OUT-OF-HOME CARE IN AUSTRALIA:

CHILDREN AND YOUNG PEOPLE'S VIEWS AFTER FIVE YEARS OF NATIONAL STANDARDS

Dr Joseph J. McDowall

Executive Director (Research)
CREATE Foundation
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CREATE Foundation

CREATE Foundation is the national consumer body representing the voices of children and young people with an out-of-home care experience. We run programs and services across all Australian states and territories for children and young people in foster care, kinship care, and residential care. Our research reports and articles, submissions and policy development allow us to advocate for a better care system.

At CREATE, we believe that to improve the care system, we need to listen to the people who have experienced the system firsthand. This is why youth participation is the foundation of our advocacy. Everything we do is shaped by the voices of children and young people with a care experience.

Our Vision is that all children and young people with a care experience reach their full potential.

Our Mission is to create a better life for children and young people in care.

To do this we;

- Connect children and young people to each other, CREATE and their Community to

- Empower children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to

- Change the care system, in consultation with children and young people, through advocacy to improve policies, practices and services, and increase community awareness

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CREATE acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands on which our company is located and where we conduct our business. We pay our respects to ancestors and Elders, past, present, and emerging.

Acknowledgments

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Foreword

CHAIRMAN: RICHARD HILL

This year marks 20 years since the Australian Association of Children and Young People in Care (AAYPIC) became an independent incorporated organisation called the CREATE Foundation. AAYPIC was established to ensure that the voices of children and young people are at the centre of decision-making, and this report is an important tool to disseminate invaluable insights from young people about how their care experiences can be improved. The CREATE Board commends the Chief Executive Officer, Jacqui Reed, and staff, who overcame significant obstacles to collect the voices of children and young people to inform our report, and acknowledge the important role that Dr Joseph McDowall has had in driving us all to ensure as many children and young people as possible have had the opportunity to have a say. This report provides fertile ground for understanding the experiences of children and young people and outlining areas for improvement.

Over 20 years the CREATE Board has been privileged to play a role in the work CREATE has contributed to significant improvements within the care system, such as the development of the National Standards for Out-of-Home Care. The insights contained within this report highlight important areas within the care system that require focus in the coming years, and it is now our collective responsibility to make the necessary changes to create a better life for children and young people in care.

Foreword

CHIEF EXECUTIVE OFFICER: MS JACQUI REED

CREATE Foundation believes efforts to improve the care system must be underpinned by the voices of those who experience the system first hand. As CREATE celebrates 20 years of standing up for children and young people in care, we can reflect on the progress we have made in a journey that began with CREATE advocating for the development of National Standards for Out-of-Home Care, which were introduced in 2011. Our 2013 report, Experiencing Out-of-Home Care in Australia: The Views of Children and Young People, provided a benchmark for these standards, and this current report has been eagerly anticipated to provide the sector with an updated "real life" barometer of our success in implementing the National Standards.

There are some pleasing results, and we can see that 93% of children and young people feel safe and secure in their current living situation. This result is a wonderful testament to the work of carers, and for the system overall. However, the results also paint a rather disappointing picture of our progress in other key areas, such as ensuring young people are able to participate meaningfully in key decisions, which despite our best efforts in all facets of the system we continue to struggle to do well.

Compiling this report has been a challenging journey, with access to children and young people being our biggest obstacle. Having limited resources and staff to locate and interview children and young people was another barrier that made our vision of offering as many children and young people as possible an opportunity to have a say a difficult reality. Our national and state teams worked above and beyond to ensure that we left no stone unturned to locate and encourage children and young people to participate. To our team, our gratitude and sincere thanks.

We'd also like to acknowledge Dr Joseph McDowall for his unwavering passion to bring the report to life, and promote the voices of children and young people in a format that can be utilised by researchers and practitioners alike. We extend our thanks and appreciation for his dedication to bringing the issues and experiences of children and young people to the fore.

Biography

AUTHOR: DR JOSEPH J. MCDOWALL

Dr Joseph McDowall has a PhD from the University of Queensland in Social Psychology. He has lectured both there and at Griffith University in the areas of Psychology, research methods, statistics, social skills, and empirical aesthetics. Since 2002 he has been involved in child protection and has provided consultancy services to the Queensland government within the out-of-home care sector and for the Recognised Entities.

He joined the Board of the CREATE Foundation in 2008 and is now Executive Director (Research). He has written three CREATE Report Cards (2008, 2009, and 2011) that have provided a comprehensive review of the state of transitioning from care in Australia. In 2010, Dr McDowall co-authored the solutions paper "What's the Answer?" that summarised the views of young people regarding what could be done at various levels to improve the transitioning experience (this was published under the auspices of the Commonwealth Department of Families, Housing, Community Services, and Indigenous Affairs).

Following the introduction of the National Standards for Out-of-Home Care, in 2013 Dr McDowall produced the first comprehensive survey of life in the Australian care system from the perspective of children and young people. His report in 2015 drew attention to the issues surrounding the placement of siblings in care, and another paper (Communities, Children and Families Australia, 2016) addressed the degree of connection to culture experienced by Indigenous young people. Also, in 2016, he published an evaluation of CREATE's Go Your Own Way resource for young people preparing to exit the care system. He recently produced a report for the Queensland Family and Child Commission documenting the results of interviews with young people who for various reasons had been absent from their placements at some point in time.

Currently, he is a Visiting Fellow at the Queensland University of Technology in the School of Public Health and Social Work. He also is a member of the Australian Psychological Society, the Royal Society of Queensland, and is a Fellow of the Queensland Academy of Arts and Sciences.

Support for the voices of children and young people: Comments on *"Out-of-home care in Australia"*

According to the latest *Report on Government Services*, there were 45, 756 children in out-of-home care on 30 June 2018. Total government expenditure on all child welfare programs nationally was a massive $5.8 billion in 2017-18 including $3.4 billion specifically for out-of-home care services: https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/community-services/child-protection

Yet little public information is provided by governments on the practices, policies, and effectiveness of the OOHC system including whether or not the outcomes for children in care are better than if they had remained with their family of origin.

This solidly researched report for the CREATE Foundation by Dr Joseph McDowall is therefore welcome for two reasons: Firstly, it provides an independent assessment of the strengths and limitations of our OOHC system. Secondly, it provides an opportunity for the lived experience of children and young people in and transitioning from OOHC (no less than 1275 participants aged 10-17 years) to be heard in public policy debates.

The report conveys a range of positive and less positive messages. The pleasing information is that 93 per cent of respondents reported feeling safe and secure in their current placement due to positive relationships with supportive carers. There was also positive feedback concerning access to health services and education. These findings remind us that OOHC can successfully enable young people to overcome adversities resulting from their pre-care experiences. Less positive were the findings relating to many Aboriginal and Torres Strait Islander young people lacking cultural connections and/or not having a Cultural Support Plan. That is particularly concerning given that there are now 17,787 Indigenous children in OOHC, or nearly 39 per cent of the total cohort: https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/community-services/child-protection

Additionally, there were mixed findings concerning support provided by caseworkers, preservation of relationships with family members, the capacity of young people to participate in decision-making processes, and the number of older young people who had a transition from care plan. That final finding is highly disturbing given continued research findings that many care leavers experience poor outcomes because they are not developmentally ready at 18 years to live independently; often have limited ongoing participation in education; exit care directly into homelessness and/or endure ongoing housing instability; spend time in the youth justice system; or for those who are Indigenous experience estrangement from culture and community: https://www.palgrave.com/gp/book/9781137556387#aboutBook

Dr McDowall and CREATE are to be commended for providing this detailed report on OOHC experiences. Hopefully, their findings will stimulate action to deliver a more participatory and transparent monitoring of OOHC processes in the future.

Associate Professor Philip Mendes

Director of the Social Inclusion and Social Policy Research Unit (SISPRU)
Department of Social Work
Monash University

This comprehensive report from Dr McDowall and the team at the CREATE Foundation highlights that those growing up in out of home care in Australia have a voice that needs to be heard. It shows that if you want to learn about out of home care it's not enough to ask parents, teachers, and caseworkers. It is vital hear about the experience directly from the children and young people who are at the centre of it and most affected by it. The report shows that most of the participants in the study felt safe and secure, which is testament to the many carers, caseworkers, and residential care workers who are making such a valuable contribution to children's welfare. However, there are also some important lessons highlighted in the report, including the urgent need for some caseworkers to be more accessible and supportive. It is also important to ensure Indigenous children and young people not only have appropriate cultural support plans but also have an awareness of them, so they maintain connections to their heritage.

Often research that attempts to engage with children and young people, to try and learn from their experiences, usually only manages to reach very small numbers. The challenges in gaining access to children in public care for research are well documented. In this context, the fact that this report includes the voices of over 1200 participants is quite remarkable. I am sure the important day to day advocacy and support of the CREATE Staff and the energy of the CREATE Young Consultants has played a crucial role in getting so many young people involved in this study. It is now important that policy actors and practitioners act on the lessons presented in the report. There is a need to bring about positive change to out of home care, not only for the 1275 children and young people who gave their time to share their voices and participate in this study, but also for the increasing numbers entering public care across Australia.

Dr Justin Rogers

Department of Social Work
The University of Bath
United Kingdom

The 2018 CREATE report *"Out of Home Care in Australia"* points to the fact that children and young people in care continue to experience significant issues and challenges and that, although some progress has been made, child protection and out of home care systems still need to improve to adequately provide the stability, predictability and sense of belonging that every child and young person needs. With constant changes in their placements and their caseworkers and varying degrees of support to stay connected to family, it is unsurprising that some children and young people still see care as something to be survived rather than as a period during which they experience love, care, and growth.

After 20 years of advocacy, it is frustrating to hear from children and young people that many are still not given opportunities to have their say or for their concerns to be taken seriously and dealt with in the ways that they would like. Throughout the report, CREATE stresses the importance of giving children and young people a voice – but we must also now move beyond voice to action, giving due weight to children and young people's needs and wishes. Without such action our systems fail to live up to the expectations of the *UN Convention on the Rights of the Child* and to ensure that children are at the heart of the services and systems that are there to support them.

International research has shown that, when provided well, residential care can be the most appropriate form of care for some children and young people: particularly those who are most vulnerable and most in need of therapeutic care. However, residential care can be harmful for young people when it is under-resourced, inappropriately provided, and when it does not provide a safe and supportive environment for children and young people. Throughout the report, participants who lived in residential care shared accounts of being provided less support, less choice, less stability and less opportunities to have their say. They were also less likely to have support to achieve academically and manage their health and mental health, and less likely to be supported to stay in contact with friends and siblings. Although most reported that they had an adult they could rely on, it would appear that the system has often let them down. Echoing the voices of young people in studies for the Royal Commission into Institutional Responses to Child Sexual Abuse, participants stressed the need for greater effort to be invested in improving residential care and ensuring that children and young people are surrounded by trustworthy adults to help them heal and grow, and who provide the very best chances to thrive.

The CREATE report highlights the importance children and young people place on having someone to support, encourage, care for them and assist them to do well physically, emotionally, educationally, and socially. It was heartening to read that foster carers were often children's fiercest supporters and champions and that many caseworkers were available and supportive of children and young people during their periods of care. To ensure that every child has

such champions, the system must reduce the numbers of placements, improve staff stability, and help children to create support networks that are enduring and protective. There is much to celebrate in the CREATE report but much to improve and resolve.

Associate Professor Tim Moore
Deputy Director and Head of Practice Solutions
Australian Centre for Child Protection
University of South Australia

Five years since CREATE's 2013 survey, and more than nine years since national standards were introduced—how is Australia faring in terms of providing the best possible care for children removed from their families due to protective concerns?

CREATE's report shows a number of areas where the 1275 young people they surveyed provided positive views. The vast majority were feeling safe and secure in their placement (93%); had a meaningful connection with a family member that they expect to maintain (96%); and had a significant adult who cares about them and who they believe they will be able to depend upon (90%). Most had regular (annual) health checks (93%).

Two themes stand out:

1. Lack of opportunities to have a say in important decisions and feeling listened to (68%). Despite evidence they can help, few were given the opportunity of attending family group conferencing, and even when they did, only half felt that their views were considered.

2. Placement instability. Too many young people were experiencing moves when they didn't want it, compounded by instability in terms of caseworker continuity. The greatest stability was for those in home-based care. But over one-third who had siblings were separated from them. A clear challenge is to address the poor perceptions of their caseworker qualities, and the help they provide with specific issues. This has important implications (e.g., there was considerable variability in whether they would tell someone about concerns they had about their care).

These issues around decision-making and placement instability help explain the reasons behind the disappointingly low proportion who felt adequately assisted to prepare for adult life (64%).

Given the disproportionate number of Aboriginal and Torres Strait Islander children and young people in statutory care, it is particularly worrying that only one-third felt connected to their culture. Few had cultural care plans in place (18%).

To remove children at risk, and then fail to do our very best is to further the harm, and fail in our promise as a society to protect and nurture our next generation.

Professor Daryl Higgins
Director of the Institute of Child Protection Studies
Australian Catholic University

If as a society we are to improve the experience and outcomes for children and young people who cannot live with their birth parents and family, hearing and understanding what it is like for them and involving them in the decisions that have such an impact on their lives has to be a top priority. The CREATE survey of 1275 children and young people across Australia in different forms of out-of-home care – after five years of National Standards – provides some positive indicators and some more concerning feedback from these children and young people.

A very high proportion (93%) said they felt safe and secure, a necessary and important foundation for healthy development and healthy relationships. The picture was less positive for the extent to which these children and young people reported being properly informed about and involved in the decisions that affect their lives though it was more positive in relation to their education and family contact. More concerning is the very low proportion (17.9%) of Indigenous children and young people who reported that they had a current cultural support plan, slightly improved from 2013 (10.4%) but significantly at odds with the AIHW 2015 report (81.3%) based on state administrative databases. There were similar large differences for other casework processes (care plans and leaving care plans).

Clearly there is work to be done to understand the jurisdictional, survey, and other differences and to improve those areas where there are concerns. Taking into account the difficulty of obtaining responses from this "hard to reach" population, the picture is much more complex and nuanced than the sometimes globally negative assessments of children's experience and outcomes in care.

Dr Judy Cashmore AO

Professor of Socio-Legal Research and Policy
Sydney Law School
Professorial Research Fellow
School of Education and Social Work
The University of Sydney

The CREATE report on *Out-of-Home Care in Australia* presents a compelling picture of children and young people's views on their care experiences. The CREATE research team have done a magnificent job in giving voice to the diverse experiences of 1275 children and young people in OOHC. There are many important messages from this report. On the positive side, more than 90% of respondents stated they felt secure and well-cared for in their current living situation. But the report also reflects the challenges facing children and young people in OOHC. Young people leaving care need much more support in the transition to adulthood. While there is some evidence of children and young people being able to maintain contact with their birth families, more contact is desired especially with siblings. It is important that policy makers and service providers recognise the continuing bonds between removed children and their birth families; bonds that often last a lifetime.

The report calls for increased emphasis by governments and service agencies on truly seeking out and listening to the voices of children and young people in OOHC. Demonstrating respect for their lived experiences is both important from a human rights perspective and for continued improvement of our OOHC. It is often said that children and young people are our future. In this report, we hear the voices of an important, though sometimes forgotten, group of children and young people. This report gives some pathways towards improving OOHC with a vision of all children and young people having the opportunity for a positive start in life and being given the emotional and practical support needed to develop to their full potential.

Dr Karen Healy AM

Professor of Social Work, Program Director Social Work, Human Services and Counselling
School of Nursing, Midwifery and Social Work
The University of Queensland

What a prodigious effort! The research undertaken for this report highlights the need to obtain first hand reports from children and young people in care and the very discernible difficulty of doing so.

It is so important to move beyond the aggregated data, routinely or not so routinely recorded, collected, and analysed for public accountability purposes. As is made so clear in this report, by whatever means it is possible to obtain the "independent" voice of children and young people in care, such more personal data must augment larger aggregated data analytics.

Given the not so recent but escalating requirement for documenting performance on outcomes in our service systems, it has long interested me how we perform in registering outcomes about all children while in care as well as when they leave care. Given the more recent research you mention in this report—and particularly that by Maclean et al. (2016)—it seems that at least jurisdictions should attempt to regularly record whether or not they are meeting the outcome requirement to at least be "good enough corporate parents." If we cannot improve on the life chances of children taken into the care of the State, there is a very real question about the morality of our service model as well as of course the now colossal annual cost of out of home care as recorded last week in the *Report on Government Services.*

In undertaking this research, CREATE has honoured its ongoing commitment to hear directly from children and young people in care. What I particularly appreciated in reading this report is the honesty about the difficulties encountered—and they are myriad indeed. Not only do the vagaries of jurisdictional and legislative differences make such national research challenging, but so does the need for respecting the sensitivities and vulnerabilities of children, their carers, and the reputational threats to systems of care. It was heartening to read some of the very positive comments about experiences in care and disturbing to read of the information errors in recorded data as well as the very equivocal nature of performance outcomes against standards.

Dr Maria Harries AM PhD
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EXECUTIVE SUMMARY
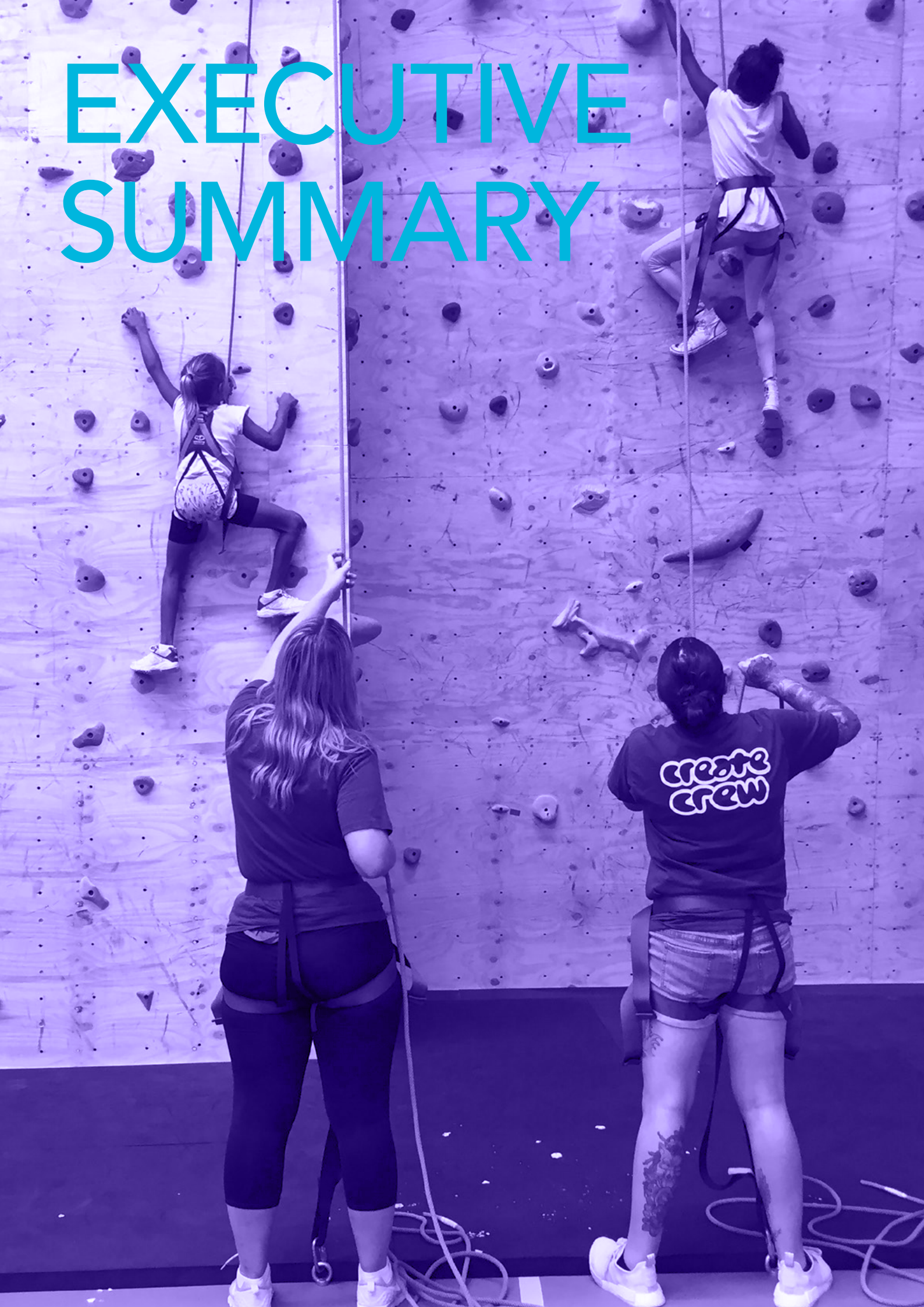
Executive Summary

Background

In 2011, the Australian government introduced the National Standards for Out-of-Home Care as part of the National Framework for Protecting Australia's Children 2009–2020. The intent was to establish a set of measures and indicators that would apply nationally so that children and young people in each state and territory could expect to receive similar base-level support from the care system in their jurisdiction. As part of the monitoring of these Standards, it was proposed to conduct surveys of the children and young people in out-of-home care to determine how the implementation of the Standards impacted on their life experience.

The CREATE Foundation was concerned that it would be difficult to determine if improvements had been made to the system without having measures benchmarking the state of care across Australia before the Standards were introduced. Therefore, in 2012, CREATE began collecting data from children and young people about their lives in the care system using an extensive national survey, the results of which were published in 2013. This study concentrated on placement issues and levels of participation, and dealt with all life domains including education, health, relationships (family and friends), identity, and culture. All states and territories (except Western Australia) participated in this project.

An official survey, based on data provided by governments, was partially assembled by the Australian Institute of Health and Welfare in 2015, and completed in a 2016 publication. While data were presented from over 2000 children and young people, little information was provided on how these participants were selected from each jurisdiction, and for most, their responses were collected with the assistance of caseworkers which limits the independence of the data.

The present project represents CREATE's review of the care system five years after its first survey, when the National Standards would have had time to impact on policy and practice, and hopefully to produce improvements in the experiences of children and young people in care. This makes a useful contribution to the body of data being collected that will inform decisions regarding the future of the National Framework for Protecting Australia's Children after its scheduled conclusion in 2020.

Method

Participants

Initially, it was proposed to draw random samples of potential respondents from population data provided by all governments. Unfortunately, the response from sampled individuals to postal invitations was so low that alternate recruitment methods were necessary, including email contact, texting, and telephone and face-to-face interviews. Another significant change in design resulted in the planned recruitment of 8–9-year olds being discontinued so that attention could be focussed on maximising the numbers in the 10–17-year group. Overall, 1275 children and young people volunteered to participate, differentiated by Jurisdiction, Placement Type, Culture, Age, and Sex.

Survey

The questions comprising this survey were based on those used in 2013 to allow comparison of responses. Overall, there were 135 key questions dealing with demographics and substantive content. A mixed-method approach was employed with quantitative and qualitative questions. Some of the ratings were scored using 6-point scales while others required the respondent to set a slider, the position of which was converted to values out of 100.

Procedure

Data were collected using a variety of approaches including completion of the survey by individuals online, or via telephone and face-to-face interviews. The survey/structured interview was mounted on the SurveyMonkey platform, allowing responses to be entered directly for recording. Data analysis was conducted using IBM SPSS v 25 for the Macintosh that facilitated comparison of answers to questions over the five independent variables: Jurisdiction, Placement Type, Culture, Age, and Sex.

Key Findings

Life in Care

- The measure proposed in the National Standards of the proportion of respondents exiting care having had one or two placements showed that TAS and NSW (with around 60% of respondents achieving that benchmark) appeared to have the most stable placements, with ACT and NT the most disrupted.

- Children and young people in home-based care tended to have a more stable care experience than those in Residential Care or Independent Living; Kinship Care respondents reported the most stable placements, with three quarters of these meeting the Standard.

- 31% of respondents were moved from placements they did not want to leave, 16.5% of these without consultation.

Current Placement

- 81% of respondents in this survey indicated they felt *"quite happy"* in their current placement; 93% also reported feeling safe and secure.

- Children and young people identified good placements as ones in which they had positive and supportive carers, where they felt cared for and understood, and saw themselves as part of the family, as well as having their basic physical needs met.

- Respondents in ACT, NT, TAS, and WA were noticeably below their state or territory average for Internet access; Australian Bureau of Statistics documents household Internet access as ranging from 82.5% (SA) to 94.1% (ACT). Overall, 60% of those in residential care could access the Internet.

- The older group used the Internet more than the other ages; males spent more time gaming while females were more involved with educational activities, networking, and social media; and those living Independently or in Residential Care who had Internet access spent more time web surfing, networking, on social media, and streaming entertainment than did those in home-based placements.

- Over two thirds of respondents felt quite safe when online.

Interaction with the Care System

- Carers provided the greatest source of support for children and young people in care.

- Frequent changes in caseworkers created another source of instability in children and young people's lives.

- There was unacceptable variability in support provided by caseworkers; over one third of those in care do not have a strong, positive relationship with their caseworker.

- 44% of respondents reported being aware of having a case plan, but only 43% of these had been involved in its preparation.

Personal History and Culture

- 55% of respondents indicated they knew quite a lot about why they were in care.

- Two thirds of respondents in the present study felt they could have a say in decisions at least "reasonably often", mostly about their education and family contact; least about placement decisions.

- Attendance at Family Group Conferencing meetings was low (respondents participated in 38% of sessions); those attending felt that their views were considered about half the time.

- Carers provided children and young people with most information about their family history, except in NT where family members and community played an important part. Overall, respondents estimated having just over half the information they felt they needed about their history.

- Caseworkers were not identified as significant providers of information about family.

- More consideration must be given to the cultural support provided for Culturally and Linguistically Diverse (CALD) children and young people in care.

- About one third of Indigenous respondents felt strongly connected to their culture, while another third reported little connection.

- 18% of Indigenous children and young people were aware of having a Cultural Support Plan.

Family Structure and Relationships

- 36% of respondents with siblings in care were separated from all their brothers and sisters (split placements); SA again reported the greatest proportion of split placements.

- Over half of children and young people in Residential Care, and one third in Permanent Care were totally split from siblings.

- Of family members not living with children and young people, siblings were the most commonly contacted; fathers were contacted the least (averaging once in six months to a year).

- 30% to 40% of respondents wanted more contact with family members in general, peaking at around 50% for siblings. Children and young people in NSW and TAS were most satisfied with their level of contact, but 60% of respondents from NT wanted more.

- Carers were significantly more involved than were caseworkers in helping children and young people maintain family contact.

- Respondents from Residential Care reported finding it more difficult to have the freedom to meet friends for socialising than those in other Placement Types.

- Children and young people in ACT and NT, and those in Residential Care or living Independently reported having some problems accessing similar activities to what their friends not in care chose to do, not because they couldn't find desirable activities, but because of the difficulties in obtaining permission from authorities to participate.

- Over 90% of respondents (74% of those in Residential Care) were able to identify a person they felt they could rely on to support them in the future (National Standard 11). Carers, friends, and grandparents were the people most frequently mentioned as supporters; few caseworkers were seen to occupy this role.

Health

- Support for maintaining general health of children and young people is one area that appears to be handled well within the care system. Only those in Residential Care reported any difficulties in accessing health services, including medical, dental, and counselling when necessary.

- 68% of respondents had accessed counselling services, with the helpfulness of these supports rated at 70%.

- Children and young people (except those in Residential Care) felt they were adequately supported in terms of preventative health services. However, as an example, the overall level of respondents' participation in extracurricular sport was found to be moderate.

- One third of children and young people expressed some concern about their weight; however, only 19% of these believed their problem was being overweight.

EDUCATION

- Children and young people in care in this study generally were positive about their school experience.

- Carers were the people most supportive of their education outside of school, being mentioned by 31% of respondents.

- While 46% of respondents were satisfied with the help they received, overall 15% did not have anyone to support them (28% of the Residential Care cohort, and 30% of those living Independently).

- Around one third of children and young people in this sample were aware of having an Individual Education Plan (IEP), the largest proportion being 40% in QLD. IEPs were found to be most useful by those who had been more involved in their development.

- Most cases of bullying occurred at school (25% of respondents reported instances in this context), while only between 6% and 9% experienced bullying in their placements or while online.

COMMUNICATION AND SOCIAL PRESENTATION

- Children and young people clearly indicated that having a say about decisions affecting their experience in care was important to them, particularly concerning their daily activities, where they lived, and their contact with family members.

- However, despite the stated importance of being able to have a say, the likelihood of children and young people actually telling someone about any problems they had while in care varied within a range of 30% over Jurisdictions. More work must be done in Jurisdictions to ensure that those in care have the opportunity to be involved, and the mechanisms necessary to discuss their concerns in a non-threatening environment.

- Carers appear to be the supporters most likely to be approached by children and young people for help; they require focussed training and support for this important role.

- Almost three quarters of the children and young people surveyed had told carers or caseworkers about good things that they had experienced while in care.

- Three quarters of the sample reported they knew about complaints procedures, with more in NSW confident about what to do, whereas children and young people in NT, QLD, and TAS were not as informed. However, under half of those children and young people who knew how to complain had made a complaint, and these young people did not feel that their complaints were handled well.

- Just under one third of respondents (almost one half in Residential Care and living Independently) changed their minds about making a complaint, many because of a fear of consequences for themselves or others.

LIFE SKILLS AND INDEPENDENCE

- When young people in this study were asked how confident they felt in personally applying life skills, their greatest worries were in the areas of budgeting and managing finances, finding accommodation, and obtaining and holding a job.

- Carers were the supporters with whom children and young people were most likely to share any concerns they had about transitioning from care.

- Almost one quarter of respondents 15 years and over reported being aware of having a transition plan; that number increased to 40% for those 17–18 years. Jurisdictional variation in transition plan awareness was substantial ranging from 18% in SA to 65% in WA.

GENERAL ISSUES

- Almost one third of respondents in this sample were aware of the Charter of Rights for Children and Young People in Out-of-Home Care relevant to their respective Jurisdiction.

- When children and young people were given a chance to assign an overall rating to the performance of their main system support (department or agency), overall they gave a score of 65%. There were Jurisdictional differences, with services in ACT scoring just over 50%, while those in WA approached 74%.

COMPARISON OF SURVEYS AGAINST NATIONAL STANDARDS

- Over the last five years, three major surveys have been conducted exploring the views of children and young people in the care system in Australia: (a) CREATE's first survey published in 2013; (b) AIHW's official survey (2015/2016); and (c) CREATE's present national survey. Since all surveys were measuring performance against the established National Standards for Out-of-Home Care, comparisons could be made using the 12 indicators that could be assessed based on the views of children and young people living in the system.

- Comparison of the results of the surveys revealed three categories or levels of systemic performance. The first set of indicators could be classified as revealing Excellent performance, where results from

all surveys provided consistently high scores (over 90% achievement). The second group reflected Poorer Performance where all surveys produced consistently lower scores (around 65%). The third collection of indicators produced Mixed or inconsistent results, where differences were observed between what was recorded in both sets of CREATE data and the findings reported by government.

Consistent excellent outcomes were observed for indicators:

- *1.3: The proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement;*

- *9.2: The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain; and*

- *11.1: The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.*

- Consistent poorer performance was recorded for indicators:

- *2.1: The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to; and*

- *13.2: The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life.*

- Mixed or inconsistent results were found with indicators:

- *4.1: Proportion of children and young people who have a current documented case plan (CREATE National Survey 2018, Proportion =43.6%; AIHW 2015, Proportion = 82.1%);*

- *10.1: Proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan (CREATE National Survey 2018, Proportion = 17.9%; AIHW 2015, Proportion = 81.3%); and*

- *13.1: Proportion of young people aged 15 years and over who have a current leaving care plan (CREATE National Survey 2018, Proportion = 24.4%; AIHW 2015, Proportion = 59.5%).*

While the time-series data collected from the three surveys reviewed here do not reveal significant improvements in how the system is impacting on those living in out-of-home care as a result of having *National Standards*, the CREATE data do give states and territories some information on where their efforts are having a positive effect, and help identify the areas where more work needs to be done to better meet the needs of the children and young people.

STANDOUT MESSAGES FROM THIS RESEARCH

- Authorities must not just voice support for children and young people being more involved in decision-making that affects their lives; they must genuinely attempt to remove the "barriers" to participation experienced by the children and young people which limit their "having a say", and do everything possible to enhance their engagement.

- Government departments and non-government agencies need to respond to the feedback from children and young people regarding the variable treatment they have received from caseworkers. While some respondents reported excellent relationships with caseworkers who were responsive to the needs of the children and young people and their carers, many others shared stories that revealed caseworkers' lack of concern for clients' interests and poor communication. Caseworkers must be held accountable for their actions (or inactions); their supervision and training should focus on building strong teams in which consistent, reflective, and supportive practice is fundamental.

- Although Residential Care represents a relatively small proportion of the care population in Australia, in all Jurisdictions on all measures, more attention needs to be directed to ensuring that children and young people in this type of care placement receive the necessary support to enable them to achieve the same outcomes as their peers in home-based placements. Placement type must not be a factor contributing to increased vulnerability.

- Young people must be better prepared for achieving a level of independence when their care orders cease. This could be achieved by making the transition process more gradual (e.g., giving young people the option of being supported in care to 21 years), and taking the time to ensure young people are given and understand information necessary for their functioning in society. The acquisition of relevant life skills is a basic part of this process, particularly regarding financial matters and budgeting.

- Finally, it is imperative that young people be included in planning their lives while in care. Plans are not prepared merely to satisfy performance indicators the system may impose. They primarily should be to ensure that young people have agency in their lives; the young people must have ownership of the plans and see them as relevant and achievable. To this end, plans can be meaningful only when young people are aware of, and involved in their development.

Overall, *National Standards* serve an important function in providing a framework that enables a diverse care system to be meaningfully monitored, and to have its performance evaluated so that decision-makers have evidence, derived from sources including the children and young people living in care, on which to base their policy development. Retention and updating of these *Standards* will help ensure the provision of effective and equitable support for children and young people in care throughout Australia into the future.

CHAPTER 1: INTRODUCTION

1.1 Background

In Australia, child protection historically has been the responsibility of the state and territory governments. It is not surprising that the eight jurisdictions, with different governments, legislation, priorities, and resources, have produced a system that has led to considerable variability in how that protection has been exercised. Recent reviews have provided examples of this diversity in the legislative frameworks operating throughout the country (Baidawi, 2016; Scott, Holzer, Lamont, & El-Murr, 2018). The array of consequential variations in protective outcomes was one reason the Commonwealth government introduced the *National Framework for Protecting Australia's Children 2009–2020* (Council of Australian Governments [COAG], 2009) which was designed to encourage greater collaboration between the Commonwealth and state and territory governments, and non-government organisations, to achieve better outcomes for the children and young people brought into the care system (Bedford, 2012). Indeed, as Babington (2013, p. 7) argued, in the longer term, it was hoped the framework would lead to "a substantial and sustained reduction in child abuse and neglect in Australia over time", through the implementation of successive three-year action plans with increasing focus on early intervention.

1.1.1 National Framework for Protecting Australia's Children 2009–2020

Child protection approaches have changed significantly over Australia's history, in terms of both policy and practice (Lamont, Bromfield, & Goldsworthy, 2015). Since at least the beginning of the 21st century, practitioners and researchers concerned with child protection in Australia have realised that the system needed to be reviewed and changes made to stem the continually increasing numbers of children and young people being removed from their families and placed in out-of-home care. In 1996–97, when data previously published separately were combined for the first time into *Child Protection Australia* (Australian Institute of Health and Welfare [AIHW], 1998), there were 14,078 children and young people in out-of-home care. By 2000, that number had risen to 16,923, an increase of 20% in four years. However, the major concern for policy makers tracking these data was the increase over the subsequent five years; in 2005, 23,695 children and young people had been brought into care (an increase of 40% over the 2000 numbers), with Indigenous children and young people comprising almost one quarter of this group. Clearly, such expansion was unsustainable and would likely lead to system collapse if continued.

In the first decade of this century, various authors highlighted the issues that needed addressing in general (e.g., Lonne, Parton, Thomson, & Harries, 2009) and in Australia in particular (e.g., Cashmore, Higgins, Bromfield, & Scott, 2006; Higgins & Katz, 2008) to reform child protection. This advocacy led to discussions involving the newly-elected Rudd government that proposed changing the emphasis for child protection from individual state and territory control to being "everyone's responsibility" involving the triumvirate of the Australian government, state and territory governments, and the third group comprising non-government organisations (NGOs), families, and the community. In the words of the drafters of the introductory *Discussion Paper*, it was suggested that a "national framework" would:

> enable a more integrated response across governments and non-government organisations to ensure that Australian children can live in safe and caring environments. It should articulate roles and responsibilities more clearly. State and Territory Governments have clear statutory responsibilities in the area of child protection, and are best placed to make individual case decisions. Non-government organisations have a key role in providing support to Australian families. Through the national framework for protecting children, the Australian Government can improve the way its agencies, payments and programs interact with each other and with State and Territory Governments, and other non-government service and welfare organisations to strengthen our child protection systems. (Department of Family, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2008, p. 13)

Following consultation, the *National Framework for Protecting Australia's Children 2009–2020* was introduced as an initiative of the Council of Australian Governments (2009) with the claim "Protecting Children is Everyone's Business." The proposed 12-year time frame was an acknowledgement of the challenges likely to be encountered in coordinating groups with different agendas, priorities, and capacity for change. Aspirational rhetoric was used to argue for collaboration in changing the model of child protection from one focusing only on responses to abuse and neglect to one "promoting the safety and well-being of children" (COAG, 2009, p. 7). A major change proposed was moving to a public health model of child protection (e.g., as advocated by Scott, 2006). The *National Framework* documentation explained that:

> Under a public health model, priority is placed on having universal supports available for all families (for example, health and education). More intensive (secondary) prevention interventions are provided to those families that need additional assistance with a focus on early intervention. Tertiary child protection services are a last resort, and the least desirable option for families and governments. (p. 7)

The passage concluded for emphasis:

> Just as a health system is more than hospitals so a system for the protection of children is more than a statutory child protection service. (p. 7)

It was proposed that state and territory governments and NGOs would be involved in the three levels of intervention, while the Commonwealth would have limited tertiary responsibilities.

1.1.2 Actions and Strategies under the National Framework

The high-level outcome guiding all action under the *National Framework* can be stated as: "Australia's children and young people are safe and well" (COAG, 2009, p. 11) with an associated target to reduce child abuse and neglect in Australia over time. While it was acknowledged that progress might be difficult to determine (COAG, Footnote 3, p. 11), measures were identified that could give some indication of changes occurring in the system. These included:

- Trends in key national indicators of children's health, development, and wellbeing;

- Trends in hospital admissions and emergency department visits for neglect and injuries to children under three years;

- Trends in substantiated child protection cases;

- Trends in the number of children in out-of-home care.

In addition to the one high-level outcome, six "supporting outcomes" were articulated, designed to provide a focus for actions under the *National Framework*:

1. Children live in safe and supportive families and communities;

2. Children and families access adequate support to promote safety and intervene early;

3. Risk factors for child abuse and neglect are addressed;

4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing;

5. Indigenous children are supported and safe in their families and communities;

6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.

For each outcome, indicators of change were identified to help determine if the desired result had been achieved. Without doubt, this *Framework* program was extremely ambitious, and any success would depend on how effectively it was implemented and how progress was monitored. Of concern was which indicators of the "high-level" outcomes were to be investigated? What measures of these components were selected? How were relevant data collected? How reliable and valid were the data?

1.1.3 Implementation of the National Framework

Given the extended time over which the *National Framework* was intended to operate, it was considered desirable to segment its implementation into successive three-year periods each governed by an *Action Plan*. This would allow focus on specific outcomes, and allow evaluation of achievements that had sufficient time to be realised. As reported on the Australian Government's website *Protecting Australia's Children* (Department of Social Services, 2018), five key areas were addressed during the first three years including the establishment of a National Children's Commissioner, agreement on Working With Children Checks, support programs for carers, and moves toward a nationally consistent approach to planning for, and supporting the transition of young people from care to independence (in which CREATE played a part with the development and evaluation of its *Go Your Own Way Kit*; McDowall, 2016b). However, perhaps the most significant innovation during this period was the introduction of the *National Standards for Out-of-Home Care* (Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2011). Evaluation of the response to these *Standards* comprises the substance of this report and will be discussed in detail later (see Section 1.2).

Implementation of the second *Action Plan 2012–2015* also has been completed, during which a Child Protection National Minimum Data Set was introduced that hopefully will allow improvements in data quality and completeness, and greater scope for new analyses and more accurate jurisdictional comparisons (Australian Institute of Health and Welfare, 2014). A substantial review of the *Transition to Independent Living Allowance (TILA) Program* also was undertaken (Durham & Forace, 2015), and trials conducted into extending the Child Aware Approaches initiative. However, a major focus within this Plan period was the production of a National Report on improvements achieved in response to the introduction of *National Standards for Out-of-Home Care*. This report was released after the planning cycle ended; preliminary data were provided in 2015 with a follow-up publication in 2016 (Australian Institute of Health and Welfare, 2016b). The presentation of these data has since been restructured into the current web display with quick reference guides (Australian Institute of Health and Welfare, 2018b). These findings will be evaluated in a later section of this report (see Section 1.3).

1.1.4 Evaluation of the National Framework

Specific progress and achievements under the *Action Plans* have been documented in a series of *Annual Reports* produced for COAG since 2009–10 (Council of Australian Governments, 2010, 2012, 2013, 2014, 2015, 2018). The first three reports, dealing with the first *Action Plan*, appeared regularly; however, reporting on achievements within the second three-Year *Action Plan* was more disrupted, with the review of 2014–15 and 2015–16 combined appearing in 2018.

Toward the end of the second *Action Plan* period (between January and May 2015), the Australian Government took the somewhat unusual step of commissioning the ACIL Allen Consultancy group to review what had been achieved under the *National Framework* since 2009. Following a comprehensive evaluation that involved discussions with 231 key stakeholders throughout Australia, as well as jurisdictional stocktakes, analyses of official reports

from AIHW and the Productivity Commission, and review of all relevant policy documentation, ACIL Allen (2015) reported that, "it is still not possible to make a compelling judgement on the progress of the National Framework" (p. 15). Concern was noted that "there had not been any evaluation of progress under the National Framework until this project, noting that the scope of this project differs significantly from what was anticipated in the first two Action Plans" (p. 15).

The authors noted that:

> the extent to which the National Framework had begun to embed a more integrated approach between governments and NGOs, and facilitated an environment that enabled collaboration, was seen as one of the most important benefits of the National Framework. (p. 12–13)

While it was acknowledged that "many of the reforms and changes that had occurred in … jurisdictions would have occurred regardless of the existence of a National Framework" and "assessing how successful it had been in informing or driving this change remains difficult to determine", most stakeholders believed "they were far better off with a National Framework than without it" (p. 16).

However, substantial criticism was levelled at aspects of the implementation of the *Framework*. Even though the original concept was for all children to be safe and well, the "protection" focus became dominant, largely because systems already were in place designed to afford child protection. The composition of the implementation groups, having "a predominantly child protection and out of home care (OoHC) agency membership was seen by many … as driving too much of a tertiary focus in the National Framework" (ACIL Allen, 2015, p. 13). While, as suggested, the governance structure needed to include representation from other areas such as health, education, and early childhood, the call to "shift" the focus from the statutory system to prevention and early intervention needs to be interpreted carefully. What is required is an increased emphasis on early intervention (as has been introduced in the third three-year *Action Plan*), without lessening support for those children and young people already experiencing abuse and neglect.

Particular attention was directed by ACIL Allen (2015) to the execution of the *Action Plans*. The reviewers were impressed that the first *Action Plan* saw considerable activity and substantial achievements, including agreement on a set of performance indicators and measures to be used in the *Annual Reports*. "However, the Second Action Plan was developed and agreed in an environment of significant change in personnel and governance structures. … As a result of these factors, implementation of the Second Action Plan was widely regarded as poor" (p. 16).

Other criticism was directed at the limited funding provided for the National Research Agenda, an important component of the *Framework*. The value for researchers and practitioners of the Child Protection National Minimum Data Set (CPNMDS) initiative was recognised but its functionality questioned:

> The development of the CPNMDS was seen as contributing to the quality and utility of national child protection data, and in turn substantially improving the potential of the evidence base (noting that it does not collect outcomes data). Notwithstanding this work, nearly a third of the National Framework's indicators of change remain unreportable – mostly associated with the areas of child wellbeing. (p. 14)

1.2 NATIONAL STANDARDS FOR OUT-OF-HOME CARE

CREATE's current National Survey project is concerned with the out-of-home care system at the tip of the public health pyramid (tertiary intervention). As such, the most relevant *National Framework* supporting outcomes (SO) to be addressed are SO 4 and 5, and these will be dealt with in more detail throughout this report. This focus in no way lessens the importance of the other outcomes that continue to be considered by the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children of which CREATE is a member. The importance of SO 6 was such that the work of the Coalition in this area largely was subsumed by the *Royal Commission into Institutional Responses to Child Sexual Abuse*, established in 2013 (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).

1.2.1 INTRODUCTION OF THE *NATIONAL STANDARDS*

The development of the *National Standards* (2011) represented a significant achievement of tripartite negotiation in reaching agreement on a unified course of action. To facilitate the process, the Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] (2010) released a *Consultation Paper* that provided a rationale for establishing *Standards*, addressed the key issues, provided examples of other countries around the world where standards already applied, and provided questions to focus discussion. Introduction of the *Standards* in 2011 represented the first time in Australia that aspects of the *United Nations Convention on the Rights of the Child* (UN General Assembly, 1989) had been incorporated into a set of 13 goals that all governments agreed were possibly achievable. Not all outcomes that advocates supported were accepted at the time. For example, regarding transitioning to independence, governments agreed to begin planning for transition when the young person was no older than 15 years of age; however, agreement could not be reached for

governments to continue to make special assistance available for those who had transitioned up to 25 years of age, even though several states already provided that support.

The 13 standards that were agreed to covered all critical life domains (Table 1.1). Performance against each *Standard* was to be measured by one or more Indicators that showed what was considered the important achievement in that area that would contribute to children and young people being safe and well (see Appendix A for a list of all recommended indicators).

Table 1.1: *National Standards for Out-of-Home Care*

Standard	Descriptor
Standard 1	Children and young people will be provided with stability and security during their time in care.
Standard 2	Children and young people participate in decisions that have an impact on their lives.
Standard 3	Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.
Standard 4	Each child and young person has an individualised plan that details their health, education and other needs.
Standard 5	Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.
Standard 6	Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.
Standard 7	Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment.
Standard 8	Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.
Standard 9	Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.
Standard 10	Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.
Standard 11	Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.
Standard 12	Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.
Standard 13	Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.

As part of the initial implementation of the *National Framework* and *Standards*, it had been proposed to conduct a survey of children and young people in out-of-home care to determine if the *Standards* were having any positive impact on improving their lives in the care system. Discussions ensued, and scoping studies were undertaken, all aimed at determining the feasibility of conducting the young person's survey. However, by the completion of the first *Action Plan*, no survey had been undertaken. Without measures being produced early in the 12-year *National Framework* cycle, it would be difficult to have a benchmark against which to compare any future changes that might occur as a result of the implementation of the *National Standards*. It was this lack of measurement of the initial state of the care system, as perceived by the children and young people, that led CREATE to conduct its first National Survey (McDowall, 2013a).

Before discussing this benchmarking study, it should be noted that other research was being conducted at around the same time looking at life in out-of-home care from a different perspective. While the National Survey represented a snapshot of the state of the system at one point in time, the Pathways of Care Longitudinal Study in NSW (Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, & FACS, 2015; Paxman, Tully, Burke, & Watson, 2014) is a longitudinal study that began with volunteers from the cohort that entered care between May 2010 and October 2011. The fourth wave of data collection was completed in November 2018; the fifth wave commences in April 2019. Data collection includes surveys with carers, and children and young people (incorporating activities to measure the child's language development, non-verbal reasoning, and felt security); surveys of child care workers and teachers; surveys of caseworkers; and data linkage with other records maintained for the individual.

Although this is an extensive, ambitious project, conducted by a consortium of researchers from Australia and Chapin Hall in Chicago, because of its scope, limited attention can be directed to the views

of children and young people. They are required to answer a set of established tests: School Problems Scale (Prior, Sanson, Smart, & Oberklaid, 2000); School Bonding Scale (O'Donnell, Hawkins, & Abbott, 1995); Seattle Social Development Project Short Mood and Feeling Questionnaire 13-item scale (Angold et al., 1995), and additional questions on health and behaviour; Self Report Delinquency Scale 10-item scale (adapted from Moffitt & Silva,1988); and a Felt Security activity to show who they feel close to (adapted from the Kvebaek Family Sculpture Technique; Cromwell, Fournier, & Kvebaek, 1980). There also are questions about their relationship with their carer and, for children aged 15 and older, questions on work and further education, life skills, and plans for leaving care (Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, and FACS, Appendix Table 3). While these data will provide valuable insights into the progression of the individuals through the care system, they shed little light on the current functioning of out-of-home care around Australia.

1.3 CREATE'S "NATIONAL" SURVEY (2013)

As the peak body in Australia representing the voices of children and young people in out-of-home care, the CREATE Foundation's mission focusses on connecting children and young people so that they do not feel alone and isolated in the system, empowering them by building self-confidence, self-esteem, and self-awareness so that they are equipped to share their insights about their life in care and so contribute to changing the system. Recently, its activities have been described by McDowall (2016c), in which he drew attention to the range of research projects CREATE has published, particularly concerning transitioning to independence (e.g., McDowall, 2008, 2009, 2011). Given its research record, and its national standing, CREATE was ideally placed to conduct an Australia-wide survey evaluating the performance of the care systems in each state and territory from the child or young person's perspective.

1.3.1 CONDUCTING CREATE'S FIRST SURVEY OF OUT-OF-HOME CARE EXPERIENCE

As expressed in McDowall (2013) the strength of CREATE's approach is two-fold: "(a) the actual voices of children and young people are being heard; and (b) the views expressed are independent and are not filtered or manipulated to suit any political or bureaucratic imperative" (p. xvi). Unfortunately, the 2013 survey was not truly national because WA decided not to be involved; however, all other jurisdictions supported the project. Participants were recruited in a variety of ways leading to 1069 children and young people responding to the 146-item survey, either online or as a structured face-to-face or telephone interview. The sample was stratified by Sex, Age (three groups were surveyed: 8–9; 10–14; and 15–17 years); Culture (Anglo-Australian, Indigenous including Aboriginal and Torres Strait Islander children

and young people, and Other cultures); and Placement Type (Foster Care, Kinship Care, Residential Care, Permanent Care, and Other), as well as by Jurisdiction.

Survey questions covered placement issues (including stability, treatment, safety and security, general activities); interactions with department and agency staff (such as support received from carers and caseworkers, care planning); personal history and cultural connections; contact with family and friends; health; education; communication and expression of their views; and life skills leading to independence.

1.3.2 FINDINGS FROM THE 2013 SURVEY

The survey results were organised to allow comparisons among the range of independent variables on each of the critical domains, and summarised to show performance against the indicators identified as measuring achievements under the *National Standards*.

1.3.2.1 PLACEMENT SATISFACTION AND STABILITY

A somewhat unexpected finding concerning placement stability was that those respondents who had been in care longer, rather than having more opportunity for many placements, were more likely to show greater stability, perhaps because they achieved their longer duration in care by being brought into to the system at a younger age and were able to establish more lasting relationships with carers. Children and young people in residential care and the Indigenous cohort were likely to experience more disruption than those in other placement types or cultures. An associated finding was that those respondents experiencing greatest placement disruption reported least satisfaction with their life in care.

1.3.2.2 FEELINGS ABOUT, AND EXPERIENCES IN CURRENT PLACEMENT

Even though only about one third of the 2013 respondents claimed to have had a say about where they were living, a large proportion (83.4%) were at least quite happy about their current placement at the time of interview, showing that most young people value the support they receive.

Another positive outcome regarding their current placement was how fairly children and young people felt they were treated compared with others in the care household; 75% reported largely equal treatment, with any differences being understood as appropriate (e.g., participants agreed that older children in the household could be expected to have greater responsibilities than their younger co-residents). There was considerable variation in the amount of free time respondents in the various jurisdictions claimed to have, with NSW and TAS reporting high, and QLD and ACT low levels of free time. However, the free time was reasonably balanced between screen-based and physical activities. Internet access was a little lower for the care sample than for peers in the general population, but usage reflected similar patterns of gaming (mostly for males) and social networking (common with females). A good placement

was based largely on the child or young person having a warm, loving relationship with the carers, and feeling "at home" or comfortable in the care situation.

1.3.2.3 Interactions with Departments and Agencies

As well as having a limited number of different placements while in care, children and young people also would benefit from the stability of having more continuous relationships with fewer caseworkers. Unfortunately, in the 2013 study, over one third of respondents (particularly from NT and QLD) dealt with five or more caseworkers while in care, making relationships difficult to establish. Young people expressed a need to be treated with respect and to have their views considered when decisions about their lives were made. Respondents indicated that their participation in the formal meetings where they could "have a say" was not a high priority for them, largely because they did not feel heard in the process (McDowall, 2013b).

It also is required under the *National Standards* for all children and young people in care to have a case plan, hopefully one that they had contributed to developing. Overall, less than one third knew of the existence of such a plan, ranging from a high of 44.5% in QLD to a low of 20.7% in NSW. Of those who knew about the plan, still over one third had not been seriously involved in its preparation.

1.3.2.4 Family History and Cultural Connections

It is important for children and young people who have been brought into care for their safety, to be informed in a developmentally appropriate manner why this extreme action has been taken, and what they can expect from the care system. In CREATE's 2013 study, half of the respondents reported being well informed, but the others needed more details; 14% knew little of what was happening, particularly those in NT and TAS.

A similar situation occurred with knowledge of the individual's family story. While the literature is clear that knowledge of their family story gives children and young people a framework for interpreting their lives, and therapeutic interventions use this understanding (Devlin, 2012; Rose, 2012), 23% of the 2013 sample knew little of their story, and received minimal information from caseworkers to help them adapt to their care situation.

Family story within a cultural context is particularly important for Indigenous children and young people. *The National Standards* were concerned with the number of Aboriginal and Torres Strait Islander children and young people who felt connected to their culture and the proportion who had developed a Cultural Support Plan (CSP). Data from the 2013 survey indicated that strength of cultural connection was mixed, with 31% feeling quite connected, yet 30% reporting little connection (this being particularly low in TAS). Concern was raised that only 10% of respondents knew about their CSP. A more extensive

later study raised this number to 14% (McDowall, 2016b), still an unacceptably low proportion for a group where connection to culture is so important.

1.3.2.5 Contact with Family and Friends

McDowall (2013a) identified two levels of family contact: daily contact between siblings located in the same placement; and more irregular connection with family members external to the placement. Based on published evidence (Hegar & Rosenthal, 2011), sibling co-placement (either whole family units or at least some siblings from a family) was predictive of positive outcomes, compared with situations where children and young people were separated ("split") from their siblings. In the 2013 study, it was revealed by respondents that, overall, 36% of participants were located in split placements, with the highest proportion of 53% being in SA. A follow-up study (McDowall, 2015) showed that the data on split placements reported by the children and young people corresponded closely to estimates provided by caseworkers from their official records.

Siblings also were the family members not living with respondents who were contacted most frequently. Grandparents were next most popular followed by mothers, except in Kinship Care where contact with both mothers and fathers was relatively low. Fathers, overall, were the family member seen least frequently. The general feeling was that more contact with all family members would be desirable, except for those in Permanent Care who did not want more contact with their biological mother. Carers provided more support than did caseworkers for maintaining birth family connections.

Making friends was not a problem for respondents in the 2013 study; more difficulty was experienced in maintaining the relationships, particularly for those children and young people in Residential Care, either because of placement changes or restrictions imposed for behaviour control.

1.3.2.6 Health

It was encouraging that 80% rated their health as quite good or excellent, but this level seemed to reduce a little with age. Children and young people in home-based care were able to meet health needs easily and received a high level of care; those in Residential and Other placements found it little more difficult. Over half had accessed a counselling service, including almost 70% in the Residential sample.

One quarter of respondents reported little involvement in sport or other physical activity, particularly those in NT and TAS, or those placed in Residential facilities. Overall, 20% of respondents were concerned about being overweight.

1.3.2.7 Educational Experience

Two thirds of the 2013 sample rated their school experience as at least quite good, with Residential and Other Placement Types, and TAS respondents giving the lowest scores. It was reinforced by one

third of respondents that carers provided the greatest share of support with school work outside of class.

Evidence had suggested that Individual Education Plans (IEP) could make a positive contribution to the educational achievements of children and young people at school. Unfortunately, only one quarter of respondents in 2013 knew of having an IEP, ranging from 40% in QLD to 10% in TAS. An unexpectedly high proportion of those in Residential Care also knew about their IEPs (40%). However, knowing about the Plan and being involved in its development were not synonymous; QLD respondents reported the lowest level of involvement and NT the highest. Jurisdictions varied regarding the perceived importance of being involved in some form of education support planning, with NT and SA scoring highly and NSW, QLD, and TAS lower.

Another issue of concern in the school environment was bullying. One quarter of respondents reported they had been bullied at least "reasonably often" at school, compared with 8.8% in placements and 3.6% online.

1.3.2.8 Communication and Having a Say

The UN Convention on the Rights of the Child (1989) and a substantial body of literature (e.g., Bessell, 2011; Cashmore, 2002; Leeson, 2007; McDowall, 2016a) support the need for children and young people to participate in decisions affecting their lives. However, CREATE's 2013 study found that only 63% of respondents could report being able to "have a say" (a phrase discussed by Graham & Fitzgerald, 2011) about decisions affecting them "reasonably often". The situation needed to improve in jurisdictions such as NT and TAS, for Indigenous children and young people, and for those in Residential and Other placements. Generally, respondents were able to contribute most to decisions about family contact, school issues, and day-to-day activities, although there were jurisdictional variations in what issues children and young people felt were most important to be consulted on (e.g., where they were living in NT, and how they used their free time in QLD).

When children and young people were asked to nominate a person from a list of key adults to whom they could turn for support, 93.4% were able to select such an individual. Most respondents nominated carers (52.4%), while only 9% mentioned caseworkers. Another *National Standard's* measure was the proportion of respondents who were able to choose to do similar activities to their peers not in care. This number varied depending on the level of confidence children and young people expressed in their choice; for example, 80% thought it was at least "reasonably" possible to do the same activities compared with 66% who felt it was at least "quite" possible.

Data from CREATE's 2013 survey indicated that strength of cultural connection was mixed, with

31%

of Indigenous young people feeling quite connected, but

30%

reporting little or no connection.

1.3.2.9 Feedback and Complaints

Another aspect of "having a say" involved children and young people providing feedback about positive experiences and being able to complain if unhappy with an aspect of their life in care. It was estimated from the 2013 data that 72% of respondents had passed on comments expressing their appreciation for support they received from caregivers. However, only about half indicated they knew how to complain about negative outcomes (with the lowest proportion, 38%, recorded in NSW). Overall, 19% had made a complaint (again a low of 10% in NSW); 24% had wanted to complain but decided not to, many of these being concerned about potential consequences.

1.3.2.10 Life Skills and Independence

Of the life skills needed to support transitioning to independence, the one respondents had least confidence in was their ability to budget and manage finances. Data collected showed that only 33% of the 15–17-year age group knew about having a Leaving Care Plan (LCP), with just 48% of these being involved in its preparation. QLD was the jurisdiction with the highest number of children and young people being aware of their LCP (45%), and 63% of these had been quite involved in its development. An unexpected result was that 63% of the transitioning age group of respondents did not express any concerns about aging out of care. This indicates that over one third felt they needed more support; also, it was not clear whether the "unconcerned" felt that way because

they really had no problems, or they did not have enough information to realise the issues they might confront during transitioning.

1.3.2.11 CONCLUDING COMMENTS

As the 2013 study was a benchmarking exercise, to determine how jurisdictions were performing against the *National Standards* before the framework initiatives had time to take effect, it was important to determine scores for the indicators identified as critical measures of the *Standards*. As an overall evaluation of their care experience, respondents gave their departments/agencies a score of 72% for the level of caregiving provided (with values ranging from 67% in ACT to 77% in NT, although the differences were not statistically significant).

The scores received for the Indicators identified under the National Standards are shown in Table 1.2. It can be seen that some of the measures appeared to be expressing extremely positive outcomes (e.g., scores on Indicators 1.3, 9.2, and 11.1 are all over 90%). Others (e.g., Indicators 8.1, 9.3, and 13.2) received what could be seen as a passing grade, but require more support to reach levels to which the system should be aspiring. Two Indicators (e.g., 2.1 at 46.2% and 10.2 at 31.4%) were considered failures, where substantial improvements must be made. These measures relate to (a) the proportion of children and young people who have an opportunity to have a say in decisions that affect their lives, and (b) the proportion who demonstrate a connection to community and culture.

Table 1.2: *Scores Received for the Indicators Identified under the National Standards (McDowall, 2013a)*

Measure	%
Standard 1: Children and young people will be provided with stability and security during their time in care.	
1.1: Proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit.	56.9
1.3: The proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement.	90.2
Standard 2: Children and young people participate in decisions that have an impact on their lives.	
2.1: The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.	46.2
Standard 8: Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.	
8.1: The proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural or community activities) that children and young people their age who aren't in care do.	65.4
Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.	
9.2: The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain.	95.0
9.3: The proportion of children (as age-appropriate) and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements.	73.9
Standard 10: Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.	
10.1: Proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan.	10.4
10.2: The proportion of children (as age-appropriate) and young people who demonstrate having a sense of connection with the community in which they live.	31.4
Standard 11: Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.	
11.1: The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.	93.4
Standard 13: Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.	
13.1: Proportion of young people aged 15 years and over who have a current leaving care plan.	33.1
13.2: The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life.	62.8

1.4 National Standard's Pilot Study Data

In 2015, the Australian Institute of Health and Welfare published the first tranche of data collected as part of its evaluation of the effectiveness of the *National Standards* intervention, using an interactive web site. These preliminary data were complemented by a later-released *Bulletin* giving the rationale for the study and further results for the pilot national survey (Australian Institute of Health and Welfare, 2016b). The initial web-based data have been modified, updated, and extended recently (Australian Institute of Health and Welfare, 2018b).

1.4.1 Pilot Study: Methodological Issues

It was agreed by Community and Disability Services ministers, in March 2012, to conduct a national biennial survey of children in out-of-home care as a means of measuring performance on child-reported indicators under the *National Standards*. Data were collected from children and young people aged 8 to 17 years as part of the case management process in the eight Australian jurisdictions between February and June 2015. Only eight Indicators were reviewed in this evaluation, even though others were recommended and assessed, presumably scored from case management records rather than self-reports by children and young people.

Data were provided by jurisdictions for 2,083 children

and young people constituting about 8% of the care population as defined by AIHW (2016a). The survey respondents were aged between 8–17 years, with most (55%) aged 10–14. As indicated in the *Bulletin*, there were similar proportions of males and females (52% and 48%, respectively) and approximately one-third (34%) were Aboriginal and/or Torres Strait Islander children. Most were in home-based care, with 44% in Foster, and 40% in Kinship placements.

1.4.1.1 Data Collection

Survey responses were obtained from children and young people using a computer-assisted tool. In NSW, VIC, SA, TAS, and NT, surveys were administered by workers with case management responsibility. In ACT and WA, data were extracted from departmental records, collected for case management purposes, for cohorts matching the study's eligibility requirements. QLD allowed children and young people to use their own devices (tablets or phones) to answer the questions, and to complete the survey without support of departmental staff if preferred; but mainly the survey was administered by Child Safety Officers.

The different strategies employed by jurisdictions, and the involvement of the people providing support in evaluating the quality of that support, raises possible questions about the comparability and independence of the data collection process. Even though a set of questions formed the core of the

It is a positive result that the official national pilot found 96.5% of the children and young people could nominate a significant adult they felt they could rely on for support.

survey, they were drawn from many different sources and modified to varying degrees to fit the *National Survey* requirements. It is not clear what compromises needed to be made to combine the data into a meaningful unified set.

1.4.1.2 Sampling

Jurisdictions selected the respondents comprising the sample and sent their chosen data to AIHW for compilation. It was stated, on one hand, that data were collected for case management purposes; but participation in the survey was voluntary. How were the final respondents chosen? Were they the only ones who volunteered? The sample approximates the population in terms of demographics; however, this does not guarantee that there was no response bias, a fact acknowledged in the survey report:

> Information was not available to the Institute on the size of the actual in-scope population for the survey, or the level of survey take-up and refusals. Without this information, it is not possible to indicate whether there are any biases in the reported sample compared with the in-scope population. In future surveys, consideration should be given to capturing and assessing this information. (AIHW, 2016a, p. 16)

It would be desirable in future surveys for more precise information to be provided regarding the selection of respondents so that a better understanding of any biases introduced into the survey results may be achieved.

1.4.1.3. Jurisdictional Comparison

All results of the national survey are presented in aggregated form even though data were presented by

all states and territories. Given that different legislation, policies, and practices apply in each jurisdiction regarding child protection and out-of-home care, it would seem reasonable to analyse the outcomes separately to help identify good practice examples, and to determine where systems are working well and where improvements need to be made. The present form of reporting, as a percentage calculated over all jurisdictions, can mask good and poorer performance in an average "reasonable" score.

1.4.2 Pilot Study Results*

Findings from the official national pilot study and subsequent updates (AIHW, 2016a, 2018b) are summarised in Table 1.3. The eight child-reported Indicators are identified in the Table with white font. Scores for the other three were presented in the web-based update. It is a positive result that 96.5% of the children and young people reported that they could nominate a significant adult they felt they could rely on for support throughout their childhood, although as indicated in a footnote to the Table, 11.9% of the respondents claimed they were not satisfied with the contact they had with this person, making their continued support questionable. The poorest result (57.7%) was found for the percentage who felt they were adequately prepared for transitioning to independence. A more detailed analysis of these findings will be presented in the Discussion where these data will be compared with what has been revealed in the earlier CREATE survey (McDowall, 2013a) and the results from the current project.

*Throughout this report, the AIHW Pilot Study will be referred to as "AIHW 2015" to indicate when the data were reported. The web site on which the data were presented initially has been updated, and now can be accessed as referenced in AIHW (2018b).

Table 1.3: *Scores Reported by AIHW (2015) for Measures of Indicators Under the National Standards for Out-of-Home Care**

Measure	%
Standard 1: Children and young people will be provided with stability and security during their time in care.	
1.1: Proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit.[a]	63.0
1.3: The proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement.	90.6
Standard 2: Children and young people participate in decisions that have an impact on their lives.	
2.1: The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.	66.7
Standard 4: Each child and young person has an individualised plan that details their health, education and other needs.	
4.1: Proportion of children and young people who have a current documented case plan.	86.6
Standard 8: Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.	
8.1: Proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural, or community activities) that children and young people their age who aren't in care do.[b]	86.5
Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.	
9.2: The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain.	93.5
9.3: The proportion of children (as age-appropriate) and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements.	70.0
Standard 10: Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.	
10.1: Proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan.	81.3[c]
10.2: The proportion of children (as age-appropriate) and young people who demonstrate having a sense of connection with the community in which they live.	86.0
Standard 11: Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.	
11.1: The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.	96.5[d]
Standard 13: Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.	
13.1: Proportion of young people aged 15 years and over who have a current leaving care plan.	74.4
13.2: The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life.	57.7

* Child-reported indicators are indicated in white font.

[a] Calculated for those children and young people who had been in care for at least 6 months.

[b] The measure for this Indicator was changed from what was originally proposed under the *National Standards*. The measure here now refers to the number of children aged 8–17 years in care who report they receive adequate support to participate in sport, community, or cultural activities.

[c] This value was provided in 2015 when the AIHW first reported results for the evaluation of *National Standard's* data. However, on the recent web site updates, as of December 2018, this value has decreased to 66.8%.

[d] Although 96.5% of children and young people indicated they knew of a significant adult, 11.9% of these claimed that they were not satisfied with the contact they had with this person. This deficiency would suggest that the nominated person might not be one who they could rely on for support through their childhood or young adulthood.

CHAPTER 2: METHOD

2.1 RECRUITMENT OF RESPONDENTS

It was planned in this study to select participants randomly from the populations of children and young people in out-of-home care in each of the jurisdictions within Australia. CREATE has contact with large numbers of children and young people in care through its programs, but to ensure samples were as representative as possible, access was needed to all members of the relevant populations. For this to be achieved, support of governments' child safety departments was required.

2.1.1 CREATE CONFERENCE

As a way of piloting the survey, children and young people who attended CREATE's 2017 conference were given the opportunity to participate in this study. A total of 33 respondents chose to answer the questions in this context. They were provided with iPads and a quiet space in which to complete the survey online.

2.1.2 POSTAL SURVEY

CREATE approached state and territory governments to obtain contact details for all children and young people in care between the ages of eight and 18 years[*] so that random samples could be drawn of those to be invited to participate in the study. Governments in Northern Territory (NT), Queensland (QLD), and Tasmania (TAS) provided postal contact details (names and addresses) for their populations in care, with QLD and TAS also providing phone numbers.

Other states and territories did not feel that they could provide the population details for sampling (ostensibly for reasons of protecting privacy). The Australian Capital Territory (ACT), New South Wales (NSW), South Australia (SA)[†], and Western Australia (WA) provided client numbers for those in the relevant age groups. Random samples were taken from these, and the sampled groups returned to the departments where government staff matched the client numbers with actual children and young people to whom they then mailed CREATE's invitation documentation. Victoria (VIC) opted for an intermediate methodology; population client numbers were sampled, and then the department provided contact details for those selected so that CREATE could post the invitations.

Table 2.1 shows the population sizes indicated by the various jurisdictions, through client numbers or contact details provided, and the samples that were drawn for each of the three age groupings initially of interest: 8–9 years; 10–14 years; and 15–18 years. The samples were based on the numbers that would be required to achieve a 95% confidence level with a ±5% confidence interval (Australian Bureau of Statistics, 2018b). Requests for population details were sent to governments at the beginning of June 2017; the first direct mail-outs of sample invitations were sent to NT, QLD, and TAS children and young people on 21 August, and to those in VIC on 8 September. Once the population numbers were determined for ACT, survey documentation was forwarded also on 8 September, to be distributed to the sampled children and young people. When population numbers were provided by WA and SA, survey documentation was forwarded to those states on 14 and 19 September respectively for distribution to the samples. A total of 5192 invitations to participate (see Materials for details of invitation documents) were posted to the selected children and young people in care across Australia.

Table 2.1: *Numbers in Populations and Proposed Samples Selected for Three Age Groups of Children and Young People in Out-of-Home Care Within Jurisdictions*

Jurisdiction	Source	Age (years)			Total
		8–9	10–14	15–18	
ACT	Population	76	196	84	356
	Sample	64	130	69	263
NSW	Population	1799	4619	2150	8568
	Sample	317	355	326	998
NT	Population	147	319	166	632
	Sample	95	135	79	309
QLD	Population	729	2345	1431	4505
	Sample	252	331	303	886
SA	Population	460	1112	505	2077
	Sample	210	286	218	714
TAS	Population	81	258	152	491
	Sample	67	154	109	330
VIC	Population	1122	2768	1585	5475
	Sample	287	338	308	933
WA	Population	533	1342	611	2486
	Sample	224	299	236	759

* The intent was to sample young people under 18 years. However, because of the time taken to achieve the samples, a small number of those selected had turned 18 before participating.
† South Australia has since finalised an agreement with CREATE to share the contact details of children and young people in care, as recommended by the Nyland Royal Commission (Nyland, 2016). Unfortunately, this arrangement was not in place in time to facilitate sampling in this study.

2.1.2.1 Participation Process

If recipients of the invitations decided to participate in the survey, they were asked to access a link to the online consent form (Appendix B). This document allowed respondents to confirm that they understood the nature of the project, and to record their consent (carer) / assent (child or young person) to participate. In addition, an email address was requested (or a postal address if email was not available) to which a link to the survey was sent. Figure 2.1 outlines the stages in this process diagrammatically.

Postal invitation sent with Link to Consent Form

↓

Survey link sent to Respondent

↓

Survey completed online and submitted by Respondent
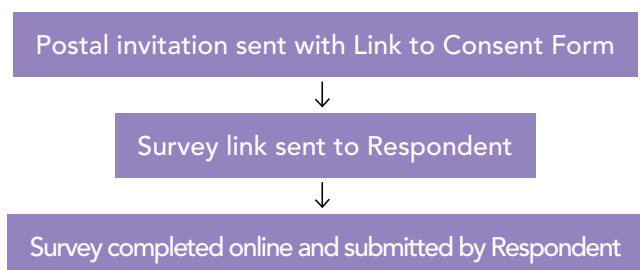
Figure 2.1. Initial process followed for the distribution and receipt of surveys.

Children and young people in the younger age groups (and their carers) or those who felt they needed extra support (e.g., if they had some form of disability) were offered the option of having a CREATE staff member contact them to conduct an interview by telephone.

By the time data collection closed at the end of May 2018, 743 consent forms had been returned and survey links sent. Table 2.2 presents the outcome of this approach regarding completed surveys. Even though members of this group had taken the trouble to return a consent form and provide contact details, only 38% actually completed a survey. Considerable jurisdictional variation was observed both in the initial return of consent forms and in the completion of surveys. Children and young people in some regions (e.g., NT) appeared particularly disadvantaged when using web-based methods of connection.

Table 2.2: *Number of Potential Participants Who Returned Online Consent Forms and Ultimately Completed a Survey Across Jurisdictions*

Jurisdiction	Survey Link Sent	Emails Opened	Emails Unopened	Emails Bounced	Opt Out	Completed Surveys	% Response
ACT	32	29	3	0	0	17	53.1
NSW	120	98	21	0	1	36	30.0
NT	20	12	6	2	0	0	0.0
QLD	131	88	31	5	7	26	19.8
SA	92	66	21	4	1	30	32.6
TAS	23	20	2	0	1	5	21.7
VIC	262	156	91	12	3	39	14.9
WA	63	44	17	2	0	11	17.5
Total	743	513	192	25	13	164	22.1

Although by the time data collection ended, 164 surveys had been received through the consent-form strategy, by 30 November 2017, having relied on postal invitations alone for two months, only 41 completed surveys had been received. It was decided at that stage, in an effort to increase the number of respondents, to introduce a range of strategies focusing on more direct contact with children and young people in out-of-home care to encourage participation. This meant that the original plan to generate random samples had to be abandoned.

2.1.3 Direct Engagement

Whenever young people with a care experience participate in any of CREATE's events or programs, they are invited to join *clubCREATE*; their membership entitles them to various benefits such as authorised participation in special activities, and receipt of regular magazines, and birthday cards. CREATE maintains membership records of the children and young people including postal and email addresses and telephone numbers where available, so that

support can be continued until they reach 25 years. QLD government data were unique in that phone numbers were included in the information shared with CREATE. For the jurisdictions where the names of the sampled children and young people were known (NT, TAS, and VIC), those with email addresses and/or phone numbers could be identified from the *clubCREATE* database. In the remaining states and territory, attempts were made to contact *clubCREATE* members within the specified age groups who had provided email addresses or phone numbers to invite participation.

As data collection progressed, by 2 February it became clear that obtaining the proposed sample of children in the 8–9-year-old group was going to be difficult to achieve given the resources available. By that stage, 72 had responded in the youngest group. It was decided to concentrate, for the remaining data collection, on building the number of respondents in the two older groups. Although active promotion of

Overall, 13.3% of those approached indicated they were not interested in sharing their views about the care system; however, for 45% of these, it was the carer or caseworker who gave the refusal.

the 8–9-year age group's involvement ceased, by the close of data collection, a further 14 had responded online (see Jurisdictional summary in Table 2.7).

2.1.3.1 EMAIL APPROACH

From the contact information assembled by CREATE, a total of 3734 children and young people provided an email address and were sent (in November 2017) an invitation to participate that included a web link to the online consent form. A reminder was sent in March 2018 to those who hadn't responded. The analytics documenting the outcome of this email approach are summarised in Table 2.3.

Table 2.3: Number of Email Invitations Sent to Potential Participants and Responses Given by Recipients

Outcome	Initial Contact	%	Reminder 1	%	Reminder 2	%
Number Sent	3734		3670		3172	
Undeliverable	594	15.9	228	6.2	154	4.9
Unique Opens	732	23.3	1497	43.5	612	20.3
Unopened	2408	76.7	1945	56.5	2406	79.7
Consented	173	5.5	150	4.4	39	1.3

Regarding the initial attempted contact, almost 16% of emails were returned because the address was incorrect. Of those received, 23.3% were opened by the recipients; 23.6% of these children and young people then followed the link to complete the preliminary online consent form (i.e., only 5.5% of the number distributed). More emails were opened following the first reminder, but slightly fewer participants consented. Fewer openings were observed after the second reminder. While fewer emails were undeliverable, there also were fewer consents recorded, presumably because the available pools in these groups were reducing. Clearly, the sample numbers aimed for (refer to Table 2.1) were unlikely to be reached relying on children and young people proactively opting in as a response to postal or email invitations.

2.1.3.2 INTERVIEW APPROACH

Having been somewhat unsuccessful in encouraging respondents through the postal and email campaigns, the final option available was to try contacting potential participants directly, by telephone or face-to-face (whichever was preferred by the young respondent). Structured interviews (using the survey template) were conducted by trained CREATE staff in each state and territory who were experienced at interacting with children and young people, and who were well versed in following the protocols for dealing with possible distress and disclosures as articulated in the approved ethics application (Bellberry Application # 2017-03-163, see Appendix C for approval documentation).

Table 2.4 presents summary statistics for the sampling process conducted within the 10–18 age range to identify interviewees. The population numbers for the jurisdictions are recorded, along with the initial sample numbers proposed (a total of 3676). A sample of the calling sheets used by CREATE staff to record contacts with the children and young people invited to participate is shown in Appendix F.

Table 2.4: *Outcomes of the Recruitment Process for Face-to-Face and Telephone Interviews*

Outcomes	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Population (10–18 years)	280	6769	485	3776	1617	410	4353	1951	19641
Postal sample (stratified by Age) *	199	681	214	634	504	263	646	535	3676
Number contactable §	115	2074	281	1885	540	408	1337	771	7411
No answer	13	831	44	588	126	75	298	166	2141
Invalid phone number	6	294	22	420	105	41	265	164	1317
Hung up	2	53	0	21	19	9	21	14	139
YP not in placement	8	121	31	148	56	30	145	71	610
YP refused	20	124	10	152	39	41	108	49	543
Carer/Caseworker refused	4	110	14	105	36	29	80	65	443
Left message/Call back	5	110	14	109	19	42	66	32	397
Arrangement with Carer/Caseworker	42	242	38	102	73	15	244	132	888
Started but withdrew	2	3	2	5	3	1	10	4	30
Other †	1	38	1	14	5	2	6	10	77
Completed by interview	12	148	105	221	59	123	94	64	826

* Postal samples based on the total numbers required for the 10–14 and 15–18-year age groups for 95% CI.

§ This value indicates the number of children and young people for whom a telephone number was available.

† This group included children and young people who were "unavailable" for various reasons (e.g., they had left the state, were in detention, etc.).

The number of children and young people within the 10–18-year age group in each jurisdiction for whom a telephone number was available totalled 7411 (see "*Number contactable*" in Table 2.4). The remainder of the table indicates the various outcomes of attempted contact. Three observations from these detailed records are worth special noting. First, over half (56.8%) of the children and young people for whom contact details were available were unreachable (even after multiple attempts). Many calls were never answered, or the numbers were invalid (disconnected); on occasions the answerer hung up before speaking; and for some calls that were answered, the child or young person was no longer living at the address associated with the number. This indicates the difficulty in maintaining accurate records for what, concerningly, appears largely a transient population. Children and young people in out-of-home care certainly represent a hard-to-survey population (see Hanafin, Brooks, Roche, & Meaney, 2014, for a general discussion of difficulties encountered when conducting research with children and young people).

A second concern relates to those who refused to participate in the survey. Overall, 986 (13.3%) of those approached indicated they were not interested in sharing their views about the care system; however, for 45% of these, it was the carer or caseworker who gave the refusal. However, it also was carers and/or caseworkers who facilitated the participation in the study of many of the children and young people. In 1285 cases (17.3%), carers/caseworkers, when contacted by researchers, agreed to encourage the child or young person to become involved, which resulted in survey completion by 169 respondents.

Overall, 856 engaged in the interview process, of whom 826 addressed all questions (30 chose to formally withdraw from the process after commencement). More information on methods of completion is detailed in Table 2.5.

Table 2.5: *Number of Respondents Completing the Survey Using Each of the Three Available Methods*

Jurisdiction	Face to face	Telephone	Online	Total
ACT	7	5	51	63
NSW	1	147	107	255
NT	87	18	5	110
QLD	18	203	83	304
SA	7	52	51	110
TAS	3	120	29	152
VIC	2	92	88	182
WA	9	55	35	99
Total	**134**	**692**	**449**	**1275**

Overall, 63.8% of responses were obtained through telephone interviews, with another 25.7% being completed by children and young people online. The online respondents were marginally older that those interviewed (14.1 vs. 13.8 years respectively). One third of those online completed the survey alone; 50.5% were supported by a carer, 8.9% by a relative, and the remaining 7.1% by either a caseworker, CREATE staff, or a friend.

2.2 PARTICIPANTS

As a result of the extensive and varied sampling procedures outlined in Section 2.1 (a mixed-mode approach; Dillman, Smyth, & Christian, 2014), 1275 respondents agreed to participate in this study. Table 2.5 records the numbers in each jurisdiction; these are summarised again in Table 2.6, which compares the achieved samples with the population numbers and presents the "notional" confidence interval that would apply if the samples had been randomly selected.

Table 2.6: Population Numbers and Achieved Samples for Each Jurisdiction

Jurisdiction	Popula-tion	Achieved Sample	Notional 95% CI (±%)*
ACT	280	63	11.0
NSW	6767	255	6.0
NT	307	110	7.5
QLD	3776	304	5.4
SA	1617	110	9.1
TAS	410	152	6.3
VIC	4313	182	7.1
WA	1953	99	9.6
Total	19423	1275	2.6

* Confidence intervals for equivalent-sized random samples.

While it is acknowledged that these samples in no way can be considered "random", and that volunteer and non-response biases are likely to influence the results, the samples produced mirror the population in several key measures. The following tables present the distributions for Sex and Age (Table 2.7); Cultural associations (Table 2.8); Placement type (Table 2.9); and Disabilities (Table 2.10).

More attention needs to be focussed on improving the accuracy of assessing the number of children and young people in care who have a disability.

Table 2.7: Distribution of Respondents by Sex and Age Across Jurisdictions

Jurisdiction	Sex			Age (years)			
	Female	Male	Unsure	8–9*	10–14	15–18	19–25$
ACT	33	30	0	7	44	18	1
NSW	150	104	1	19	164	84	7
NT	55	55	0	9	64	46	0
QLD	171	132	1	11	160	142	2
SA	71	38	1	8	62	42	6
TAS	84	68	0	4	99	50	3
VIC	101	81	0	21	118	60	4
WA	60	38	1	7	64	34	1
Total	725	546	4	86	775	476	24

* This group was removed from the Jurisdictional comparisons and treated as a national cohort.

$ This group includes respondents who, even though they had turned 18, indicated they were still living "in-care".

Table 2.8: *Distribution of respondents by Cultural Grouping Across Jurisdictions*

Jurisdiction	Culture		
	Anglo-Australian	Indigenous*	Other Culture$
ACT	34	22	7
NSW	157	88	10
NT	24	86	0
QLD	185	107	12
SA	76	26	8
TAS	108	43	1
VIC	137	34	11
WA	60	30	9
Total	781	436	58

* Indigenous includes those children and young people who identified as Aboriginal, Torres Strait Islander, or Both.
$ For a breakdown of the Other Cultures included, see Endnote 1

Table 2.9: *Distribution of Respondents by Placement Type Across Jurisdictions*

Jurisdiction	Placement Type					
	Foster	Kinship	Permanent	Residential	S/IL*	Other
ACT	24	22	2	10	1	4
NSW	128	98	7	12	7	3
NT	69	9	2	21	3	6
QLD	168	66	4	34	26	6
SA	50	28	1	18	6	7
TAS	79	54	0	12	4	3
VIC	54	73	37	15	3	0
WA	53	24	4	9	7	2
Total	625	374	57	131	57	31

* This category includes semi-independent and supported accommodation as well as independent living.

Table 2.10: *Number of Respondents Self-Reporting a Range of Disabilities Across Jurisdictions*

Disabilities*	Jurisdiction								
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Specific learning / Attention deficit disorder	6	30	17	46	8	16	14	6	143
Autism (including Asperger's Syndrome)	6	25	1	31	13	4	16	1	97
Intellectual disability (including Down Syndrome)	3	16	3	22	14	9	12	5	84
Psychiatric (mental illness)	1	5	0	4	0	0	5	1	16
Speech / reading disability	0	3	0	4	1	2	2	0	12
Neurological (including epilepsy, FASD)	0	1	3	2	0	0	1	2	9
Physical disability	0	1	1	4	0	0	0	0	6
Other	2	3	1	8	2	1	3	0	20
Summary									
Number of respondents reporting a disability	15	76	24	96	38	33	42	16	340
% reporting disability	24	30	22	32	35	22	23	16	26.7
% receiving support for disability	80	86	96	80	76	58	81	75	80.0

* Note. Respondents could select more than one disability from the list provided, and add their own descriptor if their disability was not listed.

A comparison between the samples achieved in this study and the population data as reported by Australian Institute of Health and Welfare (AIHW, 2018a) is shown in Table 2.11. Here it can be seen that, in the present cohort, only slight variations exist for Sex, Age, and Indigenous status compared with the population. Larger differences can be observed for Placement type with Kinship Care under-represented. This is a consistent difficulty when surveying children and young people in care (McDowall, 2013a) since many in this group do not consider that they are in care ("I'm living with Gran"), even though they may be under statutory orders. This issue needs to be addressed because of the inherent response bias introduced.

Another noticeable difference is concerning the number of children and young people who report experiencing some form of disability. Australian Institute of Health and Welfare (2018a) reported data on the prevalence of disability in out-of-home care for the first time; unfortunately, data have not been collected for all jurisdictions and the definitions of what is included as a disability are varied and complex. The current study relied on self-reported disability, but given that 80% of those with a disability were also receiving special support for that condition, the figure recorded here of 26.7% has some validity. It is suggested that more attention needs to be focussed on improving the accuracy of assessing the number of children and young people with a disability in out-of-home care so that a better understanding of need is achieved, and adequate support provided.

Table 2.11: *Comparison of Current Sample and Population Distributions Over Key Variables*

Variable	Sample %	AIHW %*
Sex		
Female	56.9	48.4
Male	42.8	51.6
Age		
10–14	60.8	68.7
15–18	37.3	31.3
Culture		
Indigenous	34.2	36.9
Non-Indigenous	65.8	62.8
Placement		
Foster	49.0	37.8
Kinship	29.3	47.2
Permanent	4.5	7.0
Residential	10.3	5.7
Other	6.9	1.1
Disability	26.7	14.7

*Percentages were calculated from data published in AIHW (2018a).

2.3 Materials

2.3.1 Recruitment Material

Because this study initially was planned to be conducted by contact through the post, documentation was required that could be sent to all children and young people sampled explaining the purpose and nature of the project and what was expected of anyone agreeing to participate. Each potential respondent received a letter inviting participation that contained an online link to a consent form, as well as Participant Information Sheets for the young person and the carer so that both were fully informed about what participation would involve. Copies of the Participant Information Sheets are included in Appendix D (the Consent Form is found in Appendix B).

2.3.2 CREATE National Survey

The survey used in this study was a modification of the one developed for CREATE's survey in 2013 (McDowall, 2013a). Most of the previous questions were retained to allow comparison of the results, but some additional questions were included to address other current issues in out-of-home care.

Survey questions were presented on the SurveyMonkey platform. In total, there were a maximum of 135 questions, including 16 dealing with demographic information. The other questions covered life domains broadly based on the seven developmental dimensions articulated in the Looking After Children framework (Lemay & Ghazal, 2007) which were mirrored in the 13 *National Standards for Out-of-Home Care* introduced by the Commonwealth government as part of the *National Framework for Protecting Australia's Children 2009–2020* (FaHCSIA, 2011; see Table 1.1). Question logic allowing conditional branching was used so that respondents received only questions relevant to them, based on information provided in answers to previous questions. For example, non-Indigenous young people were not asked about their cultural connections; those under 15 years were not required to respond regarding leaving care planning. A copy of the survey is presented in Appendix E.

A mixed-method approach was used, with some questions requiring a quantitative response involving rating scales, while others encouraged the interviewees to use their own words to explain their answers. Questions scored quantitatively employed either standard 6-point rating scales (e.g., 1: *Not at all important; 6: Very important)* or "sliders" where an estimate out of 100 was given to a measure (e.g., "How safe do you feel online?"; 0: Not at all safe; 100: Totally safe). This type of scale was easier to administer in telephone interviews.

2.4 Procedure

2.4.1 Data Collection

The procedure for recruiting participants was detailed in Section 2.1. Methods of completing the survey varied depending on choices made by respondents. Online completion took one of two forms. Initially, respondents with their carers completed a consent form in which they provided an email address to which the survey link could be sent. Towards the end of the data collection period, when notices and reminders were sent more widely to individuals and key stakeholders at agencies in the child protection sector, anyone who expressed interest and met the criteria of living in out-of-home care, and having been in placement(s) for at least 6 months, was given a web link to the questions, and consent was deemed received if they submitted a completed survey. All Participant Information was available on CREATE's web site, adjacent to the survey link. This made the process more streamlined and respondent-friendly. In the final three months of data collection, 179 surveys were completed using this approach (see Table 2.12 for a Jurisdictional comparison). It is clear from the experiences in this study that a mixed-mode data collection approach is beneficial, providing a variety of methods likely to facilitate the participation of the greatest number of respondents.

Table 2.12: Surveys Completed Online Using a Direct Web Link

Jurisdiction	Number of Completed Surveys
ACT	10
NSW	70
NT	4
QLD	14
SA	19
TAS	5
VIC	44
WA	13
Total	179

One-on-one interviews were conducted by trained CREATE personnel who were instructed to maintain accurate details of engagement attempts with children and young people, as summarised in Table 2.4. When a young person agreed to participate in an interview, the instructions were read to them and their understanding checked at each stage before proceeding. It was explained that they could withdraw at any time without consequence, and that their information would be treated confidentially and all responses would be de-identified for reporting. Respondents were informed that, after completing the interview, they had the option of providing their contact details for entry into a prize draw for $100 vouchers (four in each state and two in the territories) and a national prize of an iPad tablet as an incentive

> **It is clear that a mixed-mode data collection approach is beneficial, providing a variety of methods likely to facilitate the participation of the greatest number of respondents.**

to participate. Personal details were recorded separately from survey responses.

Respondents also were advised that, while their responses were treated with confidence, if they disclosed any information that led to the interviewer believing they were at risk of harm, or that another young person was unsafe, the situation would have to be reported to the relevant authorities. The child or young person would be informed before that action was taken. A randomly generated code was assigned to each child or young person on the calling sheets and the email lists, and this code was added to the SurveyMonkey record of interview so that the respondent could be traced when necessary if a disclosure were made.

During interviews, questions were read to respondents and their answers recorded directly into SurveyMonkey either as scale scores or as a verbatim account of comments made, where appropriate. Successful completion of the interview and the child or young person's approval for CREATE to retain the record was deemed an indication of consent.

2.4.2 Data Analysis

De-identified survey responses were transferred from the SurveyMonkey platform for detailed examination. Quantitative data were explored using the IBM SPSS Version 25 software for the Macintosh. Mostly cross-tabulated analyses were conducted comparing frequencies or percentages. Where mean responses were calculated, analysis of variance (ANOVA) was used for both between groups and repeated measures analyses.

Qualitative, text responses were subjected to variations of thematic analyses where appropriate (Braun & Clarke, 2006; Maguire & Delahunt, 2017;

Vaismoradi, Turunen, & Bondas, 2013). In all cases where these analyses occurred, two researchers reviewed the data to establish themes; final categories were determined by consensus.

2.5 Survey Evaluation

The last three questions constituted a brief evaluation of the respondents' experience while completing the survey. They were asked (a) how comfortable they felt answering the range of questions included (0: *Not at all comfortable*; 100: *Very comfortable*); (b) how well the questions covered the issues that they believed were important in out-of-home care (0: *Not at all well*; 100: *Very well*); and (c) what their overall rating of the survey was (0: *Very poor*; 100: *Very good*). A mean Comfortable rating of 83 was obtained, with a score of 80 given to the Coverage of topics. The overall rating of the survey was 82, reflecting a positive response to the experience.

A major, understandable criticism by some respondents was that the survey seemed "to go on forever". The survey was designed to provide a comprehensive review of the out-of-home care system, so it needed to be substantial. From piloting, it was estimated that most children and young people would be able to complete the questions in under 45 minutes. It was difficult to obtain an accurate measure of the average time spent answering questions, because those who received the survey by email were able to stop and resume at a later time if they wanted a break. However, when reviewing all responses that were completed in under three hours, the average time taken was 49 minutes.

CHAPTER 3: RESULTS

3.1 Life in Care

3.1.1 General Issues

Before being asked questions regarding specific aspects of their experiences in out-of-home care, children and young people were given the opportunity to identify any issues they felt were important and should be addressed. It was believed that these would be particularly salient topics for the respondents, being at the forefront of their thinking and raised without prompting. Of the 1275 participants, 424 provided some concrete response to this question, other than "No", "None", "Don't know", or "Unsure". These respondents mentioned 578 issues, which are summarised in Table 3.1. A full list of topics covered is included in Appendix G.

Of the total comments, 23 gave a positive appraisal of the care experience, many of these truly inspiring, providing evidence of to what the care system can aspire:

Every child has the right of saying who they want to live with, especially after 6 years of being in care! I would really love for my carers (Mum and Dad) to have Guardianship over me and my younger sister, or even to be able to adopt us! They have loved us unconditionally. It should definitely not be based on culture differences; we ARE all EQUALS. I've been in and out of care since I was 2 years old, been to 10 different carers until Mum and Dad, these beautiful angels from above. (Female, 13 years)

However, the majority of the responses were more focussed on what could be improved in the system to make it more supportive for the children and young people. As seen in Table 3.1, most comments (n = 65) were directed to improving caseworker behaviour, in terms of responsiveness and sensitivity. Related issues included "More efficient approval or permission

processes" (n = 22) and fewer changes in, and greater continuity of caseworkers (n = 20). Comments that reflected these issues included:

Care and protection is the main system but they need to listen more to children or young people, and take in everything they say, and if they say they will do something to help your family, they need to do it or do their best to make it happen. (Female, 12 years)

Caseworkers should not go away without telling foster carers that they won't be available. (Male, 17 years)

I think Child Safety should be more responsive when I call them, especially when I am in trouble or need help. They take too long to return phone calls sometimes. (Female, 15 years)

Children should be listened to and actually responded to. It is beyond a joke that the department of child safety think it is OK to leave children in care without support or anything else, and see them once in a blue moon, and fix nothing that the child needs. (Male, 16 years)

The amount of time it takes for CSO [Child Safety Officer] to approve things (e.g., school forms). I am unable to attend school until this has been approved. The amount of time it takes for my CSO to get back to me with answers. (Female, 14 years)

Yes. It is very bad that all the time when a child is going in and out of home care, they are always getting brand new caseworkers, and they then have to build a new relationship with him or her, which I do not agree on doing, due to your having to then share all your own private and confidential information, with a stranger! (Male, 13 years)

Table 3.1: *Number of Times Issues Listed were Mentioned by Respondents§*

Issues	Number of Mentions
Positive responses	23
More supportive, responsive caseworkers	65
Children and young people (CYP) have more say in decisions / Listen to CYP more	53
Better training, support, and supervision for carers	44
Improve family contact process	41
More general in-care support	34
Better communication / information sharing	29
Keep siblings together or in contact	28
More support for transitioning to independence	23
More efficient approval / permission process	22
Fewer caseworker changes / greater continuity	20
Treated equally, as a normal child or young person; reduce stigma	14
Fewer placement changes	12

More sensitive, respectful treatment; Facilitate permanence / adoption	11*
Care placement available until 21; Ensure greater safety; Review / restructure care system	10*
More support for education; Opportunities for more interesting activities; Review of residential management	9*
Have basic needs met; More control of family contact; Too many rules / Too high expectations	7*
Better support for disability (interactions between Child Protection and NDIS); Allow greater freedom; Greater cultural sensitivity / Support for culture / beliefs	6*
Easier access to personal documentation / records; Encourage better parenting / Stop neglect	5*
Support for mental health issues; Support for whole family; Better matching of children and carers; Anger management; More awareness of in-care issues; Numbers in placements too great; Faster reunification	3*
Mentors; Develop a national system; More control of residential punishments; More effective response to reported abuse / domestic violence	2*

§Only issues mentioned by at least two respondents have been listed.   *The numbers in these cells relate to each of the issues listed.

"Why do people from agencies always have to give me the title "foster child"? I'm just a normal person like everyone else."

(Female, 13 years)

Another concern important for several children and young people (*n* = 53) was the opportunity to have a say about decisions affecting their lives and to feel that they have been listened to by decision-makers. This was the second most common issue followed by "Better training, support, and supervision of carers" (*n* = 44) and concerns about family contact (*n* = 41). The Top 10 topics included as well "More general in-care support", "Better communication / Information sharing", the need to "Keep siblings together or in contact", "More support for independence", to have "Fewer placement changes", and to be treated with the same respect and consideration as a "normal" child or young person. Respondents articulated such views in a variety of ways:

More carers!!! And more support for them and keep supporting children and young people. (Female, 17 years)

I think carers should change; in a way that carers should take more responsibility and be more hands on. Do more parenting. Carers can sometimes be bullies. (Female, 14 years)

Lack of resources and education for carers and residential workers looking after LGBTIQ+ young people and children. More check-ins from caseworkers to the young people who have just entered a new home. (Trans Man, 15 years)

Getting in contact with caseworkers. Carers having more training and knowing about our background. Carers knowing how to help teenagers. Some houses have too many kids and they really should check this. (Female, 15 years)

We need more long term carers who are willing to take on older aged 10+ children. Every child should be treated as an individual not a number. (Male, 14 years)

Probably just being separated from your other siblings, because that was the hardest thing, not actually living with them and not ending up living with them. And contact visits were pretty hard too. That's one of the biggest things I struggled with, being separated from my sister. (Female, 17 years)

Children should be briefed on their rights by the department at the age of 15. They should be told how to negotiate for a better care plan, and a better exit plan. The government should work to de-stigmatize foster children and kids in OOHC. There should be more support for male victims of domestic violence and abuse. Domestic violence should not be portrayed as a gendered issue, as it affects everyone. (Male, 14 years)

Caseworkers, it's not their fault, they change a lot. There are so many caseworkers, some kids have over seven caseworkers. It changes throughout. When taking kids away in the middle of night and that's not fair; it always should be day time. Kids should know a little about where they are going; sometimes we don't know anything about where we are going. (Female, 15 years)

Why do people from agencies always have to give me the title "foster child"? I'm just a normal person like everyone else. (Female, 13 years)

3.1.2 Placement History

The first section of the CREATE's survey dealt with respondents' placement history, to determine the age they entered care, the duration of their care experience, and importantly, how many placements they had experienced while in care and how they felt about this number.

3.1.2.1 Jurisdiction

Figure 3.1 shows that participants in this study were more likely to have entered care when younger in QLD and SA, and to be older in NT.[2] Consistent with this difference, more children and young people in QLD and SA reported living in care for longer periods than did those in NT (see Figure 3.2).[3]
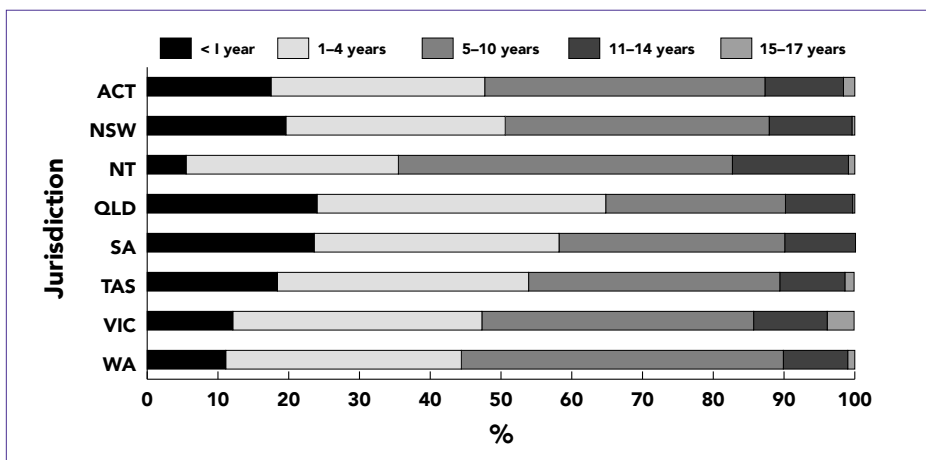
Figure 3.1. Per cent of respondents who entered care at the various ages in each Jurisdiction.
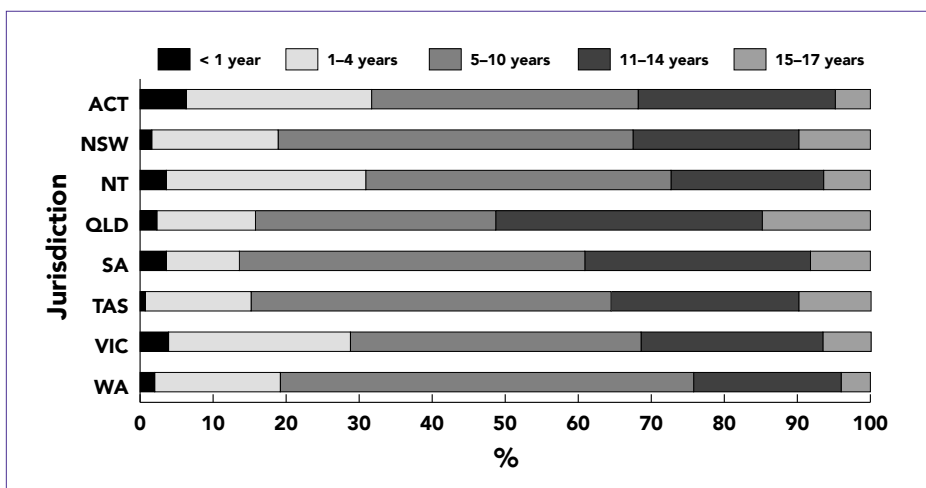
Figure 3.2. Per cent of respondents who spent the various durations in care in each Jurisdiction.
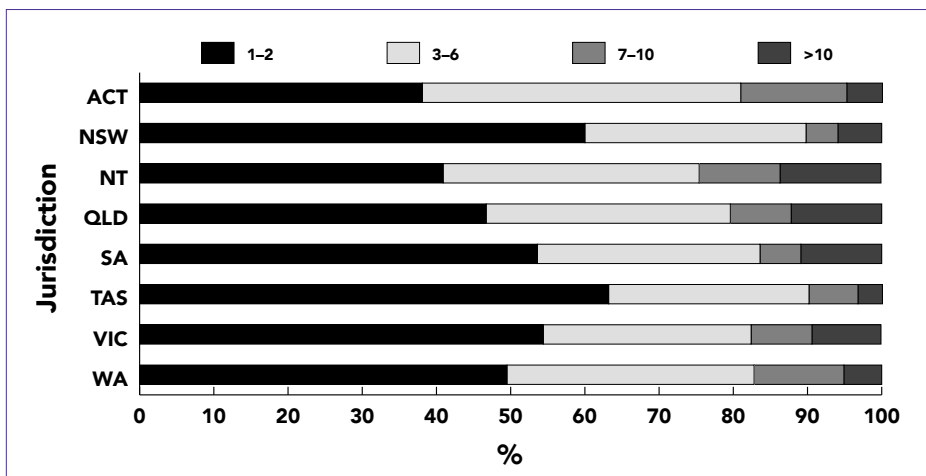
Figure 3.3. Per cent of respondents who reported living in the indicated number of placements during their time in care in each Jurisdiction.

A key aspect of placement history refers to the number of placements children and young people experience while in out-of-home care. One measure introduced with the *National Standards* (FaHCSIA, 2011, p. 8) concerned the "Proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit." This was included as an indicator of placement stability. Clearly, the number of children and young people in care who have one or two of placements would be a predictor of the aspired outcome. Figure 3.3 presents the per cent of respondents who reported living in the indicated number of placements across the eight Jurisdictions. In NSW and TAS, around 60% claimed to have experienced one or two placements while in care; for the other Jurisdictions, the percentage was lower. An overall average of 52.3% was recorded.
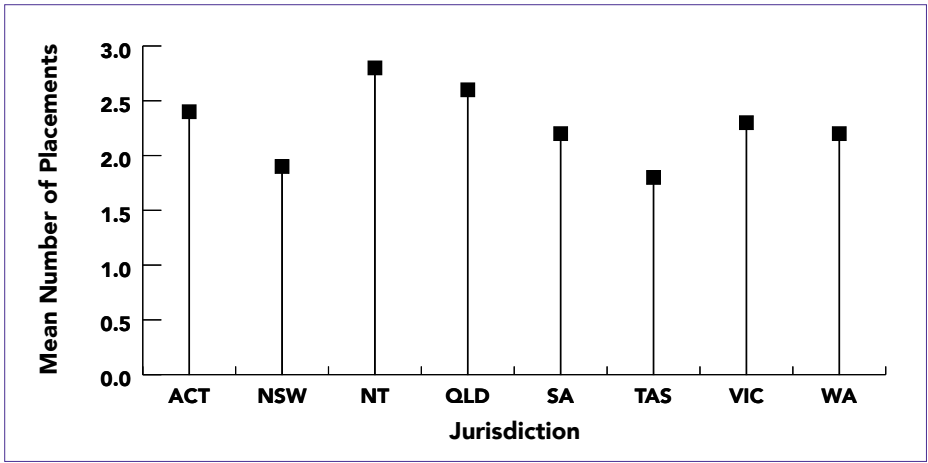
Figure 3.4. Mean number of placements experienced by respondents while in care in each Jurisdiction. Mean Number of Placements was calculated by averaging respondents' raw number of placement scores in Jurisdictions using the scale: 1: *1–2*; 2: *3–4*; 3: *5–6*; 4: *7–8*; 5: *9–10*; 6: *11–12*; 7: *13–14*; 8: *15–20*; 9: *>20*.
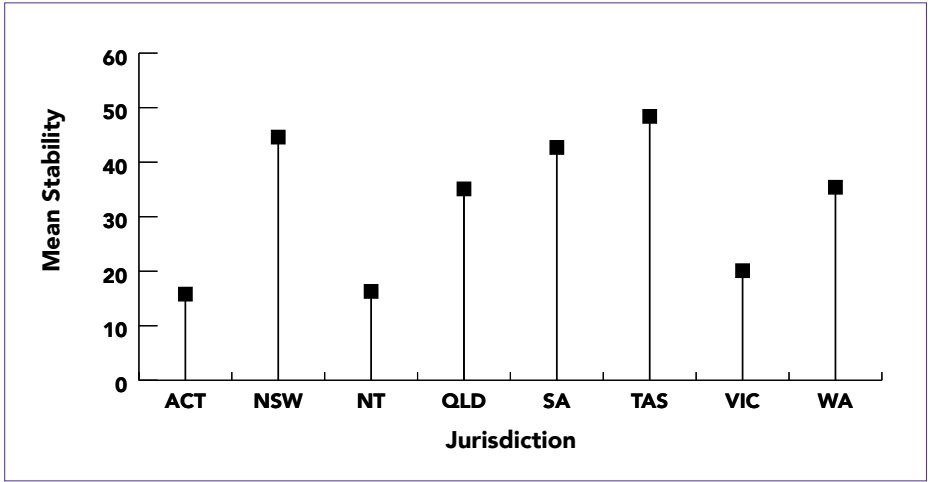
Figure 3.5. Mean Placement Stability Score for each Jurisdiction. Stability score was calculated using the formula described in Endnote 4.

Comparison of the overall mean number of placements across Jurisdictions showed that children and young people in NT had the most disrupted care experience while those in NSW and TAS had fewer placement changes (Figure 3.4). However, this measure does not control for the duration of the care experience. To compensate for the length of time respondents spent in care, a Stability measure was developed,[4] which showed that placements were more stable in TAS, closely followed by NSW and SA, while greater disruptions were experienced in ACT, NT, and VIC (Figure 3.5).[5]

3.1.2.2 PLACEMENT TYPE

As well as comparing the number of placements respondents experienced by Jurisdiction, it also was of interest to see how the type of placement children and young people were living in at the time of completing the survey influenced the stability of their care experience. Data on the number of placements experienced in each Placement Type are summarised in Figure 3.6. Respondents in Kinship Care reported the least disruption to their placements, with almost three quarters indicating they had lived in only one or two placements, while those living Independently or in Residential Care indicated that they had changed placements extensively, with around 25% of these groups living in more than 10 placements while in care.
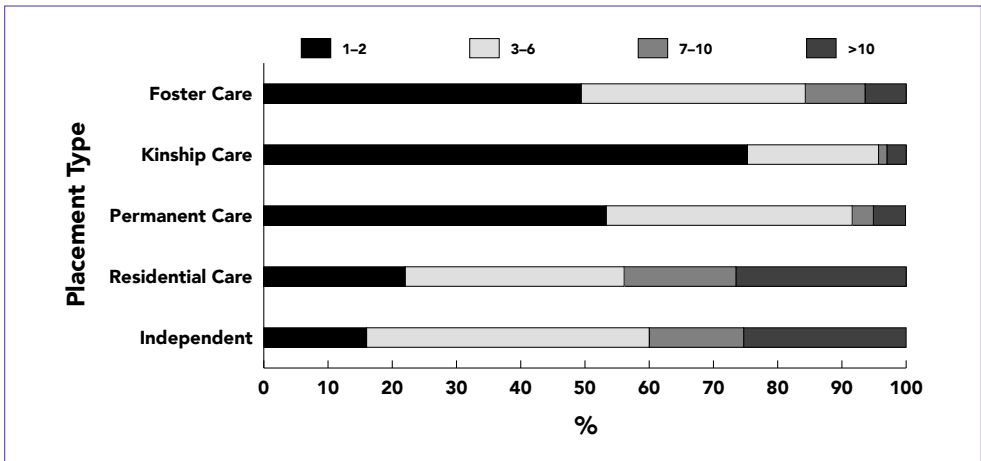
Figure 3.6. Per cent of respondents who reported living in the indicated number of placements during their time in care in each Placement Type.

Analyses of the stability of Placement Types reinforced the observation that Kinship Care provided the least disrupted living arrangement for the respondents in this study. The mean number of placements reported by children and young people in Kinship Care was significantly lower than the comparable measure for those in Foster or Residential Care and living Independently (Figure 3.7).[6] Comparisons using the developed Stability measure revealed comparable results as shown in Figure 3.8 where it is clear that respondents living Independently, and those in Residential had experienced the least stable placements.[7]
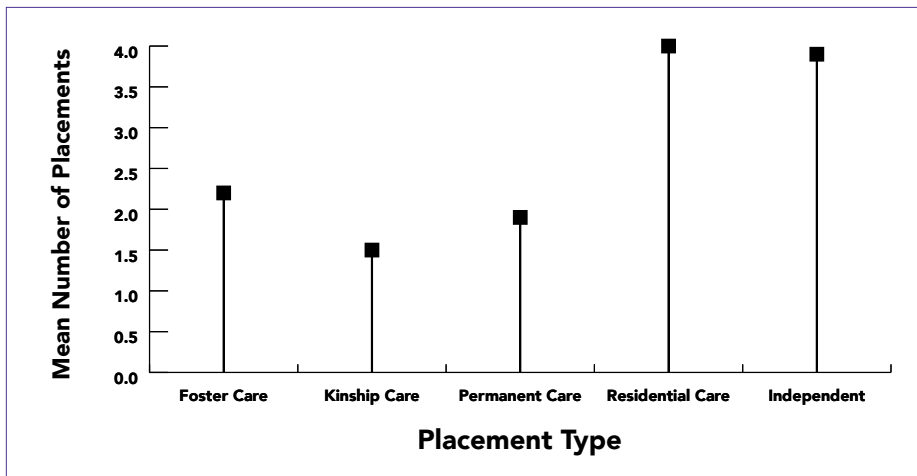
Figure 3.7. Mean number of placements experienced by respondents while in care in each Placement Type. Mean Number of Placements was calculated by averaging respondents' raw number of placement scores in Placement Type using the scale: 1: *1–2*; 2: *3–4*; 3: *5–6*; 4: *7–8*; 5: *9–10*; 6: *11–12*; 7: *13–14*; 8: *15–20*; 9: *>20*.
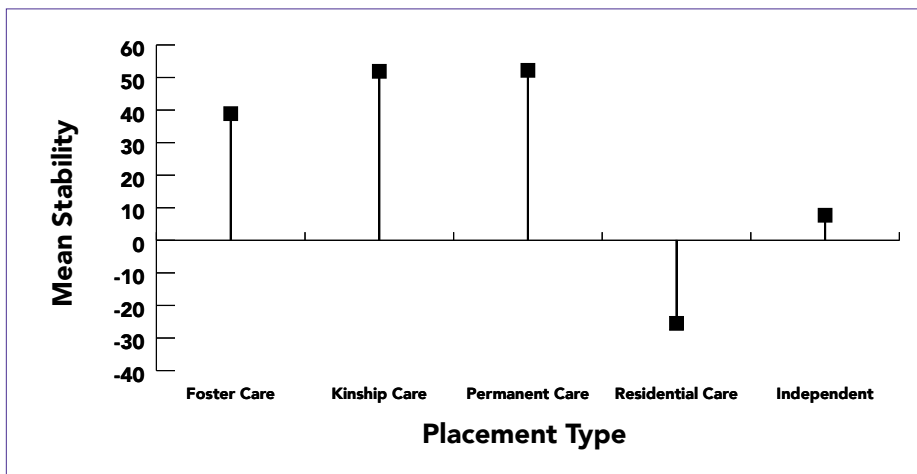
Figure 3.8. Mean Placement Stability Score for each Placement Type. Stability score was calculated using the formula described in Endnote 4.

3.1.2.3 CULTURE

Another factor that could influence placement stability is the Cultural Group with which respondents identify. A comparison of the number of placements experienced by respondents in the three Cultural Groups (Anglo-Australian, Indigenous[8], Other Cultures) revealed that, although Anglo-Australians were more likely to report experiencing one or two placements (55%) than were Indigenous (48%) and Other Cultures (40%) (see Figure 3.9), and their Mean Number of Placements score was significantly lower (Figure 3.10), the measures of Stability (taking into account the length of time in care) were not significantly different.[9]
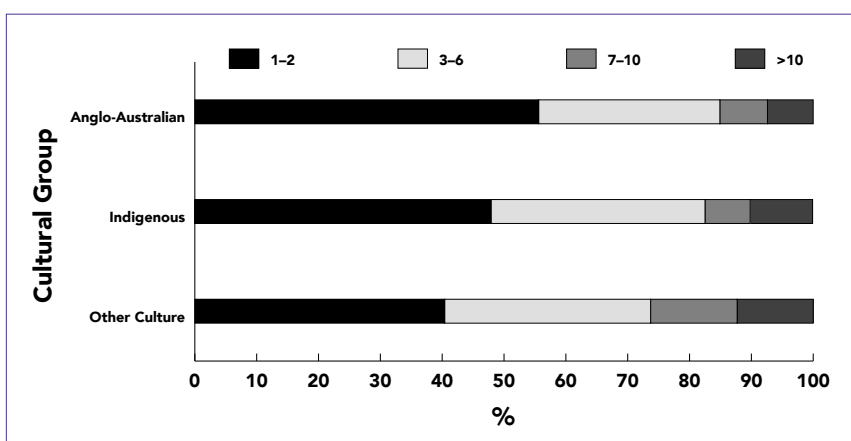
Figure 3.9. Per cent of respondents from each cultural group who reported living in the indicated number of placements during their time in care. Indigenous here includes Aboriginal and/or Torres Strait Islander respondents.
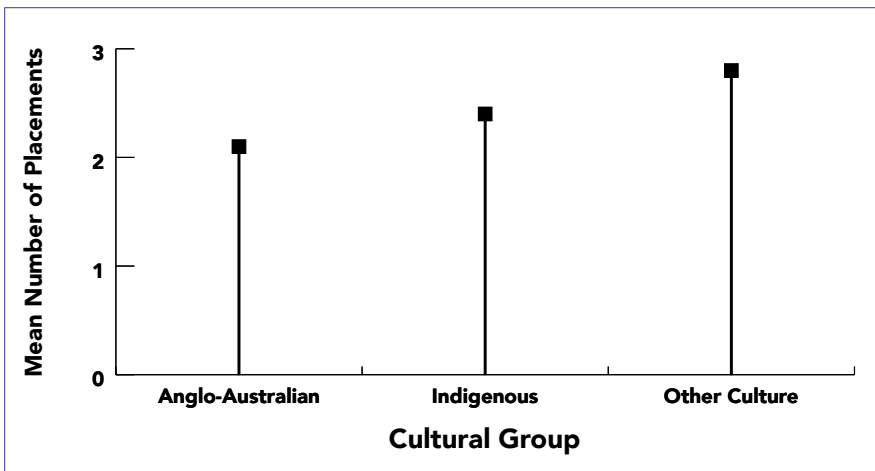
Figure 3.10. Mean number of placements experienced by respondents while in care in each Cultural Group. Mean Number of Placements was calculated by averaging the raw number of placement scores for respondents in each Cultural Group using the scale: 1: 1–2; 2: 3–4; 3: 5–6; 4: 7–8; 5: 9–10; 6: 11–12; 7: 13–14; 8: 15–20; 9: >20.

3.1.2.4 SEX AND AGE

No significant differences were found between females and males regarding the age they entered care, their time spent in care, or the number of placements they experienced while in care.[10] No meaningful comparison of Number of Placements could be made between Age Groups because Time in Care would likely be a confounding factor (the younger group would not have the same opportunity to be in care as long or to have as many placements as the older respondents). There were no significant differences in placement Stability between those 10–14 years old and 15–18 years old.[11]

3.1.3 REACTION TO PLACEMENT HISTORY

Respondents were asked to indicate as a percentage how they felt about the number of placements they had experienced (0: *Very unhappy*; 100: *Very happy*). As indicated when comparing data from Figure 3.5 and Figure 3.11, the respondents in Jurisdictions with the fewer placement changes felt the most positive about their placement history, and those with most changes provided lower Happiness scores. A significant negative correlation was obtained between these variables.[12] The fact that the overall mean happiness was 67.2% suggests that the number of placements experienced by many children and young people is still an issue that requires addressing.
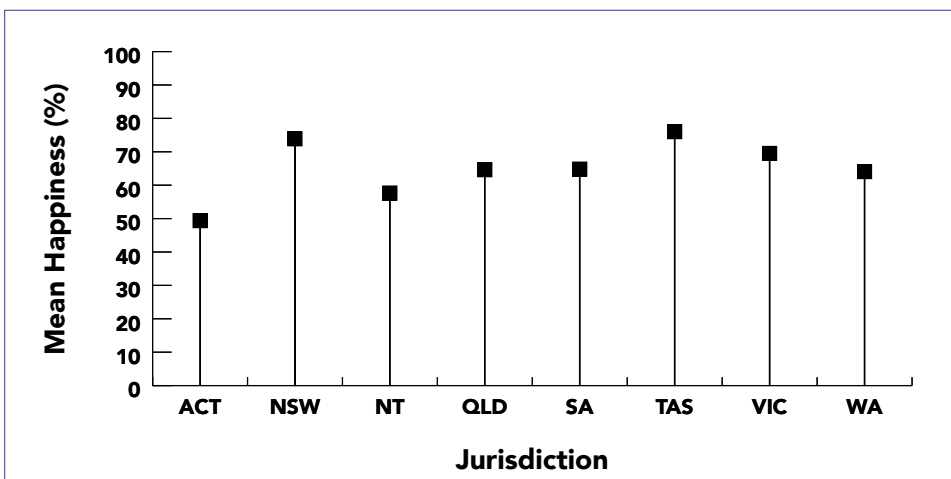
Figure 3.11. Respondents' expression of their level of happiness with the number of placements they had experienced while in out-of-home care (0: *Very unhappy*; 100: *Very happy).*

A thematic analysis of the 1375 comments made by children and young people in giving reasons for these feelings revealed that 17.2% were extremely positive about the treatment they had received in care. These statements provide a testament to what can be good about the system, as the following examples illustrate:

Because I have been with my carer my whole life, we have a good relationship and a good understanding of each other. (Female, 14 years)

Because they're loving people and they support me with what I am good at ... and they help me if I am having trouble with stuff. (Male, 15 years)

Because I have gotten to know them really well and we live on the farm and that is really cool. And we pretty much get to do what we like. And I feel safe because they look after us really well. (Female, 13 years)

The main reason I feel this way is because I got pretty lucky and after moving out of my first emergency placement, I ended up with my now foster parents. They are pretty amazing people and provide me with the things I need in life. (Male, 15 years)

The most common specific issue identified in open responses related to placement stability. A total of 15.6% of comments highlighted the positive aspects of having a stable placement, while another 15.4% discussed the negative outcomes that had been experienced by children and young people through their being required to live in multiple locations. Comments made by respondents on this subject emphasised how reassuring a stable placement can be, and how confusing and disturbing frequent moving is:

Positive

I haven't really minded because the 1-3 places I went to weren't for long and the last one has lasted a majority of my life. (Female, 13 years)

I feel this way because I believe that kids in care should be able to stay at one household and not be moved around so much so they understand what being in a family feels like. (Male, 17 years)

Because I like staying in one place. I don't like having to move from my friends or from the families I got attached to. (Female, 10 years)

Negative

Kids in care shouldn't be moved around a lot to different houses. They should be in the one spot. Their living situation shouldn't be confusing. (Female, 17 years)

Cause I really don't like moving places and I don't like to move away from my brothers, because there is really nothing to do without my brothers. I have no-one else to play with and

that's what I like to do – play. (Male, 10 years)

I didn't like moving around so much and you lose all your stuff. They say it's going to be permanent and it turns out to be temporary. (Female, 14 years)

The constant move is very unsettling especially if it's a group home that only lets you stay there for a short amount of time. (Female, 17 years)

They took me from my mum and sent us back, then took us again. I don't know why they took us back if they were going to take us again. (Male, 14 years)

3.1.4 OTHER PLACEMENT ISSUES

As well as asking about the number of placements respondents had experienced, they also were questioned about any reunification attempts (i.e., the number of times they had been returned to their birth parents). Figure 3.12 shows that the majority of children and young people in this study had never been returned to birth parents (an average across Jurisdictions of 81%). No significant differences were observed between Jurisdictions in reunification attempts.[13] Overall, 31% of children and young people indicated that they had been moved from a placement they didn't want to leave; Jurisdictional differences showed that this outcome was more likely than expected in ACT, NT, and SA, but less likely in NSW, TAS, and VIC.[14] Of those who had an unwanted change in placement, only 16.5% had been consulted before that action was taken; however, in this case, Jurisdictional differences were not significant (see Table 3.2).[15]

Table 3.2: *Per Cent of Respondents Who Indicated They Had Experienced the Two Placement Outcomes*

Jurisdiction	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Unwanted move from placement	47.6	27.1	38.2	32.6	36.4	21.7	25.8	34.3
Consulted about move	13.3	17.4	11.9	14.1	20.0	21.2	21.3	14.7
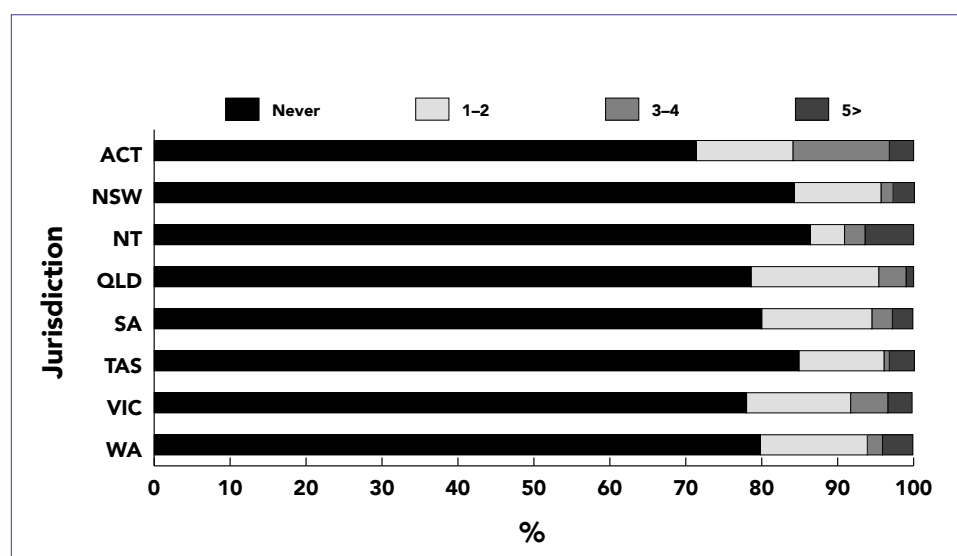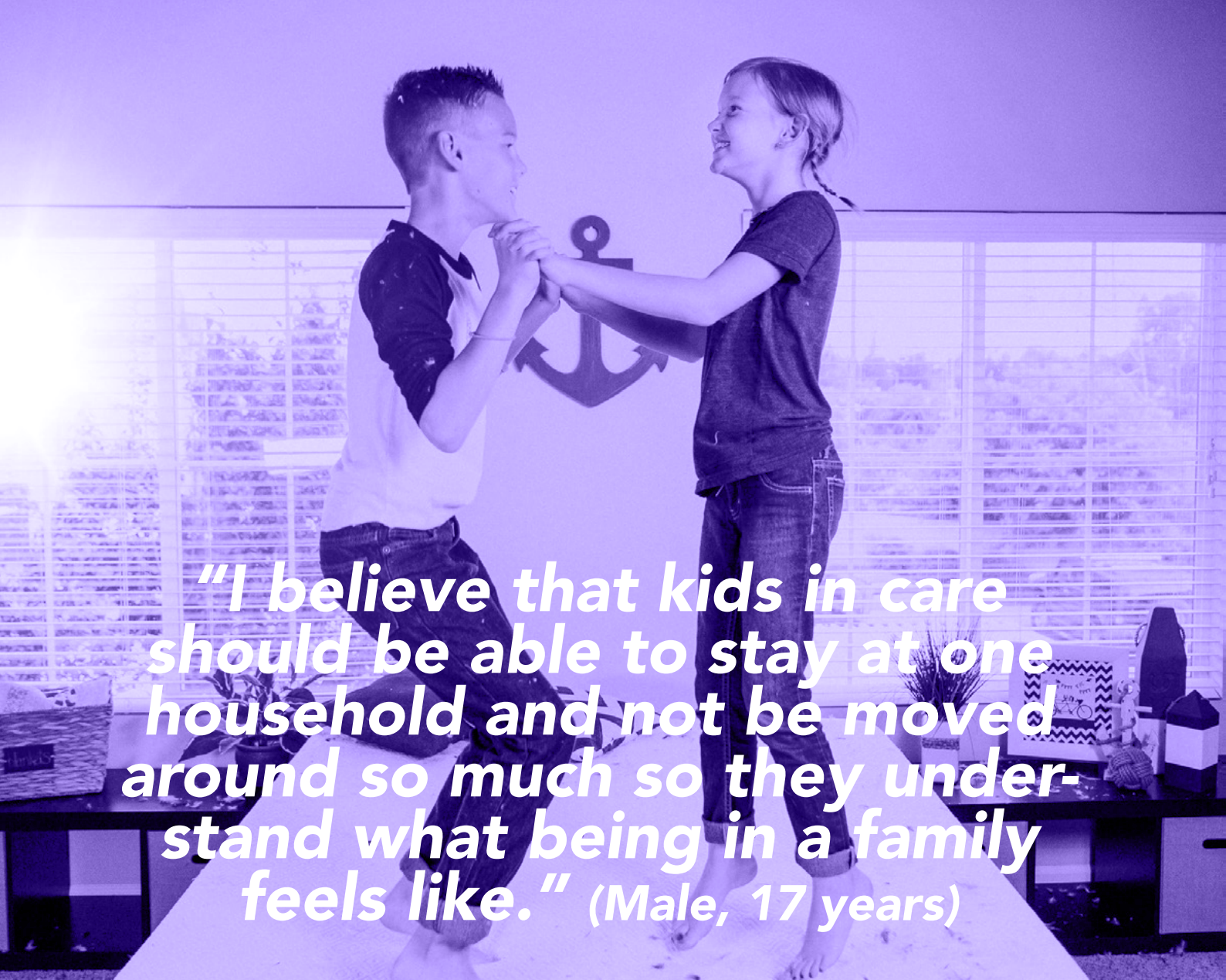
Figure 3.12. Per cent of respondents who reported being returned to birth parents the indicated number of times while in care.

"I believe that kids in care should be able to stay at one household and not be moved around so much so they under-stand what being in a family feels like." (Male, 17 years)

3.2 CURRENT PLACEMENT

Respondents were asked how long they had lived in their current placement and if they had been consulted before moving there. Figure 3.13 provides another indicator of placement stability; states such as NSW and TAS showed the highest percentage of children and young people in longer-term placements, while ACT and NT had the most respondents in relatively new placements. Comparison of the mean duration at current placement showed significant Jurisdictional differences, with respondents in ACT spending less time in their current placement than those in NSW and TAS, and participants in NT experiencing shorter times than their peers in NSW, QLD, SA, and VIC.[16] Overall, 37% of children and young people had been consulted before they were moved into their current placement; there were no Jurisdictional differences in the number who were consulted.[17]

Similar comparisons regarding the current placement were made for Placement Type. Figure 3.14 reveals that children and young people living in Kinship Care and Permanent Care were likely to have been in their current placement for a longer period of time than were those in Foster Care, and much longer than the respondents from Residential Care and those living Independently.[18] Those respondents in Residential Care were less likely than expected to have a say about where they were placed currently (only 21.2% indicated they had), while those living Independently were more likely, because most could be called "self-placed" and had chosen where they wanted to be (78.7%).[19]

Further analyses revealed that there were no significant differences between females and males regarding length of time spent in their current placement or whether they were consulted before entering the placement. In addition, there were no age differences in time spent in current placement, but members of the 15–18 Age Group were more likely to have been consulted about the placement than were the younger group. Anglo-Australians had lived in their current placement longer than Indigenous or other Cultural Groups, but there were no differences in extent of consultation.[20]
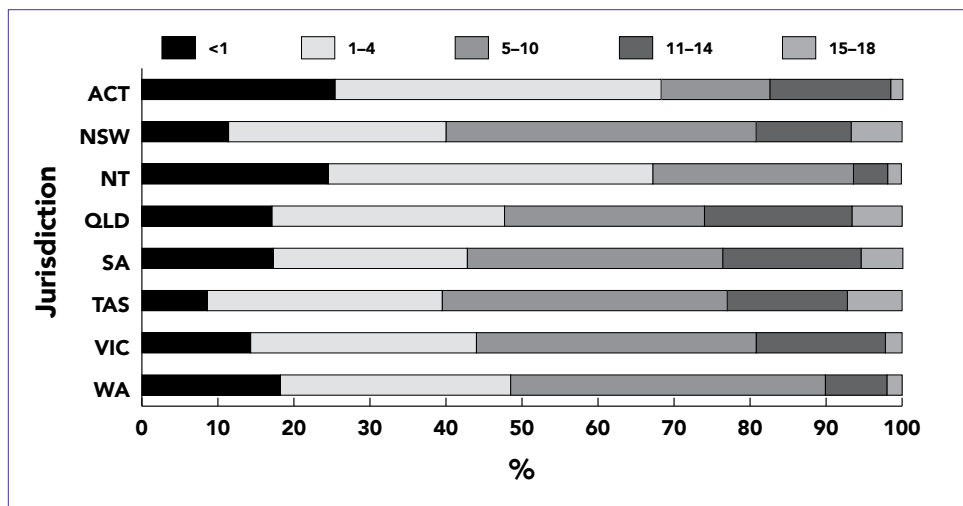
Figure 3.13. Per cent of respondents in the various Jurisdictions who had lived in their current placement for the indicated durations (in years).
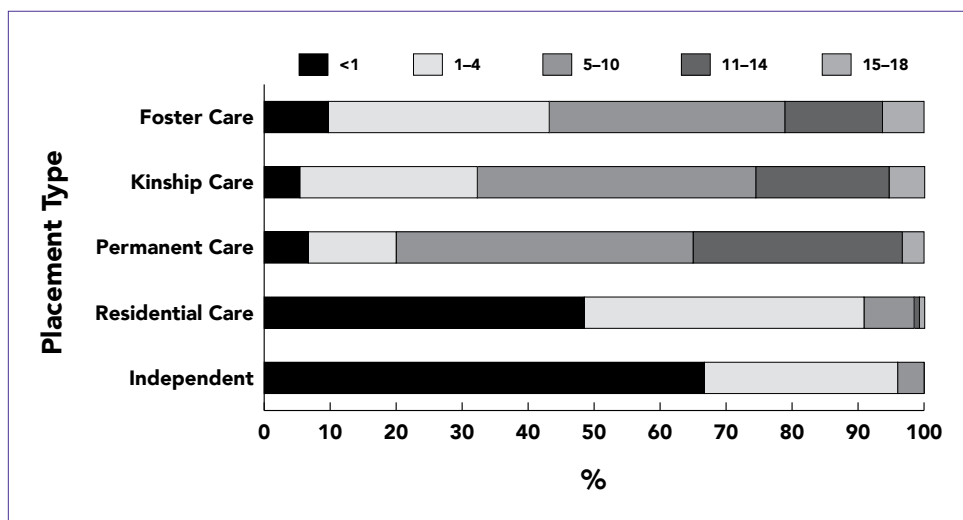
Figure 3.14. Per cent of respondents in the designated Placement Types who have lived in their current placement for the indicated durations.

It also was of interest to determine how happy children and young people felt in the placement they were living in when completing the survey. Overall, 81% indicated they were at least 80% Happy (equivalent to *"Quite happy"*, or 5, on a 6-point scale). There were no Jurisdictional, Cultural, Age Group, or Sex differences; however, significantly more respondents in home-based Placements were at least 80% happy with their placement than were those in Residential or Living Independently.[21]

3.2.1 "Good" and "Not Good" Placements

To summarise the views of the children and young people about placements, they were asked to nominate three factors that they felt would characterise a good placement, and three that would indicate a placement was not acceptable. Thematic analyses conducted on these responses revealed a number of issues that were considered important by the children and young people. In total, 5820 responses were provided. Those factors that attracted at least 5% of responses for the Good and Not Good Placements are listed in Table 3.3.

Table 3.3: *Per Cent of Responses Attributed to Factors Characterising Good and Not Good Placements*

Good Placements	%*	Not Good Placements	%‡
Positive, supportive caregivers	15.7	Inappropriate qualities of caregivers	18.3
Treatment (feeling cared for, understood, helped)	10.0	Negative treatment	11.1
Physical needs met	9.4	Violence, abuse, neglect	6.9
Condition of placement	8.0	Bullying/Fighting	6.3
Feeling accepted, part of a family	7.7	Mismatched placement	6.3
Connection to birth family	7.0	Limited family contact	5.4
Choice of extracurricular activities	6.4	Limited access to activities	5.1

* Percentages listed for Good Placements are based on a total of 5820 responses.

‡ Percentages listed for Not Good Placements are based on 1865 responses. Only qualities that received at least 5% of mentions have been listed.

3.2.1.1 Good Placements

Undoubtedly, the most common quality that characterised a Good Placement for the young respondents was the nature of the people involved in the placement. "Respectful", "understanding", "empathic", and "loving" were traits that were mentioned as valued in carers by the majority of children and young people. Related to this were comments about the specific treatment caregivers provided that evoked positive reactions in respondents, viz., supportive, encouraging, and equitable. Other young people highlighted the importance of having their physical needs met, with adequate provision of shelter, food, and water. Again, related to this was a surprising number of comments about the condition the placement needed to be in so that it felt like a comfortable, homely, welcoming environment. However, it was not enough to be placed in an appropriate physical location, children and young people also longed to feel part of a family, to feel accepted within the care context. Positive relationships with carers didn't eliminate the desire to maintain birth family connections for many respondents, and having some control over, and support with, maintaining family contact was a critical factor. Finally, many young people thought that a care environment that allowed, encouraged, and facilitated their extracurricular activities was a great place to be. The following quotes from respondents summarise these qualities in their own words (only six examples have been included in each category):

Positive, supportive caregivers

Good people who treat you with respect; being able to express yourself and be who you are. (Female, 15 years)

Having understanding carers, that make you feel comfortable. (Male, 17 years)

People that love them as their own and treat them as part of their family. (Female, 18 years)

They might do something wrong, but the carer needs to look at them and say "What is wrong, what can I do to help?" Why have a carer caring for someone who isn't prepared for an outburst? (Male, 16 years)

Having carers that have become carers for the reason of trying to change kids' lives and give them a good day-to-day life instead of being in it for the extra money or reasons to benefit themselves. It makes a massive difference when the carers actually care about the kids they are looking after and want to make a difference in their lives. (Female, 16 years)

Understanding and caring carers that don't give up on you. (Male, 16 years)

Treatment

Having role models to guide young people through life and to learn life skills. (Female, 17)

Carers that care about you and want to help you in the future. (Male, 17 years)

All children in the home by birth or fostered are treated the same. (Female, 16 years)

They always think of the best and what they can do to improve my life. (Male, 14 years)

Take the time to understand you and what has been going on for you, to ask what would make this work for you. (Female, 17 years)

If you have any problems, they help you or get you the support you need. (Male, 16 years)

Physical needs met

Get to go to school, and there is plenty of food and other physical things. (Female, 16 years)

They provide the basic needs. Food, house over my head, memberships, education. (Male, 15 years)

Eating healthy food, give us the help we needed in life. (Female, 16 years)

A bed, a roof, a ceiling, and food and water. (Male, 13 years)

Eating the food I like, and having a comfortable bed. (Female, 10 years)

Good bed and shelter, safe and secure. (Male, 17 years)

Condition of placement

Healthy living standards for a house. (Male, 17 years)

Place that makes you comfortable. (Female, 17 years)

Somewhere you can do your favourite things. (Female, 14 years)

Clean environment, doesn't smell like smoke. (Female, 12 years)

Having my own room and the place to be clean. (Male, 12 years)

A caring carer, a clean house; freedom of choice and personal space. (Female, 15 years)

Feeling accepted, part of a family

Feeling like you fit in; being encouraged by family members. (Female, 15 years)

Having my family around me and living in a house that is safe. (Male, 13 years)

That they treat us like we're their own children, instead of just someone who's living there. (Female, 14 years)

Coming home from a bad day and being cheered up by my family. (Male, 12 years)

Having the relationship with the people you're with and wanting to be there. (Male, 18)

Being treated like family, being involved with

carers family and friends and actively encouraged to do new things and the things I'm passionate about. (Female, 16 years)

Connection to birth family members

Staying with families, and having my brother in the same place. (Male, 13 years)

Being able to see siblings and contact with family. (Female, 15 years)

Having my brother by my side. (Male, 13 years)

I have brothers and sisters that live with me. (Female, 12 years)

If carers let me see my aunty and my brother. (Male, 12 years)

Family, i.e., placed with sister. No one likes to be separated. (Male, 18 years)

Extra-curricular activities

Going to cool places like the skate park and the desert park. (Female, 12 years)

Am close to things. Get to go out and do lots of stuff. (Male, 16 years)

They make time and effort to look after us and so we can do activities and stuff after school. (Female, 12 years)

I get to go to a great school, do gymnastics and little athletics and go on holidays. (Female, 13 years)

People who help you go to activities like sport. (Male, 14 years)

*I know that if I was living with my mum I wouldn't have the opportunities I have now, e.g., playing ***** for an Australian team and traveling to America. (Female, 16 years)*

3.2.1.2 "NOT GOOD" PLACEMENTS.

It perhaps is not surprising that what was seen as "Not Good" in placements in many cases was the opposite of positive qualities (see Table 3.3). Inappropriate qualities evidenced by some caregivers ranked highest on the list of negatives. "Not being empathic", "uncaring", "disrespectful", "unfair", and "untruthful" were characteristics seen as particularly problematic. Such traits can be associated with a range of negative treatments. While these behaviours are unacceptable in a care environment, reports from other children and young people highlighted even more overt examples of appalling behaviour from caregivers that clearly constitutes abuse and neglect. Where possible, such disclosures were reported to the relevant authorities.[22] Other situations reported by a reasonable proportion of the children and young people involved bullying in placements and aggressive interactions between occupants of a care household.

One issue mentioned by an unexpected number of respondents concerned problems encountered when sufficient consideration was not given to the needs of the young people when matching them to a placement

context (e.g., with the carer and/or other young people residing at the same location). The number of individuals living in the one location posed a range of problems for several respondents. Two other categories attracted over 5% of mentions; as with "Good Placements", these concerned birth family contact (in this case dealing with controls that limited access), and the lack of options or support for engaging in extracurricular activities. These selected comments provide examples of the respondents' thinking on the negative characteristics of placements:

Inappropriate qualities of caregivers

Disrespectful carer, or one that doesn't care about the wellbeing of the child. (Female, 17 years)

Unfair carers that only want the money. (Female, 17 years)

People who aren't nice to me, like nasty. (Male, 13 years)

Coming into a new place and straight away being expected to be your best self, or do as much as you can or not be yourself, is where a placement is going to be a bad option. Carer needs to look at situation. "He's just coming here, come out of a bad situation. I'm not going to force him. I'm going to give him time and space." Carers can be in your face; it doesn't help. They need time to breathe or it'll go down and they will get angrier. (Male, 16 years)

Not connecting to the child, not being empathic and understanding past. (Female, 18 years)

The carer doesn't listen to what your needs are. (Male, 16 years)

Negative treatment

Being accused of things I haven't done and wrongfully punished. (Male, 16 years)

They told me I was no good and swore at me. (Female, 12 years)

Being treated differently from the carer's birth children. (Female, 16 years)

No care, being treated disrespectfully. (Male, 17)

When they won't do something for you that needs to be done. (Female, 12 years)

People not treating me like a normal human being. (Male, 11 years)

Abuse and neglect

Sleep under a house, being locked in a cupboard. (Male, 15 years)

Mistreated, not having a bed, not eating every day. (Male, 13 years)

Being abused in care, when in foster care in ***; not proper judging of foster carer. (Female, 15 years)

The workers used to bash me and stuff. (Male, 15 years)

Poor living conditions. I have had to share an actual bed with another kid and the place didn't have walls just curtains. (Female, 15 years)

Carers threatening to kick you out because of problems/arguments in the home. (Female, 16 years)

Mismatched placement

Unorganized chaos (other kids) – mental health deteriorates at presence of other bad kids in the house. (Female, 16 years)

Unequal treatment with other kids; bad mixes of ages. (Female, 15 yeas)

Having to live with other people I didn't want to live with (other foster kids). (Male, 10 years)

If you're living with someone with a massive age difference – because of different ideas and values. (Female, 15 years)

Too many children in the house; don't have that one-on-one attention. (Male, 17 years)

Placements don't work well when the carers have more than two kids at the placement at a time. Kids who are put into care are often very broken and traumatised people who need as much attention and support as they can get from their carers, so when there is more than two foster kids who are dealing with their own issues it's hard to get the support you need. (Female, 16 years)

Bullying / Fighting

Having the biological kids of your foster parents not liking you because you are a foster kid, they made it very uncomfortable. (Female, 17 years)

Someone threatening me; people fighting with me. (Male, 14 years)

Being picked on for not living with my parents. (Female, 15 years)

My foster parents yell at each other a lot; they never involve me, but it's kinda frustrating. (Male, 15 year)

Everyone shouting, not getting along and fighting. (Female, 17 years)

Yelling and fighting by the adults. (Male, 11 years)

Limited family contact

Not having contact with family or support to see them. (Male, 17 years)

When carers do not encourage visits with the foster child's birth family. (Female, 16 years)

Not seeing mum and dad as much as I would like to. (Female, 16 years)

Not seeing your family and being separated. (Male, 14 years)

I have to see my real family who are strangers, who I don't want to see. (Female, 11 years)

Being separated from my siblings and being told that I am a risk to them so I feel like a monster. (Female, 16 years)

Limited access to activities

The feeling like you're in a small box; don't let you go anywhere. (Female, 14 years)

Not being allowed to do activities after school. (Male, 12 years)

Not being able to do stuff because they don't agree with it. (Female, 15 years)

We are limited in what we can do because the grandparents are old, Nana can't walk. (Male, 13 years)

Not letting me go to camp and making me go to bed too early. (Female, 12 years)

Not getting to do what I want. Like being able to meet up with friends and go to sport events. (Female, 13 years)

3.2.2 EXPERIENCES IN CURRENT PLACEMENT

As indicated previously, children and young people were asked how happy they felt where they were living when completing the survey. To explore further how they felt about their current placement and how they used their time, respondents also were provided with a series of statements about possible reactions to the placement and asked how much they agreed with those statements (using a 6-point scale: 1: *Strongly disagree*; 6: *Strongly agree*). In addition, they were asked how they felt they were treated compared with other children and young people in the household. Finally, questions also addressed how they used their free time, particularly concerning their internet access and use.

3.2.2.1 PERCEPTIONS OF PLACEMENT

The five statements respondents were asked to consider about their current placement were: (a) "I have the privacy I need"; (b) "I have the physical things I need"; (c) "I feel safe and secure"; (d) "I feel 'at home' (comfortable)"; and "People care for me". When mean level of agreement with the statements from children and young people grouped by Jurisdiction were compared, significant main effects were found for Statements and Jurisdiction, but no interaction was detected. Overall mean ratings of agreement with the five statements about feelings in current placement are shown in Figure 3.15. Analyses revealed that, while agreement was high overall, the statement with the lowest rating concerned "privacy", followed by "feeling 'at home'". Jurisdictional differences in agreement are illustrated in Figure 3.16. Here it can be seen that the overall level of agreement with statements, while high, was significantly lower for ACT, NT, SA, and VIC than for the other Jurisdictions.[23]
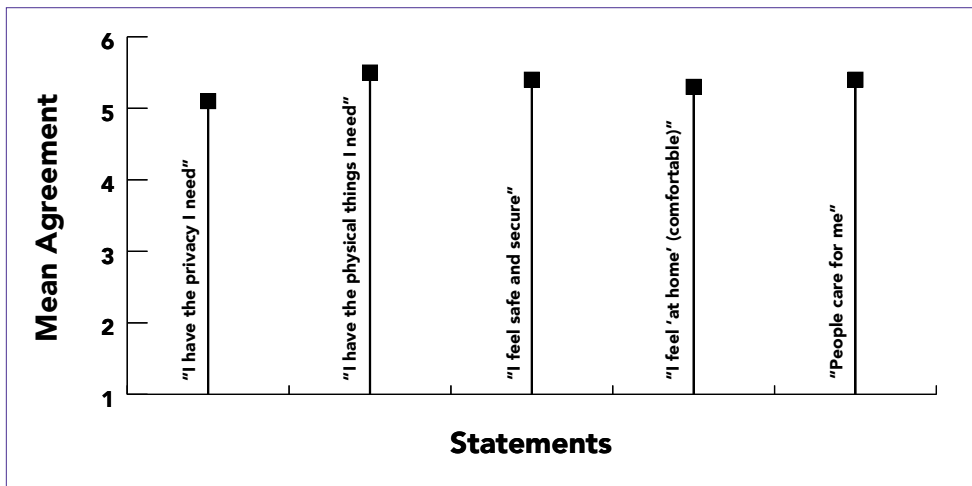
Figure 3.15. Respondents' mean ratings of agreement with each of the five statements regarding their feelings in their current placement.

Figure 3.16. Overall ratings of mean agreement with statements referring to respondents' feelings about current placement over Jurisdictions.

Given that the feelings of children and young people regarding safety and security are of paramount importance, being referred to in several of the *National Standards for Out-of-Home Care* (FaHCSIA, 2011) and addressed extensively by the recent Royal Commission (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017), Jurisdictional comparisons were looked at more closely for this statement. Overall, 92.7% of respondents agreed with the statement that they "felt safe and secure" in their placement; of these, 76.7% "Strongly agreed". Jurisdictional agreement ranged from 85.5% in ACT to 96% in TAS and WA. Figure 3.17 shows the percentage of respondents who "Strongly agreed" in individual states and territories.
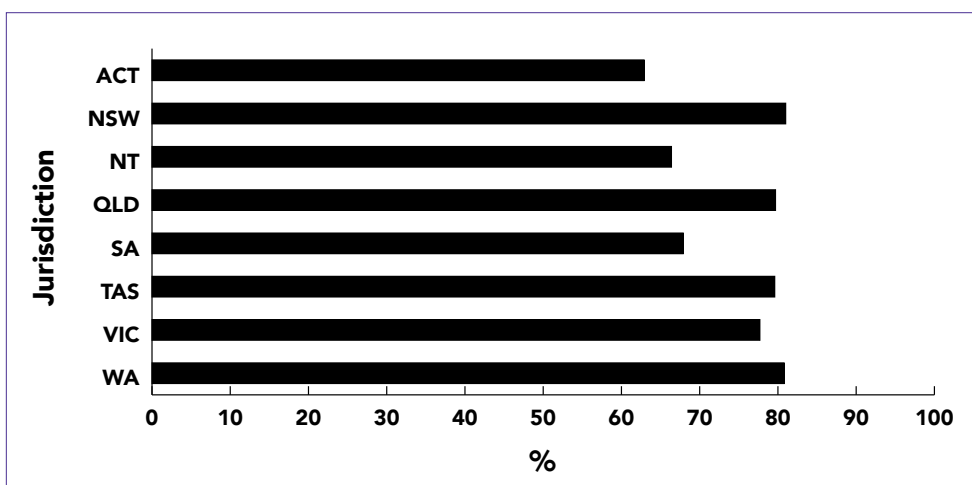
Figure 3.17. Percentage of respondents who "Strongly agreed" with the statement "I feel safe and secure" in their current placement over Jurisdictions.

Overall, 92.7% of respondents agreed with the statement that they "felt safe and secure" in their placement; of these, 76.7% "Strongly agreed."

Greater differences were observed when responses were compared by Placement Type. Analyses again revealed main effects for Statement, as well as for Placement; however, here the interaction between the two variables was significant. The pattern of response in the various Placements differed. Those children and young people who lived in Foster Care, Kinship Care, and Permanent Care gave similarly high agreement ratings to all the statements (all well above 5 on the 6-point scale). However, those living Independently showed significantly lower levels of agreement than these groups, with those in Residential Care giving even lower ratings. For example, regarding feeling "safe and secure", 96–97% of the Foster, Kinship, and Permanent Care groups agreed with the statement, while 81% of Independents and 69% of the Residential cohort had similar responses. The levels of *"Strong"* agreement revealed even more extreme differences (82–85% for the home-based groupings, 54% for Independent living, and 39% for Residential). The noticeable difference in pattern of response over Placement Type was most extreme for statement "I feel 'at home' (comfortable)" where those in Residential Care indicated a particularly low level of agreement. Figure 3.18 presents these responses graphically.[24]
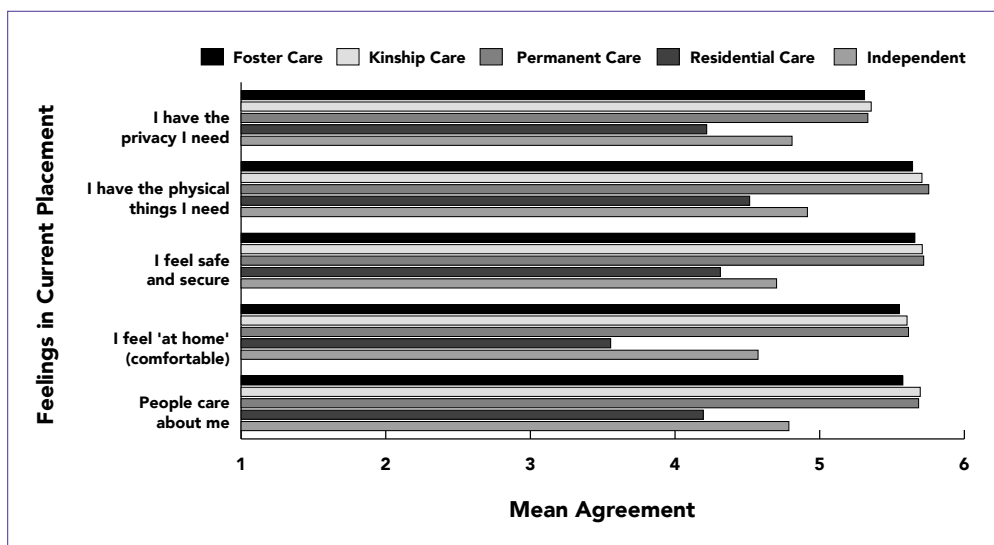
Figure 3.18. Mean ratings of agreement with the five statements about respondents' feelings in current placement in the indicated Placement Types.

It is interesting that for all statements, males reported higher levels of agreement than did females.[25] However, for all the statements, the older group expressed lower levels of agreement than did the younger cohort.[26] When comparing Cultural groups, the Anglo-Aus group reported higher levels of agreement with statements overall than did the Indigenous or Other Culture groups.[27]

3.2.2.2 TREATMENT IN PLACEMENT

Respondents were asked to indicate how many other children and young people were also located at their placement, and how they felt they were treated compared with the others. The percentage of respondents living in placements with varying numbers of other children and young people under 18 years is shown in Figure 3.19. The most common placement size across Jurisdictions is 2–3 children and young people, with the exception of NT where 4–5 is more likely. Comparison of the average placement size over Jurisdictions confirmed that NT placements were significantly larger than in other states or territories.[28] NSW reported the smallest placement size.
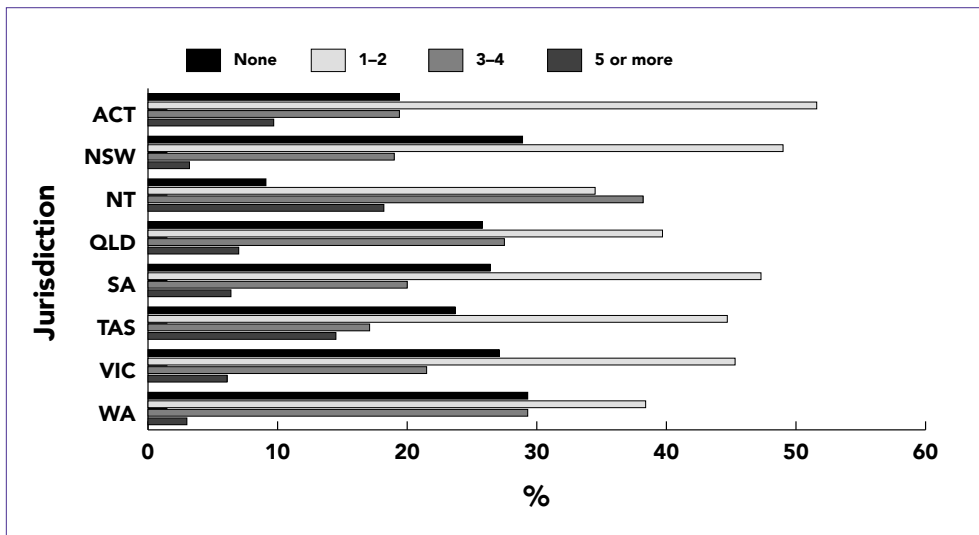
Figure 3.19. Per cent of respondents occupying a placement with the indicated number of other children and young people under 18 years by Jurisdiction.

Placement size also was compared over Placement Type (see Figure 3.20). Respondents in Kinship Care and living Independently reported significantly smaller numbers of other children and young people in placements/living arrangements compared with Foster, Permanent, and Residential Care (where no significant differences were found).[29]
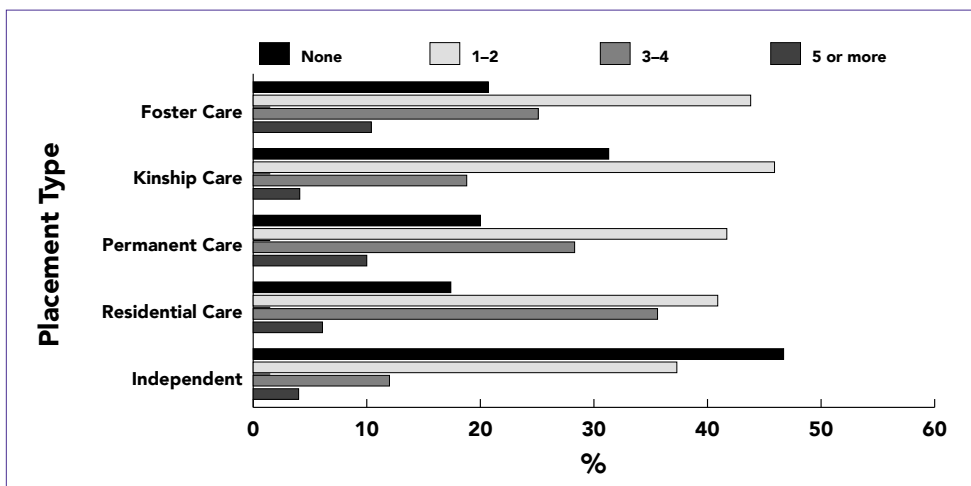
Figure 3.20. Per cent of respondents occupying placements of the listed Placement Type with the indicated numbers of other children and young people under 18 years who were present.

Respondents also were asked how they felt they were treated in their placement compared with the other young people. No significant differences were found among Jurisdictions. Overall, 72.6% thought their treatment was very similar or "exactly the same"; 17% noted "a few differences"; and 10.4% reported that they experienced at least "several differences." However, when respondents from different Placement Types were compared, those in Residential Care felt their treatment reflected greater difference between placement members than did those in other placements (Figure 3.21).[30] When comparing perceptions of different treatment by Sex, Age, and Culture, females thought their treatment showed greater difference than did males; the older age group experienced more differences than did the younger responders; but there were no differences among cultural groups.[31]
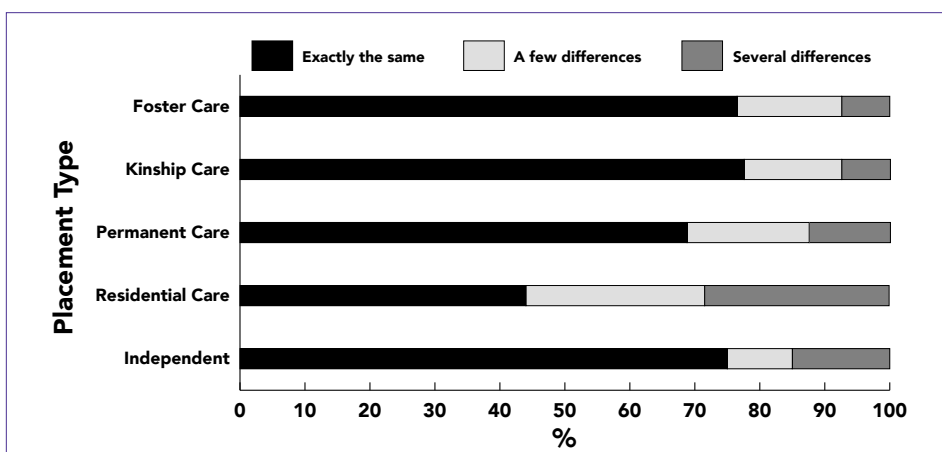
Figure 3.21. Per cent of respondents reporting their perception of treatment compared with other placement members in the five Placement Types.

3.2.2.3 EXAMPLES OF TREATMENT

Consistent with the observation that 73% of respondents felt they were treated equally, most concrete examples given by respondents were positive illustrations of the benefits of consistent rules and actions:

We are a family. Even my [foster] dad's daughters and ex-foster kids treat everyone like one big family. Love them all. (Male, 13 years)

Both have chores, and treat us both the same. I call them mum and dad. It's fair. (Female, 13 years)

I live with my sister and my aunty makes everything as fair as she can. My uncle gives us the same amount of pocket money and he cooks my favourite foods. We go to bed at the same time and they both love me. (Male, 11 years)

Because we all get told the same things and get to do the same things. (Female, 12 years)

Grandparents [carers] know that we've had to grow up separately, and nan wants us to get that relationship back. So, there's nothing one of us can do but not the other. It's very equal. (Male, 16 years)

Christmas was amazing. My foster mum always treats us fairly and equally, even when I'm told off, she ends every conversation with "I love you no matter what." (Female, 13 years)

Some respondents realised that different treatment could be necessary and even beneficial:

Because the other kids are younger they sometimes get more than us (toys and things). This is because these kids were reconnected with their birth families but it wasn't good, so mum wanted to give them a special Christmas. (Female, 15 years)

My brother is autistic and nanna has to do somethings for him. But she watches special TV programs with me that's our thing together. (Male, 10 years)

They get some different things than me, but all adds up to the same thing. (Female, 10 years)

We try to share. But my sister does some more things 'cause I can't do lots. But the carers don't leave me out. (Male, 11 years)

However, for others, the differential treatment led to negative perceptions of the care experience:

Currently out of care. However, my previous placement with a family treated me very different once I became depressed. They were all about having the perfect life and children. (Female, 18 years)

My foster brothers go to their dad's house every second weekend, and they go away on holidays with him. My dad died. I go to a stricter school with more homework. (Male, 12 years)

I feel like the others are favoured and I'm not respected or recognised. The others take drugs and I don't touch it. I feel like I'm not appreciated or wanted there. (Male, 16 years)

Everyone else gets what they want. When I ask for things, it's a no. Residential houses do not work. (Male, 16 years)

Sometimes you feel like you are intruding on this person's family. (Female, 16 years)

3.2.2.4 RELAXATION

A series of questions were posed regarding respondents' availability of free time, what they enjoyed doing during those periods, and particularly what Internet access they had, and how much time they spent online engaged in various activities. The first issue concerned determining how much time children and young people thought they had to devote to their personal endeavours (apart from schoolwork, chores etc.). Jurisdictional differences in the amount of free time available for respondents in a typical week are presented in Figure 3.22. Children and young people in NT, QLD, and SA reporting high levels of free time, with around 50% claiming in excess of 15 hours; respondents in ACT and NSW reported less (only 30% indicating over 15 hours spent on their own interests). The mean differences in time available across Jurisdictions were significant.[32]

In addition, the amount of free time was compared over Placement Types, Sex, Age, and Culture. Placement Type differences were significant; Figure 3.23 shows that those respondents in Residential Care felt they had the least free time. No differences were observed between the Age or Cultural Groups, but males reported more free time than did females (46% of males claimed more than 15 hours per week, compared with 40% of females).[33]

When asked how they liked to occupy this time, participants gave 2965 responses. Those activities that received at least 5% of the mentions are listed in Table 3.4. It can be seen that the most popular pursuit involved physical activity including sports (17.4%) followed by use of digital devices such as computers, consoles, phones, and tablets (15.7%), and watching TV or movies (13.8%). Socialising came in fourth (11.9%) followed by creative endeavours (10.6%).
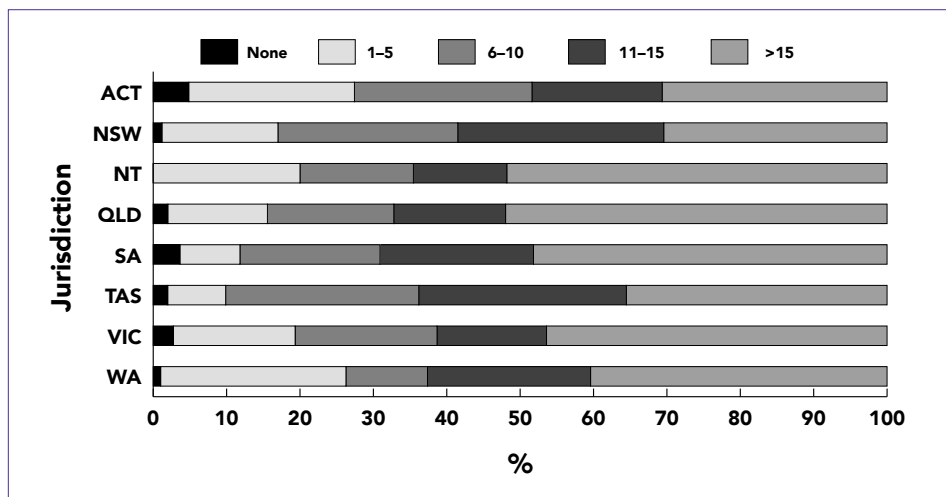
Figure 3.22. Per cent of respondents claiming the indicated amounts of free time (hours per week) over Jurisdictions.

3.2.2.5 INTERNET ACCESS AND USE

Of particular interest concerning free time was the amount of it devoted to Internet use. For background information, respondents were asked if they had their own smart phone, and access to the Internet for personal use. Overall, 58.7% of children and young people reported having a smart phone; no Jurisdictional differences were noted, but a not-surprising age difference showed that more of the older Age Group (83.6%) were likely to have a smart phone than of the younger participants (42.6%). Females were more likely than expected statistically (and males less likely) to own a phone; Indigenous respondents also were less likely (than expected statistically) to have a smart phone. Regarding Placement Type, those living Independently were more likely (87.8%), while those in Foster care were less likely (52.0%) than expected statistically to be smart phone owners.[34]
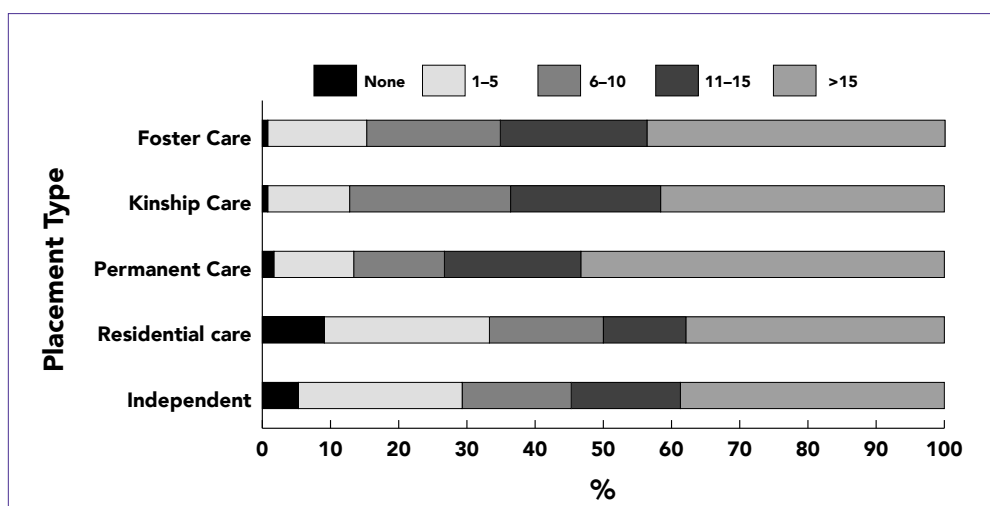
Figure 3.23. Per cent of respondents living in the various Placement Types claiming the amounts of free time indicated.

Analyses of Internet access revealed significant Jurisdictional, Placement Type, and Age Group differences. Figure 3.24 shows the percentage of respondents in each Jurisdiction that indicted they had Internet access for personal use. The critical differences were in NT where children and young people had less access than would be expected (65.5%), and for VIC respondents who reported higher levels of Internet access than would be expected (89.9%). Those in Residential Care placements reported significantly less Internet access than expected (60.3%; see Figure 3.25), and again the older cohort had more, and the younger group less Internet access than was expected (for those 15 and over, 84.4% claimed personal Internet access, compared with 76.3% of the younger group). No Sex or Cultural differences were observed.[35]

Table 3.4: Activities Undertaken During Free Time Mentioned in at Least 5% of Responses

Activity	%
Physical, outdoor activities (e.g., sport)	17.4
Use digital devices (computer, tablet, phone, console)	15.7
Watch TV / Movies	13.8
Socialise with friends	11.6
Creative activities (compose, write, draw)	10.6
Intellectual exercises (puzzles, reading)	8.5
Listen to music	7.2
Sleeping	5.0
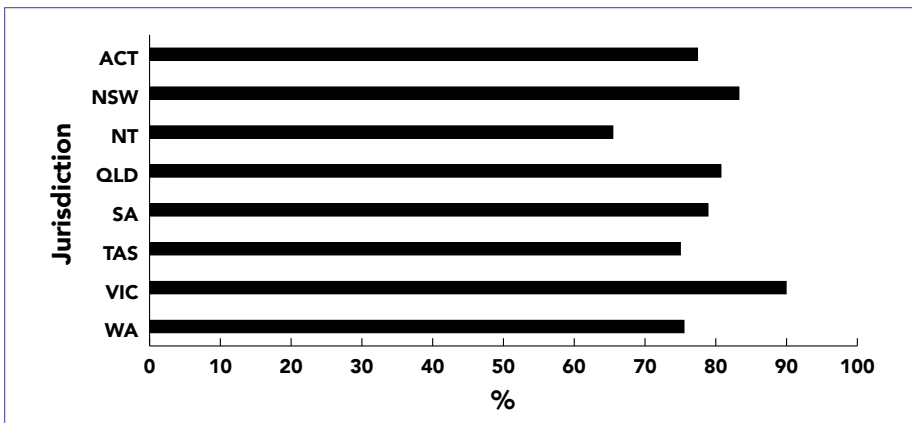
Figure 3.24. Per cent of respondents indicating that they had Internet access for personal use in the eight Jurisdictions.
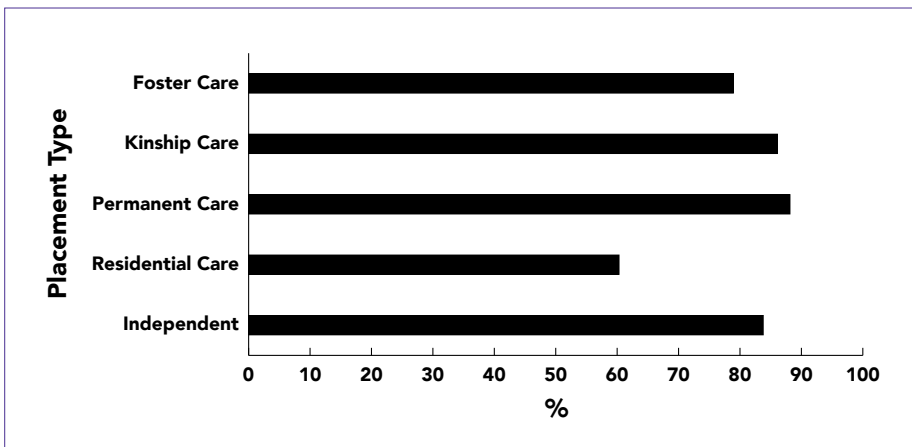
Figure 3.25. Per cent of respondents from various Placement Types indicating they had Internet access for personal use.

Given that most children and young people in out of-home care report having Internet access (overall average of 80%), it was of interest to determine how they used this access, i.e., how much time did they spend on Internet-based activities. Seven common practices involving the Internet were presented and respondents were asked to estimate how much of their weekly usage they spent on each of these on a 6-point scale (1: *None*; 2: *1–5 hours*; 3: *6–10 hours*; 4: *11–15 hours*; 5: *16–20 hours*; 6: *More than 20 hours*). As with previous analyses, mean time spent on Internet activities was compared over the five independent variables of interest (Jurisdiction, Placement Type, Sex, Age, and Culture), using repeated measures ANOVAs.

When considering the analysis of Activity by Jurisdiction, time devoted to the various activities differed, but no main effect for Jurisdiction was detected. However, there was a significant interaction between the variables indicating that the time devoted to each Activity varied depending on the state or territory. Interactions were found with each of the other independent variables, except Culture. The complex interaction for Jurisdiction is shown in Figure 3.26. Here it is clear that respondents spent comparable amounts of time *Gaming*, *Social networking*, and using *Social media* across all Jurisdictions. Differences occurred concerning *Project research* (for school), which was low in NT and TAS; *Web surfing* (particularly high in SA); *Streaming* (high in QLD, SA, and NSW); and *Downloading* (low in TAS).[36]

More practical differences were noted when exploring the time spent online over the different Placement Types (Figure 3.27). Similar amounts of time were allocated to *Gaming* and *Project research* (around 1–5 hours, although a little lower in Residential Care) irrespective of Placement Type. However, for all other activities, those living Independently, followed by the respondents in Residential Care, far exceeded the time spent in other Placement Types. Again, in all but *Gaming* and *Project research*, the older group spent much more time in the designated activities than did the younger cohort (Figure 3.28). The interaction with Sex showed that males were more likely to spend their online time *Gaming*, while females did more *Project research*, and were more active on *Social networking* and *Social media* sites (Figure 3.29). No significant differences were found for Cultural Groups.[37]
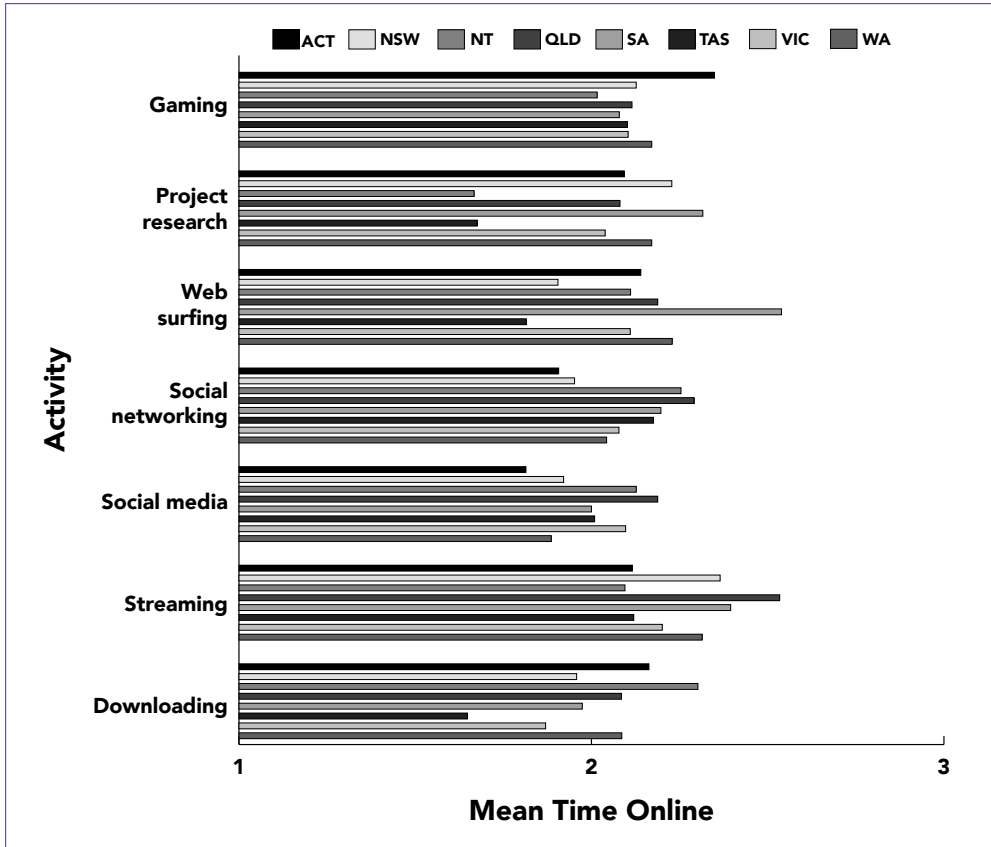
Figure 3.26. Mean rating of Time devoted per week to each online Activity by respondents from the eight Jurisdictions. Time spent was scored using a 6-point scale: 1: *None*; 2: *1–5 hours*; 3: *6–10 hours*; 4: *11–15 hours*; 5: *16–20 hours*; 6: *More than 20 hours*.
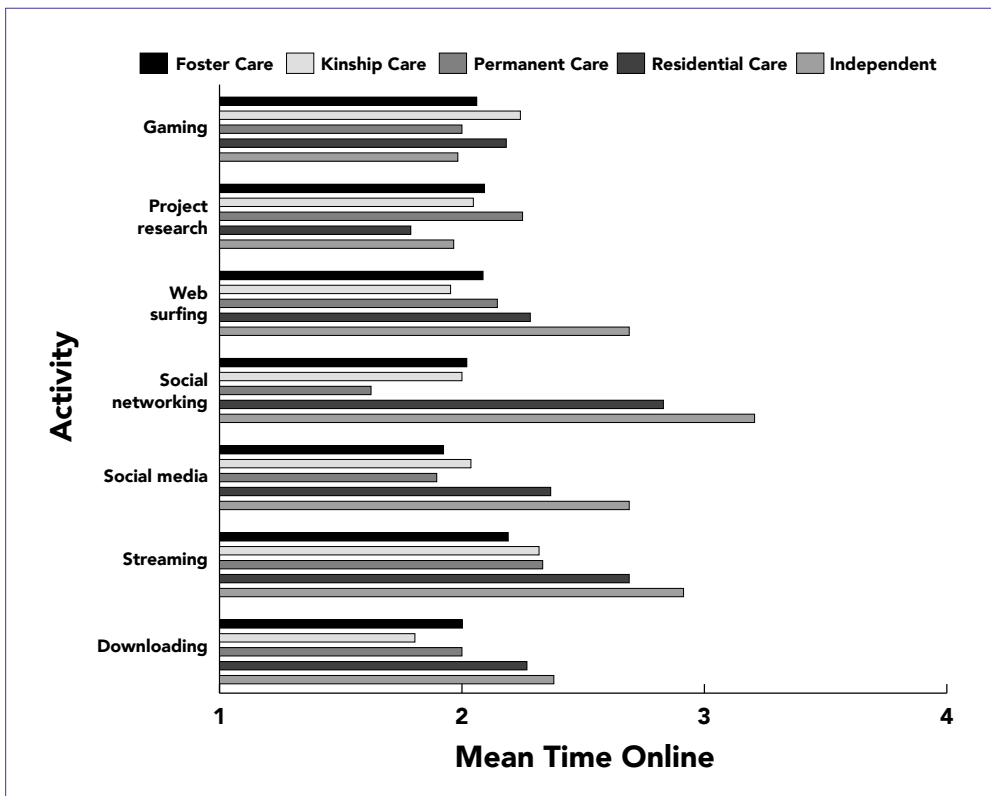
Figure 3.27. Mean rating of Time devoted per week to each online Activity by respondents living in five Placement Types. Time spent was scored using a 6-point scale: 1: *None*; 2: *1–5 hours*; 3: *6–10 hours*; 4: *11–15 hours*; 5: *16–20 hours*; 6: *More than 20 hours*.

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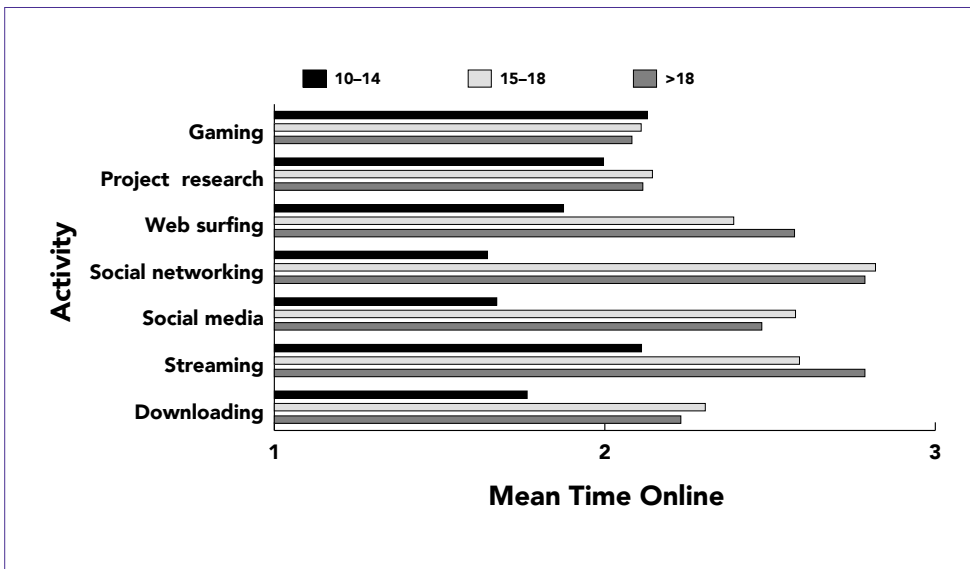
Figure 3.28. Mean rating of Time devoted per week to each online Activity by respondents in three Age Groups. Time spent was scored using a 6-point scale: 1: *None*; 2: *1–5 hours*; 3: *6–10 hours*; 4: *11–15 hours*; 5: *16–20 hours*; 6: *More than 20 hours.*
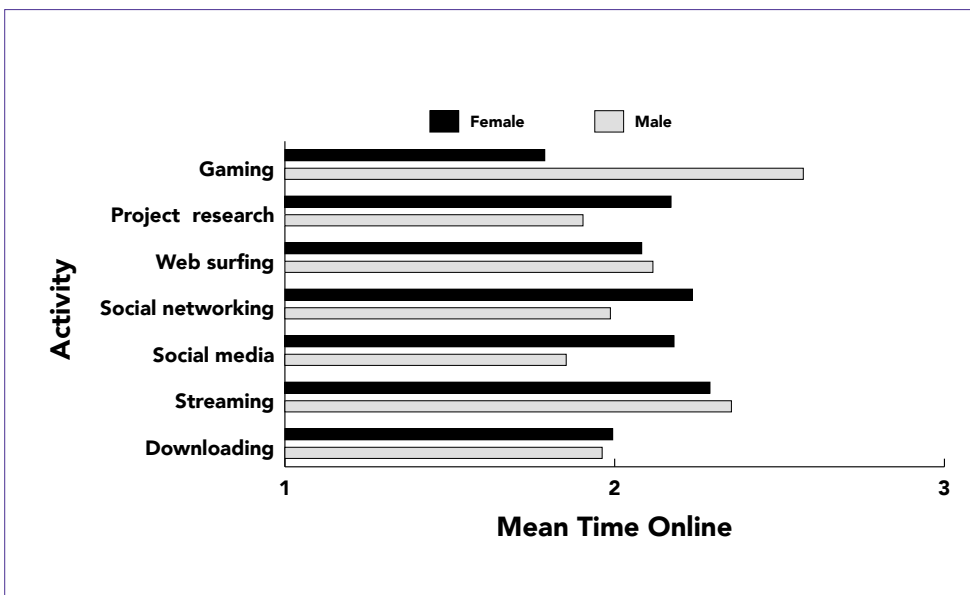
Figure 3.29. Mean rating of Time devoted per week to each online Activity by female and male respondents. Time spent was scored using a 6-point scale: 1: *None*; 2: *1–5 hours*; 3: *6–10 hours*; 4: *11–15 hours*; 5: *16–20 hours*; 6: *More than 20 hours.*

The final question relating to these activities asked respondents how safe they felt when online. Respondents could allocate, using a sliding scale, a score out of 100 to indicate their feelings (0: *Not at all safe*; 100: *Very safe*). Overall, 69.2% of the 1004 respondents to this question scored their feelings of safety at 80% or higher. The mean safety ratings over Jurisdictions, expressed as a percentage, are shown in Figure 3.30. This result suggests that the majority of respondents felt quite safe online; the significant difference was between the lowest score (NT) and the two highest values (TAS and VIC). More extreme differences were noted when Placement Types were compared; those living Independently felt significantly less safe when using the internet (M = 73%) than did those in the more supervised home-based placements. No Sex, Age, or Cultural differences were observed.[38]

Overall, 69.2% of the 1004 respondents to this question scored their feelings of safety at 80% or higher.

To conclude the section dealing with respondents' perception of their current placement, they were asked to rate how happy they felt about where they lived at present on a continuous scale (0: *Very unhappy*; 100: *Very happy*). Overall, respondents gave an 87% rating of happiness with their current placement. The strongest variation in Jurisdictions was between ACT (78.2%) and QLD (88.5%). Considerable differences were observed when Placement Types were compared, as seen in Figure 3.31. Children and young people in Foster, Kinship, and Permanent Care gave extremely high happiness ratings; however, those in Residential Care and living Independently were clearly not as content. In addition, the older group (83.5%) was less happy than the younger cohort (89.6%), and females (85.7%) were not as happy as males (88.8%). No differences in happiness with placement were found among the Cultural Groups.[39]
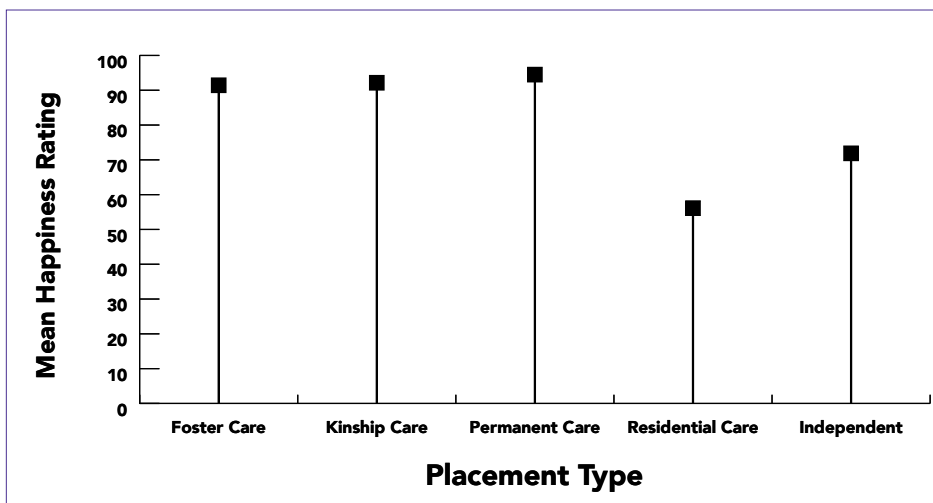
Figure 3.31. Mean rating of Happiness with current placement by respondents in the five Placement Types.

3.3 Interaction with the Care System

3.3.1 Key Sources of Support

A critical issue for children and young people in out-of-home care is how supported they feel by key people in their daily lives. Respondents were asked how concerned they felt carers, caseworkers, birth parents, other family members (not living with them), and their friends were in achieving what was best for them. They indicated the level of concern using a 6-point scale (1: *Not at all concerned*; 6: *Very concerned*). Figure 3.32 presents the mean ratings of the perceived level of concern respondents felt from the five groups of supporters over Jurisdictions. On the whole, carers from all Jurisdictions were seen as expressing high levels of concern for the young people for whom they were responsible, indicating that this aspect of the system seems to be working well. Perhaps not surprisingly in this context, birth parents were seen by respondents as showing least concern for their well-being, apart from in NT. A more disappointing result is reflected in the respondents' perceptions of their main caseworkers' concern with what is best for them. NSW, with a mean rating of concern by caseworkers of 4.7, is the exception compared with the lower values for the other Jurisdictions. Ideally, in an effective care system, it would be hoped that children and young peoples' perceptions of caseworkers' concern would be closer to the level achieved by carers rather than being comparable to their feelings about birth parents.[40]

Perceptions of the supporters' concern with children and young person's well-being also varies across Placement Type as shown in Figure 3.33. Those living in Foster, Kinship, and Permanent Care felt they were truly supported by their carers, while those in Residential facilities or living Independently (and presumably reflecting on experiences with former carers) were not as positive. The level of caseworkers' concern was rated lower than that demonstrated by carers, particularly by respondents in Permanent and Residential Care, and those living Independently. Birth parents' perceived concern again was rated lowly, particularly by children and young people in Permanent Care, possibly because their connection with parents was the most tenuous given the placement conditions. A similar loss of connection with, and the less relevance of birth parents in the lives of the older respondents could help explain why these respondents felt that parents expressed lower concern for their well-being (see Figure 3.34).

Cultural groups varied in their perceptions of the level of concern shown by supporters. While the established pattern was maintained over Support Persons, with Carers receiving the highest ratings and Birth Parents the lowest, a key difference was the higher rating for Birth Parents given by the Indigenous respondents compared with the other two groups (Figure 3.35). The response by the Sexes was consistent over supporters; however, males overall felt people in general were more interested in their well-being than did females.[41]
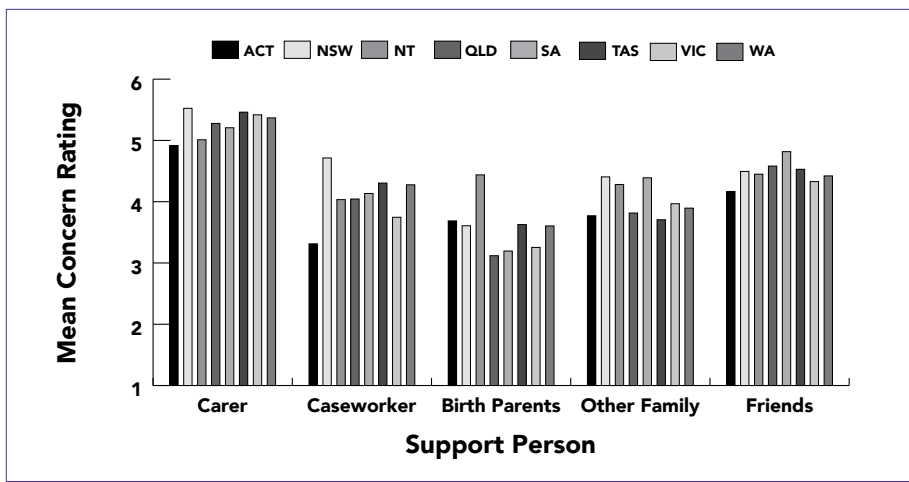
Figure 3.32. Mean ratings by respondents in the various Jurisdictions of perceived concern expressed by the five groups of Support Persons.
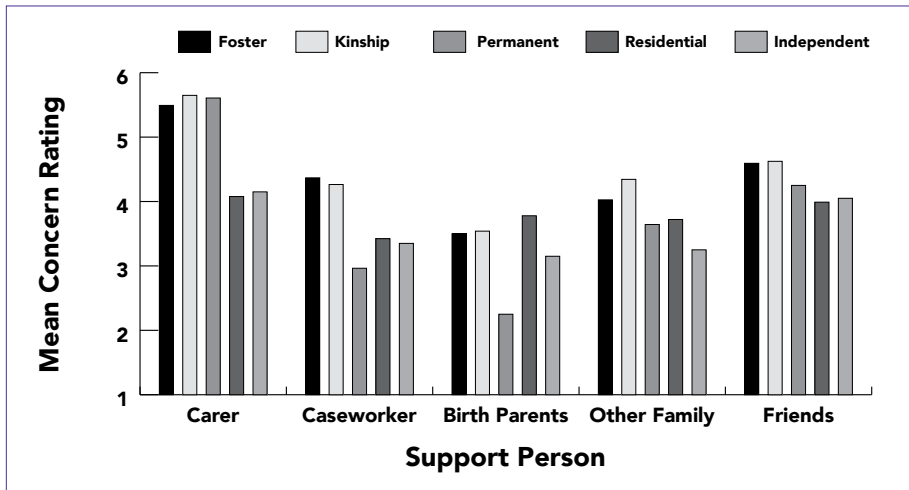
Figure 3.33. Mean ratings, by respondents from five Placement Types, of the concern with their well-being shown by the five groups of Support Per-sons.
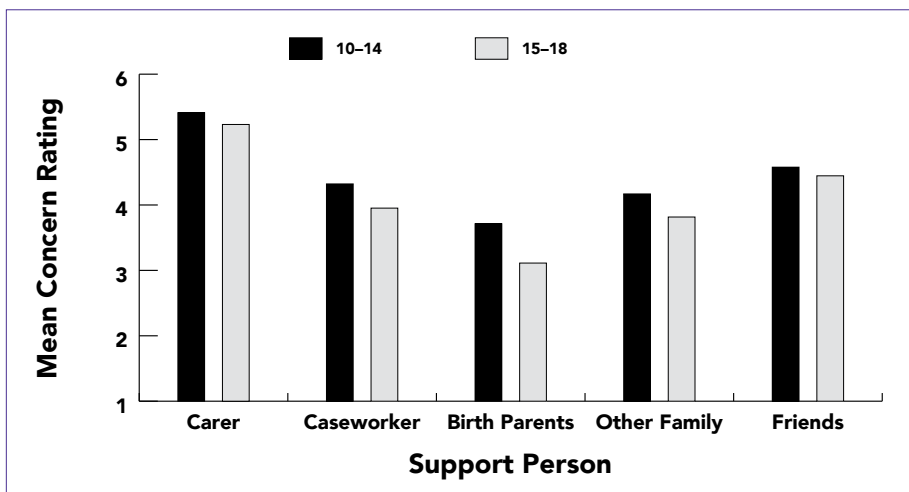
Figure 3.34. Mean ratings, by respondents in two Age Groups, of the concern with their well-being shown by the five groups of Support Persons.
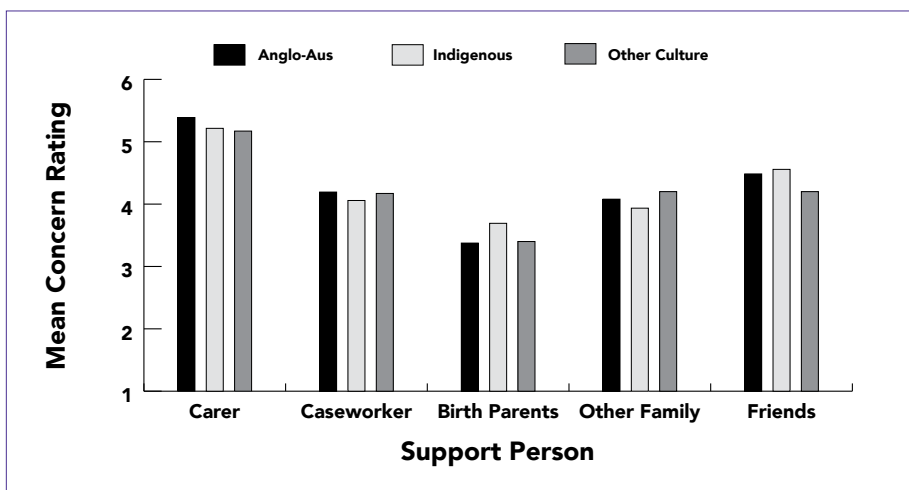
Figure 3.35. Mean ratings, by respondents from three Cultural Groups, of the concern with their well-being shown by the five groups of Support Persons.

3.3.2 Interactions with Caseworkers

Given that caseworkers constitute a critical interface between government departments/agencies and the children and young people in care, and their carers, several questions focussed on the role these key support people played.

3.3.2.1 Caseworker Affiliation

Respondents were asked whether their placement was supported by a government-based or non-government organisation (NGO) caseworker. Figure

3.36 reveals that, in NT, QLD, SA, TAS, and WA, government departments carried most responsibility for managing respondents' placements, while in NSW, the distribution was more even. ACT and VIC results showed that in those Jurisdictions NGO agencies supported more of the placements. Another response alternative for this question allowed children and young people to indicate if they didn't have caseworker support. Of concern is the observation that 37.5% of respondents in VIC were not aware of having a dedicated caseworker at present.[42]
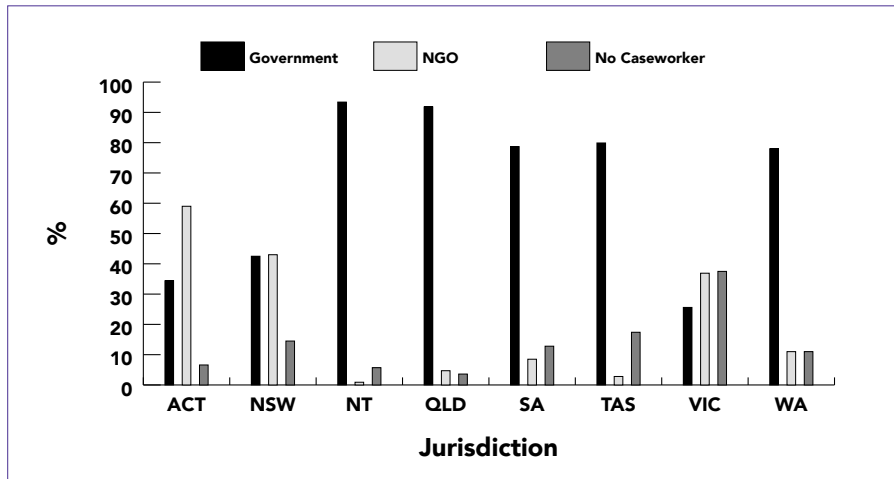
Figure 3.36. Per cent of respondents from the eight Jurisdictions who reported having the support of a caseworker and that worker's affiliation.

Government departments provided most support for most Placement Types, ranging from 58.2% in Kinship Care to 80% in Residential Care. Not surprisingly, this percentage was extremely low in Permanent Care (14.5%) with 63.6% of this group indicating they did not have a caseworker. Of note also is that 22.9% of Kinship Care respondents did not believe they had a caseworker. While no Sex differences were recorded in source of caseworker support, Indigenous respondents tended obtain more support than expected from government workers, and Other Cultural groups more from NGO agencies. More of the older Age Group received support from government workers, while it was more likely for the younger respondents to have NGO support, possibly reflecting the recent tendency for more out-sourcing in child protection in Australia (Goodwin & Phillips, 2015).[43]

3.3.2.2 Caseworker Numbers

As well as the number of placements children and young people experience while in care being correlated with feelings of instability, similar responses can be generated through having to interact with many different key support people, such as various caseworkers, in their daily lives. To obtain an indication of the prevalence of caseworker changeovers, respondents were asked how many main caseworkers they had dealt with while in care (9-point scale used: 1: *None*; 2: *1–2*; 3: *3–4*; 4: *5–6*; 5: *7–8*; 6: *9–10*; 7: *11–12*; 8: *13–14*; 9: *15 or more*). Figure 3.37 shows a summary of these data across Jurisdictions. With the

exception of respondents in ACT, NT, and QLD who reported higher numbers, most Jurisdictions peaked at 3–6 caseworkers per respondent. QLD also was different from other states and territories in that 21.1% of that cohort reported having 15 or more caseworkers while in care. At the other extreme, it is concerning that, in most Jurisdictions, several respondents indicated that they hadn't had a caseworker at all. Comparison of the mean number of caseworkers across Jurisdictions placed QLD significantly higher than all others except ACT and NT (in the range of 7–8 caseworkers per child or young person in QLD compared with around 5 in the others). However, when the time spent in care was controlled, QLD was not statistically outstanding; only NSW and TAS were differentiated with their respondents reporting significantly fewer caseworkers than in the other Jurisdictions.[44]

Comparison of caseworker changes by Placement Type showed that the most common number was again 3–6 (see Figure 3.38). In terms of the mean number of caseworkers, those in Kinship Care reported the lowest number of different caseworkers, significantly fewer than in Foster Care, Residential Care, and those Independent. Not unexpectedly, the older age group had experienced more caseworker changes that the younger cohort; however, no Culture or Sex differences were observed.[45.]
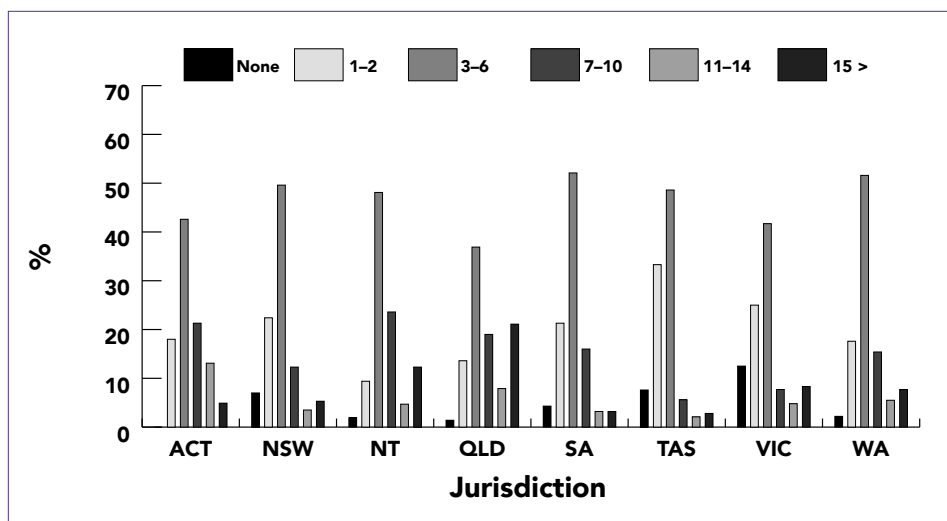
Figure 3.37. Per cent of respondents in the eight Jurisdictions who reported having the indicated number of caseworkers while in care.
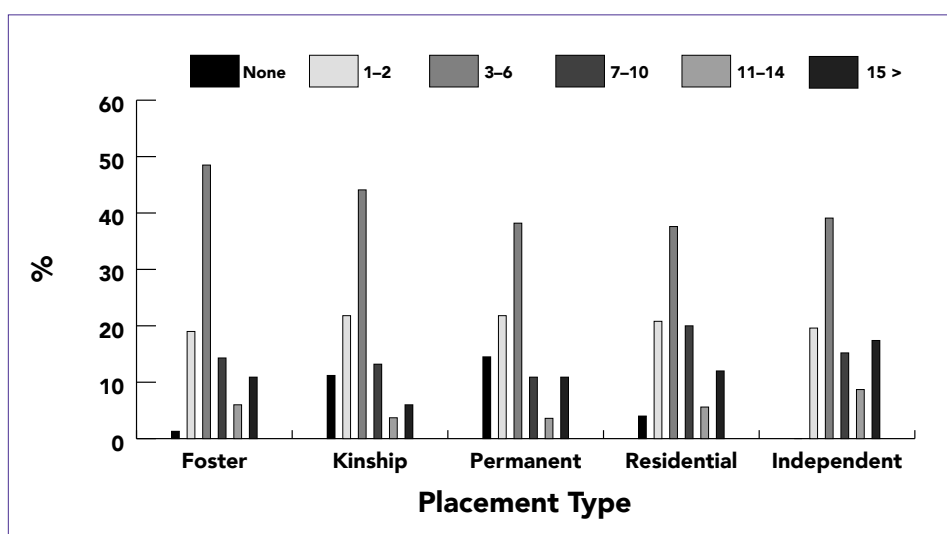
Figure 3.38. Per cent of respondents from the five Placement Types who reported having the indicated number of caseworkers while in care.

3.3.2.3 INTERACTIONS WITH MAIN CASEWORKER

To explore support children and young people received from their main caseworkers, they were questioned about whether they were able to contact their caseworker as often as wanted; how helpful they found their main caseworker; and how comfortable they felt telling the caseworker about things that mattered to them. The percentages of respondents from the eight Jurisdictions indicating they could contact their caseworker when needed are shown in Figure 3.39. Overall, 63.7% felt

caseworkers were adequately accessible, but there were significant differences over Jurisdictions. Fewer respondents from NT and VIC than expected (statistically) felt they could access their caseworkers when needed. Children and young people in different Placement Types also reported differential access to caseworkers. The low number from Permanent Care is consistent with the fact that fewer in this group had caseworkers; however, the Residential Care response is concerning, given that staff should be available on call (Figure 3.40). No significant differences in caseworker access occurred for Sex, Age, or Culture.[46]
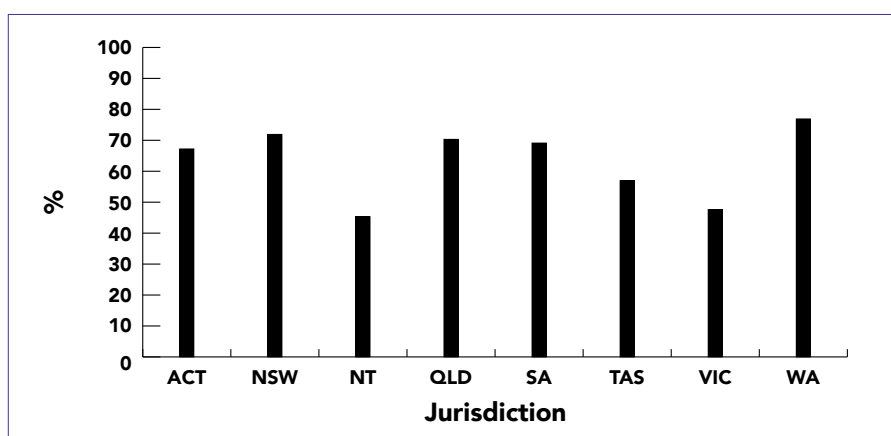
Figure 3.39. Per cent of respondents from the eight Jurisdictions who reported they could see their caseworkers when needed.

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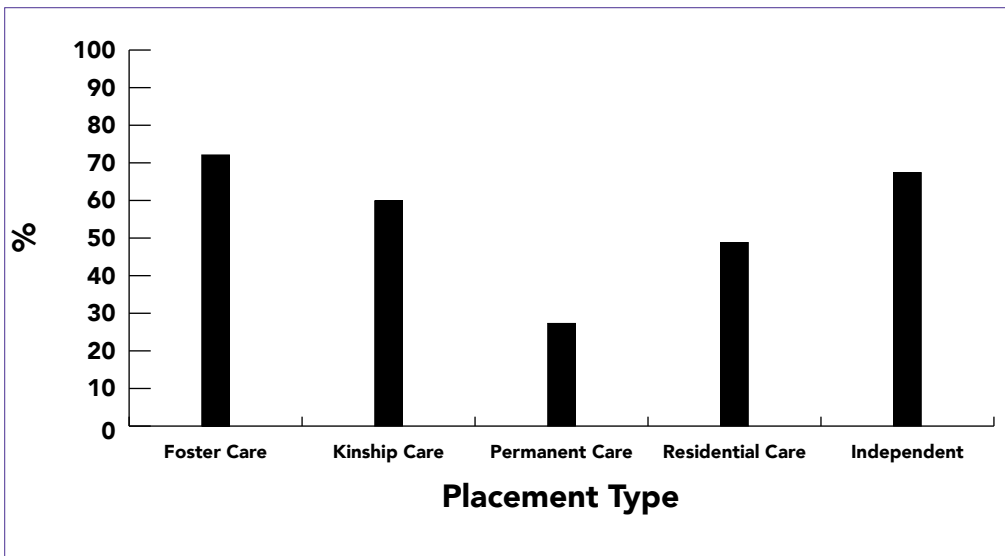
Figure 3.40. Per cent of respondents from the five Placement Types who reported they could see their caseworkers when needed.

Once children and young people had contacted their caseworkers, how helpful did they find the caseworker in assisting with resolving their issues? Respondents evaluated helpfulness on a continuous scale: 0: *Not at all helpful;* 100: *Very helpful.* Significant differences in mean perceived caseworker Helpfulness were observed over Jurisdictions (Figure 3.41). Overall, respondents gave a 62.7% rating to caseworkers for their Helpfulness; the response from NSW (70.0%) was significantly higher than that given in ACT, NT, and VIC.[47] As revealed in Figure 3.42, children and young people in Permanent and Residential Care reported significantly lower levels of assistance from caseworkers than did those in other Placement Types. The low percentage in Permanent Care was expected because of limited caseworker support for that Placement Type; however, the low Residential score reflects perceptions of low levels of support. No differences were found for Sex or Culture, but the younger group gave higher Helpfulness ratings than did the older respondents.[48]
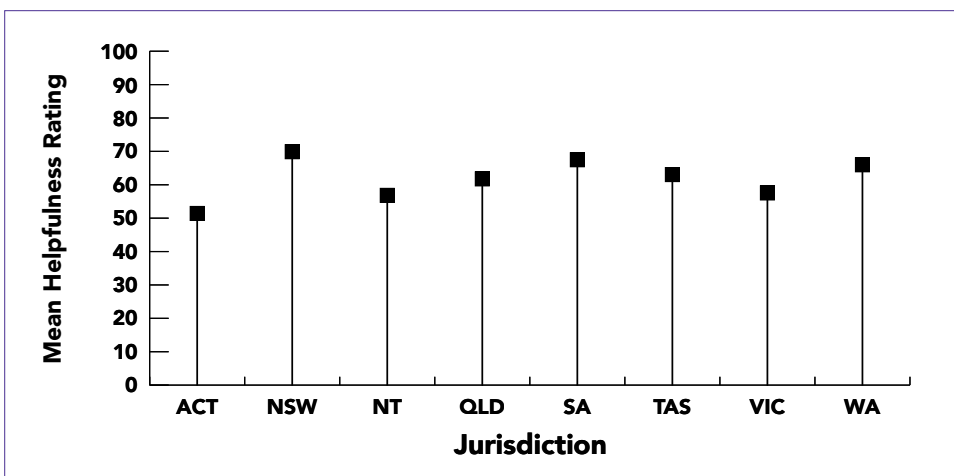
Figure 3.41. Mean caseworker Helpfulness ratings by respondents in the eight Jurisdictions. Helpfulness scale used: 0: *Not at all helpful;* 100: *Very helpful.*
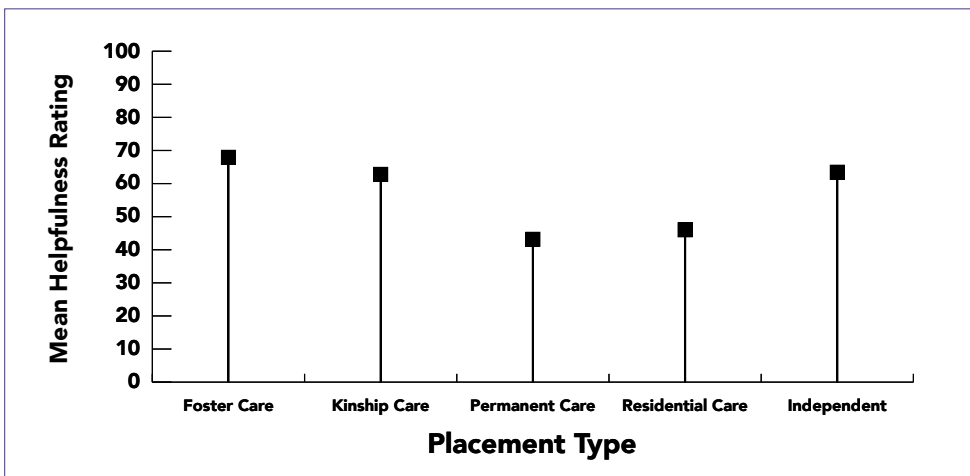
Figure 3.42. Mean caseworker Helpfulness ratings by respondents in the five Placement Types. Helpfulness scale used: 0: *Not at all helpful;* 100: *Very helpful.*

In an attempt to better understand why respondents gave their ratings for caseworker Helpfulness, they were asked to provide examples of what caseworkers had done that led them to respond the way they did. Overall, 1020 of the children and young people produced 1397 comments. Almost two thirds of the comments were positive illustrations of the type and extent of assistance provided to children and young people by caseworkers. Table 3.5 summarises the key areas addressed, and gives the per cent of comments directed to those issues. The largest category dealt with personal and professional qualities of the caseworkers that affected their interactions with children and young people. As demonstrated by the sample comments presented below, caseworkers were valued when they were friendly, responsive, honest, they shared information and listened, and through their actions showed they were supportive, reliable, stable, and organised:

She helps us. When we don't understand things, she breaks it down a lot. She really helps explaining things about seeing mom and dad and stuff. And she is very nice. (Female, 13 years)

She visits us and asks us about any problems we have and visits my school to see how I am going. She is a very nice person. (Male, 14 years)

Treated me as a young lady, support me through schooling or personal life, helping me out for my future. (Female, 17 years)

I have had some Child Safety Officers that weren't helpful but this one gets in contact with me as much as she can. She recently brought me a bunch of stuff that I needed. She helps me sort out important information. (Female, 17 years)

She comes to visit me, she listens to me, she helps to make things work out for me. (Male, 12 years)

Found my Aboriginal connection. Came and shared time with me. Came to my school meetings. Carer gave me his email so I could contact. Asked me what I cared about. (Female, 18 years)

Gotten me the financial support needed for certain school activities. Asked me if I am OK. Told me information about my past that has been useful. (Male, 16 years)

She's very supportive. She looked up all these things that I didn't have or didn't know about, like compo claims, free counselling. She looks into these things for me. She didn't have to, but she did it off her own back. She signed all my forms when I forgot. I was working at a cafe and she came and met with me—she came to me, not always at the home. She didn't do it just as a check list, she actually came out and did it. (Male, 18 years)

My caseworker is amazing! She helps get funding for stuff. She's always checking on us to make sure we're happy and safe. I feel like I could talk to her about anything, and I love that we got the most awesome caseworker we could ask for! (Female, 12 years)

They got me a computer to do my homework on. They help me at school. They get me involved in sports. They try to get me in contact with family members. (Male, 14 years)

Worker D was really helpful and awesome because she listened, she helped me, and when she couldn't answer or was busy, she would always get back to me! We were able to say goodbye when she left to have a baby. Other workers have been about 60%. (Female, 17 years)

> ## "They don't answer our questions. They don't find out information. They don't communicate between offices. They don't help me see my other siblings."
> **(Female, 14 years)**

She's just been there the whole way through; supported me with who I am. Whenever I ask for help, she goes right out of her way to help me out. She will stay after hours to help me out. She has a real care for who I am. If I request something, she will get onto it straight away and she helps me out. (Male, 16 years)

Unfortunately, as can be seen in Table 3.5, not all comments praised the efforts of caseworkers; just over one third of comments provided were negative. Again, most focussed on caseworker characteristics that could be categorised as diametrically opposite to what children and young people value. Caseworkers who are non-responsive, give little attention to establishing caring relationships with children and young people, don't consult or listen, and appear non-supportive, unreliable, and inconsistent are not seen in a positive light, as the following comments attest:

Hard to contact; not very helpful; change the rules all the time. Different caseworkers have different rules, rules about family contact. It's like family contact is not set in concrete cos they change it all the time. Being able to get in contact with them. I call the child protection hotline and usually she is not there. (Female, 16 years)

They don't answer our questions. They don't find out information. They don't communicate between offices. They don't help me see my other siblings. (Female, 14 years)

I generally think my caseworker honestly doesn't really care and that I'm just "another"

kid in the system that's just there. She usually "passes the buck" to my carers, asking them to do things that she's actually meant to do or that they don't actually have the required access to. (Female, 15 years)

They just don't really do their job and things take a long time. Things shouldn't take that long. (Male, 17 years)

I emailed her and the team leader multiple times about my leaving care plan.   I have not gotten any response yet, my caseworker told me my case isn't a priority. I am turning 18 this year in 9 months and I strongly feel like nothing is happening. (Female, 17 years)

I've had three caseworkers in one year. I haven't seen my current caseworker once, even though she's been my caseworker for a few months. She doesn't talk to me. (Male, 15 years)

She doesn't answer the phone. When I ask by text she mostly can't help. She tells me I have to do everything for myself. She forgets to do things for me like the birth certificate for my bank account.   I can talk to her but she can never help. (Male, 14 years)

I never get to form a good relationship with my caseworkers because they are constantly changing. (Female, 16 years)

I'll ask a question and she'll say to come back to it, but it never gets dealt with. She seems as though she doesn't care much and she doesn't put in a lot of effort. Her communication and timing is very poor—she'll tell my carer about an appointment the night before. (Female, 15 years)

Saying they will get stuff done but don't, or takes forever. It took nearly a year for birth certificate and 6 years for passport, and I have to constantly remind them of things I need like dentist which took 2 years to get a filling. (Male, 17 years)

Finally, regarding their connection with caseworkers, children and young people were asked to indicate how comfortable they felt talking with their main caseworker about things that were important to them (scale used: 0: *Not at all comfortable*; 100: *Very comfortable*). The results for comparisons across Jurisdictions and Placement Types are shown in Figures 3.43. and 3.44. The pattern is similar to that found for the Helpfulness ratings. This strong connection between the perceived Helpfulness of caseworkers by respondents and their being able to share their concerns shows the importance of feeling supported in building a trusting relationship.[49]

Table 3.5: *Thematic Analysis of Respondents' Comments Explaining Their Ratings of Caseworker Helpfulness**

Caseworker Actions	%
Positive Perceptions	
Caseworker qualities:	**16.8**
Personal (friendly, responsive, honest, shares information, listens)	9.5
Professional (supportive, reliable, stable, organised)	7.3
Helped with specific issues:	**14.9**
School	3.4
Access to recreational activities	3.2
Placement concerns	2.7
Mental health issues	1.5
Leaving care	1.4
Other (e.g., bond, court orders, cultural issues)	2.7
Meets young person's needs	**11.2**
Makes time for young person (visits, checks in on young person, talks to young person)	**10.2**
Helped with family contact	**8.1**
General support	**4.4**
Total Positive	***65.6***
Negative Perceptions	
Caseworker characteristics:	**22.6**
Personal (bad rapport, non-responsive, lying, doesn't share information or listen)	15.5
Professional (not protective or supportive, disorganised, not consistent)	7.1
Does not meet young person's needs, little contact	**11.7**
Total Negative	***34.3***

*Note. Percentages are based on the total number of issues raised (*n* = 1397) by 1020 respondents.
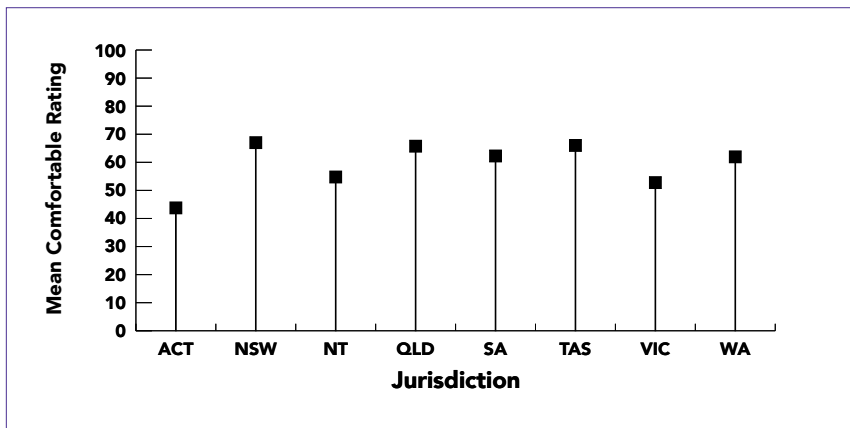
Figure 3.43. Mean ratings by respondents of how Comfortable they felt talking with caseworkers about important issues in the eight Jurisdictions. Scale used: 0: *Not at all comfortable*; 100: *Very comfortable*.
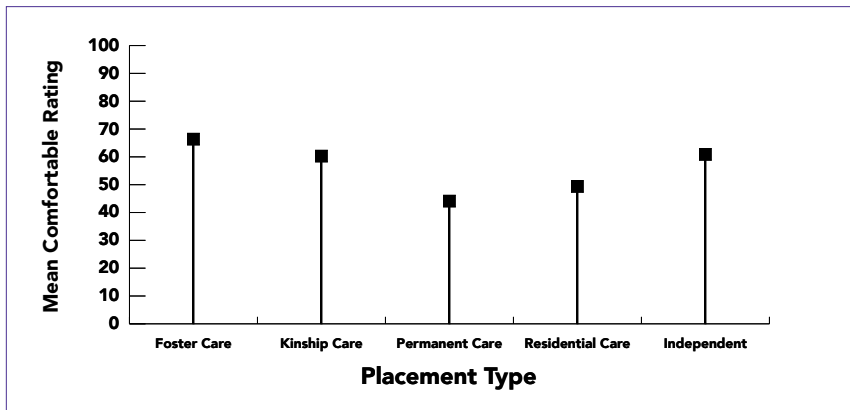
Figure 3.44. Mean ratings by respondents of how Comfortable they felt talking with caseworkers about important issues in the five Placement Types. Scale used: 0: *Not at all comfortable*; 100: *Very comfortable*.

3.3.3 CASE OR CARE PLANNING

One area in which the interaction between the child or young person and a caseworker is vital is case planning. Caseworkers are responsible for preparing a plan that will ensure the child or young person's needs are met while in care, and that his/her best interests are protected. This requires that children and young people participate in the planning, that their views are expressed, and their issues addressed. A series of questions explored the case planning process.

3.3.3.1 AWARENESS OF CASE PLAN

First, children and young people were asked if they were aware of having a case plan. The numbers who could confidently say they did over Jurisdictions are shown in Figure 3.45. Overall, 43.6% knew about their case plan, but there were considerable differences in awareness over the states and territories, with ACT, NT, SA, and VIC reporting particularly low levels of awareness. In addition, more respondents from the older Age range reported knowledge of having a case plan (54.7%) than in the younger group (37.7%). No Sex or Cultural differences were recorded regarding knowledge of case plan.[50]
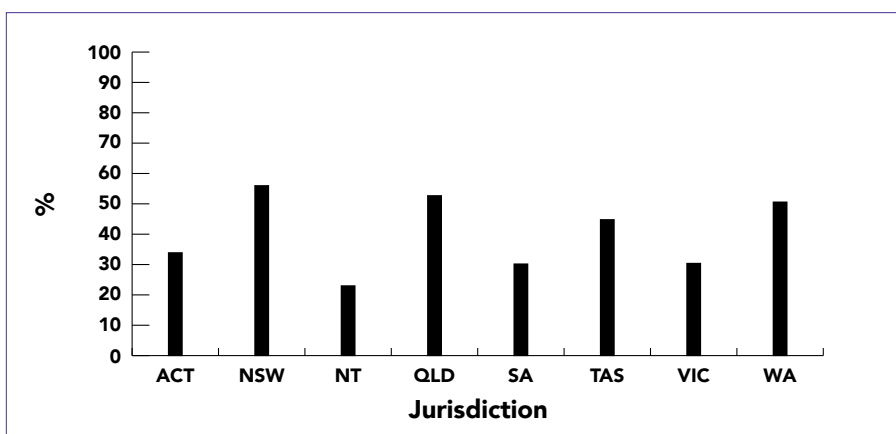
Figure 3.45. Per cent of respondents who indicated they knew about the existence of a personal case plan in the eight Jurisdictions.
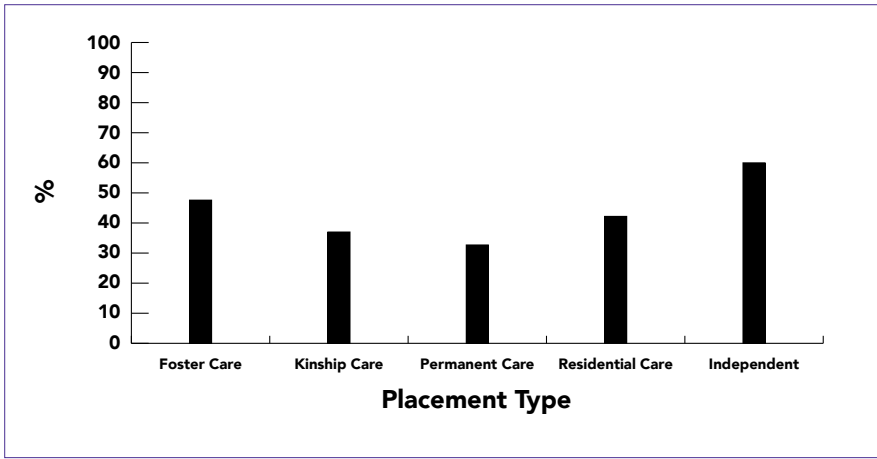
Figure 3.46. Per cent of respondents who indicated they knew about the existence of a personal case plan in the five Placement Types.

Figure 3.46, comparing knowledge of case plan within Placement Types, shows that the greatest awareness of a plan was found in the Independent group. Perhaps, through their actions in asserting their choices, they have achieved "negotiated" placement outcomes, and have a better understanding of what the future holds for them than many others in more traditional placements.[51]

3.3.3.2 Involvement in Case Plan Development

Of the children and young people who were aware of having a case plan (*n* = 489), 57.1% indicated that they had been involved in its development. Figures 3.47 and 3.48 show the observed patterns of involvement across Jurisdictions and Placement Types. Only the differences for Placement Type were significant, because of the extremely high involvement of the Independent group in determining their care outcome.[52]
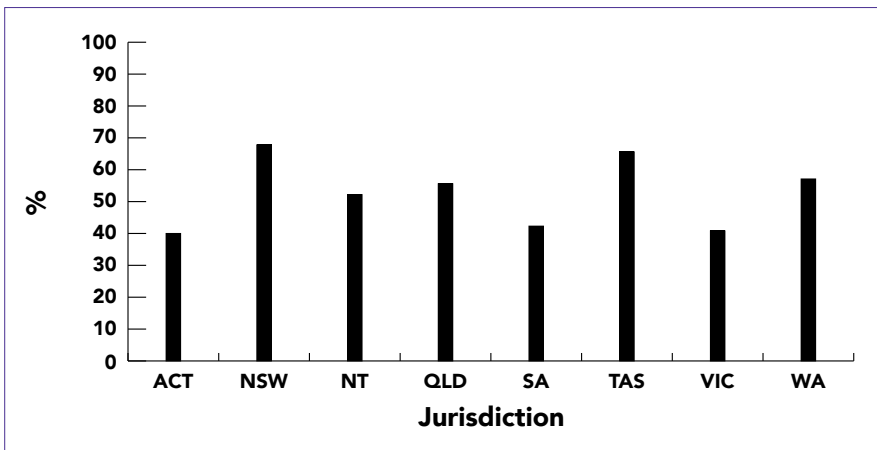
Figure 3.47. Per cent of respondents who knew of having a case plan who had been involved in its preparation in the eight Jurisdictions.
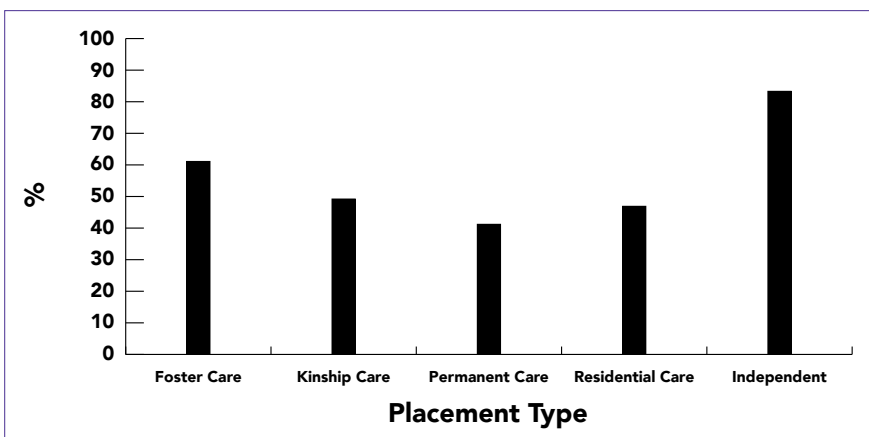
Figure 3.48. Per cent of respondents who knew of having a case plan who had been involved in its preparation in the five Placement Types.

Children and young people who had been involved in the planning process estimated the extent of that involvement using a continuous scale (0: *Little involvement*; 100: *Very involved*). They also were asked to indicate how useful they found the case plan in helping them achieve goals in care (0: *Not at all useful*; 100: *Very useful*), and how they felt about this planning process (0: *Very unhappy*; 100: *Very happy*). Unfortunately, at this level of segmentation of the data, the samples in three Jurisdictions contained fewer than 20 individuals, so comparisons were not meaningful. The overall mean rating of involvement

was 67.0%, while Usefulness of plan was rated at 68.4%, and satisfaction with the overall process scored 71.5% (contrasted with 41.5% when all respondents were considered including those for whom planning had not occurred).

When Placement Types were compared (excluding Permanent Care because of small numbers), no significant Involvement differences were found, but respondents in the four remaining placements varied in their perceived Usefulness of the plan, and Happiness with the planning process. Because of the strong relationship found between Involvement, perceived Usefulness, and Happiness with the process, only mean ratings of feelings for the Process are shown in Figure 3.49. Expressions of Happiness with the planning Process were significantly lower for those in Residential Care compared with their peers in Foster or Kinship Care.[53]
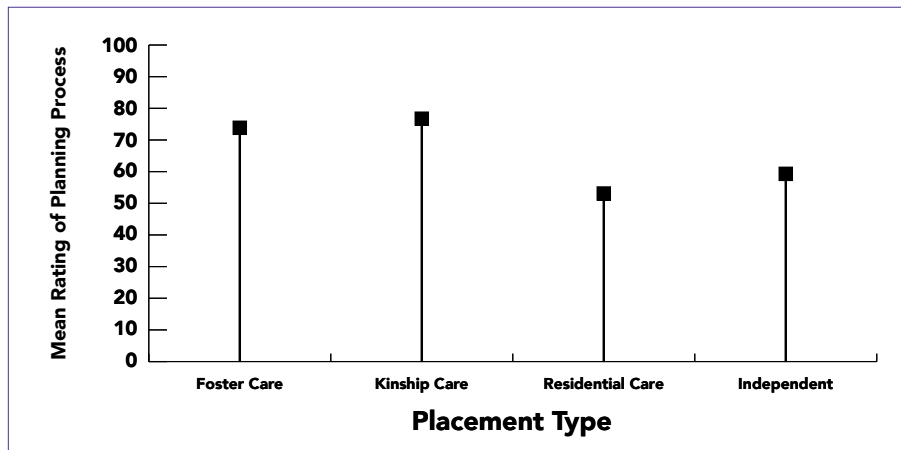
Figure 3.49. Mean ratings of Happiness with the planning Process by respondents from four Placement Types who had been involved in case planning.

Children and young people who knew about case planning were asked how they contributed to this process. The 279 individuals in this category mentioned 374 ways of contributing, which are summarised in the following comments:

I had my say in it. I went to meetings about the case plan. I had to read the case plan before the meetings and then discuss things I liked and didn't like about it. (Female, 14 years)

I spoke about what I wanted and needed at every meeting conducted; they listened and followed through with all they could do in their power. Very involved. (Female, 17 years)

I was present at the care plan. I engaged with my care plan; I told them what I want before I turn 18. I send regular emails on daily basis on the follow up of my care plans and the items discussed. I have not been given any support from my caseworker and team leader. I am going to the advocate. (Female, 17 years)

Wanted to finish school, get tutoring and more counselling. Chose to finish school at same place. (Male, 17 years)

Talked about things I like to do, or don't like to do—school, home, contact. (Male, 13 years)

They gave me an achievement book, where I'm from and what I've done, and I write where I want to be, what I want to do for a job. That's because I didn't want to see them face to face, so they gave me a book. (Female, 14 years)

Told them about my life goals and what support I needed. (Male, 18 years)

They just asked me some questions about what I'd like, more and less, and what they could do to help me. (Male, 16 years)

All children and young people were given the opportunity to say how they felt the planning process could be improved to make it more useful. This elicited a range of reactions, mostly concerned with needing increased knowledge of the process:

Having a case plan to start with would help. (Male, 10 years)

If I knew what it was, how it affects me or how I can see it and help do it. (Female, 10 years)

Actually being able to participate in the case plan might be a start. (Male, 16 years)

Being involved in the meetings, because I like to know everything. (Female, 12 years)

If I was more involved and knowing what the case plan is, and having a copy. (Female, 14 years)

If they showed me the plan then I would know what it was. (Male, 16 years)

I don't know if I have a case plan, so it would be useful if I got to see it and choose my goals. (Female, 13 years)

If I could plan it after school. They sometimes talk about it during school hours, therefore I am unable to attend the meetings. (Female, 16 years)

They just never really used my words. My case plan was pretty much just what they thought was best for me. (Female, 17 years)

If there was some active and positive proof that showed me that my Case Plan was actually assisting me with anything. (Male, 15 years)

3.4 Personal History and Culture

This section of the report deals with how much respondents know about why they are in care, who has provided the information they have, how many opportunities they have to provide feedback on their current situation, and their capacity to make decisions that affect their daily lives.

3.4.1 Knowledge of Current Situation

Children and young people were asked to indicate on a continuous scale how much they felt they knew about why they were in care (0: *Nothing*: 100: *All I need*). They also gave an estimate of how much information they had received from carers and/or caseworkers about what they could expect while in care (using the same scale *Nothing—All I need*). Overall, respondents estimated their level of knowledge at 73.2%, with those in NT having significantly less knowledge than their peers in NSW, TAS, and VIC (Figure 3.50). Children and young people in Residential Care reported having less information about why they were in care compared with others in home-based placements (Figure 3.51). No Sex or Age differences were noted in level of knowledge, but Indigenous respondents felt less informed than the Anglo-Aus group.[54]
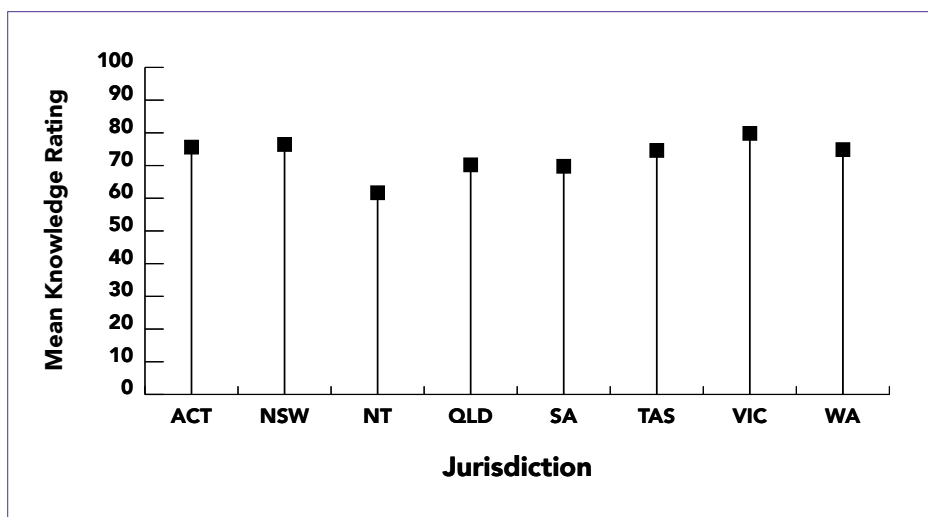
Figure 3.50. Mean ratings by respondents of the extent of their knowledge of why they were placed in care in each Jurisdiction.
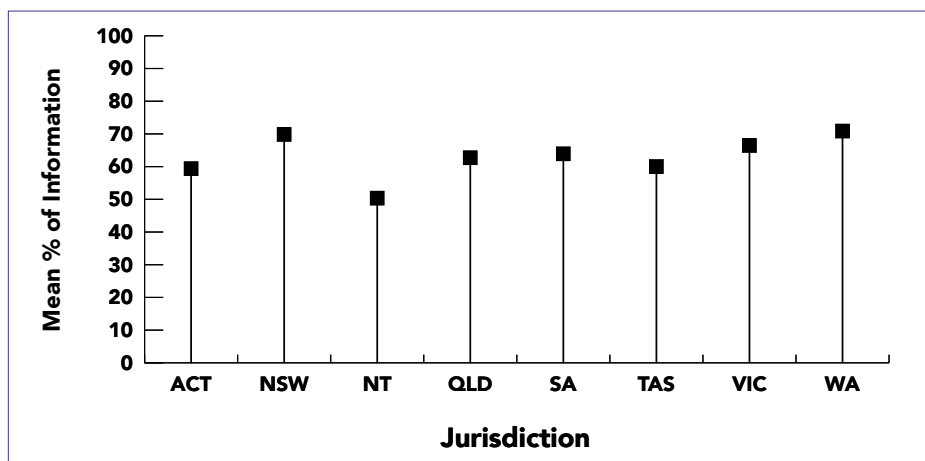
Figure 3.52. Mean ratings by respondents from the eight Jurisdictions of the amount of information about what to expect in care obtained from carers and caseworkers.
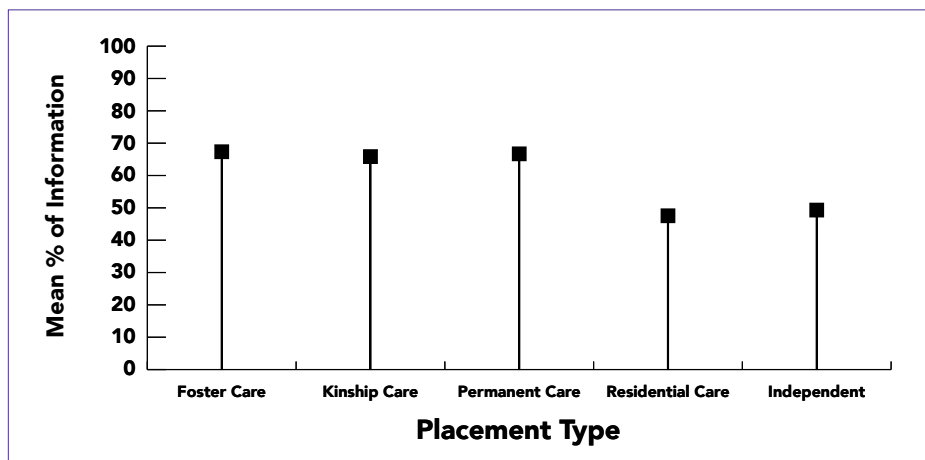
Figure 3.53. Mean ratings by respondents from the five Placement Types of the amount of information about what to expect in care obtained from carers and caseworkers.

Analyses showed that an average of 63.8% of the information obtained by respondents about what to expect in care came from carers and caseworkers. As seen in Figures 3.52 and 3.53, NT was again the lowest scoring Jurisdiction, with 50% of their information obtained from the sources directly concerned with the care system (i.e., carers and caseworkers); those in Residential Care also claimed to obtain about half their information from these official sources. Clearly, other people are making an equivalent, but perhaps not as well-informed contribution to the respondents' knowledge. A significant, but moderate correlation between the total level of respondents' knowledge and the proportion obtained from carers and caseworkers confirmed that other "non-official" sources also were of considerable influence.[55]

3.4.2 Participation in Decision Making

A basic assurance children and young people are accorded under the UNCRC is that a "child who is capable of forming his or her own views" has "the right to express those views freely in all matters affecting the child" (UNCRC, 1989, Article 12, p. 5). A basic requirement is that children and young people feel confident in their ability to interact with others. When questioned about how easy they found talking with others, the average rating obtained from respondents was 71.9 (scale: 0: *Very difficult;* 100: *Very easy*). Jurisdictional differences centred on the relatively low rating given by those in ACT (56.3) compared with the other states and territories (which ranged from VIC: 67.5 to TAS: 78.9). Children and young people in Residential Care also found it more difficult to interact (61.8) compared with those in other Placement Types (Foster Care: 72.9 to

Independent: 73.8), while members of the younger group and males found it easier to be more out-going than their comparable respondents.[56]

3.4.2.1 HAVING A SAY

Respondents in this study were asked specifically how often they were able to have a say about decisions affecting important life issues including their education (e.g., school routines and activities), family contact, and placement changes. A 6-point scale was used to measure frequency with which children and young people had a say about the three topics (1: *Never*; 6: *All the time*). Overall, 67.5% of respondents claimed they were able to have a say at least "*Reasonably often*"; however, 15.7% reported they had this opportunity "*Rarely*" or "*Never*."

Respondents were most likely to be involved in decisions about their education, followed by family contact, and were least able to contribute to decisions regarding placement changes. However, the pattern of responses differed over Jurisdictions. In ACT, SA, and TAS, respondents had more opportunity to contribute to decisions about contact with family, but those in NT reported less chance to have a say at all, particularly about placement matters (Figure 3.54). A similar pattern of involvement was observed with Placement Type (more say about education and family contact, least about placement changes); however, those in Residential Care reported the least opportunity for participation overall (Figure 3.55).[57]
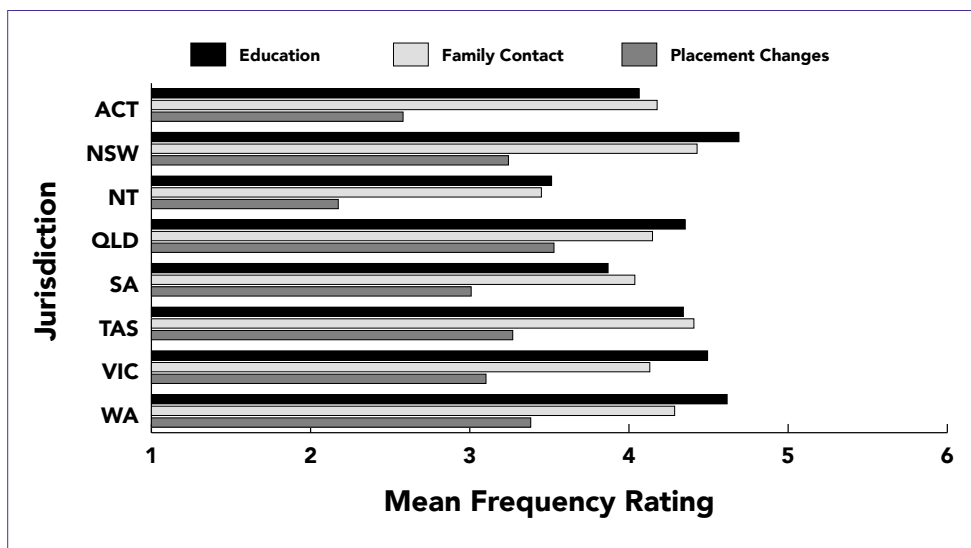
Figure 3.54. Mean rating of frequency of having a say about three key topics (education, family contact, and placement changes) by respondents in the eight Jurisdictions. Scale used: 1: *Never*; 6: *All the time.*

No significant Sex or Culture differences were observed regarding the opportunity to have a say about the specific issues, but the older respondents were more likely to participate in these decisions than were the younger group.[58]
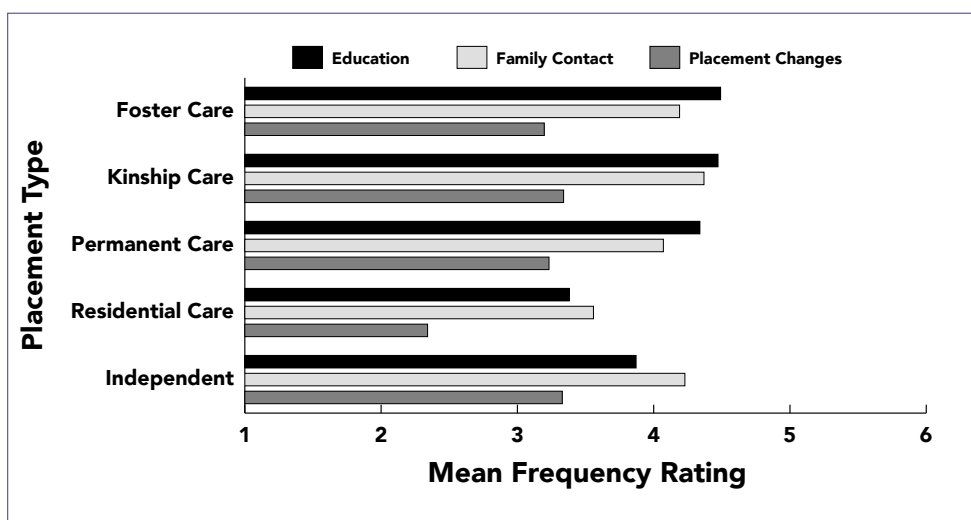
Figure 3.55. Mean rating of frequency of having a say about three key topics (education, family contact, and placement changes) by respondents in the five Placement Types. Scale used: 1: *Never*; 6: *All the time.*

Children and young people provided many comments about opportunities they had to have a say about their education, family contact, and placement changes, and the problems they encountered if that were not possible (e.g., 30.7% of the 427 comments made about its not being possible to have a say concerned placement issues). The following are a sample of some of the points raised:

Having a say:

When my carer and caseworker have come to my brother and I, "Do you want any family visit or contact?" and I will be able to have a say about our family contact and if we want to see them or not. (Female, 14 years)

That I can get involved in my Indigenous heritage and get a proper education. (Male, 12 years)

I was told that me and my brother were going to be living separately because they couldn't find anywhere for us both until my new mum and dad adopted me... If I didn't live with him, I wouldn't have coped. (Female, 13 years)

About asking when we get to see our brothers and sisters next. And about whether I want to see my brothers and sisters and not my mum. (Male, 11 years)

Current placement. I have had the ability to have more of a say, in terms of getting close to leaving care (turning 18), I chose my education, and I'm doing the searching for accommodation. (Female, 17 years)

I didn't want to go back to one placement and I didn't have to. I had a new carer after school. (Male, 14 years)

Not having a say:

I was moved out of one of my happy placements into a placement that wasn't so happy, and I didn't get a say in that. (Male, 16 years)

I don't want to go to residential care but they say there's nothing else. Because it's all they have got, I have to go. No one tells me what to expect. No one cares that I don't want to go. I like the carers I'm with now, but they are old and I have to leave at the end of March. (Male, 14 years)

Never asked me where I wanted to go when they moved me. Moved me from South **** to ****. Pretty much move me, kicked me out, moved me. (Male, 13 years)

Previous placements. I barely had the ability to do what I want, needed to get permission for things all the time. I couldn't have the first sleepover until I was 14 (permission was so hard). Freedom to get out and do things has been really difficult; 15 and 16 was the first time I could go out to the shops alone. (Female, 17 years)

I was younger, and my carer and myself were having arguments at home. And later on, I was at school and I was called up to the office to find all my bags and boxes packed with all my stuff in it. They removed me from their home and that is how I found out. (Female, 16 years)

In their comments, respondents mentioned several other areas that they valued being consulted about before decisions were made. Almost one quarter (23.4%) of the 548 comments made related to recreational pursuits, with a further 11% focusing on day-to-day issues:

Where we go on holidays, what kind of activities we do, sometimes what's for dinner. (Female, 12 years)

If I wanted to play AFL football. Poppy put me into **** so I could try it. I didn't like it so I said no. I ask to try Thai boxing and I love it so I go to boxing three times a week and Poppy got me all things I would need, and Poppy and I built a gym in his shed. (Male, 10 years)

I have been able to choose camps and activities during school holidays. (Female, 12 years)

Hobbies in care—horse riding, my say was considered; surf life-saving, I begged for 18 months and then got to do it. (Female, 13 years)

Sometimes I get to decide what I am having for dinner. And I get to decide if I want to play soccer or football. (Male, 11 years)

Dinner, and getting a dog, and making any routine or a compromise on jobs to help around. Getting a tutor and playing sports, e.g., golf and basketball. (Male, 15 years)

Where we live, what pets we have, what types of furniture we have in our house etc. (Female, 17 years)

My bedroom, how it set up and decorated, what we have for dinner, and staying with my grandmother and cousins. (Male, 13 years)

How I wanted my room painted, new furniture, clothes I wear, food I like to eat, sporting recreations. (Female, 13 years)

"About asking when we get to see our brothers and sisters next. And about whether I want to see my brothers and sisters and not my mum."

(Male, 11 years)

3.4.2.2 Being Heard

A critical outcome of participating in decision-making is feeling that your views have been "heard" in the process, i.e., that you have been listened to. Children and young people were asked to indicate on a continuous scale (0: *Not at all*; 100: *Totally*) the extent to which they believed people listened to what they had to say. Overall, respondents felt they were listened to around 70% of the time; however, there were significant Jurisdictional and Placement Type differences recorded in their responses (see Figures 3.56 and 3.57). Children and young people in ACT felt significantly less heard than those in NSW, TAS, VIC, and WA, while those in NT also scored lower than these states and the QLD sample.[59]
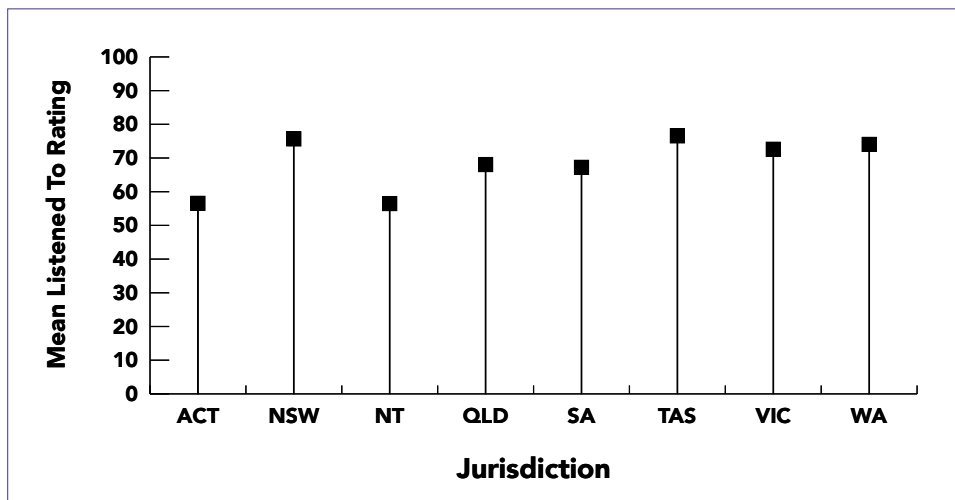
Figure 3.56. Mean ratings by respondents from the eight Jurisdictions of how well they felt listened to when they expressed their views. Scale used: 0: *Not at all*; 100: *Totally.*

Both the Residential Care and Independent groups felt significantly less heard than the home-based respondents. While no Cultural Group differences were observed, females reported feeling less heard than males, and the older respondents felt that their concerns were not taken on board as much as the younger group did, perhaps because at that stage they expressed more challenging expectations.[60]
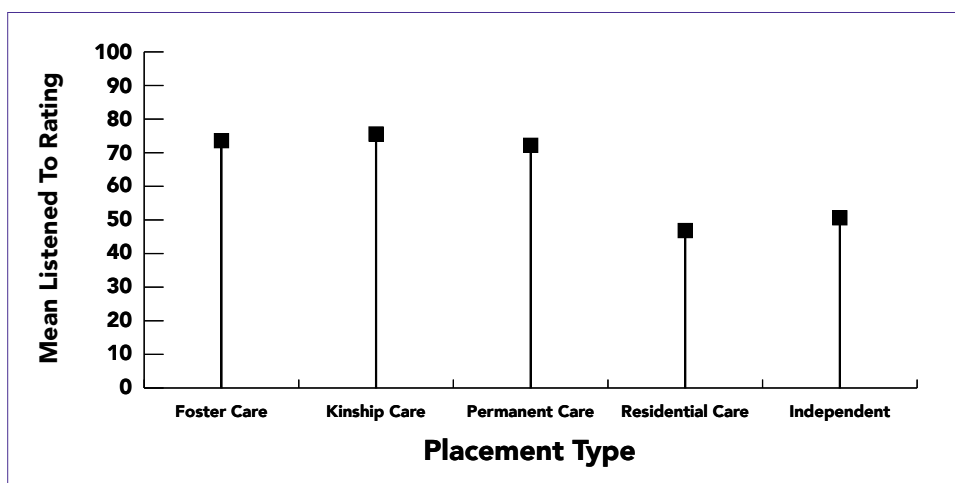
Figure 3.57. Mean ratings by respondents from the five Placement Types of how well they felt listened to when they expressed their views. Scale used: 0: *Not at all*; 100: *Totally.*

3.4.2.3 Participation in Formal Meetings

While having a say on a daily basis about life events is important, children and young people need to be actively involved in the formal meetings between key stakeholders in their lives where policies are formulated and critical decisions made that will impact on their future. Sometimes such meetings can be intimidating because of the formal structure and the people involved (many of whom may be strangers to the young person), but children and young people must be involved to ensure their rights to participate are upheld. Respondents here were asked how often they participated in these formal meetings (scale: 0: *Not at all*; 100: *Very often*), and, if they participated, to what extent they felt their views were considered in the final decisions made (0: *Not at all*; 100: *All the time*).

Of considerable concern is the low level of participation in the formal meetings indicated by the respondents. Figure 3.58 shows the engagement of children and young people across Jurisdictions. Overall, respondents revealed they participated in departmental meetings 38.3% of the time; NSW, at 47.0%, was significantly higher than ACT, NT, QLD, and VIC.[61] Understandably, when comparing Placement Types, those in Permanent Care would be expected to show low attendance because few would have such meetings (Figure 3.59). An interesting

outcome is the higher than expected response from the Independent group (44.5%), presumably occurring as a result of negotiating their individual placement arrangements. No Cultural Group or Sex differences were noted for participation in meetings, but the older respondents were more involved than their younger counterparts.[62]
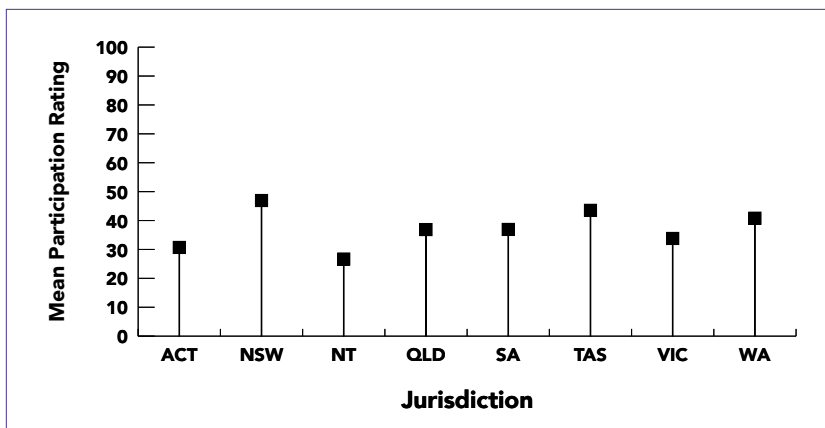
Figure 3.58. Mean ratings of extent of Participation in formal department meetings by respondents in the eight Jurisdictions. Scale used: 0: *Not at all*; 100: *Very often.*
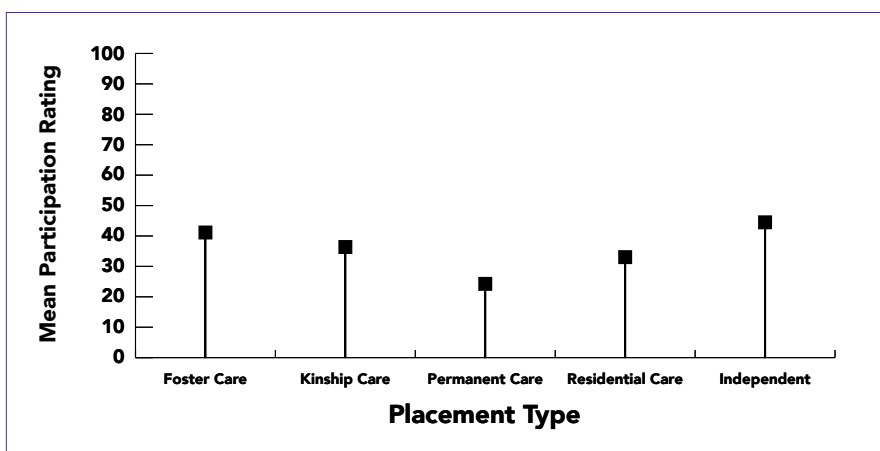
Figure 3.59. Mean ratings of extent of Participation in formal department meetings by respondents in the five Placement Types. Scale used: 0: *Not at all*; 100: *Very often.*

Children and young people who indicated they had attended departmental meetings were asked to estimate the level to which they felt their views were considered by the others present (scale used: 0: *Not at all*; 100: *All the time*). The overall estimate from the 903 respondents who had attended a meeting was that their views were considered 52.4% of the time. Those participants in NSW and WA felt their position was more understood at the formal sessions than did respondents in ACT, NT, or QLD. Consistent with a pattern emerging from the results of this survey, respondents in Residential Care reported less consideration of their views than did their peers in Foster and Kinship Care (see Figures 3.60 and 3.61). No Sex or Age differences were noted, but the Anglo-Aus group felt that their contribution was more valued at meetings than did members of the other Cultural Groups, with the difference from the Indigenous cohort being significant.[63]
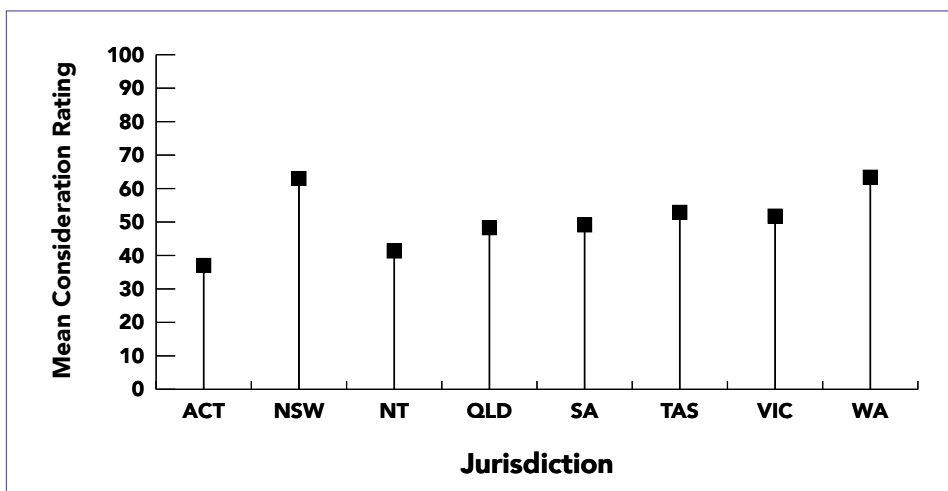
Figure 3.60. Mean ratings of the extent respondents who participated in formal department meetings felt their views were considered across Jurisdictions. Scale used: 0: *Not at all*; 100: *All the time.*
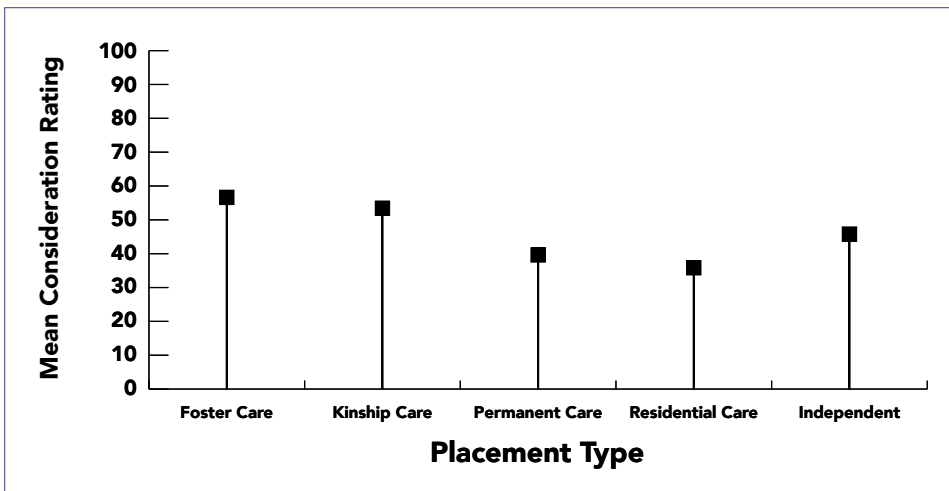
Figure 3.61. Mean ratings of the extent respondents who participated in formal department meetings felt their views were considered across Placement Types. Scale used: 0: *Not at all*; 100: *All the time.*

3.4.3 FAMILY STORY

An important aspect of children and young people's personal history is the knowledge they have of their family story, their life context of which the care experience is now a component.

3.4.3.1 EXTENT OF KNOWLEDGE OF FAMILY STORY

Respondents were asked to indicate how much they knew about their family background and traditions using a continuous scale (0: *Nothing*; 100: *All I need*). Figure 3.62 shows that respondents from VIC expressed the highest level of knowledge about their family story (the difference from SA and TAS being statistically significant).[64] However, all ratings for the level of this important knowledge were rather low (overall mean was 57%).
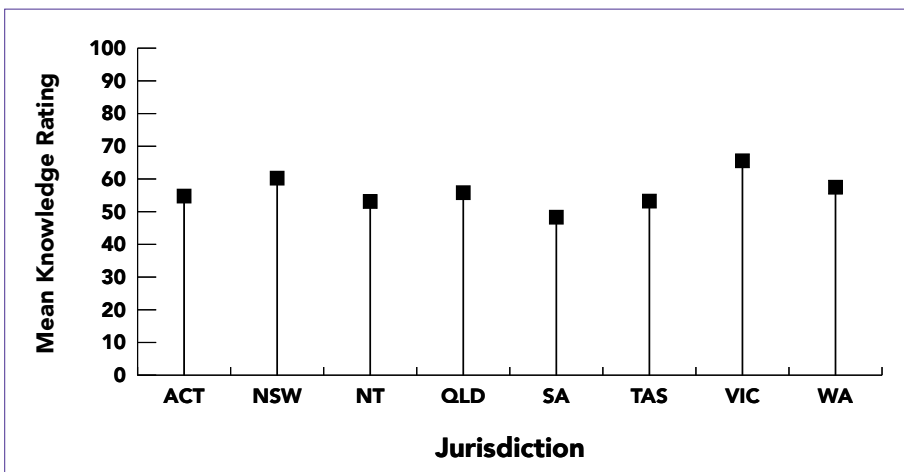
Figure 3.62. Mean ratings of level of Knowledge about their family story by respondents from the eight Jurisdictions. Scale used: 0: *Nothing*; 100: *All I need.*

Clearly, as shown in Figure 3.63, respondents in Kinship and Permanent Care felt that they had more details of their family story than did those in either Foster or Residential Care. While there were no significant Sex or Cultural Group differences, the older group reported feeling less informed about family matters than did the younger ones, possibly because they were starting to have more unanswered questions.[65]
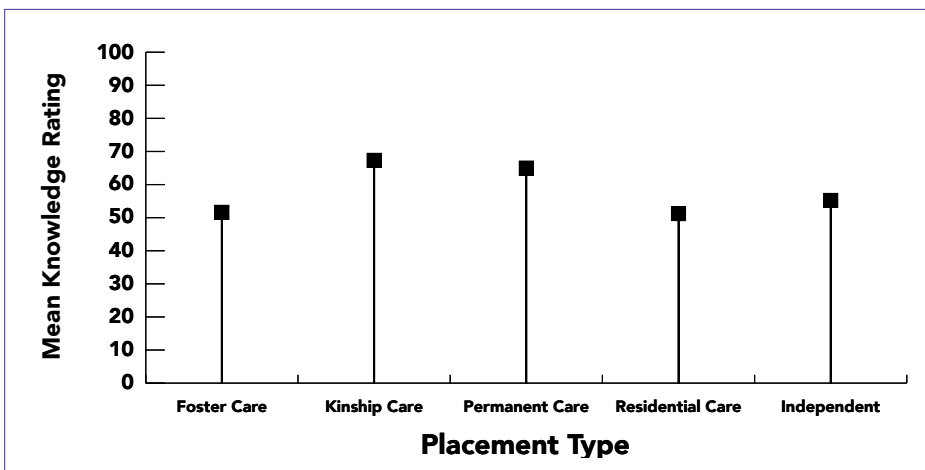
Figure 3.63. Mean ratings of level of Knowledge about their family story by respondents from the five Placement Types. Scale used: 0: *Nothing*; 100: *All I need.*

3.4.3.2 SOURCE OF INFORMATION ABOUT FAMILY STORY

It was of interest to determine from whom children and young people acquired the information they had about their family story. What role did the significant adults in their lives play in keeping them informed? Respondents were asked to indicate, using a 6-point scale (1: *Nothing*; 6: *All I need*), how much they had learned from: their carer; their main caseworker; their birth parents; family members (not living with them); a teacher; or a community member.
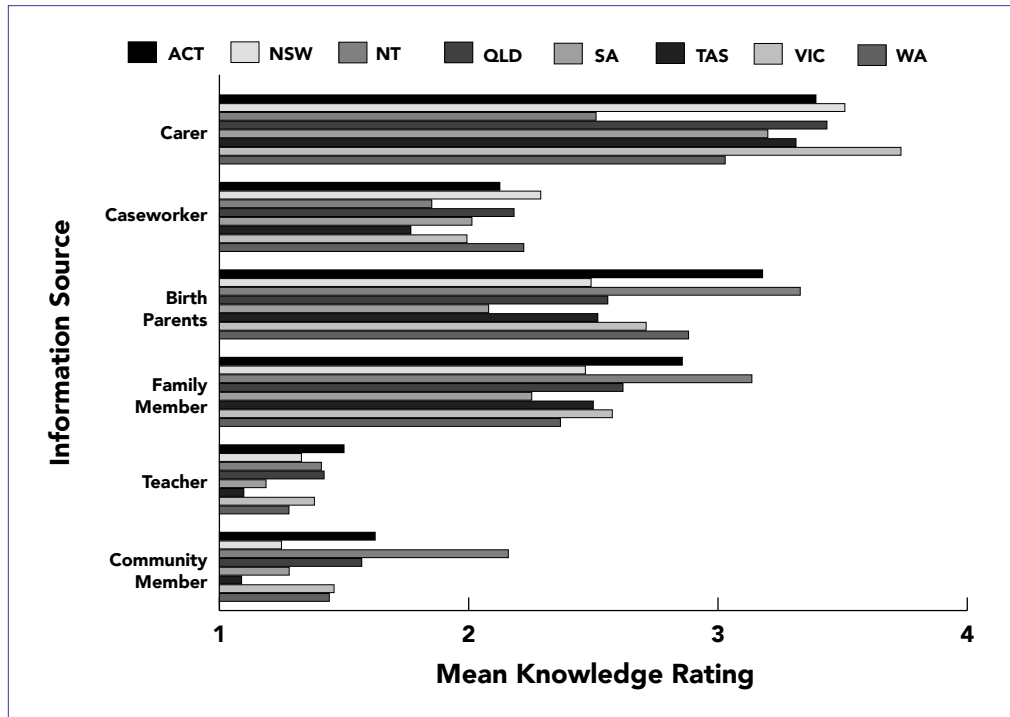
Figure 3.64. Mean ratings of the amount of Knowledge of family story respondents from the eight Jurisdictions obtained from support persons. Scale used: 1: *Nothing*; 6: *All I need*.
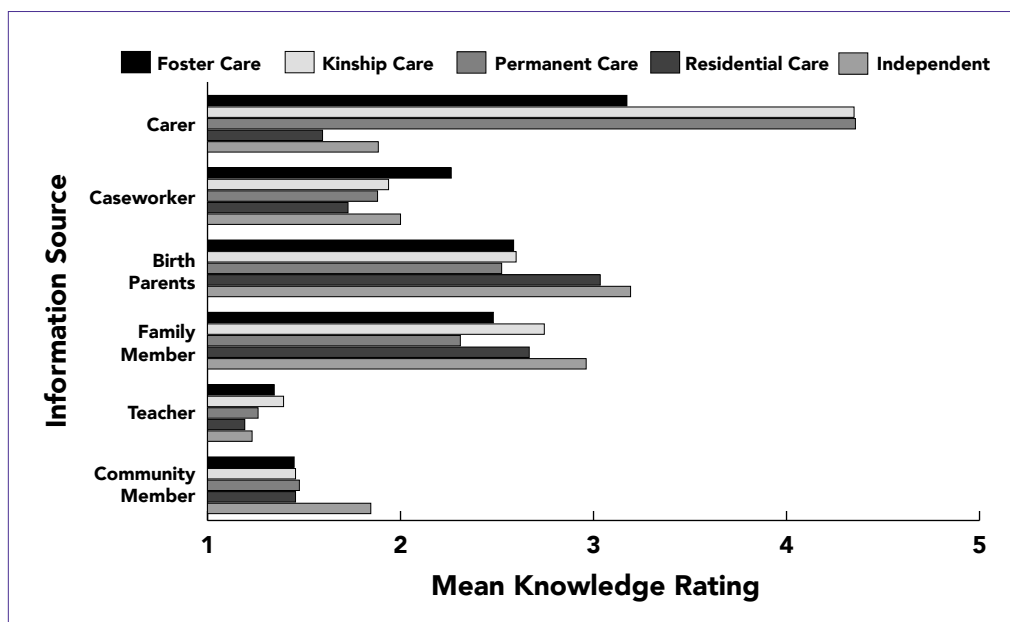
Figure 3.65. Mean ratings of the amount of Knowledge of family story respondents from five Placement Types obtained from various support persons. Scale used: 1: *Nothing*; 6: *All I need*.

While there were overall differences in the role played by the various Support Persons across Jurisdictions, these two variables also interacted showing that different people were involved in informing about family in the various states and territories.[66] In all Jurisdictions, except NT, carers had the responsibility for conveying most of the information to children and young people about their family background (Figure 3.64). In NT, birth parents, family, and community members played a greater part than elsewhere, possibly because of the high incidence of Indigenous children and young people in care in that territory. A notable feature is the limited contribution made by caseworkers, who would be expected to have access to authoritative details about their cases' family history, but were not highly involved in passing the information on.

The role of carers in imparting knowledge of family history was extremely important in Kinship and Permanent Care placements (Figure 3.65), understandable in the former situation where most of

the carers are family. Of concern is the observation that, with the exception of Kinship and Permanent Care, the ratings given to most sources of family information are below 3 (on a 6-point scale). Children and young people do not feel well informed about their history, especially when in Residential Care, and those living Independently.[67]

Individuals providing family history varied over Cultural Groups as well. As seen in Figure 3.66, carers were the most important source for the Anglo-Aus respondents, while birth parents and family members were more likely to play this key role for Indigenous and Other Cultural groups. Community members contributed family details more for the Indigenous than the other two groups. Caseworkers provided "*A little*" information to all respondents, irrespective of Cultural Group.[68] Regarding Age Group comparisons, the most notable difference was that the younger group compared with the older cohort reported that carers and caseworkers provided more information (albeit at a lower level). No differential treatment of the Age Groups by the other support persons were recorded (Figure 3.67).[69]
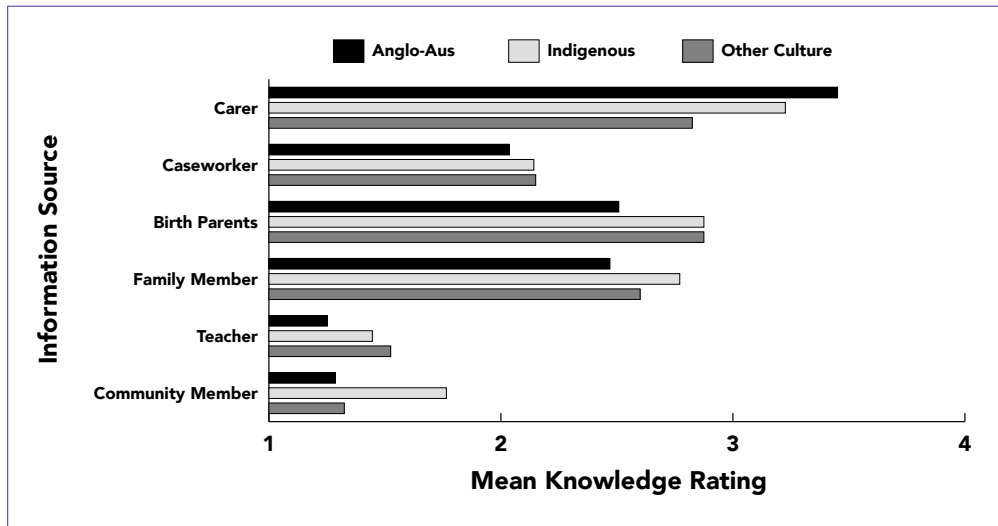
Figure 3.66. Mean ratings of the amount of Knowledge of family story respondents from the three Cultural Groups obtained from the various support persons. Scale used: 1: *Nothing*; 6: *All I need.*
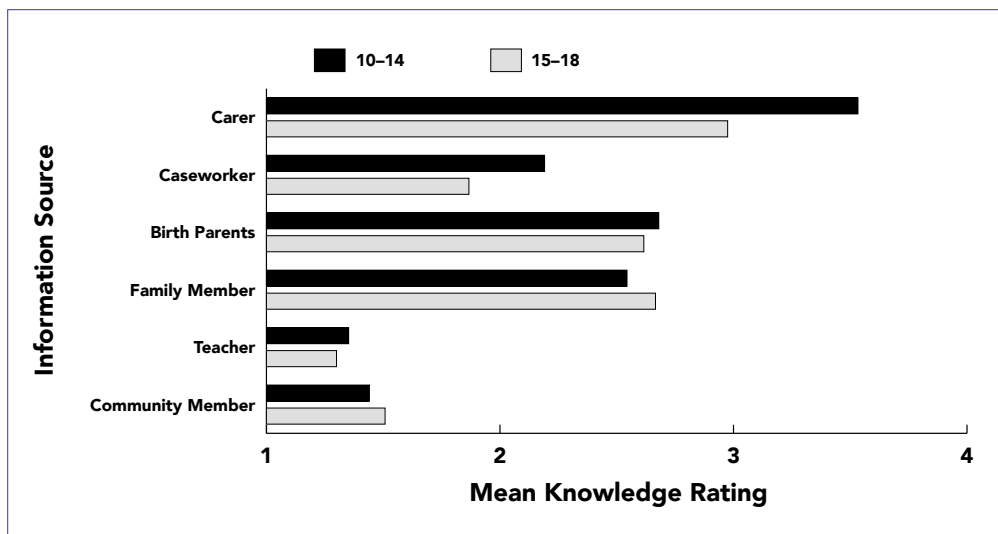
Figure 3.67. Mean ratings of the amount of Knowledge of family story respondents from the younger and older Age Groups obtained from the various support persons. Scale used: 1: *Nothing*; 6: *All I need.*

3.4.4 CONNECTION TO CULTURE

The exploration of feelings of connection to culture was specially relevant for both the Indigenous and Other Cultural groups, so the Anglo-Aus respondents were excluded from these analyses. Initially, the two cohorts were compared to determine how important they felt it was to be connected to their culture, and how well connected or "in touch" with their culture they were feeling at present. Data from 465 respondents in the Indigenous and Other Cultural groups were available. A significant difference in importance of being connected was observed, with the Indigenous group giving a mean importance rating of 75.9 (using the scale 0: *Not at all important*; 100: *Very importan*t); 58.8% scored above 83 (equivalent to "*Quite important*" or 5 on a 6-point scale). By comparison, the Other group rated importance at 58.9. In terms of how connected they felt with their cultures, the Indigenous sample scored their overall connection at 56.8, with 31.2% "*Quite connected*", scoring above 83, and 30.0% scoring below 33 (showing "*Little connection*"). Strength of connection scores in Jurisdictions ranged from 40.8 in TAS to 64.6 in NSW. The Other Cultures group gave a much lower value for connection at 43.8 (scale: 0: *Not at all connected*; 100: *Very connected).*[70]

It is critical to present as accurate a picture of Indigenous responses as possible to recognise their specific needs, given their over-representation in the care population. Therefore, subsequent analyses of cultural connection will focus only on data from the Indigenous respondents. However, the findings concerning Other Cultures raise questions about what is being done to support those in other cultural groups in the care system. Are the low ratings given to the importance of, and actual connection with their culture a result of informed choice, or a default position because there are few other options? Further research is required to address these groups specifically.

3.4.4.1 Source of Information about Culture

Indigenous respondents were asked to indicate how much they had learned about their culture from the same sources who provided information about their family story (carer, caseworker, birth parents, family member, teacher, and community member) using a 6-point scale (1: *Nothing*; 6: *All I need*). For the 319 who responded, the results of Jurisdictional comparisons are shown in Figure 3.68. Carers were seriously involved in ACT, NSW, and QLD, but less in NT where birth parents and family members played a more important role in conveying cultural information. Birth parents also were involved in WA; NT and WA being the Jurisdictions with the highest Indigenous populations in care. Again, as with family history, caseworkers were not all that active in talking with respondents about cultural matters. While most support persons made some contribution to informing Indigenous children and young people in ACT, respondents in TAS seemed particularly uninformed about their culture.[71]
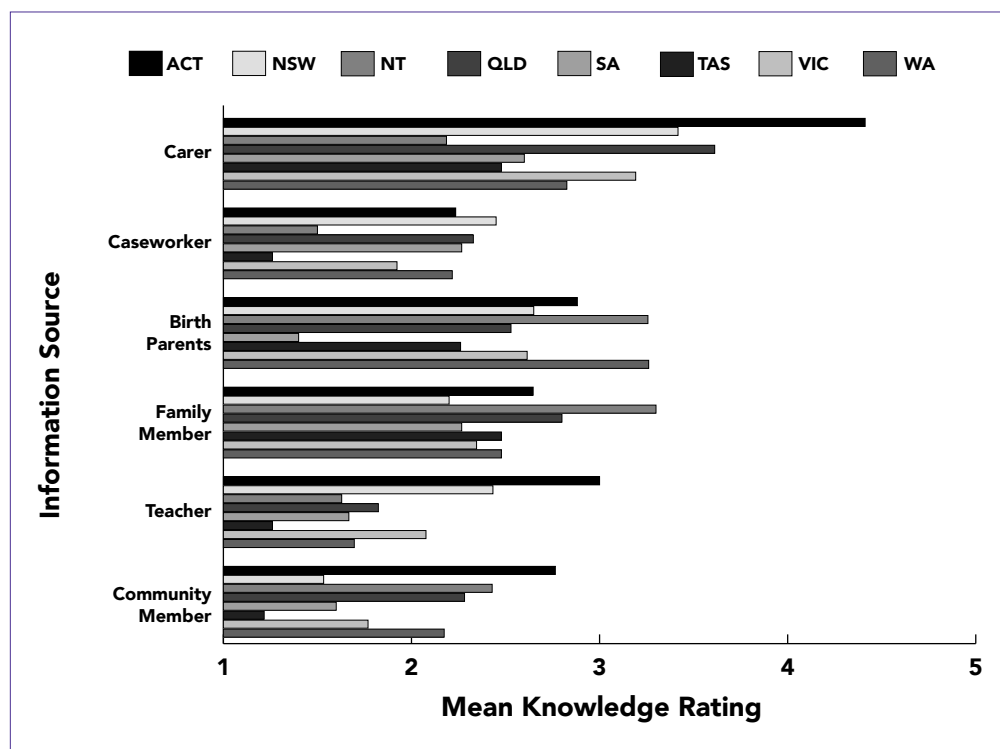
Figure 3.68. Mean ratings of the amount of cultural Knowledge Indigenous respondents obtained from various Support Persons within the eight Jurisdictions. Scale used: 1: *Nothing*; 6: *All I need*.

Placement Type comparisons also revealed differences in the role played by the various Support Persons in sharing cultural knowledge. Carers were particularly active culturally in Permanent placements, more so than in Kinship and Foster Care, while birth parents and family members were more likely to be providing this knowledge to those in Residential Care or living Independently (Figure 3.69). Even though caseworkers are directly responsible for the care of the children and young people in the child protection system, their contribution concerning individual cultural education was no greater than that of classroom teachers which was low. Age differences also were observed in the role played by support persons in imparting cultural knowledge. The younger group of Indigenous respondents reported obtaining more information from carers than did the older group; such difference did not occur for the other support persons (see Figure 3.70).[72]
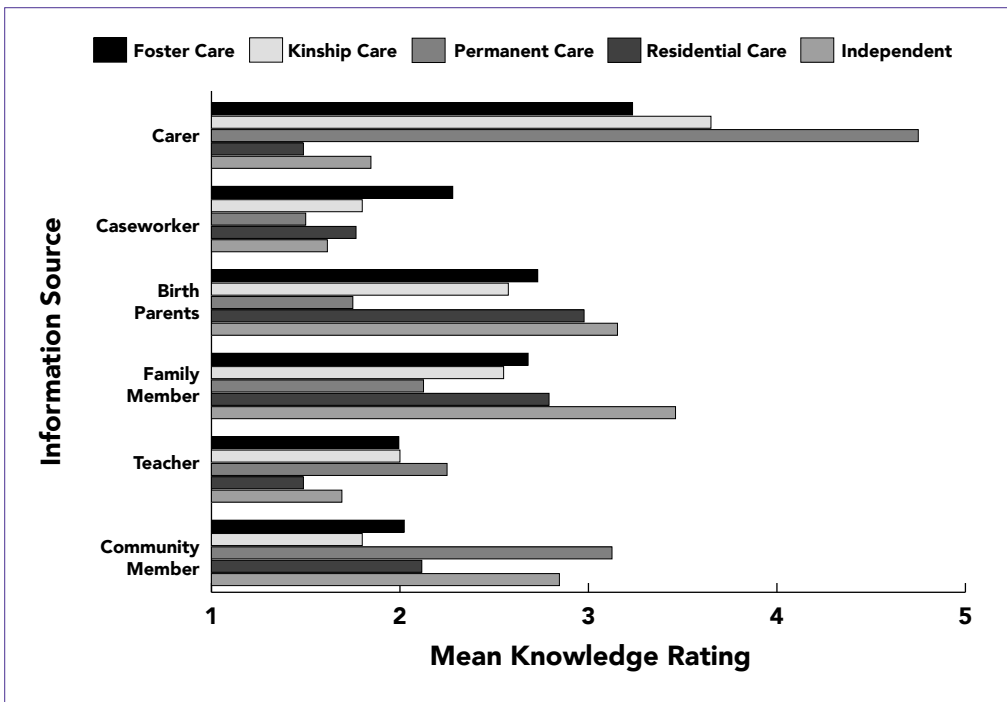
Figure 3.69. Mean ratings of the amount of cultural Knowledge Indigenous respondents in the five Placement Types obtained from the various support persons. Scale used: 1: *Nothing*; 6: *All I need.*
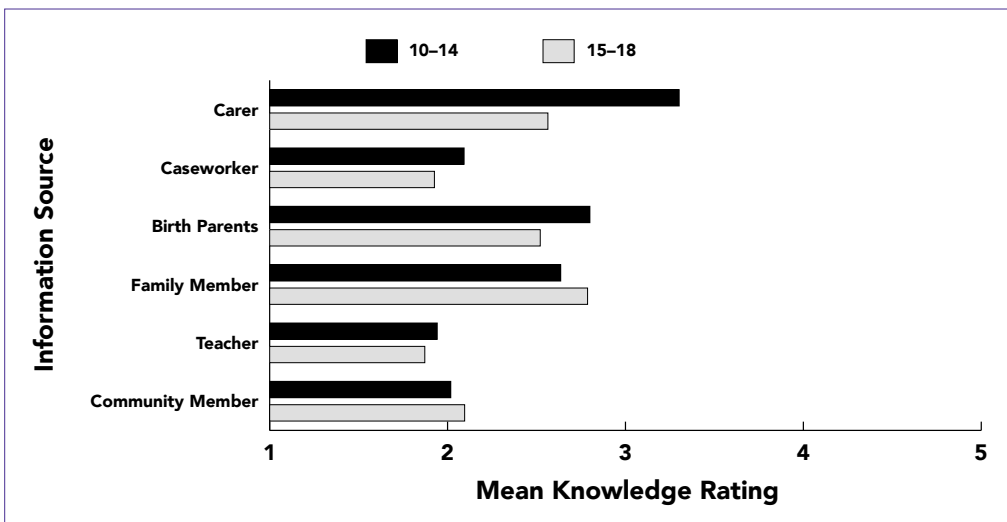
Figure 3.70. Mean ratings of the amount of Knowledge of their culture Indigenous respondents in the two Age Groups obtained from the various support persons. Scale used: 1: *Nothing*; 6: *All I need.*

Are the low ratings given to the importance of, and actual connection with their culture [by CALD groups] a result of informed choice, or a default position because there are few other options?

3.4.4.2 CULTURAL SUPPORT PLANNING

One expectation under the *National Standards for Out-of-Home Care* is that all Indigenous children and young people in care should have a Cultural Support Plan (FaHCSIA, 2011, Standard 10, Measure 10.1). Of the total number of Indigenous respondents in this study, 394 answered the question about their awareness of having a personal Cultural Support Plan (CSP), with 20 indicating that having a CSP was not relevant for them. Of the remaining 374, 17.9% clearly were aware of having their own CSP. The others either did not have, or were unsure about the existence of such a plan. The differences over Jurisdictions were significant; Figure 3.71 shows the percentage of Indigenous children and young people who were aware of their CSP in the various states and territories. The numbers in VIC and NSW, while still only around one third of respondents, are twice as high as the next Jurisdictions (ACT and QLD). Knowledge of their CSP amongst the Indigenous respondents in SA and TAS was extremely low.[73]
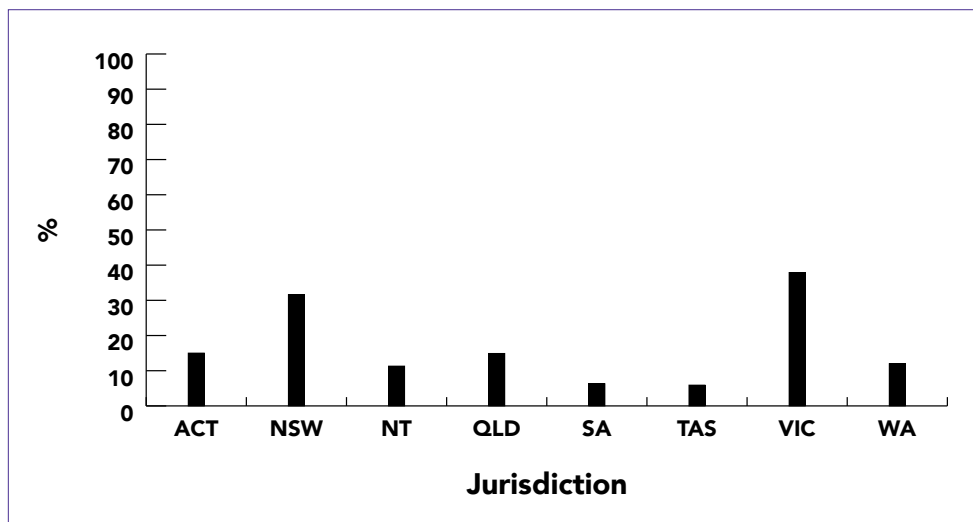
Figure 3.71. Per cent of Indigenous respondents in the eight Jurisdictions who were aware of having a personal Cultural Support Plan (*n* ACT = 20; *n* NSW = 76; *n* NT = 80; *n* QLD = 94; *n* SA = 16; *n* TAS = 34; *n* VIC = 29; *n* WA = 25).

Comparisons also were attempted by Placement Type, but because only Indigenous children and young people were being considered, the numbers in Permanent Care were too low to allow statistical analyses (*n* = 9). However, two thirds of this group had a CSP compared with the next best Placement Type (viz., Foster Care at 18.4%). No Age or Sex differences were recorded.

The data segmentation had an even more pronounced effect when involvement in cultural planning was explored. Here the total sample comprised the 67 Indigenous children and young people who knew about their CSP. The mean level of involvement they had in preparing their CSP was 45.9 (on a scale: 0: *Not at all involved*; 100: *Very involved*). Clearly, much more attention must be given to ensuring more Indigenous children and young people have an appropriate CSP that they have been involved in producing.

When all Indigenous respondents were asked in what ways they might like to be more involved in cultural support planning, 169 comments were provided; 6% expressed satisfaction with the respondent's current involvement, 12% reiterated the complaint that they didn't have a CSP, 4% indicated lack of interest, and 27% didn't know what was possible. One quarter wanted to learn more about their own history, perhaps by returning to country, or participating in cultural events (mentioned specifically by 6%). Another 15% of comments expressed a desire to have a support person talk to them about cultural issues. The following quotes capture the essence of these thoughts and consequent challenges:

I had someone sit down with me and go through everything, my mob, my family. There is nothing else I need to know. (Female, 17 years)

I would like to be more involved in my culture, but most of my elders have passed away and family is involved alcohol and drugs. (Male, 11 years)

I want to find out if I have a cultural support plan so I can get help finding more info about my culture and where my family was from. (Female, 14 years)

I would like to know who my family is and where I come from which is hard because both of my grandparents were members of the Stolen Generation. (Female, 16 years)

Having a say about going home to community and having my cultural ceremonies, or getting smoked when I am sick or else it will be worse for me, and something bad could happen to me. (Female, 14 years)

I'd like to talk more with my caseworker. I'd love to learn everything about my culture. (Male, 14 years)

3.5 Family Structure and Relationships

This section deals with aspects of the respondent's family of origin, including whether the child or young person has siblings from their birth family, and if so, the extent of connection experienced by these siblings within out-of-home care. Contact with other family members is a major concern for many in the care system. Does it occur? With what regularity? Who facilitates and supports it? Finally, what opportunities do children and young people in care have to form extra-familial relationships and make friends? Questions of this type will be addressed here.

3.5.1 Sibling Connections

Of the 1133 who responded to the questions about siblings, 95.5% indicated they had at least one sister or brother from their birth family. The full distribution is reported in Table 3.6. Based on the information provided about living arrangements with siblings,

and following the terminology developed by Hegar and Rosenthal (2011) and McDowall (2015), respondents were categorised into one of four groups: (a) "Together" who lived in care with all their birth siblings; (b) "Splintered" who lived with some siblings, but others were living elsewhere in care; (c) "Split" who had siblings, but all were living in other care placements; and (d) "Alone" who had siblings, but none of their sisters or brothers was in the care system. Table 3.7 presents the numbers and percentages of respondents who reported having siblings and were living in each of the four arrangements. In total, 53.4% of the sample were living with at least some siblings, but 30.0% knew they were separated from other sisters and brothers in the care system. The distribution of these sibling placements over Jurisdictions is presented in Figure 3.72.

Table 3.6: *Number and Percentage of Respondents Who Indicated They Had the Designated Number of Siblings in Their Birth Family*

Number of Siblings	Number of Respondents	%
None	51	4.5
1	140	12.4
2	152	13.4
3	185	16.3
4	145	12.8
5	134	11.8
6–7	154	13.6
8–9	81	7.1
10 or more	91	8.0
Total	1133	100.0

Table 3.7: *Number and Percentage of Respondents Experiencing Each of the Specified Living Arrangements with their Siblings*

Sibling Living Arrangement*	Number	%
Together	296	27.4
Splintered	281	26.0
Split	323	30.0
Alone	179	16.6
Total	1079	100.0

*See text for description of categories.
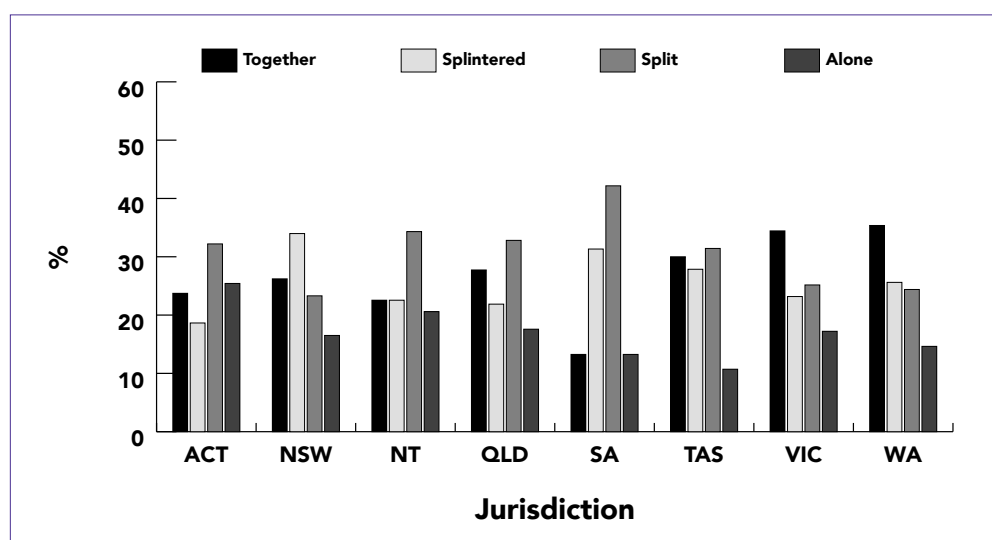
Figure 3.72. Per cent of respondents living in Together, Splintered, Split, or Alone relationships with their siblings in the eight Jurisdictions.

Significant differences were noted across Jurisdictions. VIC and WA are working well to increase the number of children and young people placed with siblings. SA had the highest proportion of respondents in Split placements compared with the other arrangements, a pattern also seen in ACT, NT, and QLD. Comparisons over Placement Types showed that more "Togetherness" occurs in Kinship and Permanent Care, although in the latter, higher degrees of separation of siblings can be found as well. As seen in Figure 3.73, a greater incidence of Split placements was reported by respondents pursuing Independent living arrangements and those in Residential Care, which suggests that the official explanation that, because "in many jurisdictions priority is given to keeping siblings together" this "sometimes results in periods of residential care for larger family groups" (AIHW, 2018, p. 45), is not a regular occurrence. No significant difference in sibling placement was found across Cultural Groups.[74]
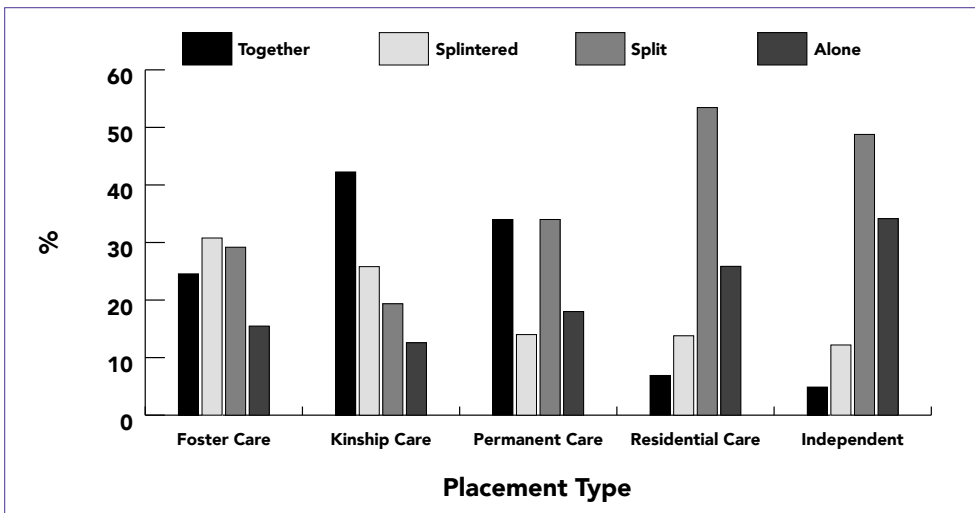
Figure 3.73. Per cent of respondents living in Together, Splintered, Split, or Alone relationships with their siblings in the five Placement Types.

3.5.2 Contact with Family

An important issue for children and young people in out-of-home care is the extent of contact they have, or wish to have with various family members, including siblings (as highlighted in the previous section), but also birth parents, grandparents, and other relatives. Respondents were asked to indicate how often, on average over the last 12 months, they contacted various members of their birth family they were not living with. These included: Mother, Father, Siblings, Grandparents, and Other relatives. Frequency of contact was estimated on the scale 0: *No contact at*

all; 1: *Once a year*; 2: *Once in 6 months*; 3: *Once in 3 months*; 4: *Monthly*; 5: *Fortnightly*; and 6: *Weekly*.

3.5.2.1 Frequency of Family Contact

Figure 3.74 compares the percentage of respondents who were in contact with the various family members at least fortnightly and those not in contact at all. Most frequent contact (42.1%) was with siblings, followed by grandparents (33.1%). Fathers headed the list of family members not contacted at all (48.6%) well above Other relatives (35.8%) and Grandparents (33.9%).
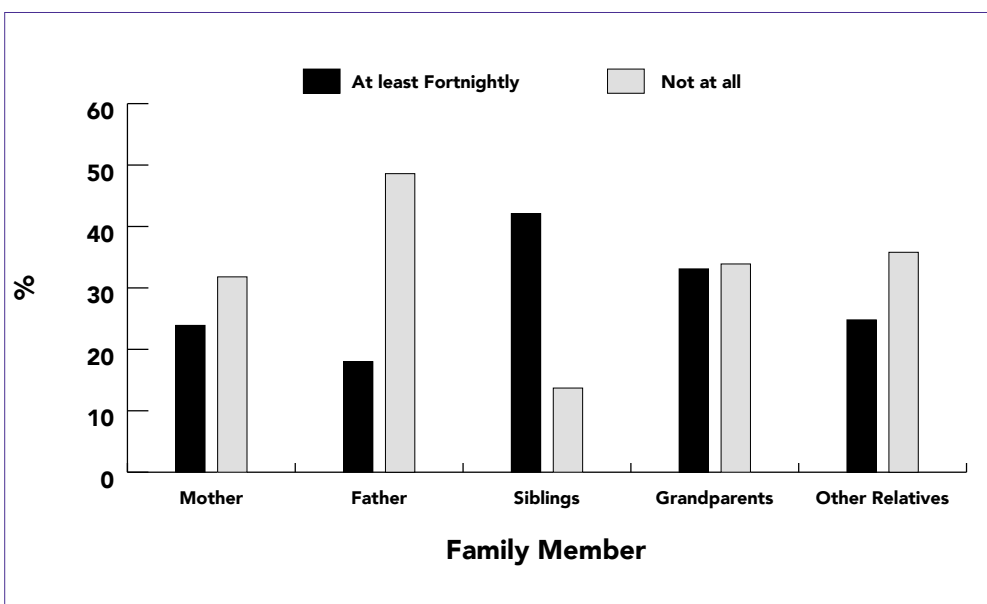
Figure 3.74. Per cent of respondents who indicated they contacted designated family members weekly or fortnightly compared with those who did not contact these family members at all. Percentages are based on the numbers of children and young people who reported they had such a family member. Numbers were: Mother: 1051; Father: 958; Siblings: 1049; Grandparents: 971; Other Relatives: 987.

Mean level of contact, using the indicated scale scores, given by respondents was calculated for each of the five family members in each Jurisdiction. These results are presented in Figure 3.75, from which it can be seen that sibling contact is particularly high in NT, QLD, SA, and TAS. This may help compensate for the higher numbers of Split placements in NT, QLD, and SA (see Figure 3.72). If siblings can't live together, they at least can keep in contact.[75] Comparison of Placement Types highlighted differences in contact patterns (Figure 3.76). Respondents in Kinship Care were likely to have more contact with all family

members except Mother and Father. For those in Foster and Permanent Care, sibling contact dominated. Respondents in Residential Care and living Independently had substantial sibling contact, but they also had more connection with their birth mothers than did the other groups.[76] In each Cultural Group, level of Father contact was low, but in the Other Cultural group, contact was more evenly spread over other family members (see Figure 3.77). For both Anglo-Aus and Indigenous respondents, sibling contact was most frequent.[77]
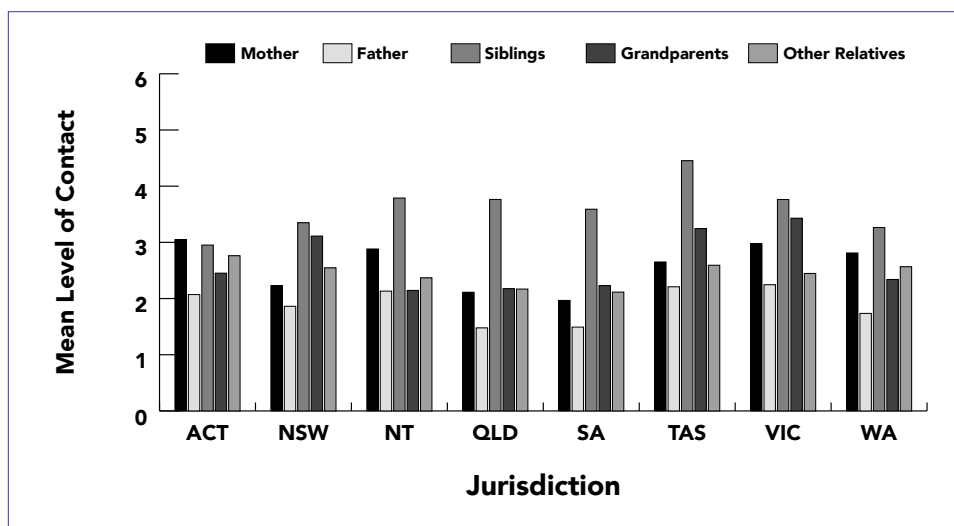
Figure 3.75. Mean level of contact with the designated family members estimated by respondents from each of the eight Jurisdictions. Frequency of contact was measured on the scale: 0: *Not at all*; 1: *Once a year*; 2: *Once in 6 months*; 3: *Once in 3 months*; 4: *Monthly*; 5: *Fortnightly*; or 6: *Weekly*).
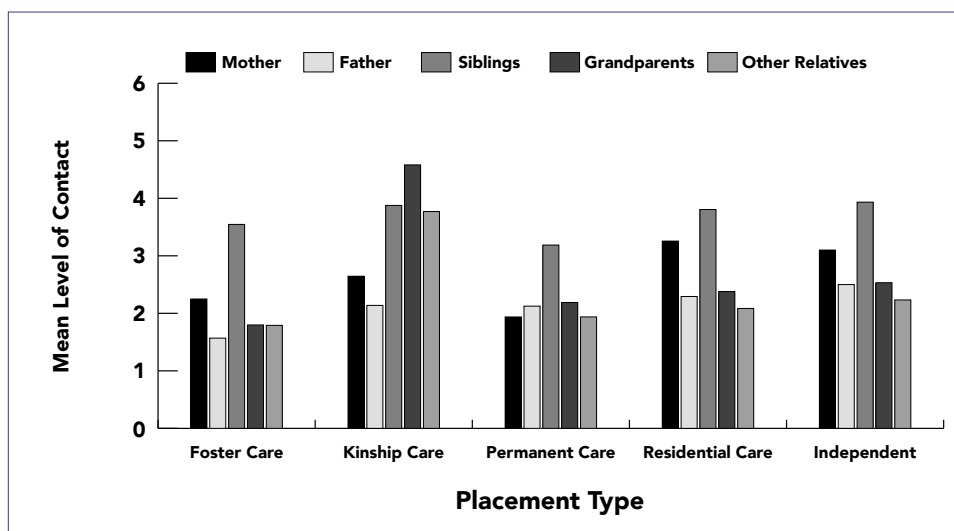
Figure 3.76. Mean level of contact with the designated family members estimated by respondents from each of the Placement Types. Frequency of contact was measured on the scale: 0: *Not at all*; 1: *Once a year*; 2: *Once in 6 months*; 3: *Once in 3 months*; 4: *Monthly*; 5: *Fortnightly*; or 6: *Weekly*.
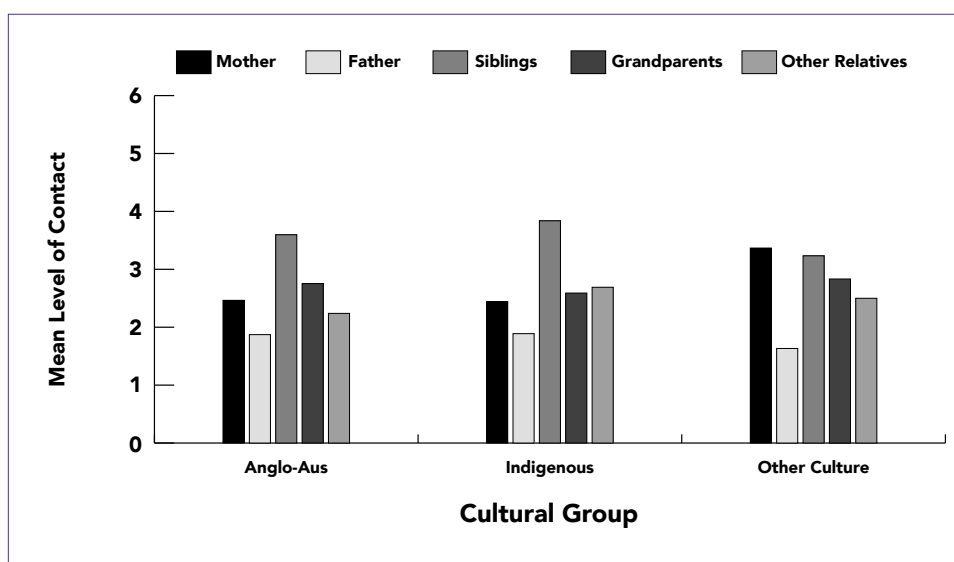
Figure 3.77. Mean level of contact with the designated family members estimated by respondents from each of the Cultural Groups. Frequency of contact was measured on the scale: 0: *Not at all*; 1: *Once a year*; 2: *Once in 6 months*; 3: *Once in 3 months*; 4: *Monthly*; 5: *Fortnightly*; or 6: *Weekly*.

3.5.2.2 DESIRED FAMILY CONTACT

As well as exploring the frequency of contact respondents had with family members, they also were asked to indicate if they were satisfied with the current level of contact, or whether they would prefer less or more (1: *Less*; 2: *OK as is*; 3: *More contact*). Figure 3.78 shows the per cent of respondents who claimed they wanted more contact with the respective family members in the eight Jurisdictions. Over half the children and young people in NT wanted more contact with all family members, higher than in any other Jurisdiction. By comparison, fewer respondents in TAS wanted more contact (a greater number were satisfied with current arrangements) than in ACT, NT, QLD, SA, and VIC.[78]
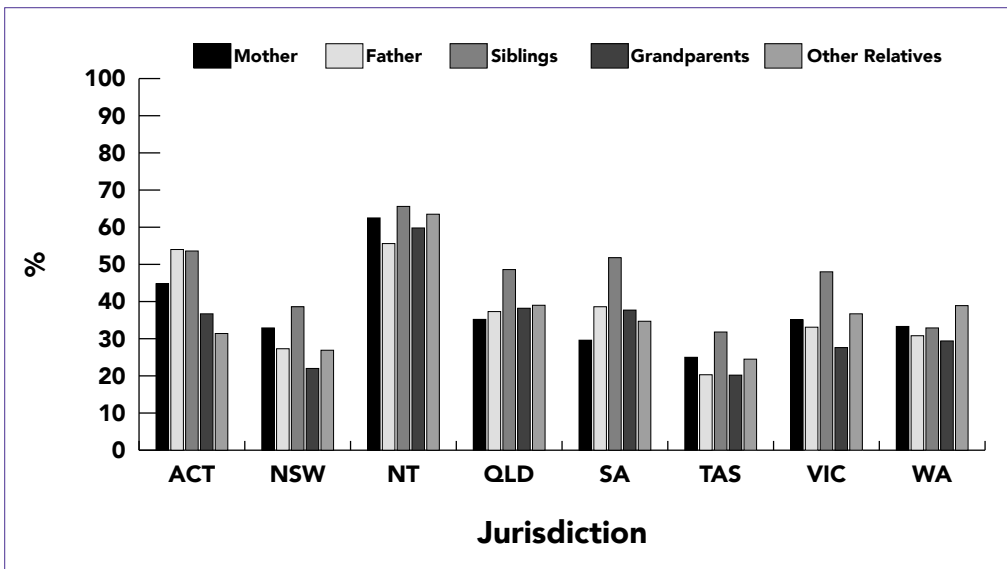
Figure 3.78. Per cent of respondents wanting more contact than at present with designated family members in each of the eight Jurisdictions.

The desire for more contact also was explored in relation to Placement Type. As seen in Figure 3.79, over half the respondents in Residential Care wanted more contact with everyone, while those living Independently particularly wanted to reach siblings. Those in home-based placements seemed more satisfied with their current contact arrangements; fewer than one third wanted more contact with family (the exception again being more with siblings). No Cultural, Sex, or Age differences were noted in the desire for family contact.[79]
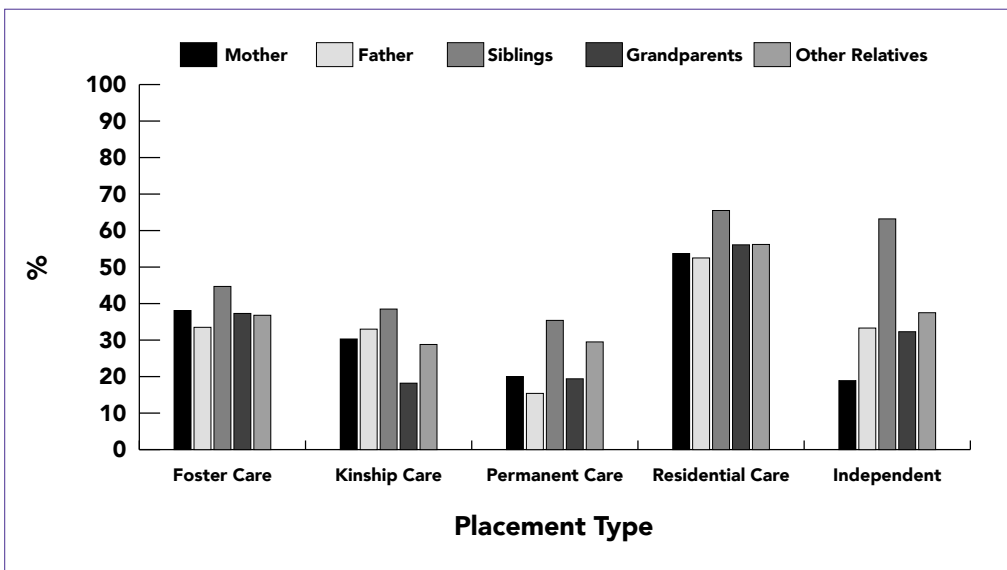
Figure 3.79. Per cent of respondents wanting more contact than at present with designated family members in each of the five Placement Types.
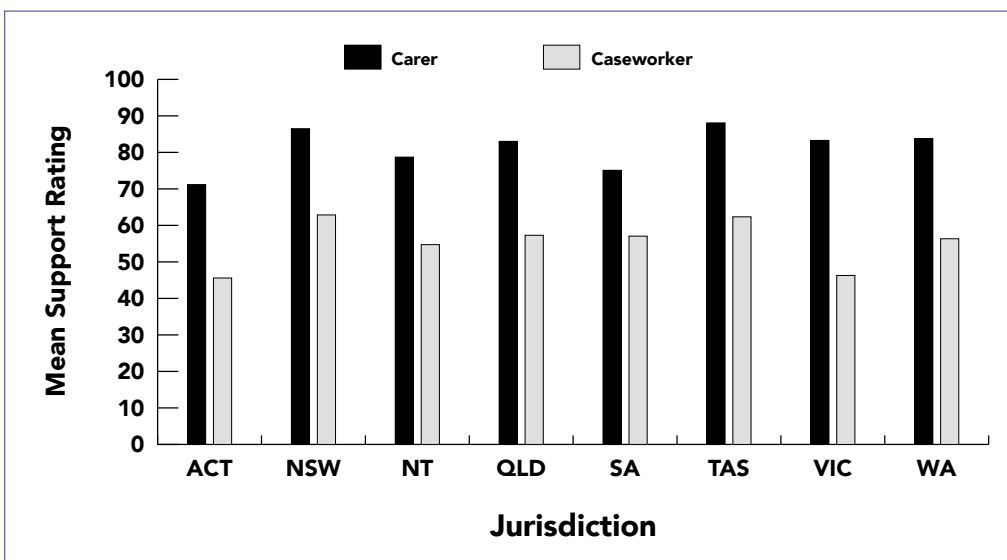
Figure 3.80. Mean rating by respondents in the eight Jurisdictions of level of support provided by Carers and Caseworkers in achieving contact with family members. Scale: 0: *Not at all supportive*; 100: *Very supportive*.

3.5.2.3 Support for Family Contact

Achieving family contact can be difficult in terms of the coordination required to organise it, and the logistics necessary to make it happen. Children and young people require support from two key sets of people: Carers and caseworkers. Respondents were asked to indicate how supportive they had found their carers and caseworkers to be in helping them achieve family contact, and what actions these people took in providing assistance. Support was scored out of 100 (0: *Not at all supportive*; 100: *Very supportive*). Evidence reveals that, while the overall level of support for contact varies across Jurisdictions, carers are far more active in effecting family contact than are caseworkers (Figure 3.80), the difference being more pronounced in some Jurisdictions (e.g., VIC) than others (NSW, TAS).[80] Comparisons over Placement Types showed even more extreme differences in the overall support received to contact family members, and the responsibility shouldered by carers in home-based placements to make it happen (Figure 3.81). An Age difference was observed revealing that the younger respondents felt more supported than did the older group.[81]
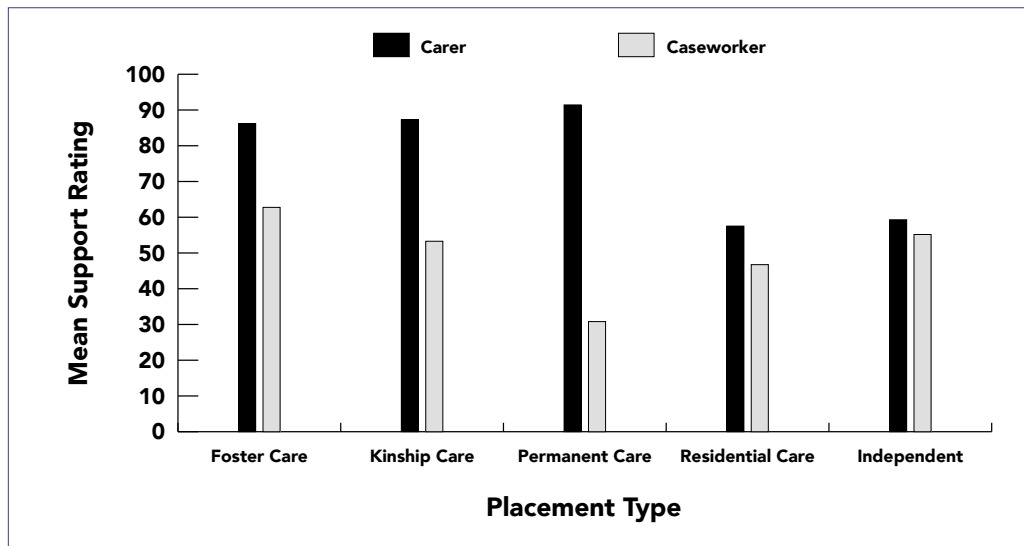
Figure 3.81. Mean rating by respondents in the five Placement Types of level of support provided by Carers and Caseworkers in achieving contact with family members. Scale: 0: *Not at all supportive*; 100: *Very supportive*.

The most common response in the 1034 examples given by children and young people of how carers had supported family contact was that they were the main organisers of the visits, liaising with the departments, the birth family, sibling carers etc. (28.9% of comments); next most common support was in providing transport to the meetings (25.4%); giving continuing encouragement and emotional support (15.4%); arranging phone contact (10.8%); and various practical things to assist individual cases. Some of the comments reflect the range of dedicated carer involvement:

They arrange for me to visit my birth mother every month, and this year we went to Victoria to visit my sisters. (Male, 10 years)

They always assist with transport when meeting relatives, organising when to meet, encourage contact with birth family members, as well as calling. (Female, 15 years)

They have tried to organise more contact for us with my mum and brother because they know we miss them. (Male, 14 years)

They help me stay in touch with them. I was given a phone when I was 12 so I could stay in contact with them. (Female, 14 years)

Has arranged visits and has taken me to places for meetings with my family all the times, but my parents have never come. (Male, 10 years)

Stands by my side when I want something to do with my family members, e.g., getting her to stay with her mother for a day or two when I visited my siblings in NSW. (Female, 17 years)

He takes me to see my sisters, and they come to our house for dinner sometimes and we go there, and we meet to go horse riding and have picnics in parks and stuff. He sends school photos of me to my sisters and my mum. (Male, 14 years)

She just always tries and do everything in our interest. When dad came back in our lives, she kind of conned him into seeing us. (Female, 16 years)

Always encouraging me to visit, driving me elsewhere to visit, reminding me of birthdays and phone calls. (Male, 17 years)

She helps me go to access and get ready. Sometimes she helps me buy or make presents. Sometimes she sends food for me and my family to eat. (Female 15 years)

She took me out on my birthday with my brother and my aunty, and on my brother's birthday too. She also asked my aunty to come to our school extravaganza concert, and we had food

together afterwards, and it was the best thing ever. Our aunty had the best time ever too. We gave her a DVD of the concert for a Christmas present and she said it is the best present she ever got. We gave a DVD to our mum too. (Male, 12 years)

Given the observed imbalance between the perceived support provided by carers and caseworkers, it is not surprising that fewer examples were provided of caseworker actions intended to facilitate family contact (*n* = 508). Most of these comments discussed the caseworker's role in organising visits (39.8%), while a smaller proportion focussed on the positives of caseworker encouragement in making the decision about contact, and having that decision supported (21.5%). Another substantial collection dealt with the caseworkers' role in organising and providing transport for visits (12.2%). Several comments alluded to the challenges caseworkers face in this difficult area, but the support, when provided, is appreciated.

She talks to birth family, then to us, and organises phone calls. She makes sure dad is good to talk to, and has the right phone number. (Male, 10 years)

Sticking up for me when things were rough with birth parents, and supported me in my choice to not see them anymore. When my birth mother is very difficult and abusive due to her alcoholism, my caseworker does her very best to work with her and to set firm boundaries for my safety and wellbeing. I know this is often very difficult for her as my birth mother can be extremely difficult. (Female, 16 years)

Getting my mum to come down from Queensland to visit us, and getting my brothers and sisters to parks to see us. She's been real helpful. (Male, 13 years)

They approve me to go. They check in when I am there. They support me to make up my own mind about if I want to go or not. (Female, 16 years)

Drives us to see them once or twice a month,

makes sure we keep in touch. (Male, 12 years)

She would make it fun when we got home. When we have a visit she usually comes and if she is there she knows what we need. Like if mum and dad ask us something we can't explain, the worker can help. (Female, 12 years)

They say that I'm old enough to make my own decisions. They don't offer to drive me to family visits, I have to find my own way there. I have my licence but their support would be helpful seeing as I'm still in their care. (Female, 17 years)

They provide options for contact, but don't necessarily deliver or respond promptly. (Female, 16 years)

She calls around and contacts my family when I can't. She sent flowers when my dad passed away; she has been giving nothing but love and support. (Male, 15 years)

3.5.3 CONTACT WITH FRIENDS

While contact with birth family is a major concern for children and young people in out-of-home care, the capacity to make friends and contact those in their wider social network also is important, and becomes more so as they mature. A series of questions were included to determine how easy respondents found making friends, how often they were able to contact their friends, how possible it was for them to choose to do similar activities as their friends not in care, and to identify any impediments imposed by their needing to obtain permission to engage in these activities.

3.5.3.1 EASE OF MAKING AND CONTACTING FRIENDS

Children and young people were asked to estimate how easy they found the process of making friends in their current situation (0: *Very difficult*; 100: *Very easy*). An overall mean score of 72.0 was obtained, indicating that the process was seen as reasonably easy. Jurisdictional and Placement Type differences were recorded, as seen in Figures 3.82 and 3.83 respectively. Respondents in ACT and SA reported the greatest difficulty in forming friendships, as did those in Residential Care.[82]
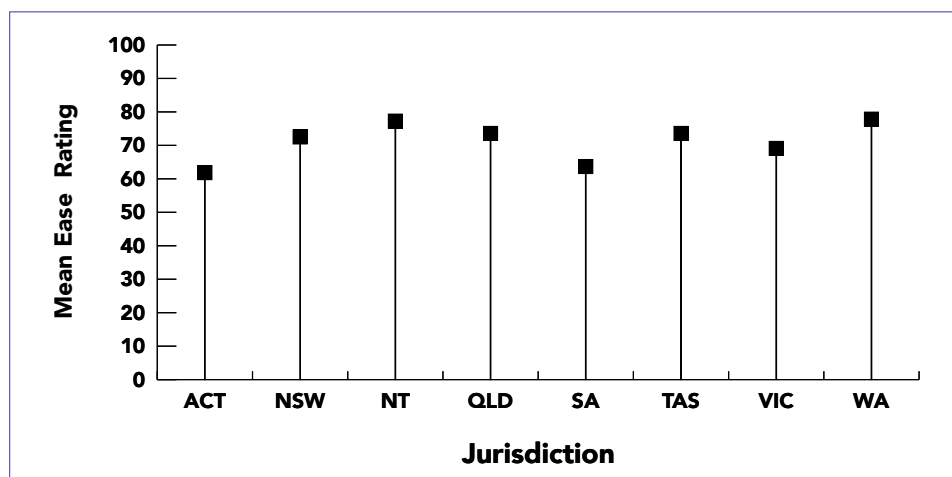
Figure 3.82. Mean ratings for Ease of making friends by respondents in each of the eight Jurisdictions. Scale: 0: *Very difficult*; 100: *Very easy.*
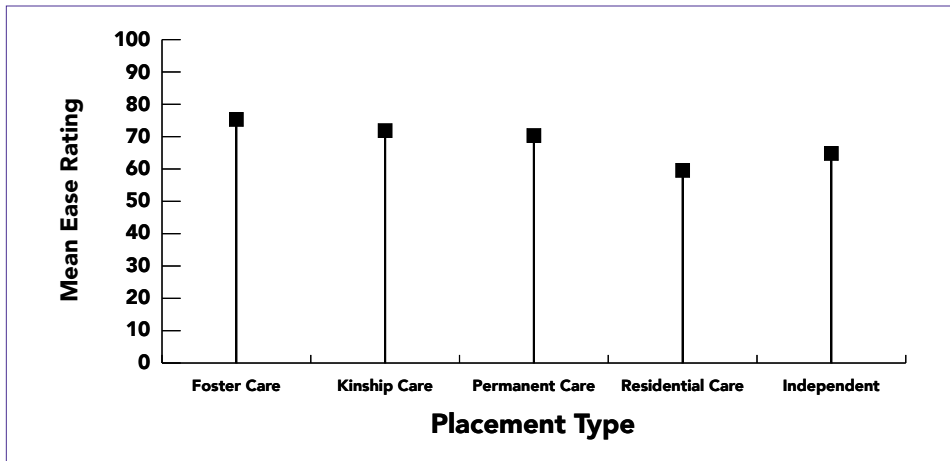
Figure 3.83. Mean ratings for Ease of making friends by respondents in each of the five Placement Types. Scale: 0: *Very difficult*; 100: *Very easy.*

Comparisons among Cultures, and between the Sexes and Age Groups also showed significant differences. The Indigenous cohort reported finding it easier than the other two cultural groups to form friends, as did the younger respondents and males when contrasted with the older, and female participants respectively.[83]

Ratings respondents gave to their ability to contact friends out of school hours also showed important Jurisdictional differences (scale: 0: *Not at all*; 100: *As often as I want*). Children and young people in NSW and QLD seemed to experience the least difficulty in maintaining contact, while those in ACT and NT found it harder to connect with friends as often as they wished (Figure 3.84). Those in Residential Care also found it particularly difficult to meet their needs for socialising (Figure 3.85). There were no Cultural or Sex differences recorded, but not surprisingly, members of the older group were freer to contact friends than were the younger respondents.[84]
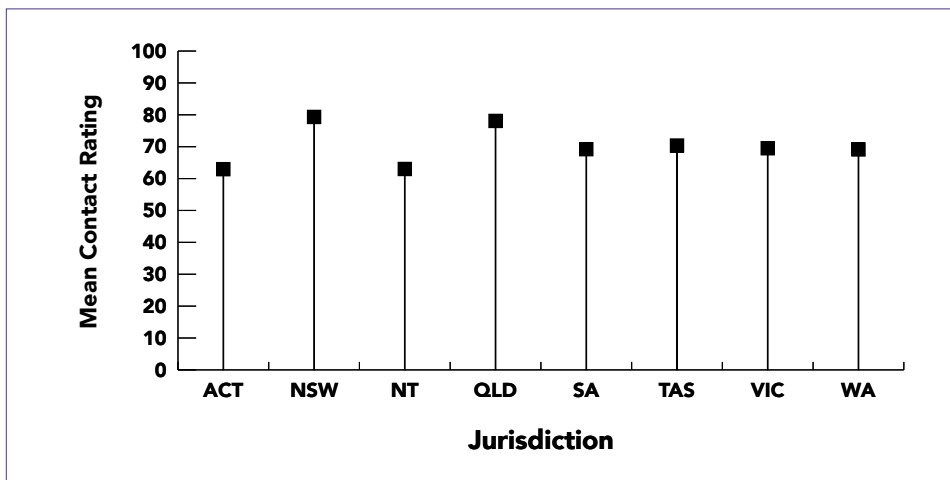
Figure 3.84. Mean ratings of frequency of Contact with friends out of school hours by respondents in each of the eight Jurisdictions. Scale: 0: *Not at all*; 100: *As often as I want.*
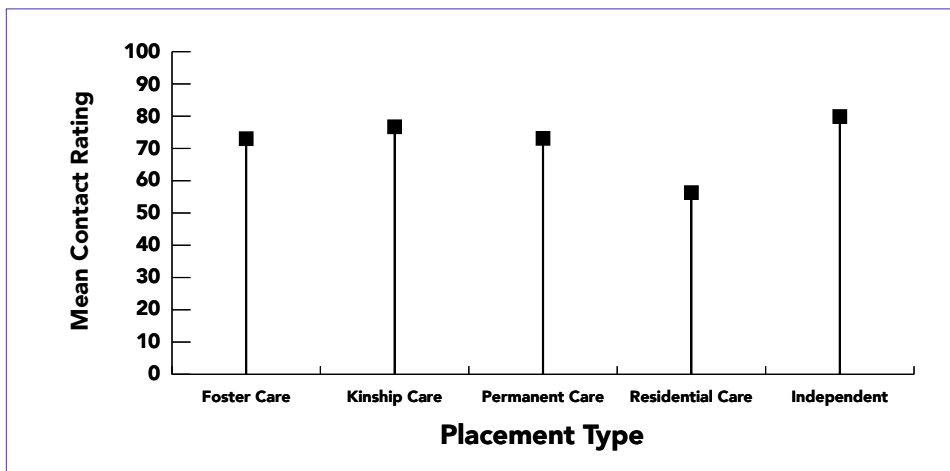
Figure 3.85. Mean ratings of frequency of Contact with friends out of school hours by respondents in each of the five Placement Types. Scale: 0: *Not at all*; 100: *As often as I want.*

3.5.3.2 POSSIBILITY OF CHOOSING COMPARABLE ACTIVITIES

One measure recommended as an evaluation of *National Standard 8* is "the proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural or community activities) that children and young people their age who aren't in care do" (FaHCSIA, 2011, p. 11). Responses to the question related to this issue produced substantial Jurisdictional and Placement Type variation as can be seen in Figures 3.86 and

3.87. Children and young people in ACT reported, using the scale 0: *Not at all possible;* 100: *Totally possible,* having less chance of doing similar things to their peers not in care than did those in NSW, TAS, VIC, and WA. Respondents in Residential Care and living Independently also felt this disadvantage. Age Group differences also were significant for this question, with the younger ones feeling they had more chance of choosing matching activities with their peers not in care than did the older group.[85]
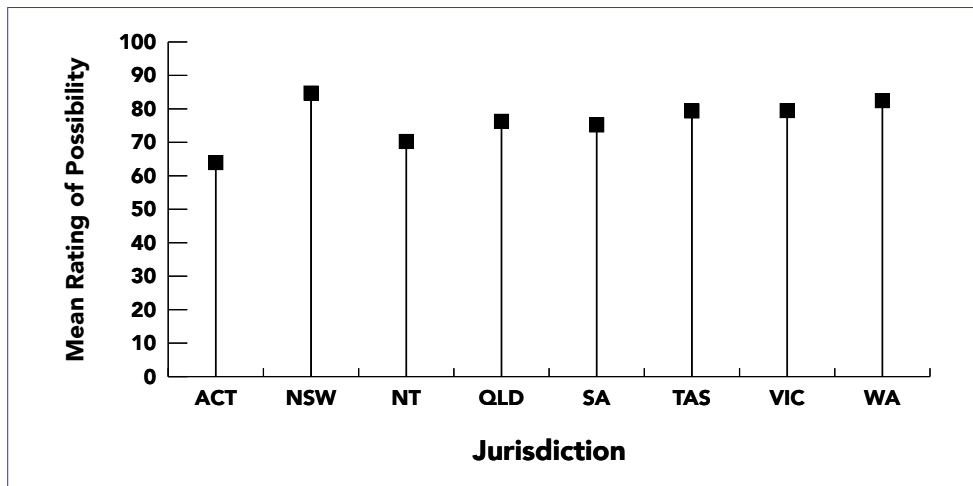
Figure 3.86. Mean ratings of the Possibility of choosing to do activities that peers not in care can choose by respondents in each of the eight Jurisdictions. Scale: 0: *Not at all possible;* 100: *Totally possible.*
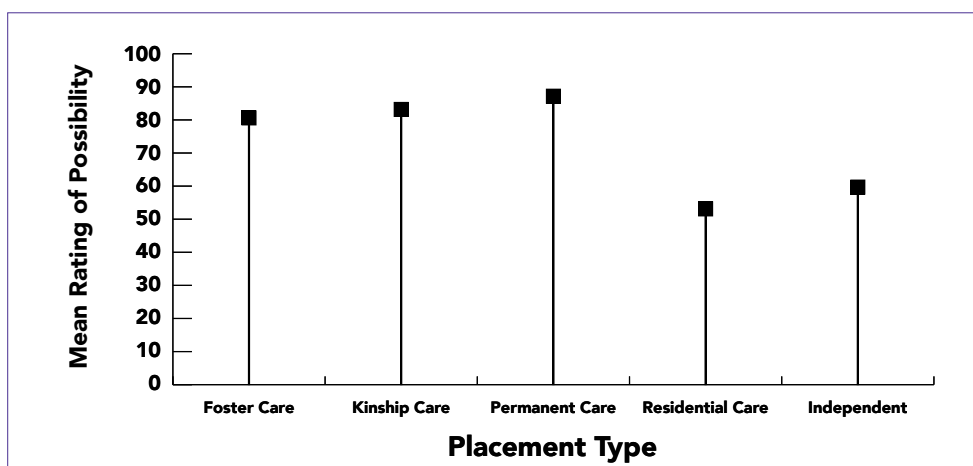
Figure 3.87. Mean ratings of the Possibility of choosing to do activities that peers not in care can choose by respondents in each of the five Placement Types. Scale: 0: *Not at all possible*; 100: *Totally possible.*

One issue that can pose an impediment for children and young people in care wishing to engage in activities is the need to obtain special official permission before they can participate. When respondents were asked how they found the process of obtaining permission to undertake chosen activities (scale: 0: *Very difficult;* 100: *Very easy*), considerable variation was noted over Jurisdictions in the ease of obtaining permissions. Children and young people in NSW and TAS seemed to find the process the easiest, but the highest rating was still only 68 (see Figure 3.88). Those in ACT and QLD found the process more difficult.[86] The results were even more concerning when Placement Types were compared (Figure 3.89). Respondents in Residential Care appear to have a much more difficult experience obtaining permission than do those in other placements; those in Kinship Care found it the easiest.[87] Similar difficulties were encountered by children and young people in the Other Culture group (a rating of 41 for ease of obtaining permission), those in the older Age Group (rating: 50), and female respondents (rating: 52.6).[88]

One issue that can pose an impediment for children and young people in care wishing to engage in activities is the need to obtain special official permission before they can participate.
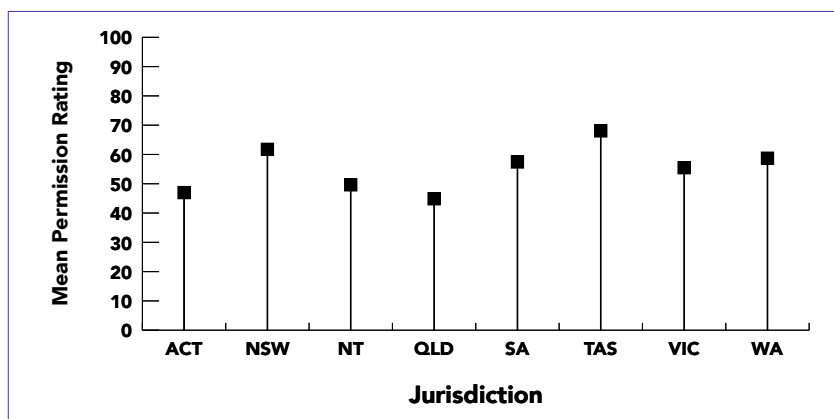
Figure 3.88. Mean ratings of the ease of obtaining official Permission to participate in chosen activities by respondents in each of the eight Jurisdictions. Scale: 0: *Very difficult*; 100: *Very easy.*
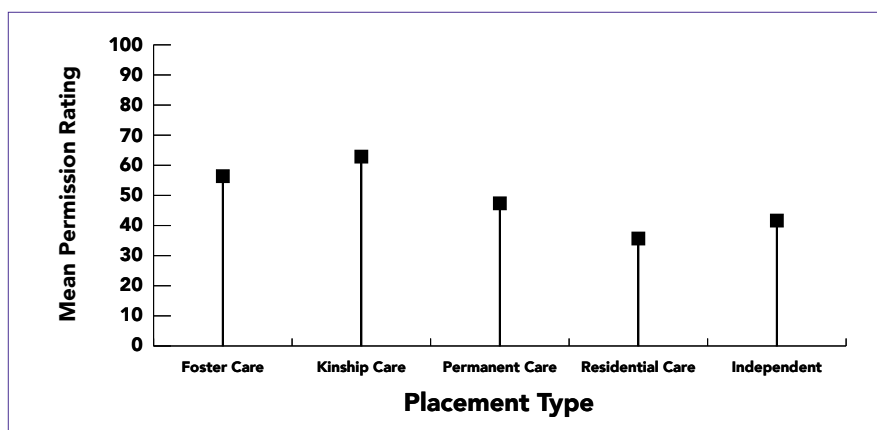
Figure 3.89. Mean ratings of the ease of obtaining official Permission to participate in chosen activities by respondents in each of the five Placement Types. Scale: 0: *Very difficult*; 100: *Very easy.*

3.5.3.3 SPECIAL PERSON

National Standard 11 expects that children and young people will be "supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice" (FaHCSIA, 2011, p. 13). In this study, 90.2% of respondents (1128 answered this question) indicated they knew of such a person. All Jurisdictional responses were over 90% except in NT (80.4%) and QLD (87.3%). All Placement Types scored at 90% or more, except Residential Care, where only 73.9% of these respondents knew of someone they could rely on in times of difficulty. There were no Culture, Age, or Sex differences in this measure.

An attempt was made to determine the type of relationship the "special person" was most likely to have with the respondents. Would they most likely rely on carers, caseworkers, birth parents, family, or friends? Children and young people were asked to name the key person they would look to for support (first name only, as an indication that this was an individual known to the respondent), and to say what their relationship was with that person.* Overall, 1098 children and young people responded to this question; unfortunately, of these, 103 did not provide a name for their person or did not reveal the relationship they had with them. Of the remainder, only six indicated that they felt they had no one they could call on for support. A summary of the other responses is presented in Table 3.8. Clearly, the majority of children and young people would turn to a carer they had formed an attachment with during their time in the system to provide ongoing support, followed by close friends from their peer network.

Grandparents were the most mentioned family members. However, this group, and the "aunts and uncles" who comprised a large portion of the Family collection, may include many kinship carers as well. The Professional category included several references to teachers, counsellors, psychologists, chaplains, and even a football coach. Partners included girlfriends and boyfriends, the numbers of whom would be likely to be low since relatively few in this age range would be expected to have formed serious relationships. It appears that only in exceptional circumstances does the relationship formed with a caseworker become one that the child or young person believes may be supportive in the future.

Table 3.8: *Per Cent of Respondents Identifying Their Special Person as Belonging to the Listed Groups*

Special Person Relationship	%*
Carer	36.2
Friend	16.0
Grandparent	10.9
Family	9.2
Sibling	8.5
Birth parent	6.5
Professional	4.7
Caseworker	4.6
Partner	3.5

*Percentages based on 989 responses.

*For particular roles, an individual name was not required, e.g., "grandma","dad", etc. that identified a special person, or "teacher" as this indicated an intent of the child or young person to look to this class of individual for support. However, the count was more conservative regarding "friends" who had to be named specifically.

3.6 Health

A domain of fundamental importance in all our lives is Health. Given that many children and young people are brought into out-of-home care because of abuse and neglect, it is imperative that they receive the best health care available while under the protection of the state. Respondents were asked how they felt about their health in general, how easy it was for them to access services (particularly with regard to mental health), and what preventative measures were in place to help children and young people avoid ill health.

3.6.1 General Health

Respondents rated how they felt about their health on a scale 0: *Very poor* to 100: *Excellent*. The average over all Jurisdictions was 85.2, indicating a positive result. The highest rating of 87.5 was from NSW, and the lowest (76.1) from ACT. A more disturbing outcome was observed when health ratings were compared over Placement Types. Children and young people in home-based placements provided substantially higher health ratings (86.5–88.5) than did those in Residential Care (68.0) or living Independently (75.1). While there were no Cultural or Sex differences, those in the younger group reported a higher health rating (87.8) than did the older respondents (80.3).[89]

3.6.1.1 Access to Health Services

Encouragingly, 92.6% of respondents reported that they have regular health checks (at least once a year) with a doctor. Visits to the dentist were a little less consistent, and there were some variations over Jurisdictions, with fewer than expected in NT (82.7%) and QLD (84.8%) obtaining this health care. Differences were more pronounced when Placement Types were compared. Fewer in Residential Care reported regular health care visits, particularly concerning their dental check-ups (Figure 3.90). No Sex differences were recorded, but a smaller number of the Other Cultural group than expected statistically had annual doctor's visits (82.4%), and fewer respondents in the older group than expected (83.4%) were likely to have regular visits to the dentist.[90]

Encouragingly, 92.6% of respondents reported that they have regular health checks (at least once a year) with a doctor. Visits to the dentist were a little less consistent, and there were some variations over Jurisdictions.
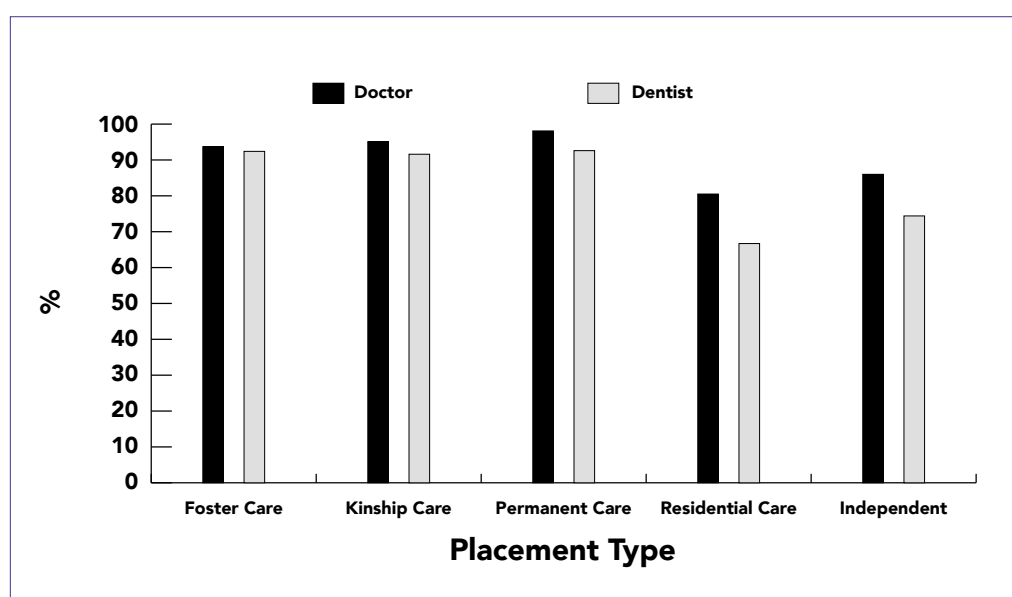
Figure 3.90. Per cent of respondents in the five Placement Types who reported having regular medical and dental check-ups.

Respondents also were asked how difficult they had found getting the help they needed from three groups of professionals: doctors, dentists, and counsellors (scale: 1: *Very difficult;* 6: *Not difficult at all).*† The average rating of 5.5 obtained over Jurisdictions for both doctors and dentists, and 5.2 for counselling, shows that respondents had few problems obtaining the help they required. The lowest ratings of 5 for both doctors and dentists, and 4.7 for counselling, were obtained from respondents in ACT.[91]

The established pattern for Placement Type comparisons was again reported on this measure. Those in Residential Care found it more difficult to obtain help with all health issues than did respondents in home-based care. Compared with the overall average 5.5 rating for both medical and dental, and 5.2 for counselling, the Residential Care group scored significantly lower at 4.9, 4.7, and 4.7 respectively.[92] Of the other comparisons made, only Age showed significant differences, with the older group experiencing more difficulties obtaining the services they required than did the younger respondents, possibly because of higher need or less perceived support.[93]

3.6.1.2 PREVENTATIVE HEALTH MEASURES

Members of communities are advised by health authorities to take preventative health actions to help avoid the onset of ill health and chronic disease. For children and young people, attention is focussed on regular health checks (physical and mental), immunisation, levels of activity and exercise, and diet. These issues were explored to a limited extent in this study by a series of questions asking respondents: (a) How often preventative health checks were provided for them (scale: 0: *Not at all;* 100: *As often as needed);* (b) how involved they were in sport outside school (scale: 0: *Not at all involved;* 100: *Very involved);* and (c) did they have concerns about their weight (scale: 0: *Not at all concerned;* 100: *Very concerned),* and if they had worries, indicate what they were.

† In total, 1154 children and young people answered this question, of whom 68% (*n* = 785) had used counselling services. Data from these respondents who had used the services were used in this analysis. Of the 785 children and young people, 566 were able to name the actual service they had used. When analysing the ratings of how helpful respondents found the service (0: *Not at all helpful;* 100: *Very helpful),* no Jurisdictional differences were observed; the overall helpful rating was 69.5.

The Jurisdictional differences observed showed that, while preventative health services were provided to the satisfaction of children and young people in most regions (overall average rating was 88.4), scores in ACT were considerably lower (76.3) than in the highest state (TAS received a rating of 93.8). In addition, those in Residential Care (66.5) and living Independently (70.8) did not benefit from preventative health services to the degree their peers in home-based placements did (e.g., Permanent Care: 94.5). Those in the Other Cultural Group (83.8), and the older respondents (86.1) provided significantly lower scores in their comparisons, although these ratings were still reasonably high.[94]

In terms of extracurricular sporting activity, no Jurisdictional differences were observed; the overall estimated engagement in this form of activity was 56.9. While all Placement Types reported relatively low levels of sporting involvement, those respondents in Residential Care and living Independently were particularly disengaged, as seen in Figure 3.91. Significantly lower scores also were obtained from females (54.1) and the older respondents (47.7) in their respective comparisons.[95]
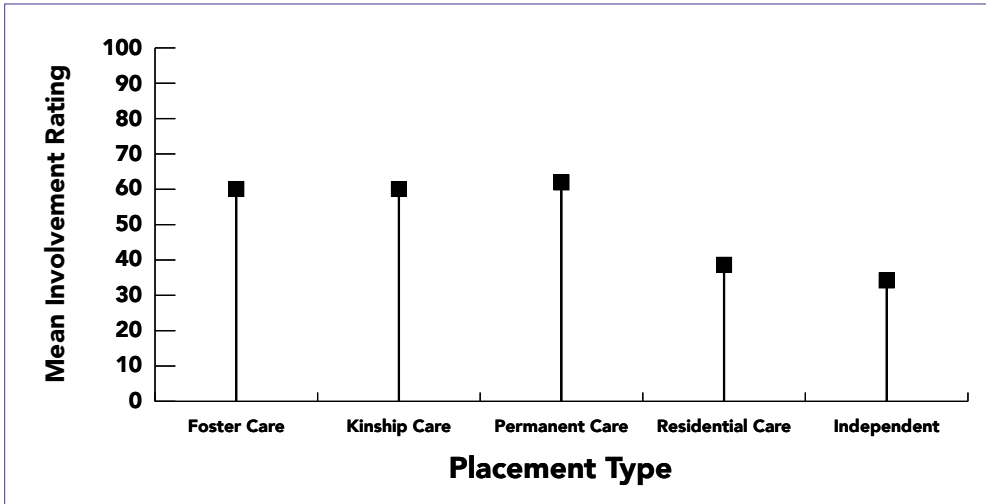
Figure 3.91. Mean ratings of level of Involvement in extra-curricular sport by respondents in the five Placement Types. Scale: 0: *Not at all involved*; 100: *Very involved*.

The final question concerning preventative health issues asked about any concerns children and young people might have with their weight. Overall, the level of concern expressed was quite low (22.0), with 15.6% scoring over 67 ("*Reasonably*" concerned on a 6-point scale). A significant difference was found between respondents in TAS (15.8) and those in VIC (28.7). Again, those in Residential Care were the exception, with that group expressing greater concern (34.2) than respondents in any of the home-based placements. Females also reported higher scores (25.1) than males (18.0), and the older respondents (27.0) indicated greater concern than the younger group (19.2).[96]

Children and young people were given the opportunity to voice any particular concerns they had about their weight through an open response. Given the overall low level of concern, it is not surprising that 838 respondents chose not to provide specific comments. Of the 411 issues mentioned in responses (some reported more than one), over two thirds (68.4%) reiterated they had no problems; 19.2% felt overweight and had a negative body image, and 3.6% reported being underweight. A further 4.6% attributed their condition to illness and eating disorders, or as 3.4% did, to miscellaneous reasons for not being more active. Three respondents reported being bullied because of their appearance. Comments made included:

Hoping to get into a football club. No health concerns. (Female, 13 years)

Not really, don't really care at this point in time. (Male, 13 years)

I'm putting on weight very fast as every time I ask carers to go for a walk or something like the pool or the gym they tell me to go myself and I don't feel motivated at all to go myself. (Female, 17 years)

I gain weight very easily but it's not fat and I don't think muscle should be building up as quickly as it is. (Male, 14 years)

Because I can't put on weight and everyone judges me about it and apparently underweight. (Female, 14 years)

I have body dysmorphia and should have received more counselling for it as a child. (Female, 18 years)

I don't exercise and I know I should. I say no too many times for my own good. (Male, 16 years)

Being too heavy. And my "friends" at school pick and be mean to me about my weight. (Male, 12 years)

3.7 EDUCATION

3.7.1 EDUCATIONAL EXPERIENCE AND SUPPORT

To achieve a successful outcome from their educational endeavours, children and young people need to value the experience, see it as important for their future, and be adequately supported to achieve their best. Questions were included to determine respondents' perception of their learning experience; who other than their regular teacher supported their schoolwork; and what further support would help them perform as well as possible. They also were asked about their education planning: Do they have an Individual Education Plan (IEP) or Education Support Plan (ESP)? Were they involved in, and what contribution did they make to the IEP's preparation? How helpful have they found the IEP to be? Finally, children and young people outlined their experiences with bullying.

3.7.1.1 LEARNING EXPERIENCE

Respondents indicated how they felt about their learning experience using the scale: 0: *Very poor;* 100: *Very good.* An overall rating of 72.7 reflected that the perceptions were reasonably positive, but with room for improvement. Jurisdictional differences showed that children and young people in the territories reported a less positive school experience than did those in the states (Figure

3.92) as did the respondents in Residential Care and living Independently compared with the home-based placement types (Figure 3.93). No Sex or Cultural differences were noted, but the older participants (mean rating 68.9) felt less positive about their schooling than did the younger group (mean rating 74.8).[97]

3.7.1.2 PROVISION OF SUPPORT FOR SCHOOLWORK

Respondents were asked to nominate, from a list of people provided, those who had helped them with their studies; they were able to add to the list if necessary. Overall, 14.6% of the 1191 who responded to the questions on education indicated that no one else had helped them with schoolwork (another five suggested they didn't need any help). When the data were analysed, it was found that the remaining respondents had identified 2248 sources of assistance with their studies. Almost 31% of the comments referred to support from carers, 18.2% from friends, while another 16.7% referred to assistance from a Teacher's Aide. The full list of supporters, and the percentage of times they were mentioned as assisting respondents, is shown in Table 3.9. Other individuals identified as assisting included teachers at the school not directly responsible for the respondent, caseworkers, mentors, staff from Special Education Units, health workers, and the Pyjama Angels.
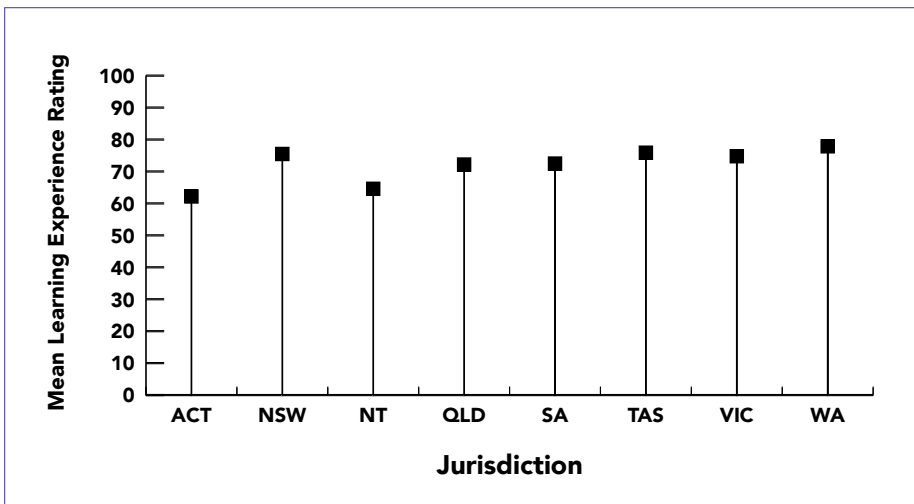
Figure 3.92. Mean ratings of Learning Experience by respondents in each of the eight Jurisdictions. Scale: 0: *Very poor*; 100: *Very good*.
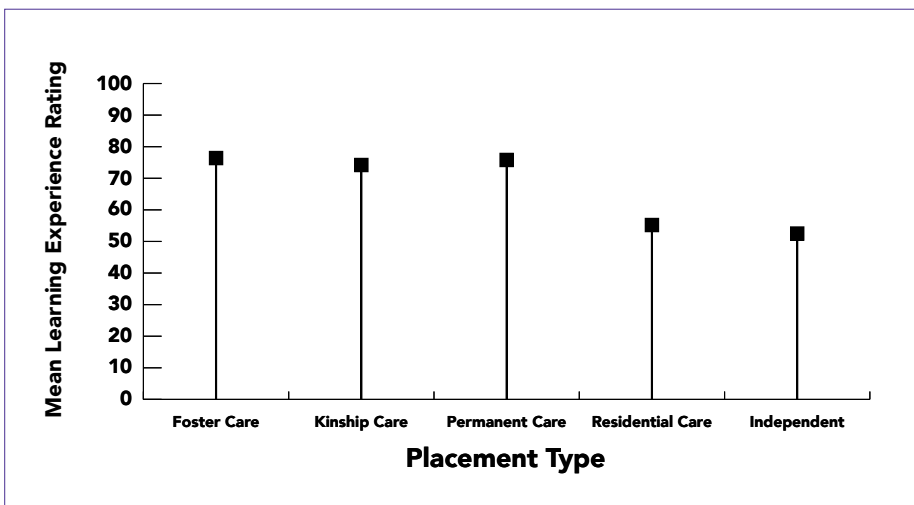
Figure 3.93. Mean ratings of Learning Experience by respondents in the five Placement Types. Scale: 0: *Very poor*; 100: *Very good*.

Table 3.9: *Per Cent of Times the Listed Education Support Persons Were Nominated by Respondents*

Education Support Person	% Times Identified*
Carer	30.9
Friend	18.2
Teacher Aide	16.7
Specialist Tutor	10.4
Member of Carer's Family	9.1
Birth Family Member	4.8
Birth Parent	3.3
Counsellor	2.7
Other	3.9

*Percentages are based on *n* = 2248.

Jurisdictional differences were found regarding the assistance provided by people in four of the support categories. Friends were more active in TAS and SA than expected statistically, but less important in QLD. Conversely, Teacher Aides were used extensively in QLD, but less than expected in TAS and NT. Tutors were popular in NSW and QLD, but underutilised in TAS. Interestingly, members of the carer's family provided significant support in ACT and VIC, but were less involved in QLD.[98]

Placement Type comparisons showed significant differences in the numbers who reported having no one to assist them. More respondents than expected in Residential Care and the Independent group were unaided, while fewer in the Foster Care cohort reported this situation. Those in Foster Care received substantial assistance from carers, but those in Residential Care and living Independently did not receive equivalent help from their support staff. Other members of the carer's family were particularly supportive in Permanent Care placements. Teacher Aides were active with those in Foster care, but of less assistance than expected for Kinship Care and Residential Care respondents.[99]

No Cultural differences were recorded in education support provision, but the older group members were more likely than expected to have no one to help them with schoolwork. Carers gave more assistance than expected to the younger respondents, and less to the older group. Males reported receiving more attention from Teacher Aides than predicted, while females were more likely to be assisted by their friends.[100]

3.7.1.3 Educational Support Required

Children and young people were asked to indicate, from an initial list provided, what support they felt would help them do as well as possible at school. Of the 1191 respondents, 45.6% were clear they did not require any extra support. Responses from the others are summarised in Table 3.10. Here it can be seen that most requests were for extra tutoring with schoolwork (29.8%) and homework (23.3%), although 17.4% would benefit from more financial support and additional resources (computers, tablets). The "Other" comments elaborated on specific supports that would help individuals.

Table 3.10: *Per Cent of Times Respondents Requested the Listed Educational Support*

Educational Support	% Requested*
Extra help with schoolwork	29.8
Help with homework	23.3
Financial support (books, computers)	17.4
Control of bullying	15.0
Counselling	6.9
Other	7.6

*Percentages are based on *n* = 1129.

3.7.2 Educational Planning

It would seem that an important activity in which children and young people need to participate is the planning to help achieve their educational goals. However, how important did the respondents here feel it was that they were involved in the planning in general? Overall, when rating importance on a scale of 0: *Not at all important* to 100: *Very important*, respondents scored 77.8 indicating their involvement was quite important. No variation was found over Jurisdictions, Placements, or Cultures, but the older respondents saw their role as more important (81.2) than did the younger participants (75.9); and Females (79.3) believed it was more important for them to be involved than did males (75.8).[101]

However, when questioned, only 34.2% of children and young people were aware of having some form of Individual Education Plan (IEP), ranging from 24.0% in NT to 40.4% in QLD. While these Jurisdictional differences were not statistically significant, the older sample was more likely than expected to report having an IEP (40.2%) than were the younger respondents (30.9%). Differences also were noted among Placement Types; those in Foster Care were more likely than expected (37.6%), while those in Kinship Care (31.1%) and Residential Care (24.6%) were less likely than predicted to have an IEP. No Cultural or Sex differences were significant.[102]

The 391 children and young people who reported having an IEP expressed considerable variation in estimating their level of involvement in its preparation over Jurisdictions (scale: 0: *Not at all involved*; 100: *Very involved*). Figure 3.94 illustrates the range of responses; involvement appears particularly low in ACT and SA. No differences were noted when Placement Type, Culture, or Sex were compared regarding actual involvement in planning, but the older respondents (57.1) reported providing more input than did the younger group (48.3).[103] A consistent finding, with no differences recorded on any comparisons, concerned the helpfulness of the IEP in guiding the child or young person's educational attainment. An overall rating of 65.0 shows that, even for those who had an IEP, the plan was of value to some, but less to others. A moderately strong, significant correlation was found between respondents' involvement in the IEP preparation and its perceived helpfulness.[104] Comments made by the children and young people who worked through a plan show the value of this process:

My teachers, me and my mum had a meeting together. We just talk about what support can be done with different subjects to help me. (Female, 15 years)

Choose what I want to do at school. Strategies to help when I get angry or overwhelmed. (Male, 12 years)

Write down any questions or concerns, explain the direction you want to move in, and they have given me help. I want to work in crime or medical areas. (Female, 17 years)

*Organise with the school to be involved in an apprenticeship program with **** who do workshops and help with work experience, and hopefully an apprenticeship as a fitter and turner. (Male, 16 years)*

Analyse my strengths and provide opinions about how to best reach my full potential. (Female, 17 years)

I chose what I needed help with, and they provided me with support. (Male, 13 years)
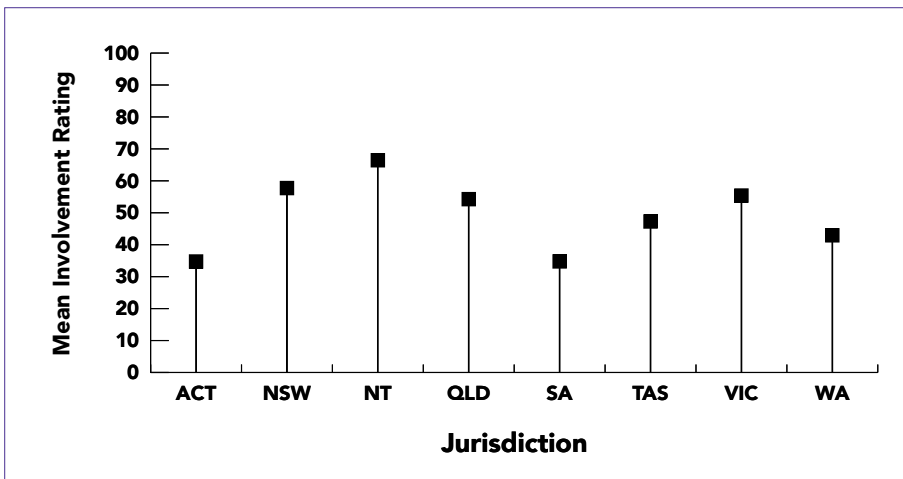
Figure 3.94. Mean ratings of respondents' level of Involvement in the development of their Individual Education Plan over the eight Jurisdictions. Scale: 0: *Not at all involved*; 100: *Very involved.*

However, when questioned, only 34.2% of children and young people were aware of having some form of Individual Education Plan (IEP), ranging from 24.0% in NT to 40.4% in QLD.

3.7.3 BULLYING

A question on bullying was included in the Education section, as the school can be a site where this behaviour has critical influence. Children and young people were asked how often bullying has been an issue for them at school, and this was compared with other locations, viz. their placement, and during their Internet usage (6-point scale used: 1: *Not at all*; 6: *Very often*).

Analyses revealed that most bullying was experienced at school (mean rating 2.6); 25.0% of respondents indicated they had been bullied at least "*Reasonably*" often (4 on the 6-point scale). Next most frequent was within the placement (M = 1.6; 8.6% bullied "*Reasonably*" often), and least of all on the Internet

(M = 1.4; 6.1% "*Reasonably*" often). Jurisdictional differences observed are shown in Figure 3.95, where it is clear that respondents in QLD and ACT indicated higher levels of bullying than did those in the other states and territories.[105] Comparisons of Placement Type (Figure 3.96) revealed that children and young people in Residential Care and living Independently were more likely to experience bullying in their placement and on the Internet, as well as at school, than were those in home-based placements.[106] It also was discovered that the older group reported being bullied more than their younger counterparts, females more than males, and those from the Other Cultural group more than Anglo-Aus and Indigenous respondents, particularly at school and online (Figure 3.97).[107]
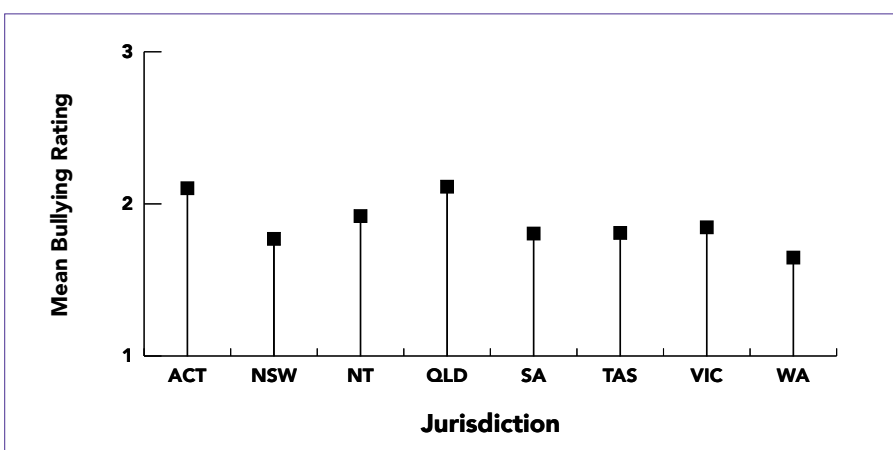
Figure 3.95. Mean ratings of overall incidence of Bullying experienced by respondents in the eight Jurisdictions. Scale: 1: *Not at all*; 6: *Very often.*
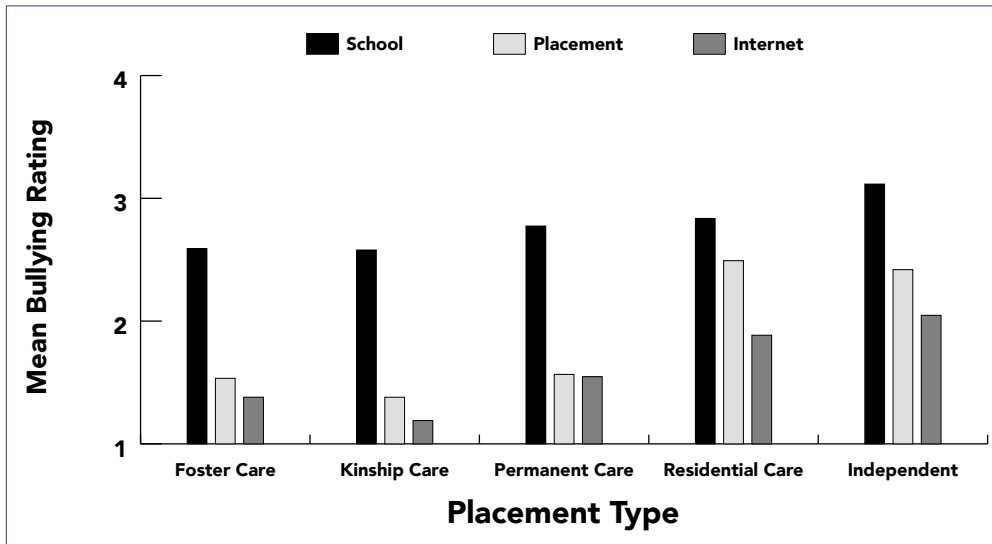
Figure 3.96. Mean ratings of the incidence of Bullying experienced by respondents in the five Placement Types at three sites: School, Placement, and Internet. Scale: 1: *Not at all*; 6: *Very often*.
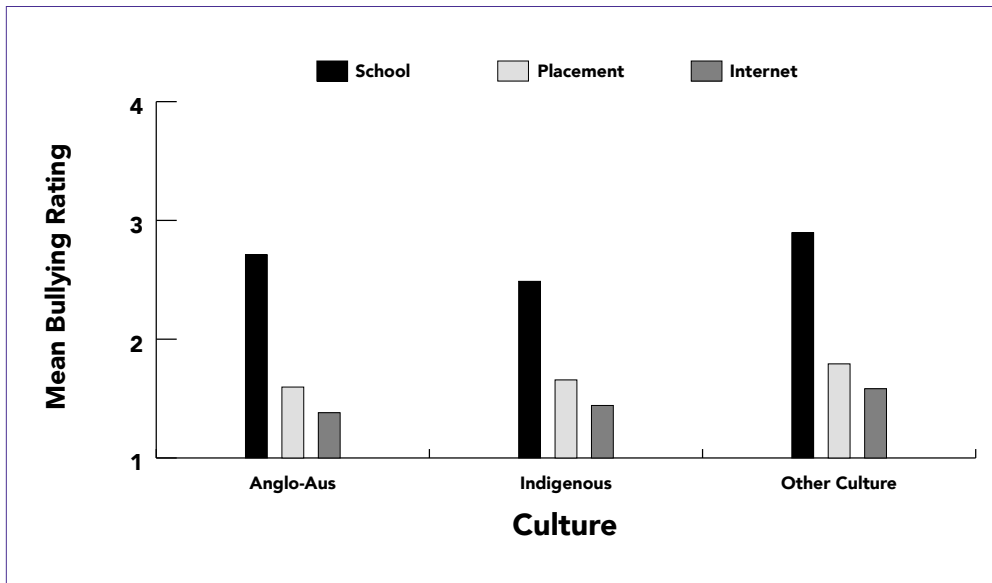
Figure 3.97. Mean ratings of overall incidence of Bullying experienced by respondents in the three Cultural Groups at three sites: School, Placement, and Internet. Scale: 1: *Not at all*; 6: *Very often.*

3.8 Communication and Social Presentation

3.8.1 Having a Say

As emphasised throughout this report, it is important for children and young people to participate in decision-making that affects their lives, and to have a say about issues that concern them. What are some of these issues, how important is it to be able to express their views, and who would the respondents be likely to talk to about their concerns? A list of Areas relevant to their care experience was provided and respondents were asked to rate how important it would be for them to have a say about these (scale: 1: *Not at all important; 6: Very important*). Figure 3.98 reveals the mean ratings given to areas by respondents over Jurisdictions. Although there were some variations among respondents from states and territories depending on Areas chosen, overall scores of above 5 indicate that being able to contribute in all Areas was quite important to respondents, with Day-to Day Living and Overall Life in Care being particularly critical. The only other comparison of note was a significant Sex difference where females felt it was more important than did males to have a say in all areas except where they were living, which both groups thought equally important (Figure 3.99).[108]

As emphasised throughout this report, it is important for children and young people to participate in decision-making that affects their lives...
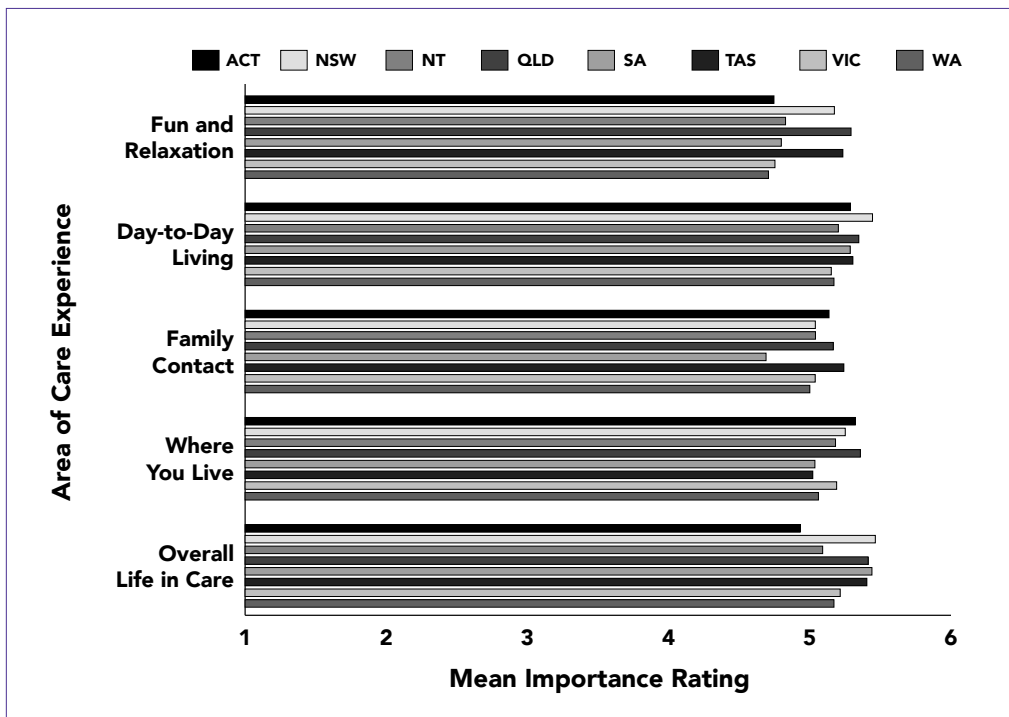
Figure 3.98. Mean ratings by respondents of the importance of having a say about aspects of their care experience over Juris-dictions. Scale: 1: Not at all important; 6: Very important.

3.8.1.1 Chosen Confidante

Respondents were given a list of individuals in support roles and asked to rate how likely it was they would talk with these people if something worried them about their life in care (scale: 1: *Not at all likely; 6: Very likely*). It was encouraging that, overall, 71.4% of respondents were *"Quite likely"* to talk with someone about their issues (those who scored at least 5 on the 6-point scale), although there were statistically significant differences between Jurisdictions (Figure 3.100) in those *"Very likely"* to share their concerns;

reasons for such extreme variation may warrant further investigation.[109] Children and young people's preferred person to confide in varied across Jurisdictions. On the whole, carers were the most likely to be approached, followed by friends (Figure 3.101). Children and young people in NSW and QLD were more likely to speak with carers and caseworkers than were those in other Jurisdictions. Birth parents, while receiving low ratings overall, were more likely to be spoken to in the territories, but very unlikely to be consulted in SA.[110]
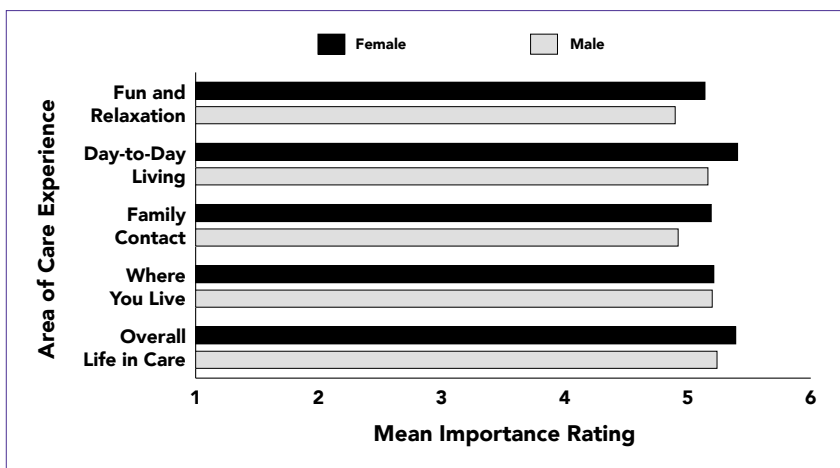
Figure 3.99. Mean ratings by females and males of the importance of having a say about aspects of their care experience. Scale: 1: *Not at all important; 6: Very important.*
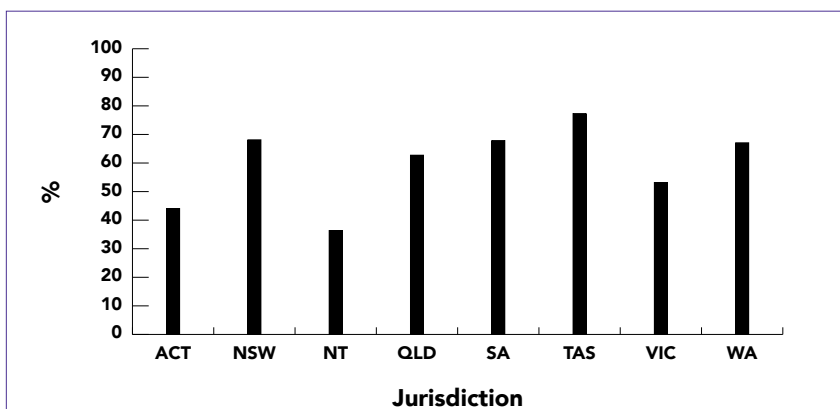
Figure 3.100. Per cent of respondents from the eight Jurisdictions who indicated they were *"Very likely"* to talk with someone about any concerns they had during their life in care.

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Carers were critical sounding boards for those respondents in home-based placements (see Figure 3.102); the foster care cohort also were likely to approach their caseworkers, but to a lesser extent. The Residential Care group and those living Independently depended more on birth parents, family, and friends; the Independents were particularly likely to share with friends and partners (presumably because they were more likely to have such relationships in their lives). A similar observation was made when Age Groups were compared (Figure 3.103), with the older cohort likely to talk with friends and partners, while the younger group would share with carers. Interestingly, the Anglo-Aus group (mean rating = 2.7) was less likely to talk with any supports compared with the other Culture groups (Indigenous = 2.9, Other Culture = 3.0). The difference between females and males was not pronounced (but was significant); Figure 3.104 indicates a tendency for males to talk with carers, and females to share more with their friends.[111]
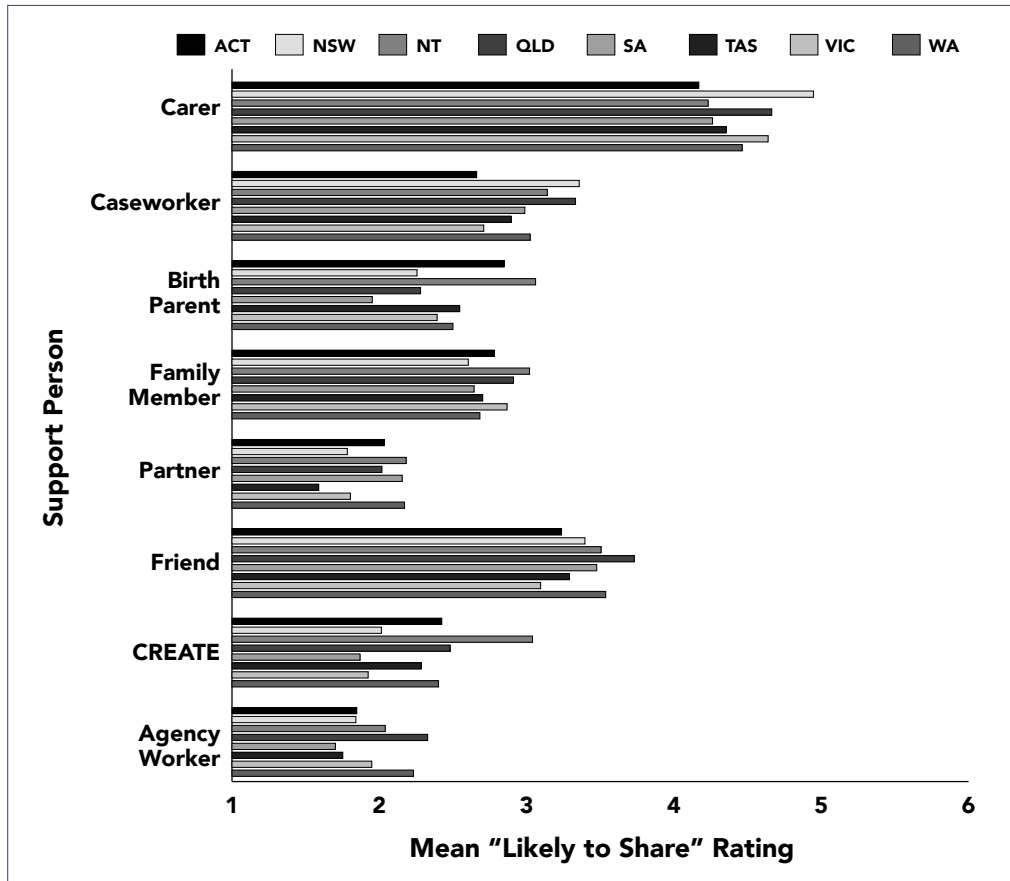
Figure 3.101. Mean ratings by respondents of how likely they would be to talk with the various support Persons about any concerns they had while in care in each of the eight Jurisdictions. Scale: 1: *Not at all likely*; 6: *Very likely*.
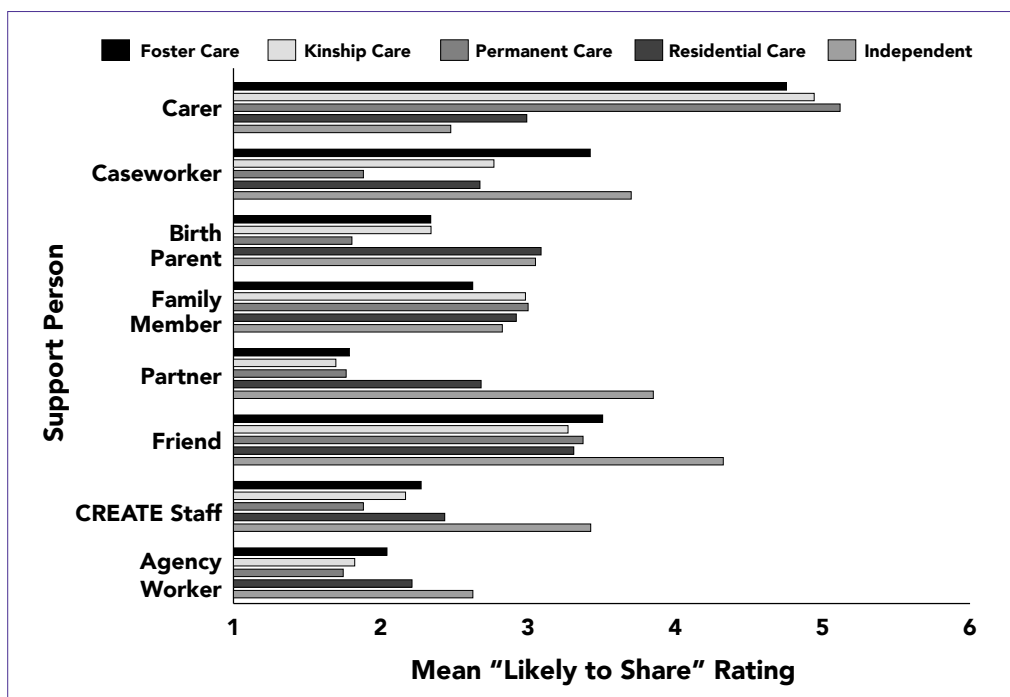
Figure 3.102. Mean ratings by respondents of how likely they would be to talk with the various support Persons about any concerns they had while in care in each of the five Placement Types. Scale: 1: *Not at all likely*; 6: *Very likely*.
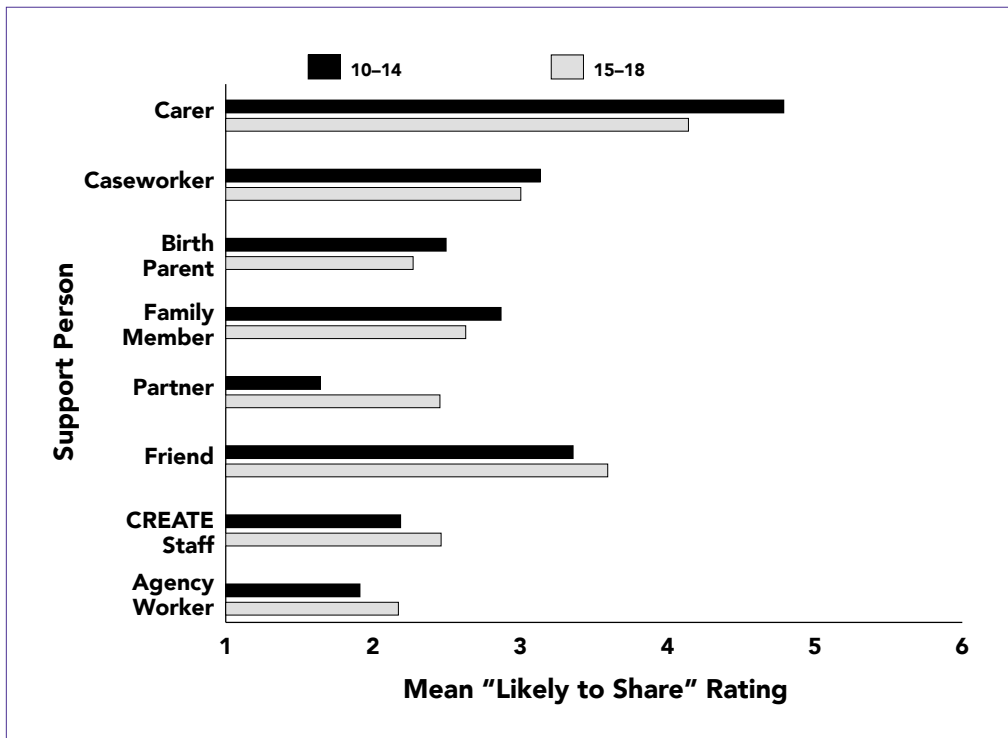
Figure 3.103. Mean ratings by respondents from each Age Group of how likely they would be to talk with the various support Persons about any concerns they had while in care. Scale: 1: *Not at all likely*; 6: *Very likely*.
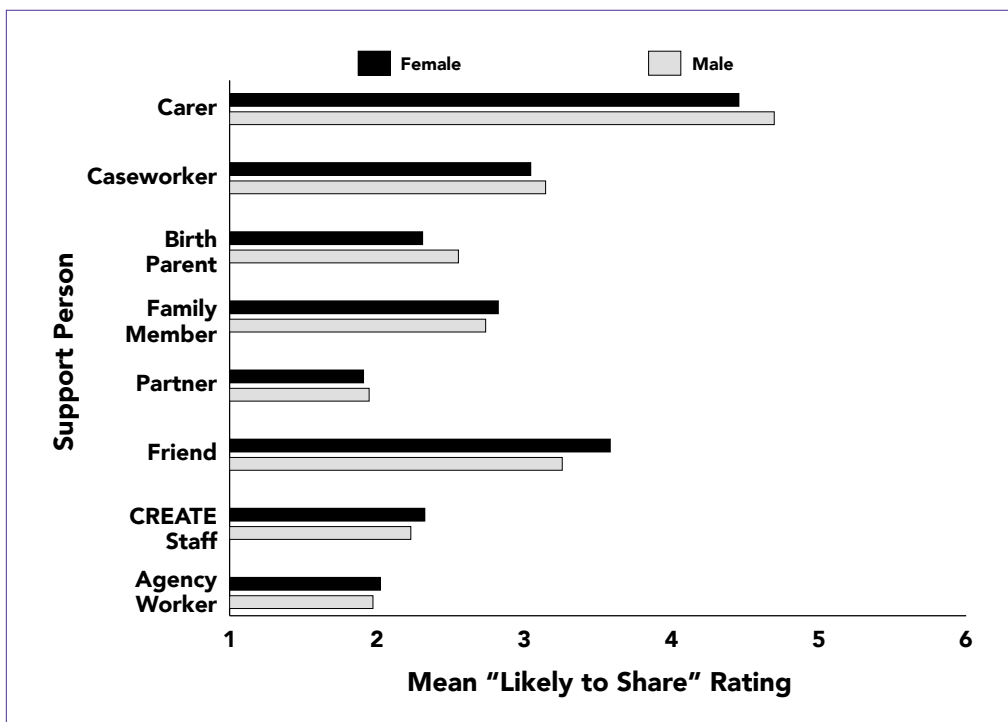
Figure 3.104. Mean ratings by respondents of each Sex of how likely they would be to talk with the various support Persons about any concerns they had while in care. Scale: 1: *Not at all likely*; 6: *Very likely*.

3.8.2 Feedback and Complaints

Respondents also were asked if, when speaking with their carers or caseworkers, they had ever given these supporters positive feedback, e.g., whether the children and young people shared with caregivers that they were happy with some assistance that had been provided. Differences were observed over Jurisdictions in the numbers who reported they had given positive comments, with values ranging from 52.5% (TAS) to 83.6% (NSW), with an overall average of 72.7%. No significant variation in positive feedback was found over Placement Types, Age Groups, or Sex, but more of the Anglo-Aus group than expected (75.4%) shared their positive feelings.[112]

Children and young people provided 852 examples of the reasons they shared positive messages with carers and workers. Examples of such comments are uplifting, and illustrate the ideals of the care system:

Basically, general things like taking me to music, just being a caring mother. And my caseworker, to thank her for supporting me for trips overseas and dealing with my very difficult birth family. (Female, 16 years)

She did a lot of the case plan and put up with me; she explained things so well. She followed up on the services I could access; she did things

she didn't have to and did them anyways. (Male, 18 years)

For always looking after me and always being there for me, especially when times are hard. (Female, 16 years)

For looking after me, and having someone that actually loves me, that I can and are able to reach out to. (Male, 13 years)

As well as being able, and encouraged to provide positive feedback, children and young people must have the knowledge, confidence, and support to be able to speak out if they are dissatisfied or unhappy with any situation they experience while in care. When asked if they knew how to complain about inappropriate treatment, three quarters of respondents indicated they were clear about what to do, the range of percentages over Jurisdictions is shown in Figure 3.105. Fewer in NT, QLD, and TAS (than expected) felt confident they knew the appropriate procedure for making complaints, while those in NSW were well informed. No significant differences in this knowledge were found in comparisons of Placement Types, Culture, Age Groups, or Sex.[113]
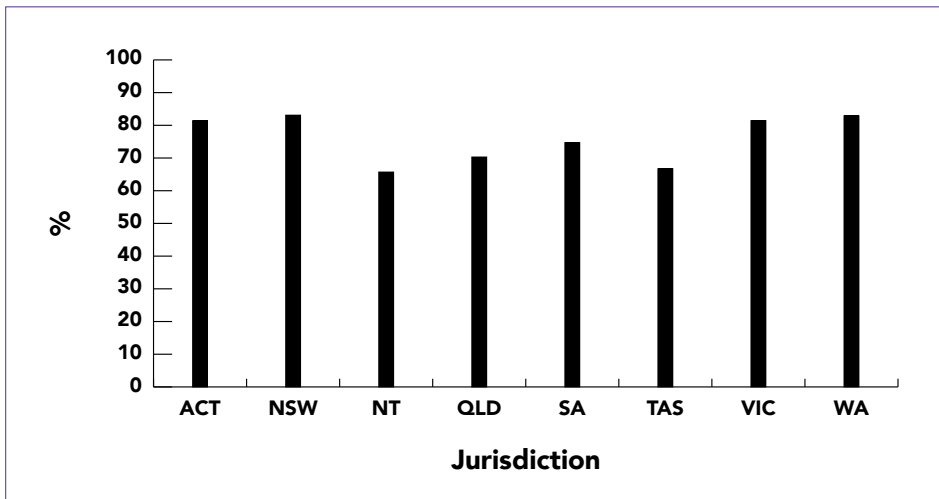
Figure 3.105. Per cent of respondents from the eight Jurisdictions who indicated they knew how to complain about any concerns they had about their treatment while in care.

It is one thing to know how to make a complaint in the system, but another to actually raise an issue that you would like to see addressed and have changes made. Children and young people were asked if they had ever raised such an issue, and how they felt their complaint was handled. Of the 825 who knew how to complain, 44.8% had followed the process to make their case heard. The number who had complained varied considerably over Jurisdiction, Placement Type, Culture, Age, and Sex. As seen in Figure 3.106, fewer respondents in NSW and VIC had raised complaints; however, more than expected had in QLD. Complaints were raised less than expected statistically in home-based placements, but respondents in Residential Care and living Independently were far more likely to want changes made to improve their situation (Figure 3.107), as were those in the Other Cultural Group where 65.8% complained compared with 43.4% and 44.6% in the Anglo-Aus and Indigenous groups respectively. Not surprisingly, more of the older Age Group (59.2%) raised issues than in the younger sample (36.7%); however, far more females than expected (50.2%) had complained compared with males (38.1%).[114]
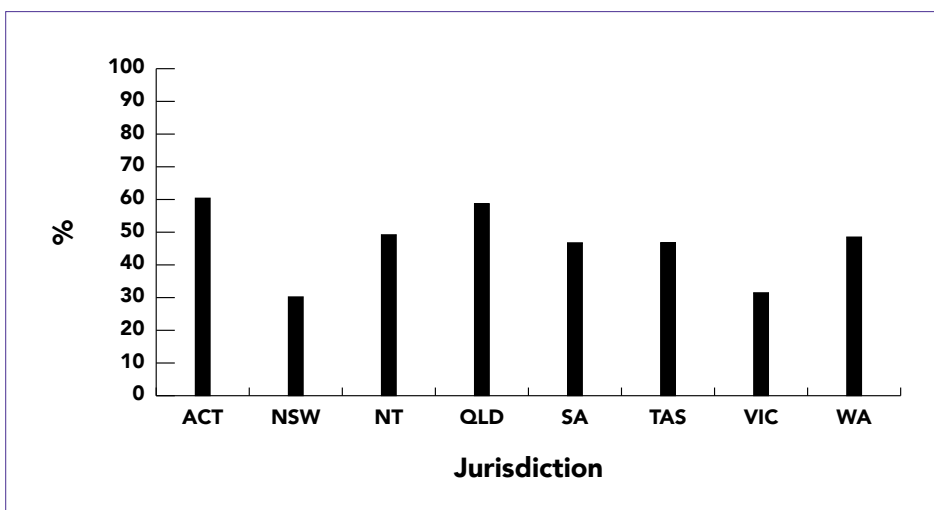
Figure 3.106. Per cent of respondents from the eight Jurisdictions who indicated they had raised a complaint about an aspect of their treatment while in care.
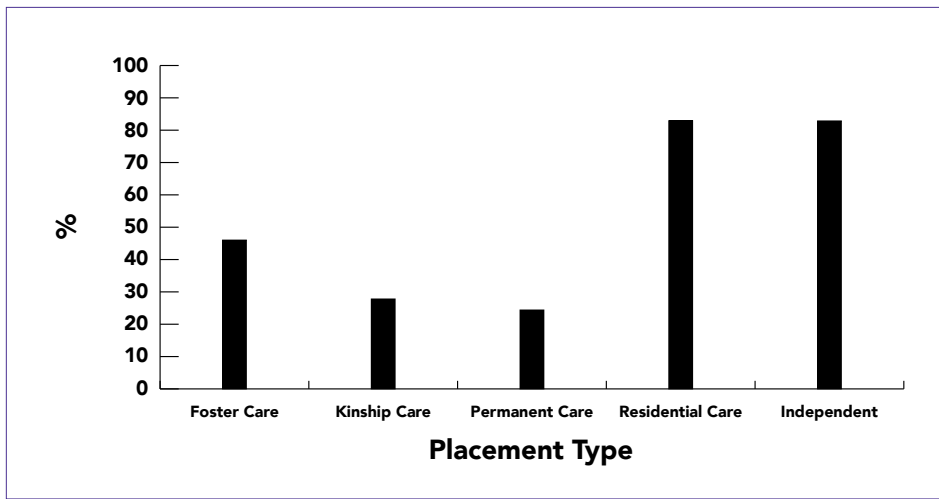
Figure 3.107. Per cent of respondents from the five Placement Types who indicated they had raised a complaint about an aspect of their treatment while in care.

Respondents were given the opportunity to indicate how happy they were with the way their complaint had been handled within the system (scale: 0: *Very unhappy*; 100: *Very happy*). An overall rating of 55.6 showed that their response was neutral, neither overtly negative nor positive. The only comparison to reach significance was with Placement Type where those children and young people in Residential Care were somewhat disappointed with the outcome, as seen in Figure 3.108.[115]
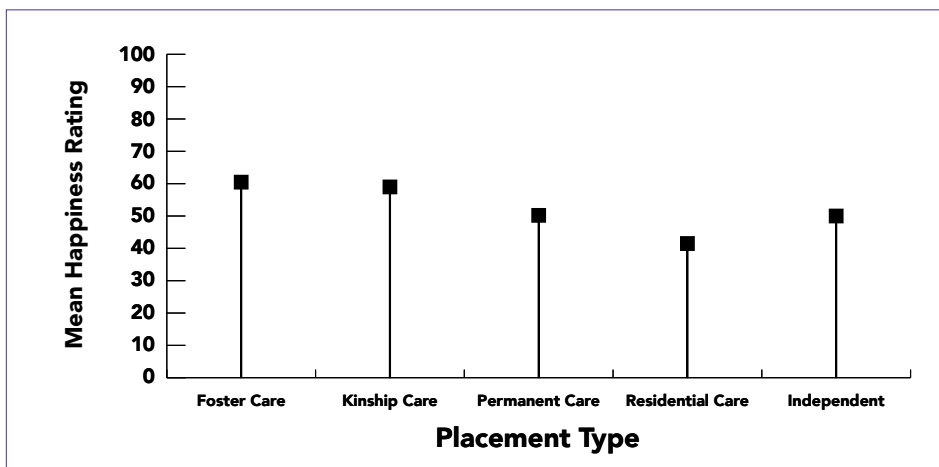
Figure 3.108. Mean ratings by respondents of each Placement Type of how happy they felt with the way their complaint had been handled within the system. Scale: 1: *Very unhappy*; 6: *Very happy*.

As well as knowing how to complain if necessary, children and young people must feel free to express their concerns without fear of possible negative consequences or unintended outcomes. How many respondents here had experienced treatment about which they wanted to complain, but ultimately decided not to raise the issue? Why did they make the decision not to complain? When this question was put to the respondents, 30.7% of the sample (*n* = 1096 for this question) revealed they had experienced this situation. Jurisdictional differences showed that respondents in NSW (27.1%) and TAS (24.1%) were less likely than expected to be in a situation where they wanted to complain but decided not to (see Figure 3.109). Those in Residential Care and living Independently were more likely than expected to have held off complaining (47.7% and 50% of these groups respectively); the older group (36.0%) more likely compared with the younger; and females (35.9%) were more likely not to continue than were males.[116]
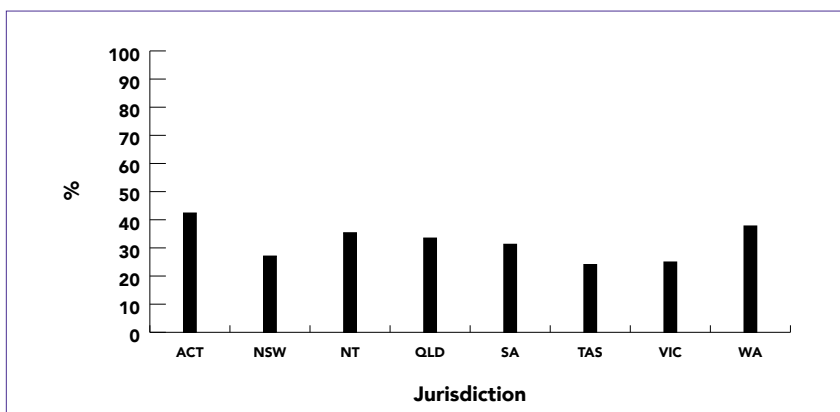
Figure 3.109. Per cent of respondents from the eight Jurisdictions who indicated they decided not to complain about an aspect of their treatment while in care.

The reasons provided by children and young people for not following through with a complaint could be grouped into eight broad categories. Of the 290 explanations given, 6% included those where the problem had been resolved before a complaint could be made. Another 7% were from children and young people who didn't know what to do to complain. The most common (35.5%) involved some form of fear or anxiety that outcomes may affect not only the respondent, but also possibly the carer, and their family in general. It is concerning that so many children and young people felt inhibited about raising issues because of fear of repercussions.

I was told that if I made the complaint I would get into trouble. (Female, 13 years)

If I said something, someone did something, and they would threaten me. I would probably handle it myself. (Male, 13 years)

Overthinking and doubting myself. Thinking about the negative aspects of it. When you think about the negative things, they tend to outweigh the positives, e.g., I'd get in trouble; they won't understand. What if they take it the

Probably realizing that it wasn't a big enough problem. (Male, 13 years)

My thinking it over and wondering whether it's really worth complaining about. I could be over-reacting, and I was worried as well that they would reject me like they do with other things I ask for. (Female, 14 years)

Specific concerns were voiced by a group who thought it wasn't worth raising the issue because no one would listen or they wouldn't be believed (11.4%). Others saw no point in complaining because previous attempts had led to no action (9%). A smaller number were particularly concerned about being moved if they said anything (5.5%).

The fact that I thought my voice didn't count and that no one would listen. (Female, 14 years)

Because I got told I couldn't make a complaint by my caseworker. (Female, 16 years)

I didn't believe it would achieve anything as I tended to have been ignored during my time in care. (Male, 18 years)

"I was worried about the consequences, such as my carer being angry if she found out before it was sorted. " (Female, 14 years)

wrong way? What if they don't believe me? They'll judge me; they won't see me the same way. (Female, 15 years)

Because my first carer pretty much scared the hell out of me, I was young then. (Male, 17 years)

In my last placement, my carer pushed me down the stairs, and I wanted to say something about it but I was too scared. (Female, 14 years)

Afraid that they will not allow me to see my brother. (Male, 15 years)

I was worried about the consequences, such as my carer being angry if she found out before it was sorted. (Female, 14 years)

Nan talked me out of making the complaint. (Female, 12 years)

Some other children and young people didn't complain because, on reflection, they re-evaluated the importance of their issue when deciding on the most appropriate course of action.

I thought it was not such a big deal and it would make a big mess. (Female, 11 years)

I didn't know how to make a complaint when I was in prep and my carer used to hit me. And I thought no one would believe me. (Female, 13 years)

Previous complaints not being dealt with properly makes me now not want to complain anymore. (Female, 12 years)

The fact that no one would do anything about it and just tell me to f*** off and go away. (Male, 16 years)

My carers told me if I told someone they would kick me out and keep my daughter. (Female, 15 years)

Didn't want to be moved away from my siblings or my carers family, and also in case I was put in a worse placement. (Female, 14 years)

One respondent had some pragmatic advice for her peers:

With multiple complaints...prioritize more important complaint and let others slide. (Female, 16 years)

3.9 Life Skills and Independence

3.9.1 Caring for Self

The older Age Group (15 to 18 years) is the cohort expected to be preparing for the cessation of statutory orders at 18 when they officially will leave the care system and, in most cases, embark on a pathway to independence. Part of that preparation is the acquisition of life skills that are essential for those aging out of care to be self-sufficient members of the community. To determine how prepared the young people feel as they approach leaving the system, respondents in the older Age Group were asked to rate how confident they felt about caring for themselves using 10 basic life skills. These attributes are listed in Figure 3.110, along with the confidence ratings obtained (scale: 1: *Not at all confident;* 6: *Very confident*). It can be seen there is a clear hierarchy of confidence in applying these skills. Respondents expressed greatest confidence in being able to attend to their personal appearance and self-presentation, a little less in looking after their health, and less again in household maintenance (housekeeping, shopping, preparing meals), finding transport, and relationship support. Even lower confidence was expressed in finding accommodation and employment, while least of all concerned finances and budgeting.[117] No Jurisdictional, Culture, or Sex differences were observed in expressed confidence; however, perhaps because of actual experience, the Independent group felt more confident overall than did the Foster, Permanent, and Residential Care samples (Figure 3.111).[118]
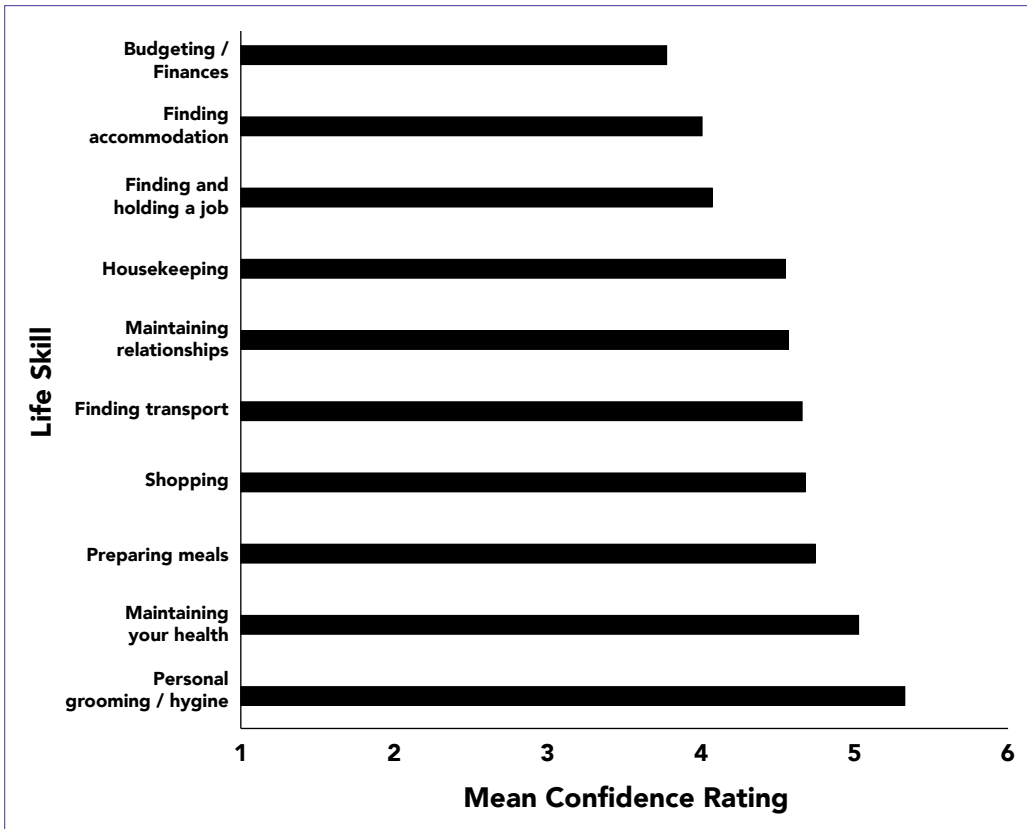
Figure 3.110. Mean ratings by respondents in the 15–18 Age Group how Confident they felt about caring for themselves using the 10 basic life skills. Scale: 1: *Not at all confident*; 6: *Very confident*. Results are based on data from 378 responents.
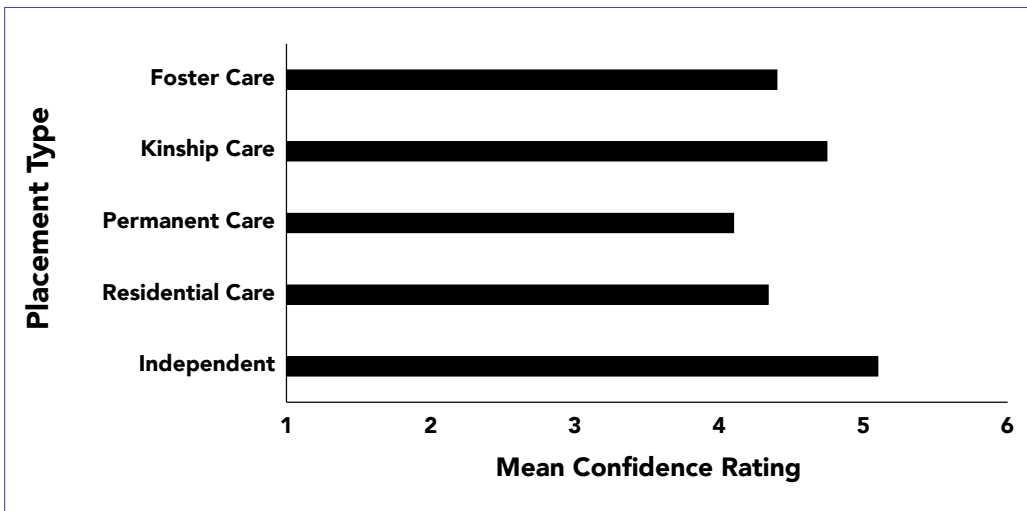
Figure 3.111. Overall mean ratings by respondents in each Placement Type of their Confidence in caring from themselves using 10 basic life skills. Scale: 1: *Not at all confident*; 6: *Very confident.*

3.9.2 Transitioning to Independence

Until recently, it has been uniformly legislated throughout Australia that young people will "age out" of the out-of-home care system when they turn 18 years. Following strong advocacy based on compelling evidence, states and territories now are exploring the possibility of extending possible support from carers until the young person is 21 years of age.‡ Currently, under the *National Standards for Out-of-Home Care*, preparation for exiting the system should begin at 15 and intensify as the young person approaches 18 years. Discussions about the future should occur, and concrete pathway planning must be undertaken.

3.9.2.1 Level of Concern about Transitioning

To confirm that these planning processes were occurring, respondents were asked if anyone had spoken to them about what was likely to happen regarding their care situation when they turned 18 years. They also were given the opportunity to voice any concerns they may have had about what might happen after their orders cease at 18 years, and to indicate, from a list of support persons, with whom they would be most likely to discuss these issues. A further set of questions then explored aspects of "leaving care", transition, and future planning. Did they have a plan? Had they been involved in its development? How useful have they found it to date?

‡ At present, five Jurisdictions are known to be actively looking at ways of giving a young person the option of remaining in care until 21. ACT has incorporated the possibility into legislation, but implementation is at the department's discretion; SA proposes to extend carer payments until the young person is 21; TAS has committed to the introduction of a scheme in the near future; VIC is conducting a pilot, and WA is proposing a trial of a service model designed to enhance support for young people aged 18 to 21 years who are transitioning from care.
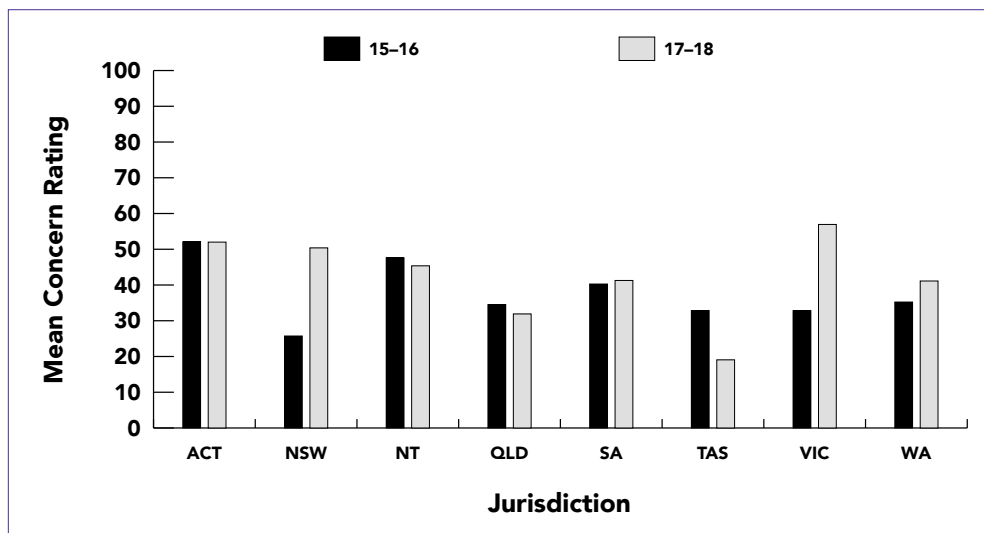
Figure 3.112. Mean rating by respondents in the 15–16 and 17–18-year age groups of their level of concern with the prospect of transitioning from care. Scale: 0: *Not at all concerned*; 100: *Very concerned*.

Overall, 64.3% of the 409 respondents in the 15–18-year age group revealed that they had discussed their future with someone. There were no significant differences observed in any of the comparison variables regarding the occurrence of discussions. The level of anxiety expressed with what the future might hold was relatively low as evidenced by a concern rating of 37.3 (using a scale: 0: *Not at all concerned;* 100: *Very concerned*). Again, no significant Jurisdictional differences were detected. To determine whether or not concern might increase as the young people more closely approached the point of exiting the system, the ratings of the 15–16 year olds were compared with those who were 17 and 18 years. Although the differences did not reach significance, the patterns over the two age groups are interesting, and are shown in Figure 3.112. Concern was a little higher in the older group (40.2 compared with 35.2 for those 15 and 16 years). Results of particular note are the relatively low concern expressed in QLD, and the reversal of expectations in TAS where the older group appeared less concerned than the younger. Worries about the future did differ over Placement Types, with those in Residential Care expressing more concern (52.7) than respondents in Foster or Kinship Care (36.1 and 28.9 respectively). In addition, females (40.3) were more concerned about transitioning than were males (32.6).[119]

What were some of the concerns young people identified when given the opportunity? Of the 245 issues mentioned, around one third (34.3%) expressed a general uncertainty with the future: What was going to happen?

General things, such as how successful will I be in the workforce, or if I go to Uni, and will have a good future that I hope for. (Female, 17 years)

Once you turn 18 … I'm on my own. I've been seeing my sister struggle with turning 18 and leaving care. I'm not as confident. (Male, 15 years)

Where will I go? What job if any, how will I support myself? Who's going to help me find accommodation? (Female, 16 years)

What will happen if I run out of money? What if bad things happen to me, e.g., drug or alcohol abuse? Will I get support to help me? What if I hit rock bottom? (Male, 15 years)

What if I'm not ready to leave? Who will help me? I'm scared and upset about it. (Male, 16 years)

Specific anxieties focused on "the big three", often in combination: Finding accommodation (19.2% of mentions); financial issues (14.7%); and employment (8.6%).

Where I am going to live, if I have to move out, if there are any aids to me. Everything. (Female, 17 years)

Where am I going to live when Nan and Pop go, and where am I going to work? (Male, 17 years)

Money. I have a job, but not enough to pay for a flat or unit. I'm still maturing. I want to stay with my carer. (Female, 17 years)

Worried about if I can get a job; about where I am going to live. (Male, 16 years)

How am I going to live financially, and also how am I going to live on my own? I'm really not ready for that. (Female, 16 years)

Financially, I do not know how I'd be able to save for a house or rent, bills etc. and find a balance with money. (Female, 17 years)

That I will live on the streets, that I won't have a job. (Male, 15 years)

How I will financially support myself without a job, transport, youth worker/foster carer support. How will I save for a car if I can't get a job? Feeling unstable without Child Safety as I don't necessarily have a parent to rely on. Child Safety is a safety net if I need advice. (Female, 17 years)

One young person summarised her concerns with a plea that contained the sentiments that many young people expressed:

> *Don't feel like I'm getting enough support I need. I'm doing literally everything, I have to choose jobs myself, concerned about accommodation. I just don't know why I can't get enough help. So, I'm 17, everything is so full on. I'm starting Uni, have to manage my jobs, and I don't know why more people can't help me. (Female, 17 years)*

3.9.2.2 Dealing with Concerns about Transitioning

Young people were asked to nominate from a list provided who they had talked to, or who they would talk to regarding any concerns. Of the 887 mentions received, only 4.4% indicated they wouldn't bother talking to anyone. The most identified individuals were carers (27.6%) followed by caseworkers (19.4%) and friends (12.1%). The full list is shown in Table 3.11. No significant differences were found in who respondents would confide in over Jurisdictions, Cultures, or Sexes. However, more than expected in Kinship and Residential Care wouldn't talk to anyone, while those in Foster Care were more likely to share their concerns with both carers and caseworkers. Young people in Kinship Care were far less likely than expected to talk with caseworkers.[120]

> **Young people were asked to nominate from a list provided who they had talked to, or who they would talk to regarding any concerns. Of the 887 mentions received, only 4.4% indicated they wouldn't bother talking to anyone.**

Table 3.11: *Per Cent of Comments by Respondents in the 15–18 Group Identifying with Whom They Would Share Concerns About Transitioning to Independence*

Person with Whom Concern Shared	%*
No one	4.4
Carer	27.6
Caseworker (main)	19.4
Friend	12.1
CREATE Staff	7.3
Birth Parent	6.5
Partner	6.1
Relative	5.4
Another Worker	5.1
After Care Service	3.8
Other	2.3

*Percentages based on n = 887.

3.9.2.3 Transitioning-to-Independence Planning

Preparing for transitioning is addressed in *National Standard 13,* where the stipulation is for leaving care planning to begin at 15 years. The 409 young-people aged 15–18 years in this study were asked if they were aware of having any form of "leaving-care" or transition plan (in some Jurisdictions this can be an extension of the basic case plan). Choices were "Yes", "No", or "Unsure". Only 24.4% could definitively report that they knew about their transition plan; 36.4% clearly said they didn't have a Plan; the remaining 39.1% were unsure. Significant Jurisdictional differences were recorded, even though the number with a Plan was relatively small (*n* = 100). Unfortunately, in ACT, none of the 17 young-people in the age cohort knew about a transition plan, whereas 12 of the 30 (40%) in WA were informed (see Figure 3.113). No differences were found across Placement Types, Cultures, or Sex.[121]
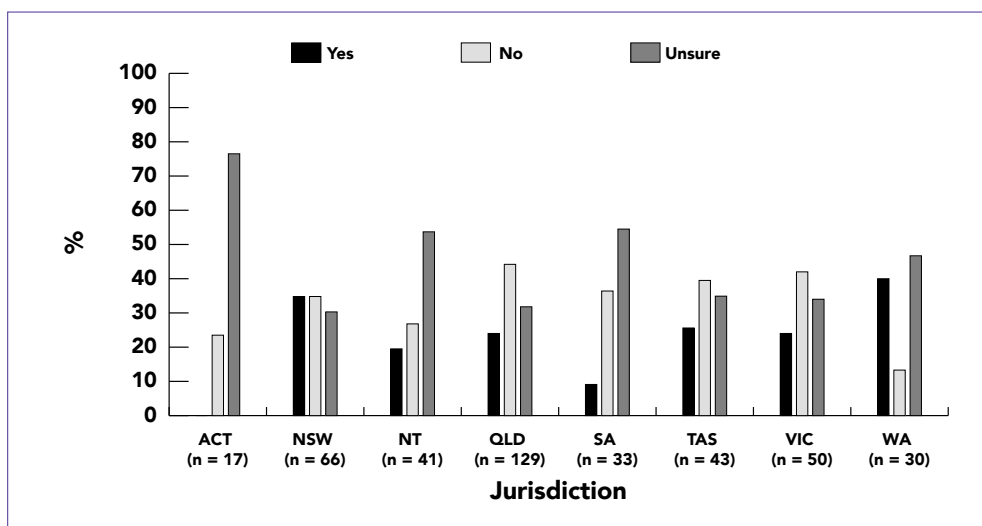
Figure 3.113. Per cent of respondents in the 15–18-year Age Group from the eight Jurisdictions who reported they were aware or not of having a transition-from-care plan. Values in parentheses indicate the number of respondents in the 15–18-year Age Group in each Jurisdiction.

Even though transition planning should begin at 15 years, it is absolutely critical that those exiting the system at 18 are well prepared for independent living with a plan for their future. A comparison was performed between the number of 15–16 and 17–18-year-olds who had a transition Plan. Figure 3.114 shows how the 100 young-people with plans were distributed over the two age divisions. Overall, 40.1% of the oldest respondents had a plan, ranging from 18.2% in SA to 64.7% in WA.
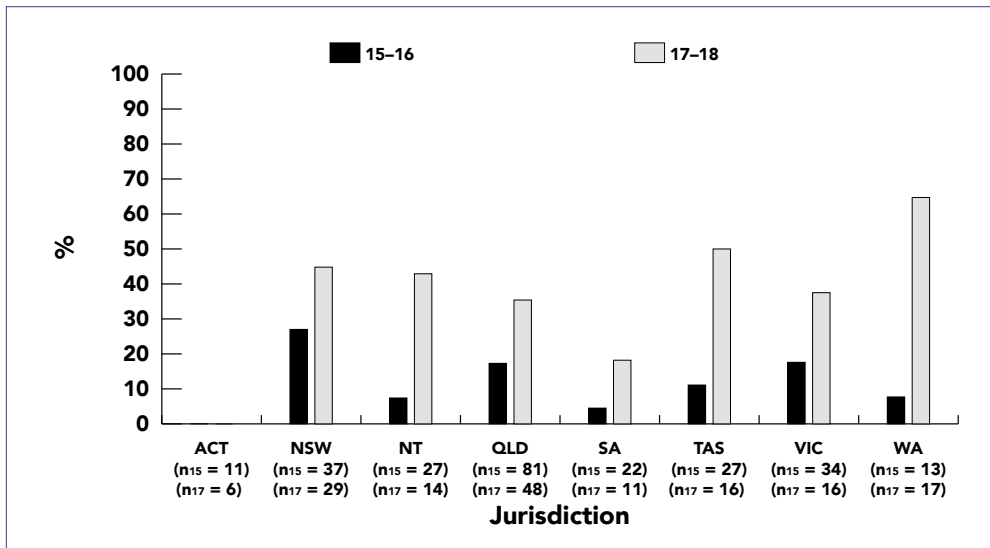
Figure 3.114. Per cent of respondents in the 15–16 and 17–18-year age groups who were aware of having a transition plan in each of the eight Jurisdictions. Values in parentheses indicate the total number of respondents in the various categories.

Given that such a small number of respondents had a transition plan, it was inappropriate to conduct any detailed comparisons over Jurisdictions, Placements etc. of how involved young people were in developing their transition plan, and how useful they thought it might be. Results for the full sample of 15–18-year-olds showed that mean involvement (using the scale 0: *Not at all involved*; 100: *Very involved*) was rated 65.9, while the mean usefulness score (scale 0: *Not at all useful*; 100: *Very useful*) was 66.8. These values indicate that respondents on average were reasonably involved (48 of the 100 scoring 80 or over for Involvement), and found it reasonably useful (43 out of the 100 scoring 80 or over for Usefulness). A moderate but significant correlation was found between level of involvement in planning and perceived usefulness of the plan.[122]

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Comments by respondents regarding their contribution to the planning process showed that the level of involvement was varied, but the opportunity to participate was appreciated:

Where I want to live. They gave me the opportunity to live with my mum, and I asked about that. And every other thing; I kind of zoned out when they were asking me because it was so long. (Female, 17 years)

Chose university and HECS, if I would want to move out or not. We've been discussing who to rely on in a crisis. (Male, 17 years)

Chose my education. They asked me questions. I'm searching for accommodation and sorting jobs. I'm pushing for things to happen while it should be the other way around. (Female, 17 years)

Where I would like to live when I leave school, and what I would like to do. (Male, 18 years)

I just listen, and they ask me if things are ok. I say yes or no, and have my opinions. (Male, 17 years)

I have a book that I have to tick off when I have completed an activity that I need to know how to do when I leave care. (Female, 16 years)

My carer has given me the choice to stay with them if I want, or could go to supported accommodation. (Male, 17 years)

For many, the reduction in uncertainty of what the future holds made a transition plan valuable:

Just to have some sort of idea what it is that I want - setting and achieving goals to pursue what you want in life. (Male, 18 years)

For me, it's knowing who to go to after 18, that's the most important thing. (Male, 18 years)

Knowing what happens with my future. (Female, 17 years)

Like skills and stuff they get you involved in. (Female, 17 years)

However, not all respondents had a positive perspective:

It might be useful if I knew what was going on with it. (Female, 17 years)

It's just more paperwork; more useful for caseworker. (Male, 16 years)

The final question in the transitioning section gave respondents the chance to reflect on areas that had been overlooked in their planning: Was there anything they wanted to know more about before exiting the system? Although respondents provided only 88 comments, thematic analysis clustered them into the key issues confronting those leaving the system. Most statements focused on obtaining more information either about supports that will be available (24%) or concerning the respondent's personal situation and history (23%).

I would like to know what I am entitled to when I turn 18, like payments to go to Uni. (Female, 16 years)

Whether you can call your caseworker after I turn 18, whether that is allowed or not. (Male, 17 years)

I would like things to be clearer because it's confusing, and the department don't really elaborate. (Female, 15 years)

Why I'm in care. I want to know more about it (it's a burning question). I also want to know why I got split up from my siblings. (Female, 17 years)

How to get my files. (Male, 18 years)

Another important area where more information is essential centres on financial issues (attracting 24% of comments). One young person summarised the concerns well:

How does anyone, let alone me in care still 18, and at school, with only part time job earning 60 dollars a week, pay a rent for 250 dollars and then try to live. (Female, 17 years)

Although employment, education, and transport (driver's licence) were mentioned, the next most concerning area to which more attention needs to be directed is housing, which attracted 11% of comments.

I need to know if I am going to be in a safe environment; options for where I might be living. I need to know. (Female, 17 years)

Where do I live, how do I find a job, how do I reconnect with my family? (Male, 17 years)

3.10 CONCLUDING TOPICS

To complete the survey, respondents were asked if they knew whether or not their state or territory had a version of a *Charter of Rights for Children and Young People in Out-of-Home Care*. They also were given a final opportunity to mention any other issues about living in care that had come to mind while completing the survey. Last of all, respondents had the chance to score their child protection system (department or agency) out of 100 in terms of how cared for they felt.

3.10.1 CHARTER OF RIGHTS

Results obtained in response to the question on knowledge of a *Charter of Rights* are summarised in Figure 3.115. Of the 1162 respondents, overall only 31.9% knew of their Jurisdiction's *Charter* (all states and territories do have a *Charter* available online); however, there was considerable variation.[123] No significant Placement Type, Culture, or Sex differences were observed in knowledge of the *Charter*.
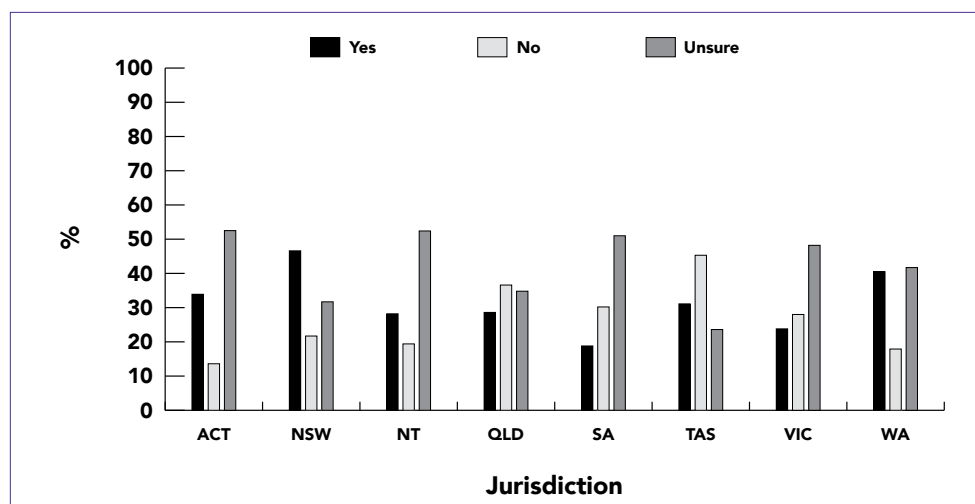
Figure 3.115. Per cent of respondents from the eight Jurisdictions who reported the indicated knowledge about their respective *Charter of Rights*.

3.10.2 Other Issues Raised

The opportunity to discuss issues that may have been raised while completing the survey generally elicited elaborations on topics already covered. Key concerns centred on the need to be informed, particularly about rights, family history, care planning, and the leaving care process. Cultural issues were raised, along with the problem of addressing stigma. Special mention was made of improving caseworker performance. The following sample of comments illustrate the points made. The experiences of some children and young people in care have been incredibly positive, epitomising the ideals of the care system:

Thanks to all of the child safety support workers that have helped us get ourselves right and happy. It hasn't been smooth sailing, but at least we've had support and guidance along the way. (Male, 17 years)

I think a lot of people see being in care as a bad thing, but all of my life I have seen it as a good thing, I have seen it as this opportunity to have all this support from these wonderful people. (Female, 12 years)

However, most respondents would like to see changes:

Not really. I hope that kids in care that are in care for the wrong reasons shouldn't have to live through the stuff we've had to live through. (Male, 16 years)

Department really needs to involve young people in the decisions and choices about their life. (Female, 17 years)

Yes, about the Charter of Rights for Children and Young People in Out-of-Home Care, and more information about your family, about history, and more about my dad's side of the family. (Female, 13 years)

Why can't the department listen to me? I feel unsafe in my current situation and just want to live with my pop. (Male, 17 years)

What a care plan is. How the department is dealing with making sure people in care have the same opportunities as others (like sports, tutoring, etc.). (Female, 14 years)

When you live in a resi it's really hard to get permission to do things, and you feel really different from your friends who aren't in care. (Female, 15 years)

Want to add: In resi care it's hard to build relationships with workers because they're always on the computer doing notes. (Male, 13 years)

The department need to check in and actually attempt to do their job. I haven't heard from my CSO in a while; they wouldn't even know what's going on with me. (Female, 16 years)

More information provided to [his carer]. She had to learn all herself about funding, finding services for counselling, getting permission, and what permission is needed for. (Male, 16 years)

Knowing more about my background and family story, I feel like it's important to have more Aboriginal representation. (Female, 17 years)

Just wondering if there are any laws, policies or procedures for what support the Department must give you when transitioning from care. Like with finding housing. (Male, 18 years)

One young respondent described her journey through the care system; how negative changes occurred over which she had no control (but wanted to have her voice heard); and ultimately, through perseverance, was able to achieve the outcome she wanted. She outlines the complexities of typical cases in out-of-home care, but emphasises the importance to children and young people of feeling "heard" within the system.

I've had a really good experience of being in care. I've been in care for 7 years and have had 2 placements. I had to move from my first placement after I'd been there for 2 years, which I didn't want to do because they felt like a family to me. I had to move because my biological mum moved and the Department wanted me to stay close to her. Even though I didn't want to move and felt like the Department didn't listen to me, I'm now happy that I did move because I love my family (I've now been with them for 5 years); but at the time I didn't feel like the Department listened to me. I went to court about a year ago and had my order revoked so I no longer have any contact with the Department. (Female, 14 years)

3.10.3 Overall Rating of Care Experience

The final task for respondents was to score their care system out of 100 in terms of how well they felt they had been cared for by the departments and agencies. An overall rating of 64.5% was given to the "corporate parent", with values ranging from 51.1% (ACT) to 74.0% (WA) as seen in Figure 3.116.[124] Significant differences also were noted in the performance ratings given over Placement Type and Age Groups. Children and young people in Residential Care assigned significantly lower scores to the "system" than did those in Foster and Kinship Care (see Figure 3.117); the younger group thought they were cared for better (67.5%) than did the older respondents (60.8%)[125].
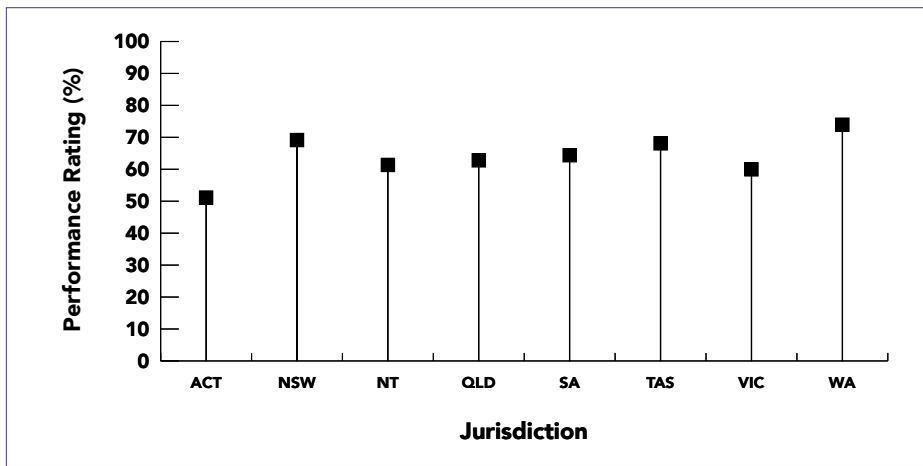
Figure 3.116. Mean performance rating (score out of 100) given by respondents in each of the eight Jurisdictions to their main support department or agency indicating how well they felt they were cared for.
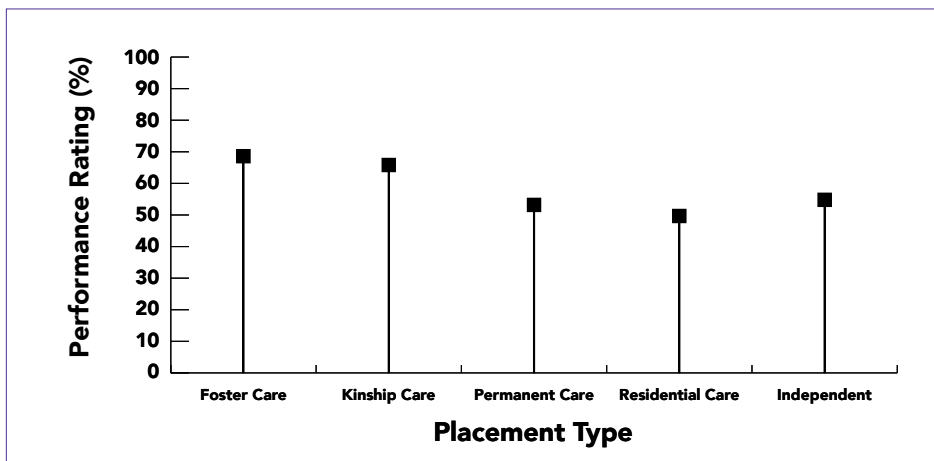
Figure 3.117. Mean performance rating (score out of 100) given by respondents in each of the five Placement Types to their main support department or agency indicating how well they felt they were cared for.

CHAPTER 4: DISCUSSION

4.1 Selection of Respondents

This study provided valuable information on the challenges confronting researchers in this field when selecting appropriate samples of children and young people from the out-of-home care population. Difficulties were encountered initially in attempting to obtain random samples from the jurisdictional populations. When the states and territories provided specific contact details (e.g., names, addresses), the process was more direct and controlled. Actual children and young people were selected and contact was attempted (by post, email, or telephone), based on the data available. However, when only client numbers were available, a sample could be produced, but there was no control over whether names were matched to the numbers, and if the invitations to participate were sent to all the potential respondents identified.

The most positive outcome from this study is support for the multimethod approach to survey data collection. Although mail surveys can elicit a reasonable response rate for other cohorts (e.g., general practitioners; Sebo et al., 2017), it was clear from the extremely poor initial response to the postal invitations issued to potential participants that this was not the case for this population. The literature is equivocal on which single approach is superior (Hox & De Leeuw, 1994) with many variables playing a part, including response burden (Axhausen, Schmid, & Weis, 2015) which is likely to be a factor in an extensive survey such as the one used in the present study (dealing with all life domains in out-of-home care throughout Australia). The approach used here, by providing sequential access to multiple response-inducing techniques, follows the suggestion to apply multi-mode techniques as the most effective strategy for maximising response (Millar & Dillman, 2011; Stern, Bilgen, & Dillman, 2014). However, for this approach to be effective, it is essential that researchers have access to various forms of contact details (including email and phone numbers) to adequately control all aspects of sampling.

However, merely producing a random sample is not the panacea for ensuring an appropriate, functional set of respondents. A fundamental ethical consideration is that children and young people must be fully informed about the study and have the right to refuse participation. This means that all respondents have to agree to be involved; therefore, the best that can be achieved is a random sample of volunteers. A concern is that in many situations the refusal to participate did not necessarily reflect the wishes of the child or young person, but rather resulted from gatekeeping by caregivers, either carers or caseworkers. As seen in Table 2.4, 7.7% of the children and young people for whom contact details were available ($n = 7411$) directly refused to participate or withdrew, while 6.0% missed the opportunity because their caregivers refused. Another 17.3% did not respond either because messages left with caregivers were not passed on or the young people were not interested.

A more worrying issue is that much of the information about location recorded for the children and young people in the out-of-home care population by departments, agencies, and CREATE, is inaccurate. As Table 2.4 reveals, 55% of the children and young who were potentially contactable could not be reached by any means; 47% of these because of incorrect information. It is not known what level of non-response bias was introduced by such high non-response rates. Although Groves (2006) demonstrated it is possible that "nonresponse rate alone is a weak predictor of nonresponse bias components" (p. 662), and an increasing body of evidence now confirms this observation in the research context (Davern, 2013; Fuchs, Bossert, & Stukowski, 2013; Meterko et al., 2015), the apparent inaccuracy of the child protection data remains a problem for appropriate policy formulation and practice. The most recent *National Child Protection Data Quality Statement* (Australian Institute of Health and Welfare, 2017b) indicates the complexity of the data set, and outlines a variety of qualifications needed to be applied when interpreting official figures. Even at the highest level of data aggregation there are inconsistencies among jurisdictions. Therefore, it is not surprising that inaccuracies also could be encountered in the most fundamental data, but at this level such errors are affecting the lives of individual children and young people.

4.2 Life in Care

4.2.1 General Issues

One third of respondents in this study commented, before being exposed to any questions that could have prompted possible concerns, on the salient topics they believed needed to be addressed within the system. Their comments emphasised caseworker issues including the need for improved, more responsive behaviour, more efficient approval processes, and continuity of caseworker connections. Many others identified their desire for a greater say in decision-making, more support for, and supervision of carers, and improved family contact processes. These issues mirrored those on which the survey focused, as confirmed by the score of 80% given to how well the survey covered topics important to the respondents.

4.2.2 Placement History

A similar pattern of care history was found in this survey as had been observed by McDowall (2013a), with respondents in QLD and SA entering care earlier and remaining in care longer that those in NT. Placement stability is the critical issue when considering placement history, as instability can have consequences for life both in and after care (Chambers et al., 2018). The measure proposed in the *National Standards* (FaHCSIA, 2011) of the proportion of respondents exiting care having one or two placements, when estimated from the data in this survey, showed that TAS and NSW (with around 60% of respondents achieving that benchmark) appeared to have the most stable placements, with ACT and

NT the most disrupted. Other measures of stability (e.g., the mean number of placements while in care, and the stability measure calculated here that takes time in care into consideration) also confirmed these results. These differences provide evidence that jurisdictional comparisons need to be reviewed to identify areas for performance improvement, rather than simply calculating national averages for all performance measures.

> **Their comments emphasised caseworker issues including the need for improved, more responsive behaviour, more efficient approval processes, and continuity of caseworker connections.**

Placement Type also can influence placement stability. Evidence here supports the view that those children and young people in home-based care tend to have a more stable care experience than those in Residential Care or Independent Living, and the Kinship Care respondents seem the most stable of all with three quarters of these reporting one or two placements while in care. This finding is consistent with much of the literature. For example, Koh, Rolock, Cross, and Eblen-Manning (2014) identified, along with a caregiver's commitment to a child's legal permanence, and a child's not having a mental health diagnosis, placement with a relative caregiver as one of the three key components contributing to placement stability. Rock, Michelson, Thomson, and Day (2015) also found that one of their correlates of placement instability was the child or young person entering foster care versus kinship care. Protective factors also included maintaining familial connections through placement with siblings. Research still is equivocal on why kinship care placements may appear more stable. As Font (2015) argued,

> Stability in kinship care may be partly explained by differences in the characteristics of children entering kinship care (versus non-relative foster care). Moreover, a large portion of the gap is explained by children in non-relative care being moved into kinship care; a move that is likely the result of policy preferences for kinship care rather than a defect in the initial placement. (p. 99)

The fact that those in Residential Care appear to have experienced a less stable life in care reflects the tendency for children and young people who have moved through many foster placements to "end up" in residential care as a "last resort". However, Steels and Simpson (2017) believed that this way of thinking could be reversed if residential facilities were designed and operated to "provide attachment-informed care, which would require changes in culture and policy to value and realise the therapeutic potential of relationships" (p. 1718). In the Australian context, Tregeagle (2017) echoes these views, but warns that "before developing therapeutic residential care further, government must be able to guarantee, at a minimum: a safe environment, a nurturing and healing environment, continuity of care, and the capacity to meet young people's developmental and permanency needs" (p. 240).

Differences among the Cultural Groups in terms of placement stability was less clear. While more of the Anglo-Australian group compared with the Indigenous respondents reported having one or two placements while in care, and had an average of fewer placements during their care experience, this significant difference disappeared when time in care was taken into account. However, this is not to suggest that the concerns raised by SNAICC regarding the placement stability of Aboriginal and Torres Strait children and young people can be overlooked (Hermeston, McDougall, Burton, Smith, & Sydenham, 2016). Also, it should be noted that the Other Cultural Group seemed to experience the most disruption to their placements, but the effect was not significant because of the relatively small numbers in this sample (n = 58) compared with the other groups (see Table 2.8). More data need to be collected on the treatment of the variety of ethnic groups within the care system to ensure that the needs of this special cohort are met.

4.2.3 Reactions to Placement History

The factor most affecting how children and young people felt about their placement history was how disrupted it had been; the fewer placements, the happier respondents were. This was evidenced by the Happiness ratings given and the verbal comments made. Another issue, which Hébert, Lanctôt, and Turcotte (2016) have shown is related to placement instability, concerns the 31% of respondents who were moved from placements they did not want to leave, 16.5% of these without consultation. These children and young people are forced to undergo cognitive and emotional shifts that are likely to impact on their sense of personal agency and enhance feelings of instability. For more positive outcomes to be realised for those in care, greater opportunities must be provided for them to be meaningfully engaged in decision-making affecting their lives (McDowall, 2016a; ten Brummelaar, Harder, Kalverboer, Post, & Knorth, 2018).

4.3 Current Placement

4.3.1 Feelings about current placement

Data collected here confirmed that length of time spent in the current placement could be taken as another indicator of placement stability. In Jurisdictions such as NSW and TAS, respondents lived in relatively long-term current placements, while in ACT and NT present placements were shorter. Similarly, respondents living in Kinship and Permanent Care had lived in their current placements longer than those in Foster Care and considerably longer than children and young people in Residential Care or living Independently. It was of concern that still only 37% of respondents overall claimed to have been consulted about the move to their current placement; this compares with 33% reported in McDowall (2013a). The proportion was even lower for those in Residential Care (21%). The group most likely to have discussions about where they were living were those who were living Independently and had organised placements for themselves (79%).

4.3.2 Good and Not Good Placements

A positive outcome from the present study is that a large number of children and young people felt *"quite happy"* in their current placement (81% compared with 83% in 2013), and 93% indicated they felt "safe and secure". This is comparable with the 91% reported by AIHW (2016b). However, it must be remembered that this high value masks considerable Jurisdictional variation. Underpinning these positive feelings are the criteria the respondents identified as characterising a "good" placement. Critical factors included having positive and supportive carers; feeling cared for and understood, and a part of the family; as well as having their basic physical needs met (see Section 3.2.1). The desirability of having a strong relationship between the children and young people and their carers has been commented on previously (Sinclair & Wilson, 2003; Ward, Skuse, & Munro, 2005), and in several recent studies. Storer et al. (2014) showed that the "characteristics of supportive foster homes include a sense of belonging, structure, guidance, and consistency" (p. 110), and the young peoples' perception of their relationship

with such supportive caregivers contributes greatly to placement satisfaction (McFarlane, 2015). Wojciak, Thompson, and Cooley (2017) stressed that "a warm relationship with a caregiver was a significant moderator of trauma and youth report of internalizing behaviors" (p. 96). So important is this connection that some workers have begun developing validated "measures of youth perspectives of inclusion in the foster home and relationships with their foster care provider" (Kothari et al., 2018, p. 751), the application of which in future may form a component of social work practice.

4.3.3 Experiences in Current Placement

As well as responding positively to how "safe and secure" they felt in their current placement, children and young people also indicated that they felt their basic needs were being met by the system, with a requirement for privacy in placement still needing to be addressed as it was in CREATE's 2013 study. Some minor Jurisdictional differences were noted (lower agreement scores in ACT, NT, SA, and VIC); however, the most concerning disparity occurred regarding the feedback from those in Residential care. These results were consistent with the findings published by the NSW Department of Family and Community Services from their Residential survey (Robertson, Laing, Butler, & Soliman, 2017).

As had been reported by McDowall (2013a), the number of children or young people in placement households in NT in this study also was greater than in other Jurisdictions. However, here again a large proportion of respondents overall (73%) indicated they felt they were treated fairly and equivalently in the carer household compared with other children and young people present.

The amount of free time available to respondents in their placements showed a reversal over what was recorded in 2013, with a greater number in QLD now reporting "more than 15 hours" than in NSW. Encouragingly, this time was spent on a combination of activities incorporating digital devices and television/movies, as well as physical behaviour and socialising. Not surprisingly, recent research has shown a strong positive association between caregivers' attitudes to, and their use of screen technology, and children's behaviour (Lauricella, Wartella, & Rideout, 2015); clearly, carers can provide the role models here to promote and support the healthy use of free time.

4.3.3.1 Internet Access and Use

It is now well established that the Internet is a key resource for children and young people in the "digital age", as a source of information, entertainment, and social connection; estimates suggest that currently one third of Internet users around the world are children (Byrne, Kardefelt-Winther, Livingstone, & Stoilova, 2016). Recent Australian Bureau of Statistics data on Internet connections for 2016–17 (ABS, 2018a) show that household access in Jurisdictions

ranges from 82.5% in SA to 94.1% in ACT. Data collected from respondents in this study indicated that those living in ACT, NT, TAS, and WA were noticeably below their state or territory average for access. The most disadvantaged group regarding overall Internet access was the cohort in Residential Care, where only 60% of respondents claimed to be able to go online. A similar result was obtained in CREATE's 2013 survey. It is not clear why this extreme result occurs; however, given the extensive Internet use made by those in Residential Care who did have access, it would not appear to be due to lack of demand. If this situation is arising because facility staff are being overly protective (Simpson, 2016) or attempting to control behaviour through punishment and repression (de Valk, Kuiper, van der Helm, Maas, & Stams, 2017), it must be emphasised in staff training that other techniques are available that are less likely to exacerbate any disadvantage the Residential group already experiences (Huda et al., 2017; McLean, 2015; Vis & Fossum, 2015).

Jurisdictional, Placement Type, Age Group, and Sex differences were noted for activities conducted online. It is difficult to form a clear impression of the Jurisdictional data, because the pattern of activities varied with state or territory. However, those living Independently or in Residential Care who had Internet access spent more time web surfing, networking, on social media, and streaming entertainment than did those in home-based placements, but the average time did not exceed 6 to 10 hours per week. This seems to reflect a double standard where fewer in Residential Care can access the Internet, but those who do use it extensively. Other findings, for example, that the older group used the Internet more, and males spent more time gaming while females were more involved with educational activities, networking, and social media were expected based on results of the 2013 survey and other literature (McDowall, 2013a; Rideout, 2016).

Data collected in this study showed that most children and young people felt quite safe when online, with over two thirds feeling 80% safe. These findings are consistent with observations made by Agosto and Abbas (2017) that most of the participants in their focus groups comprising young people felt safe online and knew what to do to protect themselves; and the UK Council for Child Internet Safety review by Livingstone, Davidson, Bryce, and Batool (2017) that revealed 10%–20% of children and young people had encountered material that they found "worrying or nasty" online.

4.4 Interaction with the Care system

4.4.1 Key Sources of Support

Results obtained from this survey matched the pattern reported in McDowall (2013a) that showed that children and young people from all Jurisdictions saw carers as being the supporters most concerned with their well-being. Given carers' pivotal role in the system, and particularly in the provision of "good" placements as discussed previously, this is a positive outcome. It reinforces how important it is for the system to nurture this irreplaceable resource by providing appropriate training and support (Ahmed, Windsor, & Scott, 2015; Day et al., 2018; Geiger, Hayes, & Lietz, 2013; Kelly & Salmon, 2014; Randle, Ernst, Leisch, Dolnicar, & Randle, 2017), and do everything possible to retain carers and increase their numbers to relieve the "vital few" (Cherry & Orme, 2013).

4.4.2 Interactions with Caseworkers

In contrast to their perception of carers, respondents did not see caseworkers as providing any greater support than that provided by family and friends. This would seem a disturbing perception given that a key part of the child protection caseworkers' professional role is to focus on the well-being of their "clients", i.e., the children and young people in the care system. However, increasingly, it is being realised that child protection social work is a complex occupation requiring high levels of resilience to mitigate burnout (McFadden, Campbell, & Taylor, 2015) which can contribute to high rates of worker turnover (Griffiths, Royse, Culver, Piescher, & Zhang, 2017; Travis, Lizano, & Mor Barak, 2016). Changes in their caseworkers is another form of instability confronting children and young people in care. Data reported here indicated that children and young people across Australia had an average of 5–6 caseworkers while in their placements. In such a changeable context, it is not surprising that trustworthy relationships between caseworkers, children and young people, and carers are difficult to form. The fact that 36% of respondents felt they could not contact their caseworker when needed (compared with 40% in 2013), and that caseworkers' helpfulness was rated at 63% (which was strongly related to how comfortable respondents felt speaking with the caseworkers) probably is influenced by difficulties in relationship formation. Children and young people clearly identified what they valued in caseworkers (see Table 3.5) which mirrors those qualities reported by Moore, McArthur, Death, Tilbury, and Roche (2018, p. 68) as "caring, proactive, tenacious in building relationships, and available. Importantly, they listened and ensured young people had a voice." Unfortunately, over one third of those in care do not have that connection with their caseworker. Recent Swedish research (Lindahl & Bruhn, 2017) shows that:

> most children emphasize that the relationship with their officer is negatively affected by a lack of time, availability, and trust. It is also weakened by

The fact that 36% of respondents felt they could not contact their caseworker when needed … and that caseworkers' helpfulness was rated at 63% … probably is influenced by difficulties in relationship formation.

the children's general expectation that child welfare officers only act in their official role, a role that is associated with a formal and distanced relationship. (p. 1)

Other research also has explored the connection between caseworkers and the children and young people they are responsible for helping. Ferguson (2016) conducted a study into what social workers actually do in their child protection work. His review highlighted two key issues that have implications for policy, practice, education, and training:

> Firstly, organisational pressures from high workloads and the short time-scales that social workers were expected to adhere to by managers and Government; secondly, practitioners had varying levels of communication skills, playfulness and comfort with getting close to children and skills at family work. (p. 283)

Children and young people in care around the world are reporting the same issues involving caseworkers that negatively impact on their care experience. However, the implications can extend beyond their period in care; Kolivoski et al. (2016) showed that negative perceptions of caseworkers can lead to children and young people viewing the legal system as less legitimate which can be a precursor for delinquency and involvement with youth justice. Caseworker behaviour, especially reliability, consistency, and responsiveness, also impacts significantly on carer engagement and greater likelihood of placement permanence (Denlinger & Dorius, 2018; Katz, Lalayants, & Phillips, 2018).

It is clear that the majority of caseworkers are fulfilling their professional roles effectively and meeting all expectations (and in some cases exceeding them; Sulimani-Aidan, 2016), to the satisfaction of carers and children and young people. However, for a sizable

number in the care system for a variety of reasons, this is not the case. Such variability in performance, particularly when "clients'" basic requirements are not being met, is unacceptable. Governments and agencies must address caseworker accountability in a positive way, ensuring that barriers to performance are minimised (Hwang, 2016) and that a balance is struck between "social work" and the facilitative function of "paper work" (Gibson, Samuels, & Pryce, 2018). As Oliver and Charles (2016, p. 1009) argue, caseworkers need to enact a "firm, fair and friendly practice."

4.4.3 Case or Care Planning

An area of care for which caseworkers have full responsibility is in developing with the child or young person a case or care plan. In CREATE's earlier survey (McDowall, 2013a) less than one third of respondents reported knowing about a case plan; in 2018, that overall number had risen to 44%, with over half in NSW (a substantial increase over 2013) and QLD claiming that awareness. This is a pleasing result, although more needs to be done to ensure that children and young people are involved in the process (ensuring that the care plans are not prepared for them without input, as was the case for 43% of those with a plan). Limited evidence collected here suggests that respondents who had been involved in the

preparation. Because sufficient effort is not expended to engage them in the planning process, they are not able to exercise their rights under the *UN Convention on the Rights of the Child* (UNCRC, 1989) to be involved in decision-making that affects their lives.

4.5 Personal History and Culture

4.5.1 Knowledge of Current Situation

Data collected in 2013 revealed that half the respondents knew at least *"Quite a lot"* about why they were in care; in the 2018 cohort the equivalent number had increased to 55% (those who rated their level of knowledge at 83% or above). The arguments made in McDowall (2013a, p. 87) still apply regarding the need for caseworkers, carers, and birth parents all to be involved in helping the children and young people understand why they have been brought into care. The "words and pictures" approach was provided as an example of a technique that has proved successful (Devlin, 2012; Hiles, Essex, Fox, & Luger, n.d.), but other methods are being trialled (e.g., the "narrative" model; Coman, Dickson, McGill, & Rainey, 2016). Evaluations of this latter approach (McGill, Coman, McWhirter, & O'Sullivan, 2018) have revealed that social workers:

> It is critical if children and young people's rights are to be upheld that they be given every opportunity to participate in decisions affecting their daily life.

process saw considerable value in developing a plan. Every effort must be made to ensure that involvement by children and young people is not precluded for caseworker convenience (because of time constraints), or because their participation is seen as inappropriate, as was observed by van Bijleveld, Dedding, and Bunders-Aelen (2015):

> Professionals' objections to participation mainly stem from the socio-cultural image of children as vulnerable and in need of adult protection, and a lack of understanding of what participation actually entails. Interventions to strengthen participation should be directed at making social workers and case managers aware that children are knowledgeable social actors. (p. 129)

It must be emphasised that these results do not necessarily indicate that many children and young people in care do not have a case plan; hopefully, a plan for each individual is somewhere in the system. What these data show is that many children and young people do not know about what is supposedly "their" plan, and they have not been involved in its

acknowledge the importance of helping children understand why they are in care but find it difficult to talk to them about it. They report that the narrative model increases their confidence in undertaking this task and benefits the children by giving them an explanatory narrative and enhancing the stability of their care placements. (p. 49)

4.5.2 Participation in Decision Making

As indicated above, it is critical if children and young people's rights are to be upheld that they be given every opportunity to participate in decisions affecting their daily life. Two thirds of respondents in the present study felt they could have a say in decisions at least *"Reasonably often"*, mostly about their education and family contact; least about placement decisions. Older respondents were more involved; those in Residential Care reported having less of a say. Clearly, a substantial number of children and young people in care are not participating in decision-making to the extent they should. Various researchers (e.g., Križ & Roundtree-Swain, 2017; van Bijleveld et al., 2015) have discussed the facilitators and barriers to a young person's participation. As van Bijleveld et

al. have argued, a supportive relationship with a caseworker is a major factor enhancing engagement in decision-making. However, as McDowall (2013b) has shown, it also is important whether or not the children or young people feel "heard" when expressing their views. While respondents in this study, overall, reported being listened to 70% of the time, those in some jurisdictions (e.g., ACT and NT) felt less heard, as did those in Residential Care and living Independently.

The formal vehicle through which children and young people can have their voices heard by people who are able to influence their lives directly is the organised family group meeting or conference. CREATE's 2013 results indicated that attendance at such meetings was low, a pattern repeated in this study, where respondents participated in 38% of the sessions, and when attending, felt heard about half the time. Given that these meetings are one of the few chances available for all parties concerned to interact and share their views, and particularly to give the children and young people a voice, more must be done to address the complexities of power differentials, vested interest, and conflict that can arise. Various models have been trialled (Fox, 2018), but the meeting context has to be appropriate for the young people, with consideration given to everything from the location in which it is held to how the power differentials of the participants are handled. Children and young people must receive support to facilitate their engagement in official meetings to avoid the experience becoming aversive and the whole experience counterproductive.

4.5.3 Family Story

Increasingly, it is being realised that knowledge of family history can be important, particularly for children and young people who grow up in institutional care separate from their families. As Król, Kliś, Kustra, and Szymański (2018) summarised from their literature review:

> knowing more about one's own family is related to increased well-being and better psychosocial functioning in children. The causal relationship is not known, but possible mechanisms include enriching personal narratives and sense of purpose, increasing the sense of belonging and family continuity. (p. 2)

In the present study, respondents reported knowing just over half of what they felt they needed about their family story. Children from VIC seemed particularly well informed, as were those in Kinship and Permanent Care. Interestingly, carers provided most of the information, except in NT where birth parents, family, and community members played a greater part. Given that 78% of the NT sample were Indigenous, it is not surprising that the NT pattern mirrors the Indigenous result. These findings regarding the involvement of Indigenous people external to placement in conveying aspects of the child or young person's family story are consistent with the data reported in AIHW (2018, Table S45) that only 32% of Indigenous children and young people in care in NT are placed with Indigenous carers following the Aboriginal and Torres Strait Islander Child Placement Principle. As Kiraly, James, and Humphreys (2014) showed, Indigenous carers were more likely to be concerned with family and culture than were the non-Indigenous; if information is not available in placement, other Indigenous adults need to be more involved.

The role caseworkers can play in communicating aspects of family story needs exploring. Evidence gathered in this study indicates that children and young people did not learn a lot about their family history from their caseworkers. Future research could investigate why this is the case. Fluke, Corwin, Hollinshead, and Maher (2016) have suggested that caseworkers tend to favour one of two orientations: a child safety focus or a concern with family preservation. Although child protection departments may express the desirability for their caseworkers to be involved in family engagement to (a) help increase placement stability; (b) promote family "buy-in" to enhance the likelihood of achieving outcomes; and (c) improve the timeliness of permanency decisions (Queensland Government, 2013), if the staff do not have a commitment to family preservation, the importance of maintaining that connection may be overlooked.

4.5.4 Connection to Culture

There is a growing body of literature supporting the view that an embracing of their cultural background can provide young people with a clearer focus on their identity and other coping strategies to enhance resilience (Theron, Liebenberg, & Ungar, 2015). When discussing connection to culture in the Australian context, attention tends to be focused on the Aboriginal and Torres Strait Islander population. However, as recognised in this study, other cultural groups also are involved in the out-of-home care system. Unfortunately, the number of these Culturally and Linguistically Diverse (CALD) children and young people in this sample was small (*n* = 58); however, on various measures, such as how important they thought it was to be connected to their culture, and how connected they felt, their scores were significantly lower than the Indigenous group. From the minimal data available here, there are indicators that this group requires special consideration within the care system. The Foster Care Association of Victoria (2014) made a strong case, when considering the 13% of that state's care population who were CALD children and young people, that their care "must allow them to stay connected to family, communities and culture" (p. 1). It is an indictment on our national care system that, as noted by Australian Institute of Health and Welfare (2018a), it took the Royal Commission into Institutional Responses to Child Sexual Abuse (2017) to recommend that the Child Protection National Minimum Data Set be enhanced to include "data identifying children with a disability, children from culturally and linguistically diverse backgrounds, and

Aboriginal and Torres Strait Islander children" (Recommendation 12.2 [a]). Hopefully, in the near future, a clearer picture of the particular needs of these special groups will be available.

The level of connection to culture expressed by Indigenous respondents was similar to that recorded in CREATE's 2013 survey; about one third felt strongly connected, and one third reported little connection. Jurisdictional differences were noted among the amount and sources of information about culture respondents received. In ACT, information was provided from many support persons, especially carers; however, respondents in TAS appeared not well informed from most sources. These observations are consistent with findings from a review by Lindstedt, Moeller-Saxone, Black, Herrman, and Szwarc (2017) of supports provided for Aboriginal and Torres Strait Islander young people living in out-of-home care where it was clear that TAS, on several measures (e.g., application of the Aboriginal and Torres Strait Islander Child Placement Principle; development of Cultural Support Plans), appears far behind other states and territories in its attention to enhancing the well-being of its Indigenous in-care population.

4.5.4.1 Cultural Support Planning

A disturbing result concerning Indigenous children and young people was the relatively low number who were aware of having a Cultural Support Plan (CSP), given that possession of such a plan is an explicit requirement under the *National Standards* (Standard 10, Indicator 10.1; see Appendix A). A recent study by McDowall (2016b) extending the data reported in CREATE's 2013 survey, showed that 14% of Indigenous respondents were aware of having a CSP. That number has now increased to 18%. As Baidawi, Mendes, and Saunders (2017) pointed out, cultural planning was valuable "when it could be completed", but these authors noted that there were various barriers to successful planning. They proposed positive strategies to help overcome the problems including: "facilitating better relationships between agencies, promoting opportunities for ongoing cultural training for staff in mainstream agencies and improving the resourcing of Aboriginal Community Controlled Organisations" (p. 731). Clearly, if policy makers are serious about adequately supporting Indigenous children and young people to maintain connection with their culture, such solutions must be implemented.

4.6 Family Structure and Relationships

4.6.1 Sibling Connections

When a birth family has more than one child removed and brought into care for protection, the system then has to organise the placement of siblings. Considerable work has been done over the years investigating the difficulties caseworkers experience in attempting to place all family members together, and the consequences for the children and young

people if they have to be separated. Meakings, Sebba, and Luke (2017) recently reviewed this international literature and provided a valuable summary of (a) factors influencing the placement of siblings in out-of-home care; (b) outcomes for siblings placed together or apart; (c) recommendations for policy and practice; and (d) recommendations for future research.

In the Australian context, sibling placement issues were addressed in CREATE's 2013 survey, and in a more detailed report that included additional responses collected from WA that didn't participate in the initial study (McDowall, 2015). A similar pattern of sibling placement was observed in the current research as was recorded in 2015, with around 30% of all respondents, and 36% of those with siblings in care, being in Split placements (where they were separated from all other brothers and sisters). NSW, VIC, and WA have the lowest proportion of Split placements, and initiatives such as the "Keeping Connected" program recently pioneered by VIC (Mikakos, 2018) could see these numbers reduce further. It would be encouraging if other Jurisdictions also introduced such programs, particularly SA, where the numbers of Split placements still are unacceptably high.

The observation that over half of respondents placed in Residential Care were totally separated from siblings seems to be another area that requires urgent reviewing. If this situation arises because suitable facilities are not available to house large groups of family members, every effort must be made to ensure these children and young people are able to maintain the level of contact they desire with their family members. It also should be noted that while the Permanent Care placement organised for one third of respondents resulted in siblings being united, for another third it led to total separation. While it is acknowledged that it is not always possible to place siblings together, the two-level principle to be followed is clear: if at all possible, keep siblings together; if this can't be arranged, ensure that mechanisms are in place to facilitate regular contact across placements. The family units must be identified (even when children with the same mother are brought into care at different times resulting in their being placed with different carers); carer networks that include siblings could be established; and special provision made through departments and agencies to support these networks in helping the children and young people maintain contact.

4.6.2 Contact with Family

Findings obtained in this study supported what was reported in CREATE's 2013 survey indicating that, in all Jurisdictions except ACT where contact with birth mothers also was high, siblings were the family members most frequently contacted. Because of the importance of these relationships, perhaps the most enduring in many people's lives (White & Hughes, 2018), similar attention needs to be directed to developing supportive interventions for these

connections as has been done recently for child–birth parent contact (Bullen, Taplin, McArthur, Humphreys, & Kertesz, 2017).

Also, as was reported in 2013, data here showed that fathers were contacted the least in all Jurisdictions (an average of once every 6 months to a year); only half of respondents had any contact with fathers at all. It now is being acknowledged that fathers can play an important role in supporting their children in out of-home care; indeed, as Zanoni, Warburton, Bussey, and McMaugh (2013) have claimed, "fathers influence their children independently from mothers and equally strongly" (p. 1055). It is critical that, if "father absences" occur (Icard, Fagan, Lee, & Rutledge, 2017), they are not the result of biases and negative stereotypes introduced by caseworkers (Brewsaugh, Masyn, & Salloum, 2018; Brewsaugh & Strozier, 2016). As a way of maximising the likelihood of fathers playing a supportive role in child welfare, Campbell, Howard, Rayford, and Gordon (2015, p. 90) suggest that:

> Given the lack of clear policies and protocols around this issue, there is a need for agencies to build a system that allows service workers to sys-tematically collect data on fathers and to properly assess fathers' interests in engagement and ability to support the return of their children home. By standardizing such processes, this in turn will re-duce the inconsistency of father inclusion and open up the opportunity or possibility of providing additional supports and services for fathers who have children involved in the child welfare system.

Also, as McDowall (2016b) showed, fathers can be particularly influential with Indigenous children and young people in care helping facilitate their connection with culture.

4.6.2.1 Satisfaction with Birth Family Contact

As Atwool (2013, pp. 192–193) argued,

> The birth family remains important for the majori-ty of children and the likelihood of children gravi-tating back to family may be increased when there is no contact. Patterns of contact, however, do not conform to any simple "rules of thumb" and differ-ent children have different preferences from each other, and over time.

Baker, Creegan, Quinones, and Rozelle (2016) showed that there are various reasons that children and young people, who are safe in care, still want contact with family, particularly parents. Given that some level of contact was expected, what was of interest was whether respondents wanted more or less contact than they were currently having. Jurisdictional differences were noted in respondents' satisfaction with the amount of contact they had with various family members. General impressions from the data are that, while respondents consistently desire more contact with siblings (around 50% in all Jurisdictions), this need for change is lower for other family members

with between 30 and 40% wanting more contact. NSW and TAS seemed most satisfied with what they had. The outlier was NT where around 60% of respondents wanted more contact with all family members. This pattern also characterised Residential Care when compared with other Placement Types. It should be emphasised that questions here concentrated on contact quantity; however, also important is the quality of the connections with family (Bullen et al., 2017).

4.6.2.2 Support for Family Contact

In her review of the impact of family contact on children and young people with a care experience, Boyle (2017, p. 22) observed that outcomes "were particularly positive when there was a collaborative approach between birth families and adoptive parents or foster carers". Respondents in the present study indicated that, while both carers and caseworkers played a role in helping them maintain family contact, carers were significantly more involved than were caseworkers. However, it has been shown in the literature that the level of professional support received from caseworkers not only assists children and young people; it can affect carers' involvement as well. "Foster carers valued social workers who considered the interests of all parties affected by contact plans and decisions" (Austerberry et al., 2013, p. 116). This would seem to be an area where proactive caseworkers would be especially valuable.

4.6.3 Relationships with Friends

No specific impediments were identified that made it difficult for children and young people in care to form and maintain friendships, with the exception of the group placed in Residential Care, who reported they found it more difficult to have the freedom to meet their friends for socialising. It has been well documented that friendships can be important for enhancing resilience, managing stigma, and functioning as a protective factor for those both in out-of-home care and exiting the system (Hiles, Moss, Wright, & Dallos, 2013; Rogers, 2017; Zabern & Bouteyre, 2018). Emond (2014) looked particularly at residential care and found that, while friendships could help generate feelings of belonging and connection, they also could reinforce the negative aspects of being in care. She and Mann-Feder (2018) both discussed the role caregivers could play in either facilitating or blocking access to friends. "Friendships, both in and outside the care system, should be actively advanced by adults whenever possible … 'If we don't address friendship opportunities for looked after young people and children, then we are adding to their social exclusion and failing in our duty as corporate parents' (The Children's Society, 2016, p. 9" (Mann-Feder, p. 165).

4.6.3.1 Choice of comparable activities

When introduced, *National Standard 8* explored whether children and young people in care were able to choose to undertake the same range of activities

as their friends not in care.* Overall scores on this measure were high across most Jurisdictions and Placement Types, with only respondents in ACT and NT, and those in Residential Care or living Independently having some difficulty. The greatest problem seems to be not in finding activities to do, but obtaining permission from authorities to participate. This again focusses on the need for timely communications between caseworkers and carers (Denlinger & Dorius, 2018).

4.6.3.2 SPECIAL PERSON

One of the most positive outcomes of this study was the observation that over 90% of respondents (74% of those in Residential Care) were able to identify a person they felt they could rely on to support them in the future (*National Standard 11*). Carers, friends, and grandparents were the people most frequently mentioned as supporters; few caseworkers were seen to occupy this role. A growing body of research points to the advantages of young people, when leaving care, knowing at least one non-parental adult they can rely on for support, whether these relationships are as formal mentors or appointed personal advisors (Ahrens et al., 2011) or informal connections (Rutman & Hubberstey, 2016), or derived from the young person's social network as natural mentors (Greeson, Thompson, Ali, & Wenger, 2015; van Dam et al., 2017).

4.7 HEALTH

4.7.1 GENERAL HEALTH

Maintaining the health of children and young people in out-of-home care is complex and needs the constant monitoring of dedicated, specially trained professionals (Szilagyi, Rosen, Rubin, & Zlotnik, 2015). However, based on the data provided by respondents in this study, health is one area that appears to be handled well within the care system. Children and young people reported being in good health, and were able to access health services, including medical, dental, and counselling when necessary. Again, the Residential Care cohort reported most difficulty having their health needs met. The views of the children and young people in this sample do not mirror the concerns expressed by Webster (2016) about "the Australian health system's relative immaturity for OOHC populations" (p. 20); however, if the reforms she reviews that already are in place in England and the US can result in "demonstrated improved rates of health needs assessment, healthcare planning, immunisation, and emotional and behavioural health monitoring in OOHC populations", then they would be worth exploring. Certainly, the introduction in 2011 of the *National Clinical Assessment Framework* for children and young people in out-of-home care in Australia was expected to lead to an improved system, although early evaluation suggested the implementation across states and territories was variable (Acil Allen Consulting, 2013).

4.7.1.1 MENTAL HEALTH

In a broad survey of this type, it is difficult to explore all health areas in depth, but specific questions were included about use of counselling services as an measure of concerns with mental health issues. Estimates of the proportion of the OOHC population with mental health problems are variable, reaching as high as 80% (Teska, 2017). However, as Baidawi, Mendes, and Snow (2014) argue, more research is needed in the Australian context to better understand the complex mental and emotional health needs of these children and young people both while in-care and particularly post-care when another set of stressors can compound their existing difficulties. Comparing the current data with CREATE's 2013 survey, the numbers who reported they accessed counselling services have increased from 56% to 68%. Questions were not asked regarding the problems young people presented with, but the overall "helpfulness" rating of 70% suggests that some issues were not resolved for several respondents. It would seem that, with the greater demand expressed within the out-of-home care population, more attention should be focussed on reviewing and implementing approaches to providing more mental and emotional supports that have been shown to be effective (Klag et al., 2016), such as the program provided by Evolve Therapeutic Services in QLD.

4.7.1.2 PREVENTATIVE HEALTH

Children and young people in this survey felt that they were well served with preventative health programs, except those in Residential Care. However, when specific preventative health measures were explored, such as the respondents' level of participation in extracurricular sport as a manifestation of physical activity (Bailey, 2018), an overall result indicating moderate involvement was obtained. Evidence is mounting that involvement in extracurricular activities (White, Scott, & Munson, 2018) and sport in particular (Jewett et al., 2014; Quarmby & Pickering, 2016) can result in more positive educational outcomes and fewer mental health problems in early adolescence. More research is needed to investigate why the level of engagement in sport by those in care, particularly in Residential Care, is relatively low. Programs can be introduced to encourage children and young people to engage more in all forms of physical activity (Vella et al., 2016), but care must be taken in Australia to ensure that access to such activities does not become an equity issue for children and young people in care as it appears to be for other special groups, differentiated by class, race, gender, and age as, for example, in the US (Meier, Hartmann, & Larson, 2018).

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* The Indicator for this Standard was changed in the data reported by AIHW (2016) to reflect the level of support children and young people received from their carers to undertake their chosen activities. http://health.gov.au/internet/publications/publishing.nsf/Content/ncaf-cyp-oohc-toc

> **Evidence is mounting that involvement in extracurricular activities ... and sport in particular ... can result in more positive educational outcomes and fewer mental health problems in early adolescence.**

Recently, considerable discussion has occurred in the community and the media regarding the number of people, both adults and children, who are classified as overweight or obese, based on Body Mass Index calculations (Australian Institute of Health and Welfare, 2017a). Concern has been raised about the possible susceptibility of the in-care population, with claims that "abuse and neglect in childhood may play a role in subsequent development of obesity" (Cox, Skouteris, Hemmingsson, Fuller-Tyszkiewicz, & Hardy, 2016, p. 338). Programs have been proposed, such as Healthy Eating and Active Living (HEAL), to address these potential risks (Skouteris et al., 2014). Because of the sensitivity of the subject for many young people, the fact that, of the one third who expressed any concern with their weight, only 19% felt overweight (i.e., 6.3% overall), may be an underestimate of the current situation, where 27% of children in the general population aged 5–17 years are classified as overweight or obese (AIHW, 2017a).

4.8 EDUCATION

4.8.1 EDUCATIONAL EXPERIENCE AND SUPPORT

Educational outcomes for those in care have received considerable attention recently. From a detailed analysis of linked data from out-of-home care and NAPLAN results, the Australian Institute of Health and Welfare (2015, p. 16) confirmed results from many other studies that children and young people in care had "considerably and consistently lower NMS [National Minimum Standard] achievement rates than all students in Australia (13–39 percentage points lower)." However, as O'Higgins, Sebba, and Luke (2015) warned in their systematic literature review, this well-documented association should not be interpreted as a causal link. They argued that "the strength of the relationship between being in care and educational outcomes appears to decrease as other factors are taken into consideration" (p. 10), including individual, family, and environmental

variables (see O'Higgins, Sebba, & Gardner, 2017, for a detailed discussion of these factors).

Overall, respondents in the present study were positive about their school experience, with children and young people in the territories giving the lowest ratings, along with those in Residential Care and living Independently. The influencing factor explored here was from whom respondents obtained help with their studies. Carers were the most supportive, being mentioned by 31% of respondents; the importance of carers' input and educational aspirations for the children and young people has been addressed in various studies (Cheung, Lwin, & Jenkins, 2012; O'Higgins, 2018). In addition, friends, aides, and tutors also were approached for assistance. Different sources of support were accessed in different Jurisdictions; future research could investigate if this reflects the impact of varying state or territory policies. The fact that 46% of respondents were satisfied with the help they were receiving from whatever sources suggests that the educational needs of over half the children and young people are not being met adequately. Of greatest concern is the observation that 15% of respondents didn't have anyone to support them; this group includes 28% of the Residential cohort, and 30% of those living Independently.

4.8.2 Educational Planning

All states and territories in Australia make provision for children and young people in out-of-home care to access Individual Education Plans (IEP) to facilitate reaching their personal learning goals at school. Children and young people in the present study felt that this planning was important. An encouraging result is that the number of respondents aware of having an IEP has increased from the quarter in 2013 to just over one third. QLD still leads the way (40%), with the smallest number being in NT (24%). However, those in NT who did have a IEP were likely to have been involved in its development. Since the IEP was found to be most useful by those who had been more involved in its development, it is critical that every effort is made to engage the children and young people in the process. These results reinforce the findings of Tilbury, Creed, Buys, Osmond, and Crawford (2014) and their call for plans to "be meaningful and actively involve young people and other relevant stakeholders". These authors summarised the importance of implementing education planning effectively in the following comment:

> Consideration of the different elements of engagement along with appropriate and tailored academic support for young people may provide an additional mechanism for addressing the educational risks that children in out-of-home care may face. (p.465)

4.8.3 Bullying

Compared with CREATE's 2013 data, the level of bullying found in this survey has remained constant across all locations, with still one quarter being bullied at school and between 6% and 9% bullied in placements or online. Clearly, school was still the location where most bullying behaviour was experienced. Even though respondents here used their own definitions of bullying, and as Rigby (2017) has shown, bullying can have many forms of expression, the results are consistent with reports from studies of Australian populations comparing school and cyber bullying (Hemphill, Tollit, Kotevski, & Heerde, 2015). Programs designed to reduce bullying in schools (Gaffney, Ttofi, & Farrington, 2018) will benefit the whole population. The high rates of bullying reported by respondents in Residential facilities reflects a trend occurring internationally (Mazzone, Nocentini, & Menesini, 2018) and probably will require major organisational changes to the physical and social structure of the facilities to remediate (Sekol, 2016).

4.9 Communication and Social Presentation

4.9.1 Having a Say

Respondents were clear in the data they provided that having a say about decisions affecting their experience in care was important to them, particularly concerning their daily activities, where they lived, and their contact with family members. The expression of this need for participation in decision-making has been responded to and championed by many researchers and practitioners (Anderson & Graham, 2015; Berrick, Dickens, Poso, & Skivenes, 2015; Cele & van der Burgt, 2015; Križ & Skivenes, 2017; McDowall, 2013b, 2016a; van Bijleveld et al., 2015. However, in spite of the stated importance of being able to have a say, the likelihood of children and young people actually telling someone about any problems they had while in care varied considerably over Jurisdictions.

Rercording a range of 30% over Jurisdictions in the numbers of children and young people confident enough to speak about their issues shows that much more work must be done to ensure that those in care have the opportunity to be involved, and the mechanisms necessary to discuss their concerns in a non-threatening environment. Since carers appear to be the supporters most likely to be approached, they will require focussed training and support for this important role. The fact that friends were seen as more approachable than caseworkers indicates the complexity of the professionals' relationship with their "clients" (Cossar, Brandon, & Jordan, 2016), and adds weight to the case for using contacts from the personal social networks of children and young people as long-term, natural mentors (Greeson & Thompson, 2017).

4.9.2 Feedback and Complaints

Having a say involves both sharing feedback with supporters about things that have led to positive outcomes as well as complaining about treatment considered inappropriate. Almost three quarters of the children and young people surveyed had told carers or caseworkers about good things that they had experienced while in care, interactions that could contribute to the formation of trusting relationships (Hart, 2017). However, not all outcomes are positive, and children and young people must know how, and feel free to speak up about issues of concern. Again, three quarters of the sample reported they knew about complaints procedures, with more in NSW confident about what to do (a reversal of the result obtained in the 2013 survey) whereas children and young people in NT, QLD, and TAS were not as informed. Although under half of those children and young people who knew how to complain had made a complaint, there were significant differences on all independent variables measured. Reasons to explain why more respondents in QLD raised issues when fewer knew how to complain need to be explored within the department and agencies, as do the particular issues affecting those in Residential Care and the Other Cultural Groups in all regions. The score of 56 given by respondents to how their complaints were handled indicates more consideration must be given to "listening" and responding appropriately to what children and young people are saying (Dixon, Ward, & Blower, 2018).

It is vital within the child protection system that children and young people feel safe to raise issues of concern to them without fear of what might happen if they complain. The number who claimed to change their minds about making a complaint in this survey was similar to what was reported in 2013 (just under one third overall, but approaching one half in Residential Care and those in Independent living). The "barriers" to free expression are varied (see Commissioner for Children and Young People Western Australia, 2016); of greatest concern for child protection is that over one third of the reasons given here by children and young people for deciding not to proceed involved fear of consequences for themselves or others. This situation is not consistent with the ideal espoused of ensuring the system provides child-safe environments (Australian Human Rights Commission, 2018).

4.10 Life Skills and Independence
4.10.1 Caring for Self

One of the major themes identified by Malvaso, Delfabbro, Hackett, and Mills (2016) when analysing the challenges and needs of young people transitioning to independence from care was life skill development, ensuring they are able to acquire the basic capacity to be able to look after themselves. "Young people also have to know how to maintain a house, pay bills on time, negotiate with landlords, furnish the house appropriately, and cook, clean and

budget" (Malvaso et al., p. 9). When young people in this study were asked how confident they felt in personally applying these skills, their greatest worries were in the areas of budgeting and managing finances, finding accommodation, and obtaining and holding a job. The extensive review by Woodgate, Morakinyo, and Martin (2017) indicated that many interventions discussed in the literature focused on these topics.

4.10.2 Transitioning to Independence

Leaving the care system on the cessation of statutory orders can be a difficult experience for many young people and requires preparation to address many of the issues (Lunn, McDowall, McCorry, & Reed, 2010). Planning involves talking with caregivers about the future, and addressing any concerns by identifying courses of action that might help reduce the uncertainty that lies ahead. Collections of such proposed actions can constitute a transition or leaving care plan. Under the *National Standards*, all young people should have a leaving care plan and have started discussing its contents at age 15 years. Almost two thirds of respondents in the 15–18 years age group had had such discussions, but the level of concern felt about the future was relatively low (the greatest concern was expressed by those on the verge of transitioning, in Residential Care, and females). Issues raised by the young people who had worries were a general uncertainty about the future, and the specific problems of (a) finding somewhere to live; (b) financial management; and (c) employment. These are some of the key topics that are highlighted in reviews of the care-leaving experience world-wide (Bengtsson, Sjöblom, & Öberg, 2018; Curry & Abrams, 2015; Häggman-Laitila, Salokekkilä, & Karki, 2018; Höjer & Sjöblom, 2014; Peters, Sherraden, & Kuchinski, 2016; Schelbe, 2018; Shah et al., 2017; Woodgate et al., 2017). Again, carers were the supporters with whom young people were most likely to share their concerns about transitioning. It is clear that throughout the care journey, "carer engagement and 'fit' are complex constructs that play critical influential roles in placement outcomes (stability or movement) for individual children in out-of-home care" (Withington, Burton, Lonne, & Eivers, 2016, p. 42).

4.10.2.1 Transitioning-to-Independence Planning

Planning for, and positively anticipating the future, have been shown to lead to more positive outcomes for young people leaving the care system (Sulimani-Aidan, 2017); this is one reason the number possessing a "leaving care" plan has been set as a measure of success under the *National Standards*. While some young people report being "planned out", and see planning as anathema (Hung & Appleton, 2016), having a meaningful set of expectations with accurate information about how their basic needs can be met (i.e., a plan that they have been involved in developing), is a vital asset for young people to have when approaching the future (Glynn & Mayock, 2018). In this study, almost one quarter of those

respondents 15 years and over reported being aware of having a Transition Plan; that number increased to 40% for those 17–18 years. More of those for whom leaving care was imminent had Plans, although Jurisdictional variation was substantial ranging from 18% in SA to 65% in WA. These overall values have not improved since 2013; rather there have been decreases in some areas. The relatively small number who report being aware of planning for transitioning makes it difficult, and in some respects unnecessary, to explore explicitly the level of involvement of the young people. As with the other plans reviewed, those who had been involved in its development tended to see the Transition Plan as more useful.

4.11 Concluding Topics

4.11.1 Charter of Rights

Although all state and territory governments have produced brochures and website links to their *Charter of Rights for Children and Young People in Out-of-Home Care*, which have been designed to have a "child-friendly", engaging appearance, it appears that no concerted effort has been made to draw children and young people's attention to the documents so that they are aware of their rights and entitlements. With just under one third of respondents overall aware of the *Charters* (and no significant differences across Jurisdictions), more must be done to ensure children and young people understand they are entitled to be involved in determining the paths their lives will take. If they are to be treated with respect and included in policy and practice decisions, statements of their rights must not be tokenistic, they must be implemented (Bessell, 2015).

4.11.2 Rating of the Care Experience

In the 2013 survey, children and young people were given a chance to provide an overall rating for the performance of their main system support, be it a department or agency. The overall rating provided in 2013 was 72%, which in assessment terms (particularly in tertiary education institutions) is equivalent to a high Credit. The sample this year was more critical, with the "system" receiving a borderline Credit (65%). Also, in this survey, there were Jurisdictional differences, with ACT scraping a Pass (just over 50%) and WA approaching a Distinction (74%). As this report has indicated throughout, there are many nuances within the care environment that make a single score not useful for guiding specific policy development but it does give an overall impression of how respondents are feeling about their lives in care, and how much room there is for improvement.

4.12 Comparison of Surveys against National Standards

Since the introduction of the *National Standards for Out-of-Home Care* in 2011 as an initiative under the *National Framework for Protecting Australia's Children 2009–2020*, three major surveys have been conducted asking children and young people to share their experiences within the care system, with a view to monitoring whether or not the articulation of *National Standards* has led to improvements in their life experience. CREATE's 2013 "almost national" survey (without input from WA) was the first review, and can be seen as a benchmark or reference point against which to compare future performance.

The initial report presented by AIHW in 2015, and completed in 2016, summarised the responses from children and young people collected officially by the departments and agencies responsible for providing out-of-home care throughout Australia, inevitably creating a potential conflict of interest that could lead to the findings being questioned. Data reported in the present study, independently obtained from surveys and interviews with children and young people in all states and territories, allows a detailed analysis of the impact of the *National Standards* from a variety of perspectives.

To complete this Discussion, findings from each of the major surveys relating to the Indicators identified under the *National Standards*, as representing the key measures of performance of the care system, will be compared and implications for policy development and practice improvement highlighted. Of the 22 *National Standard Indicators* established for determining the effectiveness of the care system (see Appendix A), only 12 could be evaluated using data collected directly from children and young people. Figure 4.1 illustrates the findings from the three major surveys conducted in the last five years regarding these 12 basic Indicators (full details of the comparison of measures for all Indicators are presented in Appendix H).

4.12.1 Excellent Performance

From Figure 4.1, it can be seen that on three Indicators (1.3; 9.2; and 11.1) the three surveys produce consistently high scoring (proportions over 90% on each). Specifically, these measures are shown in Table 4.1. These are important Indicators for ensuring that young people are supported into the future and, given the consistency of the data, this represents an excellent result. However, it must be noted that the achievements here require the young people to be proactive and forge the necessary relationships with key supporters; they are not relying on others to make the connections. It appears in these areas that the system is providing an adequate framework for these essential relationships to be formed and maintained.
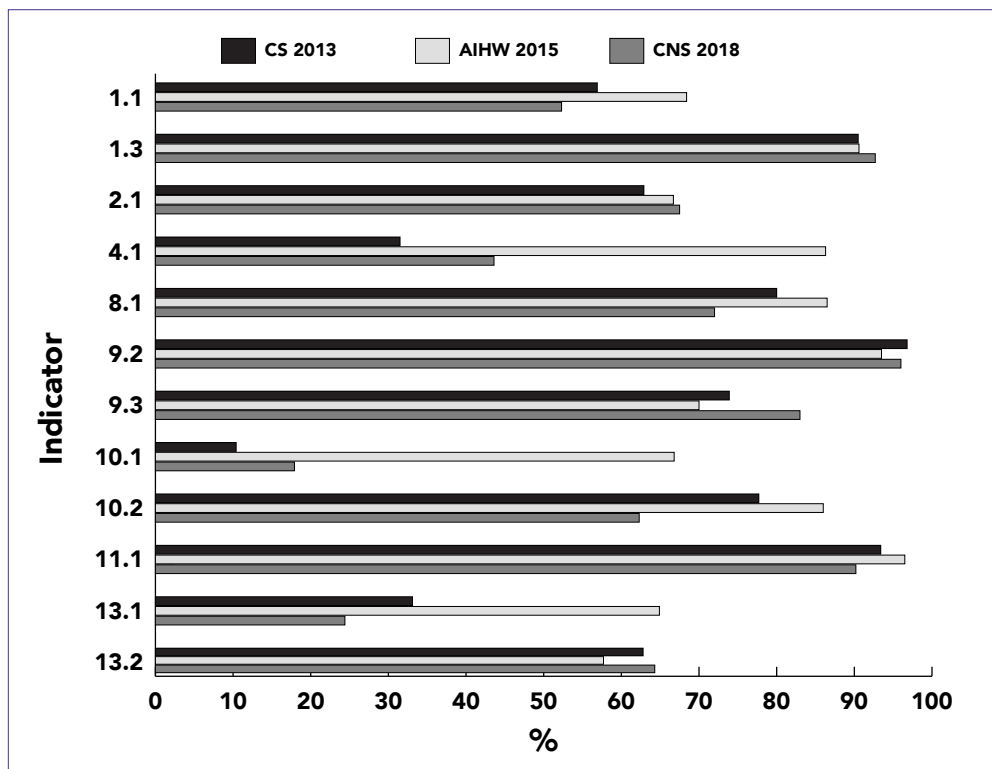
Figure 4.1. Per cent of respondents from the three surveys summarised who satisfied the set conditions of the performance Indicators established under the *National Standards for Out-of-Home Care*. (CS 2013: CREATE's 2013 survey; AIHW 2015: Official Australian government survey; CNS 2018: CREATE's National Survey.)

Table 4.1: *Indicators which Over 90% of Respondents Achieved in Each of the Three Major Surveys of Children and Young People in the Out-of-Home Care System*

Indicator	Proportion (%)		
	CS 2013	AIHW 2015	CNS 2018
1.3: The proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement.	90.5	90.6	92.7
9.2: The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain.	96.8	93.5	96.0
11.1: The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.	93.4	96.5	90.2

4.12.2 POORER PERFORMANCE

Other Indicators showed substantial agreement across the surveys but these did not receive as positive a response (e.g., 2.1 and 13.2); here the proportions are in the range 58–68%. These indicators are listed in Table 4.2. The measures refer to levels of support young people receive to participate in decision-making for their life in care and their future after leaving the care system. These are not actions in which young people can take the lead; they must be permitted, encouraged, and facilitated to be involved. The fact that all surveys report similar, unacceptably low proportions indicates that these are areas that must be addressed with urgency.

Table 4.2: *Indicators which 58–68% of Respondents Achieved in Each of the Three Major Surveys of Children and Young People in the Out-of-Home Care System*

Indicator	Proportion (%)		
	CS 2013	AIHW 2015	CNS 2018
2.1: The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.	62.9	66.7	67.5
13.2: The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life.	62.8	57.7	64.3

4.12.3 Mixed Results

On three other Indicators, there were extreme differences observed in the proportions recorded from CREATE's surveys compared with the compilation by AIHW (viz., 4.1,10.1, and 13.1). These indicators are listed in Table 4.3. It is clear that they all relate to some aspect of planning (Case Plans, Cultural Support Plans, and Leaving Care Plans). Government records indicate that over 80% of all children and young people in care have Case Plans, and a similar proportion of Indigenous children and young people have Cultural Support Plans. However, when the respondents are questioned directly, a much smaller proportion report being aware of having any plan. The fact that some do have this knowledge shows that it is possible for caseworkers to communicate about these important documents and processes, and ensure that the children and young people are actively involved in, and contribute to their development.

The situation with Cultural Support Plans (CSP) is particularly troubling. Indigenous agencies throughout Australia are attempting to ensure the young people they work with are connected to their culture and have plans in place to maintain and extend these linkages. Unfortunately, as Mendes, Saunders, and Baidawi (2016) highlight, although the need for CSPs receives strong support, many of these agencies, including the Aboriginal Community Controlled Organisations in VIC, report being under-resourced which limits what they can achieve and leaves many Indigenous young people unsupported. Authorities must listen to what the young people and their support agencies say about the reality of CSP, and not paint an overly positive picture which evidence reveals is inaccurate. Given the acknowledged importance of CSPs in helping map the future for Indigenous young people particularly when leaving care, governments must redouble their efforts and place a high funding priority on services that manage effective planning for cultural connection.

Table 4.3: *Indicators on which Substantial Differences were Reported in the Number of Respondents Achieved in Each of the Three Major Surveys of Children and Young People in the Out-of-Home Care System*

Indicator	Proportion (%)		
	CS 2013	AIHW 2015	CNS 2018
4.1: Proportion of children and young people who have a current documented case plan.	31.5	82.1	43.6
10.1: Proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan.	10.4	81.3	17.9
13.1: Proportion of young people aged 15 years and over who have a current leaving care plan.	33.1	59.5	24.4

Problems also exist with Transition or Leaving-Care Planning, although here even the "official" figures do not appear all that positive. Under the current system, where young people generally are expected to become "independent" at 18 years, and be equipped by the "corporate parent" with knowledge and skills to enable them to function as contributing members of society, many have little idea of what the future might hold; this is not the start to which they are entitled.

The young people in the present survey indicated that their top concern about leaving the system was knowing where they are going to live. It has been clear for many years that this should not be an issue that young people need to confront at 18, when so much of their life is in a state of flux. In both the US and the UK, programs that have been introduced to extend care to 21 years (Munro, Lushey, NCAS, Maskell-Graham, & Ward, 2012; Peters, Dworsky, Courtney, & Pollack, 2009) have had demonstrable success. Advocacy for such policy has occurred in Australia (MacDonald, 2016; McDowall, 2016d; Mendes, 2018), with all agreeing such a response from governments is long overdue. Encouragingly, at present, five of the Australian state and territory governments have either implemented or agreed to initiate trial programs that give young people in care the option, if they wish, of

remaining with a carer until 21. The other three (NSW, NT, and QLD) are yet to announce such necessary reform. Given the long-term success of the "Staying Put" program in the UK, it is anticipated the trials will be successful. Then there will be no valid reason for jurisdictions not to fully implement an extended care policy throughout Australia.

With the *National Framework for Protecting Australia's Children 2009–2020* into its final three-year Action Plan, it would seem an appropriate time for the Federal Government to show leadership and provide a little more support than merely offering the $1500 of TILA to the young people leaving care in the states and territories. A valuable contribution would be to adopt a policy similar to that of the US Federal Government's *Fostering Connections to Success and Increased Adoptions Act 2008* in providing some level of financial support for the jurisdictions that choose to extend care to 21 (Schelbe, 2011).

Another well-tested initiative that has been operating in the UK since 2000 that recently has been extended to provide support to all those leaving care, is the Personal Adviser model (Department for Education UK, 2018). This assistance can be particularly valuable in the areas of education and employment (Dixon, 2016). Similar approaches have been implemented

and well evaluated in Australia (Mendes & Purtell, 2017; Purtell & Mendes, 2016), and the Towards Independent Adulthood trial is underway in WA that will conclude in 2020 (Department of Social Services, 2017). While these efforts are commendable, there now is compelling long-term evidence that providing continuing support for young people who, up until the age of 18 years, were in the care of the State, is the morally and economically right thing to do. Resources need to be spent supporting all those young people who need assistance, not just conducting further trials for limited beneficiaries.

4.12.4 Other Indicators

Mixed results also were obtained on the remaining four Indicators over the three surveys, but did not reflect as extreme differences as those discussed in 4.12.3. Responses on Indicator 1.1 (*Proportion of children and young people having one or two placements while in care*) ranged from 52% to 68%. Given that this indicator is intended as the main measure of placement stability, finding that at least one third of children and young people had a care experience that didn't meet that aim means that this is another area requiring attention.

The variance noted with Indicator 8.1 could be due to the difference in measures now employed (CREATE's surveys focus on the original measure of the possibility for those in care choosing to do the same range of activities as their peers in the general population; AIHW now focuses on carer support for undertaking the activities).

A reasonable proportion of respondents achieved Indicator 9.3 (*Proportion of children and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements*); the percentages obtained (70–83%) were not extremely high or disturbingly low, showing that children and young people on the whole were satisfied with their amount of contact with non-coresident family. The same cannot be said for the percentage range on Indicator 10.2 (*Proportion of children and young people who demonstrate having a sense of connection with the community in which they live (a) Knowledge of family background and culture*). A 24% difference between the results from the present survey and the AIHW data (62–86%) suggests that this is an area that requires further careful investigation.

4.13 Concluding Comments

What is clear from the comparisons made between data collected soon after the introduction of *National Standards* and the current findings is that there have been no significant improvements in the intervening five years. As Figure 4.1 reveals, there have been slight increases in some Indicators, but falls in others. However, the longitudinal data do highlight areas where practice is working well, and where it definitely requires improvement. Jurisdictional comparisons also show where states and territories need to focus their attention to change their systems for the better.

> **There now is compelling long-term evidence that providing continuing support for young people who, up until the age of 18 years, were in the care of the State, is the morally and economically right thing to do.**

The areas of similarity and difference between the results from CREATE's surveys and the AIHW reports, compiled from data provided by governments, highlight the importance of speaking directly with children and young people independently of the system that provides the care. Respondents here gave credit where it was due, with large numbers reporting feeling "safe and secure" in their placement. They also are capable of identifying areas where even authorities within the system realise improvements need to be made (e.g., having more opportunities for participation in decision-making). Therefore, when discrepancies are observed between the "official" story and what the children and young people report, their perspective must be considered as it can provide greater understanding overall of how the system is functioning.

However, while it is important to review the functioning of the out-of-home care system by comparison against a set of *National Standards* to try to maximise consistency across jurisdictions, it must be remembered that the *Standards* are largely system based. What such measures cannot reveal is how the lives of children and young people in the care system compare with those in the general population, particularly in terms of overall well-being. Maclean, Sims, O'Donnell, and Gilbert (2016) did conduct a systematic review of research comparing the health and well-being outcomes of children and young people placed in out-of-home care as a result of maltreatment with a cohort who had been maltreated but who remained with their family. These results did not provide a glowing endorsement of the beneficial advantages of out-of-home care:

> Of 40 significance-tested comparisons, 29 were consistent with no evidence of benefit or harm of OoHC, seven were consistent with harm and four with benefit. Three studies with low risk of selection bias showed no evidence of significant differences, or found worse outcomes for OoHC. Over-

all, evidence from cohort studies shows limited evidence of improved outcomes, and some evidence of worse outcomes associated with OoHC. (p. 251)

These authors recognise that those placed in out-of-home care may have been more likely to have greater initial problems and consequently less likely to have positive outcomes, but this also would be the situation for comparisons with their peers in the general population. In spite of much recent discussion of the importance of general well-being, and how the in-care population compares with other children and young people, at present the critical data are not being collected (Jonson-Reid & Drake, 2016).

For future surveys giving voice to the views of children and young people in out-of-home care, it will be important to not just review the unique aspects of the care system, but to include measures of general well-being to allow comparisons with other children and young people not in care, so that decision-makers in child protection can be confident that the services provided and the assistance available ensure that the in-care population are able to achieve comparable outcomes to other children and young people. It is critical that care systems throughout Australia can demonstrate that "they" are at least "good enough" corporate parents (Choate & Engstrom, 2014) to meet the minimum community expectations for child welfare and protection.

Even though the data reviewed here indicate that having *National Standards* did not necessarily result in significant improvements within the out-of-home care system, it is clear that without these *Standards* and their associated measures and indicators, such an evaluation would not be possible. Policy makers, practitioners, or researchers would not be able to determine what is working within the system, or where states and territories need to do more to improve the lives of the children and young people. *National Standards* provide the baseline allowing comparison of the welfare of all Australia's OOHC populations. It is not known what the long-term future of the *National Framework for Protecting Australia's Children 2009–2020* will be after its termination date, when all the initiatives introduced under this umbrella have been evaluated. However, irrespective of other decisions, a strong case can be made for retaining, reviewing, and updating a set of basic *Standards* that will enable the independent monitoring of the OOHC system's performance to ensure states and territories provide the best support possible for the children and young people for whom they are responsible.

CHAPTER 5: REFERENCES

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Setting the Record Straight for the Rights of the Child

DEAKIN EDGE
MONDAY, MAY 8, 2017

JENNY BROCKIE

"GOT MY FILE, BUT THAT'S NOT ME."

DESTROY IF I WANT — IT SHOULD BE MY CHOICE

SHELLEY

ONE DAY 100 CASE FILES SHOWED UP ON MY DOOR.

BUT THEY DIDN'T GIVE ME ANY ANSWERS

CAROLINE

THE ORGANISATION DOESN'T OWN THE RECORDS — THEY'RE MINE!

NO PHOTOS

... REDACTED ...

SCHOOL RECORDS ?

THOSE WHO HAVE THE RECORDS

THOSE WHO WANT THEM

FRANK

IT'S IMPORTANT TO ME THAT MY RECORDS REMAIN PART OF HISTORY

AND THAT I'M ALLOWED TO AMEND AND ANNOTATE THEM

WHY DON'T MY PARENTS GET ME OUT OF HERE ?

YOU DON'T HAVE TO ACCEPT THE RECORD — IT'S ONE PERSON'S OPINION OF YOUR CHILDHOOD

WHERE ARE THE ACHIEVEMENTS? THE POSITIVE COMMENTS ?

HI, I'M DOING SOME RESEARCH...

IT'S ABOUT ME — IF ANYONE SHOULD BE ABLE TO ACCESS IT, IT'S ME

"HAVING INPUT IN A STORY THAT IS GOING TO BE WRITTEN ABOUT ME"

IT'S REALLY IMPORTANT FOR YOUNG PEOPLE TO HAVE DOCUMENTS THAT ANSWER THE QUESTION: WHO AM I ?

CHAPTER 6: APPENDICES

Appendix A: *Indicators for measuring performance on the National Standards for Out-of-Home Care*

Standard		Indicators
Standard 1	1.1	The proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit.
	1.2	The rate and number of children in out-of-home care who were the subject of a child protection substantiation and the person believed responsible was living in the household providing out-of-home care.
	1.3	The proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement.
Standard 2	2.1	The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.
Standard 3	3.1	The proportion of Indigenous children and young people in out-of-home care placed with the child's extended family, with the child's Indigenous community, or with other Indigenous people, by carer type.
Standard 4	4.1	The proportion of children and young people who have a current documented case plan.
Standard 5	5.1	The number and proportion of children and young people who have an initial health check of their physical, developmental, psychosocial and mental health needs within a specified period of entering out-of-home care.
Standard 6	6.1	The proportion of children and young people achieving national reading and numeracy benchmarks.
	6.2	The number and proportion of 3 and 4-year-old children who participate in quality early childhood education and child care services.
Standard 7	7.1	The proportion of young people who complete year 10 and the proportion who complete year 12 or equivalent Vocational Education and Training.
Standard 8	8.1	The proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural or community activities) that children and young people their age who aren't in care do.
Standard 9	9.1	The proportion of children and young people in out-of-home care who are placed with relatives and kin.
	9.2	The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain.
	9.3	The proportion of children (as age-appropriate) and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements.
Standard 10	10.1	The proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan.
	10.2	The proportion of children (as age-appropriate) and young people who demonstrate having a sense of connection with the community in which they live.
Standard 11	11.1	The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.
Standard 12	12.1	The number of foster carer households with a placement at 30 June, by number of foster children placed, and number of foster carer households with a placement during the year.
	12.2	The number of foster carers at 30 June, and the number of new approvals of persons as foster carers and the number of persons who cease to be approved foster carers during the twelve months to 30 June.
	12.3	The proportion of foster carers and kinship carers (who had at least one placement during the year) who report feeling supported in their role and who feel their developmental needs relevant to their role are catered for.
Standard 13	13.1	The proportion of young people aged 15 years and over who have a current leaving care plan.
	13.2	The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life.

Appendix B: *CREATE's National Survey 2018 Online Consent Form*

Form Selection

Thank you for agreeing to participate in our survey and share details of your life in out-of-home care with CREATE. Before you begin the survey, you need to complete the appropriate Consent Form. Once this is submitted, you will be sent a link to the online survey.

* Do you have, or are you, a carer or guardian? ◯ Yes   ◯ No

Third-Party Consent Form

Note: This form is only to be used when third-party consent is required.

I, (type name of carer) ....

give my consent for (type name of child or young person) ....
to be involved in the research study: CREATE's National Survey 2017.

I acknowledge that I have read the Participant Information Sheet that explains the benefits and risks of the research project and what participation involves, and I give my consent voluntarily.

I have understood and am satisfied with the explanations that I have read. I have been provided with a written information sheet.
I understand that the involvement in this research study may not be of any direct benefit to the young person in my care, and that I may withdraw my consent at any stage without affecting his/her rights.

Agreement:

Name of carer / guardian:...

Date: ....

Relationship to participant:...

Participant Declaration

(To be completed only where a child/young person under 18 years has the capacity to assent)

I, (type name of participant) ....

have had described to me the benefits and risks of this research study, and my rights regarding participation.
I give assent to my involvement in the study.

Date: ....

Consent Form

I, (type name of participant) ....

hereby voluntarily consent to my involvement in the research project titled:

CREATE's National Survey 2017

I acknowledge that I have read the Participant Information Sheet about this project that outlines the nature, purpose, and risks of this research study. I understand what is expected of me, and the rights I have as a participant.

I freely agree to participate in this research project according to the conditions in the Participant Information Sheet, which I confirm I haveread.

I understand that my involvement in this study may not be of any direct benefit to me.

I have been given the opportunity to have a member of my family or another person present while I read the documentation.

I understand that I am free to withdraw from the study at any stage without prejudice. If I decide to withdraw from the study, I understand that the information collected about me up to the point when I withdraw will be deleted from the data to be processed.

I have read, or have had read to me, and I understand the Participant Information Sheet.

Name of Participant:

Date: ....

Conclusion

Now that you have agreed to participate in this study, please provide an email address that we can use to send you the survey.

Email Address: ....

State: ....

When you receive the link, simply click the Begin Survey button to start. If you do not receive a survey within a few days, check your Spam or Clutter boxes in case the link has been re-directed.

If you do not have an email address, please provide a postal address that we can use to send you a link to the survey.

Number and Street / Road: ....
Suburb: ....
City: ....
Post Code: ....
Phone: ....

The address you have provided will be used only to send you this survey.
If you would like CREATE to send you information about its other activities that support children and young people in care, please indicate below:

◯ Yes, I would like to receive information from CREATE ◯ No, I do not want to receive information from CREATE

Thank You

You now have completed this stage of the process.

Thank you for this information. We will use the email or postal address you have given us to send you the survey link as soon as possible.

We appreciate your being involved in this important project to support children and young people in Out-of-Home Care.

Appendix C: *Research Ethics Approval from Bellberry HREC*

20-Jun-17

Dr. Joseph McDowall CREATE Foundation PO Box 3689 West End QLD 4101

Dear Dr. McDowall,

Re: Application No: 2017-03-163

Study Title: CREATE's National Survey 2017

Application Type: NEW

Type of Review: FULLBOARD

Name of the Documents Submitted & Approved: Attachments

ETH_CREATEResearchProtocol_V3_20170614_JMcD_Clean

COR_InvitationLetterhead_V4_20170520_IC_JMcD_Clean

COR_InvitationLetterhead_V4_20170520_PC_JMcD_Clean

ETH_ParticipantInformationSheet_V4_20170614_JMcD_Carer_Clean

ETH_ParticipantInformationSheet_V4_20170614_JMcD_IC_Clean

ETH_ParticipantInformationSheet_V4_20170614_JMcD_PC_Clean

CNS_CREATEConsentForms_201705_20_JMcD

SUR_CREATENationalSurvey2017_20170520_JMcD

PRO_2017 National Survey Promo Example CW_20170426_JMcD

PRO_2017 National Survey Promo Example YP_20170426_JMcD

Includes: Insurance Certificate of Currency with expiry of 31 July 2017.

The Committee noted the following documents:
- POL_Privacy Management Policy_V2_201506_PE
- POL_Code of Ethics Policy_V2_201412_PE

Date of Meeting: 17-May-17

Date of Approval: 20-Jun-17

Period of Approval: 20-Jun-17 - 30-Jun-19

Thank you for submitting the above mentioned application.

The Bellberry Human Research Ethics Committee (HREC) reviewed this study in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research (2007, incorporating all updates as at May 2015) (National Statement) on the above meeting date.

This Bellberry HREC is constituted and operates in accordance with the National Statement.

I wish to advise that the Bellberry Human Research Ethics Committee has approved this project and that the application meets the requirements of the National Statement subject to the conditions mentioned below.

CONDITIONS:-

- THAT YOU ACKNOWLEDGE YOUR AGREEMENT TO THE UNDER MENTIONED CONDITIONS BY SIGNING AND RETURNING A COPY OF THIS LETTER, PRIOR TO THE COMMENCEMENT OF THE RESEARCH. THE SIGNED LETTER CAN BE EMAILED TO BELLBERRY@BELLBERRY.COM.AU OR POSTED TO THE ABOVE ADDRESS.

- The data collected for the purpose of this research project cannot be used for any other purpose without the approval of the Bellberry Human Research Ethics Committee. Requests to use this data for other purposes must be made in the form of a formal research proposal.

- All research data, including electronic data is to be stored by the Principal Investigator for 15 years after the research has been completed or after the last contact, whichever is the later. Data must be recorded in a durable and appropriately referenced form and comply with relevant privacy protocols.

- That copies of all completed consent forms and any other data used in this research may be inspected at any time by representatives of the Bellberry Human Research Ethics Committee.

- That a report on the progress of the research will be made to the Bellberry Human Research Ethics Committee on 20-Jun-18 or on completion of the trial (if sooner) and then annually for the duration of the trial. This report is to indicate whether any ethical problems or complications have arisen, particularly side effects of drugs used or any other factor which may result in the investigation not producing any result as distinct from the anticipated result.

- That you will notify the Bellberry Human Research Ethics Committee of any changes that may be required within the research proposal.

- Bellberry Human Research Ethics Committee approval is conditional upon your meeting any statutory obligations that you may have in relation to this project.

- Adverse Event reporting should be reported to the Bellberry Human Research Ethics Committee as per the monitoring guidelines posted on the website www.bellberry.com.au.

- Any extension to the initial approval period is to be requested in an application via the eProtocol system together with the inclusion of a progress report.

- That you will provide a copy of the Sponsor's final report when this becomes available.

Details of Ethics Committee:

It is the process of the Bellberry Human Research Ethics Committee not to disclose personal details of its reviewing members. This Project was considered by a Committee that fulfilled the requirements of the National Statement (2007) section 5.1.29-30. A member listing is available as an attachment in eProtocol. Please note that the Principal Investigator and Co-Investigators are not members of the Bellberry Human Research Ethics Committees and were not involved in the review of this study.

This study has been given the above reference number. Please remember to log on to eProtocol for all further correspondence with the Committee.

Please do not hesitate to contact me if further clarification is required. Yours sincerely

Brian Stoffell

Chair, Committee A (TGA HREC Code EC00372)

BELLBERRY HUMAN RESEARCH ETHICS COMMITTEE

Appendix D: *Participant Information Sheets for Young People and Carers*

CARER INFORMATION SHEET

1. STUDY TITLE: CREATE's National Out-of-Home Care Survey 2017

2. INVESTIGATOR: Dr Joseph J. McDowall

Address: 1 / 3 Gregory Terrace
Spring Hill 4004

Contact: (Bus) (07) 3062 4860

Qualifications: BSc, PhD, MAPS, FQA

Position: Executive Director (Research), CREATE Foundation

Dr McDowall has a Bachelor of Science and Doctor of Philosophy (in Social Psychology) from the University Of Queensland. He is a Member of the Australian Psychological Society and a Fellow of the Queensland Academy of Arts and Sciences.

3. INTRODUCTION

The young person in your care has been selected at random to take part in this research study because s/he is a child or young person who has lived in out-of-home care for at least six months. CREATE, as the independent advocate for children and young people in out-of-home care, wants to know how children and young people feel about the care they have received, and any thoughts they may have about what might make the care system better for those who live in it. Although no government in Australia funds this research, they all have facilitated this contact so the invitation can be issued. The information we obtain will be passed on to people making decisions so that they can make changes to improve the system.

This Carer Information Sheet and Consent Form will tell you about the research project. It explains the purpose of the research, what the children and young people will be asked to do, and any risks involved. It also describes how their answers will be used, and with whom they might be shared. Knowing what is involved will help you decide if you are happy for the child or young person in your care to take part in the research. Please read this information carefully. You can contact CREATE on the numbers listed if you have any questions about the research. Participation in this research is voluntary. If you don't wish the young person in your care to take part, you can decide not to be involved. If you decide you want to take part in the research project, you will be asked to fill out the Third-party Consent Form. To do this you need to use this link:

https://www.surveymonkey.com/r/CNSconsent

This gives you access to the Consent Forms. Complete the forms by following the set instructions. When the required information has been provided, you will be asked for an email address or other point of contact to which we can send the survey.

By submitting the Consent Form, you are telling us that you;

- Understand what you have read;
- Agree to allow the young person in your care to take part inthe research project;
- Agree to our use of any information provided, as described.

You may keep this Participant Information Sheet and print off a copy of the Consent Form if you wish.

4. PURPOSE OF THE STUDY

Children and young people in out-of-home care are being invited to participate in a research study, which is being conducted as a follow-up to the large benchmarking survey that many of those in care completed in 2013. That study was the first survey of children and young people in out-of-home care (OOHC) across Australia; all states and territories (except WA) were involved. This process allowed the voices of those living in the OOHC system, between the ages of eight and 17 years, to be heard regarding their day-to-day experiences in the important life domains of accommodation, health, education, identity, culture, and relationships, as well as employment and finances, and life skills (for the older age groups). For this survey, we also are including young people between the ages of 18 and 25 years who have left the care system.

Questions in the survey were structured to address areas covered by the National Standards in OOHC developed as part of the National Framework for Protecting Australia's Children 2009–2020. The overarching concern of the 2013 work was to set a point of reference, showing how the standards were being applied at the time, against which future reviews could be compared to show changes (hopefully improvements) to the system over time.

This proposed study is the follow-up survey to be conducted five years after the first, during which time changes to the systems would be expected to have occurred. On this occasion all states and territories have agreed to allow their children and young people to participate. The governments provided CREATE with ways to contact all individuals in the care population within the appropriate age ranges; the young person in your care has been selected and is invited to participate in the online survey. For those who participate, all personal, identifying information will be removed from the data once the survey is complete.

Data will be collected from July 2017 through to February 2018, and CREATE would like as many children and young people who have a care experience as possible to be involved in this great opportunity to have a say about what is important to them. The online survey will take between 30 and 45 minutes to complete, depending on how much a respondent wants to say. Many questions simply require "ticking a box" to answer, while a few will ask for thoughts or opinions.

5. STUDY PROCEDURES

This study will involve participation in a survey that will require children or young people to answer a series of questions about different aspects of their life in care including health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self-care. The survey is available online, but if you prefer, you can contact CREATE (Free-Call 1800 655 105) to talk with a staff member to arrange for the young person in your care to answer the questions by telephone.

The young person in your care has been sent a letter inviting him/her to participate in this study that includes a link to the Consent documents. After you complete these forms, you will be asked for your email address to which we will send the survey.

If you don't have an email, you can provide a postal address; we will send a web link and your unique username by post to that address; you can use that information to access the survey.

Carers of younger potential participants, or those who may have a disability, are encouraged to help their children contact CREATE for a telephone interview. Carers and young people who wish to participate can contact CREATE, provide a telephone number, and CREATE staff will call them back to ask the survey questions at no cost to the carer. In all cases only the assigned username will be used to record participation. Responses in the form of digital files will be stored on SurveyMonkey's secure server in the

United States with no identifying information connected to that database.

If the young person in your care is accessing the survey from an email invitation, s/he will be able to pause and log back in later to complete the survey. If the invitation came in the post, use the web-link in your browser to access the survey. However, in this case, no pausing is possible; the survey must be completed in one session. If this is likely to be difficult, contact CREATE with your email address and we will send you an email invitation.

6. RISKS AND DISCOMFORTS

The major risk possible with this study could be some distress induced through the recall of unpleasant events experienced at some stage before or while children and young people were placed in the care system. Because participation in this study is voluntary, carers should make it clear to the children and young people that they can stop answering any time if they feel continuing may be unpleasant. In the in-person interviews, CREATE staff conducting the sessions are trained in providing appropriate debriefing for children and young people. Those young people responding online will have the option of contacting CREATE staff if they wish to discuss any aspect of the survey and how it has affected them (Free-Call 1800 655 105). Alternatively, other services are available that may be able to assist (e.g., Kid's Help Line: Free-Call 1800 551 800).

In certain circumstances, CREATE staff may be required to disclose personal information of participants. For example, if a CREATE staff member becomes aware that a participant or another young person is at risk of harm, CREATE staff may be obliged to report this to authorities under children's protection legislation.

7. POSSIBLE BENEFITS

The immediate benefit to the children and young people responding is knowing that issues raised will be brought to the attention of governments and decision-makers so that they can learn what needs to be done to improve the care system for all those involved with OOHC in the future. From a broader perspective, these data will be useful as an indicator of how child protection is functioning in Australia as a whole, when measured against standards set by the Commonwealth.

8. VOLUNTARY PARTICIPATION/RIGHT TO REFUSE OR WITHDRAW

As indicated before, both the child or young person and the carer must accept CREATE's invitation or "opt in" to be involved in this survey. Participation is completely voluntary and if you begin answering questions but then find, for some reason, that you do not wish to continue, you are free to withdraw from the study at any time. Because they will be incomplete, any data you have provided up to that point will not be used in the final analysis.

CREATE would appreciate your assistance in helping the young person in your care understand what is required in completing the survey. If the young person would value your support, or that of any other person, while completing the survey, that assistance is welcome. All that is asked is that the responses given accurately reflect the opinions of the respondent.

9. CONFIDENTIALITY

No identifiable data will be collected in this study. Client information will be used by the researcher to sample respondents. Children and young people (and consequently their carers) who have been selected will be sent a letter by CREATE inviting participation in the survey; following that, all personal information will be removed from stored survey data. Only the Chief Investigator will access the data file; information will not be shared with anyone else. In the final publication of results, if quotes from respondents are used to highlight certain points being made, the young person will be described simply, for example, as "Female, 16 years".

10. RESULTS OF PROJECT

The results of this research project will be published in a major document that will be released early in 2018 at a national launch to which key decision-makers will be invited. A copy of the report will be made available online through CREATE's web site (see http://create.org.au/wp-content/uploads/2014/12/2013-CRE065-F-CREATE-Report- Card-2013-Web-File-web.pdf for a copy of the report summarizing the 2013 study). In addition, CREATE provides a specially prepared young person's version of the findings and recommendations sent to all participants who indicate they would like to be informed of the results.

CREATE is providing prizes in each state and territory ($100.00 gift vouchers) and an overall national prize of an iPad. If he young person in your care would like to enter the draw for these prizes, you can use the link provided at the conclusion of the survey to leave your details for the draw. These data will be stored separately from the survey responses.

11. CONSENT

The young person in your care was selected at random to receive an invitation to be part of this study. If you do not wish him or her to be involved, you need take no further action. However, if you would like the child or young persons' views to contribute to changing the system for the better, for current and future children and young people, then you need to indicate your willingness to be involved by completing the Consent Form, or through arrangements with the interviewer.

12. ADVICE AND INFORMATION

If you have any further questions regarding this study, please do not hesitate to contact: Chief Investigator:

Dr Joseph J. McDowall at joseph.mcdowall@create.org.au or Manager, Policy and Advocacy, CREATE Foundation:

Ms Tanya Raineri at tanya.raineri@create.org.au (phone 07 3063 4860)..

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Committee Chair, Bellberry Human Research Ethics Committee on 08 8361 3222.

PARTICIPANT INFORMATION SHEET: IN-CARE GROUP

1. STUDY TITLE:	**CREATE's National Out-of-Home Care Survey 2017**
2. INVESTIGATOR:	**Dr Joseph J. McDowall**
Address:	**1 / 3 Gregory Terrace, Spring Hill 4004**
Contact:	**(Bus) (07) 3062 4860**
Qualifications:	**BSc, PhD, MAPS, FQA**
Position:	**Executive Director (Research), CREATE Foundation**

Dr McDowall has a Bachelor of Science and Doctor of Philosophy (in Social Psychology) from the University Of Queensland. He is a Member of the Australian Psychological Society and a Fellow of the Queensland Academy of Arts and Sciences.

3. INTRODUCTION

You have been asked to take part in this research study because you are a child or young person who has lived in out-of-home care for at least six months. CREATE is an organisation that ensures the voices of children and young people with a care experience are heard by the people who are making decisions about their lives. To do this, we need to know how you feel about the care you have received, and any thoughts you may have about what might make the care system better for the children and young people who live in it.

This Participant Information Sheet and Consent Form will tell you about the research project. It explains the purpose of the research, what you will be asked to do, and any risks involved. It also describes how your answers will be used, and with whom they might be shared. Knowing what is involved will help you decide if you want to take part in the research. Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Talk with your carer, a relative, or friend, or contact CREATE on the numbers listed. Participation in this research is voluntary. If you don't wish to take part, you don't have to.

If you decide you want to take part in the research project, you are asked to fill out the Consent Form with your carer. Complete the forms by following the set instructions. When the required information has been provided, you will be asked for an email address or other point of contact to which we can send the survey.

By submitting the Consent Form, you are telling us that you;

- Understand what you have read;
- Agree to take part inthe research project;
- Agree to our use of your personal information as described.

You may keep this Participant Information Sheet, and print off a copy of the Consent Form if you wish.

4. PURPOSE OF THE STUDY

The proposed study is a follow-up to the survey CREATE conducted in 2013 looking at possible changes in the care system after the National Standards were introduced. The state and territory governments have provided CREATE with ways to contact all children and young people in care; you have been selected and are invited to participate in the online survey. If you decide to participate, all your personal, identifying information will be removed from the data once the survey is complete.

Data will be collected from July 2017 through to February 2018, and CREATE would like as many children and young people who have a care experience as possible to be involved in this great opportunity to have a say about what is important to them. The online survey will take between 30 and 45 minutes to complete, depending on how much you want to

say. Many questions simply require "ticking a box" to answer, while a few will ask you for your thoughts or opinions.

5. STUDY PROCEDURES

This study will involve participation in a survey that will require answering a series of questions about different aspects of your life including your health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self-care. The survey will be available online, but if you prefer, you can contact CREATE to talk with a staff member and answer the questions by telephone.

You have been sent a letter inviting you to participate in this study that includes a link to the Consent documents. After you complete these forms, you will be asked for your email address to which we will send the survey.

If you don't have an email, you can provide a postal address; we will send a web link and your unique username by post to that address; you can use that information to access the survey.

If you are accessing the survey from an email link, you will be able to pause and log back in later to complete the survey. If the invitation came in the post, use the web-link in your browser to access the survey. However, in this case, no pausing is possible; the survey must be completed in one session. If this is likely to be difficult, contact CREATE with an email address and we will send you an email version.

If rather than doing the survey online, you can ask your carer to contact CREATE for a telephone interview. When you call CREATE (Free-Call 1800 655 105) and provide a telephone number, CREATE staff will call back to ask the survey questions at no cost to your carer. Responses in the form of digital files will be stored on SurveyMonkey's secure server in the United States with no identifying information connected to that database.

6. RISKS AND DISCOMFORTS

The major risk possible with this study could be some distress caused through the recall of unpleasant events experienced at some stage while you were placed in the care system. Because participation in this study is voluntary, you may stop answering any time if you feel continuing may be unpleasant. If you are doing a face-to-face interview, CREATE staff conducting the sessions are trained in providing appropriate debriefing for children and young people If you are responding online and issues arise, you can contact CREATE staff to discuss any aspect of the survey and how it has affected you (Free-Call 1800 655 105). Alternatively, other services are available that may be able to assist (e.g., Kid's Help Line: Free-Call 1800 551 800).

In certain circumstances, CREATE staff may be required to disclose personal information of participants. For example, if a CREATE staff member becomes aware that a participant or another young person is at risk of harm, CREATE staff may be obliged to report this to authorities under children's protection legislation.

SurveyMonkey allows data collection to be anonymous. For this project, the IP collection function has been turned off (a capacity available in the more expensive versions of the platform). Therefore, there will be no way of identifying the source of a response, apart from information provided in answering questions in the survey.

Participants should note that some data derived from their participation in this study will be sent overseas; the regulatory regimes governing data access and use in other countries may not be the same as those that are in place in Australia. Participants are advised that if they have any questions about this, they should direct them to the Principal Investigator.

7. POSSIBLE BENEFITS

The immediate benefit to you for responding is that issues

you raise will be brought to the attention of governments and decision-makers so that they learn what needs to be done to improve the care system, if not in time for you personally (because you might be "ageing out"), then for all those involved with the system in the future. From a broader perspective, these data will be useful as an indicator of how child protection is functioning in Australia as a whole, when measured against standards set by the Commonwealth.

8. VOLUNTARY PARTICIPATION/RIGHT TO REFUSE OR WITHDRAW

As indicated before, both you and your carer must accept CREATE's invitation or "opt in" to be involved in this survey. Participation is completely voluntary and if you begin answering questions but then find, for some reason, that you do not wish to continue, you are free to withdraw from the study at any time.

If you feel that it would help you in responding to the survey, you can have a support person with you (carer, caseworker, or friend). However, we would like the answers you give to show what you think and feel about your life in care.

9. CONFIDENTIALITY

No identifiable data will be collected in this study. Client information will be used by the researcher to sample respondents. Children and young people (and consequently their carers) who have been selected will be sent a letter from CREATE inviting participation in the survey; following that, all personal information will be removed from stored survey data. Only the Chief Investigator will access the data file; information will not be shared with anyone else. In the final publication of results, if quotes from respondents are used to highlight certain points being made, the young person will be described simply, for example, as "Female, 16 years".

10. RESULTS OF PROJECT

The results of this research project will be published in a major document that will be released early in 2018 at a national launch to which key decision-makers will be invited. A copy of the report will be made available online through CREATE's web site (see

http://create.org.au/wp-content/uploads/2014/12/2013-CRE065-F-   CREATE-Report-Card-2013-Web-File-web.pdf

for a copy of the report summarizing the 2013 study). In addition, CREATE provides a specially prepared young person's version of the findings and recommendations sent to all participants who indicate they would like to be informed of the results.

Data will be collected in the form of frequencies and ratings, as well as open responses. These types of results are extremely important in influencing government policy development (given that comparable, accurate information often is unavailable). As well as forming the basis of the national survey report, the data collected may be analysed in different ways and presented in other output. For example, from the previous smaller study, further publications were produced. One paper looked at factors predicting young persons' participation in meetings where decisions were made about their future, while another analysed sibling placements in out-of-home care. In December 2016, a paper addressing connection to culture by Indigenous children and young people was published. With more comprehensive data likely to be collected in this study, similar publications are expected to be forthcoming, dealing with the critical issues identified.

CREATE is providing prizes in each state and territory ($100.00 gift vouchers) and an overall national prize of an iPad Mini. If you would like to enter the draw for these prizes, you can use the link provided at the conclusion of the survey to leave your details for the draw. These data will be stored separately from your survey responses.

11. CONSENT

If you do not wish to be involved, you need take no further action. However, if you would like your views to contribute to changing the system for the better, for current and future children and young people, then you need to indicate your willingness to be involved by completing the Consent Form.

12. ADVICE AND INFORMATION

If you have any further questions regarding this study, please do not hesitate to contact: Chief Investigator:

Dr Joseph J. McDowall at joseph.mcdowall@create.org.au or Manager, Policy and Advocacy, CREATE Foundation: Ms Tanya Raineri at tanya.raineri@create.org.au (phone: 07 3062 4860)

The Bellberry Human Research Ethics Committee has reviewed and approved this study in accordance with the National Statement on Ethical Conduct in Human Research (2007) – incorporating all updates. This Statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Committee Chair, Bellberry Human Research Ethics Committee on 08 8361 3222.

Appendix E: *CREATE National Survey 2018*

Thank you for agreeing to share details of your life in out-of-home care with CREATE.

Before you begin the survey there are a few things you need to know. The information you provide will be included in CREATE's National Survey of Out- of-Home Care 2017, along with the views of many other children and young people. The final report will be given to governments and decision-makers as a summary of what concerns you and what you would like improved in the care system. The next page will give a guide to help you complete the survey.

This survey is designed to give children and young people in out-of-home care the opportunity to share their experiences with CREATE so that their views can be presented to decision-makers to provide evidence for improving the system in which they live. It will take about 30 to 45 minutes to complete depending on how much you want to say. All questions, except some asking for text answers, need to have a response. Make sure you allow enough time for you to complete the survey in one session. You cannot log back in.

Your answers will be anonymous (because CREATE has no information about you apart from what you give in the survey). All individual responses are treated confidentially and will be presented in a combined form in the final report. You are not required to provide any information that you feel could be used to identify you. If at any time you feel that you don't want to continue with the survey, you may simply stop answering questions. None of your data will be included in the analyses. Of course, we at CREATE hope you will choose to answer all questions. If it would help, you can have a support person with you while you answer the questions.

As stated, all the information you share with us is confidential UNLESS you say something that makes us concerned about your own or another child's safety in out-of-home care right now. In that case we may have to report that risk. Several questions can be answered using slider rating scales. To activate the scale, click on the disk and slide it to the point you feel best represents your response. You will note that a number appears in the box to the right of the scale, indicating the percentage (out of 100) corresponding to your answer. A weak response would fall somewhere below 20, while a strong response would be above 80.

Use the "Next" button to progress through the survey. If you wish to return to an earlier question, use the "Prev" button. Do NOT use the browser navigation arrows to move through the survey.
A progress bar that shows how far you have worked through the survey at that stage is located at the bottom of each page.

In summary, do you understand:
(1) your responses are anonymous and confidential;
(2) you can stop at any time if you don't want to continue and your answers will not be used;
(3) your information will be stored securely and will not be shared with others, unless you say something that raises concerns about your safety or the safety of another child;
(4) your non-identifiable comments will be recorded and might be used in a report and for presentations?
If you are happy to go on, please sign the Consent Form attached and continue with the survey.

* 1. Do you wish to continue? ◯ Yes   ◯ No

Survey Process

* 2. What method are you using to complete this survey?
◯ Online survey   ◯ Telephone interview   ◯ Face-to-face interview

* 3. Do you have a support person with you?
◯ No one   ◯ Carer   ◯ Caseworker   ◯ CREATE Staff   ◯ Relative   ◯ Friend

* 4. In what state or territory do you live?
◯ ACT   ◯ NSW   ◯ NT   ◯ QLD   ◯ SA   ◯ TAS   ◯ VIC   ◯ WA

* 5. What is your postcode?

* 6. Do you identify as:
◯ Female   ◯ Male   ◯ Other ....

* 7. With which particular cultural group do you identify?

○ Aboriginal   ○ Torres Strait Islander   ○ Both Aboriginal and Torres Strait Islander   ○ Other cultural group

○ No special group   ○ If "Other cultural group", please list country of origin: ....

* 8. Do you have an impairment or disability?   ○ Yes   ○ No

9. Which of the following causes you the most difficulty (you may select more than one if relevant):

○ Intellectual disability (including Down syndrome)   ○ Specific learning / Attention Deficit Disorder

○ Autism (including Asperger's syndrome; Pervasive Developmental Delay)   ○ Physical disability

○ Acquired brain injury   ○ Neurological (including epilepsy)   ○ Deaf / blind (dual sensory)

○ Vision (sensory)   ○ Hearing (sensory)   ○ Speech disability   ○ Psychiatric (mental illness)

○ If "Other', please say which: ....

10. Are you receiving special support for this condition (e.g., counselling, special education, medication)?   ○ Yes   ○ No

* 11. In which country were you born?

○ Australia   ○ Other country   ○ If " Other", please say which: ....

* 12. What is the main language spoken in the home where you live?

○ English   ○ Other   ○ If " Other", please say which: ....

* 13. In what month were you born?

○ January   ○ February   ○ March   ○ April   ○ May   ○ June   ○ July   ○ August   ○ September
○ October   ○ November   ○ December

* 14. In what year were you born? ....

* 15. Are you at present living in out-of-home care?   ○ Yes   ○ No

* 16. Are you at present living in out-of-home care?   ○ Yes   ○ No

(Repeat questions relate to branching control through survey)

* 17. Before dealing with specific questions, are there one or two major issues that you think should be addressed
to help improve the care system for children and young people? If you have any issues, please list them here. If
there are no issues, type "None". ....

* 18. What type of protection order applies to you now?

○ Guardianship / Custody order   ○ Interim or temporary court order   ○ Parental responsibility to a third party

○ Supervision order   ○ Voluntary care agreement   ○ Unsure   ○ Order has ended

○ Other (please specify) ....

* 19. At about what age did you come into care (years)?

○ Less than one year old   ○ 1–2 years old   ○ 3–4 years old   ○ 5–6 years old   ○ 7–8 years old
○ 9–10 years old   ○ 11–12 years old   ○ 13–14 years old   ○ 15–16 years old   ○ 17 years old

20. About how long have you been in care (years)?
○ Less than one year   ○ 1–2 years   ○ 3–4 years   ○ 5–6 years   ○ 7–8 years   ○ 9–10 years
○ 11–12 years   ○ 13–14 years   ○ 15–16 years   ○ 17 years

* 21. About how many different placements have you had while in care?
○ 1–2 placements   ○ 3–4 placements   ○ 5–6 placements   ○ 7–8 placements   ○ 9–10 placements
○ 11–12 placements   ○ 13–14 placements   ○ 15–20 placements   ○ More than 20 placements

* 22. How do you feel about the number of placements you have had?
Very unhappy (0)...(100) Very happy

* 23. What is the main reason you feel that way?..

* 22. How do you feel about the number of placements you have had?
Very unhappy (0)...(100) Very happy

* 23. What is the main reason you feel that way?..

* 24. What type of placement do you live in at present?
○ Foster care   ○ Kinship / Relative   ○ Residential care   ○ Group home   ○ Permanent care
○ Semi-Independent supported accommodation   ○ Independent living
○ Other (please specify) ....

* 25. How long have you lived in your current placement (years)?
○ Less than one year   ○ 1–2 years   ○ 3–4 years   ○ 5–6 years   ○ 7–8 years   ○ 9–10 years
○ 11–12 years   ○ 13–14 years   ○ 15–16 years   ○ 17 years

* 26. Did you have a say about the place you live in now? ○ Yes   ○ No

* 27. How many times have you returned to live with your birth parent(s) since entering care?
○ Never   ○ 1–2 times   ○ 3–4 times   ○ 5–6 times   ○ 7–8 times   ○ 9–10 times   ○ More than 10 times

* 28. Have you ever been moved from a placement you didn't want to leave? ○ Yes   ○ No

* 29. Did you have a say about the placement where you went next? ○ Yes   ○ No

* 30. What sorts of things make a placement good for you?
Example 1:...
Example 2:...
Example 3:...

* 31. What sorts of things make a placement not so good for you?
Example 1:...
Example 2:...
Example 3:...

* 32. In a typical week, about how much free time do you have to do your favourite things?
○ None   ○ 1–5 hours   ○ 6–10 hours   ○ 11–15 hours   ○ More than 15 hours

* 34. How many other children / young people under 18 (not counting you) live in your household? ....

* 35. How do you feel you are treated compared with the other children / young people under 18 live who with you?
○ Exactly the same   ○ Very similar   ○ A few differences   ○ Several differences
○ Many differences   ○ Completely differently

36. Please give an example of what makes you feel this way. ....

* 37. Thinking about the place where you live now, how much do you Agree or Disagree with the following statements (select one response for each):

	Strongly disagree	Disagree a little	Mostly disagree	Agree a little	Mostly agree	Strongly agree
I have the privacy I need	○	○	○	○	○	○
I have the physical things I need (e.g., clothes, books, games)	○	○	○	○	○	○
I feel safe and secure	○	○	○	○	○	○
I feel "at home" (comfortable)	○	○	○	○	○	○
People care about me	○	○	○	○	○	○

* 38. Do you have your own smart phone? ○ Yes ○ No

* 39. Do you have access to the internet for your personal use? ○ Yes ○ No

* 40. When you are online, how much time would you spend on each activity?

	None	1–5 hours	6–10 hours	11–15 hours	16–20 hours	More than 20 hours
Gaming	○	○	○	○	○	○
Getting information for projects	○	○	○	○	○	○
Web surfing	○	○	○	○	○	○
Social networking (e.g., Facebook, Linked In)	○	○	○	○	○	○
Social media (e.g., Twitter, Instagram)	○	○	○	○	○	○
Streaming (viewing programs)	○	○	○	○	○	○
Downloading (e.g., music, programs)	○	○	○	○	○	○

Other (please specify):...

* 41. How safe do you feel online?

Not at all safe (0)...(100) Very safe

* 42. How much do you think these people are concerned with what is best for you? (Select one response for each.)

	Not at all concerned	A little concerned	Somewhat concerned	Reasonably concerned	Quite concerned	Very concerned	N/A
Carer (including Kinship carers)	○	○	○	○	○	○	○
Main department / agency caseworker	○	○	○	○	○	○	○
Birth Parent(s)	○	○	○	○	○	○	○
Other family members (not living with you)	○	○	○	○	○	○	○
Friends	○	○	○	○	○	○	○

* 43. Is your placement supported by a caseworker from a government department or a non- government agency?
○ Department caseworker ○ Agency caseworker ○ I do not have a caseworker

* 44. How many main caseworkers have you had while in care?
○ None ○ 1–2 ○ 3–4 ○ 5–6 ○ 7–8 ○ 9–10 ○ 11–12 ○ 13–14 ○ 15 or more

* 45. Are you able to contact your main caseworker as often as you want? ◯ Yes ◯ No

* 46. How helpful has your main caseworker been?
Not at all helpful (0)...(100) Very helpful

* 47. What things has your caseworker done that make you feel that way? ....

* 48. How comfortable do you feel telling your main caseworker about things that matter to you?

Not at all comfortable (0)...(100) Very comfortable

* 49. How do you feel about your current placement
Very unhappy (0)...(100) Very happy

* 50. How much do you know about why you are in care?
Nothing (0)..(100) All I need

* 51. How much information have you received from carers and/or workers explaining what you can expect while in care?
Nothing (0)..(100) All I need

* 52. How often are you able to have a say about decisions that affect you while in care? (e.g., change of school, family contact, placement changes)?

	Never	Rarely	Sometimes	Reasonably often	Quite often	All the time
Education (e.g., school routines and activities)	◯	◯	◯	◯	◯	◯
Family contact	◯	◯	◯	◯	◯	◯
Placement changes	◯	◯	◯	◯	◯	◯

* 53. What other care situations have you been able to have a say about? ....

* 54. What other care situations have you NOT been able to have a say about? ....

* 55. To what extent do you feel that people listen to what you say?
Not at all (0)...(100) Totally

56. How often have you participated in meetings between department / agency representatives and other key people in your life?
Not at all (0)...(100) Very often

57. In such meetings, to what extent do you feel that your views were considered by others? Choose "Not at all" if you haven't participated in any meetings.
Not at all (0)..(100) All the time

58. How possible is it for you to choose to do the same sort of things (e.g., sport, cultural, and community activities) as your friends do who are not in care?
Not at all possible (0)..(100) Totally possible

* 59. How do you find the process of getting permission from the department or agency to do things?
Very difficult (0)...(100) Very easy

* 60. How would you describe your health?
Very poor (0)...(100) Excellent

* 61. Do you have regular checkups (at least once a year) with a:

	Yes	No
Doctor	◯	◯
Dentist	◯	◯

* 62. How have you found getting help from these people with your health needs?

	Very difficult	Quite difficult	Reasonably difficult	Somewhat difficult	A little difficult	Not at all difficult
Doctor	◯	◯	◯	◯	◯	◯
Dentist	◯	◯	◯	◯	◯	◯
Counsellor	◯	◯	◯	◯	◯	◯

* 63. Have you ever used a counselling service while in out-of-home care? ◯ Yes ◯ No

64. What was the name of the service you accessed? If you can't remember, type "Unsure" ....

* 65. How helpful did you find this counselling service?
Not at all helpful (0)...(100) Very helpful

* 66. How often are preventative health services (e.g., im munisations, dental checks) being provided for you?
Not at all (0)...(100) As often as needed

* 67. How involved in sport are you outside school hours?
Not at all involved (0)...(100) Very involved

* 68. To what extent are you concerned about your weight?
Not at all concerned (0)... ....(100) Very concerned

69. If you have any concerns, what are they? ....

* 70. How would you describe your learning experience while at school?
Very poor (0)...(100) Very good

* 71. Who, other than your regular teacher, has helped you with schoolwork (you may choose more than one)?
◯ No one Carer ◯ Birth parent ◯ Other member of carer family ◯ Other member of birth family
◯ Teacher aide ◯ Specialist tutor ◯ Counsellor ◯ Friend ◯ Other (please specify): ....

* 72. What support would help you do as well as you can at school (you may choose more than one)?
◯ Don't need extra support ◯ Financial support (for books, tuition, transport etc.)
◯ Extra help with schoolwork ◯ Help with homework ◯ Controlling bullying ◯ Counselling
◯ Other support (please specify): ....

* 73. How important do you think it is to be involved in your education planning?
Not at all important (0)..(100) Very important

* 74. To the best of your knowledge, has an education support plan been prepared for you (this could be a part of your case plan? ◯ Yes ◯ No ◯ Unsure

* 75. How much have you been involved in preparing it?
Not at all involved (0)...(100) Very involved

76. If you have been involved in the planning process, what have you been able to do? ....

* 77. How helpful have you found the Educational Support Plan to be?
Not at all helpful (0)..(100) Very helpful

* 78. How often has bullying been an issue for you (select one response for each location)?

	Not at all	A little	Sometimes	Reasonably often	Quite often	Very often
In your care placement	○	○	○	○	○	○
At school	○	○	○	○	○	○
On the internet	○	○	○	○	○	○

* 79. How much do you know about your family story (i.e., your history, family background and traditions)?
Nothing (0)..(100) All I need

* 80. How much have you learned about your family story or history from the following people?

	Nothing	A little	Some things	A reasonable amount	Quite a lot	All I need	N/A
Your carer	○	○	○	○	○	○	○
Your caseworker	○	○	○	○	○	○	○
Your birth parents	○	○	○	○	○	○	○
A family member not living with you	○	○	○	○	○	○	○
A teacher	○	○	○	○	○	○	○
A member of your community	○	○	○	○	○	○	○

Other (please specify): ....

* 81. How important do you think it is to be connected with your culture or cultural community? 48. How comfortable do you feel telling your main caseworker about things that matter to you?
Not at all important (0)...(100) Very important

* 82. How well connected or "in touch" with your culture or cultural community do you feel?
Not at all connected (0)...(100) Very connected

* 83. How much have you learned about your culture from the following people?

	Nothing	A little	Some things	A reasonable amount	Quite a lot	All I need	N/A
Your carer	○	○	○	○	○	○	○
Your caseworker	○	○	○	○	○	○	○
Your birth parents	○	○	○	○	○	○	○
A family member not living with you	○	○	○	○	○	○	○
A teacher	○	○	○	○	○	○	○
A member of your community	○	○	○	○	○	○	○

Other (please specify): ....

* 84. To the best of your knowledge, has a Cultural Support Plan been prepared for you (this could be part of your case plan)? ○ Yes   ○ No   ○ Unsure   ○ Not relevant to me

* 85. How involved have you been in the development of your Cultural Support Plan?
Not at all involved (0)..(100) Very involved

* 86. In what ways would you like to be more involved in your cultural support planning? ....

* 87. How many brothers and / or sisters do you have in your birth family? ....

* 88. Do you live with any of your brothers or sisters from your birth family? ◯ Yes ◯ No

* 89. Are any of your brothers or sisters not living in out-of-home care? ◯ Yes ◯ No

* 90. Are any of your brothers or sisters from your birth family living in care but not with you? ◯ Yes ◯ No

* 91. Would you say that you know a special person who you could rely on to help you through a difficult time?
◯ Yes ◯ No

* 92. Who would you say is the person you could most rely on to help you through a difficult time. (Please give their first name only, and say what their relationship is to you, e.g., aunt, friend)?

Person's First Name:...

Relationship: ....

* 93. How do you find the process of making friends?
Very difficult (0)..(100) Very easy

* 94. How often are you able to contact your friends when not at school (e.g., on weekends, holidays etc.)?
Not at all (0)..(100) As often as I want

* 95. On average over the last 12 months, how often would you have been in contact with the following members of your birth family (who do not live with you at present)?

	Weekly	Fortnightly	Monthly	Once in 3 months	Once in 6 months	Once in the year	Not at all	No such person
Mother	◯	◯	◯	◯	◯	◯	◯	◯
Father	◯	◯	◯	◯	◯	◯	◯	◯
Sister(s) / Brother(s)	◯	◯	◯	◯	◯	◯	◯	◯
Grandparents	◯	◯	◯	◯	◯	◯	◯	◯
Other relatives	◯	◯	◯	◯	◯	◯	◯	◯

* 96. How much contact (compared with at present) would you like to have with the following members of your birth family? (Select one response for each.)

	Less	OK as is	More	No such person
Mother	◯	◯	◯	◯
Father	◯	◯	◯	◯
Sister(s) / Brother(s)	◯	◯	◯	◯
Grandparents	◯	◯	◯	◯
Other relatives	◯	◯	◯	◯

* 97. How supportive has your carer been in helping you keep in touch with your birth family members?
Not at all supportive (0)..(100) Very supportive

98. What support has your carer provided?..

* 99. How supportive has your caseworker been in helping you keep in touch with your birth family members?
Not at all supportive (0)..(100) Very supportive

100. What support has your caseworker provided? ....

* 101. To the best of your knowledge, has a Case Plan (or Care Plan) been developed for you?
◯ Yes　◯ No　◯ Unsure

* 102. Have you been involved in developing your Case Plan? ◯ Yes　◯ No　◯ Unsure

* 103. How involved have you been in developing your Case Plan?
Little involvement (0)..(100) Very involved

* 104. Please describe what you did to help develop the Case Plan. ....

* 105. How do you feel about the case planning process?
Very unhappy (0)..(100) Very happy

* 106. How useful have you found the Case Plan to be in assisting you when pursuing your goals?
Not at all useful (0)..(100) Very useful

* 107. What are some things that might the Case Plan more useful for you?...

* 108. If there were problems in any of these areas, how important would it be for you to have a say about it?
(Select one response for each.)

	Not at all important	A little important	Somewhat important	Reasonably important	Quite important	Very important
Fun and relaxation	◯	◯	◯	◯	◯	◯
Day-to-day living (e.g., food, clothes)	◯	◯	◯	◯	◯	◯
Family contact	◯	◯	◯	◯	◯	◯
Where you live	◯	◯	◯	◯	◯	◯
Your overall life in care	◯	◯	◯	◯	◯	◯

* 109. If something worried you about your life in care, how likely would you be to talk to these people about it?

	Not at all likely	A little likely	Somewhat likely	Reasonably likely	Quite likely	Very likely
No one	◯	◯	◯	◯	◯	◯
Carer	◯	◯	◯	◯	◯	◯
Caseworker	◯	◯	◯	◯	◯	◯
Birth parent	◯	◯	◯	◯	◯	◯
Other family member	◯	◯	◯	◯	◯	◯
Partner/girlfriend/boyfriend	◯	◯	◯	◯	◯	◯
Friend	◯	◯	◯	◯	◯	◯
CREATE staff	◯	◯	◯	◯	◯	◯
Other agency worker	◯	◯	◯	◯	◯	◯

* 110. Have you ever told your carer or caseworker that you were happy about something they did for you?
◯ Yes　◯ No

* 111. Please give an example of whom you told and for what reason.

Person:..

Reason: ....

* 112. Do you know how to tell someone about your treatment in care if you are dissatisfied or unhappy?

◯ Yes   ◯ No

* 113. Have you ever raised an issue in the hope of getting something changed about your care (e.g., told your caseworker, written to a manager, or contacted the Children's Commission)? ◯ Yes   ◯ No

 * 114. How did you feel about how your complaint was handled?

Very unhappy (0)..(100) Very happy

* 115. Have you ever wanted to make a complaint, but decided not to? ◯ Yes   ◯ No

* 116. What stopped you making the complaint? ....

* 117. Are you 15 years of age or older? ◯ Yes   ◯ No

* 118. Has anyone spoken to you about what happens to your care situation after you turn 18? ◯ Yes   ◯ No

* 119. How concerned are you about becoming independant after your orders end when you turn 18 years?

Not at all concerned (0)...(100) Very concerned

 * 120. If you have any concerns,what are they?...

* 121. Who have you, or would you be most likely to talk about "leaving care"?

◯ No one
◯ Carer
◯ Caseworker
◯ Birth parent
◯ Other birth relative
◯ Partner / girlfriend / boyfriend
◯ Friend
◯ Worker from another agency (not main caseworker)
◯ Worker from an After Care Support Service
◯ CREATE Staff
◯ Other (please say who)

* 122. Do you know if you have any form of "Leaving Care Plan" or LCP (this could be part of your case plan)?

◯ Yes, I have a LCP   ◯ No, I don't have a LCP   ◯ I'm unsure about a LCP

* 123. How involved were you in preparing your Leaving Care Plan?

Not at all involved (0)..(100) Very involved

* 124. If you were involved, what were you able to contribute to the planning?.......................................

* 125. How useful do you think the Leaving Care Plan might be to you?

Not at all useful (0)...(100) Very useful

* 126. What part do you think will be most valuable? ....

* 127. How confident do you feel about caring for yourself in the following areas?

	Not at all confident	A little confident	Somewhat confident	Reasonably confident	Quite confident	Very confident
Personal grooming/hygine	○	○	○	○	○	○
Maintaining you health	○	○	○	○	○	○
Finding accomodation	○	○	○	○	○	○
Housekeeping	○	○	○	○	○	○
Budgeting/finances	○	○	○	○	○	○
Shopping	○	○	○	○	○	○
Preparing meals	○	○	○	○	○	○
Finding transport	○	○	○	○	○	○
Finding and holding a job	○	○	○	○	○	○
Maintaining Relationships	○	○	○	○	○	○

* 128. What, if anything, would you like to know more about before you leave care?...

* 129. How do you find talking with others?

Very difficult (0)...(100) Very easy

* 130. Do you know if your state or territory has a Charter of Rights for Children and Young People in Out-of-Home-Care?

○ Yes   ○ No   ○ Unsure

* 131. While completing this survey, have any other issues about living in care been raised that you would like more information about?...

* 132. Overall, in terms of how well you feel they care for you, what score out of 100 would you give the department or agency?

0.. 100

* 133. How comfortable did you feel doing this survey?

Not at all comfortable (0)..(100) Very comfortable

* 134. How well did this survey cover topics that are important to you?

Not at all well (0)...(100) Very well

* 135. Overall, how would you rate this survey?

Very poor (0)···(100) Very good

Appendix F: *Sample of Data Recording Sheets Used When Recruiting Participants for CNS 2018 Interviews*

Code	Age	Consent	Date of consent	Attempt 1	Outcome	Attempt 2	Outcome	Attempt 3	Outcome	Comments	Survey Completed	No Further Contact
TPs43Kzl	16	no		1/5/18		1/11/18	YP Refused					Yes
TKRrd3Gl	14			1/2/18		1/9/18	Other	12/1/18	Other	VM; VM; attempt 4 VM 29/1/18; Sent msg on FB re survey 02/02/18		Yes
T1clTZml	11	yes	9/01/18	1/2/18	Other	1/9/18	Completed Survey				Yes	Yes
TeF9hT3l	12	yes	9/01/18	1/2/18	Other	1/9/18	Completed Survey				Yes	Yes
TgFs6BYl	12			1/2/18	Other	1/12/18	Other	15/01/18	Other	Voicemail left. 2/1/18, Spoke to carer asked to call back this afternoon; attempt 4 VM 29/1/18, attempt 5 didnt pick up; contact w/carer yp busy with ativities after school hours 15/02/18		Yes
TILFBrdK	13	yes	9/01/18	12/21/17	Other	1/9/18	Completed Survey				Yes	Yes
T1t7XZ3l	17			1/5/18	Invalid Mobile	1/29/18	No Answer	30/01/18	No Answer	4th attempt - no answer 02/02/18; FB friend request and sent message re survey 02/02/		Yes
TlaaKGSf	13	yes	1/02/18	1/2/18	Completed Survey						Yes	Yes
TnTjPahl	17			1/5/18	Invalid Mobile	1/15/18	YP No Longer at Address					Yes
TuX8xGSl	17	No	15/02/18	1/5/18	Invalid Mobile	6/2/18	Facebook Contact	2/15/18	Other	Sent FB Friend request and message re survey 02/02/18 YP expressed interest, have asked for a time to call; left VM 5/2; VM 14/02/18; Yp did not gice consent 15/02/18		Yes
Tl1KLEAR	13	yes	1/02/18	1/2/18	No Answer	1/9/18	Completed Survey			Incomplete. Use resume code 8/2; Completed 08/02/18		
TgltRJXl	12			1/2/18	Invalid Mobile	29/01/18	Call Back			In adoptions. on leave til 5/2/18 will get contact numbers then 29/1/18: Spoke to adoptions worker - no other contact details availiable. Will talk to Team leader regarding further actions 07/02/18		
TQU9haol	15			1/2/18	Invalid Mobile	2/1/18	Facebook Contact			FB friend request sent. Young Person does not have a case worker to provide updated details 01/02/18		Yes
TNl2wR7l	16			1/5/18	Invalid Landline	1/9/18	No Answer	22/01/18		Wrong number have contacted CSO to find out correct number 05/01/18 9/1/18 left voicemail, on holidays till 24th. ; FB Friends, sent message on FB re survey 02/02/18		
Tl1CxODl	15			1/5/18	Invalid Landline	1/9/18		12/1/18		Wrong number have contacted CSO to find out correct number 05/01/18 Asked to ring back on 10.1.18; Friends on FB, Sent message re survey 02/02/18		

Code	Age	Consent	Date of consent	Attempt 1	Outcome	Attempt 2	Outcome	Attempt 3	Outcome	Comments	Survey Completed	No Further Contact
Tl3GxnRG	11	yes	1/02/18	1/2/18	Completed Survey						Yes	Yes
TzJ1rsTl	11	no	1/04/18	1/4/18	YP Refused							Yes
TkxPOBDl	12	yes	1/04/18	1/4/18	Completed Survey						Yes	Yes
TFNjeM9l	15			1/11/18		1/12/18	No Answer	22/01/18	Hung Up	4th Attempt - VM; FB Friend request sent 02/02/18		Yes
TPEVljLl	11			12/1/18	Other	1/15/18	Other	19/01/18	Other	VM 12/1/18, VM 15/1/18, VM; attempt 4 VM 29/1/18; didnt pick up 06/02/18		Yes
TFgnfu2l	13			12/1/18	Other	1/15/18	Other	19/01/18	Other	VM 12/1/18, VM 15/1/18, VM VM 19/1/18		Yes
TRqQxAPl	14			12/1/18	Invalid Mobile					Email sent to CSO re updated contact number 02/02/18		Yes
TijYUeUl	14	yes	19/01/18	15/1/18		1/19/18	Completed Survey				Yes	Yes
TKcebqdl	15	yes	1/12/18	12/1/18	Completed Survey						Yes	Yes
TjLWwCBl	14	no		12/1/18	Other	1/19/18	No Answer	19/01/18	No Answer	VM 12/1/18, rang out; YP doesnt consent 06/02/18		Yes
TPAGXZIl	15			1/4/18	YP No Longer at Address							Yes
Tlh05iOG	10											
TPLuljCl	14			1/4/18	YP No Longer at Address							Yes
TlrYn3Cl	15	no	11/01/17	1/11/18	YP No Longer at Address					Reunified with home		Yes
TLuWdyVl	16			1/11/18	Invalid Landline					11/01/18 YP home phone "service unavailable", no answer from carer mobile, carer home phone "service unavailable" FB friend request 24/1		
TyrcrTFl	16			1/11/18		12/1/18	No Answer	15/01/18	YP Refused			Yes
Tl4M17Ll	15	Yes	25/01/18	1/9/18	Invalid Mobile	15/01/18	Invalid Mobile	24/01/18	Call Back	Have YP consent	Yes	Yes
TUlrVJ0l	14			1/9/18	Invalid Mobile							Yes
TCbcHnCl	13	no		15/01/18	YP Refused							Yes
TdxSbUYl	14			1/4/18	Other	1/9/18	Other	12/01/18	Other	VM; VM; VM; 4th attempt VM; VM 02/01/18		Yes
TAsLAFxl	11			1/4/18	Other	1/9/18	Other	12/01/18	Other	VM; VM VM; VM 02/01/18		Yes
TCCQtmUl	13			1/4/18	Other	1/9/18	Other	12/01/18	Other	VM; VM VM 9/1/18; VM 02/01/18		Yes

Appendix G: *Comments Provided by Children and Young People in Response to Initial Open Question Asking About Salient Issues*

Sex	Age	Before dealing with specific questions, are there one or two major issues that you think should be addressed to help improve the care system for children and young people? If you have any issues, please list them here. If there are no issues, type "None".
Male	10	My Mum won't tell me when I'm going home. The department is more focussed on my new baby sister than what's happening with me.
Female	10	Wants a dog at a house.
Male	10	Being away from my family.
Female	10	Changing places, doing so much work in the house.
Male	10	Child protection mostly causes pain for children and they should help kids instead of hurting them more.
Male	10	Continuity of same case workers (far too many changes).
Male	10	The department should listen to us & our carers.
Male	10	Getting adopted but it's not happening quickly enough.
Female	10	I don't know my Dad and I really want to see him. And my Dad won't do the DNA test to see if he is actually my Dad.
Male	10	I don't like having to do cleaning and washing dishes. I don't like staying in a bedroom when I get in trouble.
Male	10	I have too many brothers and sisters.
Male	10	I think that it shouldn't be called out of home care because this is my home where I live.
Female	10	Kids not getting along, heaps of kids living in one spot.
Male	10	Make sure they have a lot of food.
Female	10	More interaction with chn. In similar situation.
Female	10	That you don't know what car and person is picking you up from school most of the time.
Male	10	To help all kids who have problems.
Female	10	Too many rules.
Male	10	Too many workers. I only need one to change it so can live half at Mums, half in OOHC. They are treating the kids not well, you gotta get them back to their Mums. Have it so on weekends can go to Mums and weekdays then at nans. It's not our fault they did drugs, it's all a mistake that we have to live with the pain of it. That's what I want them to change. We all want to go back to our Mums and Dads. Not fair spending most time at other people's houses.
Female	10	Worker comes and does not listen and plays baby games.
Female	11	Anger issues, system should handle that better.
Male	11	Birth certificates. Passport.
Female	11	Caseworkers being organised.
Female	11	Child safety don't listen. They won't let my sister live with me.
Male	11	Don't drag out the process of long term care when my parents don't care about us and aren't doing the right things to get us back.
Female	11	Help people to get better and not be fighting. If carers could be the same culture and speak the same language that would be good.
Female	11	I like where I am now but I don't get to see my family much.
Male	11	I should be able to see my brothers, aunties and uncles more.
Male	11	I think it's pretty good at the moment.
Female	11	I want my last name to be the same as the rest of my family I should be allowed to do that if I want to. When I go to the doctors they call out my other name and I don't like it the worker doesn't listen to me.
Female	11	I would like to get a better say - so if you give your say, then they should listen to it rather than just doing what they were going to do anyway.
Male	11	Issues with the department over permission to see family contact.
Male	11	It would be better for the kids to live on a farm than in town - there are more animals and that's good for kids.
Male	11	It's going really well - they've put with me with [people] who love me.
Male	11	Kids in care need longer support past 18. Support to at least 20.

Male	11	Listen to the children, stop changing case workers so much, give my Aunty more support and seeing my brothers.
Female	11	Living with aging grandmother in regional Victoria access to events built around car travel no support to help my grandmother bring me to activities.
Female	11	Make adoption an easier process.
Female	11	Make the adoption process easier.
Female	11	Maybe some more help at home. My Nana goes to work and she does everything so that I have a good life but sometimes she needs a break and would like house sisters that would spend the weekend at our house to mind me someone she could trust so that she could go away the weekend and not worry about me sometimes I stay with my Aunty in **** when Nana comes up to **** with her sister.
Female	11	More contact with case workers.
Female	11	More family contact. Seeing our families more often, our sisters and Dad.
Female	11	More recognition in school and community of loss and grief experiences by foster children. Issues never acknowledged on father's day ceremonies etc. Need to talk openly about the facts of fostering rather than ignoring it.
Male	11	More support for carers and kids.
Female	11	My agency - it takes them forever to do anything. Especially to get things signed.
Female	11	Not really from my point of view it's pretty good
Female	11	Not really. There is a tiny thing it's kind of unfair that some kids can do things and some kids can't. Some kids are allowed on internet and some not some kids can walk to school and some can't. I think we should all be equal and do the same things. Also we get treated differently and have different rules so some children in normal homes can do things like have phones and come home late but foster kids can't. Some rules can be good and for a reason but some are unfair. I think I should come home later but I have to be home by a certain time.
Female	11	Not seeing family that much, to being able to talk to case worker.
Female	11	People should look after their kids a little bit more.
Female	11	See their parents more.
Male	11	Seeing my brothers and sister more. Playing for a bit longer.
Male	11	Separating the family, bullying.
Unsure	11	Taking care of families and all that.
Female	11	That I can see them (family) again.
Female	11	To give more funding so kids can join more sporting programs. Also more funds that allows kids to access computers and tablets etc. so we can learn more as our carers don't always have the money to buy them.
Female	11	Too many rules.
Female	11	Too many homes. Not given activities.
Male	11	You should be able to get OPG easier.
Female	12	Being able to be under one department regardless of the state, one government department.
Female	12	Being able to see family, brother or sisters more regularly/keeping family together.
Female	12	Being able to see your siblings and parents more. No more favouritism between siblings of different ages and backgrounds.
Male	12	Better checks with carers - some carers aren't suitable for what they do. Kids and siblings should be placed together.
Female	12	Care and Protection is the main system but they need to listen more to children or young people, and take in everything they say and if they say they will do something to help your family they need to do it or do their best to make it happen.
Female	12	Continuity of caseworkers at Agency.
Male	12	The department to listen to kids.
Female	12	The department make decisions about contact without talking to us kids and it affects us and the people caring for us so they should ask us before the make a decision. All kids should have a say. My little brother goes to school but he's too young to have a lawyer and say what he wants to say at court. He knows what he wants the same as I do.
Female	12	Feels like every child should be able to feel safe.
Male	12	Getting home faster.
Male	12	Helping kids with anger issues.
Female	12	I don't think some kids are getting looked after as well as me and it makes me feel sad for them.
Female	12	I personally think no one is aware that it happens and are not aware how it can affect people, so I think spreading awareness.
Female	12	I think they should go on more school outings. Support kinship carers to go out more.
Male	12	I want to go back with my Mum and Dad. And I want a brand new scooter.

Male	12	I want to see my aunty without any caseworker there on visits. I want to see my Mum and my aunty together but [caseworker] won't organise it. I want to see my brother and my aunty and my Mum together but [caseworker] won't do it. The caseworker is stupid.
Female	12	I want to see my Mum more.
Female	12	I would be back with my parents; for this to never happen.
Male	12	It needs to be more fun for kids.
Female	12	It's important for children to have a faith so I think people should place out of home care kids in a family that goes to church.
Female	12	Just give children in care more attention.
Female	12	Kids in care should see their siblings more and live together.
Female	12	Little bit more money for education things.
Male	12	Making sure people don't steal things from me- a kid stole my fidget spinner- it was worth a lot of money. He's in another foster home.
Female	12	More consistency with case workers, when they change all the time they don't really know you.
Female	12	More help for people taking care of us and for the kids who can't live at home with their Mum and Dad.
Female	12	More rules; stricter.
Female	12	No I think the department is very organised and they are a very supportive team.
Female	12	Not enough contact.
Female	12	Parents.
Male	12	Resi.
Female	12	Sometimes they don't understand and they need to understand what it's like.
Male	12	The fact that if the legal guardians still let them see their mother or father, the protection should be higher with them seeing them.
Male	12	Unsure. More access visits with more family members.
Female	12	Why is so hard to get a passport?
Male	12	Yes strict rules, can't do much better workers/younger workers.
Male	12	You shouldn't keep moving young people, it just keeps getting worse and no one will take teenagers because they are too old
Female	13	More family contact (longer visits).
Male	13	We keep switching caseworkers too much and we'd prefer to have 1 or 2 a year. One year we had 6 or 7.
Female	13	People (DOCS) coming into my house and checking up on me. I'd prefer not to have any contact with them. I don't like it because they visit very often.
Female	13	A national child protection system. Siblings being placed together. Extending the age of OOHC to 21 especially when a child like me has autism. My carer should be allowed to manage my NDIS and my plan should not have been cut, by the fact I'm a guardianship child, the assumption by NDIS that the dept. will cover the extra costs, which they don't. I work with an OT fortnightly, now that has been cut.
Female	13	Carers should be checked more thoroughly.
Female	13	Child workers should pay more attention to foster care, because some bad things happen in foster care.
Female	13	Children should have more rights to speak even at a young age.
Female	13	CSO really need to listen to us and not to make things more stressful.
Male	13	Difficult living away from Mum and my brother,
Female	13	Don't really care except siblings should stay together.
Female	13	Every child has the right of saying who they want to live with, especially after 6 years of being in care! I would really love for my Carers (Mum and Dad) to have Guardianship over me and my younger sister or even to be able to adopt us!! They have loved us unconditionally, it should definitely not be based on culture differences we ARE all EQUALS. I've been in and out of care since I was 2 years old been to 10 different Carers until Mum and Dad these beautiful angels from above.
Female	13	Family contact.
Female	13	Getting permission to do things. Getting the guardianship process happening quicker. Young people moving to different placements often.
Male	13	Have more activities focussed on kids communicating with other kids from different families. Not just having fun, but getting to know and talk more with each other.
Female	13	Having a say in decisions that in our lives and education and to be heard properly if something is wrong.
Female	13	How long children get to live with a family in the same house.
Male	13	How things are notified about things late like carers changing. The communication can be a bit funny (from CYS and the government).
Female	13	I like being in care and living with my Aunty.
Female	13	I think that there is some people are not fair to some parents.

Female	13	I think young people should be able to choose where they live and go back to family when they want to.
Female	13	I would like to have been able to do dance or gymnastics with my old carers.
Female	13	If my parents started looking after me that would be nice.
Female	13	Kids need to be looked after quicker and taken to a new home not different foster homes or keep going back home for more abuse.
Male	13	Lots of changes in system makes it hard.
Male	13	Matching with similar families.
Female	13	More camps.
Female	13	Need more workers to understand what we are.
Both	13	Not being in The department. It's a crappy place.
Male	13	So we could see our Pop more, as we only get to see him once every 5 weeks.
Male	13	Some caseworkers are pretty bad half of child safety are pretty bad.
Male	13	Sometimes people smash windows - for safety...more support for people with disabilities.
Female	13	That everyone would be nice and treat people with respect.
Male	13	That I don't have a case worker since last year and [agency] are supposed to look after us but they don't.
Male	13	There needs to be more freedom in the forms that carers can sign for things that the kids want to go to.
Male	13	Want more freedom, go out and stay later (must be home at 6pm), getting permission is okay but being home by 6 sucks.
Female	13	We are not really in care system, just living with my great aunt (my nanna).
Female	13	Why do people from agencies always have to give me the title "foster child" I'm just a normal person like everyone else.
Male	13	Yes. It is very bad that all the time when a child is going in out of home care, they are always getting brand new case workers, and they then have to build a new (brand) relationship, with him or her, which I do not agree on doing, due to you(r) having to then share all your own private and confidential information, with a stranger!!!
Male	14	I don't feel like I'm in care because I live with my grandparents. I think more should be done to get family members to step up and take kids in.
Female	14	I think carers should change; in a way that carers should take more responsibility and be more hands on. Do more parenting. Carers can sometimes be bullies.
Female	14	Need to look at who becomes carers and some young people don't feel like they get enough support - so there needs to be third party (not linked to the department or carer), someone neutral to take young people away for a couple of hours at a time to chill and chat. A consistent person as it takes time to build relationships. More mental health support for young people in care.
Male	14	Children should be briefed on their rights by the department at the age of 15. They should be told how to negotiate for a better care plan, and a better exit plan. The government should work to de-stigmatize foster children and kids in OOHC. There should be more support for male victims of domestic violence and abuse. Domestic violence should not be portrayed as a gendered issue, as it affects everyone.
Male	14	A box or something that only the case manager sees and it is what's happened recently good or bad and what they want to happen.
Male	14	Ability to be adopted as soon as made permanent under the care of the Minister. Not being forced to have birth family contact if it causes more upset.
Male	14	Actually listen to what the kid has to say instead of getting them to tell you stuff then say that they are lying.
Male	14	Being in residential care means I get punished for things other people do and then we have wait for what people in the office in another state to decide on things like the TV got broken and now we have to wait for a long time for people to get another one. And why aren't we allowed to use the Wi-Fi especially for updating our games.
Male	14	Being involved in our plans to where we live.
Female	14	Carers.
Male	14	Case workers should look out for the child and ask if anything thing is wrong.
Male	14	Caseworkers come to my school. They seem to forget their promises to me and I feel let down.
Male	14	Communication between the social workers and the families is a big thing.
Female	14	Don't change the caseworkers so much.
Male	14	Don't put kids in foster care.
Female	14	Each child has a different situation and they all need to be treated differently. They should try stop the change of CSO as much, it's hard getting to know someone new all the time. CSO's ask the same question in many different ways, it's confusing - it's like they are testing you but you are happy and safe where you are you don't need to be tested.
Male	14	Hand in permission forms late, let younger people in the same house have the same worker.
Female	14	Horrible communication issues between workers & workers between workers & young people.

Female	14	I don't like that they are not doing foster care anymore but instead adoption or making kids go back with their parents.
Female	14	I reckon in a rez home they should give more help to the kids that come in at first. Like help them settle in a bit more.
Female	14	I think children are treated differently.
Female	14	I think passports should be easier to get.
Male	14	I think we should have more choice in the things that happen like visits and having to ask about anything we do.
Female	14	I think young people should have a say and to be listened to.
Female	14	Keeping siblings together, not moving children around too much, more information for the carers when children arrive. It takes months to get a Medicare card through.
Female	14	Leaving care- Moving the age up to 25 for support after care Carers to have more permission to sign things for school and stuff because it takes a long time to get things signed by the department.
Female	14	Maybe more support for any family members that might need it.
Male	14	More cooperation between the caseworker and the young people.
Male	14	More help at school.
Male	14	More money for us, not just to pay the bills, but for toys and recreational activities, especially for younger kids.
Male	14	More organisation in the department.
Male	14	More visits and access to their family.
Female	14	Multiple placements quality of carers.
Male	14	No actions from the department meetings.
Male	14	Not seeing my family that often.
Male	14	People in care should be talked to about Guardianship and Adoption when they are made permanent wards of the State by the Courts and there is no chance that they will be restored to their birth parents in the future.
Female	14	Police shouldn't be called on kids in resi all the time. They should give you time to cool down, leave you alone, but they ring police straight away.
Male	14	Pretty happy with it.
Female	14	Some case managers do not interact and speak to carers and not young person.
Female	14	Support network and stigma.
Male	14	That if your sisters and family are in foster care you should be able to see them more often!
Female	14	The amount of time it takes for CSO to approve things (e.g. school forms, I am unable to attend school until this has been approved). The amount of time it takes for CSO to get back to me with answers.
Male	14	The departments level of communication and the way they address issues
Female	14	The rules the rules they have for me are different to the rules for other young people different rules for different people.
Male	14	There should be more workers that really care.
Female	14	They need to do visits more often - at least once a month.
Male	14	They're doing pretty good.
Female	14	Those kids who are struggling, homeless, or struggling with school or unemployed, just helping them more.
Male	14	To be able to see their case worker whenever they want. I haven't seen my caseworker in forever.
Female	14	Too slow when you need them to do something for them e.g. to be involved in something at school.
Male	14	Too many moves. Too many case workers. Too many coming in and coming out of care. Too many CYPS workers.
Female	14	Try and help out kids more.
Male	14	We need more carers who will do long term foster caring.
Male	14	We need more long term carers who are willing to take on older aged 10 + children every child should be treated as an individual not a number.
Female	14	What we want and how decisions made affect us.
Female	14	Workers.
Female	15	See the social worker more often.
Male	15	Strict, not being able to have contact with everyone.
Female	15	There should be placements available to young people - improved sibling contact; I don't see my siblings enough. I haven't seen my siblings for 2 years.

Female	15	I think Child Safety should be more responsive when I call them especially when I am in trouble or need help. They take too long to return phone calls sometimes.
Female	15	Caseworkers, it's not their fault, they change a lot. There is so many caseworkers, some kids have over seven caseworkers. It changes throughout. When taking kids away in the middle of night and that's not fair. It always should be day time. Kids should know a little about where they are going, sometimes we don't know anything about where we are going.
Female	15	**** and other departments around Australia don't seem to work together to make my accesses work, e.g., my brother flies in the day after I see my mother but I haven't seen him in over two years; this makes me sad and frustrated.
Female	15	Being able to connect with family.
Female	15	Being more agreeing with school trips overseas.
Female	15	Better understanding of the needs of kids in care especially around the level of contact with biological parents/parent that is very important for kids.
Female	15	By the time I'm 18 I want to have everything ready for myself and be able to look after myself. Most kids in care are not ready yet.
Female	15	Carers could stop lying to me about what they get paid.
Male	15	Case managers (change to often) - need to be able to see family more often.
Female	15	Changing the age to 21 for orders to end.
Male	15	Check up on workers a bit more.
Male	15	Children in care should have more of a say, for example at SUP once we discussed a lot, but it was often raised that we don't have much of a say. Things change like workers and case plan, we know that we can't help that but we should have more of a say of when we want to see our birth families. Being a foster kid, or children in care are often assumed "bad" but they do can be capable of pretty amazing things. Yes we can get onto bad paths we all we really need is someone to help us get back on the right track.
Male	15	Communication.
Male	15	CSO's should put in more effort and visit more.
Female	15	Don't communicate with children and young people at all. Ineed to know because I am having a baby what arrangements are being made, but I am the last person to know anything; only have a meeting every one or 2 years.
Female	15	Extending help and care after 18.
Female	15	For very different court case, or every month or two get a new worker - gets very annoying and have to explain ourselves every time, don't get anywhere, so much faster if one person or multiple people work on the same case so keep moving forward.
Female	15	Fostered since 4 by same career now 15- We have been looking for guardianship for a while now but the department is not helpful.
Male	15	From 15-18 should be able to get onto the housing list (for themselves).
Female	15	Get told why they were in care. If they can get put with their siblings or close to them.
Female	15	Getting in contact with case workers. Carers having more training and knowing about our background. Carers knowing how to help teenagers. Some houses have too many kids and they really should check this.
Female	15	Having control over my life because it is my life and my rules, and I should be able to make decisions on my own.
Male	15	Honestly a few things but main thing is it takes a long time it needs to be sped up I've seen things that are really bad. They take a while to intervene.
Male	15	How they move us around so often. They put you in a place for a few months, you start to build relationships and then they move you. We don't get to choose or have any say in which when or where we move.
Male	15	I haven't found anything yet.
Female	15	I think that young people should have the chance to stay with their carer until we are 21-years-old.
Female	15	I want to be in more regular contact with my birth family members.
Female	15	If at all possible, notice to children before arriving to remove them to care, and trying to provide an easier, more comforting transition, would make a great difference.
Female	15	If Child safety come to visit us more - they only come over if something bad is happening. We also don't get to meet half our case workers they change that much.
Female	15	Issue with lack of interest in her safety and the issues that matter to her.
Female	15	It's alright.
Trans Man	15	Lack of resources and education for carers and residential workers looking after LGBTIQ+ young people and children. More check-ins from case workers to the young people who have just entered a new home.
Female	15	Less changes of case managers. Less school and the department meetings. Being able to stay in care longer. Worker until 25 years. House meetings.
Female	15	Letting people in care actually having a say in things that involve them.
Male	15	Letting the kids go to youth and church by themselves if they want to. Carers or youth workers not being in kids' faces all the time.

Female	15	Listening to what young people have to say.
Male	15	Lots of things - lack of respect and communication from caseworkers.
Female	15	More foster carers for kids. Mum tells us there are lots of people who aren't able to be looked after.
Male	15	More freedom from Carers and department.
Male	15	More funding for clothes, shoes, basic necessities.
Female	15	More help to learn.
Female	15	More support more houses my age.
Female	15	My CSO's constantly change - try to have the same person for at least a year.
Female	15	No. They're doing a good job at the moment. Although I do think they should get the people out of group homes and get carers for them. Because I think everyone should feel like they have their own home rather than being in with strangers. And it's really horrible there with the walls and alarms. Everyone should feel safe.
Female	15	Placements should be closer to family. Children should be around their main families- welfare should look into this.
Female	15	Privacy and dignity of children who have moved around a lot should be improved.
Male	15	Siblings should be together not in separate foster homes especially when there are only two children in the family.
Female	15	Sometimes their needs are not met and they are not listened to.
Male	15	Take the time to understand the kids.
Male	15	The age of majority (18) should be based on an intellectual age not physically everything stops when you turn 18 even if you have the intellect of a 5 year old. So not fair for the carer.
Male	15	The department could clean up their act and do things on time.
Female	15	The lack of emotional support. The lack of food and catering for my specific diet. I don't have enough clothes. I get treated like a prisoner even though I haven't done anything wrong. My carers are always cranky. I don't get to go anywhere. I feel like the carers are embarrassed to be seen with me. I feel like I'm in a prison and I'm getting punished for stuff when I actually haven't done anything wrong. My room feels empty I could do with some new stuff and overall I feel alone.
Male	15	There needs to be more course and training to become a carer, not just getting a blue card.
Female	15	They will not let me do what I want to do. They do not explain why they can't do a transfer.
Female	15	We should be able to have a somewhat say in what we do and where we go and not be controlled or told what to do.
Female	15	When you ask them to do something they don't do it straight away or I have to pester them till done.
Female	15	Yes! I have a new housemate and she tried to stab me.
Male	15	You should be able to live where you want to not where you are told you have to live.
Female	15	Young people not being treated right in care.
Male	16	Kids should stay until 21.
Female	16	A bike.
Female	16	Acknowledge children from lower socio economic areas deserve funding. Carer's acknowledgement.
Female	16	All systems that help kids in Canberra (CYPS, Barnardo's, Youth Justice) all need to be re-looked at and changed as I have seen so many kids including me be let down by the system.
Male	16	Being told about why I came into care.
Female	16	Being treated more like a normal child. To be not so different to everyone else.
Female	16	Better prepared for emergencies,- e.g., when carer is in hospital.
Male	16	Case workers to be accountable for their actions and lies.
Female	16	Children don't get their say about what happens in the care system, can't contribute to decision making etc.
Male	16	Children should be listened to and actually responded to it is beyond a joke that the department of child safety think it is ok to leave children in care without support or anything else and see them once in a blue moon and fix nothing that the child needs.
Female	16	Choosing the right carer is really important. Introduction to carers is really important, not just moved straight into a new home.
Male	16	Corruption. By the department.
Female	16	CSOs need to be more supportive to young people if something goes wrong. CSOs should actually investigate it before taking any further action, e.g., to the courts.
Female	16	Easier financial support for children with disabilities, shouldn't need renewal every six months; should be automatic if you have a permanent disability.
Male	16	Education and placement changes.

Female	16	Ensure that siblings can be placed together as this can cause some distressing feelings for a young child as they don't understand what is happening.
Male	16	Foster children should be taken out by department, help with getting permission for activities, mentor.
Female	16	Helping deal with mental health issues, and how being in out of home care really affects their mental state.
Female	16	I believe people living within the **** Program should be treated with more care, in relation to restraints. As multiple kids have received injuries due to rough restraints, e.g., broken arms, abrasion to the head, carpet burn, bruising, etc. Nothing gets done about these incidents. As the staff get a slap on the wrist and the young people feel as though people don't care enough to do anything about it.
Female	16	I believe young people should be given some sort of allowance to support hobbies and interests. Also we should have more say on what family or house we were gonna go to and have more discussion with our social workers about the family and their rules.
Female	16	I can't think of any at this time.
Male	16	I dislike the questioning of my agency.
Female	16	I don't like living in a resi at all - all my brothers and sisters live in a foster care placement and I don't like it. It's getting hard for me because I'm getting moved around a lot.
Male	16	I saw Indigenous baby taken by child safety. Taken long way from home and given to white people. Which makes me think stolen generation is still here. Making us Indigenous lose our identity.
Female	16	I think you the department needs to think about how they are going to move all resi care homes to foster care, when they can't even control the kids they have now in their care. I think **** should put their funding towards two to one resi care homes. I think they should start removing four-bed resi's.
Female	16	If there is a changing of workers then the child should have a transitioning period between worker changes.
Male	16	It's pretty good.
Female	16	It's hard to get permission to go on excursions. They take a really long time to give permission. I've had to miss out in the past because they took too long. When you want to go for your licence you have to go through the department which takes a really long time.
Male	16	It's really hard to get permission to go to camps and to travel interstate. It took around 6 months just to get permission to go to NSW.
Male	16	Less contact with hopeless social workers.
Male	16	Make sure the families the children in out of home care go into are well suited to that child.
Female	16	Matching of personality of children in residential home; the pace of which placements are kept open when children clearly aren't compliant to the house expectations/dynamics.
Female	16	More contact between the department and us.
Female	16	More events and activities where all children and young people in care can be there and bond with their normal people.
Female	16	More family access especially extended family like grandparents.
Male	16	More fun activities.
Male	16	More help is needed for the carers and the children.
Female	16	More notice about what's going on.
Female	16	More people (foster carers) to take on teenagers.
Male	16	More support for carer is needed and more freedom for kids.
Male	16	No fake carers. Workers listen to what you say.
Female	16	Not liking people in department. Carers - more support - shouldn't be made carers as easily.
Male	16	One of the main issues is the lack of help and support for young people. One of the main concerns is that there can never be a real placement where they really settle in and feel secure and that it's a permanent home for them. One of the hard things is feeling that someone is committed to them and someone is really out there to help them, not care for them temporarily and then shoving them out.
Female	16	People LISTENING to the young people and INCLUDING them in discussions and then actually GOING AND DOING SOMETHING ABOUT IT. There's no point listening to a young person and getting information and then not doing anything about it.
Male	16	Placements should be set up already for people so they don't have to go to hotels and things.
Male	16	Process and handling of permission forms.
Female	16	Seeing Mum more and my brothers.
Female	16	Sibling contact. Time for approval or just responding to questions Removing kids from foster homes without asking or telling why
Female	16	Siblings and case workers. Education
Male	16	Some staff do not speak to us in a respectful manner and boss us around in residential care which makes me angry.
Female	16	The carers do not do their job properly and don't care about the foster kids in care.

Male	16	The department doesn't tell you what's going on all the time. They sometimes lie to you and don't tell the truth all the time.
Female	16	The departments level of communication and the way they address issues.
Female	16	The resi care system is stupid the way it is set up and the facilities.
Female	16	The rules.
Male	16	The time that case workers take to get forms signed and things approved.
Male	16	To know that they are wanted and cared for, to know that they are in a safe environment.
Female	16	Want more help for further education.
Female	16	What happens when I turn 18?
Male	16	When the department uses our transition money they should talk to us first to make sure we are ok with it.
Female	16	Why can't we be in on some of the decisions that are made around us - about us - instead of them making decisions without us?
Female	16	Yes - I think that siblings should be kept together and that young people should have a choice about where they live, and that staff should be properly trained and assessed and treat young people with care and respect.
Female	16	Yes, the system who took them in should be doing stuff to help the children and parents keep in touch; and if they don't want to stay in touch at this time, always keep it an option.
Male	17	Cooperation with young person and caseworker - understanding and more care.
Female	17	More access to family.
Female	17	Permissions; the process needs to be faster and quicker.
Female	17	Support with education.
Female	17	Probably just being separated from your other siblings because that was the hardest thing, not actually living with them and not ending up living with them. And contact visits were pretty hard too. That's one of the biggest things I struggled with, being separated from my sister.
Female	17	For the caseworkers it would be get more involved with the child / teenager, getting to know them as a human being - taking the child / teenager out for lunch or something along the lines. Also making them feel at home like trying not to make them look or different. Extending family visitation for example four times a year make it to like two each holidays for 3 hours.
Female	17	A major issue, that I have myself experienced many times, is the support and connection between the case managers and children in care. I do believe it is currently improving but the problem still exists a lot today. I will address the problems from personal opinion but not the solutions I have in full detail. The child in care cannot reach out about the problems they have, either because; they do not have the connection with their case manager to feel comfortable enough to say, or they are too afraid to say from fear of the parental carer, or the case manager is unsupportive and oblivious, and sometimes from my experience, the case manager and parental carer are both corrupt and work closely together. In a scenario, the child is being mistreated in the household they live or other children in that household are, they would like to reach out to be removed or have the problem fixed but they have reasons like the ones above that prevent them. I believe the bond between case manager and child in care is extremely important as it could be the only line of help for the child, as it was in my case years ago. I have experienced all the reasons above unfortunately and requested many new case managers through my time in care, as I thought it would help fix my problems. Eventually it did, I found the right case manager who I connected with, and she was the perfect ideal case manager in my eyes and the actual system. My problems were fixed and left that household all because of the case manager. The system needs to thoroughly trained the case managers to actually follow the rules they are given 100%, to always double check them and to train them to be emotional intelligent to understand the child.
Female	17	Ongoing support for young people leaving care after the age of 18. Valid communication with caseworkers.
Female	17	Approvals - you have to go through so many people to approve things; there should be one person dedicated to just approvals. The number of changes you have in a worker - you don't get the chance to form bonds. Need more people who are passionate about the care system to be working in it. When they ask us constantly about family contact - they shouldn't push it so much.
Male	17	Attitude of workers in the care system need to be more positive.
Female	17	Better relationships between workers and children.
Female	17	Care and protection does not help pretty much anyone and it is very disappointing because there are so many kids in out-of-home care and I feel like care and protection don't even try and understand the kids let alone listen to them and it makes me so upset.
Male	17	Case workers should not go away without telling foster carers that they won't be available.
Female	17	Caseworkers shouldn't be changed so often, I get one to two a year which isn't right.
Male	17	Child safety have helped me to get away from all the crap. I've had stability and I feel safer.
Female	17	Considering the interest of young person, other people will not listen to me, suggesting options that are not in my interest, they are meant to be supporting me, but it's not helping me, I can't stand that people are trying to control my life.
Male	17	Counselling should be improved and consistent, siblings separation should not happen as well.
Male	17	The department don't help children enough. For example I want to see Mum but they don't help at all.
Male	17	Department listening to young person. Department take young person out camping.
Male	17	Family.

Female	17	Finding the right carers.
Female	17	Generally CSOs who come out should pay more attention to what young people say.
Female	17	Getting children and young people in proper long term care as soon as possible. Making sure there is proper support available for those who are in care.
Female	17	Give them a chance to see their relatives like some kids get contacts with members, but I'd just say give them opportunities to let them meet up (not on their own) with a member so they don't feel like they don't have actual family.
Female	17	Houses: Looking after the kids and actually buying food for the kids without kids buying it.
Female	17	How many kids are falling through the cracks with abuse? Including training for carers.
Male	17	How quickly the department responds to queries - it needs to be done quicker.
Male	17	I don't agree that if I want to stay at a friend's house that they have to get safety checks. It's not fair and embarrassing. If I want a girlfriend to come over I don't think it's right that they have to go heck them out and their families.
Female	17	I think that the care sector is unfunded and not given the attention it deserves.
Female	17	I think the main issue is that Aboriginal children should be placed with family members or other Aboriginal families and workers.
Female	17	I would like to be told the whole truth of my situation, like why I'm in care at a younger age so I understood why. I would have liked my carer with me when I saw my lawyers. For the lawyers to say exactly what I say, not make their own judgment.
Female	17	If the young person in care are born overseas, it will be a great help if the department helps with immigration status to Australian citizen.
Female	17	Issues that can help improve the care system is communication. Too many youth workers have lied and make stories up. Important information is kept secret from young people and they need to know. A lot of favouritism needs to stop. Many youth workers from [agency] made me feel like I was the issue when I actually wasn't.
Male	17	It's pretty good but sometimes the support of caseworkers is not very helpful.
Male	17	Living with my pop would make it much easier.
Female	17	Long term carers are like family and yet still we have to deal with the department and them making decisions about us, when our carers know us best.
Male	17	Management in the foundation care system is poor and should be dealt with promptly. Money reimbursement is really slow and should be sped up as carers are having to dig into their own pockets which puts them in a bit of strife when money isn't great at that point.
Female	17	Many times that I've complained about something not right in the system, but can't think off the top of your head. There's multiple times - and I've spoken with friends about issues. Can't think of them right now.
Male	17	More access to family members. More help in the year turning 18.
Female	17	More carers!!! And more support for them and keep supporting children and young people.
Female	17	More help is needed for young people with disabilities. More support and understanding of disabilities.
Female	17	More support for young people, always let them know you're there to help and to help with their issues. Supportive caseworkers in difficult situations, support the client more through tougher times.
Male	17	Need better carers I had a crap one before and this one is what has helped me get where I am.
Female	17	Not enough freedom to hang out with my friends on the weekend etc. Initially lied to when I was taken out of my Mums care. They told me I was going to see my Mum but I was actually put on a plane to ****.
Female	17	Not enough support for older teenagers, more needs-based for younger children.
Female	17	Planning for the future - future plans and support.
Female	17	Raising the care age to 21 and more support and carers trained better.
Male	17	Sibling contact especially when we are separated and carers are allowed to take some siblings interstate. Another major issue is having carers who only do it for the money.
Male	17	The first problem would be to have more support for kids with disabilities and the second point would be to help more with kids in general such as school and sport.
Female	17	The moving out-of-home age.
Female	17	When people come out of care. Moving information takes a long time (when young person turns 18). Lack of contact with other people. Someone is always watching over me and I feel like I don't have freedom.
Female	17	Whenever they put a new kid into care into a placement make sure they tell the foster parents or youth workers the background - it might affect other kids. Keep better history on foster parents or youth workers because not all are qualified.
Female	18	Better background checks.
Female	18	Better out of home care houses make them safer. Have more activities for young people to do at home.
Female	18	Carer's could use more support from the departments.
Female	18	Carer's not treating all children equally.

Female	18	Children should be allowed to have their own say and choice of what career they go to.
Female	18	Child safety needs to listen to the children more.
Female	18	Child safety needs to start listening to the children more when they raise concern about something.
Female	18	Exposure to people in care, prejudice towards people in care and understanding.
Male	18	Having better trust between worker and young persons. The residential units need improving: with less variation in kids' ages, because younger kids can get exposed to bad things.
Female	18	I think young people should have more support leading up to them being 18 and after. And I also think that the department should also be a lot more up front with young people and not bend the truth (sugar-coat) what it's actually like to turn 18 and be a bit more understanding that it's not the easiest time turn 18 and just help us more.
Female	18	In my experience, young people shouldn't just be thrown into a home without any help. I was thrown into my home and practically forgotten about, but CREATE has been very helpful.
Female	18	Let us be normal kids and be with the carers we want.
Female	18	Making sure carers are good and not bad.
Female	18	More care and suitable living arrangements for young adolescents living away/no home. As a teen foster homes are not usually an option, the only real one is to self-place with friends. A lot of us do not have suitable friends or are not in a good environment. There needs to be more government care and support for them.
Female	18	More steps taken before a child is put into family group homes.
Male	18	More support, practical and emotional.
Female	18	No support given now that I'm 18. Had no social worker for many years at a time. When I got a social worker they said they would be with me til I'm 18 but they just kept leaving.
Female	18	Not seeing family members.
Female	18	Probably - more money put into the care system e.g. Mirabel Foundation got funding cut which meant had to reduce programs and involvement with young people.
Female	18	The amount of "help" a child gets!
Male	18	There should be more support for young people when transitioning from care. I've had support, I know many young people who have had no help. When I was first taken from my parents the department were around all the time, too much, but when you're a teenager it's like they don't want anything to do with you. Teenagers want to be independent, but we need help. And even though foster parents love us, they don't want to look after us forever. Not much support from foster parents - they need more support than the kids. Including financial support.
Female	18	They need to start getting the child more prepared earlier than wait till nearly 18.
Female	18	To stop neglecting the kids who are in care. They all have gone through so much they don't need the system neglecting them. Kids in care should have a right to say what happens to them. It's their life just getting ruined not the systems.
Female	18	When I was in care she didn't buy me shoes and clothes when I was 17 and she neglected me.
Female	18	Yes there is a main issue with sibling contact and the issue with the changing CSO's and changing placements.
Female	19	More routine checks. If case workers would do better at their job. Keep siblings together.
Male	19	Having young people have a say in their living arrangements and their lifestyle choices. Keep their culture and beliefs and support them to keep up their connections with both.
Female	19	I think that other kids that aren't living in the care system should be educated on what's it like for kids living in the care system. then there might not be so much bullying of the kids that are in the care system because they are different to other kids.
Male	19	Leaving care.
Female	19	Longer time frame to read through your files after turning 18 because of mental illness and not getting a copy with all the names blacked out. Also more support while going through them. More check-ups on the foster carers; I went to so many different ones and they were not all good and I never got checked up on only when the department would pick me up to take me away to another home because they no longer wanted me.
Female	19	More financial support, particularly NDIS should not have to fight NDIS for financial support - they should have allowances for out of home children with disabilities. Also Assisted School Transport should be easier to get for out of home care children with disabilities.
Male	19	Staff that's got kids. Split up the good kids with good kids; the bad kids with the bad kids.
Male	19	They need to put a worker in the family for 6 months to see how the family works and do some work with the family to improve their problems. If it does not improve they can take the child.
Female	19	When other siblings are in out of home care we need contact. More contact with case workers, and other workers.
Female	20	Carers can be of different cultures - Support us with our cultures and food culture. Support us to eat foods we like and are used to.
Female	20	I feel like young people in care should have more of a say to things they want, because not many people have the chance to and it builds up anger and depression.

Male	20	I think young people should be supported more after 18 years. My father died one week before my 18th and the only acknowledgement I received from [department] was a sympathy card. In the last 3 weeks my carer has secured help from [agency]. Prior to this I wasn't able to access much help.
Male	20	None I can think of, off the top of my head. I didn't get transitioned into independence because they kicked me out because the place I was staying at lost their contract.
Female	20	Sack all the non-government agencies.
Female	20	Statistics and education on kids in care.
Female	21	Having more people with lived experiences working for the department and other agencies.
Male	21	Home stretch campaign to 21. Long term accommodation after care.
Female	22	Less placements.
Male	22	More training to all staff across the entire system. Less political correctness and more common sense, you'll save more lives that way.
Female	22	The right to use their voice on important issues and not to be silenced by social workers or carers, etc. Training social workers and teachers on how to help young people with troubles in schools, i.e., friends, home life, sibling visits.
Male	23	Caring of children or young people and help if they need it for example homelessness whatever we need more help.
Female	23	The system often sends kids back to the dangerous home they were in instead of keeping the kids safe.
Female	24	I think there should be workshops to teach young people about the "real" world. Teach them that even though their life is / was different growing up, no one will blame them but they need to know that only they can make their life the greatest. Children and young people need a proper say. Talk to them like they are human. After all it is their future in your hands.
Male	24	Not enough housing options. Access to get to the services.
Female	25	I am moving on my own.
Female	25	Parents given 12 months to "get act together" or forfeit rights to child therefore permitting child to be adopted at early age and therefore have stable family life.

Appendix H: *Comparison of Results from Three Surveys of Responses by Children and Young People to Measures of the National Standards*

Measure	CS 2013	AIHW 2015	CNS 2018
Standard 1: Children and young people are provided with stability and security during their time in care.			
1.1: Proportion of children and young people having one or two placements while in care:	56.90%	68.40%	52.30%
1.3: Proportion of children and young people in out-of-home care who report feeling safe and secure in their current placement:	90.50%	90.60%	92.70%
Standard 2: Children and young people participate in decisions that have an impact on their lives.			
2.1: Proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and they feel listened to.	62.9%[A]	66.70%	67.5%[A]
Standard 3: Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.			
3.1: Proportion of Indigenous children and young people in out-of-home care placed with the child's extended family, with the child's Indigenous community, or with other Indigenous people, by carer type:	Carer's Indigenous status not measured in CS.	70.5%	Carer's Indigenous status not measured in CNS.
Standard 4: Each child and young person has an individualised plan that details their health, education, and other needs.			
4.1: Proportion of children and young people who have a current documented case plan:	31.50%	82.10%	43.60%
Standard 5: Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.			
5.1: Number and proportion of children and young people who have an initial health check of their physical, developmental, psychosocial and mental health needs within a specified period of entering out-of-home care	35.30%	Not available.	Not measured in CNS.
Standard 6: Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.			
6.1: Proportion of children and young people achieving national reading and numeracy benchmarks:	Not measured in CS.	Reading: 82.7% Numeracy: 71.3%	Not measured in CNS.
Standard 7: Children and young people up to at least 18 years are supported to be engaged in appropriate education, training, and/or employment.			
7.1: Proportion of young people who complete year 10 and the proportion who complete year 12 or equivalent Vocational Education and Training.	Not measured in CS.	Not available.	Not measured in CNS.
Standard 8: Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.			
8.1: Proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural or community activities) that children and young people their age who aren't in care do.	80.00%[A]	86.50%	72%[F]
Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.			
9.1: Proportion of children and young people in out-of-home care who are placed with relatives and kin.	Not measured in CS.	45.50%	Not measured in CNS.
9.2: Proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain.	96.80%	93.50%	96.00%
9.3: Proportion of children and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements	73.90%[B]	70%	83.00%[B]

Standard 10: Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.			
10.1: Proportion of Aboriginal and Torres Strait Islander children and young people who have a current Cultural Support Plan.	10.4%[C]	81.30%	17.90%
10.2: Proportion of children and young people who demonstrate having a sense of connection with the community in which they live (a) Knowledge of family background and culture.	77.7%[D] 69.9%[E]	86%	62.3%[G] 64.6%[G]
Standard 11: Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.			
11.1: Proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood.	93.40%	96.50%	90.20%
Standard 12: Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.			
Not measured in CNS that reported data provided by children and young people.			
Standard 13: Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.			
13.1: Proportion of young people aged 15 years and over who have a current Leaving Care Plan.	33.10%	59.50%	24.4%[H]
13.2: Proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life.	62.80%	57.70%	64.3%[I]

Notes:

[A] At least "*Reasonably often*"; i.e., 4 on a 6-point scale.

[B] Satisfied with contact with at least one family member.

[C] These data did not include WA. Subsequent collection in WA and NT to augment these data showed that 14% of Indigenous children and young people in out-of-home care knew about a CSP (McDowall, 2016b).

[D] This percentage shows the number of Indigenous respondents who indicated they knew "*Something*" about their family story.

[E] This percentage shows the number of Indigenous repondents who indicated they felt "somewhat" connected to their culture.

[F] This measure was scored on a scale of 0–100. The percentage represents those respondents who selected a value of 65 or above, comparable to 4 ("*Reasonably often*") on a 6-point scale.

[G] This measure was scored on a scale of 0–100. The percentage represents those respondents who selected a value of 50 or above, comparable to 3 ("*Some knowledge*") on a 6-point scale.

[H] This percentage represents the number of young people 15 and over who are aware of having a Leaving Care Plan. More precisely, 14.7% of the 15–16 group, and 40.1% of the 17–18 group reported having such awareness.

[I] This value was calculated by averaging, for respondents who were about to leave care, their level of confidence in managing four key areas: finding accommodation; managing health; finding a job; budgeting and finance. The percentage represents those who scored 4 or above (at least "*Reasonably confident*"). This was deemed to reflect the adequacy of their preparation.

Endnotes

[1] Other Cultures represented in this sample included: African (7.9%); Asian (10.5%); European (28.9%); Latino (7.9%); Maori (28.9%); Pacific Islander (13.2%); South African (2.6%).

[2] Using the Age scale (1: Less than one year old; 2: 1–2 years; 3: 3–4 years; 4: 5–6 years; 5: 7–8 years; 6: 9–10 years; 7: 11–12 years; 8: 13–14 years; 9: 15–16 years), a univariate ANOVA found a significant difference for Jurisdiction (F $_{(7, 1267)}$ = 5.3, p = .000).
Tukey HSD post-hoc comparisons: M $_{NT}$ = 4.4, 95% CI [4.1, 4.8] compared with M $_{QLD}$ = 3.2, 95% CI [3.0, 3.5], p = .000; M $_{SA}$ = 3.3, 95% CI [2.9, 3.7], p = .002.

[3] Using the Time in Care scale (1: Less than one year; 2: 1–2 years; 3: 3–4 years; 4: 5–6 years; 5: 7–8 years; 6: 9–10 years; 7: 11–12 years; 8: 13–14 years; 9: 15–16 years; 10: 17 years), a univariate ANOVA found a significant difference for Jurisdiction (F $_{(7, 1266)}$ = 6.7, p = .000).
Tukey HSD post-hoc comparisons: M $_{NT}$ = 4.9, 95% CI [4.5, 5.3] compared with M $_{QLD}$ = 6.2, 95% CI [5.9, 6.4], p = .000; M $_{SA}$ = 5.8, 95% CI [5.4, 6.1], p = .002.

[4] The Stability Score was determined from the formula: Stability = ((1 – Number of Placements Score / Time in Care Score) * 100). Time in Care was measured using the scale (in years): 1: 0–2; 2: 3–4; 3: 5–6; 4: 7–8; 5: 9–10; 6: 11–12; 7: 13–14; 8: 15–16; 9: 17. As Stability increases, the score approaches 100; the higher the score, the less placement change respondents experienced. A negative score can be achieved when the score for the number of placements exceeds the score for the number of years spent in care.

[5] Using the Number of Placements scale (1: 1–2; 2: 3–4; 3: 5–6; 4: 7–8; 5: 9–10; 6: >10), a univariate ANOVA found a significant difference for Jurisdiction (F $_{(7, 1267)}$ = 4.1, p = .000).
Tukey HSD post-hoc comparisons: M $_{NT}$ = 2.8, 95% CI [2.4, 3.3] compared with M $_{TAS}$ = 1.8, 95% CI [1.6, 2.1], p = .002; M $_{NSW}$ = 1.9, 95% CI [1.7, 2.1], p = .003.
Using the Stability measure (see caption for Figure 3.4), a univariate ANOVA found a significant difference for Jurisdiction (F $_{(7, 1266)}$ = 5.2, p = .000).
Tukey HSD post-hoc comparisons: M $_{TAS}$ = 48.4, 95% CI [39.7, 57.1] compared with M $_{ACT}$ = 15.8, 95% CI [-6.0, 37.6], p = .023; M $_{NT}$ = 16.3, 95% CI [3.8, 28.7], p = .003; M $_{VIC}$ = 20.1, 95% CI [7.1, 33.1], p = .003.

[6] A univariate ANOVA comparing the mean Number of Placements experienced in the five Placement Types was significant: F $_{(4, 1246)}$ = 61.1, p = .000. Tukey HSD post-hoc comparisons: M $_{Kinship}$ = 1.5, 95% CI [1.4, 1.6] was significantly lower than M $_{Foster}$ = 2.2, 95% CI [2.1, 2.3], p = .000; M $_{Residential}$ = 4.0, 95% CI [3.5, 4.5], p = .000; and M $_{Independent}$ = 3.9, 95% CI [3.3, 4.5], p = .000. The means for Foster Care and Permanent Care (M Permanent = 1.9, 95% CI [1.5, 2.3], also were significantly lower than the means for Residential and Independent.

[7] A univariate ANOVA comparing the mean Stability measure in the five Placement Types was significant: F $_{(4, 1245)}$ = 42.3, p = .000. Tukey HSD post-hoc comparisons: M $_{Residential}$ = -25.6, 95% CI [-41.3, -9.7], and M $_{Independent}$ = 7.7, 95% CI [-6.5, 21.8] were significantly lower than M $_{Foster}$ = 38.9, 95% CI [33.9, 43.8], p = .000; M $_{Kinship}$ = 51.9, 95% CI [46.7, 57.1], p = .000; and M $_{Permanent}$ = 52.2, 95% CI [40.6, 63.8], p = .001. The mean for Residential Care also was significantly lower than the mean for Independent, indicating that young people in this placement had experienced the most disrupted care experience.

[8] In this report, **Indigenous** is used to refer to respondents identifying as Aboriginal and/or Torres Strait Islander.

[9] A univariate ANOVA comparing the mean Number of Placements experienced in the three Cultural Groups was significant: F $_{(2, 1272)}$ = 4.8, p = .009. Tukey HSD post-hoc comparisons: M $_{Anglo}$ = 2.1, 95% CI [2.0, 2.3] was significantly lower than M $_{Indigenous}$ = 2.4, 95% CI [2.2, 2.6], p = .038. No significant differences were found among the Stability means for the three Cultural Groups (M $_{Anglo}$ = 35.9, 95% CI [31.1, 40.6]; M $_{Indigenous}$ = 33.2, 95% CI [26.9, 39.5]; M $_{Other Groups}$ = 27.6, 95% CI [12.0, 43.2]; F (2,1271) = .55, p = .578).

[10] Comparisons between the Sexes (using univariate ANOVAs and Tukey HSD post-hoc comparisons) on Age entering care (M $_{Female}$ = 3.7, 95% CI [3.5, 3.9]; M $_{Male}$ = 3.7, 95% CI [3.5, 3.9]; F $_{(1, 1269)}$ = 0.1, p = .788), Duration of care experience (M $_{Female}$ = 5.6, 95% CI [5.5, 5.8]; M $_{Male}$ = 5.5, 95% CI [5.3, 5.7]; F $_{(1, 1268)}$ = 1.5, p = .217), and Mean Number of Placements (M $_{Female}$ = 2.3, 95% CI [2.1, 2.4]; M $_{Male}$ = 2.3, 95% CI [2.1, 2.4]; F $_{(1, 1269)}$ = 0.04, p = .848), found no significant differences.

[11] Comparing Age Groups on Mean Number of Placements, M $_{10–14}$ = 34.6, 95% CI [29.9, 39.3]; M $_{15–17}$ = 34.8, 95% CI [28.9, 40.9]. Univariate ANOVA was not significant: F $_{(1, 1248)}$ = .004, p = .949.

[12] A univariate ANOVA comparing mean Happiness with number of placements over Jurisdictions was significant: F $_{(7, 1267)}$ = 6.9, p = .000. Tukey HSD post-hoc comparisons: M $_{TAS}$ = 76.0, 95% CI [71.2, 80.9] and M $_{NSW}$ = 73.9, 95% CI [69.7, 78.1] were significantly higher than M $_{ACT}$ = 49.4, 95% CI [40.4, 58.4], p = .000, and M $_{NT}$ = 57.7, 95% CI [51.2, 64.1], p = .001.
A significant Pearson Product Moment Correlation was obtained between Number of Placements and Happiness ratings (r = -.58, p < .01, n = 1275).

[13] Comparison of the number of returns to birth parents: $\chi^2_{(7)}$ = 11.4, p > .05.

[14] Comparison of the number of unwanted placement changes: $\chi^2_{(7)}$ = 23.4, p = .001.

[15] Comparison of the number being consulted about unwanted move: $\chi^2_{(7)}$ = 3.1, p > .05.

[16] A univariate ANOVA comparing mean Duration in current placement over Jurisdictions was significant: F $_{(7, 1267)}$ = 6.5, p = .000. Tukey HSD post-hoc comparisons: M $_{ACT}$ = 3.4, 95% CI [2.8, 4.0] was significantly shorter than M $_{NSW}$ = 4.5, 95% CI [4.2, 4.8], p = .03 and M $_{TAS}$ = 4.5, 95% CI [4.1, 4.9], p = .03; and M $_{NT}$ = 3.0, 95% CI [2.6, 3.3] was significantly shorter than M $_{NSW}$, p = .000; M $_{QLD}$ = 4.3, 95% CI [4.0, 4.6], p = .000; M $_{SA}$ = 4.4, 95% CI [3.9, 4.8], p = .001; M $_{TAS}$, p = .000; and M $_{VIC}$ = 4.2, 95% CI [3.9, 4.5], p = .001.

[17] Comparison of the number being consulted before entering current placement over Jurisdictions: $\chi^2_{(7)}$ = 11.6, p > .05.

[18] A univariate ANOVA comparing the mean Time in current placement over Placement Types was significant: $F_{(4, 1270)}$ = 79.2, p = .000. Tukey HSD post-hoc comparisons: $M_{Kinship}$ = 4.8, 95% CI [4.6, 5.1] and $M_{Permanent}$ = 5.4, 95% CI [4.8, 5.7] were significantly larger than M_{Foster} = 4.4, 95% CI [4.2, 4.6], p = .015, p = .006 respectively; $M_{Residential}$ = 1.9, 95% CI [1.7, 2.1], both p = .000; and M Independent = 1.5, 95% CI [1.3, 1.7], both p = .000.

[19] Comparison of the number being consulted before entering current placement over Placement Types: $\chi^2_{(4)}$ = 71.0, p < .001.

[20] A univariate ANOVA comparing the mean Time in current placement over Sexes was not significant: $F_{(1, 1269)}$ = .71, p > .05, M_{Female} = 4.2, 95% CI [4.0, 4.4]; M_{Male} = 4.1, 95% CI [3.9, 4.3]. There were no sex differences in extent of consultation: $\chi^2_{(1)}$ = .92, p > .05.

No age differences were found in Time at current placement: $F_{(1, 1193)}$ = 2.2, p = .138, M_{Female} = 4.1, 95% CI [3.9, 4.2]; M_{Male} = 4.3, 95% CI [4.0, 4.6]; but Older group was consulted more than Younger: $\chi^2_{(1)}$ = 12.4, p < .001. Anglo-Aus respondents ($M_{Anglo-Aus}$ = 4.3, 95% CI [4.1, 4.5], spent a longer time in current placement than did Indigenous ($M_{Indigenous}$ = 3.9, 95% CI [3.7, 4.1], p = .011, but there were no Culture differences in extent of consultation ($\chi^2_{(2)}$ = 1.2, p > .05).

[21] Comparison of the number of children and young people who reported being happy in their current placement over Placement Types: $\chi^2_{(4)}$ = 38.2, p < .001.

[22] CREATE takes disclosures by children and young people of potential abuse and/or neglect extremely seriously. The instructions to participants in this study emphasised that "all the information you share with us is confidential UNLESS you say something that makes us concerned about your own or another child's safety in out-of-home care right now. In that case, we may have to report that risk." Because of the nature of this project, in terms of preserving the anonymity and confidentiality of respondents as required for ethics approval, identifying information was not retained as standard procedure. However, as outlined in the Method section of this report, each respondent who was contacted directly by researchers was allocated a unique code that was recorded with the survey response, and separately on the calling sheets. When a respondent made a statement that suggested a harmful situation was being experienced by the child or young person, efforts were made to connect the code on the response with information on the calling sheets to locate contact details for that individual. The following table shows the number of comments of concern produced by respondents from each state and territory, and the number for which the source was located and the disclosure reported to authorities. Only respondents who used the web link to complete the survey online had no contact with CREATE researchers, and hence were not allocated a traceable code.

Jurisdiction	Number of Respondents Producing Concerning Comments	Number Reported to Authorities	Number Unable to be Traced
ACT	2	2	0
NSW	28	18	10
NT	7	7	0
QLD	16	14	2
SA	3	3	0
TAS	3	3	0
VIC	13	10	3
WA	8	7	1
Total	80	64	16

[23] A 5 X 8 (Statement X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Statement ($F_{(4, 4499)}$ = 41.7, p = .000, partial eta squared = .03) and Jurisdiction ($F_{(7, 1256)}$ = 3.3, p = .002, partial eta squared = .02), but no significant interaction was detected. Using Tukey HSD post hoc comparisons, agreement with "privacy" statement ($M_{Privacy}$ = 5.1) was found to be significantly lower than agreement with all other statements; and agreement with "I feel 'at home'" ($M_{Feel at Home}$ = 5.3), while significantly higher than "privacy", was lower than agreement with all other statements (all comparisons were significant beyond p = .002).

[24] A 5 X 5 (Statement X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Statement ($F_{(4, 4253)}$ = 22.9, p = .000, partial eta squared = .02) and Placement Type ($F_{(4, 1181)}$ = 61.4, p = .000, partial eta squared = .17). A significant interaction was detected ($F_{(14, 4253)}$ = 9.6, p = .000, partial eta squared = .03).

[25] A 5 X 2 (Statement X Sex) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Statement
($F_{(4, 4516)}$ = 52.6, p = .000, partial eta squared = .04) and Sex ($F_{(1, 1258)}$ = 8.9,
p = .003, partial eta squared = .01). No significant interaction was detected ($F_{(3, 2232)}$ = 1.5, p = .205, partial eta squared = .001). M_{Female} = 5.3, 95% CI [5.2, 5.4]; M_{Male} = 5.5, 95% CI [5.4, 5.6].

[26] A 5 X 2 (Statement X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Statement
($F_{(4, 4240)}$ = 44.6, p = .000, partial eta squared = .04) and Age Group ($F_{(1, 1184)}$ = 10.8,
p = .001, partial eta squared = .01). No significant interaction was detected ($F_{(3, 2232)}$ = 1.5, p = .205, partial eta squared = .001). $M_{10–14}$ = 5.5, 95% CI [5.4, 5.5]; $M_{15–18}$ = 5.2, 95% CI [5.1, 5.4].

[27] A 5 X 3 (Statement X Culture) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Statement
($F_{(4, 4518)}$ = 23.5, p = .000, partial eta squared = .02) and Culture ($F_{(2, 1261)}$ = 3.1,
p = .044, partial eta squared = .005). No significant interaction was detected ($F_{(7, 4518)}$ = 1.6, p = .131, partial eta squared = .003). $M_{Anglo-Aus}$ = 5.4, 95% CI [5.4, 5.5]; $M_{Indigenous}$ = 5.3, 95% CI [5.2, 5.4]; $M_{Other Culture}$ = 5.2, 95% CI [5.1, 5.3].

[28] A univariate ANOVA comparing the mean Number of other children/young people in placement by Jurisdiction was significant: $F_{(7, 1261)}$ = 7.5, p = .000. Tukey HSD post-hoc comparisons: M_{NT} = 3.8, 95% CI [3.5, 4.2] revealed significantly higher placement numbers than in all other Jurisdictions (p = .000). M_{NSW} = 2.5, 95% CI [2.4, 2.7] reported the smallest placement size.

[29] A univariate ANOVA comparing the mean Number of other children/young people in placement by Placement Type was significant: $F_{(4, 1264)}$ = 11.7, p = .000. Tukey HSD post-hoc comparisons: $M_{Independent}$ = 2.1, 95% CI [1.8, 2.4] and $M_{Kinship}$ = 2.5, 95% CI [2.4, 2.7] revealed significantly lower placement numbers than in all other Placement Types (beyond p = .006). $M_{Residential}$ = 3.1, 95% CI [2.9, 3.4] reported the largest placement size.

[30] A univariate ANOVA comparing the mean perception of Treatment in placement by Placement Type was significant: $F_{(4, 952)}$ = 18.6, p = .000. Tukey HSD post-hoc comparisons: $M_{Residential}$ = 2.9, 95% CI [2.6, 3.2] was significantly higher in terms of perceived different treatment than all other Placement Types (all beyond p = .007). Respondents from Kinship Care ($M_{Kinship}$ = 1.8, 95% CI [1.6, 1.9]) reported the least difference in treatment.

[31] Univariate ANOVAs were used to compare perceived Differences in treatment in placements by Sex: $F_{(1, 948)}$ = 11.3,
p = .001, M_{Female} = 2.1, 95% CI [1.9, 2.2]; M_{Male} = 1.8, 95% CI [1.7, 1.9];
Age: $F_{(1, 902)}$ = 6.1, p = .014, $M_{10–14}$ = 1.9, 95% CI [1.8, 2.0]; $M_{15–18}$ = 2.1, 95% CI [1.9, 2.2];
Culture: $F_{(2, 952)}$ = 1.6, p = .210.

[32] A univariate ANOVA comparing available Free Time over Jurisdictions was significant: $F_{(7, 1268)}$ = 6.4, p = .000. Tukey HSD post-hoc comparisons showed that mean for QLD (M_{QLD} = 4.0, 95% CI [3.9, 4.2]) was significantly greater than the means for ACT (M_{ACT} = 3.5, 95% CI [3.1, 3.8], p = .019) and NSW (M_{NSW} = 3.7, 95% CI [3.6, 3.8], p = .043).

[33] A univariate ANOVA comparing available Free Time over Placement Types was significant: $F_{(4, 1268)}$ = 2.9, p = .005. Tukey HSD post-hoc comparisons showed that mean Free Time for Residential ($M_{Residential}$ = 3.5, 95% CI [3.2, 3.7]) was significantly lower than the means for Foster (M_{Foster} = 3.9, 95% CI [3.8, 4.0], p = .000), Kinship ($M_{Kinship}$ = 3.9, 95% CI [3.8, 4.0], p = .001).and Permanent ($M_{Permanent}$ = 4.1, 95% CI [3.8, 4.4], p = .003).
Sex differences in Free Time were significant: $F_{(1, 1264)}$ = 7.6, p = .006. M_{Female} = 3.8, 95% CI [3.7, 3.9] was lower than M_{Male} = 4.0, 95% CI [3.9, 4.1].
Age Group differences ($F_{(1, 1188)}$ = 0.87, p = .351, and Culture differences ($F_{(2, 1268)}$ = 0.83, p = .434) were not significant.

[34] Smart phone ownership by Jurisdiction: $\chi^2_{(7)}$ = 9.1, p > .05.
Smart phone ownership by Placement Type: $\chi^2_{(4)}$ = 43.3, p = .000.
Smart phone ownership by Sex: $\chi^2_{(1)}$ = 4.2, p = .039.
Smart phone ownership by Age: $\chi^2_{(1)}$ = 208.7, p = .000. Smart phone ownership by Culture: $\chi^2_{(2)}$ = 6.1, p = .046.

[35] Internet access by Jurisdiction: $\chi^2_{(7)}$ = 31.1, p = .000.
Internet access by Placement Type: $\chi^2_{(4)}$ = 43.5, p = .000.
Internet access by Age Group: $\chi^2_{(1)}$ = 10.8, p = .000.

[36] A 7 X 8 (Activity X Jurisdiction) mixed ANOVA with repeated measures on the first factor
(using the Greenhouse-Geisser correction) was performed. A main effect was found for Activity
($F_{(5, 4573)}$ = 5.3, p = .006, partial eta squared = .006) but not for Jurisdiction ($F_{(7, 929)}$ = 1.8, p = .083, partial eta squared = .013). However, a significant interaction was detected ($F_{(34, 4573)}$ = 2.1, p = .000, partial eta squared = .016).

[37] A 7 X 5 (Activity X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Activity ($F_{(5, 4627)}$ = 10.1, p = .000, partial eta squared = .011) and for Placement Type ($F_{(4, 932)}$ = 7.8, p = .000, partial eta squared = .032). However, a significant interaction was detected ($F_{(20, 4627)}$ = 5.6, p = .000, partial eta squared = .023).
A 7 X 3 (Activity X Age Group) mixed ANOVA with repeated measures on the first factor
(using the Greenhouse-Geisser correction) was performed. A main effect was found for Activity ($F_{(5, 4763)}$ = 10.2, p = .000, partial eta squared = .011) and for Age Group ($F_{(2, 934)}$ = 64.2, p = .000, partial eta squared = .121). However, a significant interaction was detected ($F_{(10, 4763)}$ = 17.4, p = .000, partial eta squared = .036).

A 7 X 2 (Activity X Sex) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Activity ($F_{(5, 4642)}$ = 11.2, p = .000, partial eta squared = .012) but not for Sex ($F_{(1, 932)}$ = 0.001, p = .979, partial eta squared = .000). However, a significant interaction was detected ($F_{(5, 4642)}$ = 29.7, p = .000, partial eta squared = .031).

A 7 X 3 (Activity X Cultural Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Activity ($F_{(5, 4597)}$ = 2.3, p = .042, partial eta squared = .002) but not for Cultural Group ($F_{(2, 934)}$ = 0.809, p = .446, partial eta squared = .002), and no significant interaction was detected ($F_{(10, 4597)}$ = 1.7, p = .078, partial eta squared = .004).

[38] A univariate ANOVA comparing available feelings of Safety online over Jurisdictions was significant: $F_{(7, 1003)}$ = 2.6, p = .013. Tukey HSD post-hoc comparisons showed that mean for NT (M_{NT} = 74.5, 95% CI [68.2, 80.8]) was significantly lower than the means for TAS (M_{TAS} = 87.4, 95% CI [83.7, 91.0], p = .003) and VIC (M_{VIC} = 84.6, 95% CI [81.8, 87.4], p = .027).

A univariate ANOVA comparing available feelings of Safety online over Placement Types was significant: $F_{(4, 1003)}$ = 4.5, p = .001. Tukey HSD post-hoc comparisons showed that mean for Independent ($M_{Independent}$ = 73.0, 95% CI [65.0, 81.0]) was significantly lower than the means for Foster Care (M_{Foster} = 83.0, 95% CI [81.0, 85.0], p = .008) and Kinship Care ($M_{Kinship}$ = 85.0, 95% CI [82.9, 87.2], p = .001), and Permanent Care ($M_{Permanent}$ = 84.6, 95% CI [79.1, 90.1], p = .044). No Sex ($F_{(1, 1000)}$ = 2.8, p = .093), Age Group ($F_{(1, 934)}$ = 0.09, p = .759), or Cultural Group ($F_{(2, 1003)}$ = 2.3, p = .106) differences were significant.

[39] A univariate ANOVA comparing ratings of Happiness with current placement by Jurisdictions was significant: $F_{(7, 1247)}$ = 2.4, p = .013. Tukey HSD post-hoc comparisons showed that the mean for ACT (M_{ACT} = 78.2, 95% CI [70.5, 85.9]) was significantly lower than the mean for QLD (M_{QLD} = 88.5, 95% CI [85.8, 91.3], p = .050).

A univariate ANOVA comparing ratings of Happiness with current placement by Placement Type was significant: $F_{(4, 1247)}$ = 88.4, p = .000. Tukey HSD post-hoc comparisons showed that the mean for Independent ($M_{Independent}$ = 71.9, 95% CI [63.7, 80.1]) was significantly lower than the means for Foster (M_{Foster} = 91.4, 95% CI [90.0, 92.9], p = .000), Kinship ($M_{Kinship}$ = 92.2, 95% CI [90.5, 93.8], p = .000), and Permanent ($M_{Permanent}$ = 94.5, 95% CI [90.2, 98.8], p = .000). The mean for Residential (($M_{Residential}$ = 56.1, 95% CI [49.8, 62.5] was significantly lower than the mean for Independent (p = .000).

A univariate ANOVA comparing ratings of Happiness with current placement by Age Group was significant: $F_{(1, 1171)}$ = 17.8, p = .000. $M_{10–14}$ = 89.6, 95% CI [88.1, 91.2]; $M_{15–18}$ = 83.5, 95% CI [80.8, 86.1].

A univariate ANOVA comparing ratings of Happiness with current placement by Sex was significant: $F_{(1, 1244)}$ = 5.2, p = .023. $M_{10–14}$ = 89.6, 95% CI [88.1, 91.2]; $M_{15–18}$ = 83.5, 95% CI [80.8, 86.1].

A univariate ANOVA comparing ratings of Happiness with current placement by Cultural Group was not significant: $F_{(2, 1244)}$ = 0.606, p = .546.

[40] A 5 X 8 (Supporter X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of supporters' perceived concern. Main effects were found for Jurisdiction ($F_{(7, 906)}$ = 2.9, p = .005, partial eta squared = .022), and Supporter ($F_{(4, 4686)}$ = 151.1, p = .000, partial eta squared = .143). However, a significant interaction was found ($F_{(25, 3283)}$ = 9.3, p = .000, partial eta squared = .031).

[41] A 5 X 5 (Supporter X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of supporters' perceived concern with well-being. Main effects were found for Placement Type ($F_{(4, 909)}$ = 14.6, p = .000, partial eta squared = .060), and Supporter ($F_{(3, 3292)}$ = 73.0, p = .000, partial eta squared = .074). However, a significant interaction was found ($F_{(14, 3292)}$ = 7.1, p = .000, partial eta squared = .030).

A 5 X 2 (Supporter X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of supporters' perceived concern with well-being. Main effects were found for Age Group ($F_{(1, 866)}$ = 17.9, p = .000, partial eta squared = .020), and Supporter ($F_{(3, 3096)}$ = 186.5, p = .000, partial eta squared = .177). However, a significant interaction was found ($F_{(3, 3096)}$ = 3.2, p = .016, partial eta squared = .004).

A 5 X 2 (Supporter X Sex) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of supporters' perceived concern with well-being. Main effects were found for Sex ($F_{(1, 909)}$ = 9.5, p = .002, partial eta squared = .010), and Supporter ($F_{(3, 3267)}$ = 194.2, p = .000, partial eta squared = .176). No significant interaction was found ($F_{(3, 3267)}$ = 2.0, p = .096, partial eta squared = .002). M_{Female} = 4.2, 95% CI [4.1, 4.3], was lower than M_{Male} = 4.4, 95% CI [4.3, 4.5].

A 5 X 3 (Supporter X Cultural group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of supporters' perceived concern. A main effect was found for Supporter ($F_{(3, 3281)}$ = 54.1, p = .000, partial eta squared = .056), but no main effect for Cultural Group was found ($F_{(2, 911)}$ = 0.08, p = .922, partial eta squared = .000). A significant interaction was detected ($F_{(7, 3281)}$ = 2.4, p = .017, partial eta squared = .005).

[42] Comparison across Jurisdictions of numbers of caseworkers by affiliation (Government, NGO, or No Caseworker) was found to be significant: $\chi^2_{(14)}$ = 431.9, p = .000.

[43] Comparison across Placement Types of numbers of caseworkers by affiliation (Government, NGO, or No Caseworker) was found to be significant: $\chi^2_{(8)}$ = 186.0, p = .000.

Sex differences on this measure was not significant: $\chi^2_{(2)}$ = .272, p = .873.

Cultural differences on this measure were significant: $\chi^2_{(4)}$ = 30.9, p = .000.

Age differences on this measure were significant: $\chi^2_{(2)}$ = 10.8, p = .005.

[44] A univariate ANOVA comparing mean number of caseworkers across Jurisdictions was significant: $F_{(7, 1173)}$ = 19.6, p = .000. M_{QLD} = 5.1, 95% CI [4.8, 5.4] was larger than M_{NSW} = 3.5, 95% CI [3.3, 3.8], p = .000; M_{SA} = 3.6, 95% CI [3.2, 3.9], p = .000; M_{TAS} = 3.1, 95% CI [2.9, 3.4], p = .000; M_{VIC} = 3.6, 95% CI [3.2, 3.9], p = .000; and M_{WA} = 4.1, 95% CI [3.7, 4.5], p = .002.

A univariate ANOVA comparing mean number of caseworkers, averaged over time spent in care, across Jurisdictions was significant: $F_{(7, 1169)}$ = 8.7, p = .000. M $_{TAS}$ = .65, 95% CI [.58, .73] and M $_{NSW}$ = .75, 95% CI [.68, .82] were significantly smaller than M $_{ACT}$ = 1.1, 95% CI [0.9, 1.2], p = .017; M $_{NT}$ = 1.1, 95% CI [0.99, 1.2], p = .000; M $_{QLD}$ = 0.98, 95% CI [0.90, 1.1], p = .001 indicating fewer caseworkers in NSW and TAS.

[45] A univariate ANOVA comparing mean number of caseworkers across Placement Types was significant: $F_{(4, 1173)}$ = 8.2, p = .000. M $_{Kinship}$ = 3.5, 95% CI [3.3, 3.8] was lower than M $_{Foster}$ = 4.3, 95% CI [4.1, 4.4], p = .000; M $_{Residential}$ = 4.3, 95% CI [3.9, 4.7], p = .006; M $_{Independent}$ = 4.8, 95% CI [4.0, 5.5], p = .004.
Univariate ANOVA for Age Group comparison: $F_{(1, 1173)}$ = 35.0, p = .000. M $_{15–18}$ = 4.6, 95% CI [4.3, 4.8] was greater than M $_{10–14}$ = 3.8, 95% CI [3.6, 3.9], p = .000.

[46] Number of respondents indicating they could contact caseworkers by Jurisdiction: $\chi^2_{(7)}$ = 57.5, p = .000.
Number who indicated they could contact caseworkers by Placement Type: $\chi^2_{(4)}$ = 64.4, p = .000.

[47] A univariate ANOVA comparing mean Helpfulness ratings across Jurisdictions was significant: $F_{(7, 1173)}$ = 3.6, p = .001. M $_{NSW}$ = 70.0, 95% CI [65.6, 74.2] was higher than M $_{ACT}$ = 51.4, 95% CI [41.9, 61.0], p = .007; M $_{NT}$ = 56.8, 95% CI [50.0, 63.8], p = .035; M $_{VIC}$ = 57.6, 95% CI [52.0, 63.1], p = .014.

[48] A univariate ANOVA comparing mean Helpfulness ratings across Placement Types was significant: $F_{(4, 1173)}$ = 15.0, p = .000. M $_{Permanent}$ = 43.2, 95% CI [33.0, 53.4] and M $_{Residential}$ = 46.0, 95% CI [39.4, 52.7] were lower than M $_{Foster}$ = 67.9, 95% CI [65.3, 70.6], p = .000; M $_{Kinship}$ = 62.8, 95% CI [59.1, 66.4], p = .001; and M $_{Independent}$ = 63.4, 95% CI [52.2, 74.7], p = .030.
A univariate ANOVA comparing mean Helpfulness ratings across Age Groups was significant: $F_{(1, 1173)}$ = 6.3, p = .013. M $_{10–14}$ = 64.6, 95% CI [62.1, 67.2] was higher than M $_{15–18}$ = 59.2, 95% CI [55.8, 62.6].

[49] A univariate ANOVA comparing mean Comfortable ratings across Jurisdictions was significant: $F_{(7, 1173)}$ = 6.1, p = .000. M $_{ACT}$ = 43.8, 95% CI [35.1, 52.5] was lower than M $_{NSW}$ = 67.0, 95% CI [62.6, 71.4], p = .000; M $_{QLD}$ = 65.7, 95% CI [61.6, 69.9], p = .000; M $_{SA}$ = 62.3, 95% CI [55.1, 69.5], p = .027; M $_{TAS}$ = 66.0, 95% CI [60.4, 71.6], p = .001, M $_{WA}$ = 62.0, 95% CI [55.4, 68.5], p = .035.
A univariate ANOVA comparing mean Comfortable ratings across Placement Types was significant: $F_{(4, 1173)}$ = 10.3, p = .000. M $_{Permanent}$ = 44.1, 95% CI [34.2, 54.0] and M $_{Residential}$ = 49.4, 95% CI [42.7, 56.0] were lower than M $_{Foster}$ = 66.4, 95% CI [63.7, 69.0], p = .000; M $_{Kinship}$ = 60.3, 95% CI [56.6, 64.0], p = .022.
A Pearson Product Moment Correlation between Helpfulness and Comfortable scores was significant (r = .72, n = 1171, p = .000) indicating a strong relationship between these variables.

[50] Comparison of number of respondents knowing about their case plan by Jurisdiction: $\chi^2_{(14)}$ = 66.1, p = .000.
Comparison of number of respondents knowing about their case plan by Age Group: $\chi^2_{(2)}$ = 21.4, p = .000.
[51] Comparison of number of respondents knowing about their case plan by Placement Type: $\chi^2_{(8)}$ = 34.2, p = .000.
[52] Comparison of number of respondents who reported being involved in their case planning by Placement Type: $\chi^2_{(8)}$ = 17.2, p = .028.

[53] A univariate ANOVA comparing mean ratings of happiness with the planning Process across Placement Types was significant: $F_{(3, 269)}$ = 6.1, p = .000. M $_{Residential}$ = 53.1, 95% CI [41.7, 64.5] was lower than M $_{Foster}$ = 73.9, 95% CI [69.9, 77.8], p = .004 and M $_{Kinship}$ = 76.7, 95% CI [70.1, 83.4], p = .002.

[54] A univariate ANOVA comparing mean ratings of Knowledge of why in care across Jurisdictions was significant: $F_{(7, 1247)}$ = 4.0, p = .000. M $_{NT}$ = 61.7, 95% CI [54.6, 68.8] was lower than M $_{NSW}$ = 76.4, 95% CI [72.7, 80.2], p = .002; M $_{TAS}$ = 74.6, 95% CI [69.2, 80.0], p = .036; and M $_{VIC}$ = 79.8, 95% CI [75.8, 83.9], p = .000.
A univariate ANOVA comparing mean ratings of Knowledge of why in care across Placement Types was significant: $F_{(4, 1247)}$ = 9.6, p = .000. M $_{Residential}$ = 60.0, 95% CI [53.1, 66.8] was lower than M $_{Foster}$ = 72.8, 95% CI [70.2, 75.4], p = .000; M $_{Kinship}$ = 79.0, 95% CI [76.0, 82.0], p = .000; and M $_{Permanent}$ = 78.9, 95% CI [71.4, 86.4], p = .002.
A univariate ANOVA comparing mean ratings of Knowledge of why in care across Cultural Groups was significant: $F_{(2, 1247)}$ = 5.1, p = .006. M $_{Indigenous}$ = 69.2, 95% CI [65.8, 72.6] was lower than M $_{Anglo-Aus}$ = 74.9, 95% CI [72.7, 77.2], p = .011.

[55] A univariate ANOVA comparing mean ratings of % Information from carers/caseworkers across Jurisdictions was significant: $F_{(7, 1247)}$ = 4.2, p = .000. M $_{NT}$ = 50.4, 95% CI [43.1, 57.6] was lower than M $_{NSW}$ = 69.8, 95% CI [65.5, 74.2], p = .000; M $_{QLD}$ = 62.7, 95% CI [58.4, 67.1], p = .044; M $_{VIC}$ = 66.5, 95% CI [61.6, 71.3], p = .006; and M $_{WA}$ = 70.9, 95% CI [64.2, 77.5], p = .001.
A univariate ANOVA comparing mean ratings of % Information from carers/caseworkers across Placement Types was significant: $F_{(4, 1247)}$ = 11.6, p = .000. M $_{Residential}$ = 47.6, 95% CI [41.1, 54.0] was lower than M $_{Foster}$ = 67.4, 95% CI [64.6, 70.1], p = .000; M $_{Kinship}$ = 65.9, 95% CI [62.2, 69.6], p = .000; and M $_{Permanent}$ = 66.7, 95% CI [57.8, 75.6], p = .002.
A univariate ANOVA comparing mean ratings of % Information from carers/caseworkers across Cultural Groups was significant: $F_{(2, 1247)}$ = 5.8, p = .003. M $_{Indigenous}$ = 59.0, 95% CI [55.4, 62.7] was lower than M $_{Anglo-Aus}$ = 66.5, 95% CI [64.0, 69.0], p = .002.
A Pearson Product Moment Correlation between scores for level of Knowledge and amount from carer/caseworker was significant (r = .45, n = 1169, p = .000) indicating a moderate relationship between these variables, the association accounting for 20% of the variance.

[56] A univariate ANOVA comparing mean ratings of ease of talking with others across Jurisdictions was significant: $F_{(7, 1091)}$ = 4.2, p = .000. M $_{ACT}$ = 56.3, 95% CI [47.2, 65.3] was lower than M $_{NSW}$ = 70.0, 95% CI [66.7, 75.2], p = .024; M $_{NT}$ = 75.2, 95% CI [69.2, 81.2], p = .004; M $_{QLD}$ = 74.1, 95% CI [70.3, 77.9], p = .001; M $_{TAS}$ = 78.9, 95% CI [74.2, 83.6], p = .000; and M $_{WA}$ = 72.9, 95% CI [66.6, 79.1], p = .030.
A univariate ANOVA comparing mean ratings of ease of talking with others across Placement Types was significant: $F_{(4, 1091)}$ = 3.4, p = .008. M $_{Residential}$ = 61.8, 95% CI [55.2, 68.5] was lower than M $_{Foster}$ = 72.9, 95% CI [70.4, 75.5], p = .024; and M $_{Kinship}$ = 73.3, 95% CI [70.1, 76.4], p = .004.

A univariate ANOVA comparing mean ratings of ease of talking with others between Age groups was significant: $F_{(1, 1091)}$ = 4.4, p = .036. M_{10-14} = 73.4, 95% CI [71.2, 75.6] was higher than M_{15-18} = 69.3, 95% CI [66.1, 72.5].
A univariate ANOVA comparing mean ratings of ease of talking with others between the Sexes was significant: $F_{(1, 1091)}$ = 5.4, p = .021. M_{Female} = 70.0, 95% CI [67.6, 72.5] was lower than M_{Male} = 74.3, 95% CI [71.7, 77.0].

[57] A 3 X 8 (Issues X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of ability to have a say about Education, Family Contact, and Placement Changes. Main effects were found for Issue ($F_{(2, 2338)}$ = 249.9, p = .000, partial eta squared = .17), and Jurisdiction ($F_{(7, 1232)}$ = 8.3, p = .000, partial eta squared = .045). However, an overriding significant interaction was detected ($F_{(13, 2338)}$ = 2.8, p = .000, partial eta squared = .016).
A 3 X 5 (Issues X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of ability to have a say about Education, Family Contact, and Placement Changes. Main effects were found for Issue ($F_{(2, 2335)}$ = 108.8, p = .000, partial eta squared = .081), and Placement Type ($F_{(4, 1235)}$ = 12.3, p = .000, partial eta squared = .038). However, an overriding significant interaction was detected ($F_{(7, 2335)}$ = 2.3, p = .023, partial eta squared = .007).

[58] A 3 X 2 (Issues X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of ability to have a say about Education, Family Contact, and Placement Changes. Main effects were found for Issue ($F_{(2, 2186)}$ = 246.5, p = .000, partial eta squared = .175), and Age Group ($F_{(1, 1159)}$ = 10.0, p = .002, partial eta squared = .009). No significant interaction was detected ($F_{(2, 2186)}$ = 1.6, p = .214, partial eta squared = .001).

[59] A univariate ANOVA comparing mean ratings of extent respondents felt listened to when expressing their views across Jurisdictions was significant: $F_{(7, 1239)}$ = 8.6, p = .000. M_{ACT} = 56.6, 95% CI [48.8, 64.3] was lower than M_{NSW} = 75.7, 95% CI [72.1, 79.3], p = .000; M_{TAS} = 76.6, 95% CI [72.8, 80.3], p = .000; M_{VIC} = 72.6, 95% CI [68.9, 76.3], p = .004; and M_{WA} = 74.0, 95% CI [69.1, 79.0], p = .005. M_{NT} = 56.5, 95% CI [50.2, 62.7] was significantly lower than NSW (p = .000), M_{QLD} = 68.1, 95% CI [64.4, 71.7], p = .008, TAS (p = .000), VIC (p = .000), and WA (p = .000).

[60] A univariate ANOVA comparing mean ratings of extent respondents felt listened to when expressing their views across Placement Types was significant: $F_{(4, 1239)}$ = 37.0, p = .000. $M_{Residential}$ = 46.8, 95% CI [41.1, 52.6] was lower than M_{Foster} = 73.6, 95% CI [71.5, 75.7], p = .000; $M_{Kinship}$ = 75.6, 95% CI [72.9, 78.2], p = .000; and $M_{Permanent}$ = 72.2, 95% CI [64.6, 79.8], p = .000. $M_{Independent}$ = 50.6, 95% CI [42.6, 58.7] was lower than Foster (p = .000), Kinship (p = .000), and Permanent (p = .000).
A univariate ANOVA comparing mean ratings of extent respondents felt listened to when expressing their views by Sex was significant: $F_{(1, 1160)}$ = 8.4, p = .004. M_{Female} = 68.7, 95% CI [66.4, 71.1] was lower than M_{Male} = 73.7, 95% CI [71.3, 76.0].
A univariate ANOVA comparing mean ratings of extent respondents felt listened to when expressing their views by Age Group was significant: $F_{(1, 1160)}$ = 16.4, p = .000. M_{15-18} = 66.3, 95% CI [63.4, 69.2] was lower than M_{10-14} = 73.4, 95% CI [71.4, 75.4].

[61] A univariate ANOVA comparing mean ratings of Participation in departmental meetings across Jurisdictions was significant: $F_{(7, 1236)}$ = 5.4, p = .000. M_{NSW} = 46.9, 95% CI [42.3, 51.6] was higher than M_{ACT} = 30.7, 95% CI [22.6, 38.8], p = .024; M_{NT} = 26.7, 95% CI [20.7, 32.7], p = .000; M_{QLD} = 36.9, 95% CI [32.9, 40.9], p = .020; and M_{VIC} = 33.8, 95% CI [28.9, 38.7], p = .004.

[62] A univariate ANOVA comparing mean ratings of Participation in departmental meetings across Placement Types was significant: $F_{(4, 1236)}$ = 4.8, p = .001. $M_{Permanent}$ = 24.3, 95% CI [15.5, 33.0] was lower than M_{Foster} = 41.1, 95% CI [38.3, 44.0], p = .005, and $M_{Independent}$ = 44.5, 95% CI [36.4, 52.6], p = .011).
A univariate ANOVA comparing mean ratings of Participation in departmental meetings by Age Group was significant: $F_{(1, 1157)}$ = 12.4, p = .000. M_{10-14} = 35.1, 95% CI [32.6, 37.6] was lower than M_{15-18} = 42.7, 95% CI [39.3, 46.0].

[63] A univariate ANOVA comparing mean ratings of extent to which views were Considered in departmental meetings across Jurisdictions was significant: $F_{(7, 902)}$ = 5.6, p = .000. M_{NSW} = 63.0, 95% CI [57.7, 68.3] was higher than M_{ACT} = 37.0, 95% CI [26.8, 47.2], p = .000; M_{NT} = 41.3, 95% CI [32.5, 50.2], p = .001; M_{QLD} = 48.3, 95% CI [43.4, 53.2], p = .001. M_{WA} = 63.4, 95% CI [55.0, 71.8] was larger than ACT (p = .005) and NT (p = .014).
A univariate ANOVA comparing mean ratings of extent to which views were Considered in departmental meetings across Placement Types was significant: $F_{(4, 902)}$ = 7.9, p = .000. $M_{Residential}$ = 35.8, 95% CI [29.2, 42.5] was lower than M_{Foster} = 56.6, 95% CI [53.3, 59.9], p = .000, and $M_{Kinship}$ = 53.4, 95% CI [48.9, 58.0], p = .001).
A univariate ANOVA comparing mean ratings of extent to which views were Considered in departmental meetings across Cultural Groups was significant: $F_{(2, 902)}$ = 4.4, p = .012. $M_{Anglo-Aus}$ = 55.3, 95% CI [52.3, 58.4] was larger than $M_{Indigenous}$ = 47.8, 95% CI [43.6, 52.0], p = .010.

[64] A univariate ANOVA comparing mean ratings of level of Knowledge of family story across Jurisdictions was significant: $F_{(7, 1137)}$ = 2.9, p = .005. M_{VIC} = 65.6, 95% CI [60.8, 70.3] was higher than M_{SA} = 48.3, 95% CI [40.5, 56.1], p = .005, and M_{TAS} = 53.2, 95% CI [47.2, 59.2], p = .044.

[65] A univariate ANOVA comparing mean ratings of level of Knowledge of family story across Placement Types was significant: $F_{(4, 1137)}$ = 12.8, p = .000. $M_{Kinship}$ = 67.3, 95% CI [64.0, 70.6] was higher than M_{Foster} = 51.6, 95% CI [48.7, 54.5], p = .000, and $M_{Residential}$ = 51.2, 95% CI [44.9, 57.6], p = .000).
A univariate ANOVA comparing mean ratings of level of Knowledge of family story between Age Groups was significant: $F_{(1, 1137)}$ = 5.8, p = .017. M_{10-14} = 58.8, 95% CI [56.4, 61.3] was larger than M_{15-18} = 53.6, 95% CI [50.0, 57.2].

[66] A 6 X 8 (Source X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of the amount of family Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) across

Jurisdictions. Main effects were found for Source ($F_{(4, 3781)}$ = 240.0, p = .000, partial eta squared = .204) and Jurisdiction ($F_{(7, 934)}$ = 2.3, p = .029, partial eta squared = .017). However, an overriding significant interaction was detected ($F_{(28, 3781)}$ = 4.1, p = .000, partial eta squared = .030).

[67] A 6 X 5 (Source X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of the amount of family Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) across Placement Types. Main effects were found for Source ($F_{(4, 3907)}$ = 99.6, p = .000, partial eta squared = .096) and Placement Type ($F_{(4, 937)}$ = 5.1, p = .000, partial eta squared = .021). However, an overriding significant interaction was detected ($F_{(16, 3907)}$ = 21.0, p = .000, partial eta squared = .082).

[68] A 6 X 3 (Source X Cultural Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of the amount of family Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) across Cultural Groups. Main effects were found for Source ($F_{(4, 3763)}$ = 84.6, p = .000, partial eta squared = .083) and Cultural Group ($F_{(2, 939)}$ = 4.8, p = .009, partial eta squared = .010). However, an overriding significant interaction was detected ($F_{(8, 3763)}$ = 4.3, p = .000, partial eta squared = .009).

[69] A 6 X 2 (Source X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings of the amount of family Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) between Age Groups. Main effects were found for Source ($F_{(4, 3767)}$ = 256.3, p = .000, partial eta squared = .214) and Age Group ($F_{(1, 940)}$ = 4.2, p = .042, partial eta squared = .004). However, an overriding significant interaction was detected ($F_{(4, 3767)}$ = 17.6, p = .000, partial eta squared = .008).

[70] A univariate ANOVA comparing mean ratings of how important is Connection to Culture between Indigenous and Other Cultural groups was significant: $F_{(1, 441)}$ = 13.3, p = .000. $M_{Indigenous}$ = 75.6, 95% CI [72.4, 78.8] was higher than $M_{Other Culture}$ = 57.5, 95% CI [46.9, 68.1].
A univariate ANOVA comparing mean ratings of how Connected to Culture respondents in Indigenous and Other Cultural groups feel was significant: $F_{(1, 441)}$ = 7.3, p = .007. $M_{Indigenous}$ = 56.9, 95% CI [53.4, 60.4] was higher than $M_{Other Culture}$ = 42.3, 95% CI [31.7, 52.8].

[71] A 6 X 8 (Source X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings by Indigenous respondents of the amount of cultural Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) across Jurisdictions. Main effects were found for Source ($F_{(4, 1382)}$ = 22.0, p = .000, partial eta squared = .066) and Jurisdiction ($F_{(7, 311)}$ = 2.5, p = .015, partial eta squared = .054). However, an overriding significant interaction was detected ($F_{(31, 1382)}$ = 4.0, p = .000, partial eta squared = .083).

[72] A 6 X 5 (Source X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings by Indigenous respondents of the amount of cultural Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) across Placement Types. A main effect was found for Source ($F_{(4, 1374)}$ = 11.0, p = .000, partial eta squared = .034) but not for Placement Type ($F_{(4, 314)}$ = 1.2, p = .297, partial eta squared = .015). However, an overriding significant interaction was detected ($F_{(17, 1374)}$ = 5.4, p = .000, partial eta squared = .064).
A 6 X 2 (Source X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing ratings by Indigenous respondents of the amount of cultural Knowledge obtained from members of six support groups (carers, caseworkers, birth parents, family members, teachers, and community members) between Age Groups. A main effect was found for Source ($F_{(4, 1351)}$ = 22.6, p = .000, partial eta squared = .067) but not for Age Group ($F_{(1, 317)}$ = 1.8, p = .185, partial eta squared = .006). However, an overriding significant interaction was detected ($F_{(4, 1351)}$ = 3.0, p = .015, partial eta squared = .009).
[73] Comparison of number of respondents knowing about their Cultural Support Plan by Jurisdiction: $\chi^2_{(14)}$ = 37.0, p = .001.

[74] Comparison of number of respondents living with some siblings or in Split placements by Jurisdiction: $\chi^2_{(17)}$ = 17.4, p = .015.
Comparison of number of respondents living with some siblings or in Split placements by Placement Type: $\chi^2_{(14)}$ = 89.3, p = .000.

[75] A 5 X 8 (Family Member X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the frequency of contact with five Family Members in each of the eight Jurisdictions. Main effects were found for Family Member ($F_{(4, 2717)}$ = 67.3, p = .000, partial eta squared = .082) and for Jurisdiction ($F_{(7, 754)}$ = 3.1, p = .003, partial eta squared = .028). However, an overriding significant interaction was detected ($F_{(25, 2717)}$ = 2.8, p = .000, partial eta squared = .025).

[76] A 5 X 5 (Family Member X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the frequency of contact with five Family Members in each of the five Placement Types. Main effects were found for Family Member ($F_{(4, 2846)}$ = 31.5, p = .000, partial eta squared = .040) and for Placement Type ($F_{(4, 757)}$ = 25.6, p = .000, partial eta squared = .119). However, an overriding significant interaction was detected ($F_{(15, 2846)}$ = 15.6, p = .000, partial eta squared = .076).

[77] A 5 X 3 (Family Member X Cultural Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the frequency of contact with five Family Members in each of the three Cultural Groups. A main effect was found for Family Member ($F_{(4, 2735)}$ =

25.9, p = .000, partial eta squared = .033) but not for Cultural Group ($F_{(2, 759)}$ = 0.443, p = .642, partial eta squared = .001). However, an overriding significant interaction was detected ($F_{(7, 2735)}$ = 2.5, p = .013, partial eta squared = .007).

[78] A 5 X 8 (Family Member X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the desired amount of contact with five Family Members in each of the eight Jurisdictions. Main effects were found for Family Member ($F_{(3, 2503)}$ = 17.5, p = .000, partial eta squared = .024) and for Jurisdiction ($F_{(7, 708)}$ = 6.2, p = .000, partial eta squared = .058). No significant interaction was detected ($F_{(25, 2503)}$ = 1.3, p = .154, partial eta squared = .013).

[79] A 5 X 5 (Family Member X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the desired amount of contact with five Family Members in each of the five Placement Types. Main effects were found for Family Member ($F_{(4, 2507)}$ = 14.7, p = .000, partial eta squared = .020) and for Placement Type ($F_{(4, 711)}$ = 6.4, p = .000, partial eta squared = .035). However, an overriding significant interaction was detected ($F_{(14, 2507)}$ = 2.6, p = .001, partial eta squared = .015).

[80] A 2 X 8 (Supporter X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the level of Support provided by carers and caseworkers in each of the eight Jurisdictions to achieve contact with family members. Main effects were found for Supporter ($F_{(1, 1113)}$ = 392.7, p = .000, partial eta squared = .261) and for Jurisdiction ($F_{(7, 1113)}$ = 4.5, p = .000, partial eta squared = .027). However, an overriding significant interaction was detected ($F_{(7, 1113)}$ = 2.5, p = .015, partial eta squared = .016).

[81] A 2 X 5 (Supporter X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the level of Support provided by carers and caseworkers in each of the five Placement Types to achieve contact with family members. Main effects were found for Supporter ($F_{(1, 1116)}$ = 217.5, p = .000, partial eta squared = .163) and for Placement Type ($F_{(4, 1116)}$ = 20.9, p = .000, partial eta squared = .070). However, an overriding significant interaction was detected ($F_{(4, 1116)}$ = 23.6, p = .000, partial eta squared = .078).
For the 2 X 2 (Supporter X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) performed comparing mean ratings by respondents of the level of Support provided by carers and caseworkers in each of the two Age Groups to achieve contact with family members, main effects were found for Supporter ($F_{(1, 1119)}$ = 449.7, p = .000, partial eta squared = .287) and for Age Group ($F_{(1, 1119)}$ = 10.5, p = .001, partial eta squared = .009), but no significant interaction. M_{10-14} = 71.6, 95% CI [69.6, 73.6] was higher than M_{15-18} = 66.0, 95% CI [63.3, 68.8].

[82] A univariate ANOVA comparing mean ratings of Ease of forming friendships across Jurisdictions was significant: $F_{(7, 1124)}$ = 3.0, p = .004. M_{ACT} = 61.9, 95% CI [52.8, 70.9] was lower than M_{WA} = 77.8, 95% CI [72.1, 83.6], p = .050.
A univariate ANOVA comparing mean ratings of Ease of forming friendships by Placement Type was significant: $F_{(4, 1124)}$ = 7.1, p = .000. $M_{Residential}$ = 59.6, 95% CI [53.2, 66.0] was lower than M_{Foster} = 75.3, 95% CI [72.8, 77.8], p = .000, and $M_{Kinship}$ = 71.9, 95% CI [68.6, 75.1], p = .002.

[83] A univariate ANOVA comparing mean ratings of Ease of forming friendships by Cultural Group was significant: $F_{(2, 1124)}$ = 5.7, p = .003. $M_{Indigenous}$ = 76.0, 95% CI [73.1, 79.0] was higher than $M_{Anglo-Aus}$ = 70.3, 95% CI [68.0, 72.7], p = .012, and M_{Other} = 64.2, 95% CI [53.0, 75.4], p = .036.
A univariate ANOVA comparing mean ratings of Ease of forming friendships by Age Group was significant: $F_{(1, 1124)}$ = 7.4, p = .007. M_{10-14} = 73.9, 95% CI [71.6, 76.1] was higher than M_{15-18} = 68.6, 95% CI [65.4, 71.7].
A univariate ANOVA comparing mean ratings of Ease of forming friendships by Sex was significant: $F_{(1, 1124)}$ = 8.8, p = .003. M_{Male} = 75.1, 95% CI [72.5, 77.8] was higher than M_{Female} = 69.6, 95% CI [67.0, 72.1].

[84] A univariate ANOVA comparing mean ratings of Frequency of contacting friends across Jurisdictions was significant: $F_{(7, 1124)}$ = 4.8, p = .000. M_{NSW} = 79.3, 95% CI [75.3, 83.4] and M_{QLD} = 78.1, 95% CI [74.2, 82.0] were higher than M_{ACT} = 63.0, 95% CI [53.8, 72.2], p = .019 and p = .033 respectively; and M_{NT} = 63.0, 95% CI [55.9, 70.1], p = .001 and p =.003.
A univariate ANOVA comparing mean ratings of Frequency of contacting friends by Placement Type was significant: $F_{(4, 1124)}$ = 9.0, p = .000. $M_{Residential}$ = 56.3, 95% CI [49.2, 63.4] was lower than M_{Foster} = 73.0, 95% CI [70.3, 75.7], p = .000, and $M_{Kinship}$ = 76.7, 95% CI [73.3, 80.1], p = .000, $M_{Permanent}$ = 73.1, 95% CI [64.3, 81.9], p = .020, $M_{Independent}$ = 79.9, 95% CI [70.8, 89.0], p = .001.
A univariate ANOVA comparing mean ratings of Frequency of contacting friends by Age Group was significant: $F_{(1, 1124)}$ = 23.2, p = .000. M_{10-14} = 69.1, 95% CI [66.6, 71.6] was lower than M_{15-18} = 79.2, 95% CI [76.1, 82.2].

[85] A univariate ANOVA comparing mean ratings of the Possibility of choosing to do the same activities as friends not in care across Jurisdictions was significant: $F_{(7, 1156)}$ = 5.3, p = .000. M_{ACT} = 64.0, 95% CI [54.5, 73.4] was lower than M_{NSW} = 84.7, 95% CI [81.4, 88.1], p = .000; M_{TAS} = 79.4 95% CI [74.9, 83.9], p = .014; M_{VIC} = 79.5, 95% CI [75.0, 84.0], p = 010; M_{WA} = 82.5, 95% CI [77.1 87.8], p = .004.
A univariate ANOVA comparing mean ratings of the Possibility of choosing to do the same activities as friends not in care by Placement Type was significant: $F_{(4, 1156)}$ = 34.1, p = .000. $M_{Residential}$ = 53.1, 95% CI [46.5, 59.7] was lower than M_{Foster} = 80.6, 95% CI [78.4, 82.8], p = .000; $M_{Kinship}$ = 83.2, 95% CI [80.5, 85.9], p = .000; and $M_{Permanent}$ = 87.2, 95% CI [80.1, 94.2], p = .000.
A univariate ANOVA comparing mean ratings of the Possibility of choosing to do the same activities as friends not in care by Age Group was significant: $F_{(1, 1156)}$ = 15.3, p = .000. M_{10-14} = 80.5, 95% CI [78.4, 82.5] was higher than M_{15-18} = 73.3, 95% CI [76.2, 79.7].

[86] A univariate ANOVA comparing mean ratings of the ease of obtaining Permission to participate in activities across Jurisdictions was significant: $F_{(7, 1156)}$ = 8.2, p = .000. M_{QLD} = 44.9, 95% CI [40.4, 49.4] was lower than M_{NSW} = 61.8,

95% CI [57.3, 66.2], p = .000; M_{TAS} = 68.1, 95% CI [62.7, 73.4], p = .014; M_{VIC} = 55.5, 95% CI [49.8, 61.2], p = 049; M_{WA} = 58.7, 95% CI [51.6, 65.8], p = .030.

[87] A univariate ANOVA comparing mean ratings of the ease of obtaining Permission to participate in activities across Placement Type was significant: $F_{(4, 1156)}$ = 15.9, p = .000. $M_{Kinship}$ = 62.9, 95% CI [59.1, 66.6] was higher than $M_{Permanent}$ = 47.4, 95% CI [35.9, 58.8], p = .023; $M_{Residential}$ = 35.7, 95% CI [29.9, 41.4], p = .000; and $M_{Independent}$ = 41.6, 95% CI [30.9, 52.4], p = 002.

[88] A univariate ANOVA comparing mean ratings of the ease of obtaining Permission to participate in activities across Cultural Groups was significant: $F_{(2, 1156)}$ = 5.6, p = .004. M_{Other} = 41.1, 95% CI [31.8, 50.4] was lower than $M_{Anglo-Aus}$ = 57.2, 95% CI [54.5, 59.9], p = .006.
A univariate ANOVA comparing mean ratings of the ease of obtaining Permission to participate in activities between Age Groups was significant: $F_{(1, 1156)}$ = 13.4, p = .000. $M_{15–18}$ = 49.9, 95% CI [46.4, 53.3] was lower than $M_{10–14}$ = 58.0, 95% CI [55.4, 60.6].
A univariate ANOVA comparing mean ratings of the ease of obtaining Permission to participate in activities between Sexes was significant: $F_{(1, 1156)}$ = 7.5, p = .006. M_{Female} = 52.6, 95% CI [49.7, 55.4] was lower than M_{Male} = 58.4, 95% CI [55.4, 61.5].

[89] A univariate ANOVA comparing mean ratings of respondents' health across Jurisdictions was significant: $F_{(7, 1153)}$ = 2.6, p = .011. M_{ACT} = 44.9, 95% CI [40.4, 49.4] was lower than M_{NSW} = 87.5, 95% CI [84.9, 90.1], p = .005; M_{QLD} = 86.1, 95% CI [83.6, 88.7], p = .019; M_{TAS} = 86.8, 95% CI [83.7, 90.0], p = 021; M_{WA} = 86.8, 95% CI [83.9, 90.4], p = .049.
A univariate ANOVA comparing mean ratings of respondents' health across Placement Type was significant: $F_{(4, 1153)}$ = 28.9, p = .000. $M_{Residential}$ = 68.0, 95% CI [62.4, 73.5] was lower than M_{Foster} = 88.5, 95% CI [87.1, 90.0], p = .000; $M_{Kinship}$ = 86.6, 95% CI [84.6, 88.6], p = .000; and $M_{Permanent}$ = 86.8, 95% CI [81.5, 92.2], p = 000. $M_{Independent}$ = 75.1 was lower than M_{Foster} (p = .000), $M_{Kinship}$ (p = .005), and $M_{Permanent}$ (p = .041).
A univariate ANOVA comparing mean ratings of respondents' health between Age Groups was significant: $F_{(1, 1153)}$ = 32.4, p = .000. $M_{15–18}$ = 80.3, 95% CI [78.0, 82.7] was lower than $M_{10–14}$ = 87.8, 95% CI [86.4, 89.1].

[90] Comparison of number of respondents reporting regular dentists' visits by Jurisdiction:
$\chi^2_{(7)}$ = 17.7, p = .013.
Comparison of number of respondents reporting regular doctors' visits by Placement Type:
$\chi^2_{(4)}$ = 35.7, p = .000.
Comparison of number of respondents reporting regular dentists' visits by Placement Type:
$\chi^2_{(4)}$ = 80.1, p = .000.
Comparison of number of respondents reporting regular doctors' visits by Culture:
$\chi^2_{(2)}$ = 8.3, p = .016.
Comparison of number of respondents reporting regular dentists' visits by Age Group:
$\chi^2_{(1)}$ = 17.6, p = .000.

[91] A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining medical support across Jurisdictions was significant: $F_{(7, 1153)}$ = 2.7, p = .009. M_{ACT} = 5.0, 95% CI [4.6, 5.4] was lower than M_{NSW} = 5.7, 95% CI [5.6, 5.8], p = .001; M_{QLD} = 5.5, 95% CI [5.3, 5.6], p = .049; M_{TAS} = 5.6, 95% CI [5.4, 5.8], p = 020; M_{VIC} = 5.5, 95% CI [5.4, 5.7], p = .033.
A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining dental support across Jurisdictions was significant: $F_{(7, 1153)}$ = 3.4, p = .001. M_{ACT} = 5.0, 95% CI [4.6, 5.4] was lower than M_{NSW} = 5.6, 95% CI [5.5, 5.7], p = .010; M_{TAS} = 5.7, 95% CI [5.5, 5.8], p = .005; M_{WA} = 5.7, 95% CI [5.4, 5.5], p = 016.

[92] A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining medical support across Placement Type was significant: $F_{(4, 1153)}$ = 13.7, p = .000. $M_{Residential}$ = 4.9, 95% CI [4.6, 5.1] was lower than M_{Foster} = 5.6, 95% CI [5.5, 5.7], p = .000; $M_{Kinship}$ = 5.6, 95% CI [5.5, 5.7], p = .000; and $M_{Permanent}$ = 5.6, 95% CI [5.4, 5.8], p = 000. $M_{Independent}$ = 5.1 was lower than M_{Foster} (p = .023).
A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining dental support across Placement Type was significant: $F_{(4, 1153)}$ = 15.7, p = .000. $M_{Residential}$ = 4.7, 95% CI [4.4, 5.1] was lower than M_{Foster} = 5.6, 95% CI [5.5, 5.6], p = .000; $M_{Kinship}$ = 5.6, 95% CI [5.4, 5.7], p = .000; and $M_{Permanent}$ = 5.7, 95% CI [5.5, 5.9], p = 000.
A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining counselling support across Placement Type was significant: $F_{(4, 784)}$ = 3.4, p = .009. $M_{Residential}$ = 4.7, 95% CI [4.3, 5.1] was lower than M_{Foster} = 5.2, 95% CI [5.1, 5.4], p = .020; $M_{Kinship}$ = 5.3, 95% CI [5.1, 5.5], p = .008.

[93] A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining medical support between Age Groups was significant: $F_{(1, 1153)}$ = 14.3, p = .000. $M_{15–18}$ = 5.3, 95% CI [5.2, 5.5] was lower than $M_{10–14}$ = 5.6, 95% CI [5.5, 5.7].
A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining dental support between Age Groups was significant: $F_{(1, 1153)}$ = 16.6, p = .000. $M_{15–18}$ = 5.3, 95% CI [5.1, 5.4] was lower than $M_{10–14}$ = 5.6, 95% CI [5.5, 5.6].
A univariate ANOVA comparing mean ratings of respondents' difficulty in obtaining counselling support between Age Groups was significant: $F_{(1, 784)}$ = 6.2, p = .013. $M_{15–18}$ = 5.0, 95% CI [4.8, 5.2] was lower than $M_{10–14}$ = 5.3, 95% CI [5.1, 5.4].

[94] A univariate ANOVA comparing mean ratings of the provision of preventative health services across Jurisdictions was significant: $F_{(7, 1147)}$ = 5.9, p = .000. M_{ACT} = 76.3, 95% CI [68.2, 84.3] was lower than M_{NSW} = 92.5, 95% CI [89.8, 95.2], p = .000; M_{QLD} = 88.1, 95% CI [85.1, 91.2], p = .013; M_{TAS} = 93.8, 95% CI [90.9, 96.8], p = 000; M_{VIC} = 89.8, 95% CI [86.4, 93.3], p = .005; and M_{WA} = 88.8, 95% CI [84.1, 93.6], p = .039. M_{NT} = 81.2, 95% CI [75.7, 86.6] was lower than M_{NSW} (p = .002) and M_{TAS} (p = .001).

A univariate ANOVA comparing mean ratings of the provision of preventative health services across Placement Type was significant: $F_{(4, 1147)}$ = 40.5, p = .000. M $_{Residential}$ = 66.5, 95% CI [60.2, 72.7] was lower than M $_{Foster}$ = 91.6, 95% CI [89.9, 93.3], p = .000; M $_{Kinship}$ = 92.2, 95% CI [90.1, 94.4], p = .000; and M $_{Permanent}$ = 94.5, 95% CI [89.9, 99.0], p = 000. M $_{Independent}$ = 70.8, 95% CI [60.2, 81.4] was lower than M $_{Foster}$ (p = .000), M $_{Kinship}$ (p = .000), and M $_{Permanent}$ (p = .000).

A univariate ANOVA comparing mean ratings of the provision of preventative health services across Cultural Groups was significant: $F_{(2, 1147)}$ = 3.5, p = .031. M $_{Other}$ = 83.8, 95% CI [76.6, 91.0] was lower than M $_{Anglo-Aus}$ = 89.9, 95% CI [88.2, 91.6], p = .003; and M $_{Indigenous}$ = 86.5, 95% CI [83.9, 89.1], p = .001.

A univariate ANOVA comparing mean ratings of the provision of preventative health services between Age Groups was significant: $F_{(1, 1147)}$ = 5.9, p = .035. M $_{15-18}$ = 86.1, 95% CI [83.5, 88.6] was lower than M $_{10-14}$ = 89.7, 95% CI [88.0, 91.4], p = .003.

[95] A univariate ANOVA comparing mean ratings of the respondents' involvement in extracurricular sport across Placement Type was significant: $F_{(4, 1147)}$ = 11.7, p = .000. M $_{Residential}$ = 38.6, 95% CI [31.8, 45.4] was lower than M $_{Foster}$ = 60.1, 95% CI [56.8, 63.4], p = .000; M $_{Kinship}$ = 60.1, 95% CI [56.0, 64.2], p = .000; and M $_{Permanent}$ = 61.9, 95% CI [51.6, 72.3], p = 000. M $_{Independent}$ = 34.2, 95% CI [22.2, 46.3] was lower than M $_{Foster}$ (p = .000), M $_{Kinship}$ (p = .000), and M $_{Permanent}$ (p = .000).

A univariate ANOVA comparing mean ratings of respondents' involvement in extracurricular sport between Sexes was significant: $F_{(1, 1147)}$ = 6.9, p = .009. M $_{Female}$ = 54.1, 95% CI [50.9, 57.3] was lower than M $_{Male}$ = 60.4, 95% CI [57.0, 63.8].

A univariate ANOVA comparing mean ratings of respondents' involvement in extracurricular sport between Age Groups was significant: $F_{(1, 1147)}$ = 32.9, p = .000. M $_{15-18}$ = 47.7, 95% CI [43.7, 51.7] was lower than M $_{10-14}$ = 61.9, 95% CI [59.0, 64.7].

[96] A univariate ANOVA comparing mean ratings of respondents' concern about weight across Jurisdictions was significant: $F_{(7, 1147)}$ = 2.3, p = .023. The significant difference was because M $_{TAS}$ = 15.8, 95% CI [11.1, 20.6] was considerably lower than M $_{VIC}$ = 28.7, 95% CI [23.7, 33.8], p = .009.

A univariate ANOVA comparing mean ratings of the respondents' concern about weight across Placement Type was significant: $F_{(4, 1147)}$ = 6.2, p = .000. M $_{Residential}$ = 34.2, 95% CI [27.8, 40.6] was higher than M $_{Foster}$ = 19.0, 95% CI [16.5, 21.5], p = .000; M $_{Kinship}$ = 22.4, 95% CI [19.1, 25.7], p = .000; and M $_{Permanent}$ = 19.2, 95% CI [10.5, 27.9], p = 000. M $_{Independent}$ = 26.6, 95% CI [22.2, 46.3] was higher than M $_{Foster}$ (p = .000), M $_{Kinship}$ (p = .000), and M $_{Permanent}$ (p = .000).

A univariate ANOVA comparing mean ratings of respondents' concern about weight across Cultural Groups was significant: $F_{(2, 1147)}$ = 6.6, p = .001. M $_{Other}$ = 37.2, 95% CI [27.0, 47.5] was higher than M $_{Anglo-Aus}$ = 22.0, 95% CI [19.6, 24.4], p = .003; and M $_{Indigenous}$ = 19.9, 95% CI [16.9, 23.0], p = .001.

A univariate ANOVA comparing mean ratings of respondents' concern about weight between Sexes was significant: $F_{(1, 1147)}$ = 14.6, p = .000. M $_{Female}$ = 25.1, 95% CI [22.6, 27.7] was higher than M $_{Male}$ = 18.0, 95% CI [15.3, 20.6].

A univariate ANOVA comparing mean ratings of respondents' concern about weight between Age Groups was significant: $F_{(1, 1147)}$ = 16.1, p = .000. M $_{10-14}$ = 19.2, 95% CI [17.0, 21.4] was lower than M $_{15-18}$ = 27.0, 95% CI [23.8, 30.3].

[97] A univariate ANOVA comparing mean ratings of respondents' learning experience across Jurisdictions was significant: $F_{(7, 1143)}$ = 3.6, p = .001. M $_{ACT}$ = 62.0, 95% CI [53.7, 70.3] was lower than M $_{NSW}$ = 75.3, 95% CI [71.7, 78.8], p = .025, M $_{TAS}$ = 75.7, 95% CI [71.8, 79.6], p = .033, M $_{WA}$ = 77.7, 95% CI [72.7, 82.8], p = .019. M $_{NT}$ = 64.4, 95% CI [58.2, 70.6] was lower than M $_{NSW}$ (p = .025), M $_{TAS}$ (p = .039), M $_{WA}$ (p = .024).

A univariate ANOVA comparing mean ratings of the respondents' learning experience across Placement Type was significant: $F_{(4, 1143)}$ = 21.8, p = .000. M $_{Residential}$ = 55.2, 95% CI [49.3, 61.1] was lower than M $_{Foster}$ = 76.4, 95% CI [74.2, 78.6], p = .000; M $_{Kinship}$ = 74.7, 95% CI [72.0, 77.4], p = .000; and M $_{Permanent}$ = 75.8, 95% CI [69.0, 82.5], p = 000. M $_{Independent}$ = 52.5, 95% CI [42.5, 62.5] was higher than M $_{Foster}$ (p = .000), M $_{Kinship}$ (p = .000), and M $_{Permanent}$ (p = .000).

A univariate ANOVA comparing mean ratings of the respondents' learning experience between Age Groups was significant: $F_{(1, 1143)}$ = 11.6, p = .001. M $_{10-14}$ = 74.8, 95% CI [72.8, 76.8] was higher than M $_{15-18}$ = 68.9, 95% CI [66.0, 71.8].

[98] Comparison of which individuals provide educational support over Jurisdictions:
Teacher Aide: NT: O: 24 (E: 33); QLD: O: 131 (E: 89); VIC: O: 40 (E: 54); $\chi^2_{(7)}$ = 30.1, p = .000.
Specialist Tutor: NSW: O: 53 (E: 46); QLD: O: 63 (E: 55); TAS: O: 10 (E: 28); $\chi^2_{(7)}$ = 16.8, p = .019.
Friend: QLD: O: 79 (E: 97); SA: O: 46 (E: 33); TAS: O: 65 (E: 50); $\chi^2_{(7)}$ = 16.0, p = .025.
Carer Family: ACT: O: 16 (E: 10); QLD: O: 41 (E: 48); TAS: O: 11 (E: 24); VIC: O: 36 (E: 29); $\chi^2_{(7)}$ = 15.0, p = .035.

[99] Comparison of which individuals provide educational support over Placement Type:
No one: Foster: O: 69 (E: 88); Residential: O: 35 (E: 18); Independent: O: 14 (E: 6); $\chi^2_{(4)}$ = 28.1, p = .000.
Carer: Foster: O: 396 (E: 353); Residential: O: 44 (E: 73); Independent: O: 9 (E: 27); $\chi^2_{(4)}$ = 29.6, p = .000.
Teacher Aide: Foster: O: 223 (E: 191); Kinship: O: 90 (E: 112); Residential: O: 28 (E: 40); $\chi^2_{(4)}$ = 13.3, p = .010.
Carer Family: Permanent: O: 19 (E: 10); Residential: O: 4 (E: 22); $\chi^2_{(4)}$ = 23.9, p = .000.

[100] Comparison of which individuals provide educational support between Age Groups:
No one: 10–14: O: 94 (E: 112); 15–18: O: 80 (E: 61); $\chi^2_{(1)}$ = 8.9, p = .003.
Carer: 10–14: O: 493 (E: 450); 15–18: 202 (E: 244); $\chi^2_{(1)}$ = 11.4, p = .001.
Comparison of which individuals provide educational support between Sexes:
Friend: Female: O: 257 (E: 229); Male: O: 153 (E: 180); $\chi^2_{(1)}$ = 7.4, p = .006.
Teacher Aide: Female: O: 189 (E: 210); Male: 187 (E: 165); $\chi^2_{(1)}$ = 5.0, p = .025.

[101] A univariate ANOVA comparing mean ratings of the respondents' Involvement in education planning between Age Groups was significant: $F_{(1, 1143)}$ = 8.9, p = .003. M $_{10-14}$ = 75.9, 95% CI [73.7, 78.0] was lower than M $_{15-18}$ = 81.2, 95% CI [78.5, 84.0].

A univariate ANOVA comparing mean ratings of respondents' Involvement in education planning between Sexes was significant: $F_{(1, 1143)} = 4.1$, $p = .043$. $M_{Female} = 79.3$, 95% CI [77.1, 81.6] was higher than $M_{Male} = 75.8$, 95% CI [73.2, 78.4].

[102] Comparison of number of respondents who reported having an IEP (Yes, No, Unsure) over Placement Type: $\chi^2_{(8)} = 22.3$, $p = .004$.

Comparison of number of respondents who reported having an IEP (Yes, No, Unsure) between Age Groups: $\chi^2_{(2)} = 10.1$, $p = .007$.

[103] A univariate ANOVA comparing mean ratings of respondents' Involvement in preparing an IEP across Jurisdictions was significant: $F_{(7, 390)} = 2.5$, $p = .017$. None of the post hoc comparisons reached significance at $p < .05$.

A univariate ANOVA comparing mean ratings of the respondents' Involvement in preparing an IEP between Age Groups was significant: $F_{(1, 390)} = 4.9$, $p = .028$. $M_{10-14} = 75.9$, 95% CI [73.7, 78.0] was lower than $M_{15-18} = 81.2$, 95% CI [78.5, 84.0].

[104] Pearson Product Moment Correlation between Involvement in developing an IEP and the perceived Helpfulness of IEP: $r = .46$, $n = 391$, $p = .000$.

[105] A 3 X 8 (Site X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the level of Bullying experienced in each of three sites (School, Placement, and Internet) in each of the eight Jurisdictions. Main effects were found for Site ($F_{(2, 2094)} = 282.9$, $p = .000$, partial eta squared = .200) and for Jurisdiction ($F_{(7, 1129)} = 3.8$, $p = .000$, partial eta squared = .023). No significant interaction was detected.

[106] A 3 X 5 (Site X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the level of Bullying experienced in each of three sites (School, Placement, and Internet) in each of the five Placement Types. Main effects were found for Site ($F_{(2, 2100)} = 138.0$, $p = .000$, partial eta squared = .109) and for Placement Type ($F_{(4, 1132)} = 16.2$, $p = .000$, partial eta squared = .054). However, an overriding significant interaction was detected ($F_{(7, 2100)} = 3.9$, $p = .000$, partial eta squared = .014).

[107] A 3 X 2 (Site X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the level of Bullying experienced in each of three sites (School, Placement, and Internet) in each Age Group. Main effects were found for Site ($F_{(2, 2099)} = 352.5$, $p = .000$, partial eta squared = .237) and for Age Group ($F_{(1, 1135)} = 19.0$, $p = .000$, partial eta squared = .016). No significant interaction was detected.

A 3 X 2 (Site X Sex) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the level of Bullying experienced in each of three sites (School, Placement, and Internet) in each Sex. Main effects were found for Site ($F_{(2, 2103)} = 382.1$, $p = .000$, partial eta squared = .252) and for Age Group ($F_{(1, 1135)} = 33.5$, $p = .000$, partial eta squared = .029). No significant interaction was detected.

[108] A 5 X 8 (Care Area X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of Importance of having a say in each of five Areas over the eight Jurisdictions. Main effects were found for Area ($F_{(3, 3973)} = 21.0$, $p = .000$, partial eta squared = .019) but not for Jurisdiction ($F_{(7, 1093)} = 2.0$, $p = .051$, partial eta squared = .013). However, an overriding significant interaction was detected ($F_{(25, 3973)} = 2.6$, $p = .000$, partial eta squared = .016).

A 5 X 2 (Care Area X Sex) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of Importance of having a say in each of five Areas between females and males. Main effects were found for Area ($F_{(3, 4004)} = 21.7$, $p = .000$, partial eta squared = .019) and for Sex ($F_{(1, 1099)} = 8.9$, $p = .003$, partial eta squared = .008). However, an overriding significant interaction was detected ($F_{(3, 4004)} = 3.4$, $p = .011$, partial eta squared = .003).

[109] Comparison of number of respondents who reported being very likely to talk with someone about concerns in care by Jurisdiction: $\chi^2_{(7)} = 23.1$, $p = .002$.

[110] An 8 X 8 (Support Person X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the likelihood of their talking with the support Persons about concerns in care in each of the eight Jurisdictions. Main effects were found for Persons ($F_{(6, 6852)} = 239.2$, $p = .000$, partial eta squared = .180) and for Jurisdiction ($F_{(7, 1093)} = 3.1$, $p = .003$, partial eta squared = .019). However, an overriding significant interaction was detected ($F_{(43, 6852)} = 2.7$, $p = .000$, partial eta squared = .017).

[111] An 8 X 5 (Support Person X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the likelihood of their talking with the support Persons about concerns in care in each of the five Placement Types. Main effects were found for Persons ($F_{(6, 6969)} = 75.8$, $p = .000$, partial eta squared = .065) and for Placement Type ($F_{(4, 1096)} = 3.6$, $p = .003$, partial eta squared = .019). However, an overriding significant interaction was detected ($F_{(43, 6852)} = 2.7$, $p = .006$, partial eta squared = .013).

An 8 X 2 (Support Person X Culture Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the likelihood of their talking with the support Persons about concerns in care among the Culture Groups. Main effects were found for Persons ($F_{(6, 6871)} = 89.7$, $p = .000$, partial eta squared = .076) and for Culture Group ($F_{(2, 1098)} = 3.8$, $p = .022$, partial eta squared = .007). No significant interaction was detected.

An 8 X 2 (Support Person X Age Group) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the likelihood of their talking with the support Persons about concerns in care between the Age Groups. A main effect was found for Persons ($F_{(6, 6969)} = 268.8$, $p = .000$, partial eta squared = .197) but not for Age Group ($F_{(1, 1099)} = 0.5$, $p = .495$, partial eta squared = .000). However, an overriding significant interaction was detected ($F_{(6, 6938)} = 2.7$, $p = .000$, partial eta squared = .017).

An 8 X 2 (Support Person X Sex) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of the likelihood of their talking with the support Persons about concerns in care between the Sexes. A main effect was found for Persons ($F_{(6, 6884)}$ = 324.2, p = .000, partial eta squared = .228) but not for Sex ($F_{(1, 1099)}$ = 0.02, p = .892, partial eta squared = .000). However, an overriding significant interaction was detected ($F_{(6, 6884)}$ = 3.8, p = .001, partial eta squared = .003).

[112] Comparison of number of respondents who reported giving positive feedback to carers and caseworkers by Jurisdiction: $\chi^2_{(7)}$ = 47.7, p = .000.
Comparison of number of respondents who reported giving positive feedback to carers and caseworkers by Culture: $\chi^2_{(2)}$ = 6.6, p = .036.

[113] Comparison of number of respondents who reported knowing how to make a complaint by Jurisdiction: $\chi^2_{(7)}$ = 27.9, p = .000.

[114] Comparison of number of respondents who reported having made a complaint by Jurisdiction: $\chi^2_{(7)}$ = 26.7, p = .000.
Comparison of number of respondents who reported having made a complaint by Placement Type: $\chi^2_{(4)}$ = 94.5, p = .000.
Comparison of number of respondents who reported having made a complaint by Culture: $\chi^2_{(2)}$ = 7.6, p = .023.
Comparison of number of respondents who reported having made a complaint by Age Group: $\chi^2_{(1)}$ = 40.8, p = .000.
Comparison of number of respondents who reported having made a complaint by Sex: $\chi^2_{(1)}$ = 9.6, p = .002.

[115] A univariate ANOVA comparing mean ratings of respondents' Happiness with how their complaint was handled by Placement Type was significant: $F_{(4, 369)}$ = 4.1, p = .003. $M_{Residential}$ = 41.5, 95% CI [33.4, 49.6] was lower than M_{Foster} = 60.5, 95% CI [55.5, 65.4], p = .001; and $M_{Kinship}$ = 59.0, 95% CI [50.2, 67.8], p = .034.

[116] Comparison of number of respondents who wanted to complain but decided not to by Jurisdiction: $\chi^2_{(7)}$ = 14.3, p = .047.
Comparison of number of respondents who wanted to complain but decided not to by Placement Type: $\chi^2_{(4)}$ = 31.5, p = .000.
Comparison of number of respondents who wanted to complain but decided not to by Age Group: $\chi^2_{(1)}$ = 8.0, p = .005.
Comparison of number of respondents who wanted to complain but decided not to by Sex: $\chi^2_{(1)}$ = 17.8, p = .000.

[117] A 10 X 8 (Life Skill X Jurisdiction) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of their Confidence in their handling each of 10 Life Skill areas in each of the eight Jurisdictions. A main effect was found for Life Skill ($F_{(7, 2874)}$ = 48.2, p = .000, partial eta squared = .115) but not for Jurisdiction ($F_{(7, 370)}$ = 1.2, p = .304, partial eta squared = .022). No interaction was detected.

[118] A 10 X 5 (Life Skill X Placement Type) mixed ANOVA with repeated measures on the first factor (using the Greenhouse-Geisser correction) was performed comparing mean ratings by respondents of their Confidence in their handling each of 10 Life Skill areas in each of the five Placement Types. Main effects were found for Life Skill ($F_{(7, 2894)}$ = 31.4, p = .000, partial eta squared = .078) and for Placement Type ($F_{(4, 373)}$ = 3.8, p = .005, partial eta squared = .039). No interaction was detected.

[119] A univariate ANOVA comparing mean ratings of respondents' level of Concern with becoming independent by Placement Type was significant: $F_{(4, 408)}$ = 3.9, p = .004. $M_{Residential}$ = 52.7, 95% CI [41.4, 63.9] was higher than M_{Foster} = 36.1, 95% CI [31.0, 41.2], p = .040; and $M_{Kinship}$ = 28.9, 95% CI [21.5, 36.4], p = .003.
A univariate ANOVA comparing mean ratings of respondents' level of Concern with becoming independent by Sex was significant: $F_{(1, 408)}$ = 4.1, p = .043. M_{Female} = 40.3, 95% CI [35.5, 45.1] was higher than M_{Male} = 32.6, 95% CI [27.0, 38.2].

[120] Comparison of number of respondents who would speak to No One by Placement Type: $\chi^2_{(4)}$ = 22.1, p = .000.
Comparison of number of respondents who would speak to Carer by Placement Type: $\chi^2_{(4)}$ = 30.2, p = .000.
Comparison of number of respondents who would speak to Caseworker by Placement Type: $\chi^2_{(4)}$ = 11.0, p = .027.

[121] Comparison of number of respondents who reported having a transition plan by Jurisdiction: $\chi^2_{(14)}$ = 36.9, p = .001.

[122] Pearson Product Moment Correlation between Involvement in developing a transition plan and the perceived Usefulness of the plan: r = .37, n = 83, p = .001.

[123] Comparison of number of respondents who reported having knowledge of their Jurisdiction's Charter of Rights for Children and Young People in Out-of-Home Care: $\chi^2_{(14)}$ = 39.1, p = .000.

[124] A univariate ANOVA comparing mean ratings of respondents' estimate of how well cared for they had been within the system by Jurisdiction was significant: $F_{(7, 1161)}$ = 4.1, p = .000. M_{ACT} = 51.1, 95% CI [41.6, 60.6] was lower than M_{NSW} = 69.2, 95% CI [64.9, 73.4], p = .004; M_{TAS} = 68.1, 95% CI [63.1, 73.1], p = .016; and M_{WA} = 74.0, 95% CI [68.7, 79.2], p = .001.

[125] A univariate ANOVA comparing mean ratings of respondents' estimate of how well cared for they had been within the system by Placement Type was significant: $F_{(4, 1091)}$ = 11.7, p = .000. $M_{Residential}$ = 49.1, 95% CI [42.7, 55.5] was lower than M_{Foster} = 69.2, 95% CI [66.6, 71.7], p = .000; and $M_{Kinship}$ = 66.5, 95% CI [63.0, 69.9], p = .000.

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