

Views of Young People in Residential Care Survey

Young people's views about the support and advocacy provided by Community Visitors in residential care

The Commission for Children and Young People and Child Guardian's Community Visitors (CVs) visit each young person in statutory residential care in Queensland on a regular basis to monitor their safety and wellbeing and to advocate on their behalf to resolve their concerns and grievances. One mechanism by which the Commission evaluates the quality and effectiveness of CV support and advocacy to young people in residential care is by regularly conducting anonymous surveys with young people about their views of their CV. This paper presents the findings from the 2011 and 2012 *Views of Young People in Residential Care about their Community Visitor Survey*.

The findings suggest a high level of support among young people in residential care for the current approach to individual advocacy being employed by CVs. Overwhelmingly, young people who participated in these surveys indicated that their CVs are accessible, helpful and provide much-valued advocacy and emotional support to them. The large number indicating that their CV has advocated for them, and their descriptions of the advocacy undertaken on their behalf, suggest that CVs are playing a vital role in ensuring the quality of care and protection provided by the state to young people in residential care.

Young people's responses to survey items exploring satisfaction with the support and advocacy of their CV were on the whole unaffected by demographic variables; however, responses to numerous items were related to how long young people have known their CV and how frequently they see them. Young people who reported knowing their CV for more than six months compared with those who reported knowing their CV for a shorter length of time, and young people who reported seeing their CV on a monthly basis compared with those who reported seeing their CV less often:

- were more likely to regard their CV as available when needed
- rated their CV's helpfulness more highly
- were more likely to regard their CV as "easy to talk to", "a good listener" and "very caring", and
- were more likely to anticipate talking to their CV about problems arising either in their placement or in relation to their child safety officer or the Department.

These findings lend weight to claims made in previous qualitative studies about the critical importance of investing time in building trusting, supportive and, ideally, enduring relationships between children in care and their advocates in the interests of safeguarding children and ensuring they are able to exercise their legislated participation rights.

Introduction

The Commission for Children and Young People and Child Guardian's Community Visitors (CVs) visit each young person in statutory residential care in Queensland on a regular basis to monitor their safety and wellbeing and to advocate on their behalf to resolve their concerns and grievances.

While the current model of individual advocacy provided by CVs incorporates many of the elements believed to be important in delivering effective advocacy services to children in care, the Commission believes it is nevertheless important to continually evaluate the quality and effectiveness of CV support and advocacy. One aspect of this evaluation work involves regularly



conducting anonymous surveys of young people in residential care across the state about their views of their CV and the support and advocacy they provide.

This paper presents the findings from the 2011 and 2012 *Views of Young People in Residential Care about their Community Visitor Survey*. The findings suggest a high level of support among young people in residential care for the current model of individual advocacy provided by CVs. They also suggest that CVs are playing a vital role in ensuring the safety and wellbeing of young people in residential care in Queensland and that the time invested in building trusting, supportive relationships with young people contributes to the effectiveness of the program in safeguarding young people and ensuring they are able to exercise their legislated participation rights.

The first part of this paper presents an overview of the policy context within which advocacy services for children in care have come to be recognised as important. This includes the growing recognition of children's participation rights in care and the various barriers to exercising these rights, as well as increasing concern about the vulnerability of children in care to abuse and neglect. This is followed by:

- a summary of what is known about the elements of effective advocacy for children in care
- an overview of advocacy services for children in care in Queensland
- a description of the current CV model of individual advocacy, and
- consideration of some of the circumstances of young people in residential care that may result in a need for advocacy.

The second half of the paper describes the research design, reports the study's findings, and discusses the implications for policy and practice.

The emerging importance of advocacy for children in care

Children's participation rights in care and barriers to exercising them

The last two decades have seen growing policy interest in the provision of advocacy services to children in state care in many jurisdictions. A number of factors have contributed to this interest. Key amongst these has been the international recognition of children's rights not only to receive special protections and supports but also to have a say in decisions that impact on them relative to their age and understanding. This recognition has come about principally as a result of the 1989 *United Nations Convention on the Rights of the Child*. Article 12 of the Convention states: "Governments shall assure to the child who is capable of forming his or her own views the right to

express those views in all matters affecting the child". Article 13 establishes children's rights to receive and impart information and freedom of expression. In the context of out of home care, these rights have generally been configured as the rights:

- to be consulted about decisions relating to their care, education and plans for the future
- to raise complaints about their treatment in care or decisions made on their behalf, and/or
- to feed into policy processes that impact on them.

The Queensland *Child Protection Act 1999*, for example, incorporates a "charter of rights" for children in care which includes children's participation rights, notably the rights:

- to be consulted about, and to take part in making, decisions affecting the child's life (having regard to the child's age or ability to understand), particularly decisions about where the child is living, contact with the child's family and the child's health and schooling, and
- to be given information about decisions and plans concerning the child's future and personal history.

While children's participation rights are increasingly being recognised in policy and specified within relevant legislation, a consistent finding in research conducted with children in care over the last two decades is that many remain excluded from decision-making processes related to their lives in care or lack a sense of being listened to, taken seriously or respected in such processes (Boylan, 1996, 2004; Boylan & Braye, 2006; Boylan & Ing, 2005; CCYPCG, 2009; 2010, 2012a; Leeson, 2007; McDowall, 2013; Munro, 2001; Pithouse & Crowley, 2007; Thomas, 2000).

A range of systemic issues are believed to undermine children's ability to exercise their participation rights. A review of literature reveals four of the most common issues:

1. Adult-centric decision-making structures and processes

Decision-making structures and processes are adult-centric and privilege adult views and expression (Boylan, 2004; Dalrymple, 2003; Sanders & Mace, 2006; Thomas, 2000; Thomas & O'Kane, 1999; Vis, Holtan & Thomas, 2012). Even where children are involved in case planning and other decision-making processes, it has been argued that they are poorly equipped and/or supported to communicate their views and preferences within these structures and processes. Various child advocacy researchers in the United Kingdom have drawn attention to this issue. For example, Dalrymple (2003: 1052) observed that: "Young people often do not have the experience or the skills to deal with adult mechanisms for



discussion and decision-making or they are not taken seriously because of their status as young people". Boylan (2004) noted that formal review processes tend to take place in environments that are not conducive to children's sense of emotional and physical comfort and security, undermining their ability to meaningfully participate. Thomas and O'Kane (1999), who have also undertaken research into children's experiences of formal case reviews, likewise identified the alien nature of the decision-making environment for children. They found that in review meetings:

[children] are often bored, sometimes embarrassed; they may have little idea of who the other participants are, or what subjects are being discussed and why; they do not know what their rights are to take part in decisions. On a ladder of participation, few achieve "partnership" and many fail to get much beyond "manipulation". (Thomas & O'Kane, 1999: 229)

2. *Protecting children versus consulting with them*

There is a pervasive and persistent view of children within child protection social work as dependent, immature, incompetent and/or vulnerable, leading to an emphasis in practice on protecting children over consulting them about their views and preferences (Atwool, 2006; Barnes, 2007, 2012; Boylan, 2004; Dalrymple, 2003, 2005; Grover, 2004; Rolfe, 2008; Sanders & Mace, 2006; Thomas, 2000; Thomas & O'Kane, 1999). While these conceptualisations of children are apparent in the wider culture, they are believed to be particularly influential in the child protection context given the status of many children in care as victims of abuse in need of adult protection. Sanders and Mace (2006) note that even expecting children to express choices and preferences in this context is often perceived by social workers as imposing an unfair burden on them or damaging them by exposing them to adult responsibilities or distressing thoughts.

The pervasive influence of these constructions of children in care (as vulnerable/lacking competence, etc.) has been observed in numerous studies. Thomas and O'Kane (1999), for example, found children's involvement in statutory case reviews in the United Kingdom was closely related to the age of the child. They noted that those under 10 years of age were much less often invited to participate even where there was evidence of their capacity to understand the issues and express their views. They also found that children were less likely to be invited to reviews when big decisions had to be taken, when there was conflict between participating parties or where placement instability was an issue. In another study, Vis, Holtan and Thomas (2012) surveyed child protection practitioners in Norway about their attitudes to children's participation in decision-making. Using factor analysis, they identified three attitudes that commonly obstruct children's participation in child protection decision-making processes. The first

factor was a protectionist mindset on the part of social workers – concern about the potential burdens for children and/or damage that may result from their participation. The second factor was a perception that children's participation was not necessary or may be contrary to their best interests. The third and strongest factor was a concern about children's communication competence – i.e. doubt that what children say genuinely reflects what they feel or think.

3. *Expectations of managers*

The contemporary dominance of managerialism in the delivery of public services limits the power of social workers to respond to children's individual preferences (Barnes, 2012; Dalrymple, 2003; Munro, 2001). At one level, this is because managerialism elevates the use of standardised processes and procedures over a worker's professional judgement and discretion (Munro, 2001); on another, it orients workers towards prioritising the needs and expectations of managers (Boylan, 2004; Dalrymple, 2003, 2005). As a social worker in Dalrymple's study stated: "social workers are expected to agree with their managers and senior managers: they work for the department rather than the child or the young person" (Dalrymple, 2005: 11).

The relevance of this is that the needs and expectations of managers will often be in conflict with the needs and preferences of a child client. For example, key concerns of contemporary public service management are minimising risks and costs. These management priorities can run directly counter to promoting and upholding children's participation rights because, as Munro (2001) explains, allowing children to contribute to decisions about their lives often entails accepting a level of risk and/or cost. She cites, accordingly, various studies including her own research which found that children in care have less opportunity on average to make decisions or take risks – activities that are also critical, she argues, to the acquisition of essential life skills.

4. *Caseload demands*

Growing workload pressures on statutory child protection workers in many jurisdictions undermine their ability to form the kind of relationships with children that support children's participation and voice in decision-making processes. Increasing intakes of children into statutory care and/or growing political pressure on governments to rationalise public expenditure have intensified workload pressures on statutory child protection workers in many jurisdictions in recent years. Workload pressures place constraints on the time that workers have to visit children, to really listen and attend to them, and to follow through on commitments to them (Bell, 2002; Boylan & Ing, 2005). These "business efficiencies", as Bell (2002) coins them, are believed to undermine



children's perception of workers as caring, reliable, available and trustworthy – relational qualities that have been identified in numerous studies as critical to facilitating children's participation and voice in child protection processes (for example: Barnes, 2007, 2012; Bell, 2002; Boylan & Ing, 2005; Munro, 2001; South Australian Guardian for Children and Young People, 2009; Thomas, 2000).

Workload pressures, moreover, have been linked to high rates of staff turnover in child protection work. Various studies (such as Leeson, 2007; Munro, 2001; South Australian Guardian for Children and Young People, 2009), reveal that persistent instability in the casework relationship further erodes children's sense of workers as reliable and trustworthy and of themselves as safe and cared about.

In addition to these various systemic issues, children in care also often experience personal barriers to having a say in their lives. This can be as a result of having intellectual or physical disabilities, for example. Repeated experiences of being marginalised in child protection decision-making processes can also leave children feeling helpless and lacking the confidence and self-esteem necessary to express their views, as highlighted in Leeson's (2007) study with young people in care. It is understood that a profound sense of powerlessness and passivity can also be the result of attachment disruption and/or experiences of abuse and neglect in early childhood (Cairns, 2002; Schofield & Beek, 2006) – experiences that will be widely known by children in the care population and likely to impact on their willingness to express their views and preferences. Boylan and Ing (2005) also note that fear is often present for children as a barrier to voicing their concerns – fear of abandonment by important people and fear of not being listened to or not taken seriously.

The nature, range and seriousness of the systemic and personal barriers to children exercising their participation rights in care have gradually come to be recognised by governments in Australia, the United States and the United Kingdom among other jurisdictions. With this has grown policy interest in the provision of advocacy services to children in care as a mechanism by which their participation rights can be meaningfully and effectively exercised.

The vulnerability of children in care to abuse and neglect

During this same period, advocacy services have also come to be recognised as important for safeguarding children and reducing their vulnerability to abuse and neglect in care (Barnes, 2007; Boylan & Ing, 2005). Seemingly countless inquiries into child protection systems across the developed world in recent years, including inquiries

in Queensland (see Commission of Inquiry into the Abuse of Children in Queensland Institutions, 1999; Crime and Misconduct Commission, 2004) have uncovered abusive or neglectful practices towards children in state care, especially those in residential care. Describing the situation in the United States over the last 20 years, Overcamp-Martini and Nutton (2009) report rather alarmingly that

...the risk for child abuse and neglect while in residential or institutional placements has been found to be as great or greater than that of the familial setting... with estimates given at 2-7 times the rate of familial abuse... Rates for child maltreatment also demonstrate that children with disabilities are nearly twice as likely to be maltreated as those without disabilities. (Overcamp-Martini & Nutton, 2009: 56)

In the United Kingdom, Barnes (2007) similarly refers to "recurrent scandals" of abuse in residential care.

A wide range of systemic issues have been identified as contributing to the vulnerability of children in care to abuse and neglect. However, it has frequently been identified in public inquiries that the abuse and neglect of children has flourished in part because children have lacked a voice to draw attention to their situation (Commission of Inquiry into the Abuse of Children in Queensland Institutions, 1999; Commission of Inquiry South Australia, 2008; Crime and Misconduct Commission, 2004; Davidson, 2010; Ombudsman Victoria, 2010; Ombudsman Western Australia, 2006; Utting, 1997; Waterhouse, 2000). Even where children may have spoken up about their needs or abuse, their voices have all too often fallen on deaf ears.

This growing recognition of children's structural vulnerability to abuse and neglect in care has given additional impetus to the establishment in many jurisdictions of child and youth advocacy services, consumer complaints mechanisms, and independent children's commissioners and guardians to help safeguard children in care and ensure that their needs are appropriately provided for and their rights respected and promoted.

Elements of effective child advocacy

To date, much of the research conducted into the elements of effective individual advocacy for children in care has focused on children's views of the support and advocacy they have received from advocates. These studies have tended to use qualitative methodologies (interviews, case studies, focus groups, etc.) with small non-randomised samples (for example: Barnes, 2007; Bell, 2002; Boylan, 1996, 2004; Boylan & Braye, 2006; Boylan & Ing, 2005; Dalrymple, 2005; Knight & Oliver, 2007; Leeson, 2007; Munro, 2001; Pithouse & Crowley, 2007; Pithouse *et al.*, 2005).



Some studies have also investigated elements of effective advocacy through interviews or surveys with child protection services, child advocacy services and/or agencies that commission child advocacy services (for example: Barnes, 2007; Dalrymple, 2005; Knight & Oliver, 2007; Pithouse & Parry, 2005). Despite their methodological limitations, these studies point with some consistency to a range of factors believed necessary to support effective advocacy services for children in care. These are as follows:

1. *The service is independent* from the government agency or department responsible for managing children's care so that it can advocate without conflicts of interest (Pithouse & Crowley, 2007; Dalrymple, 2005; Pithouse & Parry, 2005).
2. *The service offers children confidentiality*, or at least provides clarity around the limits of confidentiality so that children have a sense of control, and a foundation for trust, in sharing information about themselves and their situation (Boylan & Braye, 2006; Boylan & Ing, 2005; Dalrymple, 2003; Pithouse *et al.*, 2005). Dalrymple (2003: 1047) argues that confidential communication spaces are important for providing children "with the opportunity to examine ways of managing situations in a child-focused way".
3. *The service is child-focused*, or gives priority to the child's views and preferences, not those of adults in their lives (Pithouse & Crowley, 2007; Dalrymple, 2003, 2005). Dalrymple (2005) argues that this needs to extend to the way that advocacy itself is constructed – not in "an adult-proceduralised way" that fundamentally maintains current power-relations between adults and children, but one that challenges these relationships and supports a more balanced interrelationship.
4. *The service operates from a view of children as competent social actors* with rights and capacities to contribute to and shape their world (Barnes, 2012; Boylan, 2004; Boylan & Ing, 2005; Rolfe, 2008). This construction of children and childhood challenges the dominant view of children within child protection social work and the broader society and takes issue with the uncritical acceptance of adults' superior ability to determine, and act in, children's best interests (Atwool, 2006).
5. *The service is adequately and recurrently funded* so that it does not have to impose adult or organisational priorities on the issues it will advocate for on behalf of children, can employ sufficiently skilled practitioners, and has sufficient operational security to support strategic planning and capital investment (Pithouse & Parry, 2005; Pithouse *et al.*, 2005).
6. *The service nurtures the development of trusting, supportive and, ideally, enduring*

relationships between children and their advocates (Bell, 2002; Boylan & Braye, 2006; Boylan & Ing, 2005; Dalrymple, 2005; Knight & Oliver, 2007; Munro, 2001; Rolfe, 2008; Pithouse & Crowley, 2007). For example, Knight and Oliver (2007: 424) found in their study investigating effective advocacy for children with disabilities that "the quality of the relationship between advocates and young people was ...the most significant component in enabling disabled young people to participate in decision-making". This is because, through spending regular time with the child over a period of months, an advocate acquires the knowledge about the child necessary to advocate effectively. Knight and Oliver explain that they get to know the child's

methods of communication, behaviour, gestures, likes and dislikes. It also means getting to know people in the disabled child's social network and using their expert knowledge. Only then is it possible to build up a comprehensive picture of a child's life and situation in order to advocate for them effectively. (Knight & Oliver, 2007: 424)

Even where children do not have disabilities, an enduring relationship with an advocate would appear to be important to their satisfaction with the process. Boylan and Ing's study of children's experiences of different types of advocacy services in England highlights this point:

Those young people who had contact with an advocate did feel that it made a difference. This was particularly the case where the advocate's involvement was long term and formed part of an enduring relationship that had taken time to develop – essentially the advocate had become a trusted friend. (Boylan & Ing, 2005: 9)

Where the relationship cannot be longer-term, building interpersonal trust and respect based on attentive listening and an investment of time appears, nevertheless, to be of critical importance to effective advocacy. Pithouse and Crowley (2007) observed in their interviews with children about complaints advocacy services in Wales, for example, that:

the sense of close involvement by an advocate in helping the complaint progress was a key determinant in the young people's overall satisfaction with the process of making a complaint. The respondents tended to view the relationship as almost one of friendship, and for that reason quite different from their relationships with other care professionals... a relationship built on a more equal and, in their view, respectful basis wherein time and a willingness to listen was not in short supply. (Pithouse & Crowley, 2007: 209)

Bell (2002) and Dalrymple (2005) have also observed the importance of these specific relationship qualities (respectful listening, spending time, treating children with a sense of equality and friendship) for effective child advocacy. Based on her research with children in care, Bell (2002: 1) argues, moreover, that effective advocacy



relationships are characterised by “supportive and companionable interactions”. Such interactional dynamics, she states, “are more likely to offer opportunities for representation and participation than those which are dominant and submissive” in nature.

Bell (2002) also notes, along with others (e.g. Munro, 2001; Rolfe, 2008), that caring responsive relationships as a foundation for advocacy is developmentally appropriate and important for children. Drawing principally on attachment theory, she maintains:

It is only within the context and security of a trusting relationship that children can assimilate information, make informed choices as to what their views are and how they are best represented and be enabled to exercise their rights to participation and service provision... [O]ne of the most effective ways of promoting and protecting the human rights of children in need of protection is through a relationship of trust. (Bell, 2002: 3)

Munro (2001) likewise points to the complex developmental task of facilitating children’s participation:

Empowering looked-after children to have a greater say in decisions made about them is a complex task. It is necessary not only to gradually increase the degree of power a child has but also to help them learn how to use that power responsibly. It is as much an issue of parenting as ethics. (Munro, 2001: 136)

Trusting supportive enduring relationships with adults, including advocates, is the necessary context, she argues, for undertaking this complex developmental work.

7. *The service demonstrates “caring” advocacy*, or advocacy founded on what is referred to in moral philosophy as an *ethic of care*, not just an *ethic of justice* (Barnes, 2007, 2012; Dalrymple, 2003). An ethic of care emphasises interdependence and the importance of lasting individual relationships – such as with carers and social workers as well as friend and family networks. An ethic of justice, on the other hand emphasises individual autonomy and rights. Barnes (2007) claims that advocacy that incorporates an ethic of care delivers the best outcomes for children in care. It entails understanding children’s wishes and feelings in the context of their specific circumstances and relationships to others.

In the complex and often fragile interrelationships outlined by some of the young people, context needs to be understood in order to avoid repercussions for them and the stability of their care. (Barnes, 2007: 149)

Context and interdependence can be obscured, she argues, by the blind application of universal principles (e.g. equality, fairness) and a strictly “individual rights” focus with its emphasis on “challenging” and “being heard”. At the same time, she emphasises, caring advocacy “is not the

paternalistic approach of a professional who ‘knows what’s best for you’ but is a model based on a strong awareness of the ways that young people are excluded and oppressed” (Barnes, 2007:140).

Advocates convey an ethic of care in their relationships with children, she further explains, by attentive, respectful listening and being responsive, reliable, honest, trustworthy and empathic in their dealings with children (Barnes, 2007, 2012). Bell (2002) adds further qualities to this list – being non-judgemental, taking children seriously, treating them with a sense of equality, and showing concern for them. The primary value that children in care place on these qualities in their social workers and advocates is consistently noted in the research literature (Barnes, 2007; Bell, 2002; Boylan & Ing, 2005; Dalrymple, 2005; McLeod, 2010; Munro, 2001; Pithouse & Crowley, 2007; South Australian Guardian for Children and Young People, 2009). As Barnes (2012: 1282) observed in her study of children’s experiences of advocacy services, “young people talked in the ‘language of care’... more than about their rights, and about whether workers respected, valued and listened to them”.


Advocacy services for children in care in Queensland

Queensland provides a range of advocacy services to children in state care. A small number of non-government organisations are publicly funded to provide legal or consumer advocacy services, such as the Youth Advocacy Centre and the CREATE Foundation. In addition, the Queensland Commission for Children and Young People and Child Guardian has been established as an independent statutory agency with a legislated role to promote and protect the rights, interests and wellbeing of children in Queensland. This includes a special responsibility for children in the child protection system.

In exercising this responsibility, the Commission undertakes a number of functions including the operation of a Community Visitor (CV) program. CVs regularly visit children in care to see that they are safe and receiving appropriate care and to advocate on their behalf.

In addition, the Commission operates a complaints resolution function that is able to address complaints relating to children in the child protection system who are not receiving adequate services. Children can raise a complaint themselves or another person can raise a complaint on their behalf.

The Commission also has a broader role of monitoring child protection at a systemic level. Information is gathered from a variety of sources including from CV reports and complaints but also



through reviews, audits, ongoing provision of administrative and performance data from the Department of Communities, Child Safety and Disability Services (the Department) and through research initiatives such as the Commission's *Views of Children and Young People Surveys*. The Commission uses this information to work with key stakeholders, including the Department, to improve the way the child protection system operates.

The Community Visitor model of individual advocacy

During 2011-12, the Commission's CVs monitored the circumstances of 7,911 children and young people in foster care, residential care and youth detention, resolved over 17,000 issues locally and referred 2,157 more serious matters to the Commission's complaints resolution team for action.

The CV program is unique in Australia and many other jurisdictions as a model for delivering individual advocacy services to children in state care. It can be seen to incorporate many of the elements believed to be important for effective advocacy for children in care. In particular, it:

- operates fully independently of the child protection authority
- offers a degree of confidentiality and privacy to children
- is child-focused in its approach
- operates from a view of children as competent social actors with rights and capacities to contribute to and shape their world
- is recurrently funded
- nurtures the development of trusting and supportive relationships with young people, and
- incorporates an ethic of care into its conceptualisation and practice of advocacy.

The CV model of individual advocacy is outlined in the provisions of the *Commission for Children and Young People and Child Guardian Act 2000*. The Act specifies that CVs are required to visit children in out-of-home-care "regularly and frequently" to monitor their safety and wellbeing and the quality of care and accommodation provided to them (s89). CVs functions are to (s93):

- develop trusting and supportive relationships with the child
- advocate on behalf of the child by listening to, giving voice to, and facilitating the resolution of, their concerns and grievances
- facilitate the child's access to support services that they need
- assess the adequacy of information given to the child about their rights
- assess the physical and emotional wellbeing of the child
- inspect the residence and assess its appropriateness for the accommodation of the

child or the delivery of services to them, having regard to relevant state and Commonwealth laws, policies and standards (including the standards of care stipulated in the Queensland *Child Protection Act 1999*)

- observe the treatment of the children, including the extent to which their needs are met by staff of the residence
- assess the morale of the staff of the residence, and
- give advice and reports to the Commissioner about anything relating to the CV's functions and powers.

While CVs are required to prepare a report for the Commissioner after every visit to a child in care (s92), this information is subject to confidentiality requirements and CVs are specifically required in carrying out their roles to be respectful of the child's privacy (s104).

The Commission's Act also specifies that CVs are to be child-focused in undertaking their role, giving priority to the views and wishes of the child wherever possible. The Act states (s103):

to the greatest extent practicable, a Community Visitor must seek, and take into account, the views and wishes of a child residing at a [residence] before asking a staff member of the [residence] a question about the child; or inspecting, taking extracts from, or making copies of, a document held at the residence that relates to the child; or including information about the child in a report to the commissioner.

This role description, therefore, establishes a relationship-based, child-focused approach to advocacy, and one that arguably incorporates an ethic of care. It does this by emphasising attentive and respectful listening to children along with the systematic and thorough gathering of information about children's specific circumstances as a context for advocacy. The caring quality of CV advocacy extends to taking action to protect a child where serious matters affecting their safety or wellbeing are identified (s25), although such action may exceed the concept of "caring" advocacy put forward by Barnes (2007).

Advocacy needs of young people in residential care

The current study is specifically concerned with making assessments about the effectiveness of CV advocacy and support to young people in residential care. Analysis of CV issues resolution data between July 2011 and December 2012 indicates that young people in residential care were twice as likely as children and young people in foster care to be the "subject child" of an issue raised for resolution. In Wales, Pithouse and Crowley (2007) observed a similar over-representation of young people in residential care engaging complaints resolution services.



This trend may be attributable to various factors, one of which is the fact that young people in residential care in many Anglophone countries at the present time tend to have particular vulnerabilities and needs. In Queensland, compared with young people in foster care, young people in residential care are much more commonly assessed as having “complex” or “extreme” needs¹ stemming often from severe neglect or abuse in early childhood. These psychological and developmental difficulties commonly manifest as challenging behaviours. Due to challenging behaviours, many have also experienced multiple placement breakdowns while in care, adding to their emotional and behavioural difficulties. These personal issues are likely to result in them requiring a greater level of support and advocacy on average from their CVs compared with other children and young people in care to ensure their complex therapeutic and developmental needs are responded to appropriately and adequately.

Young people’s responses to the Commission’s 2011 *Views of Young People in Residential Care Survey* highlight other issues that are commonly experienced by young people in residential care and which may also result in their need for CV support and advocacy (see CCYPCG, 2012a):

- while most young people reported feeling safe and happy where they are living, as many as one in eight reported not feeling safe and less than half indicated feeling safe there all the time, the presence or behaviour of other residents being identified most commonly as the source of young people’s sense of unsafety
- close to half were dissatisfied with the frequency that they see their child safety officer (CSO) and lacked confidence in them to follow through on promised action
- half felt that they never or not very often have a say in Department decisions made about them
- close to half reported not being involved in case planning or not having a case plan, and
- close to one in three young people aged 16 years or older reported that a leaving care plan² has not yet been developed for them.

Research design

The Commission believes it is important to continuously evaluate the quality and effectiveness of CV support and advocacy to children and that central to such evaluation efforts must be the views of children themselves. This is because only children can indicate whether CVs have been successful in fostering their trust and confidence and giving voice to their concerns and grievances. Children’s views about their CVs are collected routinely by way of dedicated survey instruments incorporated within the Commission’s biennial *Views of Children and Young People in Foster Care Survey* and *Views of Young People in*

Residential Care Survey which have been described more fully elsewhere (see CCYPCG, 2009, 2010, 2012a, 2012b).

The *Views of Young People in Residential Care about their Community Visitor Survey* has been conducted four times since 2007 (2007, 2008, 2011 and 2012). Due to a major revision of the survey instrument in 2010, this paper will focus on the findings of the last two administrations of the survey in 2011 and 2012 which employed the same survey instrument, administration method and population frame.

Respondents

The 2011 survey was open to all children and young people in statutory residential care in Queensland between 1 August and 30 November, 2011. A total of 129 young people responded to the survey. A further 50 carers completed a carer questionnaire on behalf of children and young people unable to participate directly. This corresponds to a response rate of 19% where carer responses are excluded, or 27% when these are included.³

The 2012 survey was also open to all children and young people in statutory residential care in Queensland between 1 August and 30 November, 2012. A total of 110 young people responded, corresponding to a response rate of 16%.⁴

Instruments

Young people completed a 3-page anonymous self-report instrument comprising predominantly fixed-response items. The instrument collected information about:

- respondents’ personal characteristics
- the frequency of their contact and length of relationship with their CV, and how accessible they find their CV to be
- their perceptions of their CV’s personal qualities and behaviour towards them
- their anticipated willingness to raise issues of concern with their CV about where they are living or about the Department and/or their CSO
- whether they have received particular assistance from their CV, the nature of this assistance, and how helpful they have found their CV to be, and
- whether they have any unmet needs in relation to their CV and what these needs are.

In 2011, where young people were unable to participate in the survey due to young age or disability, a separate survey instrument was provided to carers seeking comparable information but from the perspective of the carer. The carer survey was not administered in 2012.



Procedure

CVs distributed the survey to young people during their scheduled visits along with a confidential reply-paid envelope. The purpose of the survey was explained to young people verbally and in writing. Young people were told that their participation was voluntary and that they could withdraw from the survey at any time. They were told they could elect to complete the survey alone or with the assistance of a carer. It was also explained that because the survey was about their CV, the CV was not allowed to assist them with completing it. A letter was provided to care staff explaining the purpose of the survey and requesting their assistance with administering the survey where necessary. In 2011, carers were also given the carer questionnaire to complete where a child or young person was unable to participate in the survey directly, along with a confidential reply-paid envelope.

Data analysis and reporting

No statistically significant differences were found between young people's responses to the 2011 and 2012 surveys. Accordingly, the two samples were combined to enhance the range and reliability of data analyses possible. As carer responses were only available for 2011, analysis of difference by survey year and merging of samples was not applicable. Throughout the following section, data from the 2011 carer survey is presented alongside of the merged data from the 2011 and 2012 young people's surveys where relevant.

Survey data are mostly presented as proportions (percentage of respondents) and in some cases as medians or means (average of respondents) or frequencies (number of respondents). Data presented in tables and graphs have been rounded and may tally to more than 100%. The margin of error for proportions is generally around +/-5% when calculated from the whole sample of young people. Unless otherwise specified, the amount of missing data on any given variable is less than 5%.

Given the significance attributed in the international literature to supportive, trusting and enduring relationships between children and young people and their advocates, it was hypothesised that young people's perceptions of their CV and satisfaction with the support and advocacy they receive will be related to how long they have known their CV and/or how often they see their CV. Accordingly young people's responses to survey items were analysed by:

- length of time they reported knowing their CV (6 months or less/more than 6 months), and
- their reported frequency of seeing their CV (monthly/less than monthly).

Young people's responses to survey items were also analysed by demographic and circumstantial

variables to consider if their assessments of CV support and advocacy are influenced by:

- their sex
- age group (12 years or less/13 to 15 years/16 to 17 years)
- cultural background (Aboriginal and/or Torres Strait Islander/non-Aboriginal and/or Torres Strait Islander), and/or
- the type of care arrangement they have (individual residential care/group residential care).

Depending on the type of data, these analyses used Pearson chi-square, Mann-Whitney U or Kruskal-Wallis tests of significance. A 95% confidence level was applied to all tests.

Findings

Respondent characteristics

Demographics

The characteristics of survey respondents and the relationship between sample and population characteristics for both years of the survey are presented in Table 1. The *total sample* in 2011 combines the sub-sample of young people who completed the young person questionnaire with the sub-sample of children and young people whose carers completed the carer questionnaire on their behalf due to young age or disability. In 2012, the total sample comprises young people who responded to the young person questionnaire only.

The data indicate that in 2011 the total sample obtained is broadly representative of the population of young people in residential care in Queensland with regard to sex, median age, age group categories and cultural background. In 2012, the sample slightly under-represents females (34% cf. 43% in population), young people who are Aboriginal and/or Torres Strait Islander (30% cf. 42%) and young people who are aged 12 years or younger (16% cf. 32%). Young people aged 16-17 years are slightly over-represented (37% cf. 25%). While all geographical regions (CV Zones) are represented in each year of the survey, roughly a third of the regions are either over- or under-represented to some extent in each year. In both years, the regions in the north of the state were under-represented while the Toowoomba and Western region was over-represented.

The demographic characteristics of the 2011 and 2012 "young people" samples are very similar with the only statistically significant difference being the median age (14 years in 2011, 15 years in 2012) and distribution of age group categories. As a general profile, young people who responded to the survey in either year were in their mid-adolescence, two-thirds were male, roughly one-third identified as Aboriginal and/or Torres Strait Islander, and approximately three out of 10 lived in

Table 1. Respondent characteristics and circumstances – sample and population by survey year (2011/2012)

Characteristic	2011				2012	
	Sample			Population	Sample	Population
	Young people (n = 129)	Carers (on behalf of children/ young people) (n = 50)	Total sample (young people and carers) (n = 179)	(N = 669)	Young people (n = 110)	(N = 705)
Sex						
Male	62%	71%	65%	64%	66%	57%
Female	38%	29%	35%	36%	34%	43%
Age						
Median age	14 years	13 years	14 years	14 years	15 years	14 years
0-12 years	30%	43%	34%	27%	16%	32%
13-15 years	40%	26%	36%	41%	47%	44%
16-17 years	30%	32%	31%	32%	37%	25%
Aboriginal and/or Torres Strait Islander*	34%	23%	31%	40%	30%	42%
Community Visitor Zone						
Brisbane North	4%	6%	5%	5%	10%	6%
Brisbane South	9%	14%	10%	8%	7%	6%
Brisbane West	9%	6%	8%	9%	8%	7%
Central North	6%	-	4%	4%	4%	6%
Central South	14%	12%	14%	8%	11%	6%
Far Northern	8%	8%	8%	18%	4%	16%
Gold Coast	8%	6%	7%	8%	10%	7%
Ipswich	16%	10%	14%	11%	15%	14%
Logan	2%	10%	5%	6%	4%	6%
Moreton and South Burnett	2%	10%	4%	5%	3%	6%
Northern	4%	2%	3%	10%	8%	12%
Sunshine Coast	-	12%	3%	3%	1%	2%
Toowoomba and Western	19%	2%	14%	6%	16%	7%
Type of residential						
Individual care	33%	27%	31%	-	27%	-
Group care	67%	73%	69%	-	73%	-

* Includes young people who identified themselves, or were identified by carers, as both Caucasian and Aboriginal or Caucasian and Torres Strait Islander.

individual residential care while seven out of 10 were living in group residential care.

Length of time known CV

Figure 1 shows the distribution of length of time respondents reported knowing their CV. Forty per cent reported knowing their CV for 6 months or less, while a similar proportion (38%) reported having known their CV for more than a year.

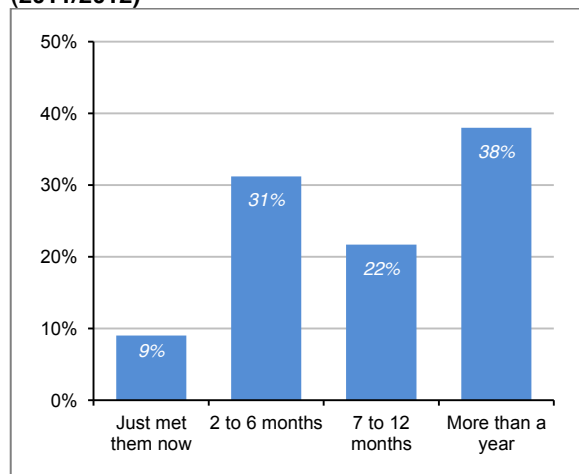
Satisfaction with Community Visitor contact and availability

Satisfaction with frequency of CV visits

Ninety-three per cent of young people reported that they see their CV monthly, 5% said they see their CV every two months, and 2% said they see their CV less often. Seventy-one per cent of young people reported that the current frequency of seeing their CV was satisfactory, while 25% said they wanted to see their CV more often and 4% said less often.

Carers of young people unable to participate directly in the 2011 survey were also asked about the frequency of CV visits and their view of whether this frequency is satisfactory.

Figure 1. How long known CV – young people (2011/2012)

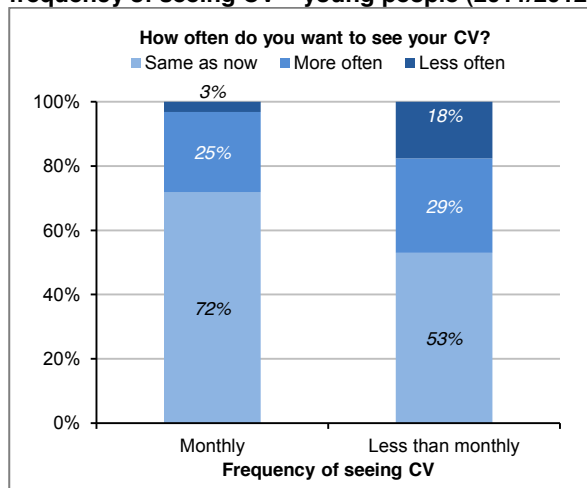


Ninety-six per cent of carers indicated that the young person's CV visits monthly and the remaining 4% reported the CV visits every two months. Every carer except one (98%) was satisfied with the current frequency of visits.

Further analysis revealed that young people's satisfaction with the frequency of seeing their CV is

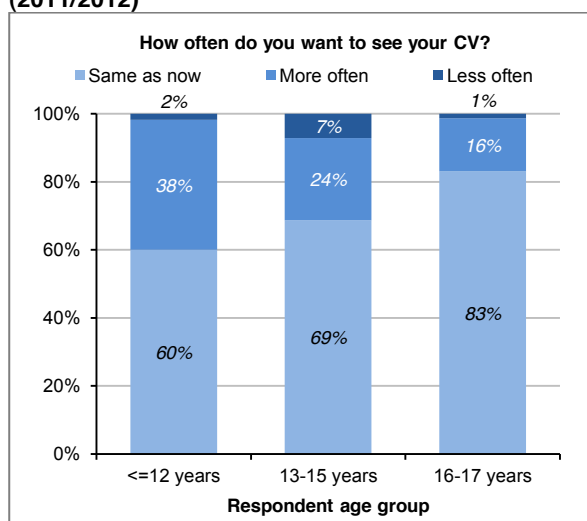
related to the frequency with which they see their CV. Figure 2 shows that young people who see their CV monthly are significantly more likely than young people who see their CV less often to indicate that the current frequency of seeing their CV is satisfactory (72% cf. 53%).⁵

Figure 2. Satisfaction with frequency of seeing CV by frequency of seeing CV – young people (2011/2012)



Young people's satisfaction with the frequency of seeing their CV is also related to their age group (Figure 3). Respondents aged 12 years or younger, were significantly less likely to be satisfied with the frequency of CV visits compared with young people who were 13 to 15 years of age, and those aged 16 to 17 years (60% cf. 69% and 83%). They were more likely than both 13 to 15 year olds and 16 to 17 year olds to indicate a desire to see their CV more often (38% cf. 24% and 16%).⁶

Figure 3. Satisfaction with frequency of seeing CV by respondents' age group – young people (2011/2012)



Satisfaction with one-on-one time with CV

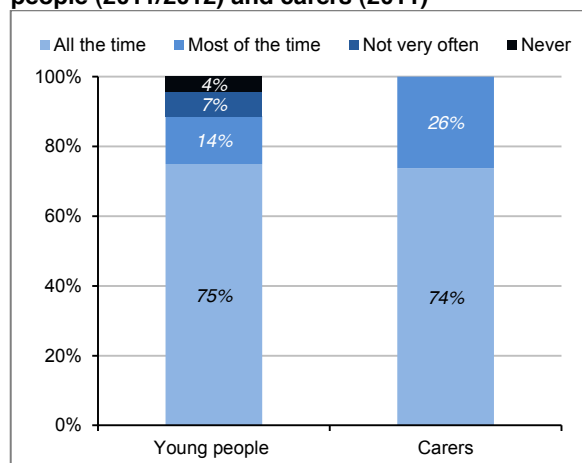
Eighty-one per cent of young people responded *very true* to the statement "I get enough time on my own to talk to my CV about things", while 14% reported *a bit true*, and 5% reported *not at all true*. Young people were significantly more likely to

respond *very true* to this statement if they reported seeing their CV monthly than if they reported seeing their CV less than monthly (47% cf. 84%).⁷

Satisfaction with ability to contact CV when needed

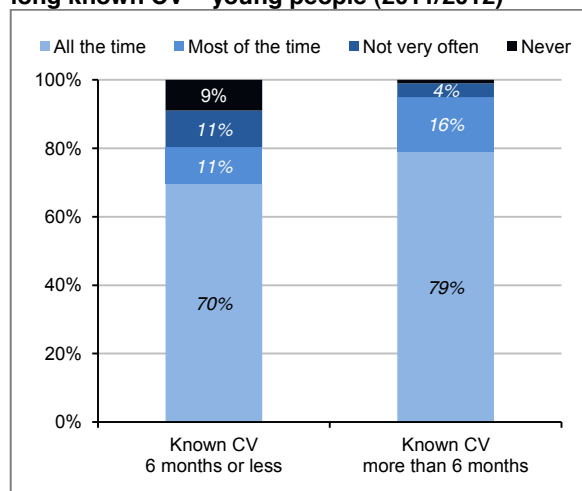
Young people and carers were asked how often they are able to contact their CV when needed. Figure 4 shows that three-quarters of both young people and carers who have needed to contact their CV reported being able to contact the CV all the time.

Figure 4. Able to contact CV when needed – young people (2011/2012) and carers (2011)



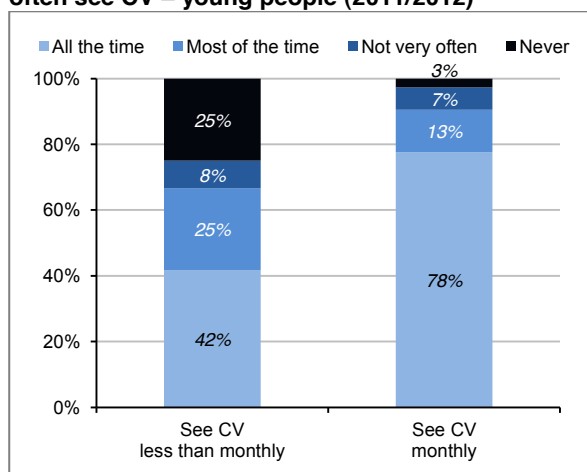
Young people were significantly more likely to report being able to contact their CV all or most of the time when needed if they had known their CV for more than 6 months than if they had known their CV for a shorter length of time (95% cf. 81%) (Figure 5).⁸

Figure 5. Able to contact CV when needed by how long known CV – young people (2011/2012)



As can be seen in Figure 6, young people were also significantly more likely to report being able to contact their CV all or most of the time when needed if they reported seeing their CV monthly than if they reported seeing their CV less than monthly (91% cf. 67%).⁹

Figure 6. Able to contact CV when needed by how often see CV – young people (2011/2012)



Understanding of CV role

Young people in residential care typically have contact with numerous workers including direct care staff, CSOs, workers providing therapeutic and behaviour support interventions, Commission CVs, and representatives of other support and advocacy services. It is therefore important for CVs to explain their specific role to young people and the kinds of things that they can assist with or else young people may not understand that they can approach CVs about particular problems that they have. Alternatively, they may have unrealistic expectations about CVs' role.

Eighty-eight per cent of young people responded *very true* to the statement "My CV has explained to me what CVs are there to do and what sorts of things they can help with", while 10% reported a *bit true*, and 3% reported *not at all true*.

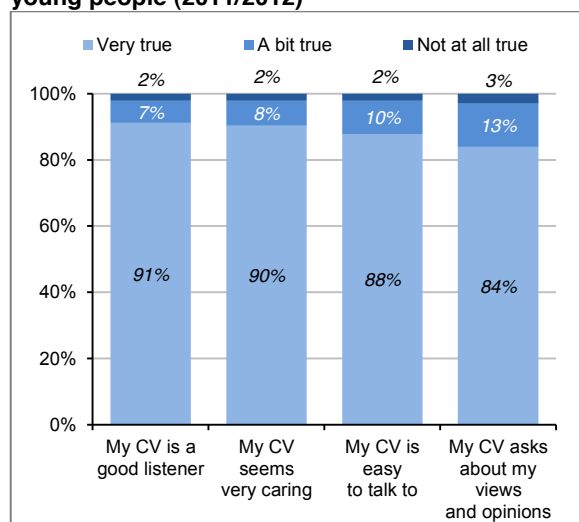
Perceptions of Community Visitors' personal qualities and helpfulness

Relationships qualities

Young people were presented with a series of statements about their CV designed to elicit their perceptions about the CV's interaction with them. These interactions are relevant to the CV's legislated responsibility to build supportive and trusting relationships with young people and provide caring advocacy based on listening to the young person and understanding their particular needs and wishes.

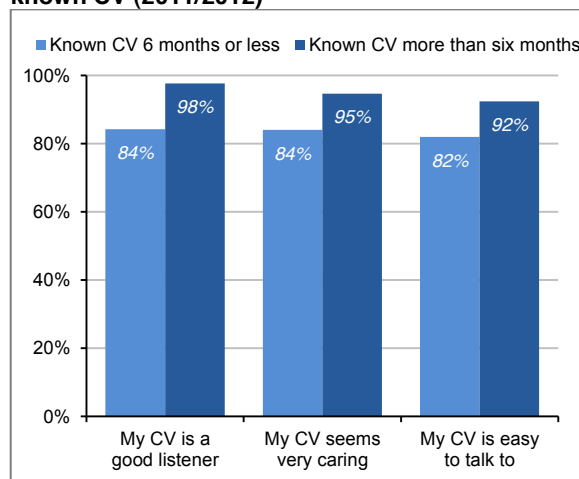
Young people's responses to these items are presented in Figure 7. As can be seen, young people were strongly positive about their CVs' listening and attending behaviours towards them, and their sense of the CV as very caring. Approximately nine out of 10 respondents responded *very true* to three of the four positively framed statements about the CV (good listener, very caring, easy to talk to), and around eight out of 10 responded *very true* to the last statement (asks about my views and opinions).

Figure 7. Perception of CV's relationship qualities – young people (2011/2012)



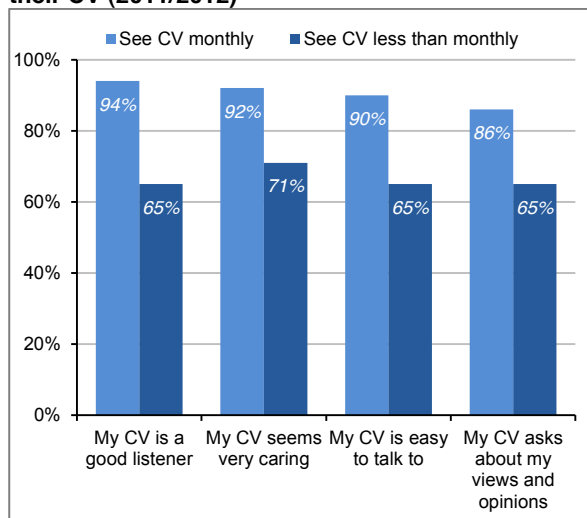
Young people's responses to these statements were found to be related to how long they have known their CV (Figure 8). Those who reported knowing their CV for more than 6 months were significantly more likely to respond *very true* to the statements about the CV being a good listener, very caring, and easy to talk to than those who reported knowing their CV for 6 months or less.¹⁰

Figure 8. Proportion of young people who responded *very true* to statements regarding their CV's relationship qualities by how long they have known CV (2011/2012)



Young people's responses to these statements were also found to be related to how frequently they reported seeing their CV (Figure 9). Those who reported seeing their CV monthly were significantly more likely to respond *very true* to the statements about the CV being a good listener, being very caring, being easy to talk, and asking about their views and opinions than those who reported seeing their CV less than monthly.¹¹

Figure 9. Proportion of young people who responded *very true* to statements regarding their CV's relationship qualities by how often they see their CV (2011/2012)

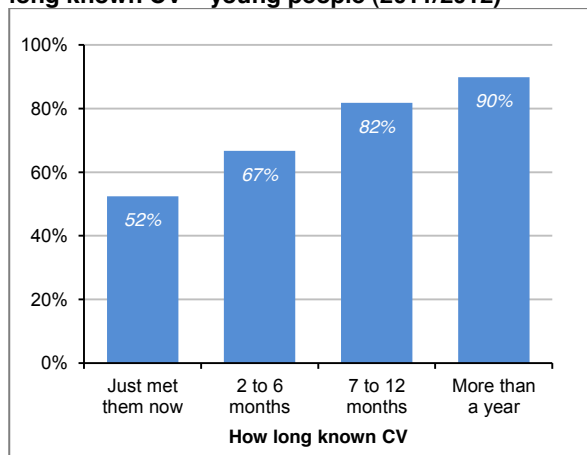


Helpfulness

Has your CV helped you with anything?

Seventy-seven per cent of young people and 38% of carers reported that their CV has helped them with particular things. This proportion increases significantly for young people with the length of time they reported knowing their CV (Figure 10). Fifty-two per cent of young people who reported having just met their CV indicated that the CV has helped them with something while 90% of young people who reported knowing their CV for more than a year indicated that the CV has helped with something.¹²

Figure 10. CV has helped with something by how long known CV – young people (2011/2012)



What have they helped you with?

One hundred and fifty-two young people (or 64%) described the help they have received from their CV. Responses were analysed thematically with multiple coding of responses permitted. Three main themes are evident:

- **Advocacy** – someone who speaks up for me and helps me get the things I need (like more support from CSO, help with education or

clothing, better family contact, support with leaving care, resolution of problems in placement or with carers, protection from abusive situations) (78 responses)

- **Emotional support** – someone to talk to about problems who listens, cares, helps me work out what I want to do, helps me deal with my emotions (31 responses)
- **Everything** – CV has helped me with “a lot” or “everything” (20 responses)

Examples of young people's responses in relation to the first two themes are presented below. The subthemes under “advocacy” are presented in order of the frequency with which respondents' comments corresponded to these subthemes.

THEME 1 – Advocacy

Advocacy to get required/desired services or resources

- \$200 allowance for TAFE clothing to do hairdressing course!
- Photography course and family contact.
- Asking CSO about church, about scooter, bike, skateboard (SBS).
- Driver's license.
- ... Getting clothes for me.
- ... Dental, counselling.
- Got me a phone.
- ... Helped me get back to school.
- Mental health information for me...
- Physiotherapy. More clothes.
- Play basketball.
- School and work.
- Seeing my brother, health checks, clothes, being happy.
- Teeth problems.
- Getting belongings from other placements, getting CSO to pick them up.
- ... Help me to get my mattress and chair.
- Wheelchair, disability vehicle, activities.
- Getting into men's business.

Advocacy/support in relation to CSO/Department

- Asked the Department to come and visit and make a time for a meeting TFC [transition from care] and care plan.
- Clothing, bed, TFC [transition from care planning] and contacting my CSO for me.
- Getting hold of my CSO.
- Getting my CSO to come to court.
- Getting staff from Department fixing stuff.
- Making CSO listen that I want to move to more independent place.
- Problems with the Department.
- Someone to talk to about my CSO.
- Talking to the Department for me.

- Talks to my CSO.
- To get my CSO to see me.
- Trying to get thing approved for me.
- With my CSO – speaks up for me.

Advocacy/support in relation to problems with placement, carers or living arrangements

- Complained about other carers who were not that good.
- Get to my new home here.
- Getting good place to live.
- Helping with where I'm living and my goals.
- Issues with workers.
- Problems with coordinator.
- Living arrangements and issues I might have with carers or other kids.
- Making CSO listen that I want to move to more independent place.
- She told me CSO I was unhappy in resi. They are moving me now.
- Talking to CSO about living arrangements.

Advocacy/support in relation to family contact/family issues

- Contact with Mum...
- Getting my bike back. Seeing my Mum and my last carer.
- Made sure I had contact with my brother and sister.
- Maintain visits to family.
- Organising visits with Dad and contact with family.
- Pressed for increased contact with Grandma.

Help to get safe

- Foster carers hurting me and getting clothes for me.
- Making where I live safer.

THEME 2 – Emotional support

- Helps me by just being able to talk to someone.
- Just someone to listen.
- Talking about other things, different things.
- Talking and stuff.
- Talking about my feelings.
- To talk about how I feel. Explaining different points of view to me...
- Problems in my life.
- Helped me with a hug. Helped me get back to school.
- Emotions.
- Help me calm down and talk to me about stuff.
- Help me control my anger.
- Behaviour management stuff.
- Making decisions.

- Helped me grow more mature, find out what I want to do.
- Helping with where I'm living and my goals.
- Different places we have lived at and how I'm coping.
- Listened.
- My problems! Thanks [CV name]. You're great dude!
- Problems in my life.
- Suggestions about how to be good.
- Just about talking of youth workers, beach, swimming.

Is there anything else you would like your CV to help with?

Forty-six young people (20%) indicated there is something else they would like assistance with from their CV. Thirty-nine of these young people (87%) described the help they would like. Responses were analysed thematically with multiple coding of responses permitted.

Thirty-one comments (79%) concerned a need for advocacy while two comments (5%) concerned a need for emotional support. The most common advocacy needs young people described related to:

- additional services or resources (13 responses)
- placement change and/or family reunification (10 responses), and
- improved contact with family and/or friends (7 responses).

Do you feel that the young person receives enough help from their CV?

Carers were also asked about the adequacy of CV assistance to the child or young person in their care. With the exception of one carer, all (98%) were of the view that the child or young person receives sufficient support from their CV.

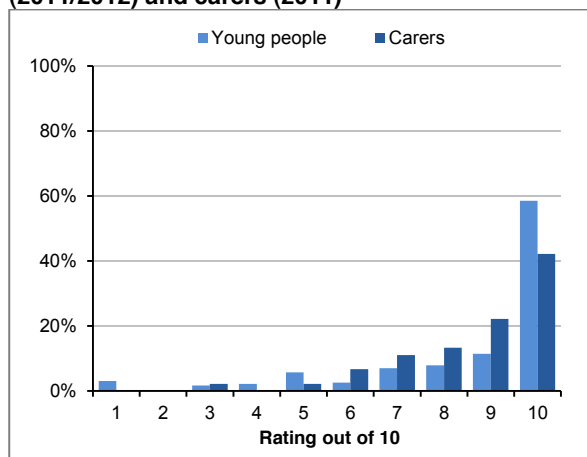
How helpful do you feel your CV has been?

Young people and carers were asked to rate their CV's helpfulness by placing a mark on a 10-point scale ranging from 1 (*really unhelpful*) to 10 (*really helpful*). Figure 11 shows the distribution of CV helpfulness ratings for young people and carers. Seventy per cent of young people and 64% of carers gave their CV a rating of 9 or 10. The mean CV helpfulness rating for young people is 8.54 and for carers is 8.64.

Young people's rating of their CV's helpfulness was found to be related to how long they have known their CV, with young people who reported knowing their CV for more than six months recording a significantly higher mean CV helpfulness rating than young people who reported knowing their CV for 6 months or less (9.07 cf. 7.84).¹³

Similarly, young people's rating of their CV's helpfulness was found to be related to how frequently they reported seeing their CV, with those reporting to see their CV monthly having a significantly higher mean CV helpfulness rating than those who reported seeing their CV less than monthly (8.76 cf. 6.82).¹⁴

Figure 11. CV helpfulness rating – young people (2011/2012) and carers (2011)*



* Rating scale: 1 = very unhelpful, 10 = very helpful.

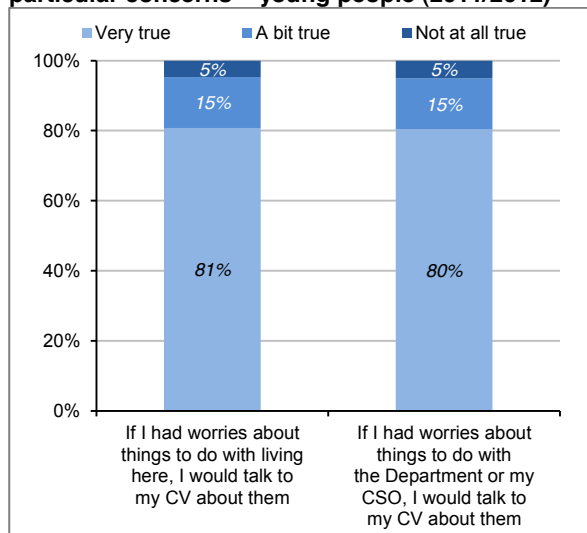
Willingness to talk to CV about concerns

To gauge young people's confidence to draw on the support of their CV, young people were presented with two statements which they were asked to rate on a three-point truthfulness scale (*very true/a bit true/not at all true*). The statements were:

- "If I had worries about things to do with living here, I would talk to my CV about them", and
- "If I had worries about things to do with the Department or my CSO, I would talk to my CV about them".

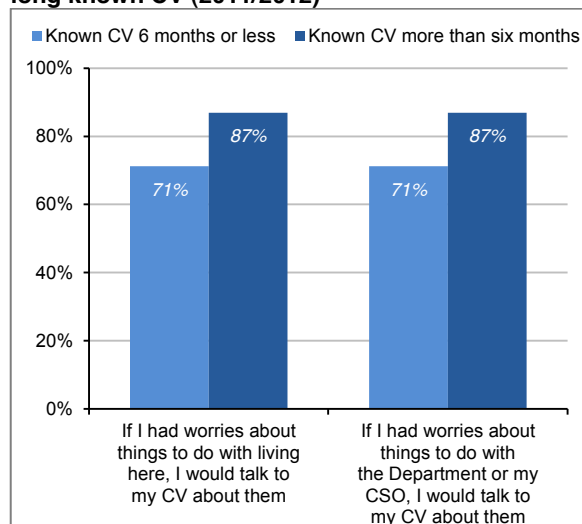
Eight in ten young people responded *very true* to these statements, and almost all of the rest indicated they were at least *a bit true* (Figure 12).

Figure 12. Anticipated willingness to talk to CV about particular concerns – young people (2011/2012)



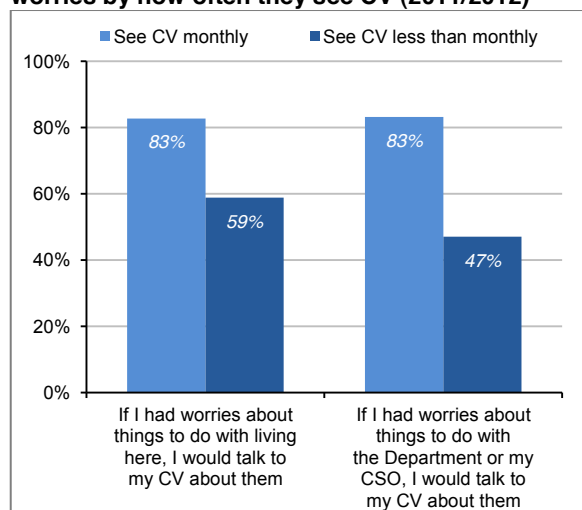
Young people's responses to these statements were found to be related to how long they had known their CV. Those who reported knowing their CV for more than 6 months were significantly more likely to respond *very true* to these statements than those who had known their CV for 6 months or less (Figure 13).¹⁵

Figure 13. Proportion of young people who responded *very true* to statements regarding willingness to talk to their CV about worries by how long known CV (2011/2012)



Young people's responses to these statements were also found to be related to how often they reported seeing their CV. Those who reported seeing their CV monthly were more likely to respond *very true* to these statements than those who reported seeing their CV less than monthly (Figure 14).¹⁶

Figure 14. Proportion of young people who responded *very true* to statements regarding willingness to talk to their CV regarding particular worries by how often they see CV (2011/2012)





Other comments about CVs

Young people were invited to make any other comments about their CV. Seventy-seven young people (or 32%) made further comments. All but three of these comments were either about how the CV has helped the young person, an affirmation of the CV as a person, or a statement of gratitude to the CV for their care and help.

Examples of young people's comments include:

- *Really nice to chat to and easy to understand and friendly.*
- *I feel comfortable with CV and I can be honest with CV.*
- *She is a kind and caring person and very helpful.*
- *I think that she has been a great help and if I didn't have her I wouldn't be where I am today.*
- *I would like to tell her thanks for listen to me and the other girls.*
- *She is very caring and attentive. Feel she is an advocate for me.*
- *[CV] is AMAZING. She deserves employee of the year.*
- *He is great – good listening and understands and helpful.*
- *He's a legend.*
- *My CV is so cool!!*
- *My CV is very caring. He's always there when I need him and he's cool and awesome.*
- *She's awesome and very reliable.*
- *I really like her. She's funny and smart and knows heaps of stuff. She cares about me.*
- *She is a really nice and helpful caring lady who is just really amazing and lovely.*
- *She is fantastic.*
- *She's the best and always listens and fights for what's best for me.*
- *You are a cool person and I love you.*
- *Thank you for lending me a badminton set.*
- *Thank you very much for everything. [CV] is an excellent person. Love, [young person]*
- *You are a nice bloke. I don't want you to go. I want you to still see me after I move.*

Carers were also asked if they had any other comments about the child or young person's CV. Of 11 carers (22%) who made comments, all made strongly positive statements about the CV – their helpfulness, reliability, attitude, and quality of advocacy and/or care for the child/young person.

Discussion and conclusion

The Commission's *Views of Young People in Residential Care about their Community Visitor Survey* is primarily an internal research tool for evaluating the effectiveness of the support and advocacy provided to young people in residential care by CVs from the standpoint of service users. However, it simultaneously offers a unique contribution to the international research on the elements of effective advocacy for children in care. It is one of very few quantitative studies of the views of children in care about child advocacy services that is based on a moderately sized sample which is broadly representative of the population with regard to demographic characteristics. It is completely unique in having a focus on young people in residential care.

The findings suggest a high level of support among young people in residential care for the current approach to individual advocacy being employed by CVs. Overwhelmingly, young people indicated that their CVs are accessible, helpful and provide much valued advocacy and emotional support to them. While it is possible that there is a sampling bias against young people who are dissatisfied with their CV, the almost complete absence of negative feedback about CVs observed over consecutive years of the survey and the strongly positive feedback received from so many respondents suggest widespread endorsement by service users of the current approach to individual advocacy being employed by CVs.

Young people's descriptions of what CVs have helped them with correspond to three main themes – advocacy (speaking up for me), emotional support (listening to me, helping me with my feelings), and "everything". Taken together, these themes suggest that CVs are providing a form of advocacy that aligns with Barnes' (2007, 2012) notion of "caring" advocacy – that is, the advocacy is embedded in caring relationships characterised by attentive listening, respect, warmth, a sense of friendship, and a sense of being understood and valued. Caring advocacy, according to Barnes, is about understanding an individual's wishes and preferences in a highly contextualised way that can only really be achieved through taking the time to listen and understand children, and through building trusting, supportive relationships with them. Barnes argues that advocacy based on such understanding and interpersonal dynamics delivers the best outcomes for children in care.

The strongly positive feedback from young people in residential care about the emotional support they receive from their CVs is noteworthy for another reason. This is a group of young people known to have difficulty forming trusting enduring



relationships often on account of attachment trauma prior to coming into care which is further compounded in the care system in many cases by multiple placement changes. As a result, many will have few positive and enduring relationships in their lives. A growing body of research suggests that the wellbeing and resilience of vulnerable young people can be significantly enhanced by having a caring supportive relationship with at least one adult (Abbott-Chapman, Denholm & Wyld, 2008; Beltman, 2006; Borto, 2001; Dearden, 2004; Laursen & Birmingham, 2003; Litner & Mann-Feder, 2009; Taussig, Culhane, Garrido & Knudtson, 2012; Werner & Johnson, 2004). While it is not a specific objective of the program, this protective factor may be a valuable by-product of the current model of individual advocacy being employed by CVs, judging by young people's frequent feedback about the quality of caring and emotional support they receive from their CVs.

The number of respondents who indicated that their CV has advocated for them, and their descriptions of the types of advocacy undertaken on their behalf, suggest that CVs are playing a vital role in ensuring the quality of care and protection young people receive from the state. The most common types of advocacy that young people described their CVs undertaking include advocating for:

- required or desired support services and resources
- better communication or more contact with the CSO
- greater responsiveness on the part of the CSO or Department to the young person's needs or circumstances
- more involvement by the young person in case planning or decision-making, and
- improved contact with family.

Young people also commonly reported that their CVs assist with the resolution of issues with carers and co-residents and other problems in their placement, including concerns about safety where they are living. These various types of advocacy would appear to be critical to ensuring that the state performs its corporate parenting role effectively – i.e. that it meets legislated standards of care, is responsive to individual needs, keeps vulnerable young people in care safe, and genuinely empowers them to have a say in their lives and futures.

A unique contribution that the current study makes to contemporary research on child advocacy is its ability through inferential statistical analyses to identify factors related to young people's satisfaction with the advocacy and support provided by advocates. Young people's responses to survey items exploring their satisfaction with the support and advocacy of their CVs appeared on

the whole to be independent of demographic variables (age, sex, cultural background, type of residential care), with one exception: younger respondents were more likely to be dissatisfied with the frequency of CV visits, and in particular to want more frequent visits with their CV. However, young people's responses to numerous questions in the survey were related to how long they had known their CV and how frequently they see them.

Young people who reported knowing their CV for more than 6 months compared with those who reported knowing their CV for 6 months or less:

- were more likely to regard their CV as available when needed
- rated their CV's helpfulness more highly
- were more likely to regard their CV as "easy to talk to", "a good listener" and "very caring", and
- were more likely to anticipate talking to their CV about problems arising either in their placement or in relation to the Department or their CSO.

Similarly, young people who reported seeing their CV on a monthly basis compared with those who reported seeing their CV less than monthly:

- were more likely to be satisfied with the frequency of CV visits and the amount of one-on-one time spent with CV
- were more likely to regard their CV as available when needed
- rated their CV's helpfulness more highly
- were more likely to regard their CV as "easy to talk to", "a good listener", "very caring", and "interested in my views and opinions", and
- were more likely to anticipate talking to their CV about problems arising either in their placement or in relation to the Department or their CSO.

These findings lend weight to claims from previous qualitative studies about the critical importance of investing time in building trusting, supportive and, ideally, enduring relationships between children in care and their advocates in the interests of safeguarding children and ensuring their participation and voice (e.g. Bell, 2002; Boylan & Braye, 2006; Boylan & Ing, 2005; Dalrymple, 2005; Knight & Oliver, 2007; Munro, 2001; Rolfe, 2008; Pithouse & Crowley, 2007). The observation that young people's anticipated willingness to talk to their CV about problems increases with the length of time they have known their CV and with the frequency of visits is particularly interesting. It suggests that having access to an advocate is not necessarily enough when children are experiencing problems with their care – they need to be able to trust that the advocate cares about them, respects their views and opinions, will understand their concerns and will represent them effectively without making their situation worse. If they don't have this trust, developed through regular and sustained contact and an ethic of care

on the part of the advocate, they may not speak up about their situation.

A central concern for governments in many parts of the world at the present time is delivering “value for money” public services. In Queensland, this concern is reflected in the terms of reference of the current Child Protection Commission of Inquiry. The Inquiry’s terms of reference include reviewing “whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently”. In this context, it may be tempting to regard the current CV model of individual advocacy for children in care as an unnecessary expense. One might ask, for example: “why should taxpayers fund CVs to sit and talk regularly with each young person in residential care?” The findings of the current study strongly suggest, however, that this investment significantly contributes to the effectiveness of the program in terms of safeguarding young people and ensuring that they are able to exercise their legislated participation rights.

References

- Abbott-Chapman, J., Denholm, C., & Wyld, C. (2008). Social support as a factor inhibiting teenage risk-taking: Views of students, parents and professionals. *Journal of Youth Studies*, 11(6), 611-627.
- Atwool, N. (2006). Participation in decision-making: The experience of New Zealand children in care. *Child Care in Practice*, 12(3), 259-267.
- Barnes, V. (2007). Young people's views of children's rights and advocacy services: A case for "caring" advocacy? *Child Abuse Review*, 16, 140-152.
- Barnes, V. (2012). Social work and advocacy with young people: Rights and care in practice. *British Journal of Social Work*, 42(7), 1275-1292.
- Bell, M. (2002). Promoting children's rights through the use of relationship. *Child and Family Social Work*, 7, 1-11.
- Beltman, S. (2006). Mentoring and the development of resilience: An Australian perspective. *International Journal of Mental Health Promotion*, 8(1), 21-32.
- Borto, J. W. (2011). *Understanding the Relationship Between Important Adults and At-risk Youth and the Impact on Resilience*. University of Hartford.
- Boylan, J. (1996). *A Chance to be Heard*. Wrexham: Prospects Publications.
- Boylan, J. (2004). 'Review Your Review': A critical analysis of looked after children's participation in their statutory reviews and the role of advocacy. PhD Thesis, Staffordshire University.
- Boylan, J., & Braye, S. (2006). Paid, professionalised and proceduralised: Can legal and policy frameworks for child advocacy give voice to children and young people? *Journal of Social Welfare and Family Law*, 28(3-4), 233-249.
- Boylan, J., & Ing, P. (2005). 'Seen but not heard': Young people's experience of advocacy. *International Journal of Social Welfare*, 14, 2-12.
- Cairns, K. (2002). *Attachment, Trauma and Resilience: Therapeutic caring for children*. London: British Association for Adoption and Fostering.
- CCYPCG – see Commission for Children and Young People and Child Guardian
- Commission for Children and Young People and Child Guardian. (2009). *Views of Young People in Residential Care: Queensland 2009*. Brisbane: Author.
- Commission for Children and Young People and Child Guardian. (2010). *Views of Children and Young People in Foster Care: Queensland 2010*. Brisbane: Author.
- Commission for Children and Young People and Child Guardian. (2012a). *2011 Views of Young People in Residential Care Survey: Overview and selected findings*. Brisbane: Author.
- Commission for Children and Young People and Child Guardian. (2012b). *Responding to trauma and attachment needs in residential care: What young people's perceptions tell us about how well we're doing in Queensland*. Brisbane: Author.
- Commission of Inquiry into the Abuse of Children in Queensland Institutions. (1999). *Report of the Commission of Inquiry into the Abuse of Children in Queensland Institutions [Forde Inquiry]*. Brisbane: Author.
- Commission of Inquiry South Australia. (2008). *Children in State Care Commission of Inquiry: Allegations of sexual abuse and death from criminal conduct*. Adelaide: Author.
- Crime and Misconduct Commission. (2004). *Protecting Children: An inquiry into abuse of children in foster care*. Brisbane: Author.
- Dalrymple, J. (2003). Professional advocacy as a force for resistance in child welfare. *British Journal of Social Work*, 33, 1043-1062.
- Dalrymple, J. (2004). Constructions of child and youth advocacy: Emerging issues in advocacy practice. *Children & Society*, 19, 3-15.
- Davidson, J. C. (2010). Residential care for children and young people: Priority areas for change. *Child Abuse Review*, 19, 405-422.
- Dearden, J. (2004). Resilience: A study of risk and protective factors from the perspective of young people with experience of local authority care. *Support for Learning*, 19(4), 187-193.
- Grover, S. (2004). Advocating for children's rights as an aspect of professionalism: The role of frontline workers and children's rights commissions. *Child and Youth Care Forum*, 33(6), 405-423.
- Knight, A., & Oliver, C. (2007). Advocacy for disabled children and young people: Benefits and dilemmas. *Child and Family Social Work*, 12, 417-425.
- Laursen, E. K., & Birmingham, S. M. (2003). Caring relationships as a protective factor for at-risk youth: An ethnographic study. *Families in Society: The Journal of Contemporary Human Services*, 84(2), 240-246.
- Leeson, C. (2007). My life in care: Experiences of non-participation in decision-making processes. *Child and Family Social Work*, 12, 268-277.
- Litner, B., & Mann-Feder, V. (2009). Fostering resilience in youth with ADHD. *Relational Child and Youth Care Practice*, 22(3), 35-39.
- McDowall, J. J. (2013). *Experiencing Out-of-Home Care in Australia: The views of children and young people*, [CREATE Report Card 2013]. Sydney: Author.
- McLeod, A. (2010). 'A friend and an equal': Do young people in care seek the impossible from their social workers? *British Journal of Social Work*, 40, 772-788.
- Munro, E. (2001). Empowering looked-after children. *Child and Family Social Work*, 6, 129-137.
- Ombudsman Victoria. (2010). *Own Motion Investigation into Child Protection – Out of Home Care*. Melbourne: Author.
- Ombudsman Western Australia. (2006). *Report on Allegations Concerning the Treatment of Children and Young People in Residential Care*. Perth: Author.
- Overcamp-Martini, M. A., & Nutton, J. S. (2009). CAPTA and the residential placement: A survey of state policy and practice. *Child youth Care Forum*, 38, 55-68.
- Pithouse, A., & Crowley, A. (2007). Adults rule? Children, advocacy and complaints to social services. *Children & Society*, 21, 201-213.

- Pithouse, A., & Parry, O. (2005). Children's advocacy in Wales: Organisational challenges for those who commission and deliver advocacy for looked after children. *Adoption and Fostering*, 29(4), 45-56.
- Pithouse, A., Parry, O., Crowley, A., Payne, H., Batchelor, C., Anglim, C., et al. (2005). *A Study of Advocacy Services for Children and Young People in Wales: A key messages report*. Cardiff: Cardiff University School of Social Sciences; Social Inclusion Research Unit, University of Wales NEWI; Department of Child Health, Wales College of Medicine.
- Rolfe, S. (2008). Children's voices in decision-making about their best interests: The case of the Victorian child protection system. In G. MacNaughton, P. Hughes & K. Smith (Eds.), *Young Children as Active Citizens: Principles, policies and pedagogies*. Newcastle, United Kingdom: Cambridge Scholars Publishing.
- Sanders, R., & Mace, S. (2006). Agency policy and the participation of children and young people in the child protection process. *Child Abuse Review*, 15, 89-109.
- Schofield, G., & Beek, M. (2006). *Attachment Handbook for Foster Care and Adoption*. London: British Association for Adoption and Fostering.
- South Australian Guardian for Children and Young People. (2009). *The Significance of Quality Contact between Children and Young People in Care and their Case Workers*. Adelaide: Author.
- Taussig, H. N., Culhane, S. E., Garrido, E., & Knudtson, M. D. (2012). RCT of a mentoring and skills group program: Placement and permanency outcomes for foster youth. *Pediatrics*, 130(1), e33-e39.
- Thomas, N. (2000). *Children, Family and the State: Decision-making and child participation*. Basingstoke: Macmillan.
- Thomas, N., & O'Kane, C. (1999). Children's participation in reviews and planning meetings when they are 'looked after' in middle childhood. *Child and Family Social Work*, 4, 221-230.
- Utting, W. (1997). *People Like Us: The report of the Review of Safeguards for Children Living Away From Home*. London: The Stationary Office.
- Vis, S. A., Holtan, A., & Thomas, N. (2012). Obstacles for child participation in care and protection: Why Norwegian social workers find it difficult. *Child Abuse Review*, 21, 7-23.
- Waterhouse, R. (2000). *Lost in Care: Report of Tribunal of Inquiry into the Abuse of Children in Care in the Former County Council Areas of Gwynedd and Clwyd since 1974*. London: The Stationary Office.
- Werner, E. E., & Johnson, J. L. (2004). The role of caring adults in the lives of children of alcoholics. *Substances Use & Misuse*, 39(5), 699-720.

Notes

- 1 The Department of Communities, Child Safety and Disability Services classifies the support needs of children in care as moderate, high, complex and extreme. Children with complex needs have needs that significantly impact on their daily functioning, usually characterised by health conditions or disabilities and/or challenging behaviours. Children with extreme needs have needs that have pervasive impact on their daily functioning usually characterised by the presence of multiple potentially life-threatening health or disability conditions and/or extreme challenging behaviours that necessitate a constant level of supervision and care.
- 2 Leaving care plans are a key initiative of the Queensland government aimed at improving the all-too-often poor outcomes experienced by young people who "age out of care".
- 3 N = 669. Population data obtained from Jigsaw – Commission's client data management system.
- 4 N = 705.
- 5 $\chi^2(2, 234) = 8.603, p = .014$
- 6 $\chi^2(4, 231) = 13.739, p = .008$
- 7 $\chi^2(2, 231) = 27.312, p = .000$

- 8 $\chi^2(3, 157) = 9.369, p = .022$
- 9 $\chi^2(3, 159) = 15.623, p = .001$
- 10 CV good listener:
 $\chi^2(2, 221) = 14.476, p = .001$
CV very caring:
 $\chi^2(2, 220) = 7.365, p = .025$
CV easy to talk to:
 $\chi^2(2, 221) = 9.348, p = .009$
- 11 CV good listener:
 $\chi^2(2, 235) = 25.824, p = .000$
CV very caring:
 $\chi^2(2, 234) = 8.689, p = .013$
CV easy to talk to:
 $\chi^2(2, 235) = 12.672, p = .002$
CV asks about views and opinions:
 $\chi^2(2, 234) = 7.410, p = .025$
- 12 $\chi^2(3, 226) = 20.703, p = .004$
- 13 $p = .001$.
- 14 $p = .015$.
- 15 If I had worries about living here:
 $\chi^2(2, 217) = 11.272, p = .004$
If I had worries about CSO or Department:
 $\chi^2(2, 218) = 9.397, p = .009$
- 16 If I had worries about living here:
 $\chi^2(2, 231) = 8.606, p = .014$
If I had worries about CSO or Department:
 $\chi^2(2, 232) = 13.805$

Suggested Citation

Commission for Children and Young People and Child Guardian. (2013). *Young people's views about the support and advocacy of Community Visitors in residential care*. Brisbane: Author.

Copyright

Young people's views about the support and advocacy of Community Visitors in residential care.

Copyright © The State of Queensland (Commission for Children and Young People and Child Guardian) 2013

Licence



This copyright work is licensed under a Creative Commons Attribution (BY) 3.0 Australia License.

To view a copy of this license, visit <http://creativecommons.org/licenses/by/3.0/au>

Cover artworks courtesy of Youth Works art program

Back cover: *Flower Power*, 2009

- The Youth Works art program assists young people in the Brisbane and Townsville (Cleveland) youth detention centres to "create a brighter future through art".
- Youth Works is one of a range of programs offered to help these young people develop job and life skills and divert them from the youth justice system once they return to the community.
- Youth Works program is a collaborative effort between the Department of Communities, Child Safety and Disability Services and the Department of Education, Training and Employment.
- All proceeds from the sale of the artworks are paid into the trust account for each young person.

Commission for Children and Young People and Child Guardian

PO Box 15217 Brisbane City East Qld 4002
Telephone 07 3211 6700 Facsimile 07 3035 5900
This publication is available through the Commission's website at www.ccydpcg.qld.gov.au.

Level 17, 53 Albert Street
Brisbane QLD 4000

PO Box 15217
Brisbane City East QLD 4002

