in out-of-home care. Direct quotes and paraphrases from other texts have not been changed, and in some cases refer to 'young people/person in care'.

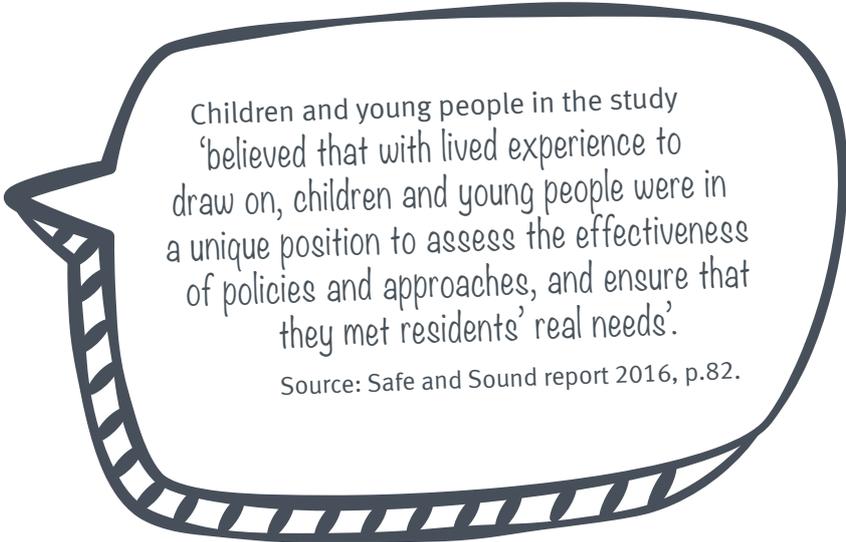
1.1 The collective voice

There is a lot of encouraging, collaborative work occurring across the sector to improve service delivery and outcomes for children living in out-of-home care. One initiative currently being developed and implemented across the residential care sector is PeakCare's *Hope and Healing Framework for Residential Care* (Hope and Healing Framework). This is a trauma-informed therapeutic framework for caring and supporting children throughout their journey in residential care.

The *Safe and Sound: Exploring the safety of young people in residential care* report highlighted similar themes to those included in this paper. This study was conducted as part of the Royal Commission into Institutional Responses to Child Sexual Abuse to 'develop a deeper understanding of how young people experience safety and how they perceive the institutional responses to safety issues in the context of residential care'.¹

Some of the parallel themes from the *Safe and Sound* report include:

- enhancing a young person's safety and sense of belonging through stability and predictability of placement and household members (including staff and other young people)
- improving placement matching of peers, with minimal changes once a household group is settled
- the importance of worker-client relationships and how different worker characteristics can greatly influence a young person's feelings of safety and provision of opportunities to learn effective strategies and build skills for dealing with issues
- recruiting and equipping workers to meet the needs of young people
- the influencing nature of peer relationships on young people's experiences of safety in residential care
- providing more opportunities for young people to participate in decision-making processes related to safety in residential care.²



Children and young people in the study 'believed that with lived experience to draw on, children and young people were in a unique position to assess the effectiveness of policies and approaches, and ensure that they met residents' real needs'.

Source: *Safe and Sound* report 2016, p.82.

¹ Moore, T., McArthur, M., Roche, S., Death, J., & Tilbury, C. (2016). *Safe and sound: Exploring the safety of young people in residential care*, p. 11, Melbourne: Institute of Child Protection Studies, Australian Catholic University. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

² Moore, T., McArthur, M., Roche, S., Death, J., & Tilbury, C. (2016). *Safe and sound: Exploring the safety of young people in residential care*, pp. 74-83, Melbourne: Institute of Child Protection Studies, Australian Catholic University. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

Other reports including the *Experiencing out-of-home care in Australia: The views of children and young people* (CREATE Report Card 2013) and the *2012 Views of Young People in Residential Care Survey* also draw similar key themes raised by children and young people with a lived experience in residential care:

- placement instability
- importance of positive relationships with workers and other young people in the house
- difficulty in maintaining friendships and family contact when in residential care
- desire of a young person to have their own space
- disrupted education pathways
- exploring ways to make case planning processes more purposeful and enjoyable for young people to enhance their participation
- supporting young people to participate in decision-making and have their voice heard.³

The *CREATE report card 2013* further identified that respondents in residential care were more informed of their rights and processes for making a complaint and appeared to have more reason to use this knowledge than those in other placement types.⁴

³ Commission for Children and Young People and Child Guardian. (2013). *2012 Views of Young People in Residential Care Survey: Overview and selected findings*, Brisbane: Author; and McDowall, J. J. (2013). *Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013)*, Sydney: CREATE Foundation.

⁴ McDowall, J. J. (2013). *Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013)*, p.23, Sydney: CREATE Foundation.

2 Young people's perspectives

This section summarises the main messages from participants in the residential care workshops on the following topics:

- placements
- reflections
- choice of activities
- police presence
- being involved in decision making about their care.

2.1 Residential care placements

Workshop participants had experienced from 9 to 'too many placements to count'.

This included placement changes within the same residential care service, to another residential care service provider and for some participants, all placement types while living in out-of-home care.

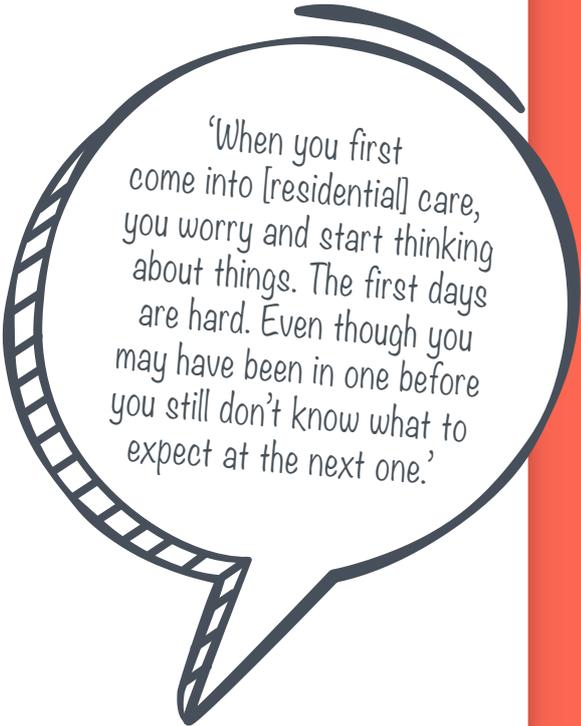
Workshop participants spoke about the impact of frequent placement movements had on their sense of belonging and connection with others. For some participants these changes caused a high level of anxiety when they were faced not only with the loss of leaving one placement but the added uncertainty of what the new placement would hold for them.

Loss of connection

- 'More than 10 but across a wide region.'
- 'I moved from different towns when I was in care.'
- 'Shifted all over the place, more than 10 less than 20 [placements]. Some placements long distances [away].'
- 'Families split up you forget that you have siblings.'
- 'Not regular contact with my family. They gave me the chance but didn't help or arrange it.'

Anxiety creating

- '12 to 15 [placements], always different types of houses and routines.'
- 'You are very on edge, nervous, anxious when you go to a new house. What if I don't like it? You don't know what to expect.'
- 'Differences were hard to get used to. Different lifestyles, moving around a lot, changes sucked.'
- 'It's upsetting when you have to leave.'



'When you first come into [residential] care, you worry and start thinking about things. The first days are hard. Even though you may have been in one before you still don't know what to expect at the next one.'

One participant's perspective on the reasons behind their regular change of placements:

'Have trouble settling in one place.
[I'd move if] I'm not too sure about the carers.

If I wasn't comfortable enough. [My Child Safety Officer] knew me and if I wasn't happy would help me move somewhere else. They asked me if I wanted to move to another placement. They didn't ask me about what area I wanted to move to.'

The participant however advised that despite placement moves, no matter where they were living their Child Safety Officer would take them to appointments so they always saw the same doctor or youth worker.

Negative stigma

Some participants stated Child Safety Services and foster carers generated the negative stigma attached to residential care. Most participants felt some level of being perceived differently from other children around them when living in residential care creating lasting impacts on how they perceive themselves.

A key theme identified from the workshops was that policies and practices should assist to get rid of labelling and stigmatisation of children in residential care and not perpetuate it.

'You could try a million different ways to change [the residential care system] but honestly I don't think you can.'

Some stated they believed the 'system' and the 'negative stigma' could be changed but it would take time.

'We need to change the way people label us. Show people where you have got to from what you've come from [trauma and abuse]. Change the perception'

- ‘They [Child Safety Services] have this stigma that kids that end up in resi care are really high needs or kids in resi are really complex when that is not necessarily the case. Sometimes it is just that there are no placements so kids end up in resi care.’
- ‘Two way street – half [of the stigma] is from the Department [Child Safety Services] and half from young people themselves. Not all young people are what they are labelled to be.’
- ‘It’s who you place yourself around that creates the stigma.’
- ‘I tell them I am in resi care and they think I am a bad child.’
- ‘[People think] resi is for the insane or misbehaved.’
- ‘The “hard to put” kids.’
- ‘[Between a child in care and a child not in care] the one in care is always given the bad label.’
- ‘I only experienced stigma from other young people as I was an Asian in care. Didn’t experience it from my case worker or support workers. They [other children in the placement] thought I was the favourite. I wasn’t, I just got along with the workers because they were the only people I could talk to without getting judged.’

School

Some participants spoke of the impact of placement decisions and the location of residential care placements on their education:

- ‘I missed school while they were planning what house I would go to.’
- ‘Would have liked more support to go to school.’
- ‘It was a 45 minute drive to get to school.’

Placement matching

Workshop participants were asked to reflect on what an ideal placement matching process might look like, what factors should be considered, and how they would like to see the child involved in the process. Responses highlighted how something said or written about a child can have a lasting impression (both positive and negative) on how they are perceived throughout their care experience.

Participants highlighted six important factors to be considered when deciding where children should live.

The following is one participant’s experience of trying to tell people why a placement would not be a good match following a fight that had taken place that same day, with the very same people the participant was to be placed with:

‘Kids already knew my reputation, kids knew how to get to me. I was taken to this house and I said to the carers if you leave me here someone is going to get hurt and it’s not going to be me. I warned them.’

And as soon as the worker left we had a punch on. I told the workers face-to-face “this has already happened today”.’

1. Involving the child in the decision-making process and explaining what led to the placement match.

'I'd like to see how my file actually was and how this affected the placement.'

'I'd like to see how people come up with how they find us a placement.'

'It's like an auction but no one is bidding.'

'[Child Safety Services] doesn't bother [with placement matching]...'

'Don't ask.'

'Making sure kids are listened to.'

2. Placing workers and children with similar interests together and fostering connections.

'It's about connecting the worker with the young person.'

'Find what the young person likes and find a worker [that matches]. Matching the carer with the child.'

'They could've done a lot better, match kids with similar personalities, not a random mix. Personality clashes or putting you with a hot head, will end up in fights.'

'Common ground between young people.'

'[Shared interests] are the best way to connect.'

3. Supporting sibling connections and explaining if siblings are unable to be placed together.

'Putting siblings with siblings, next to impossible. Especially hard when you're not with siblings. You worry about them.'

'I hated them [Child Safety Officers], I was shut down to the workers. There is nothing they could have done. I wanted to live with my brother, they didn't even do an assessment. I would ask and they would just change the subject.'

'Close to home, family.'

4. Understanding the child's patterns of behaviour, and avoiding placements that might trigger behaviours of concern.

'I wish my worker had known more about me, like what sets you off.'

'Some young people are very interested in crime and try to involve you.'

'Don't put someone in juvi [youth detention] with someone who is not going to school.'

5. Considering the impact of the age and gender of household members on the child.

'I was a girl placed in a house full of boys. That was not seriously thought about.'

'...have boys and girls houses [separate]. I stayed in a mixed [gender] house and the boys were aggressive, not saying that I didn't feel safe but if the boys are seedy and disgusting, you don't feel safe.'

One participant spoke about wanting to get along with the people they lived with and this resulting in doing things they wouldn't normally have done:
'Some of the houses out there are real bad. It's not your intention to get involved in it [trouble] but you want to have a bond with the people you live with. [They are sometimes] two to three years older [than you are].'

6. Providing the child with the opportunity to visit the placement and meet other household members before moving there.

'You should be able to see the resi, its location, see the carers, what carer's value and their views [before being placed there].'

'Resi did a meet and greet...liked that this occurred.'
[Two participants identified they experienced this.]

'I was mostly happy about my placements. I was always placed with younger children, so I was the oldest one. I don't remember ever doing any meet and greets. I wasn't given any options, not asked [about where I wanted to live].'

2.2 Reflections on living in residential care

Workshop participants were asked to reflect on the residential care placements they liked the most and what helped to make a good placement. Their responses included doing activities or being able to do things that 'normal' kids might do.

Participants also highlighted the importance of being provided with the continual opportunity to learn new things, be involved in house meetings, being able to have a say, having their own space, and how getting along with their residential care worker made all the difference to their experience at the placement.

Activities

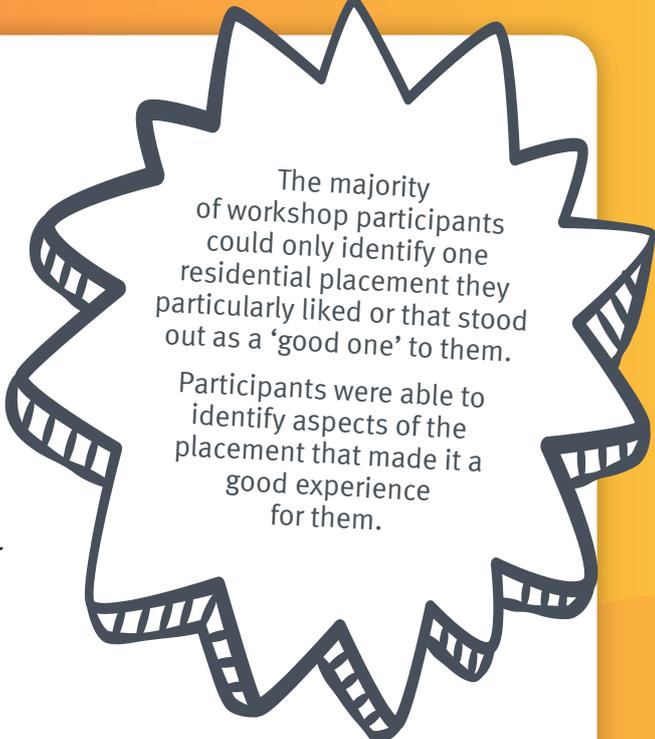
- 'Choice of activities.'
- 'Activities on weekends.'
- 'Some workers [residential care workers] I did like. We used to go out swimming, fishing – doing what kids do... got us into basketball and afterschool activities. Or we would go to the [shopping centre] and do family stuff.'
- '...the worker would organise it [activities] – so we are not bored. It was good...taking your mind off family when you are in care.'
- '...every three months if we went to school and did all of our chores they would take us on a spa day. The boys would go go-karting and the girls get their nails done.'
- 'More age appropriate activities.'
- 'Yeah, I was supported to engage in cultural activities.'
- 'On your way home from a day out, to get ice cream [like a normal kid] that would make a kid's day.'
- 'Could have friends over. Carers would drive you, didn't make you feel like you were different. Had someone there who cared about you.'

Learning

- 'They [residential care workers] taught me home things, such as how to use [the local transport network], getting [an electronic public transport ticket] and cooking.'
- 'They [residential care workers] showed me why [ante-natal] appointments were important to attend. They taught me structures, routines, how to cook. I still call that house now to tell them how I am going.'
- 'Got pocket money - they would give half now and half later in savings.'
- 'We had a token system for chores and you would get credit so you could see how much you have saved. They could take tokens back if you misbehaved.'
- 'Getting driving lessons was good.'

House meetings

- 'House meetings where we discussed what we would like to do, what meals to eat, everyone had to attend.'
- 'Could make decisions'.



The majority of workshop participants could only identify one residential placement they particularly liked or that stood out as a 'good one' to them.

Participants were able to identify aspects of the placement that made it a good experience for them.

Having a say and own space

- ‘We could choose – our own linen... buy our own meals... paint our own room... choose what you want for dinner... cook if we wanted to but I didn’t.’
- ‘Enough money to buy something you want with it.’
- ‘When I say leave me alone, I mean leave me alone [listen to me].’
- ‘There is a reason they [young people] are running away. They have tried to have their voices, opinion heard and weren’t so they remove themselves from the situation.’

Residential care workers

- ‘Workers are like a parent, not a worker.’
- ‘Workers are connected with you rather than looking at you like a number.’
- ‘Workers are like a big brother.’
- ‘I won’t ever forget what they’ve [residential care workers] done for me. They opened my eyes to change my ways and my life.’
- ‘They [residential care workers] knew how to treat us. Didn’t make us feel like resi kids, it felt like a home.’
- ‘Never just them [residential care workers] and just us [young people], it was both.’
- One participant reflected on what it must be like to be a residential care worker, ‘Carer’s [residential care workers] don’t register how hard it is. They aren’t prepared for dealing with difficult kids.’

‘Best resi I had was an isolation resi [where you go as a ‘last resort’]. It was on a property.

We did bush walking, caught yabbies. We couldn’t get up to mischief [in the middle of nowhere].

I started painting in resi. It was a shared experience, we were free to be us. Free to be youthful. The workers would wrestle with us in the pool.

If a young person smashed a chair it was okay, because it was about the reasons behind it. The young person didn’t smash the chair in anger, therefore he didn’t get in trouble.’

‘You don’t have that trust with the carers, but its good when they leave you alone for a few hours.’

‘If there is less supervision and you do the right thing, you feel better.’

‘When there is not as much supervision [you get] into more trouble.’

Clear rules and expectations

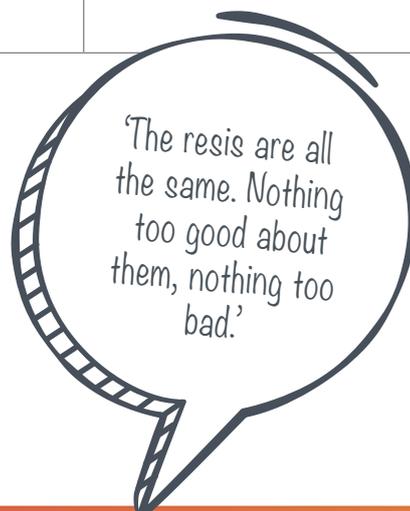
Workshop participants were asked about the positive and not so positive experiences of residential care rules, boundaries and expectations.

During this discussion many participants queried why they were never allowed their own key to have more freedom in accessing their residential care home.

Some participants spoke about the importance of having residential care workers they could get along with, who didn't 'push your buttons' through what they said or did.

During the workshops some participants reflected on the difficulty encountered by workers determining the right level of supervision to provide for each young person in a placement.

Positive		Not so positive
<i>'We weren't allowed in each other's rooms and I respected that.'</i>	<p><i>'We are not allowed a key to the resi. If you go home [and no residential care worker is there] you are stuck waiting.'</i></p> <p><i>'We should be assessed as to whether we can have a key.'</i></p>	<i>'At the house there was no privacy, they were monitoring that I was in my room at night. They would come into my room.'</i>
<i>'I could leave whenever I liked. They would wait for me to return...placement was always available.'</i>		<i>'At one house you were searched before you entered the house, every time you came home. This house was where lots of incidents had occurred.'</i>
<i>'They bent the rules for me, for a reason, so I could have a friend in my room when I needed help.'</i>		<i>'No-one was allowed to stay over and I wasn't allowed to see people.'</i>
<i>'Some resis had TVs in bedrooms.'</i>		<i>'There was bars on windows. It felt like a jail.'</i>
<i>'Every Friday they would give you \$20, if you do your chores...'</i>		<p><i>'Some rules are over the top. Bed time at 8.00pm for a sixteen year old.'</i></p> <p><i>'[There was a] set time for food. If I didn't eat at that time we had to wait for the next meal. Only had to eat what's on the meal plan. Had to eat food you didn't like.'</i></p>
<i>'Doors would get locked [provided a sense of security].'</i>		<i>'Having my belongings stolen, violence, and when you leave things behind at a resi you never see them again.'</i>



2.3 Choice of activities

Workshop participants were asked about the activities they liked being involved in, or would have liked to have been involved in but didn't have the opportunity when living in residential care. They were also asked their views on why they may not have been able to do certain activities.

Participant responses reflected the importance of supporting children to engage in the right activity for their interests and supporting them to commit to an activity of their choice across placement movements. Responses also highlighted the continued issue around the need to improve funding and approval processes for children living in residential care.

<p>The right activity and commitment</p>	<ul style="list-style-type: none"> • 'I couldn't commit to footy because being in a resi I couldn't make it to training.' • 'I asked the Department [Child Safety Services] if they would let me do something other than footy as I was getting into fights on the field. I wanted to do Muay Thai as it was regulated, had a referee, safety gear, it was a sanctioned fight. But I wasn't allowed.' • 'They engaged me with a youth group...but they were still not the group of people I was looking for.' • 'School camps were always programs for kids in care. I wanted something different.' • 'Didn't need new decorations or items every month. We asked for certain things and we were ignored, like a PlayStation but they spend money on beach stuff for example. We never went to the beach.' • 'Would have liked to be engaged in my culture and community. [Child Safety Officer] couldn't find anything for my specific culture.' • 'They only took me to <i>free</i> cultural events.' • 'We were given the choice to do activities but it was the cheapest option.'
<p>Improving funding and approvals processes</p>	<ul style="list-style-type: none"> • 'I would have liked to do sport. I was told I wasn't allowed as "it was too much paperwork and you could get hurt".' • 'They [Department] would let me do sport while I'm in school, but won't let me play sport after school. They said, "you might get hurt outside school".' • "We don't have the funding." [This was a common response participants said they received when asking to do activities.] • 'Anything I wanted to do was generally funded by my parents. Child Safety Services always said "no" because they knew Dad will pay for it.' • 'If I wanted something good I would ask my CSO [Child Safety Officer] for my birthday.' • 'There was a process just to get three dollars. Everyone else would have Maccas [McDonalds] or something and we couldn't.' • '[Change the system so workers are] not having to send away permission forms for school excursions/camps...' • 'Call backs [from Child Safety Officer], always waiting. This was annoying. You never knew when it would happen [the call back and the permission]. There is things they can do to fix it, such as pass approval on to the manager or other available workers if you know the CSO [Child Safety Officer] is going to be out for the day.'

2.4 Police presence

Workshop participants were informed of the work the QFCC is leading to develop the *Joint agency protocol to reduce preventable police call-outs to residential care services* (the Joint agency protocol).

Participants were asked about their experiences of police turning up at their residential care placement and what they saw as some of the reasons for this.

Participant responses to how often police attended their residential care placement ranged from 'everyday' to 'infrequent'.

Reasons for police visits

- 'Property damage.'
- 'Violence / fighting between young people and between young people and staff.'
- 'Running away and absconding' [some participants commented that this was a 'waste' of police time].
- 'Setting things on fire, abusing workers.'

Responses about police involvement

- 'Youth workers and young people didn't like me because Police came to search my room.'
- 'Every day there were punch ups, room searched. Youth workers were paranoid. There was property damage – most of the time they wouldn't call the cops for that.'
- 'Police would come, they tried to talk to you, if no response, put you in the car and take you down to the station.' 'Almost every night with absconding. Police would either bring the young person home, or we would go to the police station or we would go to the hospital. I would have to go everywhere with the youth worker. I would have liked to not have to go. I would get woken up in the night to go.'
- 'Part of the reason I was in trouble with police was all the missing children reports. They would see me and pull me over.'
- '[Got charged with] common assault – got thrown in the watch house. [I threw a skateboard] and the same worker who I threw the skateboard at came to pick me up – doesn't make sense.'
- '...charged me for property damage in regards to pushing a stool over – there was a scratch on the floor.'
- 'I've been charged with wilful damage and breaking and entering. I broke into the resi to get my own stuff. I told them what time I was going to be there. People should have been there at that time but they weren't.'
- 'Police turned up but it was a step they needed to take.'

Are police called to residential care services unnecessarily?

Participants were asked if they felt police were called to residential care services unnecessarily. The majority of participants stated that when they lived in residential care police were being called unnecessarily in certain situations. Some participants further stated:

- 'It's not always the resi staff that call the Police. There was instructions from my CSO [Child Safety Officer] that with every incident to call the police.'
- '[Should change so staff are] not calling the Police over 'spilt milk.'
- 'I would like leniency. Trust towards us. If they [residential care workers] don't trust us give us the chance to prove it.'

'Finally, about time!'

This was one participants response to hearing about the Joint agency protocol.

'Everyday'

'Three to four times a week'

'They hardly come around, nothing wrong... They don't come very often...'

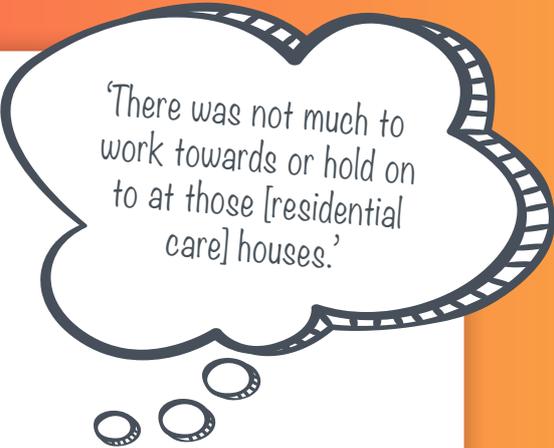
'Police did not attend, infrequent'

Two participants spoke positively about their experience of having a specific police officer attached to the residential care house they lived in. One stated this impacted positively on relationships within the household.

2.5 Being involved in decisions

Workshop participants were asked about their level of participation and involvement during case planning processes when living in residential care. Participants experienced varying levels of involvement, with responses highlighting the importance of the case planning process in:

- actively supporting children to participate in decisions involving their life
- encouraging and celebrating a child's achievement
- having tasks that reflect the life stage of a child
- supporting cultural identity
- being another platform for sharing information with a child about their rights and entitlements.



'There was not much to work towards or hold on to at those [residential care] houses.'

Participation

- 'In 20 case plans I was only ever present for one. The only reason was because I broke the door down to get in.'
- 'Some meetings were at my school and some were after school at the Department.'
- 'They would say "oh we did your case plan but you were at school". They should have taken me out of school for it.'
- 'Never told about them. Don't know when they happened.'
- 'I was asked my views but I don't believe they were met.'
- 'I received a copy of my case plan.' [This was not a consistent experience for participants.]
- 'I was happy with my planning but it wasn't professional. I would have liked all my support people to have sat down in the same room and we go through my plan.'
- 'I didn't get told much about case plans. They should have communicated more, no copies. Youth worker didn't go through it [with me].'
- 'They would change the case plan based on my feedback.'

Encouragement and achievement

- 'I found the experience was always negative, "this is what you're doing wrong" so I didn't go to the meeting. Closer to transition [from care] I decided that I wanted to be involved. But I asked for it to be positive [what I had achieved]. So [we would go through] something positive, something negative and then something positive [that I had done].'
- 'I feel like it is a document they have to do but they don't follow it.'
- 'Very few goals are met.'
- 'I achieved my goals.'

Individualised

- 'I have copies of my case plan but I never read or participated in them, they all say the same thing.'

Culture

- 'The Department [Child Safety Services] didn't take steps to confirm my Aboriginality.'
- 'They [Child Safety Services] don't accept me for Indigenous... Just 'coz someone looks like something, doesn't mean anything.'
- One participant's residential care worker had helped them to engage with their culture for the first time and upon looking back on this stated, 'I appreciate that they did this now.'

Entitlements

- ‘You don’t know you have access to it, like clothes, teeth [dental care], getting your learners.’
- ‘They should do a huge list of things to help kids with so you can know about it [what you can have help with].’
- ‘I don’t have a copy of my case plan. I am still waiting for the paperwork to read my file.’

Community Visitors

During the workshops one group of participants spoke about their experience of Community Visitors attending their residential care placements.

Participants had varying levels of engagement with their Community Visitor.

- ‘Something they need to work on is CVs [Community Visitors]. I saw one once between the ages of 12-16.’
- ‘Yes, CVs [Community Visitors] came to one of the houses I was at.’
- ‘No – they didn’t. I was moving around so much I missed them.’
- ‘Yes they would say they would come but then change the date.’
- ‘We were told they come once every three months.’
- ‘They should come out more – monthly.’
- ‘They were supposed to be there, only time we saw her was when we made a fuss about not having seen her. Then she ignored our complaints, we never heard or saw her again. We were complaining about our lives. This should be taken seriously.’
- ‘No (I didn’t find them helpful). I didn’t need their help.’
- ‘Individually I spoke to them if I had a problem, but otherwise I didn’t.’

One participant’s experience of the case planning process particularly stood out to facilitators. The participant’s story revealed a higher level of participation and involvement than other participants in case planning processes throughout their care experience.

‘I attended case planning meetings. It was just with Child Safety. Mum and dad were present. No-one from school was there. I did get a copy of my case plan. It had my goals and what to achieve.... Yes, I had a cultural support plan. Sometimes I had an ESP [Educational Support Plan] but I knew where to go for help... Yes, I had a Transition to Independence Plan. I wouldn’t have wanted anything different. I am not sure about any activities that I couldn’t do. Funding wasn’t an issue for me. I had the same case worker throughout my time in care. She was my brother’s case worker and my sister’s. She knew all about me before I was born. She knew us our whole life. She’s a Child Safety Officer but she’s also family to us. She’s known us since we were born. We are family to her. I’m not in care now but she still keeps an eye on us and keeps up to date with us.’

3 Key messages

Workshop participants were given the opportunity to respond to the following questions:

1. What key messages would you tell other children and young people who are currently living in residential care to help them when things aren't going good?
2. What key messages would you want to tell staff?
3. What are the top three things about residential care you would like to see changed as a result of this review?

Key messages for children currently living in residential care

'Try to talk to other people in the house, don't let it stay in your system, even if they can't do anything about it, tell them and get it out.'

'Always try to keep your space by going into your room for as long as you need to calm down.'

'Ride it out for as long as you can. The more paths/doors will open up before you know it.'

'Be prepared for all the people you meet. Some will be strange.'

'You get what you give. If you treat them [Child Safety Services] with respect they will treat you with respect.'

'It's a choice, you can make it hard on yourself or easy on yourself.'

'I would recommend them to be strong, when feeling low think of their loved ones. Might be hard but thinking of their family would make them happier.'

'It gets better.'

Key messages for residential care workers and/or Child Safety Officers

'try not to make the situation worse than it already is.'

'Show me a better time/way to have fun.'

'Have respect for the property [residential house]. The look of things gives me a good impression about a place.'

'Have better houses... not much there to make you feel happy... [Don't make it] dark... [more] like a home... basketball court... games room... worker's room downstairs, kitchen upstairs [not the same space].'

'I was not okay with the changes. It [residential care houses] should be more similar. If more similar would have been able to get used to it.'

'If young people aren't getting along, move one out. Don't let them keep living together.'

'[Changes to] staffing rosters.'

'All staff in resi should be trained in TCI [Therapeutic Crisis Intervention].'

'Have a young person [with lived residential care experience] as a representative on the Placement Services Team.'

Change – final messages

'There are three ways - where the person is [seen as] useless...person is the problem...where society accepts the person - [the last one] that's what it should be like in the care system.'

'The structures of the house. Have boys and girls houses [separate]... have better houses.'

'Don't even know... Everything is still the same.'

'Child should be priority to be believed or it builds resentment. Not going to believe me, haven't believed me in the past so why believe me now? So you don't ask [for help].'

'Sometimes, [the behaviour] it's just a cry for help, they are not being listened to in any other way and can't change, [the situation].'

'It is not our inability to see the world for what it is, it is society's inability to see us as a key part of the world.'

Appendix A

Facilitators covered the following topics during the two-hour residential care workshops:

- Placement
 - » Number of residential care placements.
 - » What makes a good residential care placement?
 - » Is there ‘negative stigma’ attached to residential care?
 - » Placement matching.
 - » Relationships with household members.
- Involvement in activities
 - » What activities were you involved in when living in residential care?
 - » What activities would you have liked to do but couldn’t – any possible reasons for this?
- Police presence
 - » How often did police visit your residential care home?
 - » What were the reasons for police attending your residential care home?
 - » Do you think police are called to residential care services unnecessarily?
- Case planning processes
 - » Participation and involvement in case planning processes.
- Key messages
 - » What key messages would you tell other children and young people who are currently living in residential care to help them when things aren’t going good?
 - » What do you wish a friend, peer or adult had told you about the best ways to speak up and have your say when in residential care?
 - » What key messages would you want to tell staff?
 - » What are the top three things about residential care you would like to see changed as a result of this review?



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