

Views of Children and Young People in Care

2006 HEALTH REPORT CARD

January 2006

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CREATE Foundation

CREATE Foundation (formerly known as the Australian Association of Young People in Care, AAYPIC) and its networks in each state and territory of Australia, was established in 1993 to provide a consumer voice from within the care system. During this time CREATE has effectively provided this voice and initiated major reforms in the care of children and young people in this country.

Most importantly, the direct participation and input by children and young people has provided governments and agencies with new solutions to address widespread and systemic problems in the care system of Australia.

CREATE runs programs and services to:

- Connect children and young people in care to each other and their communities
- Build skills and resources for children and young people in care
- Change the care system from the inside out through the participation of children and young people in care themselves.

The CREATE Foundation is an organisation run by, with, and for children and young people in care and those who have previously been in care. CREATE exists to improve the life opportunities of children and young people from birth to twenty-five years who are or have been unable to live with their parents and are placed in out of home care.

One of the ways in which CREATE Foundation promotes life opportunities of children and young people in care is by informing the community and governments about how well they are being protected and cared for across Australia. This involves identifying key issues impacting on the protection and care of children and young people in care, collecting information about their needs and their progress in care, then making this information available to others.

CREATE is committed to promoting the safety and well being of children and young people in out of home care.

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ACKNOWLEDGEMENT

CREATE would like to thank everyone who contributed to the review and this report, in particular, the 281 children and young people who gave their time, their views and experiences, and shared their hopes and wishes for other children and young people in care.



INTRODUCTION

From May to July 2005, CREATE Foundation undertook a survey of a group of 281 children and young people in care aged 10 to 17 from all States and Territories across Australia randomly selected from CREATE's contact database. A copy of the questions asked are included as Appendix 1. These children and young people were interviewed in relation to:

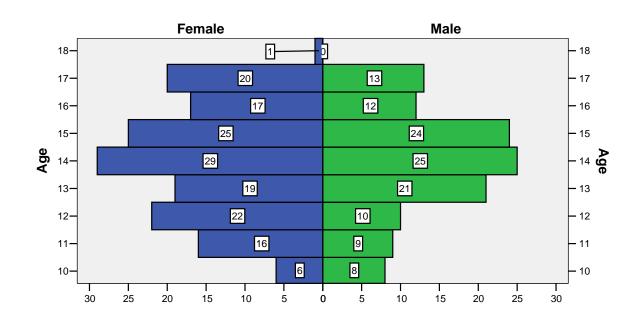
- Care placements
- Departmental experience
- General health
- Wellbeing
- Support structures to assist in healthy outcomes

The sample of children and young people is not representative of the overall population of children and young people in care, but as with previous report cards of the same nature, provides a strong snapshot of the experiences of many children and young people in care.

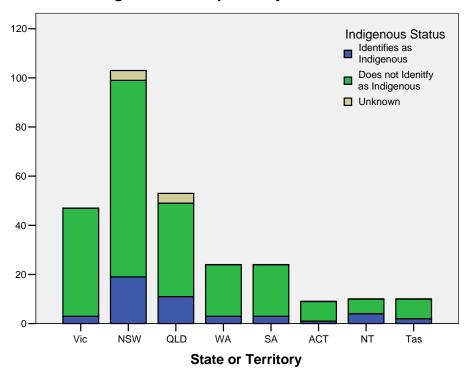
Of the 281 participants, one hundred and fifty-eight were female (56.2%), and one hundred and forty-three were male, with all 280 in the age group 10-17 years (one participant has just turned eighteen at the time of interviewing).

Forty-six children and young people identified as Indigenous Australians, equating to approximately 16.5% of the participant group, and thirty-five (12.5%) indicated that they spoke a language other than English in their home or care environment.

Participation by Age and Gender



Indigenous Participation by Jurisdiction



^{*}Please note one participant from South Australia did not answer this question

State Participation

As indicated, participants came from all States and Territories, with larger participation rates in jurisdictions that have larger care populations.

State	VIC	NSW	QLD	WA	SA	ACT	NT	TAS
Total Participants	47	103	53	24	25	9	10	10
Indigenous Participants	3	19	11	3	3	1	4	2

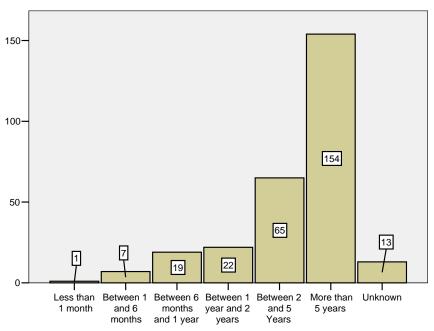
Report Card Counts by Jurisdiction				
Location	Total Complete	State Care Population (10- 17 Years)*	Participation Rate	
NT	10	97	10.31%	
QLD	53	1839	2.88%	
WA	24	543	4.42%	
NSW	103	4074	2.53%	
ACT	9	156	5.77%	
VIC	47	2271	2.07%	
SA	25	610	4.10%	
TAS	10	238	4.20%	
Total	281	9828	2.86%	

^{*}Based on AIHW point of time data at 30/6/04

Length of time in care

The children and young people who participated in the Report Card tended to have been in care for much longer periods than those in the entire care population. Over 75% of respondents had been in care for more than two years, in contrast to the most recent national AIHW figures (AIHW, 2005) which indicate that approximately fifty percent of children and young people have been in care for two years or longer. This distribution reflects the duration of time in care identified in previous Report Cards (see CREATE Foundation 2004a, 2004b, 2003), and also mirrors Report Card data relating to time in current placement not shown here.

Participant Duration in All Care Placements

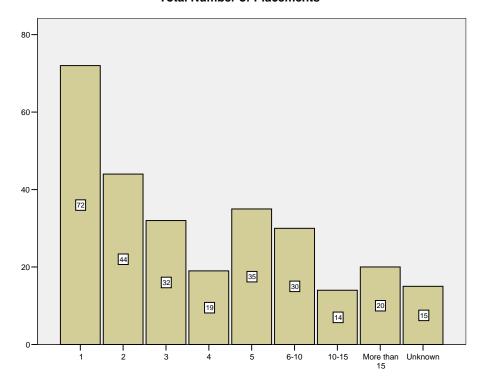


Length of Time in Care

Number of placements

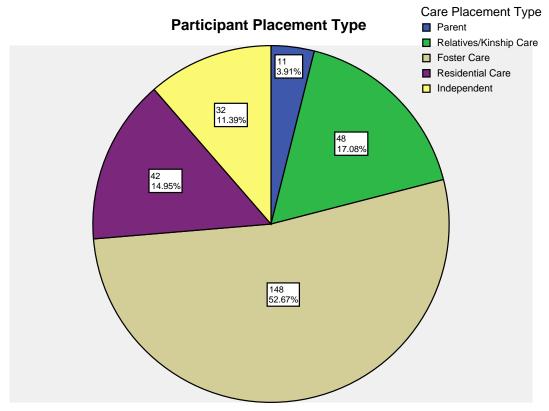
Over 52% of the children and young people have had three or less placements, while 28% of the children and young people CREATE surveyed had more than five placements. Over 18% had more than 10 placements.

Total Number of Placements



Current Placement Type

Just over half (52.6%) of children and young people surveyed live in foster care (national average 53%) and 17.1% live with relatives (national average 40%) 15% live in residential care (national average 4%), 11.4% live in other independent situations and 3.9% have returned to live with their birth family.

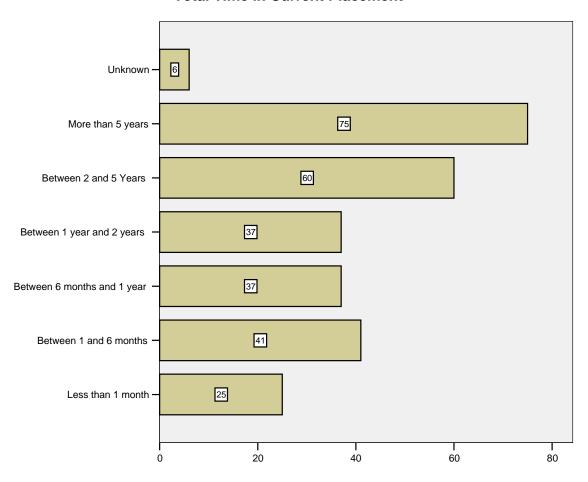


Note: Independent category refers to children and young people in supported accommodation, lead-tenant housing, SAAP-funded accommodation, and those living in accommodation without a parent, older family member or identified carer present.

Length of time in current placement

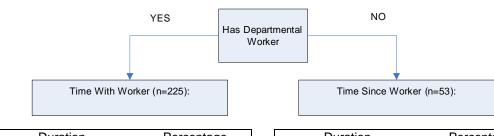
More than a quarter (26.7%) of children and young people surveyed had been in their current placement for more than 5 years. A further 21.4% had been in their current placement for 2 to 5 years. 13.2% had been in their placement for 1 to 2 years and approximately 36% had been in their placement for 12 months or less.

Total Time in Current Placement



Relationship with Departmental Worker

Fifty-three children and young people indicated that they did not have a departmental worker at the time of interviewing. Over thirty percent of these children and young people indicated that they had not has a worker for over 12 months. Of those who did have a departmental worker, approximately fifty-seven percent indicated that they had been allocated this worker for a period of less than 12 months. The overall number of workers that children identified as having some involvement in their case varied, with large numbers of young people reporting only a few workers, yet similarly large numbers reporting a large number of workers.



Percentage
9.33
6.67
12.89
12.44
15.56
31.11
12.0

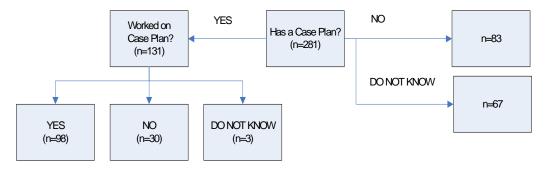
Duration	Percentage
Less than 1 month	5.66
1-2 months	1.89
2-3 months	7.55
4-6 months	3.77
6-12 months	11.32
Over 12 months	32.08
Unknown	43.40

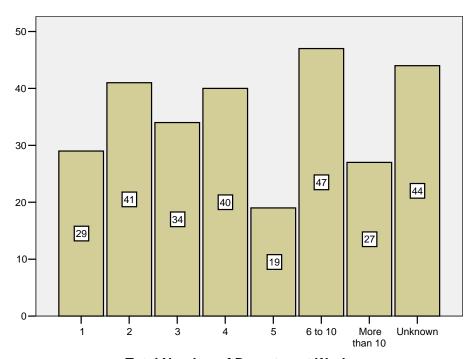
Note: Three participants did not respond to this question

For the children and young people who did have a Departmental worker, the continuity of that contact appeared to be an issue. Of the children and young people who recalled how long they had been allocated their current worker, nearly two-thirds indicated that they had spent less than 12 months with their current worker.

Less than half of respondents indicated that they had a current case plan, with eightythree participants indicating they did not have a current case plan, and sixty-seven unsure of whether a case plan had been developed.

Of the children and young people who had a case plan, three-quarters actively participated in developing that plan. The number of participants who did not know whether they had a case plan, or indicated that they did not have a plan is of great concern. Case plans present important opportunities for children and young people to plan for their future, and to set identified goals with their case workers and other important people in their lives.





Total Number of Department Workers

HEALTH STATUS

To date, there is limited population-level research with which to compare the Report Card findings within Australia. In general terms, the overall health and wellbeing of Australians is of a high level, with ongoing increases in average life expectancy, decreases in the prevalence of preventable conditions, and improved treatment outcomes for the majority of diseases and conditions (AIHW, 2005). The health status of those under eighteen years of age mirrors this, with most Australian children and young people enjoying good health, and decreases in childhood morbidity and mortality (AIHW, 2004). Just over eighty-six percent of those surveyed for the Health Report Card indicated that their health was of a "good" or "excellent" standard.

I always feel good. I never get sick, it's just my skin on my face that's sometimes not good. -Jemma, 13

	Description of Health	
	Number	Percentage
Poor	5	1.8%
Fair	27	9.6%
Good	131	46.6%
Excellent	112	39.9%
Unknown	6	2.1%
Total	281	100.0%

IDENTIFIED ISSUES AFFECTING HEALTH AND WELLBEING

Thirty-nine participants (13.9%) identified as having at least one disability, whilst eighty-three (29.5%) identified as having at least one medical condition. Nineteen participants identified as having both at least one disability and at least one health condition (6.8%). Upon closer analysis, it seemed that in many instances there was little difference between what children and young people identified as a disability in contrast to a health condition. For example, for some participants, a diagnosis of ADHD was identified as a condition, while others identified ADHD as a disability.

As a result of the inconsistency in responses disabilities and conditions were then counted jointly, with one hundred and three participants (36.7%) indicating having a medical condition and/or disability, with nine participants (3.2 %)identifying two or more unrelated medical conditions.

Disability/Condition Type	Examples	Number	Percent
Respiratory	Asthma	47	16.7%
Behavioural or Learning	ADHD, Autism, Learning Condition	33	11.7%
Sensory	Hearing Impaired, Visually Impaired*	5	1.8%
Mental Health	Clinical Depression, Obsessive Compulsive Disorder, Schizophrenia	9	3.2%
Musculoskeletal	McCardle Disease, Sotos Syndrome, Rheumatoid Arthritis	9	3.2%
Other	Epilepsy, Cerebral Palsy, Heart Condition	12	4.3%

^{*} In this context, *Visually Impaired* refers to participants with a recognised condition that is unable to be addressed through the use of corrective lenses.

Working out and getting exercise is important to me. I also try and eat well when I can afford to. It's also important for me to be true to myself.

-Moo Moo, 17

MENTAL HEALTH AND CLINICAL BEHAVIOURAL CONDITIONS

Case workers should actually listen to kids instead of doing what they want. It takes kids time to adjust and talk about your feelings. Government needs to have groups kids can talk to about sorting out your feelings. The first two weeks in care was really hard. It really hurts when you can't talk about your feelings.

-Tim Tam, 13

Mental health problems, and severe behavioural conditions whilst often not as obvious as physical problems can have equally severe long-term outcomes. Report Card results indicated that 14.9% of those surveyed experienced mental health or behavioural problems.

SERVICE USAGE AND HEALTH INDICATORS

Children and young people were asked to reflect on their recent service usage and access to services if required for optical, hearing related and dental services, as well as general practitioner (GP) access and utilisation.

<Department Name> should have more people to take them to doctors etc.
I found it hard to get there and getting the medication
- J. 17

Primary Health Care

One hundred and ninety-two (68.3%) children and young people visited a doctor within the past six-months, with a further eighty-two (29.2%) reporting that they had visited a doctor more than six months ago. Five respondents did not know when they had last seen a doctor, and one young person did not answer this question. As observed below, the majority of children and young people (95%) identified having ready access to GP services when required, with eight participants indicating that they did not have ready access to a GP when required.

Have Ready Access to Doctor				
	Number	Percentage		
Yes	267	95.0%		
No	8	2.9%		
Do Not Know	6	2.1%		
Total	281	100.0%		

Optical Health

Sixty-eight children and young people (24.2%) reported having some problems with their sight, with twenty-four (8.5%) indicating that they did not have problems with their eyesight. The remaining two thirds of respondents were unsure as to whether they had problems with their sight. Just under one third (91) children and young people indicated

that they wore corrective lenses to rectify sight problems Two hundred and eight of the 281 surveyed indicated that they had received an eyesight test whilst in care, with one hundred and ninety-nine identifying having visited an optometrist during the last six months.

Aural Health

Forty-six participants identified as having a hearing problem (15.7%), with other children and young people indicating that they do not have any hearing problems. Two hundred and thirty-one (82.2%) had received a hearing check whilst in care, with only, twenty-five children and young people indicating had not received a hearing check in their life (8.9%). Just under half of the participants (130) had underwent a hearing check during the last six months, with 126 having a hearing check more than six months ago.

Dental Health

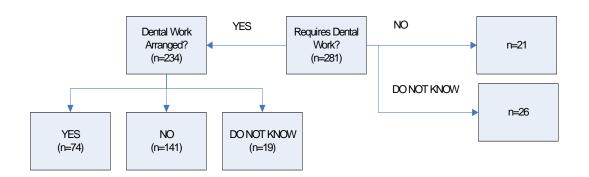
Sometimes I don't have enough money to visit a doctor.

I visit the dentist when I can afford to.

-Moo Moo, 17

In comparison to other health service findings, access to dental services appeared to be the most lacking. One hundred and fifty-eight children and young people indicated that they did not have ready access to a dentist (56.2%). Two hundred and thirty-four children and young people identified as requiring some form of dental work (83.1%). Of those who required dental work, only seventy-four (31.3%) identified having arrangements in place to enable the work to occur. Perhaps most concerning was the finding that one hundred and twenty-nine of the 158 children and young people (81.6%) who did not have access to a dentist identified that they required dental work.

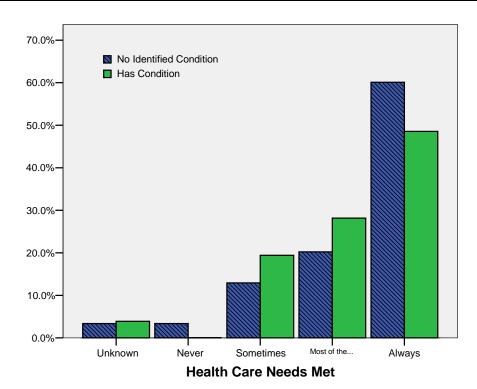
	Have Ready Access to Dentist	
	Number	Percentage
Yes	107	38.1%
No	158	56.2%
Do Not Know	16	5.7%
Total	281	100.0%



SATISFACTION WITH HEALTH OUTCOMES

As indicated below, over three-quarters of participants indicated that they felt their health needs were met always, or most of the time. Interestingly, there was no noticeable difference between those who had an identified condition, and those who did not in terms of their perceptions of their needs being met.

	Health Needs Met	
	Number	Percentage
Never	6	2.1%
Sometimes	43	15.3%
Most of the Time	65	23.1%
Always	157	55.9%
Do Not Know	10	3.6%
Total	281	100.0%



SUPPORT FOR POSITIVE HEALTH OUTCOMES

Health treatment is expensive and not enough assistance is given to young people in general. Just reducing costs of medications isn't enough. Number of doctors bulk billing is decreasing and some treatments are not covered that are necessary but unaffordable -Penny, 17

Help with your health needs to be offered when you leave care. I have to do everything and I don't know what's out there and where I need to go. I also don't like having to ask for help all the time. Before you leave care you need this information.

-Moo Moo, 17

Some of the comments and responses by children and young people in care provide insight into some of the barriers to children and young people fully realising positive health outcomes. There was substantial overlap in the themes presented across the questions, so these will be addressed jointly.

What are the most important things for you about your health and feeling well?

Diet and fitness were the two most common aspects of health and wellbeing identified as important by young people.

Important Issue	Number of Participants
Diet	105
Eating healthy	
Eat more fruits and vegetables	
Eat less junk food	
Drink more water	
Fitness	77
Get Fit	
Do more exercise	
Run and get healthy	
Play more sport	
Sleep	24
Get more sleep	
Sleep in less	
Medical Help	19
Need to go to the doctor	
I need an operation	
To see a dentist	
Hygiene	14
Having personal hygiene products	
Being hygienic	
Sexual and Gynaecological Health	14
Antenatal classes	
Sexual health is important for young people to learn about	
Underweight/Overweight	7
Dental Needs	7
Mental Health	4
Smoking	4

If there were one thing about your health you would like to be improved, what would it be?

The most common things identified by young people about their health that they would like to improve were their fitness, diet, weight and specific health complaints.

Area of Health that could be improved	Number of Participants
Fitness	22
I'd like to be fit	
Get fit – I'm starting to get fat	
Diet	20
Eat stuff that's healthy, I eat too many lollies	
Carer – kin or foster	15
My carer they went and told the school	
Underweight/Overweight	18
My weight - need to lose weight	
Specific Health Complaint	13
Getting my hip back to normal	
Stomach problem go away	
Dental	9
Dental care	
Get my teeth fixed	
Smoking/Smoking Related	8
New lungs as smoking has killed them	

How could the support you receive around dealing with health issues be improved?

Thirty-five young people indicated that the current support they were receiving was good. Listening and support from workers were the two most common improvements identified.

Support that Could be Received	Number of Participants
Currently Doing a Good Job	35
It's good at the moment	
All fine - feel supported	
It's fine. Worker is really good at helping	
Can't be improved, it's perfect	
Listen	9
To be listened to and have the right care given from people	
Support from Worker	8
Workers help me	
Faster Response	4
Financial Assistance	4

What advice would you like to give to the Government about the health needs of children and young people in care?

The most common advice provided by young people to government about the health needs of children and young people in care were to listen, to provide financial assistance and to provide support in accessing services.

Support that Could be Received	Number of Participants
Currently Doing an Appropriate Job	14
Everything's alright	
Listen	14
To be listened to and have the right care given from people	
Financial Assistance	13
More support and money put into the health care area	
Take gap away from bills so Medicare covers full cost	
Support Accessing Services	10
Promote Healthy Lifestyles	6
Faster Response	6
Hospital queues too long	

Poverty

(I need) money for health care and food -K. 16

Medication is hard to get in terms of having the money Kitty, 17

The number of respondents who identified personal finances as a barrier to realising their full health outcomes was concerning. Participants identified money as a barrier to many aspects of their health care, most disturbingly in relation to nutrition. Of the ten participants who identified food or nutrition as a health concern, six children and young people identified money as the core issue relating to this. These children and young people felt that they had insufficient financial resources to eat properly, and maintain other necessities in their lives. Finances also limited some children and young people's access to health services such as dentists, or being able to afford prescribed and non-prescribed medication.

Federal Health and Entitlement Support

Take gap away from bills so Medicare covers full cost -SM, 14

Soon as you enter care obtain own Health Care Card
- it's too complicated otherwise
-Grim Little B, 14

Access to the universal health scheme, Medicare were identified by a number of young people as a significant issue. For some participants, being unable to access a Medicare card for treatment was their issue of greatest concern, whereas for others, the complexity in obtaining a concession card to enable cheaper health care costs proved problematic. Even for those with access to concessions, declines in the number of bulk-billing health care providers caused strain for children and young people.

The life circumstances of many children and young people in care meant that existing systems and processes designed to cater for families were incompatible with the need of some participants. Complications relating to change in residence, verifying income and changing name were most frequently raised by participants.

Listening to Children and Young People in Care

Listen to kids more, when they say they want or need something, listen -Vic. 17

Listen to us - we have a voice too -Danny, 14

Children and young people interviewed through the report card indicated the importance of having their voices heard in relation to their health needs. A number identifying a lack of attention being paid to their health needs as a key cause for their desired health outcomes being frustrated. Consistent with previous Report Card findings, children and young people indicated that they would like their perceptions considered and that believe responding to their statements and requests presents a key way to improve their health outcomes.

Supporting Access to Health Services

I don't have any support at the moment. I would like support as I have to organise everything. -Moo Moo. 17

A number of survey participants identified a lack of support in accessing services as a key barrier to having their needs met. The need to negotiate a health system designed to be brokered by adults is difficult, with literacy, confidence and a lack of systems knowledge compromising young people's entry to the system. In the survey, it was expressed that children and young people in care would like the support of carers, workers or other important people in their lives to assist them in getting appointments, or finding the right service to meet their health needs.

Timely Response

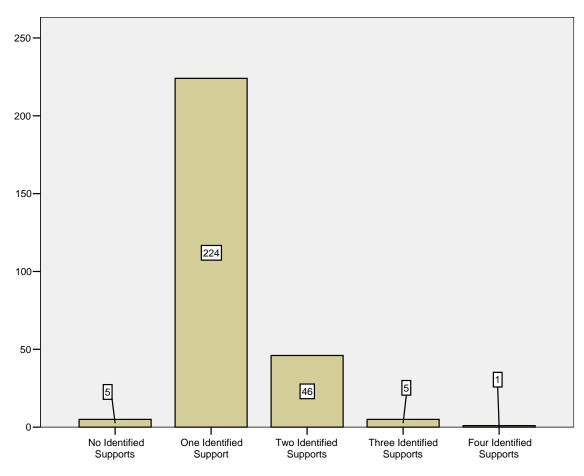
Medical needs met quicker - Justin, 15

A key frustration for many children and young people interviewed through the Report Card process was the time it took to access services. Those surveyed suggested more timely responses would assist them in realising their desired health outcomes.

SUPPORT FOR HEALTH NEEDS

The majority of children and young people who took part in the Report Card identified as having at least one person in their life that supported them in meeting their health needs.

Number of Identified Supports



	Source of Support	
	Number	Percentage
Birth Parent	27	9.6%
Foster Carer	140	49.8%
Worker	71	25.3%
Relatives	61	21.7%
Other Source	34	12.1%
No Sources	5	1.8%

Note: Total exceeds more than 100% because some children and young people identified multiple sources of support.

CONCLUSION

The first Health Report Card portrays a mixed picture of health for children and young people in care:

- In line with the majority of the Australian population, a high proportion of those in care believe their health to be of a high standard
- Findings do suggest a higher level of mental health and somatic complaints within the care population, though the exact numbers are unclear
- The receipt of dental services appears to be one area of particular concern, with large numbers of those in care reporting unmet dental needs, with a lack of organised service response
- Their remain issues that relate to children and young people's participation and support, particularly in terms of having access to their worker, and participating in key decisions about their lives, though these do not seem to have had a marked impact on health outcomes.

The outcomes of this survey provide insight into the health of children and young people in care. CREATE will seek to build on this and explore other aspects of health in the future.

The information gained from this survey is used to support CREATE Foundation's annual Report Cards that report on how well states and territories are meeting health priorities for children and young people in care across Australia.

A full version of CREATE Foundation's Health Report Card 2006 is available on our website www.create.org.au

APPENDIX 1

1.	Record nickname of child/young person		
pe	Record name that child or young person is happy to be identic careful with 'nicknames' that are identifying. begin with we have 15 quick questions that we are asking all ople in care, to gain a picture of what is happening for children re across Australia.	childre	n and young
2.	Record Gender		
	Female	□ 1	
	Male	□ 2	
3.	How old are you?		
	10	□ 1	
	11	□ 2	
	12	□ 3	
	13	□ 4	
	14	□ 5	
	15	□ 6	
	16	□ 7	
	17	□ 8	
1	NAME of Otata on Tamitam de concellina in O		
4.	What State or Territory do you live in?	1	
	VIC		
		N □2	
		O □ 3 □ 4	
		. ⊔4 □5	
		⊔ 5 T □ 6	
		□ 0	
	TAS		
5.	Do you identify yourself as being Aboriginal or Torres Strait Isl	ander?	•
	Aborigina		
	Torres Strait Islande		
		h □3	
	Neithe	er 🗆 4	
	Don't Know	w □ 5	

6. Do you mainly speak a language other than English at home?					
	□ 1				
	No	□ 2			
	Don't Know	□ 3			
7. Do you identify with having a disabili	tv?				
7. Do you lacitally with flaving a disabili	Yes	□ 1			
	No				
	Don't Know	□ 3			
Please record type of disability					
8. How long have you been in care?					
Tick box for relevant length of time for	in care for all placements				
	Less than 1 month	□ 1			
	1-6 months	□ 2			
	6mo-1 year	□ 3			
	1-2 years	□ 4			
	2-5 years	□ 5			
	More than 5 years	□ 6			
	Don't Know	□ 7			
9. What type of placement do you curre currently live with?	ently live in? For younger ch	nildren ask who do you			
Tick box for relevant type of plac	cement				
<i>,</i> , , , , , , , , , , , , , , , , , ,	Parent/s	□ 1			
	Relatives/Kinship Care	□ 2			
	Foster care	□ 3			
	Residential Care				
	Independent	□ 5			
Support Assistance Acco	mmodation Program SAAP	□ 6			
If OTHER, describe the type of p	Other	□ 7			
ii OTTIEN, describe the type of p	JIGGUIIGIIL				

10. How long have you been in the place	ce that you are curre	ntly livi	ng?
Tick box for relevant length of tin	ne		
3	□ 1		
	1-6 months	□ 2	
	6mo-1 year	□ 3	
	1-2 years	□ 4	
	2-5 years	□ 5	
	More than 5 years		□ 6
	Don't Know		□ 7
11. How many places have you lived in	since you first came	e into c	are?
Tick box for relevant number of p	olacements		
	1		□ 1
	2		□ 2
	3		□ 3
	4		□ 4
	5		□ 5
	6-10		□ 6
	10-15		□ 7
	more than 1	15	□ 8
	Don't know		□ 9
12. Do you have a departmental worker worker in your State or Territory e.g Fai			
	Yes	□ 1	Go to part a
	No	□ 2	Go to part b
If the	y say don't know -Ti	ck No	

(a) If yes, how long has this person been your Tick box relevant to length of time			
	Less than 1 month		□ 1
	1 month		□ 2
	2-3 months		□ 3
	4-6 months		□ 4
	6-12 months		□ 5
	Over 12 months		□ 6
	Don't know		□ 7
(b) If no, how long has it been since you Tick box relevant to length of time			
	Less than 1 month		□ 1
	1 month		□ 2
	2-3 months		□ 3
	4-6 months		□ 4
	6-12 months		□ 5
	Over 12 months		□ 6
	Don't know		□ 7
13. How many departmental workers (use the worker in your State or Territory e.g Family Sebeen in care?	rvices Officer) have y		
Tick box relevant to number of departm		□ 1	
	1 2	⊔ I □ 2	
	3	□ 2	
	4	□ 3	
	5	□ -	
	6 – 10	□ 6	
	More than 10	□ 7	
	Don't know		

14. Do you have a case plan?

Explain that a case plan is a plan about you and your future. It should include things like - what you need (health, education, activities), contact with your family, how long you will be in this placement for, where you will go in the future etc.

	Yes	□ 1	
	No	□ 2	Go to question 15
	Don't know	□ 3	Go to question 15
(a) If yes, were you involved in	working out yo Yes No	ur plan □ 1 □ 2	•
	NO	⊔ ∠	Go to question 15
(b) If yes, how were you involve	ed?		
Check if they were involved in tappropriate box. If they say no,	•	ays. If t	they say yes, tick the
	Worker talk	ed with	me □ 1
	Carer talked	d with n	ne □ 2
	I wrote dow	n what	I wanted □ 3
	I attended a	meetir	ng □ 4
	Other		□ 5
If OTHER, describe their involvement			

Thanks for that information. We are now going to ask you some questions about how your health needs are met while you are in care.

	e most important thin ure ask Thinking abo						
16. To what ext	ent do you think you are?	r healtl	h care ı	needs	have b	een met w	hile you
Never □ 1	Sometimes □ 2	Most	Of The	Time	□ 3	Always [] 4
					•••••		
			•••••				
17. How would	you describe your he	ealth?					
Excellent 1	Good □ 2		Fair [3		Poor 🗆	4
Comments							
	ve an ongoing health			e. asth	ıma, ep	ilepsy, dia	betes?
					Go to		
		Don				question 1 question 1	
401 16						•	J
	t are they?						
18c. Are you re	ceiving advice and t	reatme	nt?				
		Yes				part d.	
	Don't	No know	□ 2 □ 3			question 1 question 1	
						quodilon	Ü
				•••••			
18d. Are you sa	atisfied with the treat	ment?					
		Yes	□ 1				
	Don't	No know	□ 2 □ 3				

Comments				
19. When did you last visit a Doctor?				
	Less than 6 months ago □ 1 6 months ago or more □ 2 Never seen one □ 3			
19b. Are you able to visit a Doctor when	you need to? Yes □ 1 No □ 2 Don't know □ 3			
Comments				
20. When did you last visit a dentist?				
	Less than 6 months ago □ 1 6 months ago or more □ 2 Never seen one □ 3			
20b. Are you able to visit a Dentist when	n you need to?			
Don't I	Yes □ 1 No □ 2 know □ 3			
Comments				
21a. Is there dental work that you need t	to have done?			
	□ 1 Go to part b □ 2 Go to question 22 □ 3 Go to question 22			
21b. If yes, is this being arranged for you?				
Don't I	Yes □ 1 No □ 2 know □ 3			
Comments				
22a. Do you have any problems with you	ur sight?			

		Yes No		
22b. Do you wear glasses or contact	lenses	?		
		Yes No		
	□ 1 □ 2		re? Go to part b Go to question 23 Go to question 23	
22d. If yes, how long ago				
			months	
22e. Are there any comments you wou Comments				
23a. Do you have any problems with yo	our heai	ring?		
		Yes No		
23b. Have you had your hearing check	ed while	e in car	e?	
Yes No Don't know			Go to part b Go to question 24 Go to question 24	
23c. If yes how long ago?				
			than 6 months on this ago or more	□ 1 □ 2
23d. Are there any comments you wou Comments				
		•		
24. Who supports you to have your hea	alth nee	ds met	?	
Can choose more than one response				

Mother □ 1	Father □ 2	Foster Carer	Worker □ 4	Relative Carer □ 5	Other □ 6
be?			•		proved, what would it
26. How co		oort you receive		_	sues be improved?
children and	d young peo	ople in care?			health needs of
28. Any oth					
• • • • • • • • • • • • • • • • • • • •					

Thank them for completing the survey. Update them on what is happening with CREATE in your State/Territory. Check if there is any other information they would like about CREATE.