

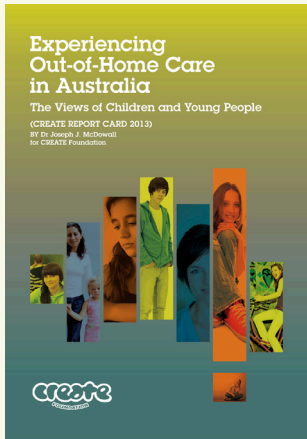
Experiencing Out-of-Home Care in Australia

The Views of Children and Young People

(CREATE REPORT CARD 2013)

BY Dr Joseph J. McDowall
for CREATE Foundation





Cover

The cover encapsulates the views and expressions of young people in care throughout Australia.

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CREATE Foundation

Vision: All children and young people with a care experience have the opportunity to reach their full potential

Mission: Creating a better life for children and young people in care

CREATE Foundation is a national not-for-profit organisation. Our objectives are to ensure that all children and young people in care are respected and listened to and are active participants in decisions which affect their lives. We aim to provide all children and young people in care with opportunities to create better life outcomes and to reach their full potential.

We work to effect systems changes for the benefit of all children and young people in care into the future by building community capacity with key stakeholders

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acknowledgements

There are many people to thank for contributing to the success of this, our biggest ever Report Card. Let's begin with the most important contributors of all, the children and young people who so willingly gave up their time to complete our survey so that we might learn from their experiences and make the care system better for the future.

Thanks to Dr Joseph McDowall, the author of the Report Card, for his continued commitment to promoting the voices of children and young people with a care experience; and for his dedication in the area of out-of-home care. His goal is that this research stimulates action and, to this end, Joseph has managed to make the words of children and young people come to life in this Report so that they can be heard and acted upon. Joseph was responsible for shaping this Report Card from beginning to end, working tirelessly with our team, and with Mediasphere our IT partners, to develop a truly bespoke survey tool that enabled us to collect information from children and young people in a "child friendly" manner.

The vision, support and encouragement from the CREATE Foundation Board of Directors sets the tone for each and every Report Card. Their recognition of the need to address the issues inherent in the system is only surpassed by their commitment to ensure that as many children and young people as possible are afforded the opportunity to have a say!

Thanks to our Policy and Research team (Rob Green, Audra McHugh, Amber Hall and Peta Jones), who coordinated training and provided support for CREATE staff and volunteers; and thanks to Ebony King for assistance with content analysis.

Our staff across the country worked tirelessly to reach as many children and young people as possible, despite significant obstacles. Special thanks go to our State Coordinators: Lucas Moore (Qld), Cathy Carnovale (Vic), Kylie Gibbs (Tas), Julia Clayton (ACT), Rob Martin (SA), Catherine Collier (NT) and Bianca Edwards and Stanya Sharota (NSW).

Without support from the state teams, this task could not have been completed. Our gratitude is also extended to our front-line staff in each state. Despite the lack of involvement from the Western Australian government in this project, the state team, led by Katherine Browne, has been actively involved in listening to the views of children and young people in WA and promoting them to the sector.

Our thanks are also extended to the many foster carers who supported this project and took the time to encourage the children in their care to participate. For this, we are incredibly grateful!

We have worked together with state and territory governments and our sector colleagues in partnership, to promote the survey to children and young people in the spirit of true collaboration. The collective commitment across government and NGOs to improve the care system to better meet the needs of children and young people is profound, in recognition of an earnest need to learn from the experiences of children and young people and to improve policy and practice.

For each Report Card, our amazing graphic designer Penny Ransby from Bench Creative breathes life into the text and does a great job designing the publication under impossibly tight timeframes; many thanks Penny, and thanks also to Kyal Osborne from Greenridge Press.

This year, we relied heavily on our corporate supporters and volunteers, who attended training and assisted us in the collection of data. We extend a huge thank you to our AMP and Aon colleagues for their skill, enthusiasm and support.

Our final thank you is extended to the AMP Foundation. Their financial support for the Report Card and our policy and research area enables us to provide children and young people, who otherwise would not have the opportunity to have a say and be heard in a national forum, with an independent voice.

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chairman

David Matcham



As an independent consumer body on behalf of children and young people with an out-of-home care experience, CREATE, through its Report Cards, provides an opportunity for thousands of the most disadvantaged children and young people to have a say. The CREATE Board commends the CEO and staff of CREATE Foundation, and the author of the report card Dr McDowall, for the energy and dedication invested.

Each report card released provides the child protection sector with the inestimable value of children and young people's individual insights into their experiences in the care system.

The CREATE Board has observed with great pleasure the organisation's capacity to continue increasing the efficacy of the report

cards, as reflected by peer evaluation in the 2013 Report Card. The invaluable insights through the voices of children and young people in care reveal significant findings, providing a sound case for improving the system for tomorrow's children and young people.

The strengthening of the national view of wellbeing extended to the seven life domains presents an unprecedented intrinsic barometer of the experiences of children and young people in care.

David Matcham

Chairman of the CREATE Foundation Board of Directors

foreword

Ms Jacqui Reed

As the national independent peak consumer body for children and young people with a care experience, CREATE Foundation is committed to hearing the voices of children and young people. We believe that a strong and robust child protection system needs to have, and promote, mechanisms to enable children and young people to have a say independent of government.

This Report Card represents a benchmark measure towards the National Out-of-Home Care Standards (2011), a Priority Project under the National Framework for Protecting Australia's Children 2009 –2020.

It is important not to gauge a system by statistics alone, and it is equally important not to rely only on governments reporting on their own achievements. A balanced view, one where the opinions of the recipients of the service—children and young people—can be heard, is imperative to ensure that any child protection system is accountable, transparent and responsive to the needs of children and young people.

We often assume that the out-of-home care system in Australia is flawed, and this may be so; however, from the voices of the children and young people experiencing the 'system' on a daily basis, we can see from this valuable Report that all is not doom and gloom.

There are some positive results, and there is a lot from which carers, workers and governments alike can draw hope and encouragement.

We continue to see that case planning and/or leaving care planning is not optimum, and good planning could be seen as happening by chance instead of design. Having said this, it is also clear that many children and young people feel supported by their carers and workers and enjoy a healthy sense of wellbeing.

There is a lot to be done in the areas of placement stability and family and sibling contact. The Report outlines the importance of stability and contact through the lens of the child or young person, and its importance cannot be overestimated.

I commend Experiencing out-of-home care in Australia: *The views of children and young people* (CREATE Report Card 2013) to you and hope that you gain valuable insight from the views of children and young people.

Jacqui Reed

Chief Executive Officer
CREATE Foundation



biography

Dr Joseph J. McDowall



Dr Joseph McDowall has a Bachelor of Science with majors in Psychology and Zoology. He undertook higher degree studies in Social Psychology, completing his PhD from the University of Queensland in 1979.

Since 1974, Dr McDowall has lectured at both the University of Queensland and Griffith University in the areas of research methods, statistics, and social skills training, as well as all aspects of the theory and practice of photography, with particular emphasis on empirical aesthetics. Dr McDowall has provided consultancy services to the Queensland government within the out-of-home care sector and has worked on projects for Recognised Entities.

Joseph also has conducted research, with Ms Jacqui Reed, into how children in foster care perceive "family". Results were reported nationally and internationally (at the National Conference on Child Abuse and Neglect in Portland, Oregon, USA). This study also won the Child Protection Week Award for research from the Queensland Government in 2006.

Being passionately concerned with child protection, Joseph, together with a small group of like-minded professionals, formed (in 2007) The Care Connection, a not-for-profit company of which he is the inaugural Chair of Directors. This organisation was created with a view to connect children and young people in care with the community to help build their self-esteem and confidence.

Dr McDowall authored the CREATE 2008 Report Card: Transitioning from Care that marked the beginning of an enduring association with this Foundation. In that year, he also joined the CREATE Board and continues to bring to that role a wealth of knowledge and experience of the child protection sector that enhances the core

business of CREATE, namely listening and responding to the voices of children and young people.

Subsequently, Dr McDowall produced the follow-up Report Card 2009 that provided a more comprehensive review of the state of transitioning from care in Australia, and which acted as the precursor to the current project. In 2010, Dr McDowall helped prepare the solutions paper "What's the Answer?", summarising the views of young people regarding what they thought could be done at various levels to improve the experience of transitioning from care. This was followed in 2011 by his third Report Card in which he evaluated stage one of CREATE's "What's the Plan?" campaign, a social marketing program designed to increase the number of young people having a leaving care plan.

Dr McDowall is particularly concerned with recording the views of young people in-care and post-care to share their understandings of how to improve the overall care experience. To this end, he helped develop CREATE's current Be.Heard web-based data collection tool that was the forerunner of the survey on which this Report Card is based. Hopefully, through these devices, children and young people who are or have been in care will be able to communicate their ideas more effectively to decision makers, leading to overall improvements in the care system.



support

for the voices of children and young people

The CREATE Report Card 2013 presents the views gathered from over 1000 children and young people in out-of-home care on what's working well and where there is room for improvement. The CREATE Foundation fills an important role in its ongoing work with children and young people in care, including to bring forward their views.

The Second Action Plan of the National Framework for Protecting Australia's Children 2009-2020 sets an ambitious agenda to be jointly delivered by governments and the non-government sector over the next three years. Key areas of focus include joining up service delivery to better support vulnerable children and families and continued work to improve outcomes for Indigenous children as well as children and young people in out-of-home care.

Hon Julie Collins MP

Minister for Community Services

Minister for the Status of Women

Minister for Indigenous Employment and Economic Development

The Report Card provides a wealth of data about the viewpoints and experiences of children and young people in out-of-home care. The study shows how important it is for children and young people to have a say. It highlights the need for care systems to focus on the things that matter, including the caseworker relationship; quality placements; connections with community; education, health, sport and recreation; relationships with family and siblings; and to plan with young people about their hoped-for futures. The study will provide a strong foundation for CREATE's ongoing advocacy work.

Professor Clare Tilbury

Life Without Barriers Carol Peltola Research Chair

School of Human Services and Social Work

Logan campus, Griffith University

The CREATE Report Card is an inspirational initiative driven by young people who are in the care, or who have been in the care, of the state. It is researched and written by CREATE, an organisation that is an ambassador and champion for them. We Australians need to be proud of our leadership in setting up such a national organisation and for enabling the voices of these children and young people to be heard.

What is exciting about this particular Report Card is that it has built on the questions that young people themselves want to ask and has integrated these with the recently finalised National Standards for Out-of Home Care. Given the difficulties they experienced in accessing the voices of these children and young people, all those young people who work at CREATE should be proud of the research process and the product. They have delivered a sobering as well as a heartening report. There is much to be proud of in our care of these children and young people – and there is evident room for improvement. What is troubling about this report is the detail about the difficulties experienced in accessing the opinions of this very important and vulnerable group of young people. A public policy question for me is how we accelerate our capacity to do what we say we should do and that is to hear and make public the lived experience of young people in the care of the state.

Dr Maria Harries AM

Senior Honorary Research Fellow, School of Population Health,

The University of Western Australia

Adjunct Professor, School of Occupational Therapy and Social Work, Curtin University.

Our efforts to protect children from harm often – and without intent or malice – result in a system focused on the problems and perceptions of the adults surrounding those children.

However, the views and experiences of the children whom we seek to protect are critical to improving our service system and remind us of what really matters.

CREATE's Report Card provides a direct voice for children in care to tell us about their health and wellbeing and their experiences of the care system.

I was heartened to see children reporting that they felt safe and secure; that people cared about them; and that the majority were happy where they were living.

The Report Card highlights that we still need to better. Children continue to report on the adverse affects of placement instability, bureaucratic processes preventing them from feeling like 'normal kids' and their desire for more contact with family.

As a researcher, I particularly value the methodological rigour of CREATE's Report Card and the confidence this gives me that it provides a reliable snapshot of the views and perceptions of children in care.

Associate Professor Leah Bromfield

Deputy Director,
Australian Centre for Child Protection, Hawke Research Institute,
University of South Australia

The Convention on the Rights of the Child Section 12 outlines the 'child's right to participate' in decisions which affect them. The CREATE Report Card represents this right in action and is part of a world-wide movement which is finding ways to explore 'what children think'. This is nowhere as important as in the area of out of home care with some of our most vulnerable children and young people.

The CREATE Report Card is now a feature of the evidence base in Australia for understanding the lives and outcomes for children and young people who are unable to live with their parents and where protective action has been taken by the state. This Report Card again sheds welcome light on the issues they face. Its importance lies in its independence from the state government departments which resource and make many of the decisions about the young people. The CREATE Report Card represents the voices of children and young people gleaned through research with an organisation they trust. This independent voice is a significant source of advocacy based on data strenuously collected by dedicated researchers who refused to accept that these children were too hard to reach. Many barriers were placed in the way, and it is testimony to the persistence and commitment of CREATE that more than a thousand children from across Australia participated in a survey to build a picture of their lives in out of home care.

Cathy Humphreys

Professor,
Alfred Felton Chair of Child and Family Social Work
University of Melbourne

Hearing and listening to the views of the children and young people in out-of-home care is essential to good policy and practice and improving their lives and outcomes. The best informants on the experience of children and young people in care are of course the children and young people themselves. The best way to make this a genuine and effective process is to provide the opportunity and choice in whether or not to be involved, information about how their views will be used, and trust in the process so that there are minimal concerns about being identified, misrepresented, or suffering any repercussions for expressing views that may not be welcome. Rigorous independent research and access to representative samples of children and young people are crucial.

The very positive finding from CREATE's Report card is that 90% of the children and young person surveyed indicated that they felt safe and secure in their placement and 95% were 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 adulthood. While stability of placements is clearly important and fairly easy to measure, in many ways it is the means to other very important features of children's lives – by allowing children to 'put down roots' and develop a network of relationships, some continuity in schooling, friendships, health care, and familiarity with the neighbourhood and local community. In our earlier study of young people leaving care, we found that feeling safe and secure and that there were people in their lives who loved them and they could depend on was the strongest

predictor of how well these young people were faring 4-5 years after they left care (Cashmore and Paxman, 2006). It was more important than stability in care per se. Feeling connected and having positive and reliable relationships are key human needs.

Dr Judy Cashmore AO | Associate Professor

Faculty of Law
The University of Sydney

The experience and outcomes for children in care have long been a source of concern. This Report card promoting the voices of children and young people complements international work that seeks to understand better the challenges and successes they experience, and the services and support they need to reach their potential. I congratulate the Create Foundation Jacqui Reed, and Dr McDowall the author of this Report and his team for enabling this comprehensive review and providing the field with a valuable resource for policy and practice.

The review structured around the domains of UK Looking After Children framework and the National Standards of Out of Care captures the experience of particular subsets of children and young people, provides a focus for targeted interventions and introduces an accountability agenda to facilitate responsive, continuous improvements in services to this population. The quantitative and qualitative data emerging from the research carried out provides an evidence base to build capacity of practitioners and organizations to work towards improved outcomes.

Apart from providing a national profile of needs and outcomes the trends in specific jurisdictions are captured in the Report illuminating the degree of diversity in outcomes based on jurisdiction. The strategy of comparison of outcomes between jurisdictions must of course recognize the very different demographic and economic and system characteristics of different states such as rates of entry to care, use of kin placements, caseload population, racial and ethnic characteristics and other dynamics that offer influence outcomes.

The young people contributing to this review had clear perceptions and ideas about how and when they felt cared for, respected, included and treated as responsible, and when they had not. Their words offer powerful examples of what some young people have achieved and remind us the potential of all children in care. The findings of the Report are informative on a number of levels. Several factors emerge as critical to positive outcomes for children. Prominent among these are experiencing stability, having people who cared about them, receiving consistent support, being able to participate and achieve and having staff/caseworkers to act in their interests.

In particular the exploration of placement stability and impact of disruption and instability on children and young people's levels happiness and satisfaction with the care experienced contributes to the growing literature on stability. Adverse impacts of instability are further reflected in children and young people's educational trajectories and outcomes and remind us of the interactive nature of outcomes. The research has canvassed a range of variables related to the school experience and educational outcomes including attendance, achievement, homework, relationships with teachers and friends providing a rich source of data for focused interventions.

While previous research on contact has generated mixed results the significance of contact with siblings, birth parents and kin is highlighted in children's and young people's accounts. Previous research documents the importance of keeping siblings together as a protective factor. The theme of sibling placement is further usefully illuminated by views of the young people surveyed in this Report.

This Report card reminds us that children in care need to be part of the vision for all Australian children - that is to be safe, nurtured, healthy, achieving and respected. It leads us in new directions by showing us that when children in care have access to sustained and quality services and are supported by skilled and committed people their lives can change for the better. The challenge faced by those delivering out of home care is to provide planned stable care that enhances children's health, relationships, positive experience of school and education and provides support to develop life skills and achieve vocational aspirations.

These are strategic and management resource implications for governments in providing the best possible environment for children and young people in care combined with effective after care to support them into young adulthood. Promoting these positive factors is the remit of all those involved in their lives in the corporate parenting process. It is particularly important that policymakers and senior and middle managers monitor outcomes at all stages of children's lives and the care experience.

Professor Elizabeth Fernandez

School of Social Sciences
The University of New South Wales



executive summary

**the actual
voices of
children
and
young
people
are being
heard**

CREATE's Report Card 2013 follows a tradition established by this foundation of providing a vehicle through which children and young people in out-of-home care in Australia can speak to policy makers and practitioners, as well as to the wider community, about issues affecting them while they are living away from their biological parents under government protection. Previous Report Cards have dealt mainly with one issue, such as health and education, with the last three Reports concentrating on transitioning to independence. The strength of this approach is twofold: (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.

This major survey was designed to provide a benchmark or reference point for how the system is faring in 2013 from the point of view of the children and young people living in it. It covers all the life domains identified under the *Looking After Children* framework and those articulated by the Australian Government in the *Outline of National Standards for Out-of-Home Care*. These include: Stability and security; participation; Aboriginal and Torres Strait Islander issues; planning; health needs; education; social/recreational opportunities; connection with family; identity development; relationships with significant others; and preparation for transitioning to independence.

A 146-item survey, available online as a self-administered questionnaire (for older respondents) or through structured interviews conducted face-to-face or via telephone by CREATE staff, was constructed as an elaboration of CREATE's *BeHeard* tool. This interview system was developed in consultation with children and young people and has been in use since 2005 in Queensland, as well as having been employed in Tasmania and Victoria.

The primary aim of the project was to give as many children and young people in care

as possible the opportunity to participate in the survey. This required the cooperation of state and territory governments within Australia to provide population data from which appropriate random samples of potential participants could be drawn to maximise the representativeness of the findings. All governments with the exception of Western Australia supported the project.

Based on the de-identified population data supplied by governments, random samples stratified on age, culture, and placement type were prepared for each jurisdiction. The selected children and young people and their carers were informed by mail of the rationale for, and nature of, the project and invited to participate (an "opt-in" approach). Unfortunately, the initial response was poor, so some governments allowed CREATE staff to phone potential respondents from their departmental offices. However, to increase the numbers to a reasonable sample size, respondents also were drawn from the database maintained by CREATE of children and young people in care whose contact details were known. Ultimately, 1069 participants, aged from eight to 17 years, undertook the survey. Adequate representation was obtained from New South Wales (NSW), Queensland (QLD), South Australia (SA), Tasmania (TAS), and Victoria (VIC). Northern Territory's (NT) numbers were lower and split between Foster Care and Residential placements; the response from the Australian Capital Territory (ACT) was disappointing.

Placement Issues

While over 80% of respondents were happy in their current placement, they were not as satisfied with their placement history, largely because of instability. Reports from SA, TAS, and NT indicated an average of about six placements per respondent; NSW had a more stable population, averaging around four placements per respondent. Stability in NSW also was evidenced by 70% of respondents there experiencing one or

83%

respondents
reported feeling

“Quite”

or **“very**

happy”

in their
current placement





two placements compared with the national average of 57%. Those living now in Residential or Other types of accommodation had experienced more disruption during their time in care, as had Indigenous (Aboriginal and Torres Strait Islander) children and young people.

The best predictor of happiness in placement was how comfortable the child or young person felt in his/her care environment; how much did it feel like home? Factors characterising a good placement were a positive relationship with people in the household, and feeling loved and cared for. These qualities were seen as far more important than other things such as the quantity of material possessions, although many did make the point that lack of privacy could be an issue. It is important for children and young people in the care context to have some autonomy over their own space, particularly when several people occupy the household.

An unanticipated finding concerned the amount of free time children and young people reported having each week. Twice as many respondents in NSW and TAS, compared with QLD and ACT, indicated that they had over 15 hours per week in which to do self-directed activities. Such a difference is worthy of further investigation, as this freedom could contribute to overall satisfaction with the care experience.

Using the Internet was a specific activity that many respondents found popular, but generally not to the exclusion of playing sports and socialising with friends. The proportion having Internet access was lower than in the general population, being particularly low in TAS and NT, although results for the latter probably are compounded by having a large proportion of respondents from that Jurisdiction in the Residential group who also reported low incidence of Internet access. Two major uses were identified for the Internet: Game playing and social networking. Females, the older group, and those in Residential care were more likely to engage in social networking, while males and younger respondents were game players.

Interaction with Departments

The relationship children and young people have with their caseworkers is important in helping them to function within the care system at present and to prepare for their future. It would be ideal if each young person established a strong, supportive connection with one or two caseworkers while in care. The states in which this outcome was most

likely were NSW and VIC, where approximately 40% of respondents reported this experience. More of those in Kinship care than in other placement types also indicated they had only one or two caseworkers. Unfortunately, about one third of children and young people had to deal with five or more caseworkers during their time in care. This probably reflects the pressures the system is under in terms of caseworker turnover.

In addition, approximately 40% of respondents didn't feel that they could contact their caseworker as often as required and felt that there was scope for the caseworkers to be more helpful in assisting children and young people to meet their needs. A common request from respondents was for department staff to do what they promised, when they promised it.

Children and young people showed that attending formal meetings with caseworkers and caregivers was not of a high priority for them, yet this is the context where they are most likely to be able to contribute to decisions about their future. It is critical that departments seriously explore ways of engaging with children and young people by making the meeting process more purposeful and enjoyable for them, to enhance the likelihood of their participation. This will require the development of innovative and flexible approaches that are outcome focused.

The fact that respondents saw their carers as more supportive of their interests than caseworkers is not surprising. However, if caseworkers are going to function in a way children and young people value, as advocates for their interests rather than as bureaucratic gatekeepers, more needs to be done to change systemic attitudes as to what the caseworker role entails.

One important function caseworkers perform is the development and maintenance of the official care plan for each child and young person in the system. This process supposedly should involve the people whose lives are directly affected. Unfortunately, less than one third of respondents knew anything about the plan developed for them, and only one third of those who did know something of its contents had been involved to a significant extent in its preparation. Lack of participation was of particular concern in NSW and TAS.

Personal History and Culture

Approximately half of respondents had a reasonable idea of why they had been brought into care. Those in Permanent care placements knew most about what was happening to them,



but Indigenous participants reported that they had received little information. Furthermore, almost one quarter of children and young people did not know much about their family history. Where possible, strategies need to be employed that provide the opportunity for all parties involved in the individual's life to come together to help the child or young person understand why s/he has been removed from the biological family and what are the likely short to mid-term outcomes. This also could help strengthen the bond with caseworkers (they would be less likely to be seen as the "bad guy"), and in turn give them a greater understanding of the family story of the child or young person.

Other issues exist for those respondents coming from strong cultural backgrounds. Of particular concern is the treatment of Indigenous children and young people. A widely held view is that this group should receive as much support as possible to retain a strong association with their culture. Sadly, in this study, 30% of Indigenous respondents reported little connection with their cultural community. This lack of connection, which was particularly apparent in TAS, is partly explained by the claim of many respondents that no one had talked to them about their culture. In spite of an expectation under the National Standards for Out-of-Home Care that Indigenous children and young people will have a form of cultural support plan, only 10% of this sample was aware of such a possibility. It would seem that a more concerted effort will need to be made, rather than the somewhat ad hoc approach adopted at present, to provide structured programs designed and conducted by the relevant Indigenous communities to pass on cultural knowledge to Indigenous children and young people in care. They should have the choice of whether or not to participate; but the opportunity must be there, and they should be aware of what is available.

Contact with Family and Friends

One of the vexed issues in out-of-home care, because of the obvious conflicts of interest, is contact between the children and young people and members of their biological family. One concern is whether or not it is desirable to try to keep sibling groups together in placements. The literature suggests that placements in which an individual lives with all or some of his/her siblings can lead to better long-term behavioural and academic outcomes than when the child or young person is separated from all siblings. In this

sample, 36% of respondents who had brothers and sisters in care were located in "split" placements where they were separated from all siblings; over half the SA group was in this position, as were large numbers living in Residential and Other placement arrangements.

Siblings were the most frequently contacted family members, even when not living with the respondent. Mothers also were frequently seen but less so in QLD. Children and young people in Kinship and Permanent placements indicated relatively low contact rates with parents, probably because of the unique relationships each of these placement types have with biological parents. What has to be ensured is that the children and young people are choosing to have little contact with parents in these situations and that this outcome is not imposed on them for the convenience of gatekeepers.

The extremely low contact many respondents had with fathers (even when their identity and location were known) is of concern. It is easy to dismiss the role of fathers as just another complication, but evidence is mounting showing that, when fathers are involved in their children's lives, the time in care can be shorter and the likelihood of reunification with family greater. Special attention needs to be given by departments and agencies to engaging fathers with the system for the benefit of their offspring.

While considerable attention is given to contact with family, the role played by friends must not be overlooked. They can be more important than parents in providing social support. However, forming appropriate friendships is critical; associations with so-called "deviant" peers can lead to undesirable outcomes. Departmental workers and carers, particularly those in Residential facilities where respondents reported finding it difficult to maintain friendships, need to be more aware of the social networks of children and young people for whom they are responsible and to do everything possible to help them establish and maintain supportive, positive peer relationships.

Health

It is recognised in the literature that children and young people in the care population are likely to have varying physical and mental health issues. Contrary to this negative expectation, 80% of respondents rated their health as quite good. Those children and young people in home-based placements believed that their health needs were met better than did those in Residential or Other

care arrangements. One third could recall having an initial health check on coming into care (half of the SA group), but this measure may not have a high validity because the event may not have been marked as significant in the respondents' experience (perhaps being seen as just another visit to the doctor).

Over half the sample had used counselling services; this proportion was higher (70%) for those in Residential facilities. Such an observation is consistent with the traditional view of the more complex needs of children and young people in Residential placements. Most respondents were maintaining their health by being active; however, one quarter of the sample indicated that they were not involved in any extracurricular sports. Sporting activity was particularly low in NT and TAS, and in Residential and Other placements. Comments made by respondents indicated that approximately 20% overall were concerned with being overweight.

Education

Clearly, disruptions to placements can have a consequential impact on school attendance and hence academic achievement. If placements have to change, it would be important to try to achieve this without disturbing the child or young person's established educational context. In this study, approximately 31% of respondents reported attending three or more primary schools while in care (proportions ranged from 18% in ACT to 36% in SA and TAS). This represents considerable disruption even over the maximum six or seven years of primary school, with children and young people trying to cope with different instructional styles and curriculum interpretation, in a new social milieu.

Those in Residential and Other placements experienced the most disrupted educational pathways. Unfortunately, these groups also received the most suspensions from the system (one quarter of the Residential group had been suspended three or more times), which exacerbated the disruption and would be likely to affect academic performance.

A considerable proportion of males (13%) also were in this highly suspended cohort. In spite of these problems, two thirds of respondents enjoyed their school experience (TAS respondents gave the lowest ratings on this measure).

The literature provides many examples of the importance of carers in creating a home environment in which education is valued and in being there to provide a continuity of assistance to the children and young people

with their schoolwork. Academic achievement is improved when carers are involved. Only one third of respondents here indicated that they used this resource. It would be important in carer recruitment and training to emphasise how critical their contribution can be in this area, and provide support to overcome any reticence/insecurity they may have, so that many more can proactively provide academic encouragement to the children and young people in their care.

Education planning is a process for which most state and territory governments advocate. However, only one quarter of respondents knew anything about an individualised plan, and fewer had been involved in its development. As with all planning, it is not so much the final document that is important, but rather the process of considering options and choosing what might be the best course to follow in the short term. Children and young people must have the choice to be involved. Of some concern was the finding of great variability in how important respondents thought it was for them to be involved in education planning. Those from ACT, NT, SA, and VIC could see the benefits; NSW, QLD, and TAS were less convinced. Whether this reflects general disinterest or is an indicator of how the planning process is promoted would need to be determined in a more focused study.

Bullying was considered in the school context, and compared with levels of that behaviour children and young people might experience in their placements and online. The school was where most of this behaviour occurred, with about one quarter of respondents revealing that they had been bullied reasonably often. It was only in Residential placements that bullying approached the level experienced at school. Suggestions have been made in the literature to address the violence that is more common in these locations than in home-based placements.

Communication and Social Presentation

A continuing theme throughout this report is the importance of participation in decision-making for children and young people in out-of-home care. When asked directly about their opportunities to contribute, 63% indicated that they were able to have a say about issues reasonably often. The numbers were lower in NT and TAS, and those in Residential and Other placements felt the least heard. Children and young people were able to comment most about contact with family and friends, choice of school and subjects, and day-to-day living; however, they indicated that it was important

It's hard when
you have to move away
from current carers when
you have just

settled in.

You feel you're safe and cared for
then you have to move into a
**completely different
environment.**

(female, 15 years)



for them to have a say regarding all relevant issues. It became clear that, when consulting with children and young people, consideration must be given to regional variations; not all respondents had the same priorities to be addressed. For example, in NT, young people were most concerned with living arrangements, whereas in QLD, how they were able to organise free time was an issue.

Two thirds of the sample thought that they had the opportunity to engage in the same activities as their friends not in care; it would be desirable to see this number higher. What was reassuring was that 93% of respondents had no difficulty identifying a significant person to whom they would feel comfortable talking about issues of concern that might arise. Over half would confide in their carer, but only 9% would talk with caseworkers. This suggests that the role of the caseworker needs to be reviewed to define more clearly the level of support they should provide, so that children and young people know what they can realistically expect, to minimise disappointment and disillusionment.

Children and young people were happy to give positive feedback whenever it was warranted, but only half knew what they would need to do to make a formal complaint (the lowest was 38% in NSW). While it is hoped that they would rarely need to take this action, they should be familiar with their rights and the process. Respondents in Residential care were the best informed and seemed to have more reason to use this knowledge than those in other placements; however, there was a disturbing tendency for those who felt that they needed to complain about an issue to refrain from doing so because of concern about negative outcomes. Feedback, both positive and negative, should be taken as a chance to improve the system.

Life Skills and Independence

Life skills are the capabilities that many of us take for granted as we navigate through our daily existence, e.g., personal grooming and hygiene, meal preparation, housekeeping, financial management, finding our way around the city. Most of these are learned gradually by modelling in our childhood, seeing them done on a regular basis. If the family context is dysfunctional and/or disrupted, the learning of these skills might not occur with the same apparent effortlessness. Children and young people in out-of-home care can be prone to skills deficit in these areas.

To evaluate their skill acquisition at this stage of their development, respondents reported on how confident they felt when managing the tasks listed above. Confidence was age dependent: All groups counted personal grooming in their skill set, but the older group was more concerned about budgeting and financial management. This is an area that must be addressed in any training program preparing young people for independence.

Still only one third of the older age group knew of any form of "leaving care" or transition plan's being prepared for them, a similar proportion to what has been reported in previous studies, and half of these had been involved in its preparation. Numbers were highest in QLD, where 45% were aware of their transitioning plan. A positive outcome was that more dialogue with caregivers seemed to be happening than in the past, which augurs well for increased involvement of the young people in the planning process in the future.

Almost two thirds of respondents claimed to have little concern about exiting the care system. This would be a great result if it were clear that they had considered their position, looked at options, and felt that they had most aspects under control. This outcome would be more concerning if it were a case of "Where ignorance is bliss..." Carers and caseworkers need to spend more time with young people, working through the issues formally and informally, to ensure that the confidence of youth is well founded.



actions

In the spirit of the *National Framework* that protecting children is everyone's business, the suggestions flowing from this Report are not directed exclusively at government as though it is only through action at the highest level that improvements can occur. Rather, a holistic approach has been adopted where it is recognised that all relevant parties (carers, caseworkers, government, and the community) need to play a part in contributing to improvements in the out-of-home care system and the betterment of the lives of children and young people. Throughout the Report there are numerous areas for attention highlighted by what children and young people have revealed in responding to the survey. Here, these are summarised in a series of questions to be answered by all involved at every level of out-of-home care.

What can you do to improve the life of a child or young person in out-of-home care?

1

How do you ensure that children and young people have access to opportunities to have a say?

2

How do you form meaningful relationships with children and young people, and involve them in making decisions about their lives?

3

What can you do to improve the placement stability of children and young people?

4

How can you ensure that children and young people have meaningful contact with those who are important for their wellbeing (including fathers)?

5

How will you overcome the barriers to ensuring that children and young people are informed about their culture?

6

How can you assist children and young people to place a high value on education and maximise their academic achievement?

7

How can you ensure that young people transitioning from care are as well prepared as possible for an adult life?

introduction



one introduction

There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they grow up in peace.

Kofi Annan:

The State of the World's Children 2000

1.1 The Out-of-Home Care System in Australia

Although the specifics of legislation defining out-of-home care are expressed differently in each state and territory in Australia, in general the concept refers to the provision of “alternative accommodation for children and young people who are unable to live with their parents. In most cases, children in out-of-home care are also on a care and protection order” (FaHCSIA, 2011, p. 3). As Holzer and Lamont (2009) explain, this option is at the “extreme end of the statutory child protection continuum (given that other protective options are typically exhausted before alternative care arrangements are pursued for children deemed to be at risk of maltreatment)” (p. 1). The type of accommodation to which this definition refers has been categorised by the Australian Institute of Health and Welfare (AIHW) since 2003 as:

- *Home-based care—where placement is in the home of a carer who is reimbursed for expenses incurred in caring for the child. This category of placements includes:*
 - *relative/kinship care, where the caregiver is a family member or a person with a pre-existing relationship to the child*
 - *foster or community care*
 - *other home-based arrangements.*
- *Residential care—where placement is in a residential building whose purpose is to provide placements for children and where*

there are paid staff. This category includes facilities where there are rostered staff, where there is a live-in carer (including family group homes), and where staff are off-site (for example, a lead tenant or supported residence arrangement) as well as other facility-based arrangements.

- *Independent living—such as private boarding arrangements.*
- *Other—where the placement type does not fit into the above categories or is unknown (AIHW, 2003 p. 37)*

Most published studies that have dealt with out-of-home care have pointed to the stressors and strains the system currently is experiencing because of the large numbers of children and young people placed in care in relation to the carers available to support them (e.g., Hansen & Ainsworth, 2008; Sammut, 2011). Statistics released by AIHW (2012) indicated that a total of 37,648 children and young people were in out-of-home care in 2010–11 (33,628 on some form of order), while there were only 22,615 active carer households (Foster and Relative/Kinship), not all of which would have a placement at any point in time. More appropriate carers are needed to share the load, particularly for Indigenous children and young people who are over-represented in the system at a rate 10 times that for their non-Indigenous counterparts.

Australia's federated model of child protection creates a system operating within eight different legislative frameworks; such an arrangement is likely to produce

considerable variability in how children and young people who are victims of abuse and neglect are identified and supported. One manifestation of these differences can be seen in the numbers of children and young people (relative to the respective populations) brought into the system in the various jurisdictions. For example, the number per 1000 of all children aged 0–17 placed in out-of-home care ranges from 4.6 in Victoria (VIC) to 10.2 in both New South Wales (NSW) and Northern Territory (NT) (AIHW, 2012).

As well as differences in the number of children and young people being placed in out-of-home care across the states and territories, variability also exists in the scope and extent of services provided to support the young people and their carers. One indicator that reflects these differences is the real expenditure per placement night in the various jurisdictions, which ranges from approximately \$116 in both Tasmania (TAS) and NSW, to \$221 in NT (SCRGSP, 2012b, Table 15A.32).

However, as Bromfield and Holzer (2008) state, in spite of these regional differences, the core activities and strategic directions of the eight

child protection departments in Australia are more similar than different. These authors explain that all children's welfare services are having their capacity challenged currently because of changing community perceptions and attitudes in recent times regarding what constitutes child protection, the broadening of thresholds for intervention, services becoming more risk-averse, increased public awareness of child maltreatment and its consequences, and the shift in responsibility for action from the whole community to government departments.

This situation prompted the Australian Government to assume a leadership role in child protection by introducing the National Framework for Protecting Australia's Children 2009–2020, *Protecting Children is Everyone's Business* (Council of Australian Governments, [COAG], 2009), under the guiding principle, as stated in the title, that "protecting children is everyone's business". In promulgating the change, the Government emphasised:

The investment by governments and the non-government sector into family support and child protection services is significant, yet our separate efforts still fail many children and young people (Steering Committee for the Review of Government Service Provision 2009). We need a unified approach that recognises that the protection of children is not simply a matter for the statutory child protection systems. (COAG, p.6)

In a move supported widely by practitioners and researchers alike, the National Framework advocated for more attention to be directed to primary support services (health, education) and secondary early interventions with families at risk, to reduce the demands on the tertiary protection sector. The argument was for a more integrated approach that didn't change the responsibilities of governments, but required:

a commitment to better link the many supports and services we provide – avoiding duplication, coordinating planning and implementation and better sharing of information and innovation. Naturally, the span of activity required to support these outcomes means that new efforts will build on and link with existing initiatives to achieve the best possible outcomes. (COAG, p.9)

The National Framework recognised that tertiary interventions would still be necessary (hopefully at a reduced rate) within child protection and that action was necessary to improve outcomes for children and young people in that area. One initiative in which the Australian Government could play a role, which was introduced as a priority under the National Framework, was the establishment of the



National Standards for Out-of-Home Care. A rationale for the introduction of National Standards explained that:

Although all governments are working to improve outcomes for children and young people in out-of-home care, the practices, processes and outcomes are diverse when trying to create a national picture of outcomes for children in care.

The National Standards seek to drive improvements in the quality of care so that children and young people in out-of-home care have the same opportunities as other children and young people to reach their potential in life wherever they live in Australia. (FaHCSIA, 2011, p. 4)

1.2 Knowledge of the Out-of-Home Care System

Improvements that are needed in child protection systems in Australia, and indeed throughout the world, seem to be identified through the conducting of major reviews and inquiries. Since 2004, every state and territory in Australia has had at least one significant commission of inquiry (Queensland [QLD] and the Commonwealth are holding their second at present) conducted by retired legal personnel, Children's Commissioners, or parliamentary committees. In several jurisdictions, the Ombudsman also has been active in addressing specific situations requiring investigation within the system.

As Gainsborough (2010) highlighted in her insightful analysis of child welfare policy in the US, the "scandals" that precipitate such inquiries can serve to "focus" the attention of the media and public, and have the potential to raise the relevant policy issues onto the governments' agenda. However, she also emphasised that media attention and public outrage still may not be sufficient to stir a government into action. Because of the complexity of the system with many potentially "responsible" individuals and agencies, the ultimate reaction of government, and hence the likelihood of reform, depends on the "causal story" provided and accepted to explain the negative event. She cites Butler and Drakeford's (2003, p. 224) observation from the UK that a weak policy response is likely if the official discourse treats the scandal merely as highlighting "flaws in an essentially sound system, crises which will pass....Individual

wrongdoing and minor policy adjustments attract the attention which might otherwise have been directed towards structural causes and thus minimize the need for extensive social change".

While the Australian Government's initiatives potentially could be seen as a strong policy response, Gainsborough (2010) also warned of the problem of adopting "symbolic policies" in which concern for issues is expressed, but inadequate resources are provided to support action. She expressed concern that an undesirable function of the "causal story" produced following an inquiry might be to shift policy attention toward the "perceived" problem (e.g., the child welfare agency) and away from the deserving target (the abused children). She strongly asserts:

To the extent that the policy target becomes the child welfare agency, the policy response may focus on reshaping the agency that has failed (through reorganization or privatization, for example) rather than focusing on increasing resources. Replacing a "deserving" policy target with an "undeserving" one changes the politics of the policy process. (p. 14)

Public debate surrounding child protection and out-of-home care is generated largely through periodic media coverage of cases of abuse and neglect brought to journalists' attention, or when reports of inquiries or research studies are published. Communities generally express outrage when abuse is highlighted or "questionable" practices are exposed (e.g., public debate surrounding the Henson case; Marr, 2008); but how much does the community know about its child protection system? One recent study from the US sheds some light on this question.

Leber and LeCroy (2012) conducted a survey of 301 respondents selected by random digit dialing and asked them questions about their general knowledge of the foster care system, their opinions of foster carers and the foster care system, and how important they saw the foster care system as being in comparison with other social systems. The authors interpreted their findings as indicating a largely positive attitude to the system, but that the system itself was in need of reform. However, it is interesting that of the 15 True/False questions set in the "test", only seven were answered correctly by more than 50% of respondents. Around 80% thought foster carers wanted to make a difference and they cared about children, but about half thought they undertook the fostering role for financial reward. Foster care was rated third behind Education and Health as a social system on

It wasn't nice to be moved around so much, it felt like people didn't care about me.
(Male, 15 years)



which the government should spend more money to institute reform, but it was seen as presenting the least important social problem (lower than Education, Health, Welfare, and Prisons). These views largely were informed by media reports. It would be interesting to determine if the Australian public hold comparable attitudes.

1.3 Research into Out-of-Home Care

More systematic knowledge of the out-of-home care system has been gleaned through formal research projects. Courtney (2000) was one of the first researchers internationally to review the state of knowledge and identify gaps in the child protection literature that needed attention to improve life for children and young people in care. Australian researchers realised that it was important to gain an overview of projects dealing with out-of-home care in this country as well as internationally; consequently, Cashmore and Ainsworth (2004) produced the first major audit of this research in Australia and located 94 projects conducted within the previous 10-year period. This probably was an underestimate because some researchers with relevant publications did not respond to the survey. Cashmore, Higgins, Bromfield, and Scott (2006), in evaluating the audit, reported a low level of funding for research into out-of-home care and an over-reliance on small-scale, qualitative studies. They advocated for "adequate funding for research, especially for multi-site, cross-jurisdictional studies; and closer collaboration between researchers, policymakers and practitioners to close the gap between what we know and what we do" (p. 4).

Other studies have concentrated on conducting literature reviews to look for information that could aid policy makers and practitioners in their work in the out-of-home care sector. Bromfield, Higgins, Osborn, Panozzo, and Richardson (2005) produced a substantial report for the Australian Government in which, from their synthesis of published studies, they identified key issues for out-of-home care, including: foster families and kinship care; participation of children and young people in decision making; cultural considerations in placements; reunification issues; outcomes for those in care and leaving care; and issues for professionals in fields related to out-of-home care.

Over recent years, these researchers and their colleagues, working from the National Child Protection Clearinghouse (now Child Family

Community Australia) within the Australian Institute of Family Studies, have extended this work and produced an impressive and useful series of publications collecting and analysing current research activity in out-of-home care dealing with three important questions: How much work has been done in an area? What is the quality of the evidence base for the research? What have we learned from the research? Topics covered in the series included: Outcomes for those in care (Osborn & Bromfield, 2007); foster families (Osborn, Panozzo, Richardson, & Bromfield, 2007b); kinship care (Bromfield & Osborn, 2007b); and a synopsis and critique of the whole research field (Bromfield & Osborn, 2007a).

Comparable reviews have been conducted in other centres (e.g., Smyth & Eardley, 2008) that have identified similar issues. The most recent audit of child protection literature, commissioned as part of the National Framework for Protecting Australia's Children 2009–20 and designed to synthesise and update the analyses previously mentioned (McDonald, Higgins, Valentine, & Lamont, 2011), came to similar conclusions after an exhaustive review (based now on 371 projects in out-of-home care rather than the original 94).

Bromfield and Osborn (2007a) summarised well the key issues identified through these reviews:

The overarching themes emerging in relation to out-of-home care appear to be an endorsement of a policy and practice environment that is inclusive and takes a holistic approach to the child, and the child's natural and foster families. Research into kinship care and issues relating to reunification has shown that parents and extended family networks should be included in children's lives and at every stage of placement decision-making. Similarly, children and young people appeared to fare better when they were participants in making, rather than being passive recipients of, decisions about their lives. A life-course approach needs to be taken for children in out-of-home care to ensure developmentally appropriate care that will enable them to function to the best of their ability during childhood, adolescence and through adulthood. This includes assisting young people in the transition from out-of-home care to independent living arrangements. (pp. 33–34)

Much of the published research has relied on analyses of administrative data, which can give valuable insights into the state of the sector and the functioning of the system

those in
**Kinship
Care** tended to live in
smaller households than did
respondents in **foster
care, residential
or Other
placements**



[see Garnier & Poertner, 2000; Lery, Shaw, & Magruder, 2005]. However, these analyses cannot capture the immediacy and currency of life in out-of-home care. The present survey will attempt to explore these areas from the child and young person's perspective as someone living in the care system.

1.4 Voices of Children and Young People

In her recent review of the child protection system in the UK, Munro (2011) stated as the first of her eight principles of an effective child protection system:

1. *The system should be child-centred: everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity. (p. 23)*

In spite of the long history of research into out-of-home care, there has not been a great deal of attention given to listening to what the children and young people actually experiencing the care have to say about their lives until relatively recently. Trudy Festinger's (1983) book title "*No one ever asked us – a postscript to foster care*" echoed the views of many who were "alumni of care" complaining that, while in care, they were not consulted about major decisions that affected them, such as where they might live and with whom when removed from their biological parents. Since that time, more attention has been devoted to considering what children and young people think about their treatment in care, even to the extent of discussing underlying methodological and theoretical underpinnings of the research (Holland, 2009). However, relative to other approaches to studying aspects of the out-of-home care system, listening to the voices of children is not common.

Why is it that, for children and young people actually living in out-of-home care, "a paucity of literature exists on their self-reported experiences" (Fox & Berrick, 2007)?

There are several possible explanations for this situation. Given the recent emphasis on children's rights (United Nations General Assembly, 1989) and concerns with their participation in all their life decisions, it is unlikely that researchers, caseworkers, or advocates would not be interested in what children have to say. Barnes (2007) has shown that, while social care workers tended to operate under a "Protectionist" model of children's rights, which justifies adult control of children's lives because they are seen as

being "not capable of making their own decisions, liable to make mistakes and vulnerable", most child rights workers and advocates (and possibly researchers) adopt a "Liberationist" model which views children as "competent and able to learn" and consider it "unfair to deny a child the opportunity to participate in decisions about their future" (p. 142). Therefore, it is more reasonable to believe that the low incidence of studies including children's voices is due to difficulties encountered when attempting to conduct research with children and young people rather than a devaluing of their contribution.

Age is a factor that often is proposed as a reason that data derived from children are likely to be invalid and unreliable; developmentally, they do not have enough knowledge or experience. However, as Clark and Statham (2005) point out, children are experts in their own lives. These authors emphasise that even the views of children below school age can be obtained if appropriate methods are used, a position supported by Aubrey and Dahl (2006) who were concerned with the effectiveness of techniques used when interviewing children. They found when engaging children under 12 years that activity-based techniques were particularly useful, as were those using computer interfaces. Therefore, age should not be a barrier; the onus is on the researcher to find appropriate approaches to encourage participation of children and young people and to be aware of strategies the respondents might be employing during the interactions (McLeod, 2007).

Ethical concerns may also preclude some researchers from working with children and young people. Special consideration must be given to the rights of all children as subjects of, and/or participants in, research, but particularly to children and young people in care because of their additional vulnerability. Alderson and Morrow's (2011) ethics handbook is an excellent guide for principles to follow when working with children, as is the relevant chapter in Tisdall, Davis, and Gallagher (2009). These can be augmented if necessary by special requirements in particularly sensitive areas of out-of-home care, such as mental health (Molin & Palmer, 2005). It is important for researchers and ethical regulators to understand that ethical practice should be focused on protecting the rights of children

It was hard moving schools and having to make so many changes and fit into so many different families and to make new friends.
(Female, 12 years)



and young people, not used to silence their voices. For example, Coyne (2010) believes that the requirement for parental consent for all research involving children under 18 years "needs to be challenged as it fails to recognise children's capacities and accord children due respect as persons in their own right". In her view, "flexible ethical guidelines should be developed that take cognisance of children's competence in contemporary society and at the same time protects children from inappropriate research and procedures" (p. 227).

Perhaps the greatest difficulty encountered when conducting research with children and young people in out-of-home care is gaining access to them as participants. Part of the problem can relate to "consent" issues and the role of "gatekeepers" (Berrick, Frasch, & Fox, 2000), which for the in-care cohort can include biological parents, carers, caseworkers, and departments. Gilbertson and Barber (2002) actually quantified the reasons for a poor response rate in their projects and demonstrated that the most significant barrier to their accessing the children and young people eligible to participate in their research was the lack of cooperation or the veto power of caseworkers, which accounted for the loss of 43% of their potential participants. They were so concerned with the detrimental effect of gatekeeping that they recommended the establishment of an independent agent to act as an intermediary between researchers on one hand and practitioners and government on the other, to minimise the likelihood that the voices of children and young people would not be heard because of "incongruent priorities and ideologies" or "political expediency" (p. 257).

In supporting this position, Murray (2005) emphasised, from her analysis of studies where children and young people were interviewed, that most wanted to participate when given a chance. She also was concerned with gatekeeping and its consequences. Not only were the views of children and young people not heard but, equally importantly, sampling bias was introduced which could lead to erroneous conclusions being drawn about what the young people actually were saying. More recent research has shown that controlling for sample bias can lead to different interpretations of data about the impact of the care experience on respondents (Berger, Bruch, Johnson, James, & Rubin, 2009). Murray advocated for "opt-out" recruitment processes for obtaining research samples where potential participants (and their caregivers) would need to tell the researcher that they did not want to be involved in a study, rather than an opt-in approach where they had to volunteer to take part. She cited a project by Ward and her colleagues where both





methodologies were used. Results showed that the opt-out strategy achieved 39 respondents compared with only eight when action was required to opt-in.

What children and young people actually said when interviewed by a variety of researchers was well summarised by Fox and Berrick (2007) in their review of the international literature. They identified four major themes: Safety; wellbeing; families; and promoting permanence. They found that the safety literature has centred on issues of maltreatment in placements, and the child or young person's experience of safety at home, on visits with biological parents, and in their neighbourhood. Wellbeing was considered from the perspective of meeting health needs, academic achievement, and making and maintaining friendships. Children and young people also were concerned with family continuity, knowledge of biological family, and contact with parents and siblings. However, a variety of studies found that the more family-like the care experience seemed to be, the better the outcomes for the children and young people. The emotional climate of the home, the relationship with carers, treatment by the foster family, and the fair application of rules and discipline all contributed to overall perception of "family". Fox and Berrick were surprised by the revelation that, although an overall goal of the child protection system is to promote permanency and stability in placements, few children and young people had been involved in planning for their future. Individual studies conducted more recently in Australia have observed similar results, with placement issues, family and friends, and wider social issues (housing, education) being of importance (Bessell, 2011).

While there is a growing moral commitment to ensuring that children and young people in out-of-home care are capable of expressing, and enabled to express, their views in various forums, the question can be asked as to the impact that their voices could have in changing the system in ways the young people desire. If there were any doubts about the power that organised young people can wield in influencing decision-making at the highest level, they should be dispelled by reading Stein's (2011) inspiring historical account of how the views of children and young people in England were promulgated through the community to bring the issue of rights for those in care to the attention of policy makers. From the Leeds *Ad-lib* group, through the

National association of Young People in Care, to its present incarnation as *A National Voice*, young people in out-of-home care spoke out about their conditions and were heard.

The CREATE Foundation, since its inception in 1999, has had a similar mission: To assist in the empowerment of children and young people in care to be more effective participants. It aims to achieve this by offering programs that help build self-confidence and self-esteem through the acquisition of skills that enable the children and young people to reflect on their situation and share their thoughts with others in the care system. CREATE then provides mechanisms, such as this Report Card, through which the children and young people are able to express their views to the wider community and, through focused advocacy, suggest improvements for policies, practices, and services. CREATE's Report Card aims to be inclusive and, as far as possible, representative of all children and young people in out-of-home care throughout Australia. It gives them an independent voice, free of political or bureaucratic control.

method



two method

2.1 Participants

Initially, the intent of the researchers was to select participants for this survey randomly from the population of children and young people in the out-of-home care system throughout Australia between the ages of eight and 17 years inclusive. This process depended on the cooperation of state and territory governments that were the key sources of contact details for the children and young people in their care. CREATE formally invited governments to be involved in the project; all expressed a desire to participate with the exception of Western Australia (WA) where the government declined the offer.¹ Unfortunately, therefore, subsequent discussions in this report will not be informed by the voices of children and young people in the WA out-of-home care system.

Support from governments fell into three categories depending on the level of commitment demonstrated. All jurisdictions agreed to post to children and young people (and their carers) information about the project with an invitation to participate in the study. ACT and SA decided to send this information to all children and young people aged from eight to 17 years within the care population so that no sampling was necessary at this stage. The other governments chose to provide lists of de-identified client numbers grouped by age, culture, and placement types from which stratified random samples were drawn based on the numbers in these categories. Required sample sizes were calculated following Cochran's (1977) recommendations (Bartlett II, Kotrlik, & Higgins, 2001) using the sample size calculator provided by the National Statistical Service (2013).

Because the response rate was slow in the first few weeks following the initial mail-outs, government departments were approached for further assistance. NSW, NT, and QLD agreed to provide contact phone numbers for the sampled children and young people but required CREATE staff to make the calls from the

departmental offices to protect the confidentiality of the sampled individuals. This restriction had considerable impact on the effectiveness of data collection by CREATE staff as will be discussed. By comparison, TAS was able to provide all relevant contact details to CREATE which allowed calls to be made at times more suitable for young people and enabled follow-up contact to be arranged when a chosen participant was unavailable or when conduct of the interview was paused (particularly with the younger respondents).

In total, 573 (53.6%) of the participants were obtained from those originally sampled. Since this number was considerably lower than desired, it was decided to augment the random sample with children and young people from the *clubCREATE* database² and any other volunteers who were living under guardianship/custody orders in out-of-home care. Following this, data were obtained from a further 292 *clubCREATE* members and 204 non-sampled volunteers.

Appendix A presents a breakdown of participant numbers by mode of data collection in the study (e.g., Internet, phone, hard-copy survey).

Table 1 shows the population numbers for each jurisdiction based on de-identified client numbers provided by governments. An indication of the ideal size of the random samples required from the populations to allow for an accuracy of findings within a $\pm 5\%$ confidence interval also is included. The final two columns reveal the actual sample obtained and an estimate of the confidence with which the findings applying to these jurisdictions can be interpreted. All except the territories fall within a confidence interval of $\pm 10\%$.

Even though a reasonable total sample size of 1069 was obtained (a number considered "Large" by McDonald, Higgins, Valentine, & Lamont, 2011, in their child welfare research audit), there were insufficient respondents to allow a full factorial design incorporating the categorical variables Sex, Age, Culture, and Placement Type.

Therefore, subsequent sections of this report will present findings concerning these variables as separate analyses. The distribution of participants within each variable across jurisdictions is presented in Tables 2 through 4.

The Age groupings reported in Table 2 were chosen to be comparable with the categories published annually by AIHW (2012). Eight was selected as the lowest age for participation because, given the way the survey was constructed, it was likely that children of this age would be able to understand the questions with support from the interviewer and/or their carer. Lower numbers in this category (14.6% of the sample compared with an estimated 22% of the population comprising the three age groups) could reflect the protective nature of some carers in not wanting to expose the younger children to the survey process. Numbers in the other Age groups matched the population distribution well (10–14 years: 55.0% [sample] vs. 52.5% [population]; 15–17 years: 30.4% [sample] vs. 26.0% [population]).

CREATE's efforts to ensure that the views of Indigenous children and young people were well represented resulted in this group comprising 29% of the sample, as shown in Table 3 (compared with 33% of the care population as published by AIHW, 2012). Of these, 289 identified as Aboriginal, 18 as Torres Strait Islanders, and two as Australian South Sea Islanders. Only 22 respondents were born in a country other than Australia, but 56 felt affiliation with another culture including Maori (7), African (4), Sudanese (4), Filipino (3), and various European, Indian, Asian, and Middle Eastern connections.

As indicated in Table 4, the distribution of respondents over Placement Types in this sample was a little different from the population proportions reported by AIHW (2012). Foster Care was over-represented at 53.6% (compared with 44.6%) while Kinship Care was under-represented (26.3% compared with 45.9%). Residential Care numbers were higher (9.7% vs. 5.9%) as were those in other home-based care, e.g., Permanent placements (4.2% vs. 2.7%) and Other placement arrangements including semi-independent, and independent living (6.2% vs. 1.5%).

Over half of Indigenous respondents (53.4%, $n = 165$) reported being placed in Foster Care; only 22.0% ($n = 68$) resided with kin. A further 15.9% ($n = 49$) were in Residential, 2.6% ($n = 8$) in Permanent placements, and 6.1% ($n = 19$) were living in some Other arrangement. It was not possible to determine from these data how well the Aboriginal and Torres Strait Islander Child Placement Principle is being implemented in various Jurisdictions.

Table 1 Population Numbers for Australian Jurisdictions, Achieved Sample Size for Each, and estimated Confidence Intervals for Results Based on those Samples

JURISDICTION	Population	Required Sample (CI±5%)	Achieved Sample	CI (±%)
ACT	307*	171	28	18.0
NSW	4186	352	309	5.4
NT	424	202	67	11.0
QLD	2953	340	256	5.9
SA	1151	288	103	9.3
TAS	493	216	144	6.9
VIC	1573	309	162	7.3
TOTAL	10780	1878	1069	

* Note. ACT did not provide specific population data. This estimate was derived from information published in Child Protection Australia 2011 (AIHW, 2012).

Table 2 Distribution of Respondents by Sex and Age across Jurisdictions

JURISDICTION	SEX		AGE (Years)		
	Female	Male	8 - 9	10 - 14	15 - 17
ACT	13	15	7	13	8
NSW	150	159	43	174	92
NT	38	29	11	34	22
QLD	137	119	46	152	58
SA	69	34	14	47	42
TAS	68	76	20	77	47
VIC	98	64	15	91	56
TOTAL	573	496	156	588	325

Table 3 Distribution of Respondents by Cultural Grouping across Jurisdictions

JURISDICTION	CULTURE		
	Anglo-Australian	Indigenous	Other Culture
ACT	18	8	2
NSW	211	83	15
NT	11	53	3
QLD	161	84	11
SA	74	20	9
TAS	104	36	4
VIC	125	25	12
TOTAL	704	309	56

Table 4 Distribution of Respondents by Placement Type across Jurisdictions

JURISDICTION	PLACEMENT TYPE				
	Foster Care	Kinship Care	Residential Care	Permanent Placement	Other
ACT	9	7	8	0	4
NSW	200	85	4	10	10
NT	18	1	33	7	8
QLD	144	84	14	9	5
SA	47	18	13	3	22
TAS	88	28	13	0	15
VIC	67	58	19	16	2
TOTAL	573	281	104	45	66

It is interesting to speculate on why potential participants residing in Kinship Care were especially difficult to contact. This is one of the fastest-growing sectors in the out-of-home care population; however, anecdotal evidence suggests that many young people living with family members, even when under care and protection orders, do not consider themselves to be “in care” and didn’t see the relevance of participating in this study; this was especially the case within the Indigenous cohort. This is consistent with the findings reported by Burgess, Rossvoll, Wallace, and Daniel (2010) from their study in Scotland. The possibility of such self-perceptions, and their implications for the expression of support needs and service access, could be tested in future research.

Data also were collected on the range of disabilities experienced by respondents.



Table 5 Number of Respondents Who Reported Having the Respective Disabilities and Who Received Support for that Disability

DISABILITY	Number with Disability	Number Receiving Support
Intellectual (including Down syndrome)	23	16
Specific learning/ADD	80	57
Autism (including Asperger’s syndrome)	20	13
Physical	7	6
Acquired brain injury	0	0
Neurological (including epilepsy)	6	5
Deaf/blind (dual sensory)	3	2
Vision (sensory)	12	5
Hearing (sensory)	9	5
Speech	9	7
Psychiatric (mental illness)	11	11
Developmental delay	5	1
Multiple disabilities	56	38
TOTAL	241	166

Overall, 241 (22.5%) claimed to suffer from some impairment and 166 (68.9%) of these were receiving treatment or support for their condition. Table 5 summarises the most common disabilities identified by members of this sample.

2.2 Report Card Survey

2.2.1 Content

In the construction of the current Report Card survey, it was deemed essential that, in order for children and young people to have the opportunity to express their thoughts and feelings about their experiences appropriately, all meaningful aspects of their life in care needed to be addressed. Rather than following an ad hoc approach in deciding which areas to include, it was decided to base this survey on the domains identified within the *Looking After Children* (LAC) framework initially developed in the UK (Department of Health, 1995) and subsequently incorporated into the general *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000). As Bell (1998/99) observed in her critique of this system, while certain logistical difficulties needed addressing regarding delivery, the “value of the materials in providing a framework for assessing a child’s development” was one of the “most positive features to emerge” (p. 22). This framework comprises seven domains including: Emotional and behavioural development, identity, education, health, family and social relationships, social presentation, and self-care skills. These formed the core themes around which the questions in this survey were clustered.

Additional questions enquired about the respondent’s interactions with the child safety departments and their representatives. While some of the issues covered could impinge on many of the life domains, these questions were focused mainly on exploring the relationships the children and young people had established with significant support personnel.

Furthermore, following the actions of the Australian Government in establishing the *National Standards for Out-of-Home Care* (the National Standards; FaHCSIA, 2011) as part of the National Framework for Protecting Australia’s Children 2009–2020, consideration was given to ensuring that, within the LAC domains, questions were included that would provide information addressing the 13 National Standards (where relevant) from the child and young person’s perspective.

Overall,
75% reported that they felt
treated “**exactly the same**” as or
“**very similar**”
to others in their household.



2.2.2 Structure

In the form used in this study, the survey consisted of 146 basic items of which 13 allowed for elaborations when "Other" was chosen as the answer in a category; a further 10 were conditional, with completion being based on prior answers (e.g., those relating to cultural issues and transitioning to independence). Seven items addressed multiple issues relating to the same question stem, e.g., Q108 that records the amount of contact respondents have with five members of their birth family. The final three items provided a brief evaluation of the survey. A hard copy of the survey is included in Appendix B.

Questions were grouped into 20 sections to break the total into smaller segments to make the process of working through the survey more manageable. Each section was given a name that summarised its content.⁴ Initially, demographic information (including sex, date of birth, location, placement type, cultural connections, disabilities) was collected; this was followed by indicators of respondents' perceptions of placements, life at home, interactions with carers and caseworkers, educational experiences, health needs, family and cultural contact, planning, and general support received. Special questions were included for Indigenous respondents about cultural issues and some of the conditional questions were directed at young people aged 15 years and over regarding transition to independence.

The primary survey was designed to be administered as a CAPI (Computer-Assisted Personal Interviewing) tool (Scott, 2008) using the platform developed by the CREATE Foundation. Being Web-based, this vehicle could be self-administered by online respondents or used by interviewers for question prompting and data entry. Because the survey comprised a reasonably large number of questions, each Web page contained clusters of section items that allowed easy navigation and enabled average completion times of around 40 minutes.⁵ A screen-shot of two of the Web pages in the survey is included in Appendix C; this gives an example of the layout and graphics used to make the presentation as interesting as possible. However, because of constraints imposed on where many interviews were conducted [see Section 2.3], a hard-copy version of the survey also was developed, which could be used in areas where Web access and computer assistance were not available.

Various question types were utilised for collecting responses from children and young people. These took the form of categorical selections (single or multiple answers), rating scales, and text input. The Web-based version used analogue rating scales with a continuously adjustable slider anchored by opponent poles that allowed respondents flexibility in positioning their choice based on its relationship with the scale limits rather than trying to match somewhat arbitrary scale labels.⁶ The numeric values derived from these measures were converted to scores on a 6-point scale for ease of interpretation and to be comparable with the defined scales used during telephone interviews and in the hard-copy format.

2.3 Procedure

Before this study began, ethical clearance was obtained through Griffith University (Reference Number QCA/07/12/HREC). Governments were supportive in posting project information and invitations to participate to all children and young people included in the random samples drawn from the de-identified client data supplied to CREATE. An example of the invitation letter and the Information Sheets (for carers and potential participants) are included in Appendix D.

Contained in the invitation letter were randomly generated usernames and passwords, unique for each potential respondent, that were needed to access the online survey tool. Children and young people wishing to be involved could login, complete the survey, and submit their results in one session. If anyone needed a break during the process, s/he could log off and resume at a later date to complete the task. Their data would not be recorded until participants selected the Submit button on the final page. Alternatively, respondents could telephone CREATE offices and complete the survey as a structured interview with staff over the phone.

Anecdotal feedback from CREATE's staff indicated that this initial approach was not attracting sufficient responses to make the project viable. Governments were approached for further assistance in contacting children and young people directly. Only one jurisdiction (TAS) chose to provide CREATE with all contact details for the sampled group for confidential use in this study.⁷

Other governments (NSW, QLD, and NT) provided phone numbers for the sampled children and young people but would not allow these to be removed from the departmental offices. CREATE staff were

permitted to visit the offices to phone the sampled group. Although CREATE valued the support provided with the initial postage and cost of phone calls, this restricted access to contact details had major implications for the data collection process. Calls only could be made during office hours, but most children and young people were only available after school or on weekends. It was harder to arrange alternative times to call young people who expressed a preference for a particular time to participate in the survey. However, perhaps the most persistent problem was that, because of government firewalls, Web access was unavailable in the departmental offices. This meant that responses had to be entered initially on hard copy during the interview, and then staff would have to re-enter the data later at the CREATE offices when the Web was available. This at least doubled the time spent per respondent and so reduced the total number of respondents able to be accessed during the survey period.

Because the response rate from the random sample was not as high as desired (even with limited direct calling), additional participants were sought by contacting a sample of members from *clubCREATE* who had recorded phone numbers. Information about the project also was included in *clubCREATE* magazines and was presented at conferences, including the Association of Children's Welfare Agencies (ACWA) Conference and the National Foster and Kinship Care Association (FCAV) Conference, where carers and caseworkers were encouraged to facilitate the participation of children and young people (e.g., through the provision of coffee and cake vouchers) to make sure the voices of their charges were heard.

CREATE staff were notified weekly of the overall progress towards targets. Data collection was finalised November 24, 2012. Information collected by that date was summarised and analysed using IBM SPSS Statistics Version 21 for Macintosh computers.



We are all

different

and have different talents
and some of us aren't as
good at some things and

need **special
help.**

(male,
11 years)



results



three

results

My CSO is really good, more like a big sister. She doesn't tell me what to do; she guides my decision-making. I've had her for 2.5 years.
(Female 17 years)



In each of the following sections, the responses provided by the children and young people will be presented, where appropriate given the question asked and the amount of data obtained, to allow comparisons within five independent variables: Sex, Age, Culture, Placement Type, and Jurisdiction. Because the sample of 1069 was insufficient to allow a full comparison of the interactions between these factors, the impact of each variable will be assessed on the basis of separate analyses. All figures also indicate the 95% Confidence Intervals for the results illustrated, with reference to the respective sizes of samples being compared.

3.1 Life in Care

3.1.1 General Issues

The first question in this survey, after demographic data were collected, gave children and young people the opportunity to raise any particular issues, or make a comment of particular concern about their life in care. Experience has shown that, when this type of open question is presented towards the end of a substantial survey, children and young people, wanting to finish as soon as possible, are less likely to take the time to give a considered reply. In this case, 199 respondents chose to make comments. A full list of the views, most of them insightful and meaningful, is included in Appendix E, categorised by Sex and Age.

Several of the comments deal with specific, day-to-day issues. However, even a cursory review shows that several themes emerge: The desire for more contact with family; the need to be involved in decisions about their lives and to have significant people listen to them; and problems getting things done within the bureaucracy. The following collection of views conveys these feelings:

Kids should go into places where they want. Should be free. Should be riding bikes and not being told off. People shouldn't be hurt in care, no bullying.

(Male 9 years)

All siblings should be able to contact each other unless there is a strong reason not to. I have brothers in care I have never seen or met.

(Female 10 years)

There is too much paper work to be able to do stuff. You don't feel normal like your friends.

(Female 12 years)

Changing houses frequently. Being excluded from school photographs for no specific reason, except it is a DOCS' policy that shouldn't apply to all children.

(Male 13 years)

We should be able to make our own decisions instead of everyone making it for us.

We should be able to go to a friend's house without asking Families SA first. We should also have a bit of freedom and learn how to take care of ourselves without people panicking.

(Female 14 years)

There should be more support offered to children in need. The support system is good but if the care system could be a little more involved in the kid's lives, it would make more of a difference.

(Male 15 years)

My CSO is really good, more like a big sister. She doesn't tell me what to do; she guides my decision-making. I've had her for 2.5 years.

(Female 17 years)

Yes, I think that children in care should have the right to freedom of choice, when it comes down to transitioning from care, and choosing where and who they want to live with.

(Female 17 years)





3.1.2 Placement History

Children and young people were asked a series of questions about their time in care and their placement experience. No Sex or Cultural differences were observed in the Age at which respondents entered care; however Jurisdictional and Placement Type differences were detected. Figure 1 shows the percentage of respondents who entered care within the various age ranges in each of the Jurisdictions. As can be seen, the pattern across Jurisdictions varied significantly, with analyses of the frequencies indicating that, in QLD, more respondents entered care at a younger age than expected (58.6% at 4 years or less, $n = 150$) and fewer when older (10.9% at 10 years or more, $n = 28$) while in NT, a greater proportion entered at an older age (37.3% at 10 years or more, $n = 25$) and fewer when young (19.4% at 4 years or less, $n = 13$).⁸

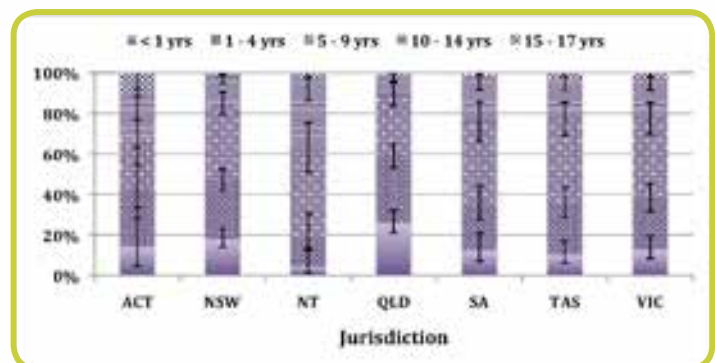


Figure 1. Percentage of respondents from the various Jurisdictions who reported they entered care within the designated age ranges.

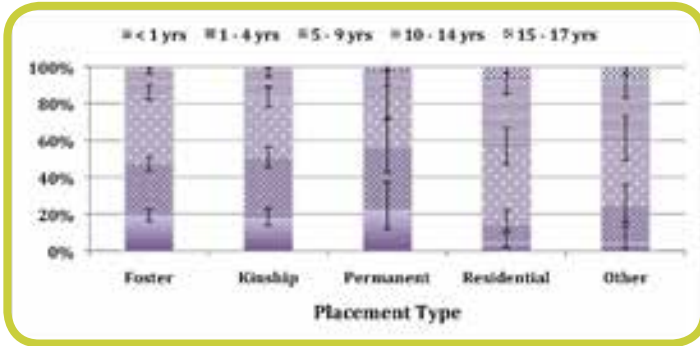


Figure 2. Percentage of respondents who live in the indicated Placement Types and reported they entered care within the designated age ranges.

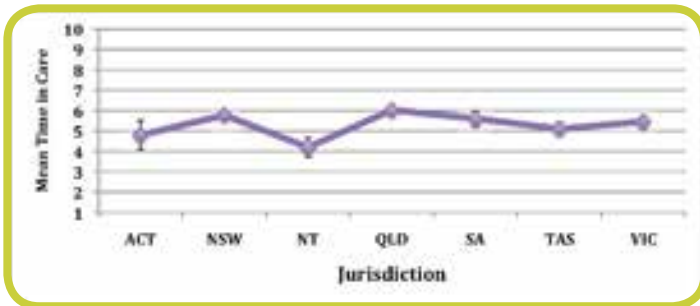


Figure 3. Mean time spent in care by respondents in the specified Jurisdictions. Note. The mean values range through: 1 (< 1 yr); 2 (1-2 yrs); 3 (3-4 yrs); 4 (5-6 yrs); 5 (7-8 yrs); 6 (9-10 yrs); 7 (11-12 yrs); 8 (13-14 yrs); 9 (15-16 yrs); 10 (17 yrs).

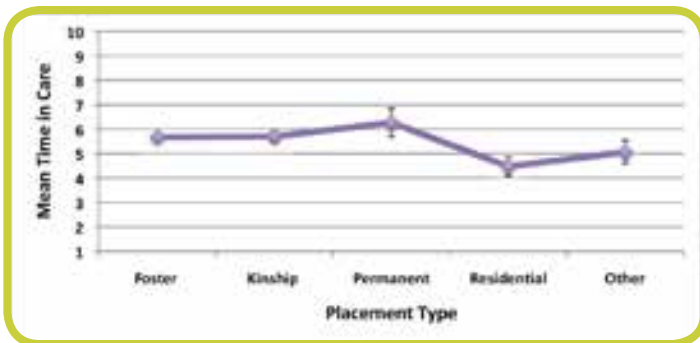


Figure 4. Mean time spent in care by respondents in the specified Placement Types. Note. The mean values were calculated from a scale ranging through: 1 (< 1 yr); 2 (1-2 yrs); 3 (3-4 yrs); 4 (5-6 yrs); 5 (7-8 yrs); 6 (9-10 yrs); 7 (11-12 yrs); 8 (13-14 yrs); 9 (15-16 yrs); 10 (17 yrs).

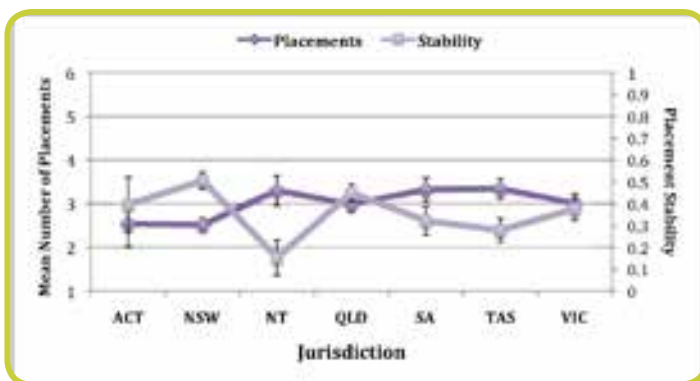


Figure 5. Mean number of placements experienced by respondents in specified Jurisdictions and the stability of placements in each. Note. The mean values were calculated from a scale ranging through: 1 (1-2); 2 (3-4); 3 (5-6); 4 (7-8); 5 (9-10); 6 (> 10). Stability = 1 - (Number of placements / Time in care).

It is clear from Figure 2 that, when Placement Types are compared, children and young people living in Residential Care, Group Homes, or Independently had entered care at an older age than those in other placements.⁹

Children and young people also were asked to estimate how many years they had spent in care. It would be expected that those entering care earlier would be likely to spend more time in care and vice versa. This pattern is confirmed in Figure 3. When the mean time spent in care by respondents in the various Jurisdictions was compared, children and young people in NT reported significantly shorter durations than did those in the other states.¹⁰ Also, those respondents living in Residential Care and the "Other" placements spent less time in care than did those in home-based placements (see Figure 4).¹¹ No Sex differences were recorded, but Anglo-Australian respondents ($M_A = 5.7$) had been in care longer than Indigenous participants ($M_I = 5.3$).¹²

One important measure explored the number of placements children and young people had experienced while in care. Reducing the number of placements and hence increasing placement stability is a key goal for improving the out-of-home care system, and one specifically addressed in the National Standards (FaHCSIA, 2011). Age groups were not compared on this measure because the younger respondents obviously had not had the time to experience as many placements as the older children and young people. However, significant differences were observed in the mean number of placements found across Jurisdictions (Figure 5), Placement Types (Figure 6), and Cultures (Figure 7).

As shown in Figure 5, respondents from NSW reported fewer placements than those in other states and territories.¹³ This graph also indicates a stability of placement measure, calculated as the ratio of the reported number of placements to the reported time in care for each respondent subtracted from one (the higher the score, the more stable the respondents' time in care). Children and young people in NSW experienced significantly more stable placements than those in other jurisdictions except ACT and QLD, while NT showed significantly less stable placements than all except TAS.¹⁴

Similar analyses of number of placements and placement stability were undertaken comparing Placement Types and Cultures. Figure 6 indicates that respondents in Residential and Other locations experienced more placements while in care¹⁵ and more instability than those in the home-based care.¹⁶ When Cultures were compared, it was found that Indigenous respondents reported having more placements (and greater placement instability) than those in the other cultural groups.¹⁷ Of great interest was the observation that respondents exhibiting the greatest stability of placement were often those who had entered care at a younger age.¹⁸

Another stability measure proposed for inclusion in the young peoples' survey as part of the proposed National Standards review is the proportion of respondents who experience one or two placements during their time in care. The variability recorded across Jurisdictions using this measure is displayed in Figure 8. The pattern observed here matches the above findings based on the average of individual stability ratios (i.e., fewer respondents from NT and TAS fell into this category than from NSW, QLD or VIC).

Perhaps not surprisingly, the level of satisfaction children and young people expressed with the number of placements they had experienced while in care was inversely related to the actual number of placements.¹⁹ Using a 6-point rating scale (1: Very dissatisfied; 6: Very satisfied), overall 604 (56.5%) respondents indicated that they were "Quite" or "Very satisfied" with the number of placements experienced; 132 (12.4%) were "Quite" or "Very dissatisfied". Those in NSW were significantly more satisfied than were those in NT, SA, TAS and VIC.²⁰ No Sex or Cultural differences were found, but those respondents in Residential and Other placements were less satisfied than those in Foster, Kinship, and Permanent Care.²¹ Also, the older respondents were less satisfied with their placement history than the other age groups, partially explained by the significant but weak correlation between Age and Number of Placements.²²

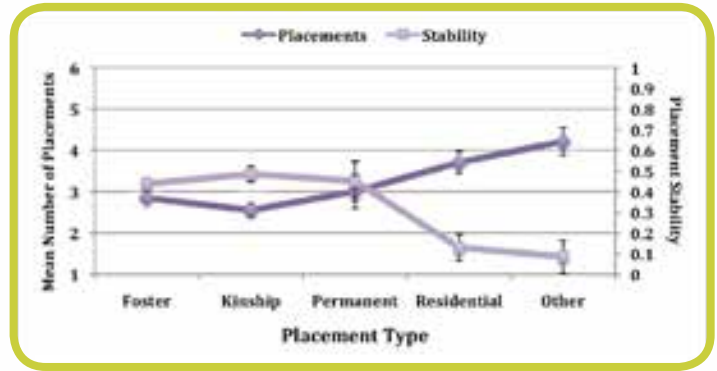


Figure 6. Mean number of placements experienced by respondents in specified Placement Types and the stability of placements in each.
 Note. The mean values were calculated from a scale ranging through: 1 (1-2); 2 (3-4); 3 (5-6); 4 (7-8); 5 (9-10); 6 (> 10). Stability = 1 - (Number of placements / Time in care).

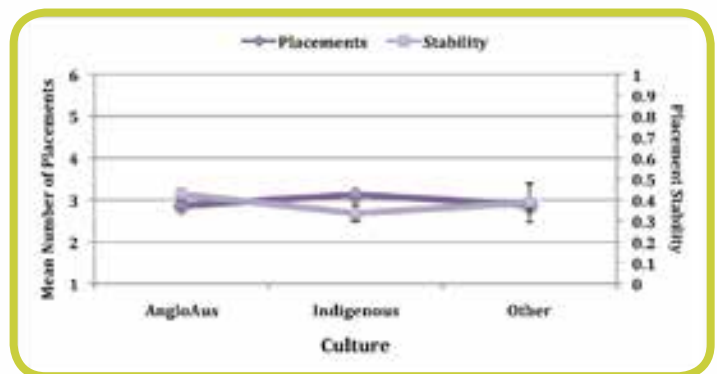


Figure 7. Mean number of placements experienced by respondents in specified Cultural groups and the stability of placements in each.
 Note. The mean values were calculated from a scale ranging through: 1 (1-2); 2 (3-4); 3 (5-6); 4 (7-8); 5 (9-10); 6 (> 10). Stability = 1 - (Number of placements / Time in care).

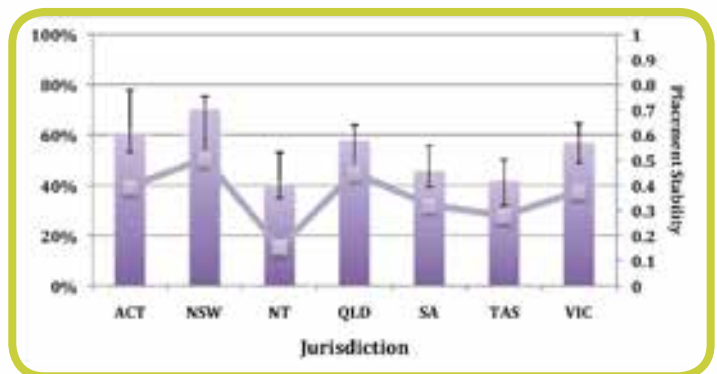


Figure 8. Percentage of respondents in the various Jurisdictions who reported they experienced one or two placements while in care. The superimposed line graph indicates the mean values based on the alternate individual Stability measure introduced in this study.

If the other kids (in the household) get bought games and clothes, I get games and clothes. And I get hugged and kissed and told I'm loved the same as the others.
 (Male, 13 years)



It wasn't nice to be moved around so much, it felt like people didn't care about me. (Male, 15 years)



Some of the comments made by respondents regarding their feelings about their placement history were positive (when related to few placements); most expressed their dissatisfaction and largely addressed the disruption to the social and emotional aspects of their lives caused by repeatedly moving:

Nobody wanted me. (Male, 8 years)

Because I am happy, but it's tiresome having to move from one place to another. (Male, 11 years)

I feel sad when I have to pack up and leave people that I have grown close to. (Female, 12 years)

It was hard moving schools and having to make so many changes and fit into so many different families and to make new friends. (Female, 12 years)

Feels confused; moving to places that I've never been before, new rules, some rules are good some are not. (Male, 12 years)

I am with my grandparents I feel very happy with my grandparents because they take great care of me and love me. (Female, 12 years)

I have only had one placement and I like it here. (Female, 14 years)

I didn't understand why I was being moved around so much. (Female, 14 years)

It wasn't nice to be moved around so much, it felt like people didn't care about me. (Male, 15 years)

It's hard when you have to move away from current carers when you have just settled in. You feel you're safe and cared for and then you have to move into a completely different environment. (Female, 15 years)

They are nice to me and make me feel part of the family. (Male, 15 years)

It is really hard to make friends when you are continuously moving. Also I never get a chance to complete a year at one school. (Female, 16 years)

You can't get settled 'cause you're worried you will get moved again. Female, 17 years)

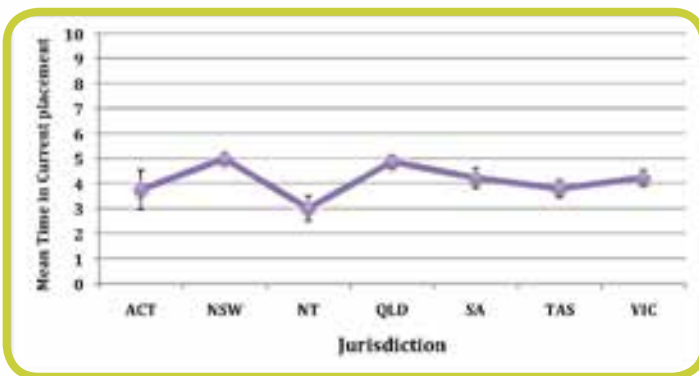


Figure 9. Mean time in current placement reported by respondents from the specified Jurisdictions.

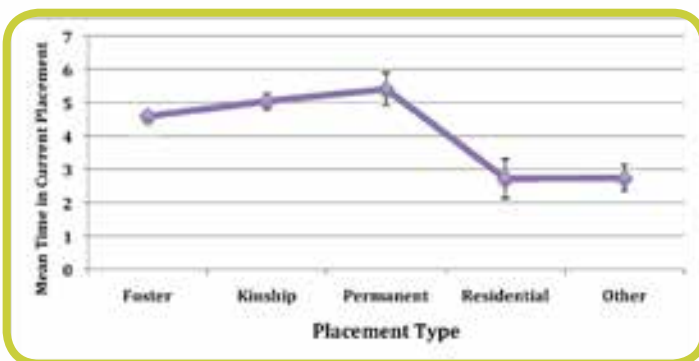


Figure 10. Mean time in current placement reported by respondents in designated Placement Types.

3.1.3 Feelings about Current Placement

Respondents were asked to indicate on a 10-point scale²³ how long they had lived in their current placement. The mean durations for the respective Jurisdictions are shown in Figure 9. Children and young people in NSW had resided in their current placement significantly longer than had those in all regions except QLD, while durations for respondents in NT were significantly shorter than all others except ACT and TAS.²⁴

Figure 10 indicates that respondents in Residential and Other placements had spent significantly less time in their current placement than had those in home-based placements.²⁵ In addition, Indigenous children and young people reported shorter durations in current placements than did Anglo-Australians.²⁶ No Sex or Age differences were observed.

Respondents were questioned about whether they were given a say in where they were living now, and if they had ever been moved from a placement that they didn't want to leave. The percentage answering these questions in the affirmative for each Jurisdiction is shown in Figure 11. Statistically, more than expected had a say about their current placement in NT, SA, and VIC, while fewer from NSW were consulted.

ACT and QLD young
people report

less free time

than those in other
jurisdictions





Figure 11. Percentage of respondents answering “Yes” to the questions posed regarding their living arrangements.

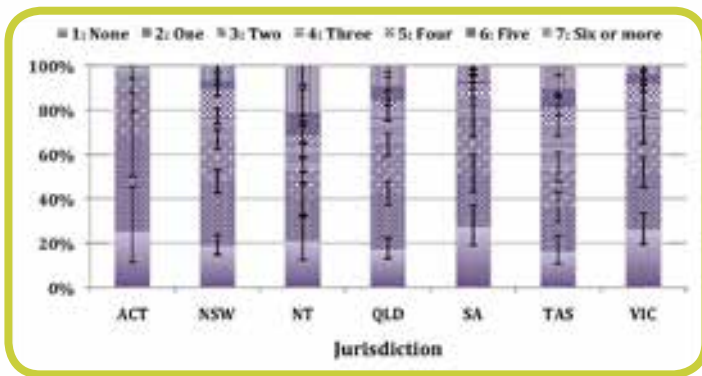


Figure 12. Percentage of respondents reporting they live with the indicated number of children and young people (under 18 years) in the designated Jurisdictions.



However, fewer had been moved in NSW and QLD against their wishes.²⁷

A critical concern for children and young people regarding their current placement is how happy they feel where they are living. Overall, 892 respondents (83.4%) reported feeling “Quite” or “Very happy” (when rating their present situation on a 6-point scale: 1: Very unhappy; 6: Very happy). This positive result extended across all states and territories, although when the mean Happiness ratings were compared, the results for NT ($M_{NT} = 4.7$) were significantly lower than for the other Jurisdictions.²⁸

No Sex or Cultural differences in Happiness with placement were observed, but those respondents in Residential and Other placements reported feeling less happy than did those in the home-based placements;²⁹ also, the older group seemed less happy than the respondents of other ages.³⁰

3.1.4 Experience in Current Placement

A factor impacting on children and young people in their current placement is the number of individuals under 18 (apart from the respondent) who live in that household. Figure 12 shows the number reported for each Jurisdiction. In around 20% of households, the respondent was the only child or young person present. Jurisdictions revealed considerable variation in the number of young people per care household, with NT and TAS having 14 (20.9%) and 15 (10.4%) households, respectively, with six or more children. This may reflect the particular difficulties encountered in attracting carers in such jurisdictions (e.g., see McGuinness & Arney, 2012 for a discussion of issues in NT).

When the 7-point scale of numbers of children and young people in households (see the Legend in Figure 12) was used, significant differences in placement numbers were found for Culture, Placement Type, and Age Group. Indigenous respondents lived with more children and young people than did Anglo-Australian or Other cultural groups;³¹ those in Kinship Care tended to live in smaller households than did respondents in Foster Care, Residential, or Other placements;³² and respondents in the 15–17 year age group lived in placements with fewer children and young people than did the younger participants.³³

Those respondents who shared their placement with other children and young people were asked to judge (using a 6-point scale: 1: Exactly the same; 6: Completely differently) how they felt they were treated compared with others in the household. Overall, 75.4 % ($n = 806$) reported that they felt treated "Exactly the same" as or "Very similar" to others in their household. There were significant differences found among Jurisdictions; those respondents in ACT and SA lived in placements where they felt more different than did those in NSW, QLD, TAS, and VIC.³⁴ Figure 13 summarises these findings.

In addition, those respondents in Residential placements reported more variability in treatment within their placements than did those children and young people in Foster Care or Kinship Care.³⁵ No Sex or Cultural differences were detected; however, the older Age Group experienced greater difference in treatment than did the 10-14 year olds.³⁶

It is really hard to make friends when you are continuously moving. Also I never get a chance to complete a year at one school.
(Female, 16 years)

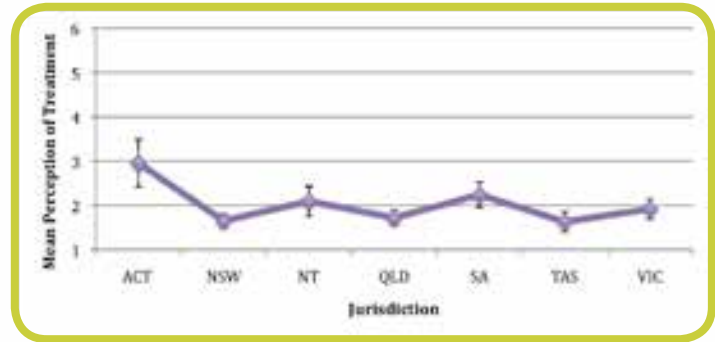


Figure 13. Mean perception of treatment in placement by respondents from indicated Jurisdictions.

Note. Treatment rating scale used: 1: Exactly the same; 6: Completely differently.

Those respondents who provided comment about their treatment in placements showed a strong sense of fairness. The "same" treatment was experienced in a range of situations and often involved balance:

My brother might get more books and I get less, my brother might get less teddies and I get more. (Male, 8 years)

Nan tells us we are no better than the other, and that she loves us both the same.
(Male, 9 years)

We all get presents at the same time and we all get time alone with our uncles and lots of time as a family. (Female, 10 years)

If I get in trouble and he does the same, he gets in trouble too. (Female, 12 years)

If the other kids get bought games and clothes, I get games and clothes. And I get hugged and kissed and told I'm loved the same as the others. (Male 13 years)

We both get the same things and get the same type of punishment. (Female, 16 years)

When differential treatment was experienced, young people generally understood that there was probably a legitimate reason for the variability, usually related to age or need:

We are all different and have different talents and some of us aren't as good at some things and need special help. (Male, 11 years)

My little brother is 7 so it is only normal that he is treated a bit better. I realise that, and am completely fine with it. (Female, 16 years)

He's been here since he was a baby and he's disabled so he needs more attention, which isn't really a problem. (Female, 16 years)



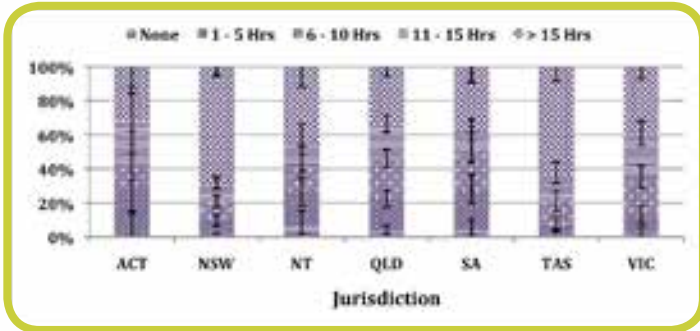


Figure 14. Percentage of respondents reporting they have the indicated amount of free time available in placements in the various Jurisdictions.

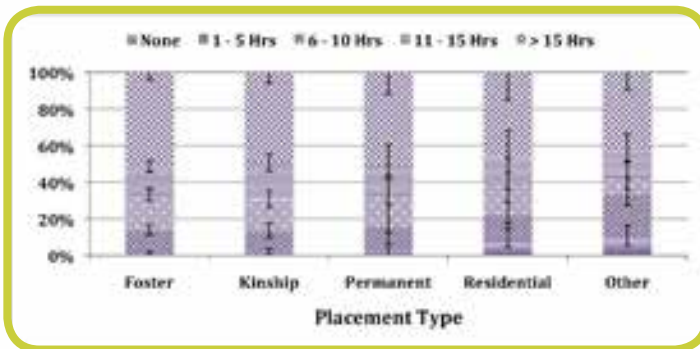


Figure 15. Percentage of respondents reporting they had the indicated amount of free time available in the various Placement Types.

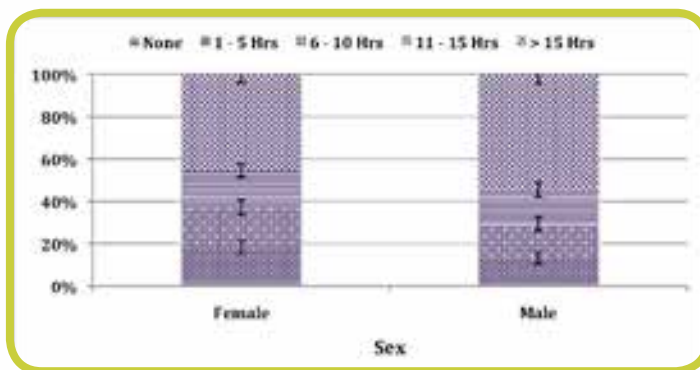


Figure 16. Percentage of female and male respondents reporting they had the indicated amount of free time available while in their placements.

Sometimes the different treatment seemed to be particular to the individual:

We have a set job list for every day in the house. If it is late and I don't sweep the floors, then for the next week I have to do it everyday. But if the others don't do it, mum or dad just does it for them. They get a lot of stuff that they ask for.

(Female, 16 years)

Problem with only one staff member who treats me completely differently. All other staff treat me exactly the same as the others. Spent whole day there yesterday, didn't speak to him, ignored him. Lot of little straws breaking back.

(Male, 17 years)

A rather mature respondent expressed an insightful view of the positive aspect of difference:

I think that it is a good thing to be treated differently in a lot of aspects, because it teaches me who I am, not who someone else is, and I am treated very different to my foster siblings because I am more individual and independent than they are.

(Female, 17 years)

It was interesting to determine how much free time the children and young people felt they had during the week in their placements, and what activities they mainly pursued during these periods. Figure 14 shows that respondents varied across Jurisdictions in terms of the amount of time they felt they had to themselves. Children and young people in NSW and TAS report having more time than expected (212 [68.6%] and 91 [63.2%] of these respondents, respectively, have over 15 hours each week to devote to their own interests) while those in ACT and QLD claim far less free time (9 [32.1%] and 87 [34.0%] respectively having over 15 hours).³⁷

Differences also were observed across Placement Types (Figure 15). While overall, only 2.2% ($n = 23$) of respondents stated that they had no free time, this number largely was composed of those children and young people in Residential ($n = 7$; 6.7%) or Other placements ($n = 6$; 9.1%). Fewer than expected of these groups reported having over 15 hours as well.³⁸ No Culture or Age differences were noted in this measure, but males ($n = 271$; 54.6% in the over 15 hours group) tended to have more time to devote to themselves compared with females ($n = 262$; 45.7%; see Figure 16).³⁹





Table 6 Percentage of All Listings by Female and Male Respondents in which the Designated Activities were Mentioned as Being Undertaken during their Free Time

Activity	Females (%)	Males (%)
Physical	16.3	21.8
Watching TV / Movies	17.3	17.4
Computer	11.5	22.9
Social	13.0	11.7
Music	12.1	5.2
Intellectual	12.8	10.5
Creative	9.4	3.1
Passive	7.8	7.4

as reading, and socialising with friends. Also listed was computer use (including game playing on X-Boxes and Wii), and creative endeavours (such as drawing and dance). Males mentioned computer use and physical activity more, and socialising, listening to music, and the intellectual and creative categories less than did females. The passive category listing (largely sleeping) was comparable for both sexes.

Children and young people were presented with a list of five statements describing Needs that should be met in their placement: "I have the privacy I need"; "I have the physical things I need"; "I feel safe and secure"; "I feel 'at home' (comfortable)"; and "People care about me". They were asked to indicate their level of agreement with these views (1: Strongly disagree; 6: Strongly agree). Figure 17 indicates the mean agreement ratings obtained, distributed over Jurisdictions. It is encouraging that the means overall were quite high (ranging from 4.5 to 5.8), indicating substantial agreement that the Needs were being met. However, even within these positive results, repeated-measures analyses found statistically significant differences for Jurisdiction and for Need, and an interesting interaction between the two; some Needs were being met more effectively in some Jurisdictions than in others.⁴⁰ Interestingly, while most Jurisdictions scored well in terms of how "safe and secure" the respondents felt and that there were "people who cared", the Need least well met over all Jurisdictions was "having sufficient privacy". Most variability was seen in the level of comfort respondents reported. Children and young people in NSW and QLD felt quite "at home" in their placement, while respondents in ACT, NT, and SA did not agree as strongly that this Need was met.

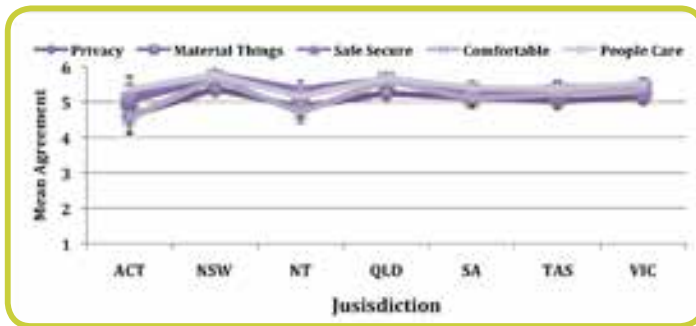


Figure 17. Mean ratings of agreement with the designated statements of Needs by respondents living in the indicated Jurisdictions.
 Note. Agreement rating scale used: 1: Strongly disagree; 6: Strongly agree.

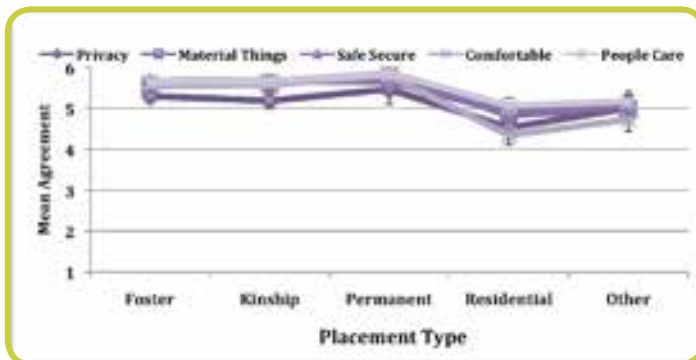


Figure 18. Mean ratings of agreement with the designated statements of Needs by respondents living in the indicated Placement Types.
 Note. Agreement rating scale used: 1: Strongly disagree; 6: Strongly agree.

The question then becomes how do children and young people spend whatever free time they have at their disposal? What are the main activities in which they engage when relaxing? When presented with an open question asking them to list the things they did for their own pleasure, females mentioned 1228 items compared with 946 volunteered by males. The percentage of all listings attributed to each activity is recorded in Table 6. Females most commonly cited watching TV or movies, and physical activities (such as playing sports, walking). They paid comparable attention to listening to music, intellectual pursuits such

Another way of considering the meeting of Needs was in terms of Placement Types. Figure 18 indicates that those respondents in Residential and Other living arrangements did not find that their Needs were being met to the level reported by those in the home-based placements. Specifically, their feeling of "comfort" was their least well-met Need, even below "privacy".⁴¹ No Sex, Age Group, or Cultural differences were noted on the meeting Needs measures.

Several children and young people reported some form of computer usage in their free time. Specific questions were included to determine how much time respondents spent using the Internet in the average week and in what behaviour they most likely were engaged while online. The first concern was the number of children and young people who

reported not having access to the Internet. Overall, 221 (20.7%) indicated that they did not have Internet access. A breakdown of this number is presented in Figures 19 and 20. Clearly, the percentage in NT and TAS with no access was significantly higher than in other Jurisdictions,⁴² and significantly more respondents in Residential care than other placements also did not have access to the Internet.⁴³

Differences were found among Cultures (more Indigenous respondents not having access)⁴⁴ and Age Groups (fewer of the 8-9 year old group being able to connect to the Internet);⁴⁵ no Sex differences were observed.

Interestingly, 13.6% ($n = 115$) of those respondents who did have Internet access ($n = 848$) reported never using it. Those in NT and TAS who could go online, and chose to do so, had some of the highest usage rates of any Jurisdiction, as can be seen in Figure 21. Children and young people in ACT, QLD, and SA reported significantly lower usage than expected.⁴⁶ Those in Foster Care and Residential placements stated that they spent less time online than did those in other living arrangements.⁴⁷ No significant differences in Internet usage were found for Culture or Sex but, not surprisingly, the older age group (15-17 years) spent more time online than the 10-14 year olds, with the 8-9 year olds spending significantly less time than both the other groups (see Figure 23).⁴⁸

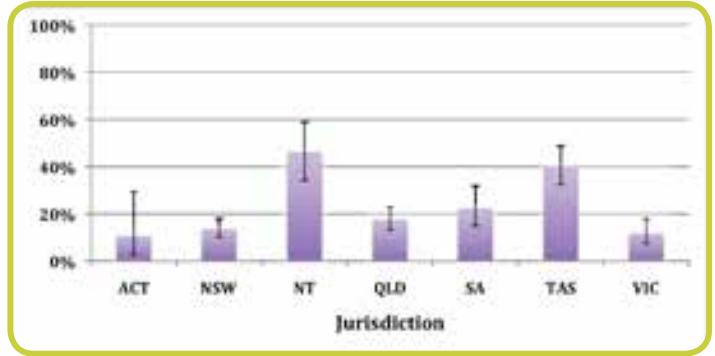


Figure 19. Percentage of respondents from the various Jurisdictions who reported they did not have Internet access ($n = 221$).

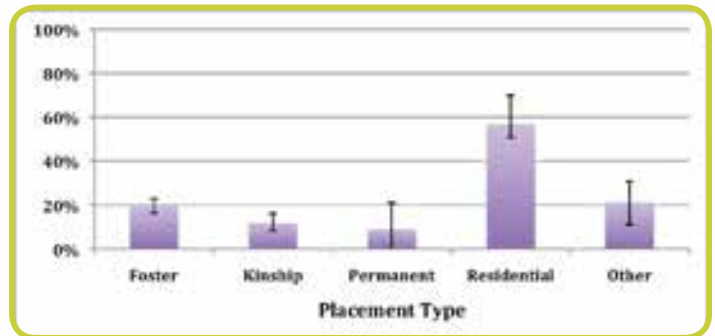


Figure 20. Percentage of respondents from the various Placement Types who reported they did not have Internet access ($n = 221$).

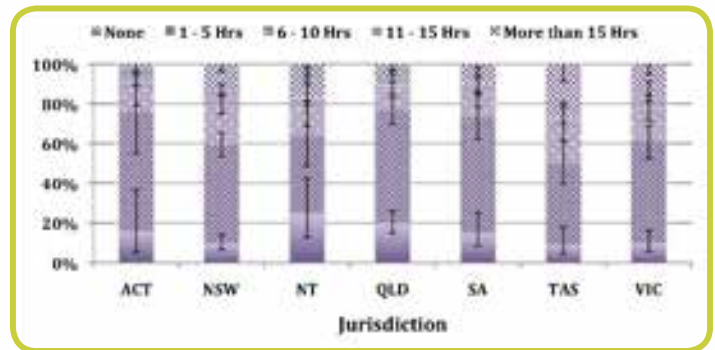


Figure 21. Percentage of respondents from the indicated Jurisdictions who reported they spent the designated amount of time online ($n = 848$).

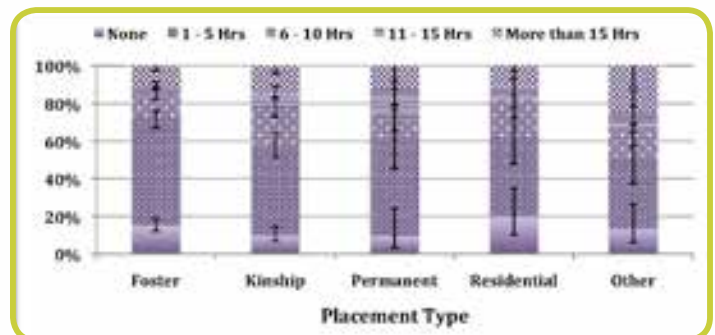


Figure 22. Percentage of respondents from the indicated Placement Types who reported they spent the designated amount of time online ($n = 848$).



They listen to
**what I
want**

however sometimes they don't
go through with what they say
they will do. I tell them that they
cannot have meetings

without me
being present.

(female, 17 years)



Children and young people were presented with a list of activities they could do online and asked to indicate on which they would spend most of their time. The list comprised: Games; getting information (e.g., for school projects); social networking (e.g., Facebook, MySpace, MSN etc.); and downloading (e.g., music). An "Other" option was included, and this attracted several mentions of YouTube, watching movies, and email.

No Jurisdictional or Cultural differences were observed in the patterns of response across activities but Placement Type, Age, and Sex differences emerged. Figure 24 reveals the reported incidence of activities in the various Placement Types for the 782 respondents who were engaged with the Internet. Children and young people were more likely to play games in the Foster and Kinship Care environments, and more likely to engage in social networking in Residential or Other living arrangements.⁴⁹

Other variations in activity preference were noted when comparing Age Groups and Sex. Younger Internet users were more likely to play games while online whereas the older group spent most time in social networking.⁵⁰ A similar pattern was observed when comparing male and female usage: males were more likely to be playing games while females spent most of their time online networking.⁵¹

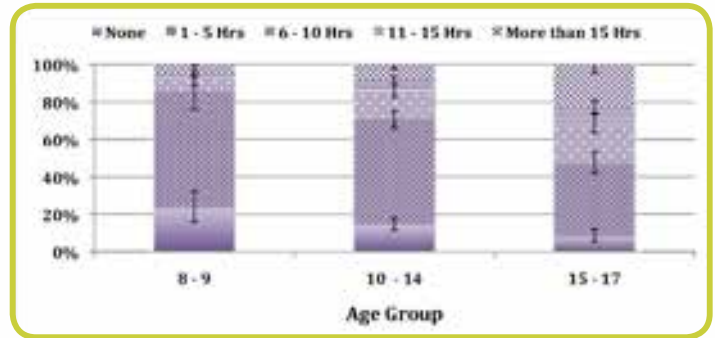


Figure 23. Percentage of respondents in the three Age Groups who reported they spent the designated amount of time online (n = 848).

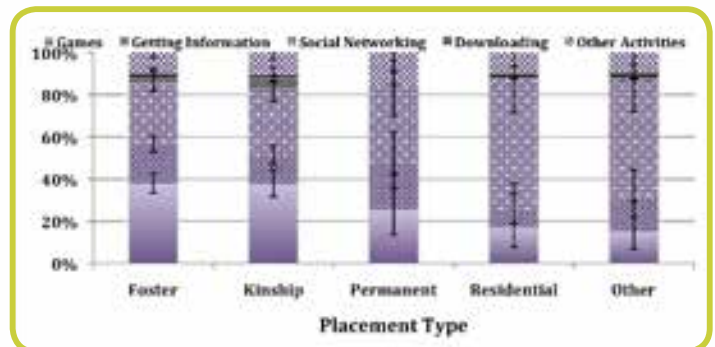


Figure 24. Percentage of respondents in the various Placement Types who reported they were engaged primarily in the designated activities while online (n = 848).

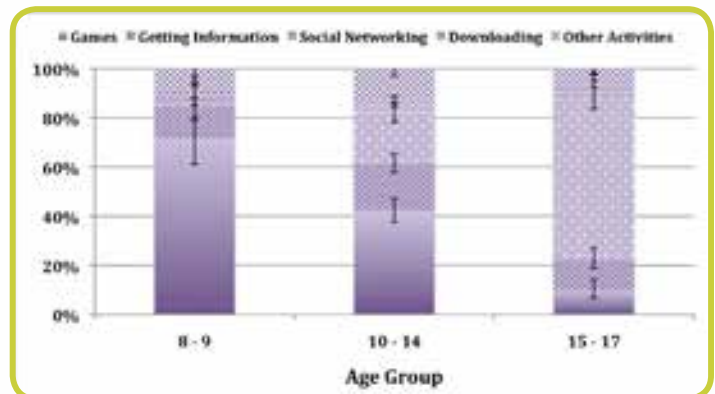


Figure 25. Percentage of respondents in the three Age Groups who reported they were engaged primarily in the designated activities while online (n = 848).

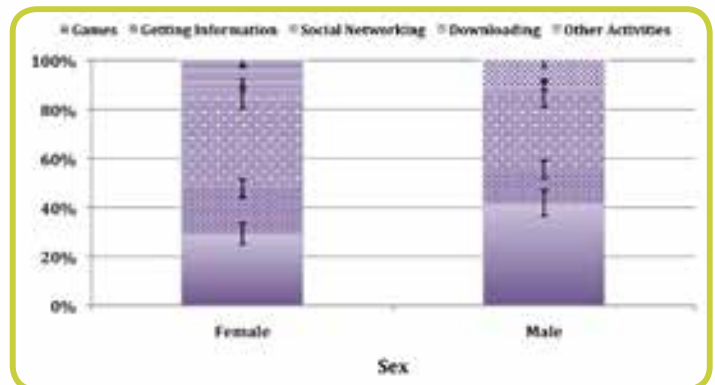


Figure 26. Percentage of females and males who reported they were engaged primarily in the designated activities while online (n = 848).

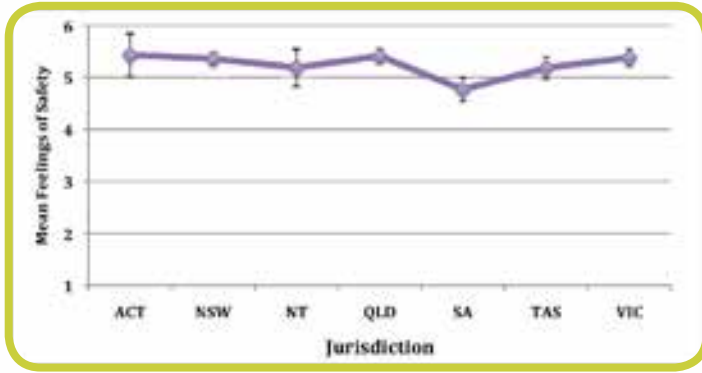


Figure 27. Mean ratings for feeling of safety while online by respondents from the various Jurisdictions.

Note. Safe online rating scale used: 1: Not at all safe; 6: Very safe.

Table 7 Number and Percentage of Comments that Listed the Indicated Aspects of Placements Classified as Good or Not Good by Respondents

GOOD PLACEMENTS			NOT GOOD PLACEMENTS		
Aspect	Number	%	Aspect	Number	%
Activities	108	11.1	People	197	29.4
Relationships	434	44.7	Treatment	175	26.1
Emotion	170	17.5	Housing	64	9.5
Pets	21	2.2	Neighbourhood	14	2.1
School	16	1.6	Abuse	110	16.4
Health	26	2.7	Drugs	11	1.6
Space	92	9.5	Family	70	10.4
Things	64	6.6	Safety	25	3.7
Outings	21	2.2	Things	3	0.4
No bad things	20	2.1	School	2	0.3



An issue of concern within the community is the safety of young people when online. Respondents here were asked to rate how safe they felt when using the Internet (1: Not at all safe; 6: Very safe). Generally, there was a strong feeling of safety, with no Age or Cultural differences. Males tended to report feeling a little safer than females ($M_{\text{Males}} = 5.4$; $F_{\text{Females}} = 5.2$)⁵² and those in Residential Care seemed to feel less safe than respondents in other Placement Types but the effect was small.⁵³ The greatest difference was observed across Jurisdictions where respondents from SA claimed to feel less safe than their peers in NSW, QLD, and VIC.⁵⁴ These data are presented in Figure 27.

3.1.5 “Good” and “Not Good” Placements

Two open questions were included to give respondents the opportunity to list, based on the salience of their own experience, features of placements that they would use to classify them as “Good” or “Not good” locations in which to live. No guides were provided to lead the responses in any way. The comments obtained were content analysed for themes following two main principles when several features were listed in one response: (a) the item to which most attention was directed was selected as the representative theme; or (b) if all items appeared equally weighted, the item that had been mentioned less often by others was chosen to give the broadest range of responses. Ten themes emerged as descriptors for both the Good and Not Good placements. Comparable patterns of responses appeared for Sex and Culture, so the results are presented combined for all respondents in Table 7.

Without doubt, the experience of a warm, caring, and supportive relationship defined the Good placements:

Having someone who loves me and helps me through my problems and teaches me and cares for me. (Male, 11 years)

Living with siblings; feeling comfortable. (Female, 11 years)

Staff that talk to me about my interests and help me with my interests. Staff that care about me and help me. (Male, 15 years)

Having a family. They give me trust and love and I get to help them do stuff. (Male, 16 years)

I like to think that my foster family treats me equally, and like their own family, and does their best to give me the support I need, but let me be independent where I can be as well. Free will is the one thing that makes me feel safe in a placement. (Female, 17 years)

A product of being in a caring relationship for many respondents was the enhancement of their positive feelings and emotions; this indicator was scored as a separate category that was the second most common feature of a Good placement:

Kindness. Nice feeling of people caring about you; interested in things that I do.

(Male, 13 years)

Feeling safe, I can tell my nan anything without being abused. (Male, 15 years)

Being in a safe environment where I am respected and can express myself freely.

(Female, 16 years)

Somewhere where you know you have a stable placement, somewhere where you know you will stay. (Female, 17 years)

The third most popular quality of Good placements, according to the comments of respondents, was being able to “do” lots of things, such as play sports, ride bikes, “free time, when you’re left alone to do your own thing” (Male, 15 years), that were included in the “Activities” cluster. It also was important for young people to have some control over their space.

Making my room look handsome. A nice rug, my photos, and clothes.

(Male, 16 years).

“Not Good” placements, in many respects, possessed the opposite qualities to those considered favourably. Statements about “bad people” who didn’t “treat them well” comprised over half of the comments provided by children and young people. Concerns with abuse and violence, either directed at them or other people in the household, figured prominently as well in the lists. It was interesting that, while “contact with family members” was mentioned by some young people as a factor contributing to positive relationships in Good placements, the absence or prohibition of this contact became the outstanding characteristic of “Not Good” placements for many.



3.2 Interaction with Departments

In this section, findings will be presented dealing with the relationship children and young people have with their respective child safety departments, mainly in terms of caseworker support and case or care planning.

3.2.1 Caseworkers

A statistically significant but low correlation ($r = .25, n = 1069, p = .0005$) was found between the length of time respondents had been in care and the number of caseworkers who had been supporting them. Overall, 28.8% ($n = 306$) of respondents reported having only one or two caseworkers while 34.9% ($n = 372$) had to interact with five or more different caseworkers during their time in care. The numbers of caseworkers that children and young people reported experiencing across the various Jurisdictions are shown in Figure 28. Clearly, more children and young people in ACT and NSW had a smaller number of caseworkers while a greater number in NT and QLD were supported by relatively large numbers of caseworkers.⁵⁵

Different numbers of caseworkers were reported to have supported respondents in the various Placement Types (see Figure 29). More people in Kinship Care (than expected statistically) were supported by just one or two caseworkers, while nine or more departmental staff had been connected with

a greater proportion of those in Residential Care.⁵⁶ No Cultural differences were observed, and Age Groups were not compared since it would be reasonable to expect that the older the child or young person, the more opportunity s/he would have to encounter more caseworkers. Interesting Sex differences were recorded, with a greater proportion of females experiencing more caseworkers during their time in care than did male respondents (see Figure 30).⁵⁷

Children and young people also were asked whether or not they were able to contact their main caseworker as often as they wanted. In total, 65.2% ($n = 697$) indicated that they had this level of access. Considerable differences were observed across Jurisdictions; more respondents in SA, QLD, and VIC felt able to contact their caseworkers when required than in ACT, NSW, and NT (see Figure 31).⁵⁸

No such differences were found for respondents grouped by Cultures, Sex, or Placement Type. However, it is clear from Figure 32 that fewer of the younger age group felt able to make contact with workers when needed compared with those in the older groups.⁵⁹

In response to questions about how helpful their main caseworker was found to be, and how comfortable the children and young people felt discussing issues with him/her, average ratings of between "Reasonably" and "Quite helpful/comfortable" were received. Caseworkers were seen as particularly helpful in SA, but less so in NSW and TAS as is indicated in Figure 33.⁶⁰ Respondents in QLD felt significantly more comfortable with their caseworkers than did those in NSW, NT, or TAS.⁶¹

These Helpful and Comfortable ratings also were analysed by Placement Type; these results are presented in Figure 34. Children and young people in "Other" placements saw caseworkers as less helpful and felt less comfortable interacting with them than did those in Foster Care and Residential facilities. This possibly reflects the broad nature of this category, incorporating some respondents in supported accommodation and several residing in independent living arrangements where they may not have regular contact with caseworkers or other departmental staff.⁶²

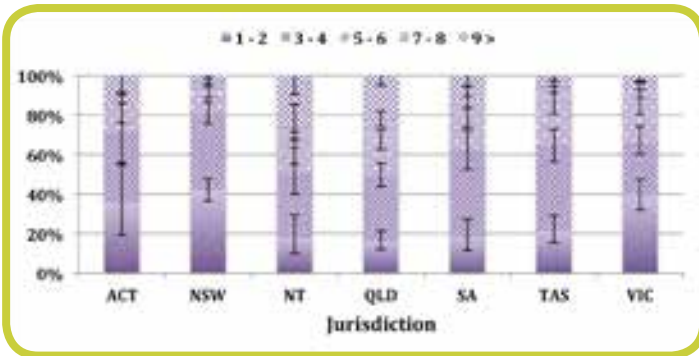


Figure 28. Percentage of respondents from the various Jurisdictions who reported they were supported by the indicated number of caseworkers during their time in care.

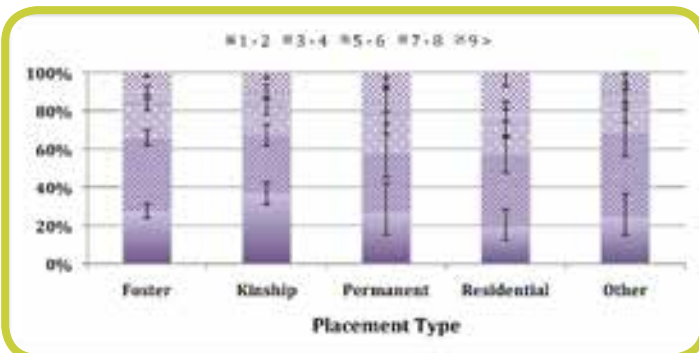


Figure 29. Percentage of respondents in the various Placement Types who reported they were supported by the indicated number of caseworkers during their time in care.

Just feel kind of scared, because it's a first time and it's another step for me moving into the real world.
 (Male, 17 years)

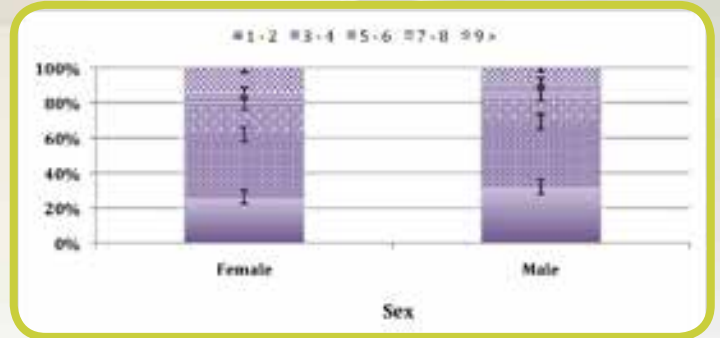


Figure 30. Percentage of females and males who reported they were supported by the indicated number of caseworkers during their time in care.

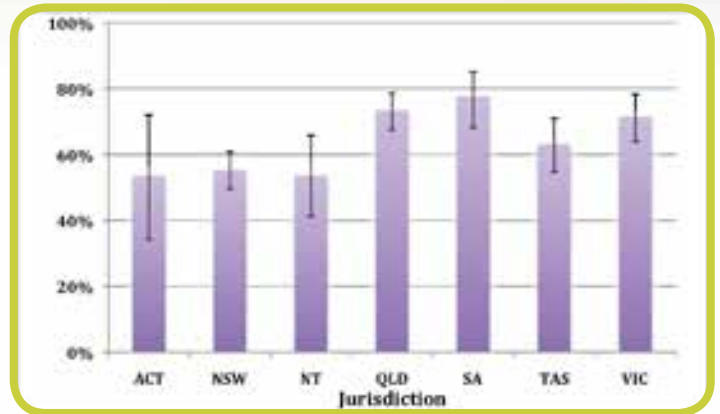


Figure 31. Percentage of respondents who indicated they were able to see their caseworker as often as required from the various Jurisdictions.

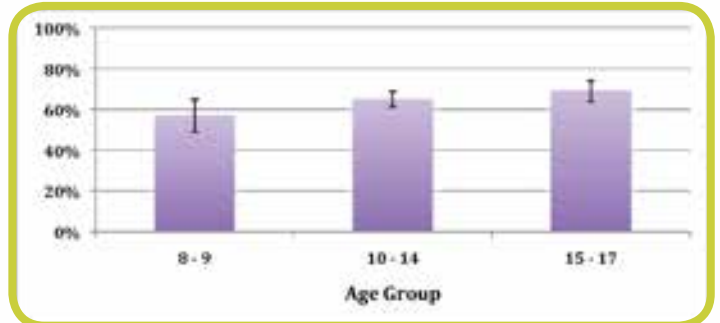


Figure 32. Percentage of respondents who indicated they were able to see their caseworker as often as required in each of the three Age Groups.

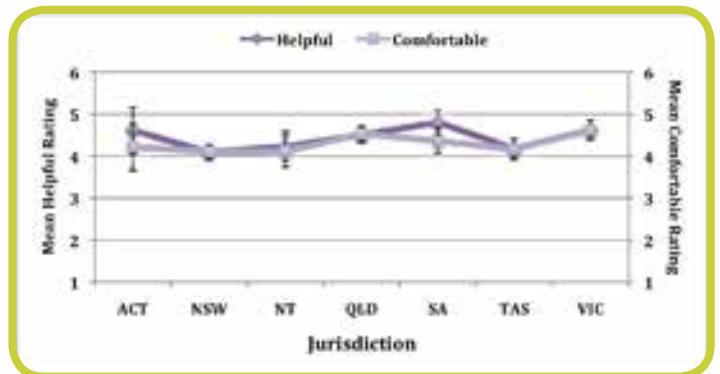


Figure 33. Mean rating of how helpful caseworkers have been in supporting respondents and how comfortable respondents felt in discussing issues with the caseworkers in the various Jurisdictions.

Note. Helpful rating scale used: 1: Not at all helpful; 6: Very helpful; Comfortable rating scale used: 1: Not at all comfortable; 6: Very comfortable.

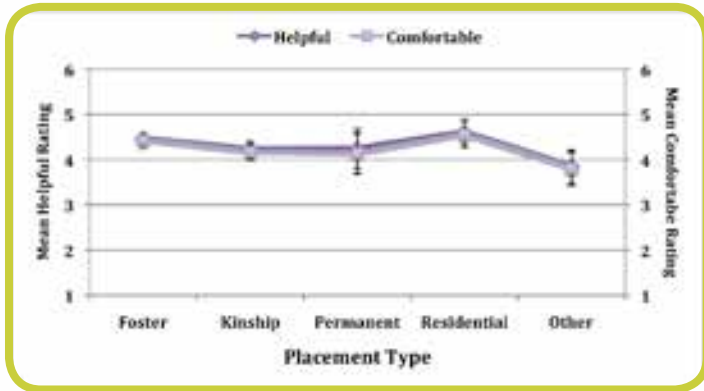


Figure 34. Mean rating of how helpful caseworkers have been in supporting respondents and how comfortable respondents felt in discussing issues with the caseworkers in the various Placement Types.

Note. Helpful rating scale used: 1: Not at all helpful; 6: Very helpful; Comfortable rating scale used: 1: Not at all comfortable; 6: Very comfortable.

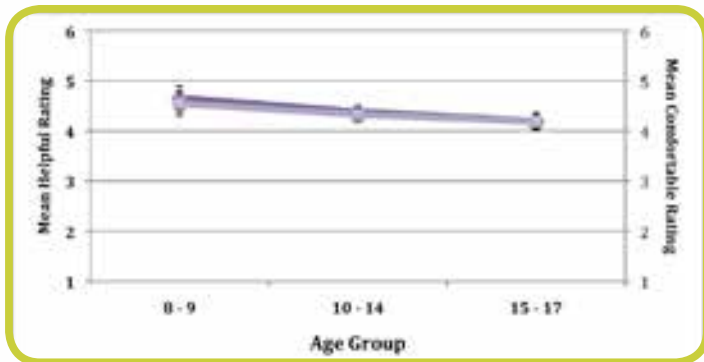


Figure 35. Mean rating of how helpful caseworkers have been in supporting respondents in the three Age Groups.

Note. Helpful rating scale used: 1: Not at all helpful; 6: Very helpful; ; Comfortable rating scale used: 1: Not at all comfortable; 6: Very comfortable.

I do not have a caseworker and I have never had one. (Male, 15 years)



Age Group differences were recorded for Helpful and Comfortable ratings; the younger group reported finding the caseworkers more helpful and they felt more comfortable dealing with them than did respondents in the older group (Figure 35).⁶³ Such a result could be due to caseworkers, as a matter of practice, devoting more attention to the needs of the younger people, or because of some of those in the older group developed less positive perceptions when their expectations of assistance had not been met within the system.

Respondents gave many examples of things their caseworkers had done that led to their high or low ratings on the helpful scale. Some of these comments are listed below. In summary, the positive views focused on caseworkers listening to the child or young person and acting supportively:

Gives me permission to go to friend's house, gave me 'life book' (life story work).

(Female, 9 years)

Paid for excursions for after-school care, helped with doctor and dentist.

(Male, 10 years)

I don't know, she knows what we've been through somehow, she gets us and she helps us with our problems.

(Female, 11 years)

They listen to what I say and help me get through, and made it easy to explain situations to me when I was young.

(Female, 12 years)

She talks to me about things that are going to help me and stay good. She hooks me up with football and pays for it. She picks me up after school and takes me to the park. She rings me.

(Female, 12 years)

Helped me out with school; everything I need she makes sure I have.

(Male, 13 years)

Well, she makes me feel good, that there's someone to trust, and she gave me McDonald's as we spoke about my week at school and at home!

(Female, 13 years)

Depends on who you get - my new caseworker is great. She is always there, easy to contact and gets back to me about stuff.

(Female, 14 years)

She makes sure that I get to contact family, and don't have to contact family when I don't want to.

(Female, 14 years)

My most recent caseworker has been very nice and is easy to talk to. She has called just to check in on me and see how I am going.

(Male, 15 years)

He is always there when I need him. He does whatever he can to see me if needs be as soon as he can. He gives me support and coping methods. He is a nice man with an awesome sense of humour. And he says I make a nice cup of tea :)

(Female, 15 years)

So many things have happened in my life. She explains to me what she can do for me. For example, if I want a laptop, she will explain to me what she can organise, and she is really great and makes things happen. She is really supportive and helpful.

(Female, 16 years)

The current caseworker has been the best one. She has been very supportive with things that need to be done. She will get things done for us in time and also help us with things we ask.

(Male, 16 years)

He talks to me and treats me like I have a say in what is going to happen to me. He also listens to me if I need anything.

(Male, 16 years)

Gets things done. I hang out every Tuesday after school with sisters and brother and caseworker. Organises days to visit siblings in other care. (Female, 17 years)

They help me to do a Leaving Care Plan. They consulted with me and asked my opinion. They helped me get a small grant to buy my car. (Female, 17 years)

Negative views (what wasn't helpful) generally described situations in which caseworkers did not do what they promised or took an unreasonably long time to achieve an agreed outcome:

She has not always understood how I feel. She thinks she knows what is best for me, even not listened to my psychologist. (Male, 12 years)

Each caseworker I have had never bothers to check up on my brother, sister, and me just to see how we are doing. They never get their work handed in on time, and I feel that if I ask for something to be done, my caseworker will set a date to have it done but won't. (Female, 15 years)

I have been waiting for a year for her to approve my dental work for over a year. She never gets back to me. (Female, 15 years)

Didn't turn up for court, didn't take me to my Nanna's, and didn't call to say why. (Male, 15 years)

I do not have a caseworker and I have never had one. (Male, 15 years)

She takes too long, and pretty much all the time I can never talk to her. (Female, 16 years)

It took one year to get new clothes. Caseworker did not help with getting new clothes and furniture. I have tried calling them and [they] have not replied. They should take responsibility. It's a headache to contact them. (Female, 17 years)

I have had many different caseworkers, and I have got another new caseworker, who hasn't done anything yet because she's only new. (Female, 17 years)

My caseworker visits once a fortnight, and attends my Stakeholders Meetings once a month, but she talks to me about the same things every single time, and nothing happens in that small amount of time. I still haven't started my transition properly. (Female, 17 years)

Another indicator of effective interactions between children and young people and departmental representatives is the likelihood of the young people attending formal meetings held at the department involving them and key people in their lives. Respondents were asked to rate how often they had attended such meetings and to what extent they felt their views had been considered by others present.



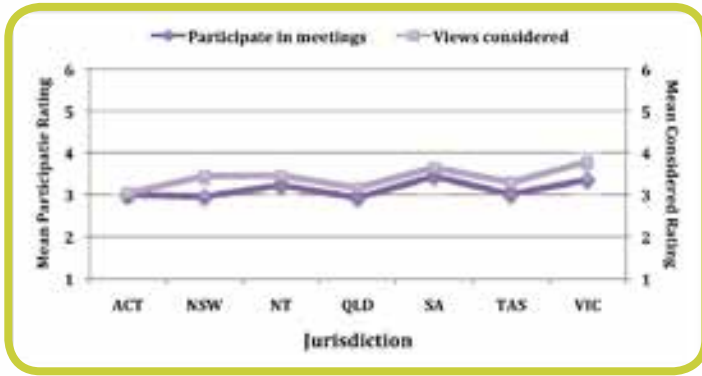


Figure 36. Mean ratings of the frequency with which respondents from the various Jurisdictions participated in formal departmental meetings and the degree to which they felt their views were considered at these meetings.
 Note. Frequency-of-meetings rating scale used: 1: Not at all; 6: Very often; Views-considered rating scale used: 1: Not at all; 6: All the time.

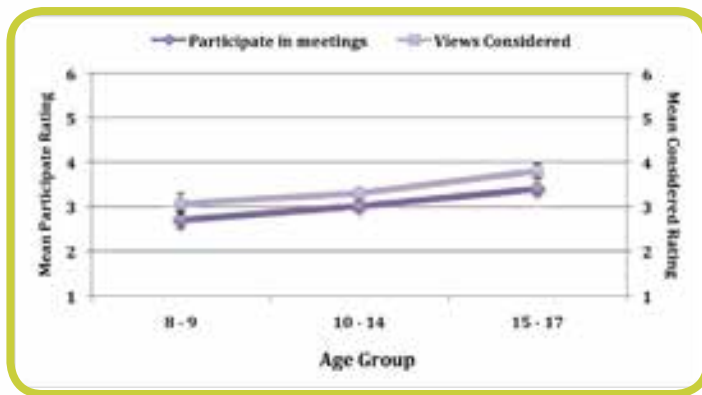


Figure 37. Mean ratings of the frequency with which respondents in the three Age Groups participated in formal departmental meetings and the degree to which they felt their views were considered at these meetings.
 Note. Frequency-of-meetings rating scale used: 1: Not at all; 6: Very often; Views-considered rating scale used: 1: Not at all; 6: All the time.

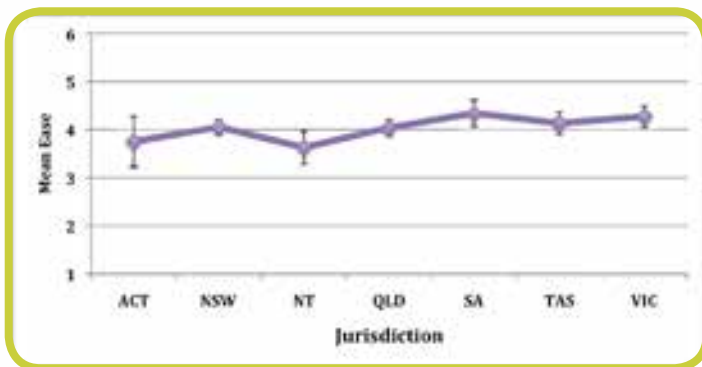


Figure 38. Mean ratings for ease of obtaining permission from departments by respondents for activities in the various Jurisdictions.
 Note. Ease rating scale used: 1: Very hard; 6: Very easy.

The overall Participation rating indicated that children and young people generally claimed to be “Sometimes” involved in meetings ($M_{\text{Participate}} = 3.1$), and for those who had participated at least “a little” ($n = 1062$), to have their views “heard” or considered by others between “Sometimes” and “Reasonably often” ($M_{\text{Considered}} = 3.4$). Those respondents in NSW and QLD indicated that they attended these meetings significantly less often than did their peers in SA and VIC (Figure 36). A similar pattern was observed for the “views considered” analysis; here the difference between QLD ($M_{\text{Considered}} = 3.2$) and VIC ($M_{\text{Considered}} = 3.8$) reached significance.⁶⁴

No significant effects regarding meetings were found for Culture, or Placement Type. Sex differences were observed with females more likely than males to participate in the meetings and to feel that others took their views more seriously.⁶⁵ As would be expected, the Age Groups differed in the level of participation and the extent to which they felt their views were considered. The youngest participants were less likely to be involved or heard than were the 10-14 year group who in turn reported lower rates of involvement than the oldest group. These data are illustrated in Figure 37.⁶⁶

An issue sometimes raised by children and young people in care is the difficulty they have in obtaining permission from departments to engage in planned activities (outings, camps etc.). To test this, participants were asked how easy they had found it to get departments to agree to such requests. The overall response was “Reasonably easy” ($M_{\text{Permission}} = 4.1$); however, there were noticeable Jurisdictional differences. Respondents in the NT seemed to have much more difficulty with this task than did those in the other states. The range of responses can be seen in Figure 38.⁶⁷

the need least well met
over all Jurisdictions was
**“having
sufficient
privacy”**



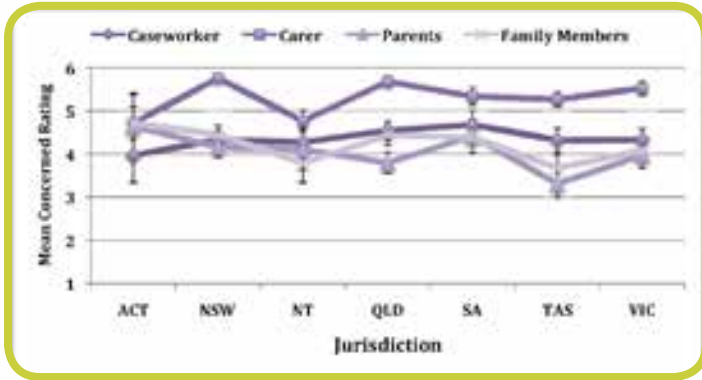


Figure 39. Mean ratings of how concerned the indicated support persons were perceived to be with respondents' wellbeing in the various Jurisdictions. Note. Concerned rating scale used: 1: Not at all concerned; 6: Very concerned.

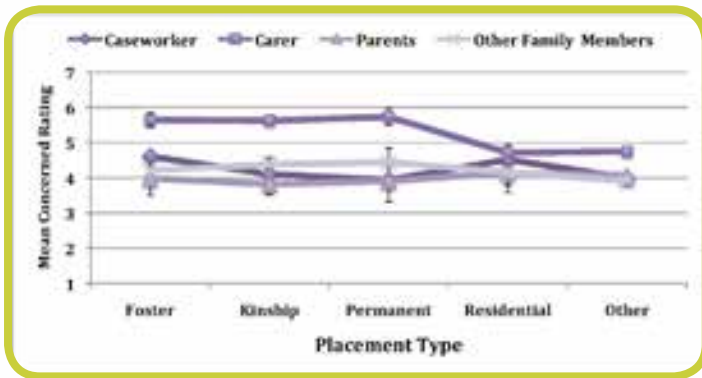


Figure 40. Mean ratings of how concerned the indicated support persons were perceived to be with respondents' wellbeing in the various Placement Types. Note. Concerned rating scale used: 1: Not at all concerned; 6: Very concerned.

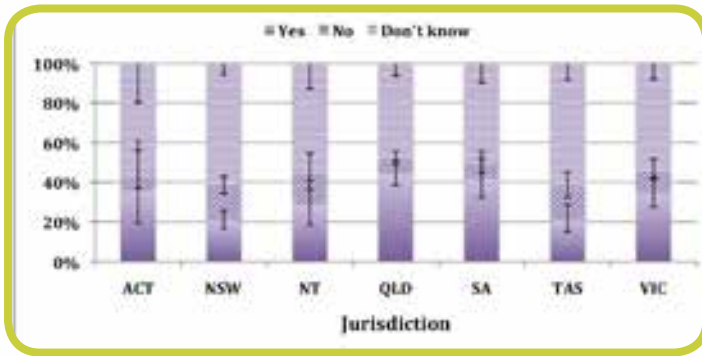


Figure 41. Percentage of respondents reporting the designated level of knowledge of the existence of a personal case or care plan in the various Jurisdictions.

Finally, in this section, an attempt was made to compare the perceived level of concern for respondents' wellbeing expressed by caseworkers with that felt from carers, parents, and other family members. These data were analysed using a mixed ANOVA with repeated measures on the Supporter variable. Figure 39 presents the results of comparisons over Jurisdictions. Main effects were found for Supporter and Jurisdiction, as well as a significant interaction between these factors.⁶⁸ Carers ($M = 5.3$) were seen as the individuals showing the greatest concern for respondents' wellbeing in all Jurisdictions. What is a little surprising is that only in TAS were caseworkers seen as significantly more concerned than the birth parents and other family members.⁶⁹

The data for demonstrated concern also were analysed for Culture, Sex, and Age Group differences but none was found. However, respondents in the various Placement Types did reveal different perceptions (Figure 40). Again, carers were considered as expressing most concern for respondents; only in Foster Care and Residential placements were caseworkers seen as more concerned than birth family.⁷⁰

3.2.2 Care Planning

A key principle that governments espouse in legislation and/or policy is that children and young people should be involved where appropriate, in the making of decisions affecting their lives. To this end, it would seem necessary for them to know of plans that are in place for their future, and to have been involved to some extent in the formulation of these plans. Such a fundamental plan is the individual's case or care plan (varying terminology used in different jurisdictions). Respondents were presented with a series of questions regarding their plan and the planning process.

First, they were asked whether, to the best of their knowledge, a care plan had been developed for them. Those who knew of such a plan were then asked how involved they had been in developing the plan, how satisfied they were with the planning process, and how helpful they thought the plan had been in helping them to pursue any stated goals.

Figure 41 shows the responses regarding knowledge of the existence of a care plan provided by children and young people in each of the Jurisdictions. Overall, 31.5% of respondents ($n = 336$) indicated that they were familiar with their care plan, but the graph shows considerable variability across Jurisdictions (44.5% in QLD; 20.7% in NSW).⁷¹



Boys need male role models. Could friendship pairing with mature males be arranged for boys living in homes with only female carers? (Male, 9 years)

No significant differences were observed when the data were analysed by Culture or Placement Type. Again, not surprisingly, Age Group differences emerged (see Figure 42), with more respondents in the oldest group knowing about their plan than in the 10-14 year group or in the youngest group.⁷² Also, as seen in Figure 43, more females knew about the existence of their plan than males.⁷³

When questioned regarding involvement in care planning, the 336 who reported knowing about their plan showed considerable variability in their engagement with the process. In total, 33.0% ($n = 111$) of respondents indicated that they had been "Quite" or "Very involved", while 34.2% ($n = 115$) claimed "Little" or "No involvement". Significant differences in mean ratings for degree of Involvement in planning were found only for Jurisdiction and Age Group. As seen in Figure 44, respondents from the NT and NSW indicated greater involvement in the process than did those from ACT and SA.⁷⁴ Children and young people in these Jurisdictions did not differ in how Satisfied ($M_{Overall} = 4.0$, "Reasonably satisfied") they were with the process or how Helpful ($M_{Overall} = 3.9$, "Reasonably helpful") they had found the plan.

Not surprisingly, and as indicated in Figure 45, those children in the youngest Age Group reported less involvement in care planning than the 10-14 year group, who in turn had lower scores than the 15-17 year olds.⁷⁵ In addition, the 8-9 year olds indicated less satisfaction with the process than the older age group.⁷⁶

The only other significant result found concerning care planning indicated a small effect for Culture when reviewing satisfaction with the process. Those in the Other cultural grouping reported less satisfaction with the planning process than either Anglo-Australian or Indigenous respondents (Figure 46).⁷⁷

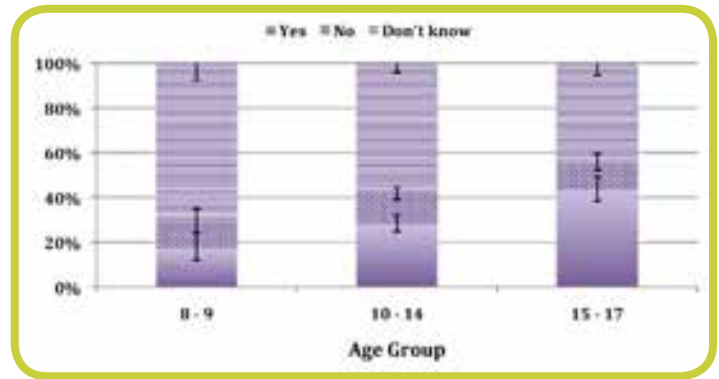


Figure 42. Percentage of respondents reporting the designated level of knowledge of the existence of a personal case or care plan in the three Age Groups.

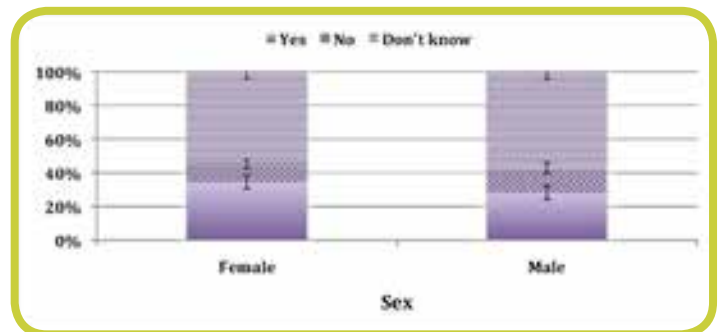


Figure 43. Percentage of female and male respondents reporting the designated level of knowledge of the existence of a personal case or care plan.

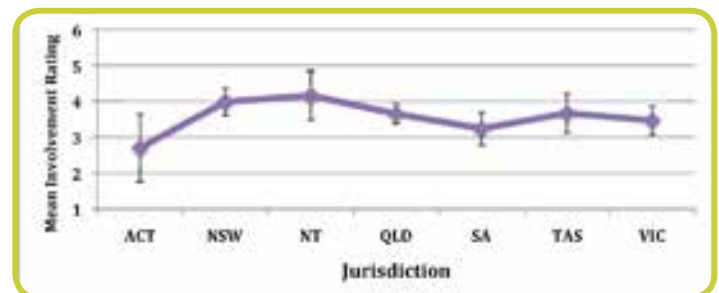


Figure 44. Mean rating of level of reported involvement in the planning process by those 336 respondents from the various Jurisdictions who knew of the existence of a personal case or care plan.

Note. Involvement scale used: 1: Not at all involved; 6: Very involved.

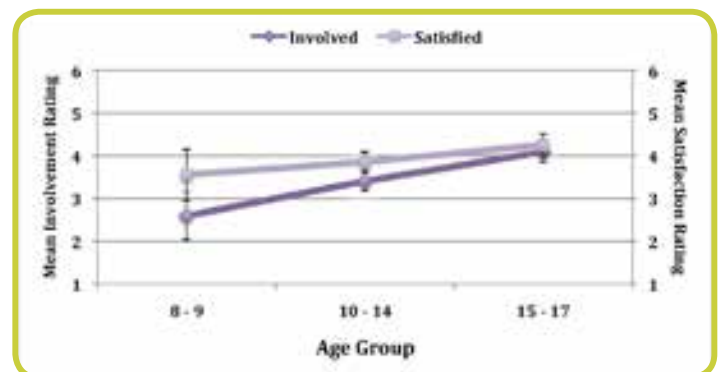


Figure 45. Mean rating of level of involvement in the planning process by those 336 respondents in the three Age Groups who knew of the existence of a personal case or care plan.

Note. Involvement scale used: 1: Not at all involved; 6: Very involved; Satisfaction scale used: 1: Very dissatisfied; 6: Very satisfied.

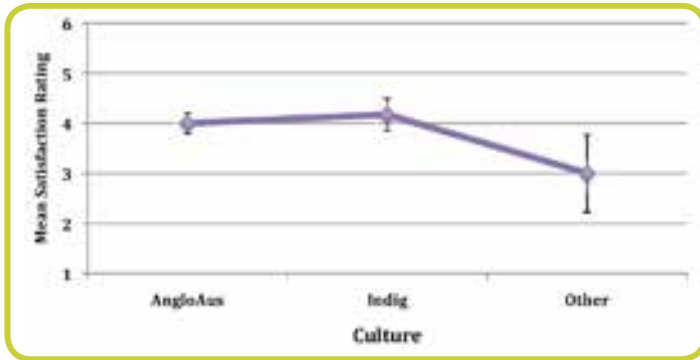


Figure 46. Mean rating of level of satisfaction with the planning process by those 336 respondents in the three Culture groups who knew of the existence of a personal case or care plan. Satisfaction scale used: 1: Very dissatisfied; 6: Very satisfied.

All siblings should be able to contact each other unless there is a strong reason not to. I have brothers in care I have never seen or met. (Female, 10 years)

Those children and young people who offered comments about how they had been involved in their care planning indicated that they had been able to contribute in many ways covering a variety of concerns:

Got to talk about things that mattered. Was allowed to be involved, but didn't really want to have too much say. (Female, 10 years)

We had a meeting at home around the table with foster carers and caseworkers. (Male, 13 years)

I got to say what school I wanted to go to what sports I wanted to do, but I didn't get to choose where I would live. (Male, 13 years)

I have a special meeting coming up where I will be able to ask questions about mum and dad. I know a bit. My aunt and my new caseworker and me will be there. I want to go to ask questions and find stuff out. (Female, 14 years)

I helped in the developing of the plan by sitting in on it when it was being made, and the people who were doing it asked me questions about what I would like done and what type of things would benefit me, and asked me if some of the things that they put down were OK. (Female, 14 years)

I remember my caseworker talked to me and asked me questions about school, sports and what I would like to do as a job. (Male, 15 years)

Organising more days for family contact days, and fishing with Dad. (Male, 15 years)

When we had a meeting recently nothing needed to be changed but I updated my interests and I told them I didn't need funding for certain things anymore. (Male, 16 years)

I tell my worker what I would like to have happen and what I would like changed and then she will go and say it to my social worker and other people in the meetings. (Female, 16 years)

I helped by giving information like what has changed since last time it was done and what is relevant now. (Female, 16 years)

They listen to what I want however sometimes they don't go through with what they say they will do. I tell them that they cannot have meetings without me being present. (Female, 17 years)

Respondents were equally forthcoming when making suggestions for improvements to their plan and how it was prepared that might make it and the planning process more helpful for them.

I would like to do more things I am good at. I am not good at schoolwork. I would like them to make sure I get to do some things I might be good at. I don't like always talking about what I'm not good at. (Female, 10 years)

What sport I want to do, what music instrument I want to play, what help I can get. (Male, 11 years)

Involving the carers, because they are the ones that are looking after the kids and know them quite well and can be helpful in the meetings. (Male, 11 years)

Explain it better. I don't know what they're talking about half the time. (Female, 13 years)

Being listened to and talking with me. They listened when we met family and helped to work out the week-end sleep-over which is working well. (Male, 13 years)

The plan has been helpful for me because it has allowed me to do activities that I couldn't previous to the plan because of financial reasons; and it has allowed me to do things that I never thought I would have. (Female, 14 years)

Being in contact with caseworker all the time, she is nice to me and to talk to. (Female, 14 years)

Having access to my case plan could help. (Female, 15 years)

If I had more say in my education, and visits with my mum and family, and some work experience. (Male, 15 years)

It needs more information about what happens when I turn 18. (Female, 16 years)



Putting information in the plan that is relevant, having the caseworker help with finding information about things, and being able get help from the caseworker to reach my goal. (Female, 16 years)

Maybe when we do get the case plan together, for everyone to stick by it.
(Male, 17 years)

For my caseworker to stick to her word and follow up with things in a timely manner.
(Female, 17 years)

I think there could be much more communication. There isn't enough communication which means things are delayed or don't occur. (Female, 17 years)

Two young people expressed views that provided a reminder that, while planning is important and needs to be improved, its mere existence is not the necessary or sufficient panacea for solving all problems:

This is not in a bad way but I don't really use my plan as everything is going well for me, and I don't need to be visited very often by CSO. (Male, 16 years)

Maybe to not have one, I have too many Plans for my other supports, like my Mental health treatment plan, my transitional care plan; I have too many already. It is too much for me to do at one time. (Female, 17 years)



3.3 Personal History and Culture

Because of the disruption caused in their lives and the potential or actual discontinuity in established routine produced when they are moved out of home, it is important for children and young people placed in care to have as clear an understanding as possible of why the changes have been imposed on them. They need to be provided with as much information as is available about their background and personal history (family story). In addition, for Indigenous children and young people, it is critical that they have the opportunity to make contact and stay connected with their cultural community. This section investigates the extent to which these aims are achieved in the out-of-home care system.

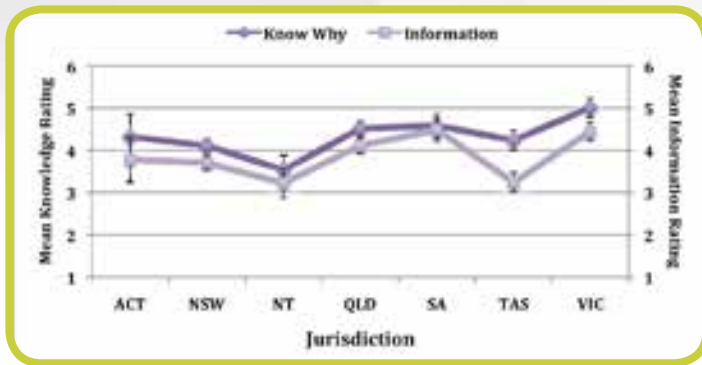


Figure 47. Mean rating of extent of knowledge about why respondents have been placed in care, and the amount of information that caseworkers and carers have imparted about what can be expected by respondents while in care over Jurisdictions. Note. Knowledge scale used: 1: Nothing; 6: Everything I need; Information scale used: 1: None at all; 6: All I need.

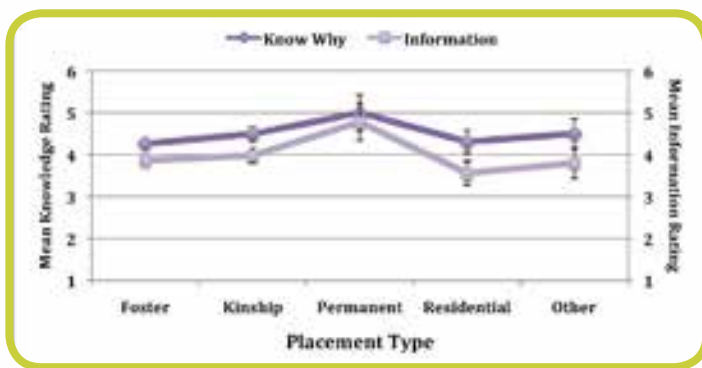


Figure 48. Mean rating of extent of knowledge about why respondents have been placed in care, and the amount of information that caseworkers and carers have imparted about what can be expected by respondents while in care for the various Placement Types. Note. Knowledge scale used: 1: Nothing; 6: Everything I need; Information scale used: 1: None at all; 6: All I need.

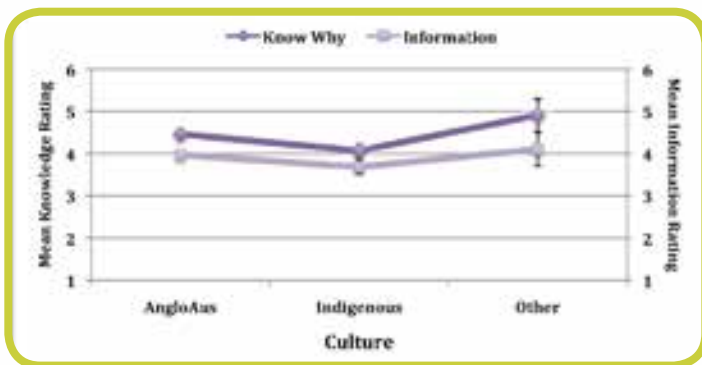


Figure 49. Mean rating of extent of knowledge about why respondents have been placed in care, and the amount of information that caseworkers and carers have imparted about what can be expected by respondents while in care for the three Cultural groups. Note. Knowledge scale used: 1: Nothing; 6: Everything I need; Information scale used: 1: None at all; 6: All I need.

3.3.1 Knowledge of Current Situation

Initially, respondents were asked to rate, on 6-point scales, how much they thought they knew about why they had been brought into care, and to indicate how much information they had received from support persons (carers, caseworkers) about what they could expect to happen while in care. Overall, 51.8% ($n = 554$) of participants reported knowing "Quite a lot" or "Everything" they needed to know about their current situation; 14.0% ($n = 150$) knew "A little" or "Nothing". However, in general, they did not feel as well informed about what was likely to happen to them while in care and what they could expect of the system. In this case, 39.6% ($n = 423$) responded that they had received "Quite a lot" or "All" the information they needed at this time; by comparison, 24.3% ($n = 260$) had been given "A little" information or "None at all".

Comparisons over Jurisdictions showed that children and young people in NT knew significantly less about their situation than did those in QLD, SA, TAS, and VIC⁷⁸ (see Figure 47). Respondents in TAS, NT, and NSW did not think that they had received as much information from their carers or caseworkers about the care system as did those in QLD, SA, and VIC. (Statistically, TAS also was significantly lower than NSW).⁷⁹

Differences in the knowledge possessed and the amount of information provided also were found for Placement Types (Figure 48). Those respondents in Permanent placements tended to know more about why they were in care (significantly more than those in Foster Care) and had received significantly more information about the system than those in any other Placement Type.⁸⁰

Of concern is the finding that Indigenous young people seem to know less about why they are in care than those in the other two cultural groups, and they report having received less information about the system (Figure 49).⁸¹

Age differences observed were consistent with what might be expected based on developmental maturity. Younger children

knew less about their situation than did the older respondents and indicated that they had received less information about what to expect in out-of-home care.⁸² The only Sex effect recorded showed that females knew more about why they were in care than did males.⁸³

3.3.2 Family Story

Respondents were asked to rate how much they thought they knew about their personal history or family story, and who was most likely to have discussed this with them. From the total sample, 32.9% ($n = 352$) indicated that they knew "Quite a lot" or "Everything I need". At the other extreme, 23.1% ($n = 248$) knew "A little" or "Nothing". This response was not uniform across Jurisdictions; as Figure 50 shows, respondents in TAS claimed to know less about their family background than did those in QLD, SA, and VIC.⁸⁴ This result can be partly explained by the fact that more members of this cohort reported that no one had spoken to them about their family history, as seen in Figure 51. It also is obvious from these data how important other family members, those not living with the respondents, are in contextualising family for the young people, especially in NT. In QLD and other jurisdictions, where family members seem less involved in this process, carers appear to fill the void. It is interesting that caseworkers are the main source of family information for so few respondents.⁸⁵

Knowledge of family story also was analysed in terms of Placement Type. The range of responses is presented in Figure 52. Given the nature of the placements, it is not surprising that those children and young people in Kinship Care had greater knowledge of their family history than did those in Foster Care.⁸⁶ Although the Permanent group produced the highest score, the variability in that relatively small sample ($n = 45$) meant that differences were not significant. The source of information about respondents' culture did vary across placements. As shown in Figure 53, those in Residential and Other placements relied more on external family members for details of their cultural context, whereas carers played a greater role in this regard for those in Kinship Care and Permanent placements.⁸⁷

No Sex or Age differences were observed regarding family story, but when Culture was considered, those respondents in the "Other" grouping reported a greater understanding of family history than did either the Anglo-Australian or Indigenous children or young people.⁸⁸

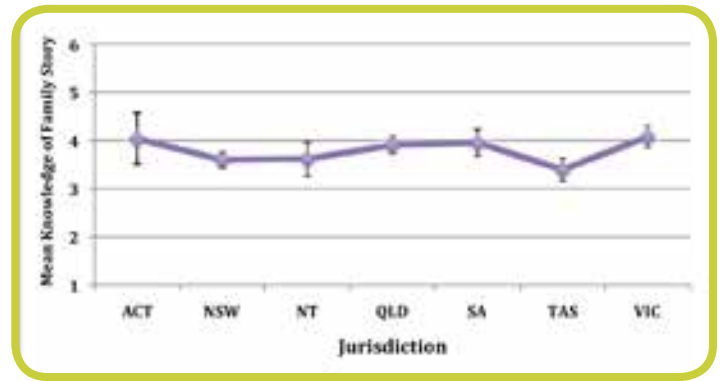


Figure 50. Mean rating of extent of knowledge about respondents' family story by children and young people in the various Jurisdictions. Note. Knowledge scale used: 1: Nothing; 6: Everything I need.



Figure 51. Percentage of respondents who reported they heard about their family story from the designated sources in the various Jurisdictions. Note NL: Not living with respondent. "Other" includes members of the cultural community, teachers, counsellors, and in some cases siblings of the respondents who were living in the same household.

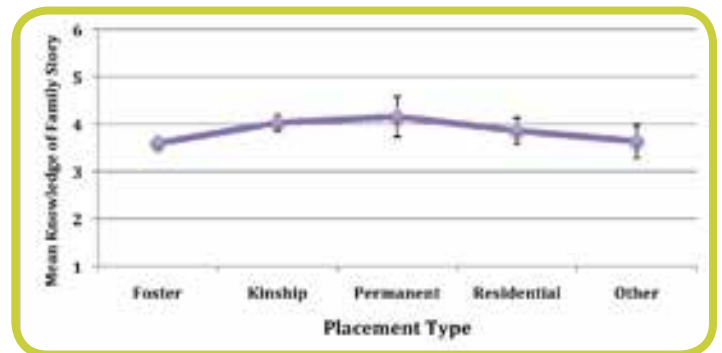


Figure 52. Mean rating of knowledge of family story by respondents in the various Placement Types. Note. Knowledge scale used: 1: Nothing; 6: Everything I need.

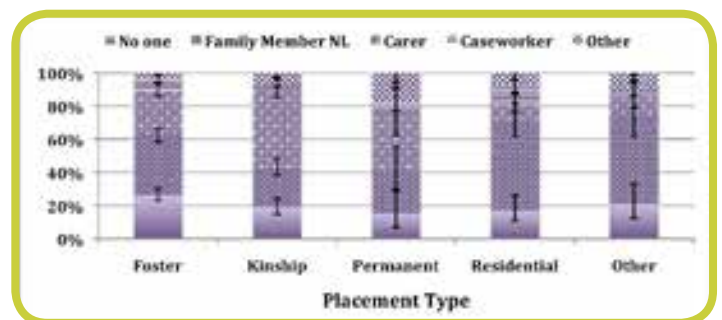


Figure 53. Percentage of respondents who reported they heard about their family story from the designated sources in the various Placement Types. Note NL: Not living with respondent. "Other" includes members of the cultural community, teachers, counsellors, and in some cases siblings of the respondents who were living in the same household.

Indigenous
respondents reported
having **more**
placements
(and greater placement
instability) than those in the
other cultural
groups



3.3.3 Cultural Connections

Indigenous participants ($n = 309$) were questioned about how well connected they felt with their culture or cultural community. In total, 31.4% ($n = 97$) claimed that they felt “Quite” or “Very connected”, while 30.1% ($n = 93$) were “Not at all” or “A little connected”. Comparisons across Jurisdictions (Figure 54) revealed that those respondents from TAS reported far less connection with culture than did their peers in other states and territories (significant differences were found for NSW, QLD, and VIC).⁸⁹

When asked who mainly had taught them about their culture, Indigenous respondents from various parts of the country had different experiences (see Figure 55). Those in NT and SA seemed to rely on external family members for this information, while in QLD and ACT, carers were more active in this regard. The low connection with culture experienced by Indigenous children and young people in TAS could be partly explained by the unusually high proportion who reported that no one had taken the time to teach them about aspects of their culture.⁹⁰

The person who assumed the role of main teacher of culture also varied over Placement Type.⁹¹ As seen in Figure 56, external family members were important, particularly for those respondents in Residential placements. Understandably, carers took the lead in Kinship placements. Again, as with family history, caseworkers play this role for very few respondents.

In terms of Age, Figure 57 indicates that carers play an important educative role regarding culture for the young cohort, but this involvement diminishes as children and young people get older and external family members become the main source of information.⁹² Again, it is worth noting the relatively large number of respondents across Age Groups who have no one to teach them about their culture.

The recently introduced National Standards document (FaHCSIA, 2011) discusses, as an interpretation of Standard 10, the need for Indigenous children and young people in out-of-home care to have a Cultural Support Plan (CSP). Respondents here were asked, to the best of their knowledge, whether or not such a plan had been developed for them and, if so, how involved they had been in its preparation.

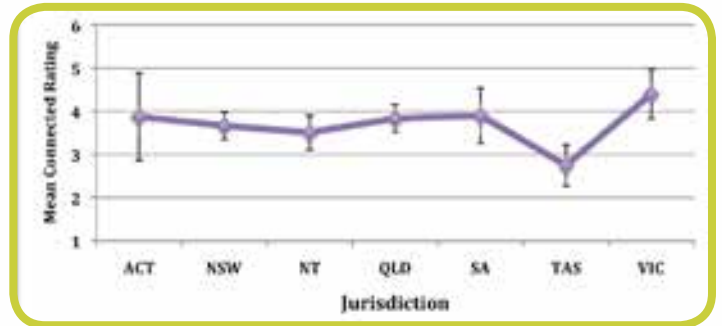


Figure 54. Mean rating by Indigenous respondents of how connected they felt with their culture or cultural community in the various Jurisdictions ($n = 309$).
Note. Connected rating scale used: 1: Not at all connected; 6: Very connected.

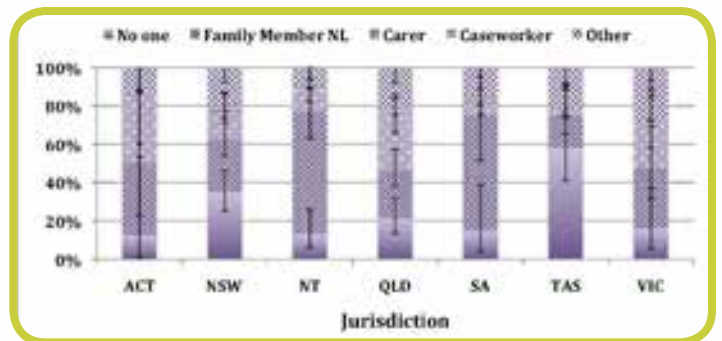


Figure 55. Percentage of Indigenous respondents who reported they were taught about their culture by the designated sources in the various Jurisdictions.
Note. NL: not living with respondent.

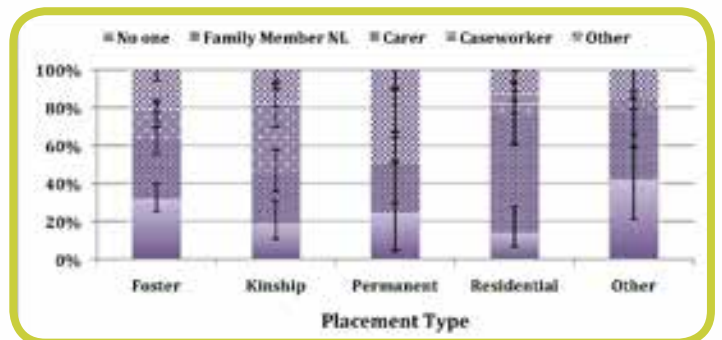


Figure 56. Percentage of Indigenous respondents who reported they were taught about their culture by the designated sources in the various Placement Types.
Note. NL: not living with respondent.

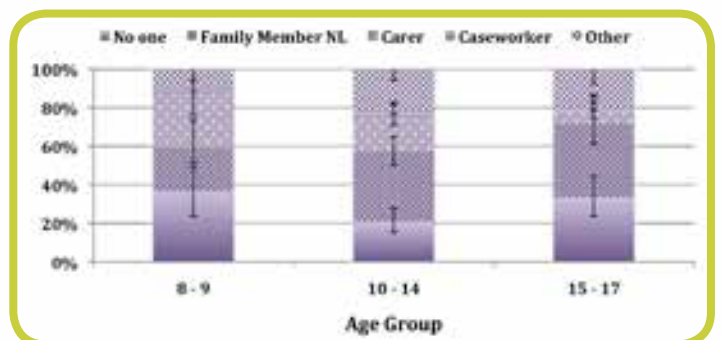


Figure 57. Percentage of Indigenous respondents who reported they were taught about their culture by the designated sources in the three Age Groups.
Note. NL: not living with respondent.

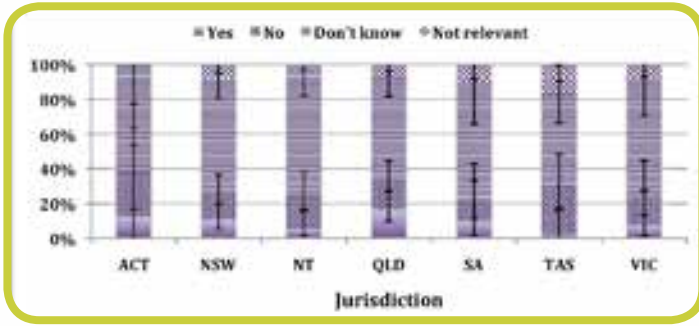


Figure 58. Percentage of respondents who reported the designated level of knowledge about the existence of a cultural support plan in the various Jurisdictions.

No significant differences were found regarding knowledge of a CSP on any of the independent variables recorded in this study. Figure 58 has been included to demonstrate the consistency of responses across Jurisdictions. Overall, only 10.4% ($n = 32$) of Indigenous respondents claimed to know of the existence of a personal CSP; 18.1% ($n = 56$) and 63.4% ($n = 196$) replied "No" and "Don't know" respectively. Half of the 32 had been "Quite" or "Very involved" in the Plan's development.



3.4 Contact with Family and Friends

3.4.1 Contact with Family

To explore the extent of contact children and young people in care had with family members, particularly sisters and brothers, a series of questions addressed respondents' living arrangements with siblings, attempts at reunification, the degree of actual contact with family over the last 12 months, the desired amount of contact with those family members, and the level of support provided by carers and caseworkers to achieve family contact. Following the terminology used by Hegar and Rosenthal (2011), children and young people were classified as "Together" when all their siblings were living in the placement with them, "Splintered" when at least one sibling was living in the same placement, but others were placed elsewhere in care, and "Split" when all the respondent's siblings were living in placements with other carers.

Overall, 82 of the respondents had no siblings, and 184 had siblings not in care. Of the remaining 803, 28.4% ($n = 228$) lived in "Together" placements, 35.9% ($n = 288$) in "Splintered" arrangements, and 35.7% ($n = 287$) were "Split" from their siblings altogether. Figure 59 shows the differential pattern of these groupings over Jurisdictions. NT reported more placements than expected where whole families were kept together while SA revealed a greater proportion of "Split" placements.⁹³ More "Together" placements were found in Kinship Care and Permanent arrangements (see Figure 60); Residential and Other forms of care seemed to be characterised by the separation of siblings.⁹⁴

Since reunification, where possible, is a stated goal of most child protection departments, children and young people were asked how many times they had returned to live with their birth parents since entering care. Overall, 78.1% ($n = 835$) had never returned to live with their parents; the pattern across Placement Types can be seen in Figure 61. More children and young people than expected (statistically) in Foster Care had never been reunited with their biological parents; those in Residential and Other placements had been involved in attempted reunification more often.⁹⁵ The patterns did not vary significantly across Jurisdiction, Sex, or Age Groups, but interesting differences were observed among Cultures. Figure 62 concentrates on the number of returns experienced by respondents in the three groups.

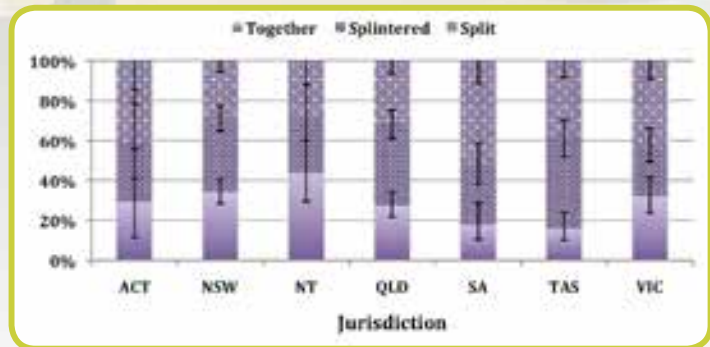


Figure 59. Percentage of respondents who indicated they were living in the designated relationships with their siblings in the various Jurisdictions.

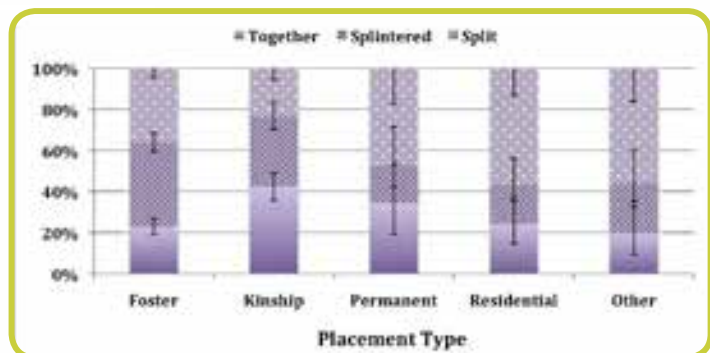


Figure 60. Percentage of respondents who indicated they were living in the designated relationships with their siblings in the various Placement Types

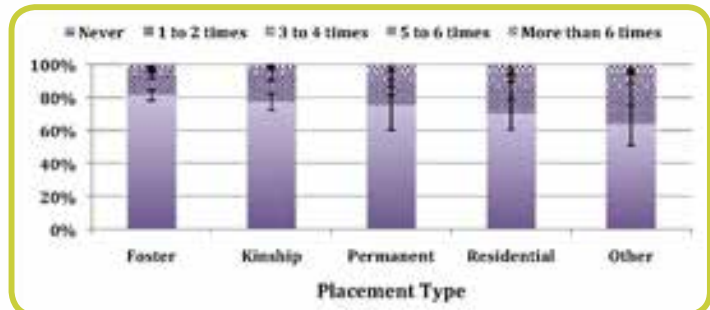


Figure 61. Percentage of respondents who reported returning to live with birth parents the designated number of times in the various Placement Types.

Indigenous children and young people have been involved in a greater number of attempts to return to their parents than those in the Anglo-Australian group, but since they are still in care, these obviously have been unsuccessful.⁹⁶ The sample of respondents from the Other cultural group who have had reunification attempted is so small that the data are unreliable. It should be noted that the number of returns attempted did not correlate with age ($r [233] = -.13, p > .05$) or time in care ($r [233] = -.01, p > .05$).

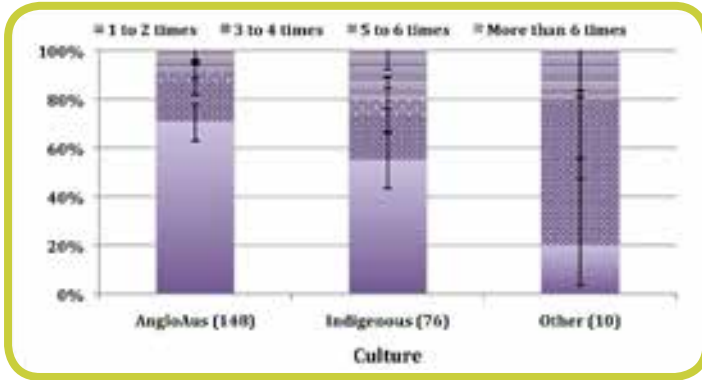


Figure 62. Percentage of respondents who reported returning to live with birth parents the designated number of times in the three Cultures.
 Note. Numbers in parentheses following Culture label indicate the size of the sample remaining after those who reported they never returned to live with birth parents were removed.

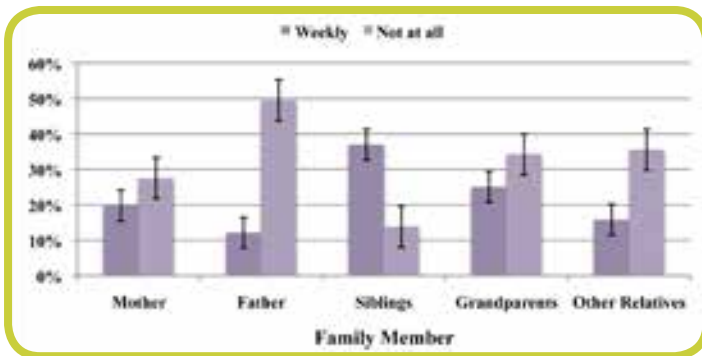


Figure 63. Percentage of respondents who reported the two contact rates of Weekly or Not at all with the designated Family Member.

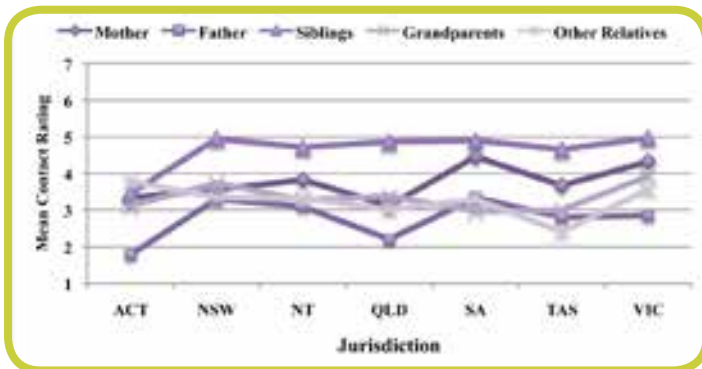


Figure 64. Mean ratings by respondents for frequency of contact with the designated Family Member in the various Jurisdictions.
 Note. Contact rating scale used: 1: Not at all; 7: Weekly.

A series of questions explored the frequency of contact respondents had with members of their birth family with whom they were not living, including: Mother; Father; Siblings; Grandparents; and Other Relatives. Contact was measured using a 7-point scale: 1: Weekly; 2: Fortnightly; 3: Monthly; 4: Once in 3 months; 5: Once in 6 months; 6: Once in the year; and 7: Not at all. The analyses in this section were based on differing numbers of respondents because some children and young people did not have certain of the family members in their lives.

Differences in frequency of contact can be illustrated by highlighting extremes. Figure 63 reveals the percentage of respondents who reported contacting the various Family Members either Weekly or Not at all. Most frequent contact was with siblings; 37% ($n = 350$) of children and young people who had brothers and sisters saw them weekly. This was followed by 25% and 20% for Grandparents and Mother respectively. In contrast, 49% ($n = 425$) of respondents never saw their fathers at all.

Comparisons over Jurisdictions were analysed using a repeated-measures mixed ANOVA. Main effects were found for Jurisdiction and Family Member, as well as a significant interaction that is illustrated in Figure 64.⁹⁷ Respondents in QLD reported less contact with all family members than did those in NSW, SA, and VIC, and Siblings were contacted more than any other family member. However, as the graph reveals, the pattern of contact across Jurisdictions differed. For example, in SA, there was no significant difference in contact between respondents and Siblings or Mother, and contact with Father was not different from that with Grandparents and Other Relatives. In QLD, by way of contrast, contact with Mother was significantly lower than with Siblings, and Father was contacted less than any other family member.⁹⁸

The only other comparison involving family contact that produced a significant result, other than confirming the clear difference between Family Members, concerned Placement Type. Main effects were found again for Family Member, for Placement Type, and for the interaction between the two factors.⁹⁹ The variation in Family Member contact over Placement Types is shown in Figure 65. For those in Foster Care, the "hierarchy" of contact seems to range from Siblings to Mother to Others. This is quite different in Kinship Care where the frequency of contact varies from Siblings and Grandparents to Other Relatives, and then to Mother and Father. A variation on that pattern

appeared for Residential where Sibling and Mother contact was greater than that with the other Family Members.¹⁰⁰

It also was of interest to investigate whether children and young people were happy with the amount of family contact they were having at present, or whether they would prefer more or less. The ratings given to these questions were scored as Less: -1; OK as is: 0; and More: +1. Separate repeated-measures mixed ANOVAs were used to analyse these data, comparing Jurisdiction and Placement Types. The first thing to note from both these analyses (see Figures 66 and 67) is that all scores are above 0, indicating that in each case, more contact is desired (as less would be indicated by negative values).

No main effect was found for Jurisdiction, even though the responses from ACT seem extreme (non-significance was attributed to the small sample size). However, the Family Member main effect was significant as was the interaction.¹⁰¹ Respondents in NSW and QLD would like a little more contact with all family members (no group stands out as needing more attention). In ACT, TAS, and VIC, there was a strong appeal for more Sibling contact, and in NT and TAS a request for more connection with Other Relatives as well.

Variable patterns in desired contact were found in the analyses concerning Placement Type as is revealed in Figure 67. More contact, particularly with Siblings remains the key message. However, those in Permanent placements seem to want to distance themselves from their birth Mother, while those in Residential want more connection with Other Relatives and are less concerned with their Father. Contact with Grandparents has low priority for respondents in Kinship Care (many in this group would be living with grandparents), but is as important as all other family members for those living in Other placements.¹⁰²

To conclude this section, respondents were questioned about how supportive caseworkers and carers had been in helping them keep in touch with their birth family members. Overall, 45.3% ($n = 484$) of children and young people rated their caseworkers as "Quite" or "Very supportive" compared with 68.5% ($n = 732$) who gave the same rating to carers.

Respondents' ratings of caseworker and carer support in achieving family contact were compared over Jurisdiction, Placement Type, Culture, Age and Sex using repeated-measures mixed ANOVAs. Only the Jurisdiction and Placement Type analyses found significant main effects and interactions; these results are shown in

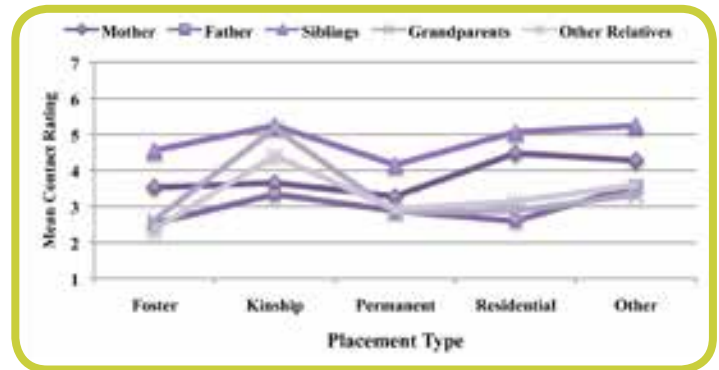


Figure 65. Mean ratings by respondents for frequency of contact with the designated Family Member in the various Placement Types.

Note. Contact rating scale used: 1: Not at all; 7: Weekly.

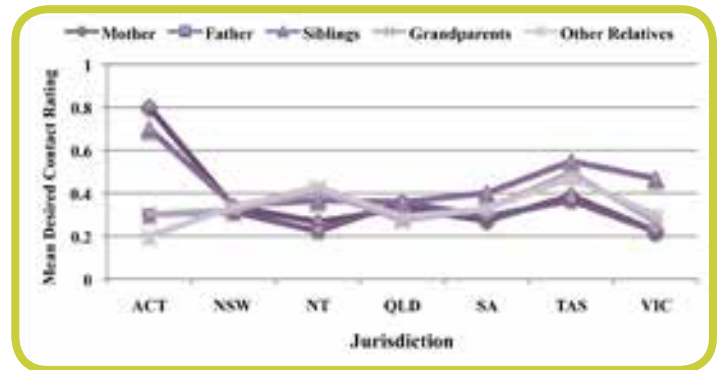


Figure 66. Mean ratings by respondents for desired frequency of contact with the designated Family Member in the various Jurisdictions.

Note. Desired Contact rating scale used: -1: Less; +1: More.

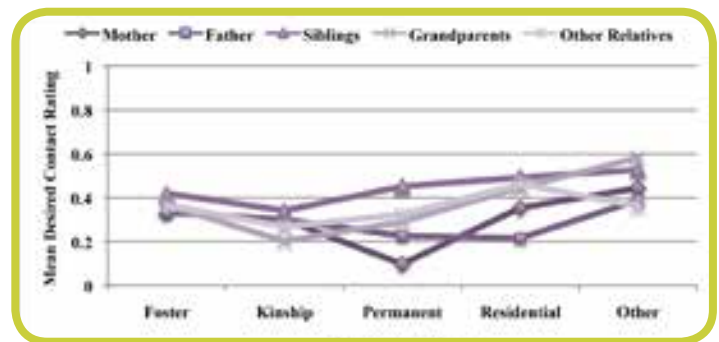


Figure 67. Mean ratings by respondents for desired frequency of contact with the designated Family Member in the various Placement Types.

Note. Desired Contact rating scale used: -1: Less; +1: More.

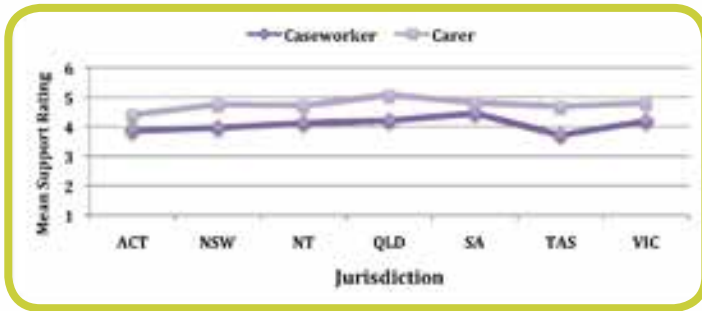


Figure 68. Mean ratings by respondents, from the various Jurisdictions, of how supportive caseworkers and carers had been in helping them keep in touch with family members.

Note. Supportive scale used: 1: Not at all supportive; 6: Very supportive.

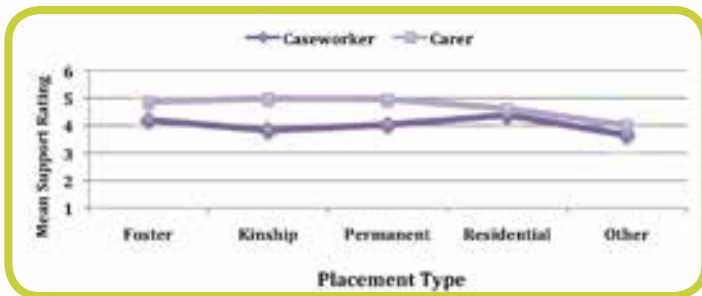


Figure 69. Mean ratings by respondents, in the various Placement Types, of how supportive caseworkers and carers had been in helping them keep in touch with family members.

Note. Supportive scale used: 1: Not at all supportive; 6: Very supportive.

Figures 68 and 69. In all comparisons, carers were rated as significantly more supportive than caseworkers. Those children and young people in QLD saw carers as particularly supportive; those in TAS found their caseworkers not as helpful.¹⁰³

When Placement Types were compared, respondents in Foster Care, Kinship Care and Permanent placements rated carers as more supportive than caseworkers; no differences were observed in Residential and Other placements.¹⁰⁴



3.4.2 Contact with Friends

As well as maintaining contact with family members, children and young people need peer support through friendship networks. Respondents were asked two questions about friendship: (a) how easy did they find making friends; and (b) how often were they able to contact their friends when not at school (e.g., weekends and holidays)?

No differences were found on any of the independent variables for ease of forming friendships. Overall, 62.7% of children and young people ($n = 670$) found the process "Quite" or "Very easy" (on the 6-point scale: 1: Very hard; 6: Very easy). Only 19.8% ($n = 212$) experienced any difficult at all; 6.5% ($n = 69$) found it "Quite" or "Very hard".

Maintaining contact with friends, particularly when not organised through school, proved a little more difficult. In total, 55.7% ($n = 595$) saw their friends at least "Quite often". However, just under one third (31.4%, $n = 335$) reported they "Sometimes" saw friends out of school; 10.6% ($n = 113$) "Rarely" had that pleasure. Jurisdictional differences found respondents from NT scoring significantly lower than their counterparts in NSW and VIC (Figure 70).¹⁰⁵

Children and young people in the various Placement Types also reported differences in frequency of contact with friends. As illustrated in Figure 71, respondents in Residential facilities were able to make contact with friends significantly less often than were those in Kinship and Permanent placements.¹⁰⁶ Not surprisingly, the older the child or young person, the more contact they could maintain with their friends (Figure 72).¹⁰⁷ In addition, females ($M = 4.6$, 95% CI [4.5, 4.7]) were able to contact friends more often than males ($M = 4.4$, 95% CI [4.3, 4.5]).

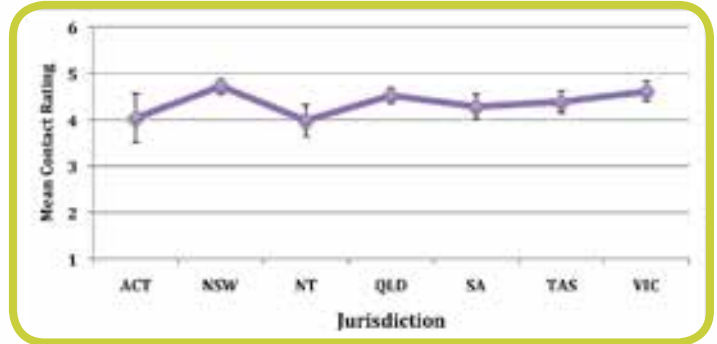


Figure 70. Mean ratings by respondents in the various Jurisdictions of how frequently they were able to contact their friends when not at school. Note. Contact scale used: 1: Not at all; 6: As often as I want.

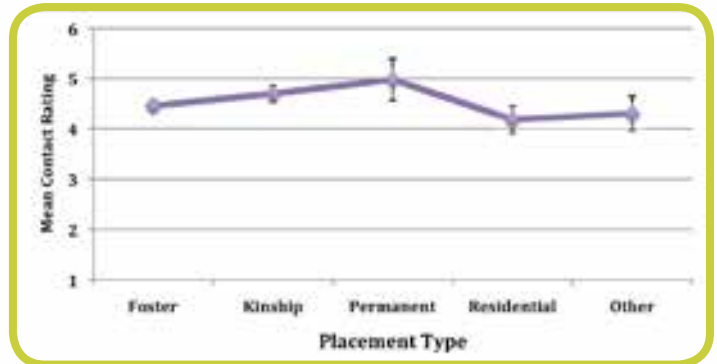


Figure 71. Mean ratings by respondents in the various Placement Types of how frequently they were able to contact their friends when not at school. Note. Contact scale used: 1: Not at all; 6: As often as I want.

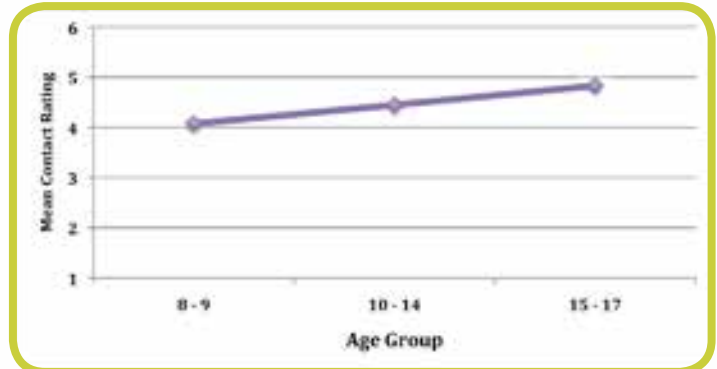


Figure 72. Mean ratings by respondents in the three Age Groups of how frequently they were able to contact their friends when not at school. Note. Contact scale used: 1: Not at all; 6: As often as I want.

I have a special meeting coming up where I will be able to ask questions about mum and dad. I know a bit. My aunt and my new caseworker and me will be there. I want to go to ask questions and find stuff out.
(Female, 14 years)

3.5 Health

Health is a major aspect of life that can influence outcomes and experiences in most other areas. It is desirable that individuals in a developed society, especially children and young people in the care of the state, have their health needs met as effectively and efficiently as possible. In this study, a broad attempt was made to determine how needy, in terms of health care, the respondents were, and how easily those needs could be met within the system.

First, children and young people were asked to describe their health by rating it on a 6-point scale: 1: Very poor to 6: Excellent. Then they were questioned about their memory of having an initial health check within the first six months of entering care. They also were asked how easy it was to get help with their health needs when necessary (which could include visiting doctors, dentists, and counsellors) and to indicate how

frequently preventative health services (e.g., immunisations or dental checks) were provided for them.

Encouragingly, most of the respondents (79.6%, $n = 850$) reported being in "Quite good" or "Excellent" health. However, even within this limited range there were significant differences observed. One of the few times the sexes gave varying responses was for the rating of their current health status; there was a small but significant tendency for males to claim to be healthier than females.¹⁰⁸ Age Groups showed variability as well, with the 15-17 year group indicating that they felt less healthy than the other younger groups.¹⁰⁹

Results for comparisons of Jurisdictions and Placement Types on health ratings, ease of access to services, and availability of preventative health services were presented together in the same graphs (Figures 73 and 74) because the patterns of response were strikingly similar. For each of the health-related variables compared over Jurisdictions (Figure 73), respondents from NSW consistently produced the highest ratings, followed closely by those from QLD. Ratings given by children and young people in NT and TAS, while still above a mean of 4.0, tended to be the lowest of the sample.¹¹⁰

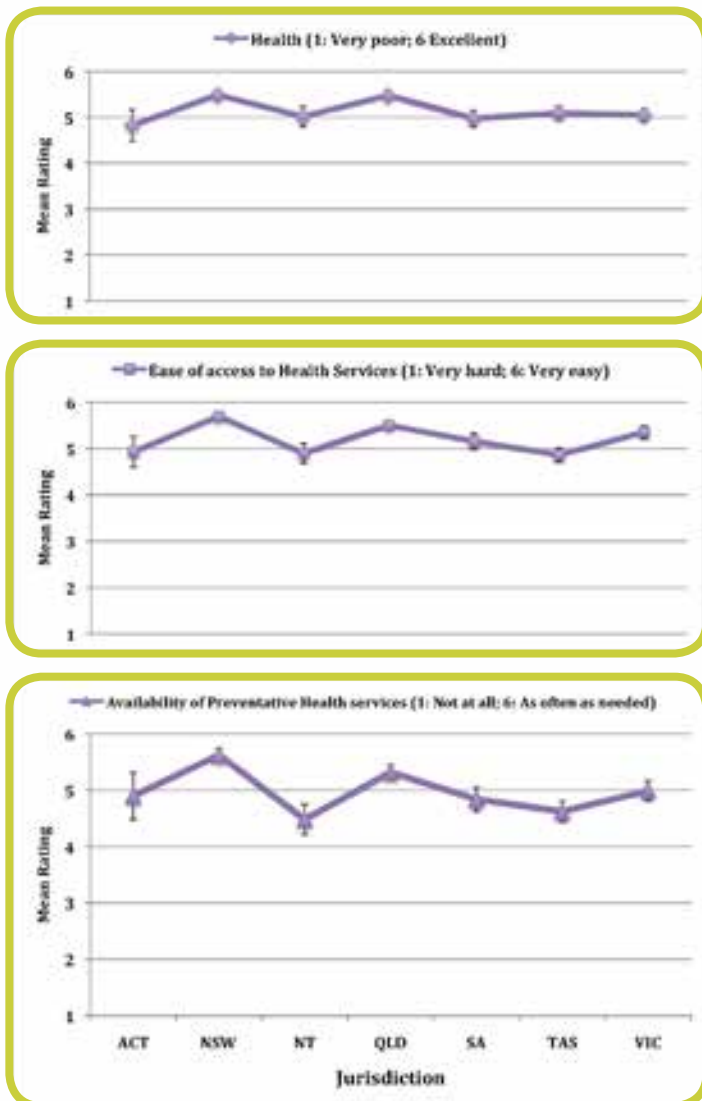


Figure 73. Mean ratings of three health-related measures by respondents in each of the indicated Jurisdictions.

I like it in care and wasn't really taught how to live in the big world, and I've finally got a family. It's scary to even think about leaving them.
(Female, 15 years)





Comparable analyses were conducted for the same three health-related measures over Placement Types (Figure 74). Here the consistent pattern was that respondents from Residential and Other placements gave lower ratings than did those in home-based care who appear to be having their health needs met more effectively.¹¹¹

It was of interest that the 10-14 year Age Group found getting access to health services easier than did the 15-17 year group and had greater exposure to preventative health services.¹¹² Because this intermediate age group comprises the late primary and early secondary stages of the education system, a time when many preventative health measures initiated by governments are being implemented, health issues may be more to the forefront of their current thinking.

When attempting to determine the proportion of respondents who had received an initial health check within six months of entering care, it was decided to include only those children and young people who had been in care for no more than eight years to maintain a reasonable sample size ($n = 736$) and to maximise the likelihood that respondents would be able to remember the experience. Overall, 35.3% ($n = 260$) of this group reported having a health check (involving physical, developmental, psychosocial, and/or mental health issues) when they entered care. Another 16.4% ($n = 121$) were clear that they had not had such a check, and the remaining 48.2% ($n = 355$) were not sure.

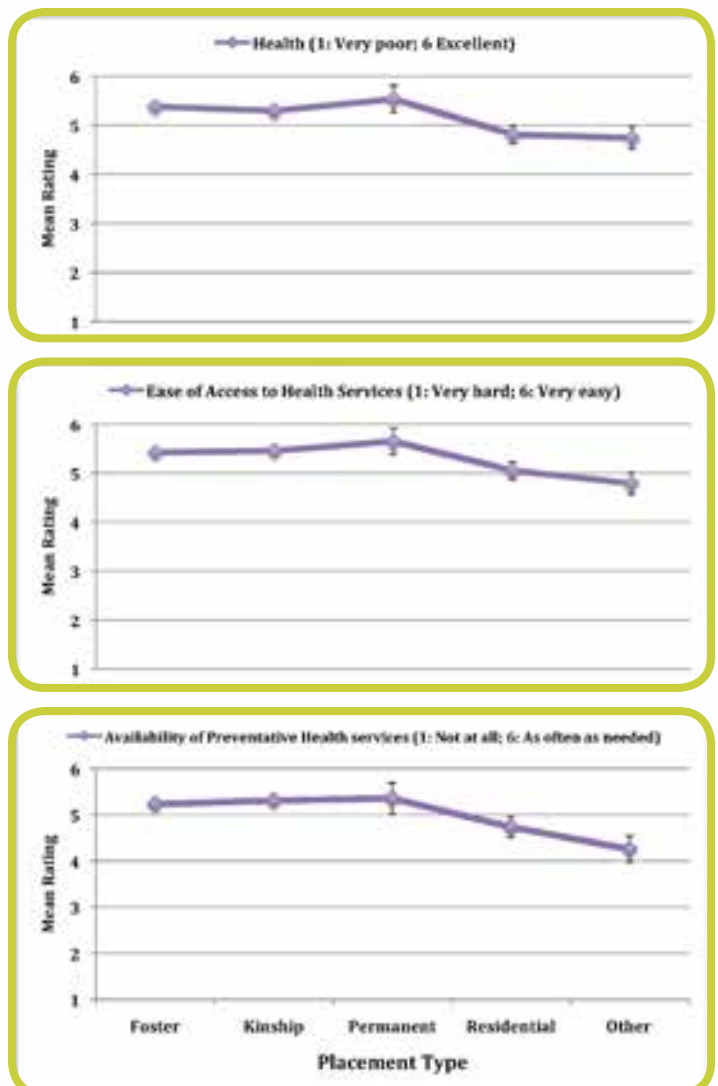


Figure 74. Mean ratings of three health-related measures by respondents in each of the indicated Placement Types.

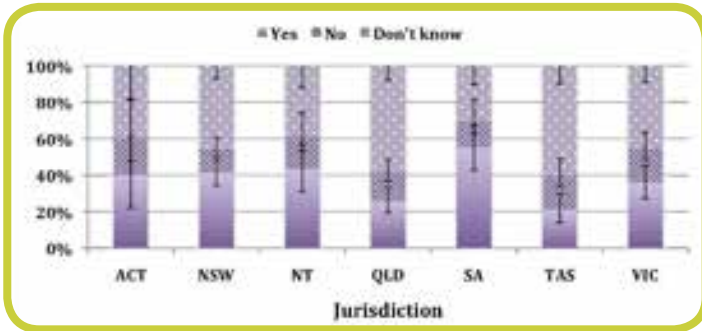


Figure 75. Percentage of respondents who had been in care for 8 years or fewer (n = 736) who indicated they had received an initial health check compared with those who had not, or could not remember over various Jurisdictions.

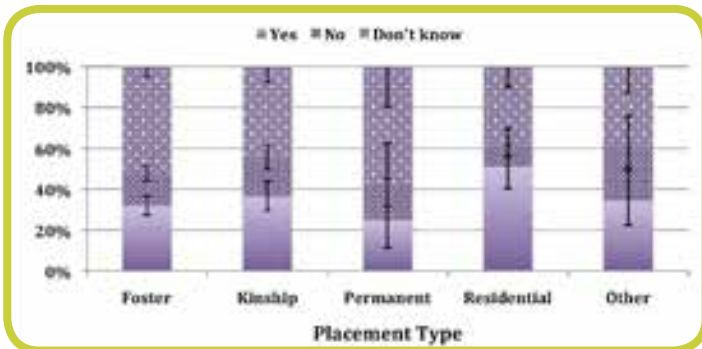


Figure 76. Percentage of respondents who had been in care for 8 years or fewer (n = 736) who indicated they had received an initial health check compared with those who had not, or could not remember over the designated Placement Types.

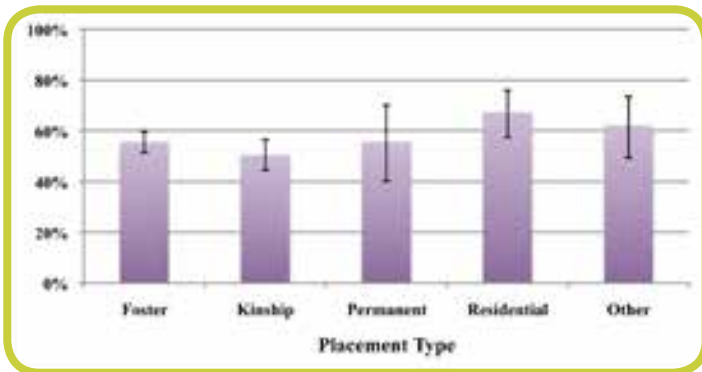


Figure 77. Percentage of respondents who indicated they used a counselling service while in out-of-home care in the designated Placement Types.

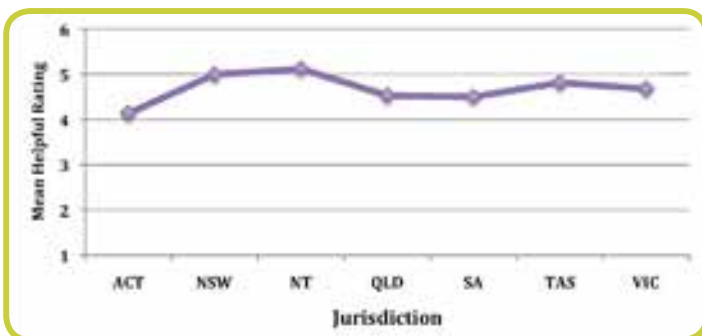


Figure 78. Mean rating by respondents who used counselling services of how helpful they found the service in the various Jurisdictions. Note. Helpful Service rating scale used: 1: Not at all helpful; 6: Very helpful

Figure 75 shows the distribution of responses over the various Jurisdictions.

A greater proportion than expected (statistically) in SA reported having had a health check; however, fewer in QLD and TAS could make that claim.¹¹³ Another interesting pattern emerged when Placement Types were compared (Figure 76). Significantly more of the respondents in Residential placements remembered having a health check at the beginning of their care experience, but fewer than expected of those living in Foster Care could recall such an event.¹¹⁴

Mental health is an important concern for all children and young people, especially those who may have experienced abuse and neglect and the disruption of being displaced from their birth family. Talking to a counsellor or therapist is one way to address some of the possible issues. Respondents were asked if they had ever used a counselling service while in out-of-home care. In total, 55.8% (n = 596) of children and young people indicated they had availed themselves of such a service. There were no differences between Sexes, Jurisdictions, or Cultures, but more of the 15-17 year Age Group (64.2%, n = 208) had used counselling compared with the 8-9 year group (41%, n = 64).¹¹⁵ The other significant difference observed was for Placement Type. As Figure 77 reveals, more of those in Residential than expected had used counselling services.¹¹⁶

Those 596 respondents who had used counselling services were asked how helpful they had found the assistance. Of these, 65.8% (n = 392) found the services "Quite" or "Very helpful". By comparison, 11.6% (n = 69) felt the services were "A little helpful" or "Not at all helpful". Jurisdictional differences can be seen in Figure 78 where those respondents in NT found the services they accessed more helpful than did those in ACT and SA.¹¹⁷ In addition, respondents in the 10-14 year Age Group reported finding the services more helpful than those in the oldest group.¹¹⁸

Other health-related aspects of respondents' behaviour considered in this study included a measure of their level of physical activity (how involved they were in sport outside of school hours) and a question inquiring about the extent to which they were concerned about their weight. About half (47.1%, n = 504) claimed to be "Quite" or "Very involved" in sporting activities apart from those organised through school, while 24.9% (n = 266) reported little or no involvement.

Significant differences in mean ratings of involvement in sport were obtained for Jurisdiction (see Figure 79) where it can be seen that respondents in NT and TAS reported less involvement than their peers in NSW and QLD.¹¹⁹ When comparisons were made of Placement Type, it was found that those children and young people in Foster Care were more involved in sporting activities than those in Residential or Other placements (Figure 80).¹²⁰

No differences were found for Culture; however, members of the older age group were less engaged with sport than the others, and males were inclined to be more involved than females.¹²¹

Concluding this section was the question about concern with weight. It was expressed in broad terms to minimise possible negative feelings children and young people may experience in thinking about the issue. Respondents also were invited to comment on what their particular concerns might be. Two thirds of the sample (66.4%, $n = 710$) indicated that they felt little or no concern about their weight. However, as seen in Figure 81, significant differences were observed across Jurisdictions, with those respondents in ACT, SA, and VIC expressing a little more concern than those in NSW, QLD, and TAS.¹²²

Other significant differences regarding weight were found for Cultures, where the Other group showed more concern than the Anglo-Australian or Indigenous groups;¹²³ for Sex, with females expressing more concern than males ("it's a girl thing" as several young females commented);¹²⁴ and for Age Groups, where concern with weight issues increased as respondents became older.¹²⁵

It must be emphasised that "concern" should not be equated directly with indicating overweight or obesity. When the comments, specifying actual concerns, provided by 213 children and young people were reviewed, 60.6% did make reference to worries about being overweight ("I am a bit overweight, because I don't eat enough healthy food. Too much chocolate" – Female, 14 years; "I'm above normal weight for others my age" – Male, 11 years). However, 14.1% were concerned with being too thin ("Tall and skinny for age, so a little concerned about that" – Female 13 years; "I am skinny and would like to get bigger" – Male, 10 years). The remaining 25.4% supplied comments that stressed the need to watch their weight to remain healthy ("Because I don't want to get too fat and I want to stay fit and healthy" – Female, 12 years; "I want to keep fit" – Male 9 years).

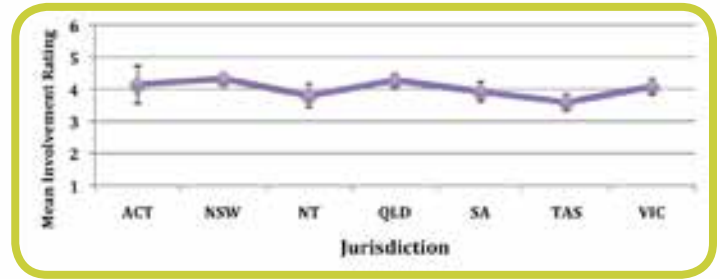


Figure 79. Mean rating by respondents of their involvement in sport outside school hours in the various Jurisdictions.

Note. Involvement rating scale used: 1: Not at all involved; 6: Very involved.

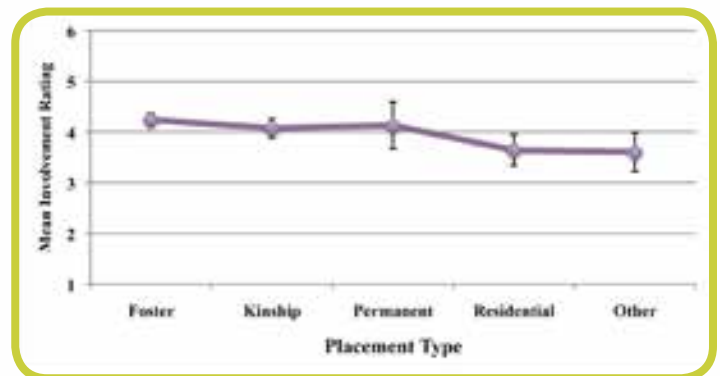


Figure 80. Mean rating by respondents of their involvement in sport outside school hours in the various Placement Types.

Note. Involvement rating scale used: 1: Not at all involved; 6: Very involved.

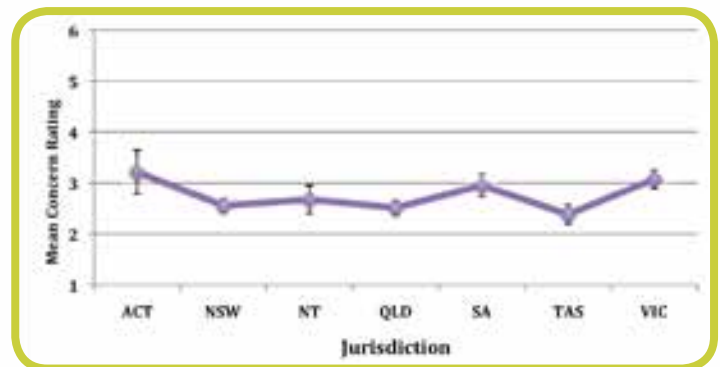


Figure 81. Mean rating by respondents of their concern with their weight over the various Jurisdictions.

Note. Concern rating scale used: 1: Not at all concerned; 6: Very concerned.

The plan has been helpful for me because it has allowed me to do activities that I couldn't previous to the plan because of financial reasons; and it has allowed me to do things that I never thought I would have.
(Female, 14 years)



3.6 Education

Another important life domain, especially for young people, is Education. It is imperative that children and young people in care have the same opportunities as are available to their peers in the wider community to be inspired and engaged in the process of learning while young and, hopefully, throughout life. This section explores aspects of the educational context in which respondents from out-of-home care find themselves within Australia, and then delves more deeply into their actual educational experience.

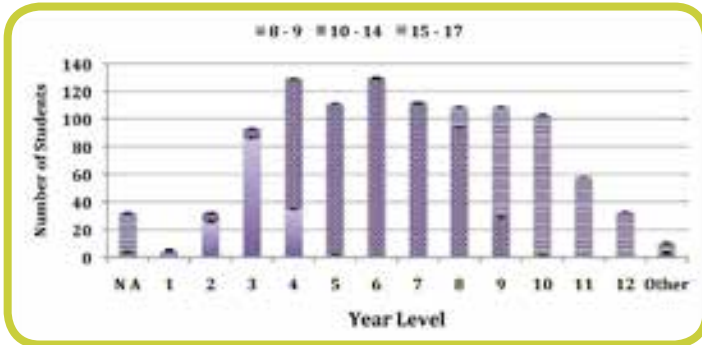


Figure 82. Number of respondents from the three Age Groups who indicated they were currently in the designated Year Level of study within the school system.

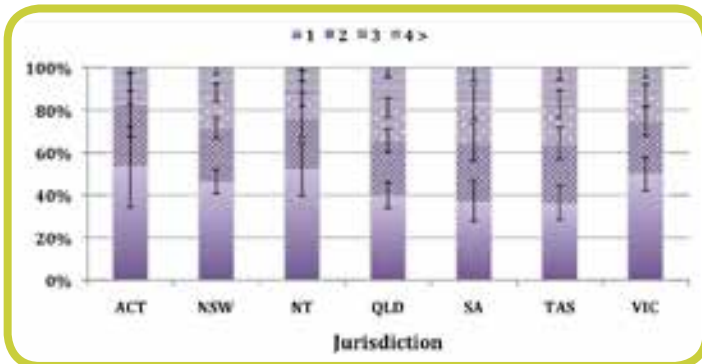


Figure 83. Percentage of respondents who reported they had attended the indicated number of primary schools while in care in the various Jurisdictions.

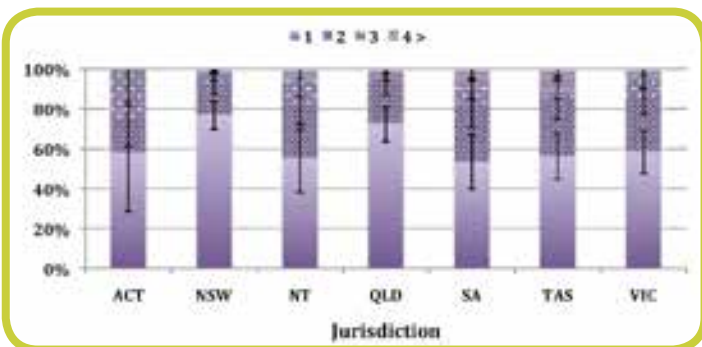


Figure 84. Percentage of respondents who reported they had attended the indicated number of secondary schools while in care in the various Jurisdictions (n = 526).

3.6.1 School Attendance

First it was necessary to determine the age distribution of respondents across the Year levels used by the various education systems throughout the country. The Australian Curriculum, Assessment and Reporting Authority (ACARA, 2012) explains the variations in starting ages, pre-schooling requirements, and the number of years of set formal education specified by states and territories in Australia. While there is considerable variability in terminology, most jurisdictions expect children beginning Year 1 to be around 6-7 years of age. This means that, for the cohort studied here, members of the 8-9 years group would be found in Years 3 and 4, those 10-14 years of age in Years 4 through 9, and the 15-17 year olds in Years 9 through 12. The distribution from the present sample matches expectations well (see Figure 82). Some slight variations are worth noting. In total, 32 respondents (3%) indicated that they were not attending school (N A). Also, in the years preceding the Year Levels corresponding to boundaries between Age Groups (e.g., Years 2, 3, and 8), some respondents from the following age group can be found, indicating that they are progressing more slowly through the system.

Respondents were questioned regarding the number of different primary and, if they were of an appropriate age, secondary schools they had attended while in care. It is recognized that this measure will be confounded by the age and duration of the care experience; however, it is assumed that, given the size of the sample, the influence of these factors should be similar for all Jurisdictions.¹²⁶ This measure was included to obtain an indication of the amount of disruption these children and young people are experiencing in their education. Figure 83 shows the results for primary school attendance. It can be seen that, within the six or seven years of primary school, a significant proportion of respondents in each Jurisdiction had attended four or more schools. The percentage of respondents that have been to only one primary school varied from 54% in ACT to 36% in TAS.

Clearly, the comparable secondary school data would be more affected by the age and duration-in-care factors, but as Figure 84

reveals, variability still is pronounced with the proportion attending one school ranging from a high in NSW (77%) to a low in SA (54%) which, along with TAS, seems to reveal that considerable disruption is experienced in these Jurisdictions by respondents in their secondary education.

To further explore the extent of educational disruption experienced by respondents, comparisons were conducted involving those who had attended four or more primary schools across Placement Types, Cultures, and Sex. While no Sex differences were detected, the other two variables showed important effects.

Figure 85 presents the results of the Placement Type comparison. More of the respondents who had been sent to four or more primary schools lived in Residential placements than expected statistically, while fewer were in Kinship Care.¹²⁷

When the comparison of the same individuals was conducted over Cultures, it was observed that more members than expected statistically of the many-schools group were Indigenous (Figure 86).¹²⁸

Other factors that can disrupt the educational experience include the likelihood of a student's being expelled or suspended, and of having to repeat years within the expected progression. When comparisons on four independent variables of interest here (Age being excluded) were conducted on incidence of suspension, significant effects were found for Placement Type and Sex. As Figure 87 shows, those living in Residential and Other placements were more likely to suffer suspension, and more frequent suspension, than were those in home-based placements.¹²⁹ Furthermore, males were more likely to be suspended than females (Figure 88).¹³⁰

No differences were found when comparing groups in terms of the numbers who had to repeat one or more years of schooling; overall, 19.1% ($n = 204$) of respondents indicated that they were in this situation.

Those respondents who were not attending school ($n = 59$) were asked to choose from a checklist what their main reason was for leaving, and what they were doing at present. A reasonably positive outcome was that seven young people had completed Year 12 and three completed year 10, as well as two leaving to obtain employment; however 13 left because they were bullied, six were bored, four found the work too difficult, four thought that there were too many rules and three were expelled. The remaining 17 claimed some

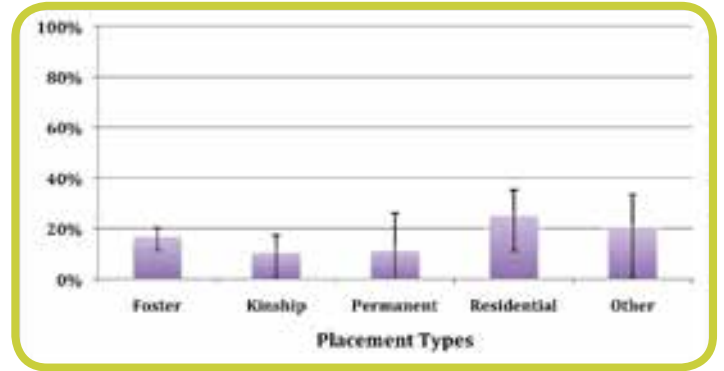


Figure 85. Percentage of respondents living in the various Placement Types who reported attending four or more primary schools while in care ($n = 168$).
 Note. The comparison concerning secondary attendance was not conducted since only 29 respondents qualified for analysis.

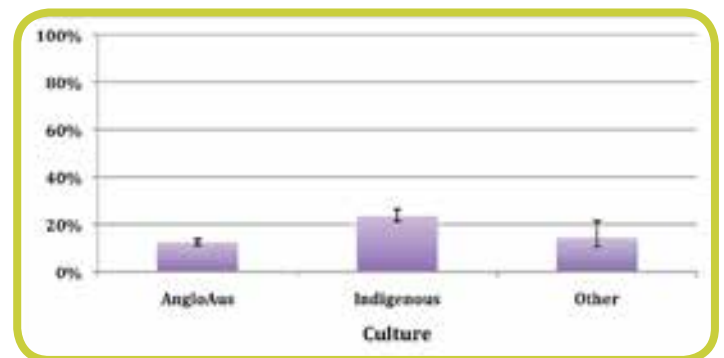


Figure 86. Percentage of respondents living in the three Cultures who reported attending four or more primary schools while in care ($n = 168$).
 Note. The comparison concerning secondary attendance was not conducted since only 29 respondents qualified for analysis.

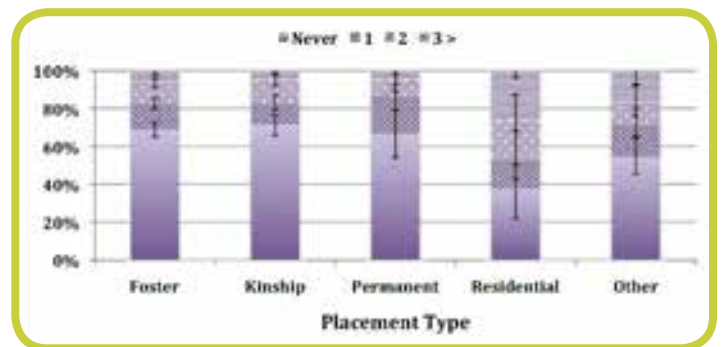


Figure 87. Percentage of respondents living in the specified Placement Types who reported they were suspended from school the designated number of times.

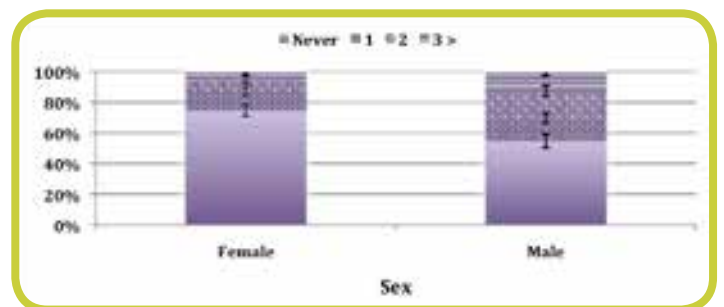


Figure 88. Percentage of female and male respondents who reported they were suspended from school the designated number of times.

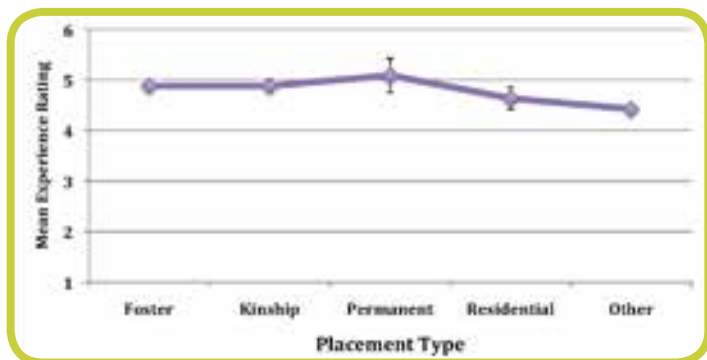


Figure 89. Mean rating of perceived educational experience by respondents living in the various Placement Types.

Note. Experience rating scale used: 1: Very poor; 6: Very good.

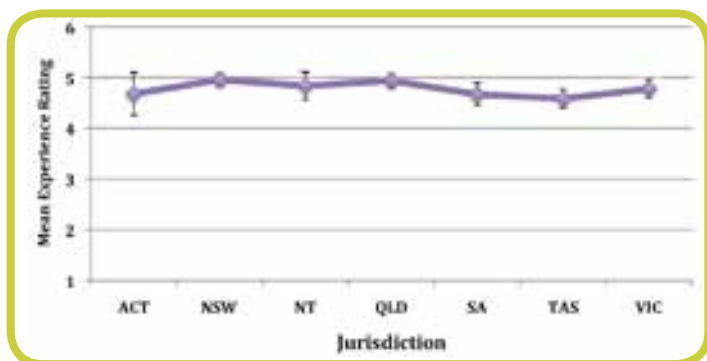


Figure 90. Mean rating of perceived educational experience by respondents from the various Jurisdictions.

Table 8 Number of Respondents Receiving Assistance with Schoolwork from the Nominated Persons

SUPPORTER	Number of "Votes"	% of Total
No one	174*	
Parent	124	7.8
Other Family Member	145	9.1
Carer	512	32.2
Teacher Aide	314	19.7
Tutor	154	9.9
Counsellor	22	1.4
Friend	251	15.8
Other	69	4.3
TOTAL	1591	100

* This number was excluded from the total.

Table 9 Number of Respondents Identifying the Type of Support with Schoolwork needed for Performance at Their Best

TYPE OF SUPPORT	Number of "Votes"	% of Total
No support needed	520	
Financial support	99	10.5
Help with schoolwork	281	29.7
Help with homework	233	24.6
Help making friends	103	10.9
Help to control bullying	124	13.1
Counselling	63	6.6
Other	44	4.6
TOTAL	947	100

other reason that included emotional issues (particularly anger-related problems), illness, or pregnancy.

When discussing what they had been doing since leaving school, four young people explained that they were working full or part-time, 11 were studying at TAFE or university, nine were looking for work, and 15 said they were doing nothing. The 20 who claimed an "other" activity included eight enrolled in alternative education programs, four who were parents, and another seven who spent their time "hanging out with friends" or "socialising". One was in detention.

3.6.2 Educational Experience

As well as looking at how the educational system affected the young people, it also was of interest to determine how engaged they were with, and how they felt about their educational experience. Almost two thirds (64.6%, $n = 691$) described their learning experience while at school as "Quite" or "Very good"; only 4.0% ($n = 43$) found it "Quite" or "Very poor" using the 6-point scale provided. However, differences in the experience were observed when comparing the Sexes, Age Groups, Jurisdictions, and Placement Types. No Culture effects were found for any of the subsequent analyses concerning educational experience.

Females viewed their schooling more positively than did males¹³¹ and the rating of the educational experience became lower as age increased.¹³² When compared by Placement Type, those respondents in the Other grouping gave significantly lower Experience ratings than did those in Foster, Kinship, or Permanent Care.¹³³ Figure 89 shows the pattern of these results. Within Jurisdictions, as seen in Figure 90, the rating given by TAS respondents was significantly lower than those obtained in NSW and QLD.¹³⁴

Respondents were presented with two checklists and asked to choose: (a) whom, other than their regular teacher, they had called on to help with their schoolwork; and (b) what support did they think would help them do as well as possible at school? In answering these questions, children and young people could choose as many items from the lists as appropriate. These results are summarised in Tables 8 and 9. The former table shows that 174 respondents had not sought help from anyone; these were either managing with their work, perhaps were not confident enough to ask for help, or didn't really care. When considering the "votes" for the "Supporters" who had provided most

assistance to respondents with schoolwork (other than the regular teacher), it is not surprising that the carers head the list with 32.2% of the tally. Teacher aides (and student teachers, based on some comments in the "Other" category) also played an important supporting role, as did friends by providing peer-assisted learning. "Other teachers at the school", "caseworkers", and "speech therapists" were mentioned by several children and young people as providing necessary assistance.

Table 9 lists the types of support that might be useful, and the number of respondents who considered that these would help them do as well as they could at school. Clearly, more support is needed with schoolwork in the classroom (which has implications for curriculum design and implementation) and with homework (which raises issues needing to be addressed in carer preparation and training, or to be considered by governments through the provision of extracurricular tutorial assistance). A list of comments provided by respondents detailing other specific supports that could assist is presented in Appendix F.

An important element within the educational context for children and young people in out-of-home care is to have some form of plan that identifies support needed by the student in setting achievable learning goals, and provides guidance for the teacher in helping students realise their goals. Nomenclature varies across jurisdictions regarding these plans (e.g., Personal Education Plans, Individual Education Plans, or Education Support Plans); but most states and territories expect those in care to have such an Individual Education Plan or IEP (e.g., see the Fact Sheet from QLD, Department of Communities, 2013).

For this reason, respondents here were asked if they knew of the existence of their individual education plan. Overall, 25% of children and young people ($n = 267$) reported knowing about such an Education Plan. Differences in patterns of response were found over Jurisdictions and Placement Types. Figure 91 shows that, when Jurisdictions are compared, more respondents than expected statistically in QLD and SA knew of the existence of an IEP while fewer knew in ACT, NSW and TAS.¹³⁵ Knowledge of IEPs also was greater than expected for those living in Residential placements and lower for respondents in the Other placement grouping (see Figure 92).¹³⁶

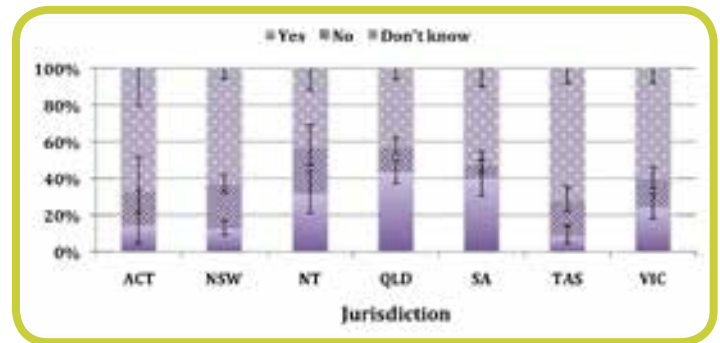


Figure 91. Percentage of respondents who claimed they had an Individual Education Plan compared with those who stated they did not have a plan, or did not know, over the designated Jurisdictions.

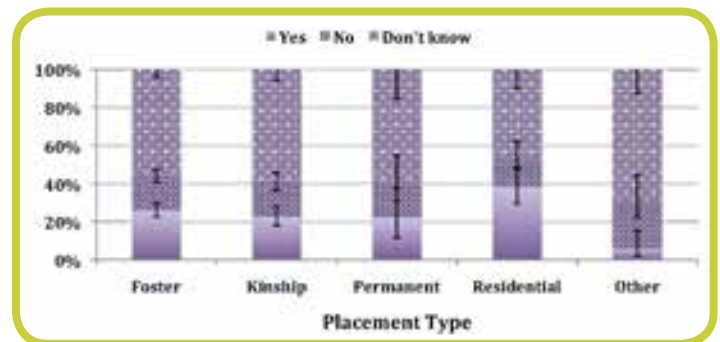


Figure 92. Percentage of respondents who claimed they had an Individual Education Plan compared with those who stated they did not have a plan, or did not know, over the designated Placement Types.

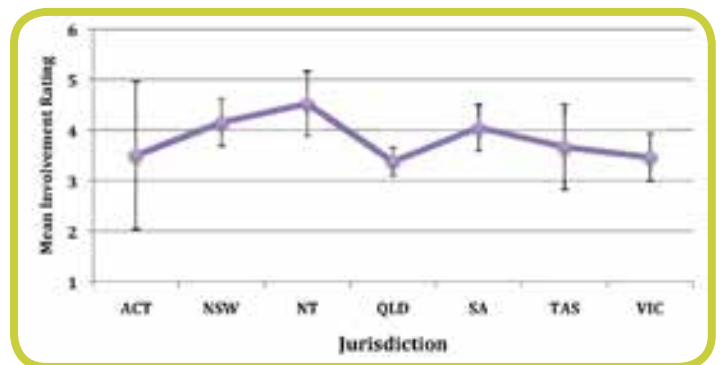


Figure 93. Mean rating of involvement in education planning by respondents who indicated they had an IEP ($n = 267$) over the various Jurisdictions. Note. Involvement rating scale used: 1: Not at all involved; 6: Very involved.

Respondents who indicated that they knew about their IEP ($n = 267$) were then asked to what extent they had been involved in the preparation of the Plan and how helpful they had found it in pursuing their learning goals. Even though more children and young people in QLD knew of their IEP, fewer of them had been involved in its development, significantly fewer than in NT where level of engagement in the education planning process was reasonably high (Figure 93).¹³⁷

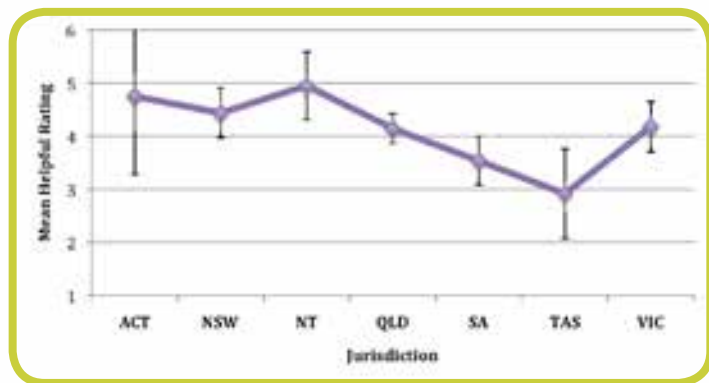


Figure 94. Mean rating of how helpful respondents who indicated they had an IEP ($n = 267$) had found the Plan over the various Jurisdictions.

Note. Helpful rating scale used: 1: Not at all helpful; 6: Very helpful.

Those children and young people in NT who had an IEP also found it to be far more helpful than did their peers in TAS and SA (Figure 94). It would seem worthwhile to investigate the implementation of the planning process in the various jurisdictions in order to identify possible factors that could account for such strong effects.



In discussing how they had been involved in planning for their learning, children and young people made comments that reflected the importance of having choice and being listened to. Some examples of comments appear below:

I asked for a teacher aid and I got one, and she helps me with maths and is really nice.
(Male, 8 years)

Decide when to get back into mainstream schooling rather than special education.
(Female, 10 years)

I got to decide between Japanese or support in the Literacy Development Room.
(Female, 13 years)

Have extra class time to catch up on schoolwork with a teacher without a whole class disrupting me. (Male, 13 years)

Things I like to do in and outside of school, and things that are worrying me.
(Female, 13 years)

I was asked what I would like in it, as they went through the things that they were going to include in it, they asked me if it was OK with me. (Female, 14 years)

They asked me questions about what I wanted, but it was not helpful because it doesn't get done. (Male, 14 years)

Plan learning experience, like lessons after school that I enjoy. (Female, 16 years)

Provide the information they needed, and let them know how my schooling is going, and let them know if I need any assistance or not.
(Female, 17 years)

Set goals for myself and have a say in what subjects I want to choose. (Female, 17 years)

Chose how I will achieve the goals that I set for myself, and my learning surroundings.
(Female, 17 years)

The somewhat anomalous results obtained regarding the actual involvement in preparing an IEP could be explained partly by the attitudes of children and young people in the various states and territories throughout Australia to the planning process. For example, respondents were asked to rate how important they thought it was for them to be involved in planning for their education, using a 6-point scale (1: Not at all important; 6: Very important). The distribution of responses over the various Jurisdictions is presented in Figure 95. ACT and QLD both have children and young people who thought their involvement was not at all important; and a large proportion of these samples, as well as those from NSW and TAS, considered their involvement in education planning to be of little importance. In contrast, more

respondents from NT thought that their involvement was very important. When the mean ratings were compared based on these data (see Figure 96), scores from NSW were found to be significantly lower than those from respondents in ACT, NT, QLD, SA, and VIC. The NT and SA values were higher than those obtained in NSW, QLD, and TAS.¹³⁸

Other analyses of the ratings given to the importance of involvement in education planning revealed that females thought the process was more important than did males,¹³⁹ and the older Age Group saw more value in it than did the younger respondents.¹⁴⁰ Placement Type differences also were discovered. As seen in Figure 97, children and young people living in Residential accommodation considered involvement more important than did those placed in Foster or Kinship care.¹⁴¹

Bullying is now an issue attracting the attention of educators and social scientists because of its detrimental effects on the wellbeing of children and young people in a variety of contexts. In this study, the extent that respondents experienced bullying, rated using a 6-point scale (1: Not at all; 6: Very often), was investigated in three situations: their placement, school, and on the Internet. A series of mixed ANOVAs, with repeated measures on Bullying Context, found significant effects for Jurisdiction, Placement Type, Age Group, and Sex.

Reported occurrence of bullying by the children and young people in care was relatively low, and it was mostly experienced in the school environment. For example, 25.4% ($n = 271$) claimed that they had been bullied at least "Reasonably often" at school compared with 8.8% ($n = 94$) in their placement, and 3.6% ($n = 38$) while online. Large numbers indicated that they had not experienced any bullying (Placement: 75.3%, $n = 800$; School: 41%, $n = 438$; Internet: 88.2%, $n = 935$).

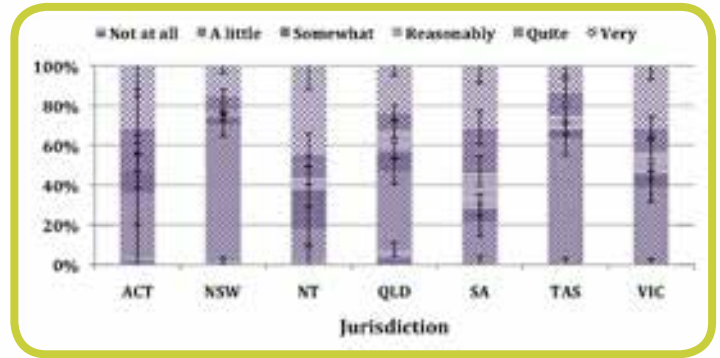


Figure 95. Percentage of respondents from the various Jurisdictions who gave the indicated ratings to the importance of being involved in education planning.

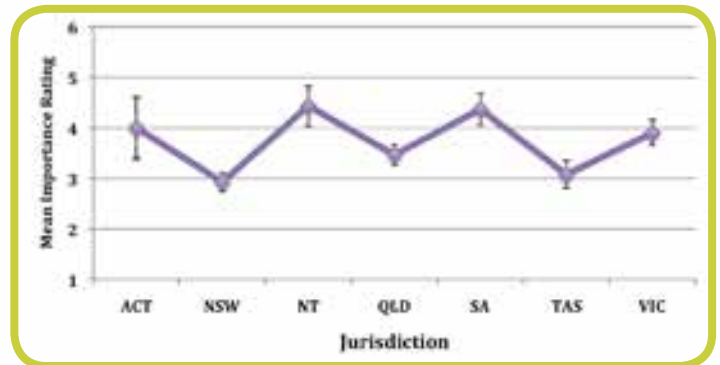


Figure 96. Mean rating of importance of being involved in education planning given by respondents from the various Jurisdictions.

Note. Importance rating scale used: 1: Not at all important; 6: Very important.

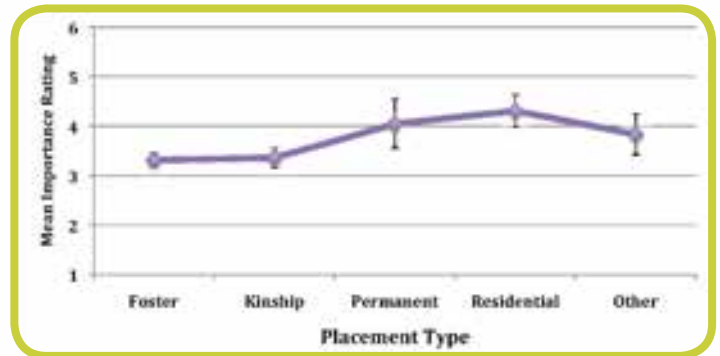


Figure 97. Mean rating of importance of being involved in education planning given by respondents from the various Placement Types.

Note. Importance rating scale used: 1: Not at all important; 6: Very important.



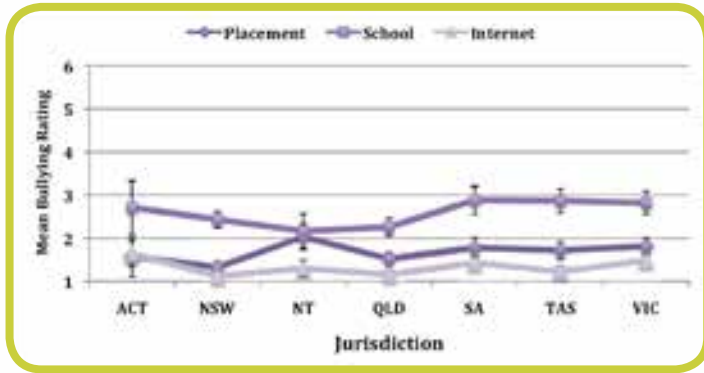


Figure 98. Mean rating of extent of bullying in the three designated contexts by respondents from the various Jurisdictions.
 Note. Extent of bullying scale used: 1: Not at all; 6: Very often.

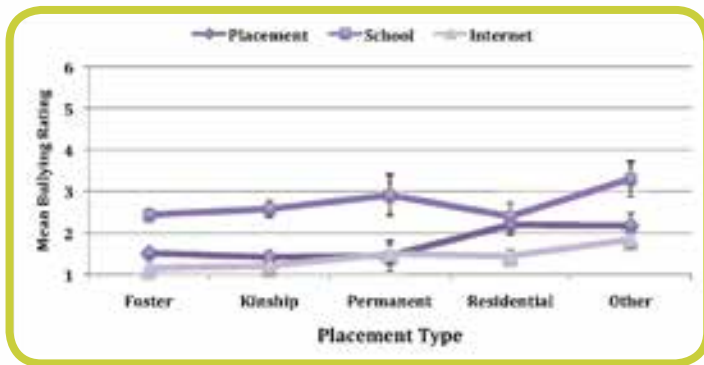


Figure 99. Mean rating of extent of bullying in the three designated contexts by respondents living in the various Placement Types.
 Note. Extent of bullying scale used: 1: Not at all; 6: Very often.

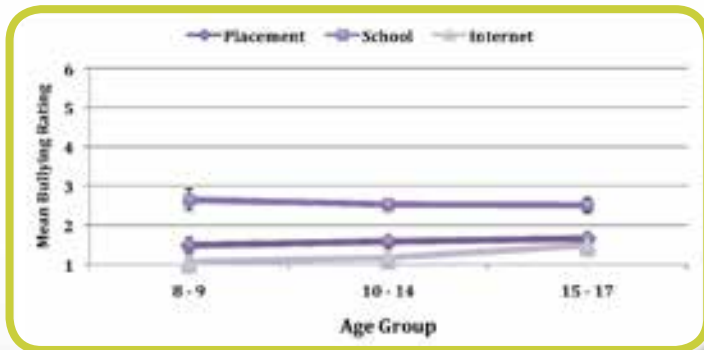


Figure 100. Mean rating of extent of bullying in the three designated contexts by respondents in the three Age Groups.
 Note. Extent of bullying scale used: 1: Not at all; 6: Very often.

However, the comparison of mean rating of incidence of bullying revealed some noteworthy differences. The Jurisdictional analysis (Figure 98) confirmed the school as the location where most bullying occurred. Reported incidence in this context was higher than that in placements, which in turn was higher than that experienced on the Internet for all Jurisdictions except ACT. The important exception was NT where rates of bullying at school and in placements converged.¹⁴²

This effect possibly can be explained in part by reference to Figure 99 that shows reported bullying as a function of Placement Type.¹⁴³ A similar pattern of convergence occurs for Residential compared with the clear difference between School and other locations characteristic of other Placement Types. The fact that almost half of the NT sample comprised Residential respondents (see Table 4) provides a common link between these findings.

Females, in general, reported experiencing more bullying than did males.¹⁴⁴ Also, a significant interaction between Age Group and Context revealed that there was a tendency for those in the 15-17 year group to experience more Internet bullying (Figure 100), possibly because of higher usage (as demonstrated in Figure 23).¹⁴⁵



3.7 Communication and Social Presentation

As an expression of the principle of participation, it is essential that children and young people have an opportunity to communicate their views in various forums and to be confident that adults involved will consider their wishes and opinions. For the children and young people in care, when taking the risk to share their aspirations, they need to believe that they can choose to engage in the same life experiences as their friends who are not in care (Standard 8 of the National Standards, FaHCSIA, 2011).

3.7.1 Having a Say

In this section of the survey, respondents were asked to rate how often they were able to have a say about decisions that affected their lives while in care (6-point scale: 1: Never; 6: All the time). Further, they were to indicate to what extent they felt that people listened to what they had to say (6-point scale: 1: Not at all; 6: Totally). Then they were asked to estimate how possible it was for them to choose to do the same sort of things (such as sport, cultural, and community activities) as their friends who are not in care (6-point scale: 1: Not at all possible; 6: Totally possible).

Significant differences were found for Age Group, Jurisdiction, and Placement Type. Not surprisingly, probably because of developmental differences in confidence, those respondents in the 15-17 Age Group felt more able to have a say than did those in the 10-14 group, or the 8-9 year sample.¹⁴⁶ Encouragingly, no differences were found across the ages in the extent to which respondents believed people listened to them when they did express their views.

While the overall response ranged around "Reasonably often" (62.9% [$n = 672$] gave ratings of 4 or above), comparisons over Jurisdictions revealed that those children and young people in TAS (and to a lesser extent those in NT) reported being able to have a say about their life decisions less often than did those in NSW, QLD, and VIC. These mean ratings are presented in Figure 101.¹⁴⁷ A similar pattern occurred in the ratings for the extent to which respondents thought that they were heard when presenting their views; those in NT and TAS felt that people listened less often than was claimed by the respondents in NSW, QLD, SA, and VIC.

Differences also were observed when the Have-a-say and Listen ratings were compared over Placement Types. Respondents in Permanent placements felt more able to express their views about life decisions than those in all other living arrangements. However, those in Residential and Other placements were the ones who felt the least heard (Figure 102).¹⁴⁸ Likewise, the Indigenous

sample reported a more negative response compared with the Anglo-Australians when Cultures were analysed.¹⁴⁹

In an open question, children and young people were asked to list the care situations about which they had been consulted most often. Of the 582 responses received, 13.9% indicated that they could have a say about most things; in contrast, 10.3% claimed that they were never consulted about anything. When specific references were coded (with the first item mentioned chosen if more than one were mentioned, to produce mutually exclusive groupings), the comments could be classified into the following categories: Relaxation (sport, games, activities): 11.9%; Daily Living (food, dress, tasks, rules): 14.4%; Family and Friends (contact and access): 16.8%; Where Lived (choice of desired living location and arrangements): 10.8%; Life in Care (discussions with caseworkers, comments about placements): 6.0%; and School (choice of school, subjects): 15.8%. These data indicate a fairly uniform distribution of interest across all domains.

There should be more support offered to children in need. The support system is good but if the care system could be a little more involved in the kids lives, it would make more of a difference.
(Male, 15 years)

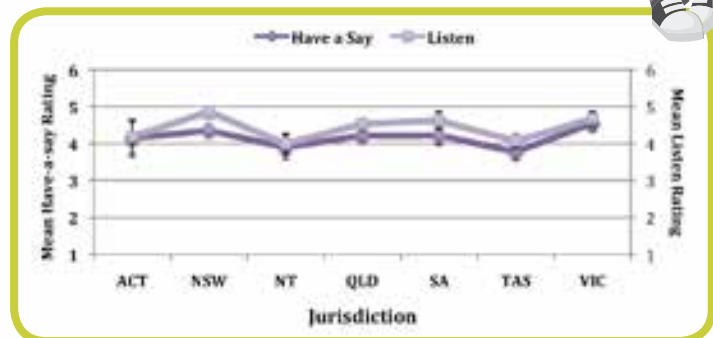
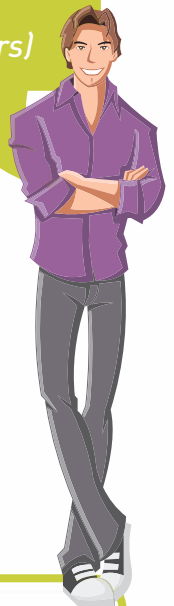


Figure 101. Mean ratings of frequency with which respondents from the various Jurisdictions felt they could have a say about important issues in their lives, and the extent to which people listened to what they said.

Note. Frequency scale used: 1: Never; 6: All the time; Extent scale used: 1: Not at all; 6: Totally.

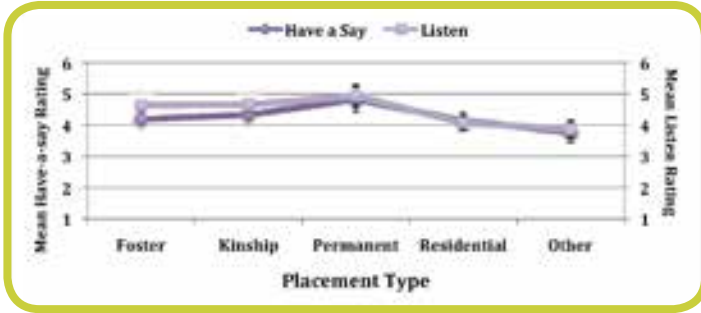


Figure 102. Mean frequency with which respondents living in the various Placement Types felt they could have a say about important issues in their lives, and the extent to which people listened to what they said.

Note. Frequency scale used: 1: Never; 6: All the time; Extent scale used: 1: Not at all; 6: Totally.

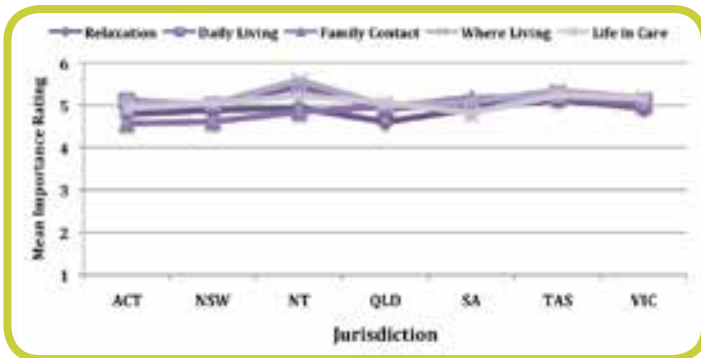


Figure 103. Mean ratings of the importance of being consulted on the designated topics by respondents from the various Jurisdictions.

Note. Importance scale used: 1: Not at all important; 6: Very important.

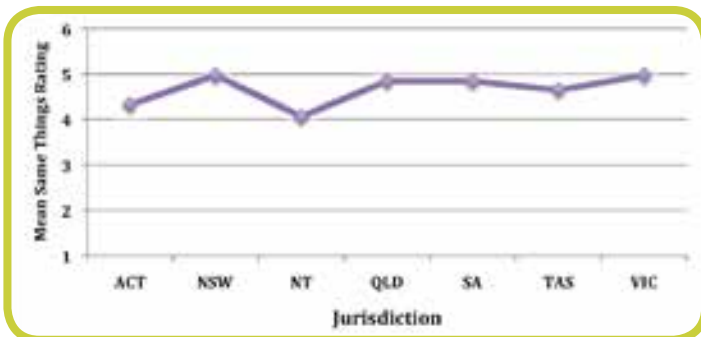


Figure 104. Mean ratings by respondents from the various Jurisdictions of the possibility they could choose to do the same things as their friends who were not in care.

Note. Possibility scale used: 1: Not at all possible; 6: Totally possible.

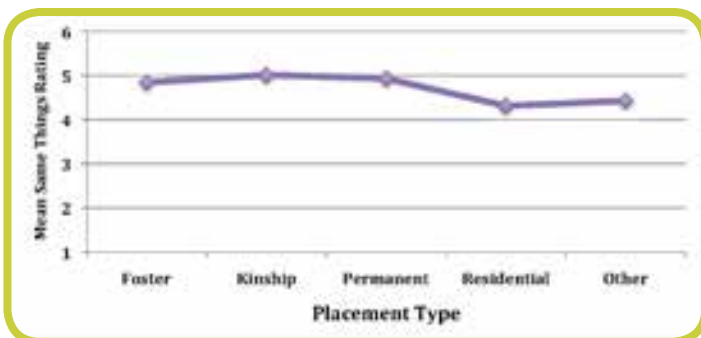


Figure 105. Mean ratings by respondents living in the various Placement Types of the possibility they could choose to do the same things as their friends who were not in care.

Note. Possibility scale used: 1: Not at all possible; 6: Totally possible.

To further explore the areas about which young people wanted to be consulted, participants were presented with a list and asked to indicate how important it would be, if there were problems, for them to be consulted on each topic. Mean ratings using a 6-point scale (1: Not at all important; 6: Very important) are summarised in Figure 103. For some Jurisdictions (SA, TAS, and VIC) all aspects were considered quite important; in others (e.g., NSW, NT, and QLD) there were variations in the relative importance of each area. For example, in NT, “where lived” and “daily living” issues were most important for respondents, whereas in QLD, “daily living” and “fun and relaxation” received the highest ratings.

Children and young people were asked to whom they would most likely talk if something worried them during their life in care, about which they wanted to have a say. The overwhelming choice by 560 respondents (52.4%) was their carer, followed by parents (9.6%, $n = 103$), caseworkers (9.1%, $n = 97$), and other family members (9.0%, $n = 96$). Friends were mentioned by 5.7% ($n = 61$) and 7.6% ($n = 81$) referred to Others including partners, agency workers, teachers, counsellors, psychologists, and community visitors. Only 6.6% ($n = 71$) could not nominate anyone from the list provided.

In response to the question concerning the choice to engage in the same activities as friends not in care, 65.4% of the whole sample ($n = 699$) indicated that they thought the prospect of this was “Quite” or “Totally possible”. More detailed analyses elicited different responses across Jurisdictions, Placement Types, and Cultures. Again, the Jurisdictional pattern in which the NT sample saw the possibility of equality of opportunity as significantly less likely than those in all other regions, except ACT, may be confounded by the presence of large numbers from Residential facilities in the NT group (Figure 104).¹⁵⁰ Placement Type differences (Figure 105) highlighted the perceived likelihood of discrimination by those in Residential and Other placements.¹⁵¹ Indigenous respondents expressed a similar view (i.e., low possibility of doing the same things) when compared with Anglo-Australians.¹⁵²

listen to kids

more about where

they want to live

(male, 9 years)



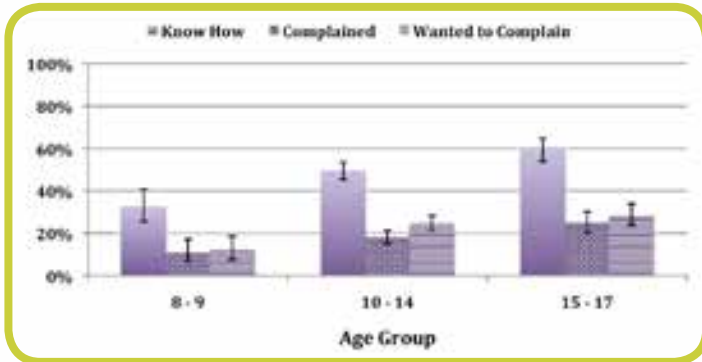


Figure 106. Percentage of respondents in the three Age Groups who indicated that: (a) they knew how to make a complaint; (b) they had made a complaint; or (c) they had wanted to complain but decided against that action.

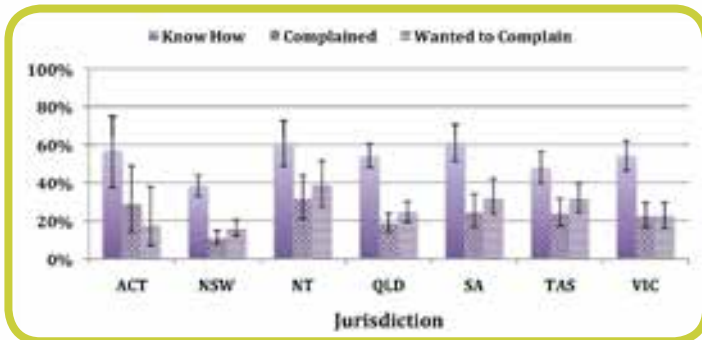


Figure 107. Percentage of respondents from the various Jurisdictions who indicated that: (a) they knew how to make a complaint; (b) they had made a complaint; or (c) they had wanted to complain but decided against that action.

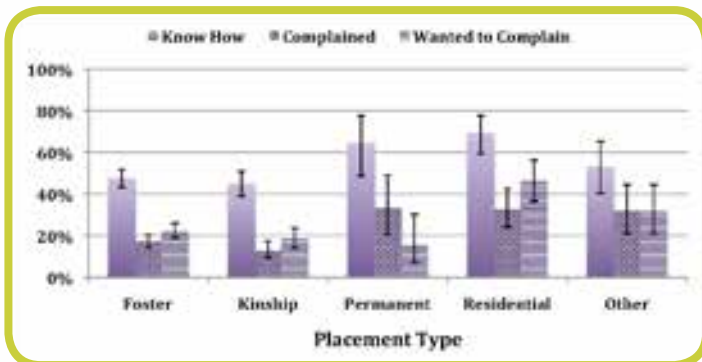


Figure 108. Percentage of respondents living in the various Placement Types who indicated that: (a) they knew how to make a complaint; (b) they had made a complaint; or (c) they had wanted to complain but decided against that action.

3.7.2 Feedback and Complaints

Having a say also means that children and young people can give positive feedback to those people providing support, and can lodge a complaint if they are unhappy with aspects of their life-in-care experience. Respondents were asked if they had ever told a caseworker or carer that they were happy with something that had been done for them. Overall, an encouraging 72.3% of respondents ($n = 773$) claimed that they had given such positive feedback. No differences were found between levels of any of the independent variables on this measure.

While the giving of positive feedback by children and young people is to be acknowledged and encouraged, they also must have the information and support to enable them to notify decision-makers if things go seriously wrong for them and they need to complain about their treatment. To this end, respondents were asked whether: (a) they knew how to make a complaint within the care system; (b) they had actually made a complaint in the hope of getting some aspect of their care changed; and (c) they had wanted to complain about something but had decided against that action.

As might be expected, the strongest effect in this area involved age. As Figure 106 shows, more of the older respondents than expected had the necessary knowledge of the system, and had been confident enough to speak up about their concerns. Interestingly, more also had wanted to complain but chose not to. Responses from the youngest Age Group were lower than expected (statistically) on all measures.

Knowledge of the complaints process was variable across Jurisdictions; the level indicated by respondents in NSW was particularly low (Figure 107), much lower than the national average of 50%. NSW also scored lower than expected on making complaints and wanting to complain but not doing so. Respondents in NT complained at a rate well above the average of 19.1%, and considered complaining more frequently than the overall rate of 23.9%.

As stated previously, these NT results were influenced to some extent by the composition of that territory's sample, which had a high Residential component. Placement Type differences in the three complaint variables are presented in Figure 108. Those in Residential and Permanent placements appear to be particularly well informed about the complaints process compared with their

That CSO's stay with one child for more than what they are at the moment. I have had about 9 CSO's in 4 years.
(Female, 10 years)



peers in alternative situations. These along with the Other grouping reported complaining more than expected statistically (while those in Foster and Kinship care seemed to have fewer issues than expected). Those children and young people in the Residential and Other groups also experienced more occasions where they felt like complaining but decided against it.

Reasons given by respondents for not complaining were analysed to determine the main reasons for not following through. In total 195 children and young people volunteered thoughts on why they changed their minds. Of these, 35.4% ($n = 69$) indicated that the situation improved and the issues were no longer worth worrying about. A further 28.7% ($n = 56$) felt scared or were concerned with possible consequences. Some were advised not to complain by another person (10.3%, $n = 20$) and others were worried about the effect the complaint might

have on others and how they would feel (9.7%, $n = 19$). The remaining respondents felt that either there was no use doing anything (5.1%, $n = 10$) or didn't know what to do (10.8%, $n = 21$).

Those children and young people who had made a complaint ($n = 204$) were asked to rate how satisfied they felt with the outcome of the process (using a 6-point scale: 1: Very dissatisfied; 6: Very satisfied). Overall, 45.1% ($n = 92$) claimed to be "Quite" or "Very satisfied" compared with 24.0% ($n = 49$) who were "Quite" or "Very dissatisfied". Sex and Age Group differences were found among these respondents. Males appeared to be more satisfied with the outcomes than were females (even though there were no differences in the likelihood of the sexes making a complaint).¹⁵³ Those complaining in the 8-9 year group reported more satisfaction with the result than did respondents in the 10-14 year group.¹⁵⁴



3.8 Life Skills and Independence

A series of questions was included to determine how confident the children and young people felt about interacting with others, and looking after themselves in a variety of self-care domains. It was expected that confidence would be age dependent; the first analysis of the reported communicative ability and self-care responses, involving Age Group as a between-group variable, was designed to illustrate the developmental differences.

3.8.1 Caring for Self

Respondents initially were asked to indicate how easy they found talking with others (using a 6-point scale: 1: Very hard; 6: Very easy). Of the total sample of children and young people, 65.4% ($n = 699$) described conversing with others as "Quite" or "Very easy"; by contrast, 6% ($n = 64$) found this "Quite" or "Very hard". Contrary to prediction, no age differences were observed in this measure, with all groups giving mean ratings close to the overall average of 4.8.

Participants in the study then were presented with a list of six areas in which they would need some expertise when caring for themselves, and required to rate these in terms of how confident they felt about performing these tasks (using a 6-point scale: 1: Not at all confident; 6: Very confident). The areas included personal grooming, housekeeping, budgeting, shopping, cooking, and finding transport. The results of the analysis of Age Group X Self-Care Area are summarised in Figure 109. As expected, main effects were found for Age Group (confidence increased with age) and Self-Care Area, as well as a significant interaction.¹⁵⁵

Understandably, personal grooming was managed well by all Age Groups; however, other self-care areas were more dependent on age, especially cooking and finding transport. The 8-9 year group expressed the least confidence in being able to handle these tasks, whereas they were placed in the mid range by the 15-17 year olds. Budgeting was rated mid-range by the youngest group

(perhaps because they had limited funds to manage), but became the area in which members of the oldest group had least confidence in their ability.

Because of these age differences, and the fact that the second part of this section deals with transitioning to independence, which directly affects the 15-17 year group, only the oldest Age Group was considered in subsequent analyses. While comparisons involving the self-care items and all the independent variables of interest here (Jurisdiction, Placement Type, Culture, and Sex) confirmed the Self-Care Area differences in confidence, no main effects or interactions were found for any of these variables with this group.

An aspect of caring for yourself is knowing what your rights and entitlements are so that you can set your expectations within the societal context. The rights of children have been enshrined in the Convention on the Rights of the Child (UN General Assembly, 1989); most states and territories in Australia have adapted the guiding principles of this document in developing their individual Charter of Rights for Children and Young People in Out-of-Home Care. Such a Charter is in preparation in NT (Department of Children & Families, NT, 2012); currently in place is a Statement of Standards. It was interesting to determine the level of knowledge that respondents had about their respective Charters.

From all respondents in the 15-17 year group ($n = 325$), only 17.8% ($n = 58$) knew about the Charters, a rather low number. Figure 110 presents the percentages distributed over the various Jurisdictions. Familiarity was highest in ACT and SA, but considerably lower in NSW and TAS.¹⁵⁶ When these data were analysed by Placement Type, more respondents in Residential facilities reported knowledge of the Charter than in the home-based placements (Figure 111).¹⁵⁷ Females also reported greater knowledge than expected compared with males (Figure 112).¹⁵⁸ No Culture differences were detected.

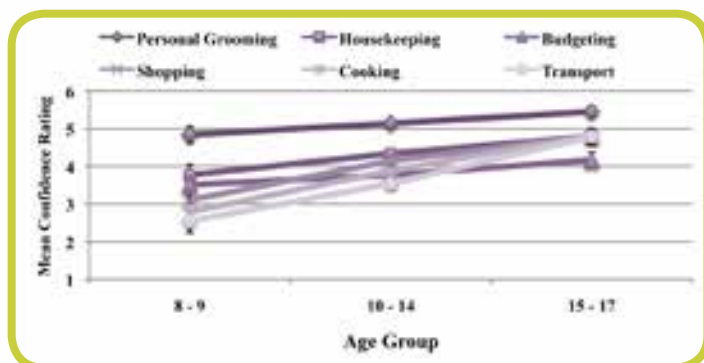


Figure 109. Mean ratings by respondents in the three Age Groups of the confidence with which they felt they could manage the designated self-care areas.

Note. Confidence scale used: 1: Not at all confident; 6: Very confident.

3.8.2 Transitioning to Independence

Transitioning to independence has been an area of concern for CREATE for several years and has been the focus of the last three Report Cards (McDowall, 2008, 2009, 2011). In the final section of this review of life in out-of-home care, several questions were posed to those in the 15-17 year group who indicated that they would be transitioning regarding preparation for becoming independent, and the concerns these young people might have about their future.

First, respondents were asked if anyone had spoken with them about what was likely to

happen with their care situation after they turned 18 years of age. The percentage of respondents who indicated that this had happened is shown in Figure 113 for all Jurisdictions.¹⁵⁹ While the outcome is excellent for SA, other Jurisdictions need to ensure that such important dialogues occur more widely. No Placement Type, Culture, or Sex differences were observed for Speaking with Someone.

As a follow-up question to look more closely at the accountability for preparing young people to transition, respondents were asked

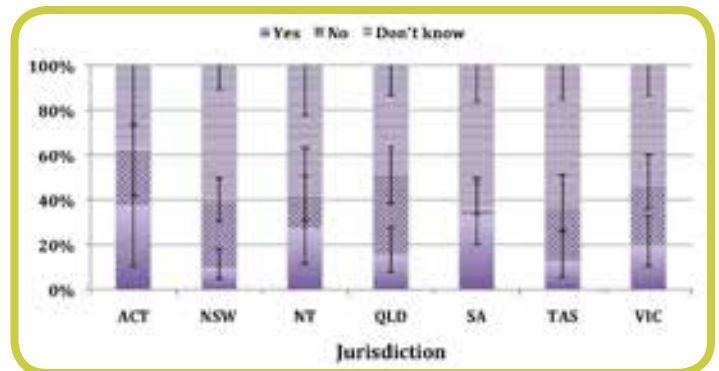


Figure 110. Percentage of respondents from the various Jurisdictions who indicated the designated level of knowledge concerning the existence of a Charter of Rights for Children and Young People in Out-of-Home Care in their state or territory (n = 325).

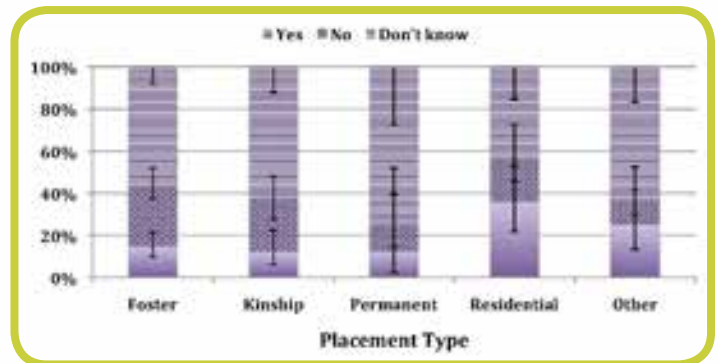


Figure 111. Percentage of respondents living in the various Placement Types who indicated the designated level of knowledge concerning the existence of a Charter of Rights for Children and Young People in Out-of-Home Care in their state or territory (n = 325).

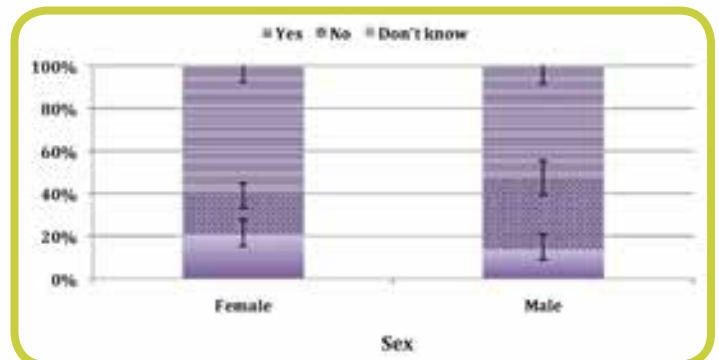


Figure 112. Percentage of female and male respondents who indicated the designated level of knowledge concerning the existence of a Charter of Rights for Children and Young People in Out-of-Home Care in their state or territory (n = 325).

Boys need **male** role models

Could friendship pairing
with mature males be
arranged for boys living
in homes with only female
carers?

(male, 9 years)



if they knew of the existence of a personal transition-to-independence plan, prepared in conjunction with their caseworker. Overall, 33.1% ($n = 93$) claimed to know about some form of official “leaving care plan” that had been developed for them. The distribution across Jurisdictions is illustrated in Figure 114. While there were no statistically significant differences in the percentages reported, the figure is included to emphasise the pattern of response. QLD provided encouraging results from the point of view of young people in care, but more work needs to be done in this area in VIC. Comparisons across the other independent variables also yielded no significant differences.

Because the number of young people who reported knowing of their individual transition plan was relatively low, subsequent analyses could not make meaningful comparisons over the range of variables of interest here. Therefore, only summary data will be presented.

Of the 93 who knew of their plan, 48.4% ($n = 45$) claimed to have been “Quite” or “Very involved” in its preparation (using a 6-point rating scale: 1: Not at all involved; 6: Very involved) while 22.6% ($n = 21$) had been “A little” or “Not at all involved”. Moreover, 62.4% ($n = 58$) believed that the plan will be “Quite” or “Very helpful” for guiding their future; 11.8% ($n = 11$) thought it would be of little use (Scale: 1: Not at all helpful; 6: Very helpful). Based on the respondents’ comments, the area in which they made the greatest contribution in transition planning involved their future accommodation, but some also discussed education, employment, and financial matters.

Respondents in the 15-17 year Age Group were asked how concerned they were about the prospect of leaving care, what some of their concerns might be, and whom they would talk with about what was worrying them. Most young people claimed to be “A little” or “Not at all concerned” (62.8%, $n = 204$, Scale: 1: Not at all concerned; 6: Very concerned). However, 16.6% ($n = 54$) experienced at least “Quite” high levels of concern at the thought of moving to independence.

The thoughts about transitioning that many young people articulated revealed their concerns with an uncertain future. While some had no worries and were looking forward to turning 18 years (e.g., “None...can’t wait...” [Female 16 years]; “Nope, I’m happy. I won’t be the government’s property

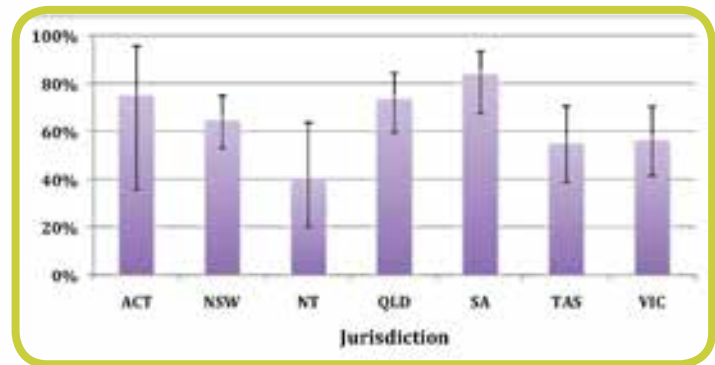


Figure 113. Percentage of respondents from the various Jurisdictions who indicated they had spoken with some person regarding their life after leaving the care system ($n = 281$).

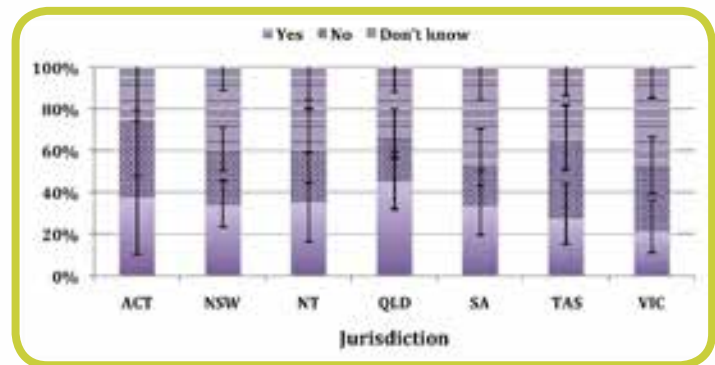


Figure 114. Percentage of respondents from the various Jurisdictions who indicated they had the designated level of knowledge regarding the existence of a personal transition-to-independence plan ($n = 281$).

any more.” [Male, 16 years], many were apprehensive:

I like it in care and wasn't really taught how to live in the big world, and I've finally got a family. It's scary to even think about leaving them. (Female, 15 years)

How will I cope? (Male, 15 years)

That I won't be able to look after myself stably when I move out. (Female, 15 years)

That I'm going to be lonely and that people won't care anymore. (Female, 16 years)

I don't want to leave care because I am happy where I am. (Male, 16 years)

Being older and being out in the big world alone. (Male, 16 years)

Financial issues. (Male, 16 years)

Having to be independent. (Male, 16 years)

Not being able to see my brothers and sisters. (Female, 17 years)

Homelessness. (Male, 17 years)

Being on my own and being able to financially support myself. Don't want to go downhill in school. (Female, 17 years)

Getting the right place to live. (Male, 15 years)



Money would be a big concern. I have tried really hard to get a part time job but I haven't been successful as of yet. (Female, 16 years)

I don't know what is going to happen to me, and I don't feel that it is right for young adults at 18 years old to leave care. I think it is too early. (Female, 17 years)

Most other kids my age have their parents to fall back on if they need some money help like with getting a house, and I don't have that. If I got a house and for some reason had to leave, like a housemate moved out and I couldn't afford it. (Female, 17 years)

Just feel kind of scared, because it's a first time and it's another step for me moving into the real world. (Male, 17 years)

Overwhelmingly, young people would talk with their carers about any concerns they had in transitioning (34.2%, $n = 111$), although the percentages choosing carers ranged from 56.9% in QLD to 21.4% in SA. Caseworkers followed with 10.8% ($n = 35$) of respondents nominating them as the person to go to with their concerns; values here ranged from 21.4% in VIC to 4.5% in NT. Clearly young people's perception of the effectiveness of their support mechanism varies over Jurisdiction. Friends (9.6%) and parents (6.2%) completed the list of key sources of guidance for young people transitioning from the care system.



3.9 Overall Departmental Rating

The final question of the survey gave respondents the opportunity to score their relevant child protection department in terms of how well the children and young people felt that they had been cared for by the system. Here a 10-point scale was used to help make the scoring more related to the respondents' own experiences of marking within the education context.

Respondents gave an overall score of 7.2 out of 10 to the departments. No significant Jurisdictional differences were recorded, although the scores ranged from 6.7 in ACT to 7.7 in NT. In academic parlance, this would be classed as a creditable performance. No effects were observed for Placement Type or Sex. However, there was a Culture difference with the Anglo-Australians giving lower scores than the other groups (the difference from the Indigenous cohort being significant).¹⁶⁰

A concerning Age Group difference should be noted. This is depicted in Figure 115, where it can be seen that the level of perceived caring diminishes with age. Those respondents in the oldest Age Group feel cared for significantly less well than do members of the younger groups.¹⁶¹ This does not seem to be a desirable note on which to end a care experience.

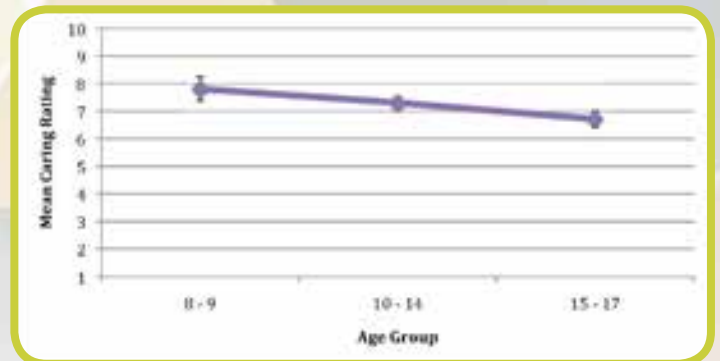


Figure 115. Mean overall score given by respondents to indicate their perception of how well the departments have cared for them.
Note. Scale used: 1: Very poorly; 10; Very well.



discussion





four discussion

4.1 Sampling Issues

When designing a study of the magnitude of this survey, researchers usually have aspirations or guiding principles that set the tone for the project. The overriding concern here was that all children and young people in out-of-home care in Australia would have their views appropriately represented in the story that emerged about contemporary life in care. Unfortunately, despite the best efforts of a dedicated team, this dream was not totally realised.

The first issue, over which CREATE had no control, was the fact that the government of Western Australia decided that it didn't want any children and young people in its care to participate in the project. This position is in direct opposition to the intent of Recommendation 57 from the Ford (2007) review of the Department for Community Development in WA:

The Department establish a reference group in association with the CREATE Foundation for young people who are in care or have recently left care so that such young people can comment on policy development and service delivery. The Department should fund the CREATE Foundation to establish and support this reference group. (p.16)

Since the government adopted this suggestion for feedback from young people by establishing the small CREATE Advisory Group known as Create'v VOYCE, and has offered to provide CREATE with all contact details for the care population, it is surprising that it has specifically directed CREATE not to use this information to engage a much larger group to follow the spirit of Recommendation 57 and comment on the WA care system. WA claims that it has its own data collection system (so it doesn't need the Report Card); but so do all states and territories. What CREATE's Report Card provides is an external, independent appraisal of the system from the experience of those living in it. The current reversal of support has meant that any issues (positive or negative) unique to young people

in WA could not be raised (and hence potentially addressed) through this open and accountable analysis. While it was disappointing to have this substantial gap in the research findings, it is of greater concern that a significant segment of the care population was unable to raise its voice in a national forum.

A broader issue was the problem encountered in accessing the children and young people in care. As indicated in the Method section, all governments (except WA) were supportive of the project and assisted within the limits of their bureaucratic framework. However, it is clear that the method of contact preferred by governments (a mailed invitation) was not effective or efficient. During the course of the project, throughout Australia, over 7500 invitations were sent to potential participants; 246 of these replied without further prompting (see Appendix A). This represents a response rate of 3.3%.

To build on this approach, once its failure was obvious, governments then provided phone numbers for the sampled children and young people, in theory enabling more direct contact with participants. Two major problems were encountered in adopting this approach. In many cases, the number provided was not the correct one for contacting the required child. The all-too-common response that "the child doesn't live here any more" was a source of frustration for interviewers. By way of illustration, Appendix G presents two pages from the records maintained by CREATE interviewers calling from government offices, with notes indicating the time-consuming and largely unrewarded process of attempting to locate participants.

Another problem, even when governments allowed CREATE staff to phone from departmental offices, was that often contact could not be made, because many carers and young people were not at home during office hours, due to work commitments or school attendance. Limited numbers could be persuaded to participate in the period between arriving home from school and

departmental close of business. Responding to a reasonably lengthy survey at this time of day was not a high priority for most young people.

As a result of these difficulties, the randomness of the sample and, consequently, its true representativeness, became compromised. As a means of increasing the sample size to acceptable levels, interviewers contacted children and young people who were connected with CREATE (for example, through attending events organised by CREATE and/or receiving *clubCREATE* magazines). In all, respondents obtained from this source made up 27% of the final sample. Because of the regular information they receive, members of this cohort may be better informed about relevant issues than the general care population, and this may lead to their expressing stronger, more clearly articulated views when questioned.

Failure to achieve the intended stratification of the sample meant that the numbers of respondents in the various groupings did not match their distribution in the respective populations. Regarding Placement Type, this produced the situation where there was an over-representation of respondents from Foster Care placements in NSW and from Residential placements in NT. Because life in each of the Placement Types potentially is

quite different (as many observations in this work have shown), confounding was possible, for example, when Jurisdiction scores that could have been biased because of respondents' placement experiences were compared.

The possibility of results being influenced by the use of known respondents and uneven group representation could be avoided if all governments had adopted the position of Tasmania, where they provided CREATE with all contact details for children and young people in their care population. This flexibility enabled CREATE staff to call the children and young people at times that suited them and their carers, easily allowed the interview to be suspended if the child needed a break, and finally achieved a response rate of 29%, all from children and young people who had been randomly sampled. It is hoped that, in future, other governments can follow the lead of Tasmania and develop protocols that will allow established research organisations such as CREATE, that employ standardised, nationally approved processes to ensure that the highest ethical principles for maintaining privacy and confidentiality are met, to have access to the contact details of the care population, so that all children and young people are able to speak out about their issues through the findings of studies such as this.



4.2 Life in Care

4.2.1 General Issues

It was reassuring to find, when considering the general introductory comments made by respondents, that the content of the survey addressed the key topics children and young people raised as areas of concern; this observation was confirmed by the overall rating of 4.9 (on a 6-point scale) given to how well the survey covered topics important to the respondents.

4.2.2 Placement History

Respondents from QLD (followed by those from NSW and SA) reported entering care at a younger age and consequently tended to spend more time in care than their counterparts in NT (and ACT). Intuitively, it might be thought that, the longer children and young people live in the out-of-home care system, the more placements they are likely to experience, and the greater instability they will suffer. However, this impression was not supported by the current data.

Stability of placements is a recognised area of concern in out-of-home care (Barber & Delfabbro, 2004; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Osborn & Bromfield, 2007; Rubin, O'Reilly, Luan, & Localio, 2007; Wulczyn & Chen, 2010), with many studies indicating that, the more placements children and young people experience, the poorer their long-term outcomes. The Commonwealth has responded to this by including as the first in their set of National Standards (FaHCSIA, 2011): "Children and young people will be provided with stability and security during their time in care" (p. 7).

It is possible to define Placement Stability operationally in a variety of ways. Two approaches based on reports provided by children and young people were compared in this study. The first constructed an individual measure of stability that could be aggregated over whatever factor was of interest (Jurisdiction, Culture etc.). The other indicator of placement stability, suggested as a measure in the National Standards document (FaHCSIA, 2011), required determining the proportion of children and young people in a particular cluster who experienced only one or two placements during their time in care. Both measures revealed that jurisdictions such as QLD and NSW, where respondents had been in care for the longer durations, had the highest placement stability (a relationship confirmed by the high correlation obtained between these variables).

Because of sample irregularities, these results need to be interpreted with reference to other factors, particularly Placement Type. Those in Residential and Other living arrangements clearly have led far less stable lives while in care than respondents in home-based placements. It must be emphasised that this is not meant to suggest that Residential facilities produce placement instability; rather, children and young people who have experienced repeated placement breakdown (often because of behavioural issues; see O'Neill, Risley-Curtiss, Ayón, & Williams, 2012) tend to be moved towards Residential and alternative care arrangements for case management. What the findings do indicate is that the children and young people placed in such facilities have particular needs and require special attention, as has been discussed comprehensively by Bath (2008a, 2008b), to address their individual difficulties, possibly exacerbated by what has happened to them while in care.

Indigenous children and young people in this sample also encountered more placements and more disruption during their time in care than did other respondents. This finding is not consistent with results from the work of Osborn, Delfabbro, and Barber (2008), who found no significant differences between their Indigenous and non-Indigenous samples. One difference between the studies is that Osborn et al. were looking at placement breakdowns within the last two years; their respondents for both groups were selected only if they had experienced two or more placements in that period. In the present study, number of placements was estimated over the whole time in care. Given that many factors may contribute to inappropriate placement of Indigenous children and young people in out-of-home care (see Valentine & Gray, 2006), the higher placement instability in this cohort is not surprising.

Respondents' satisfaction with their placement history was largely influenced by the number of placements they had experienced and their stability; more disruption tended to be related to less satisfaction. Comments indicated that the dissatisfaction centred on feelings of loss (of relationships) and the lack of belonging, perhaps more than the inconvenience. It also is worth commenting on the differences among the Placement Types. Wilson and Conroy (2001), in an earlier study that addressed placement satisfaction directly and in more depth, reported that "Few differences were found in the children's satisfaction among children in family foster care (kinship care and nonrelative care); large and

significant differences, however, were found in the comparison of family foster care to group care” (p. 66). The comparable results found in the present study indicate that more attention still needs to be given to improving the care experience in Residential and Other placement types, addressing some of the issues raised by Hillan (2008) and the needs deficit, particularly concerning education, raised by Southwell and Fraser (2010).

Because of the demonstrated negative, long-term consequences of placement disruption, everything possible needs to be done to minimise its occurrence. Blakey et al. (2012) discussed a variety of approaches that are being trialled in the US to improve stability, including factors related to: (a) the system and policy; (b) foster families; (c) biological families; and (d) the individual child. Nine specific areas are being addressed to enhance placement stability: “services to foster children, placement-matching, recruitment of foster parents, services and support to foster parents, training, consultation and collaboration, collaborative team approaches, involvement of biological parents, and prevention” (p. 369). Governments and agencies in Australia could do more work to evaluate the effectiveness of implementing these approaches in the local context. Clearly, doing the opposite of what Blakey et al. advocate, by, for example, producing a system-policy violation in moving one quarter of respondents from placements that they did not wish to leave (as was observed here), is not consistent with achieving stable outcomes.

4.2.3 Feelings about Current Placement

Those respondents who had experienced the most disrupted placements also, understandably, had spent the least time in their current placement (i.e., those children and young people in NT, Residential and Other placements, and the Indigenous sample). In spite of continued recommendations supporting the active participation of children and young people in making decisions about their lives, following the UN *Convention on the Rights of the Child* and pleas from respected researchers (including Bessell, 2011; Cashmore, 2002; Murray, 2005), only one third of respondents had been given the opportunity to have input into decisions about where they were living. Meaningful involvement of children and young people must become a reality in all decisions that affect their lives, particularly regarding where they live, as their comments reveal that this is of vital concern to them.

It was reassuring that such a large percentage of respondents (83.4%) reported being quite happy in their current placement. Even those who were not highly satisfied with the number of placements they had experienced during their time in care were happier where they were living when interviewed.¹⁶² These findings match those from data collected over 10 years ago in South Australia by Delfabbro, Barber, and Bentham (2002), and indicate that, despite pressures on the care system through increasing numbers of children and young people and a diminishing capacity of the system to attract and retain carers (Smyth & Eardley, 2008), young people in general value the support they receive.

4.2.4 Experience in Current Placement

When the size of care households was considered, Jurisdictions were found to differ in the number of people younger than 18 years living with the respondents; for example, 31.3% of placements in NT supported five or more individuals of this age. While some examples of discrimination were provided in comments about the treatment of a particular person in families, three quarters of respondents believed that they were treated in similar ways to the others, irrespective of the numbers in the household. It was impressive, in reviewing the comments in this section, to read so many that clearly articulated a sense of fairness and a mature understanding that, on occasions, different treatment was appropriate and did not reflect bias and negativity on the part of the carers.

A major difference in Jurisdictions that could be explored in more detail in future studies concerned the free time that respondents reported having available in which to do their favourite things. It is difficult to explain why twice as many respondents in NSW and TAS claim to have over 15 hours for personal activities, compared with QLD and ACT. Only “free time” was considered here; respondents were not asked to account for how they spent their remaining outside-school hours. One possibility might involve differential expectations regarding homework. Authorities in QLD have received criticism for not providing specific expectations regarding the amount of time students should spend on homework, as is done in other states (Department of Education and the Arts, 2004). Schools have been encouraged to set their own policies. Guidelines are now in place setting general homework parameters, but differences are still possible. It would be interesting to determine what proportions of outside-school hours time are committed to homework and

other placement requirements (such as chores) and why the balance (i.e., "free time") is so variable.

Performing an Internet search for a subject like "kids watching TV" will expose a plethora of hits bemoaning the "fact" that contemporary children and young people spend most of their time in front of a television set or a computer screen. Data collected here indicate that, while these technologies were popular, so too were forms of physical activity and socialising with friends, with some creative and intellectual behaviours added to the mix. In all, this indicates a reasonably well-rounded life experience for most of the respondents.

The fundamental requirement of a placement is that it meets the basic needs of the children and young people living in that environment. Results obtained in this study indicate that this largely is being achieved within the out-of-home care system. Certainly, needs such as feeling loved and safe and secure were well addressed; finding sufficient privacy was more difficult to achieve. Given the number of people in some of the placements, this is understandable. As in other areas previously mentioned concerning Residential facilities, attention should be focused on why the lower levels of comfort were experienced by respondents in such placements. Is it related to the diverse attitudes and behaviours of residents and/or staff, or to the rules and regulations that tend to govern life in such placements?

Because of the current emphasis on the importance of information technology in modern society, respondents' online behaviour was of considerable interest. The 80% in this survey who reported having Internet access is lower than the 93% of households with children under 15 years of age documented by the Australian Bureau of Statistics (2012); the observed variation over Jurisdictions matched the general data, particularly the low access in Tasmania. Given how important Internet access can be in facilitating the educational experience, it might be wise to review whatever controls are in place in Residential facilities to allow these children and young people comparable Web access to that which their peers enjoy in home-based placements. Those in Other placement types might need to be monitored a little more closely to moderate their Internet usage. In both these situations, it would be preferable to move towards an "empower and manage" model discussed by Sharples, Graber, Harrison, and Logan (2009) rather than "lock down".

Those respondents who did have access to the Internet used it for the same purposes (largely

gaming and social networking) and to the same extent as young people in the general community (ABS, 2012). What the current data highlight are the differences in patterns of usage across Placement Types, Age Groups, and Sex. Traditional explanations could be advanced to account for females and the older respondents being more involved in social networking, possibly because of a greater interest in, and opportunity to explore, relationships. The observation that Residential/Other respondents were more engaged in this activity than those in Foster/Kinship Care might point to differences in the relative size of the respective groups' social networks. A more detailed study of the extent and composition of social networks in the various placement types would be useful in helping to establish more effective communication channels for information exchange with these groups.

It is not surprising that over 60% of comments made by children and young people regarding their thoughts on what defines a Good placement included reference to being in a warm, caring relationship and how happy and safe that made them feel. Being able to do a variety of things (so as not to be bored) and having control over their own space (particularly to maintain privacy) were mentioned, but were nowhere as significant as having someone who loved them. Not Good placements appeared the antithesis of this, with no warmth, poor treatment, possible abuse, and limited contact with biological family members. These findings add further weight to Sinclair and Wilson's (2003) observation that three factors are important in maximising the likelihood of a successful placement: children who accept the fostering situation; warm, child-oriented carers; and the "chemistry" between the two. They also are consistent with observations by Ward, Skuse, and Munro (2005), where most of their respondents referred to relationships with caregivers as the main thing they liked about being looked after.

In concluding this section, a final post hoc analysis was conducted to investigate which, of all the variables considered when describing life in the current placement, had the strongest relationship with perceived happiness of the respondent.¹⁶³ While most of the variables were considered important (though the number of other children in the placement and the amount of time spent online were of little significance), the best predictor of happiness was how comfortable or "at home" the respondent felt in the placement. Enhancing this feeling would seem to be an important goal for carers.



4.3 Interaction with Departments

4.3.1 Caseworkers

The official face of the child protection system from the perspective of the respondents is the caseworker. Ideally, each child and young person would form a strong, supportive, and stable relationship with one or two caseworkers during his/her time in care. Dealing with the same people over time allows these relationships to build; caseworkers then become able to serve as “gateway providers” or effective brokers for the children and young people they know, and have the capacity “for improving mental health and permanency outcomes” (Dorsey, Kerns, Trupin, Conover, & Berliner, 2012, p.23). In other studies, children and young people have clearly articulated the costs of failing to retain workers, including lack of stability and loss of trust (Strolin-Goltzman, Kollar, & Trinkle, 2010).

Unfortunately, in this sample, 35% of respondents, particularly those in NT and QLD and in Residential placements, had been required to deal with five or more caseworkers. These large numbers reflect the systemic problem of high workforce turnover rates encountered in Australia and elsewhere in the “liberal welfare states” around the world. In their comparison of what is happening in an Australian state (QLD) and the child protection system in Norway, Healy and Oltedal (2010) make a compelling argument for the advantages of the alternative social democratic welfare state model, the aim of which is to “promote social equality among all citizens” (p. 260), including children and young people in care. It attempts to achieve this by requiring “the municipality to intervene early to take action to ensure the child and family have access to resources needed to ‘avoid lasting problems’ for the child” (p. 264). In the process, it also leads to lower caseworker turnover. This would seem to be a win-win situation.

Having a stable relationship with a caseworker would give children and young people greater confidence to contact caseworkers when a particular need arose. While 60% felt that they could make the contact when necessary, the others, particularly respondents in ACT, NSW, and NT, were not sure. Relationships between children and young people and caseworkers must be supportive enough for this level of contact to be achievable, even for the younger respondents. Obtained ratings of between 4 and 5 (using 6-point scales), expressing how helpful caseworkers were perceived to be and

how comfortable the children and young people felt communicating with them, indicated that there is room for improvement in the eyes of the respondents regarding their connection with their caseworkers. One pleasing observation was that, in spite of the reported deficits encountered in Residential facilities, the staff in these units were seen as particularly helpful and welcoming of approaches from respondents.

Comments by children and young people indicated that, for the relationship with their caseworker to be effective, they had to be treated as a person, to have their views considered and to be supported. Workers need to honour their promises and to act as promptly as possible to achieve objectives on which they and the young person have agreed.

For children and young people to have their views formally acknowledged and considered, it is important for them to attend meetings held periodically in the departments with key decision makers to help plan their future. Evidence collected in this study indicated that attendance at such meetings was not a high priority for respondents. Mean ratings of between 3 and 4 (using 6-point scales), both for how often they participated and for the extent to which they felt heard, show that departments need to do more to involve the young people in these interactions. The adoption of principles and procedures similar to those outlined by Clark and Percy-Smith (2006) and Kirby and Laws (2010), with particular reference to “Family Group Conferences”, would assist in engaging children and young people more effectively and help make the meetings more productive for all parties. This may require the development of more innovative and flexible meeting procedures, employing technologies with which the children and young people may be more familiar, to make the process appear more interesting and relevant.

When a comparison was undertaken to determine the relative level of concern for respondents’ wellbeing expressed by four key support groups, including caseworkers (as well as carers, parents, and family members), the departmental staff fared a little better than parents and family members, but well below carers, in the perceptions of children and young people. The extreme convergence of carers’ scores with those of caseworkers for the Residential and Other samples possibly reflects the frequent conflation of the two roles in these placements.

4.3.2 Care Planning

Another area in which children and young people need to participate is the formulation

of their care or case plan, in which many of the parameters of their life in care are defined. Critical questions here were whether or not respondents knew of the existence of their plan, and how involved they had been in its development. Again, this is one of the measures identified within the National Standards (Standard 4; FaHCSIA, 2011). Less than one third of this sample knew about the existence of a care plan; however, the variation over Jurisdictions was considerable. The 44.5% reporting planning awareness in QLD marked this group as the most engaged cohort in this regard in Australia. It should be noted that this result was comparable with the 46.2% who indicated awareness of their case plans as documented in a larger, exclusively QLD survey conducted in 2011 by the Commission for Children and Young People and Child Guardian (2012).

By comparison, the extremely low percentage of aware respondents recorded from NSW (with the largest care population) is a real concern. The situation, where over one third of children and young people who knew about their plan had not been seriously involved in its preparation, must be remedied. The few from NSW who knew about their plan had been reasonably involved in determining its content; those in SA were only somewhat involved. All jurisdictions, but especially NSW, must identify possible procedures, and implement those considered age-appropriate, to increase awareness of the planning process and maximise the involvement of children and young people in preparing for their future.

4.4 Personal History and Culture

4.4.1 Current Situation

For children and young people who have experienced the upheaval of being moved from their birth family context and placed in a different household, perhaps with unfamiliar people, an understanding of why this change has happened and what can be expected in the future is vitally important (Reimer, 2010). Half the respondents in this sample indicated that they knew quite a lot about why people other than their parents were caring for them, but 14% knew little, and one quarter had received little information from caseworkers or carers explaining their situation, with information exchange being particularly low in NT and TAS. Those in Permanent placements knew more about why they were in care and had received most information. Unfortunately, Indigenous children and young people were the least informed of the cultural groupings, and males seemed to know less than females.

The feelings of insecurity and isolation inherent in the forced change of circumstances for children and young people brought into care are exacerbated when they are fuelled by uncertainty. Mitchell and Kuczynski (2010) captured this feeling well in the title of their paper detailing a transactional analysis of the transition into foster care: "Does anyone know what is going on?" This has led child welfare practitioners to develop novel ways to ensure that understanding is maximised and, in the process, to attempt to bring all concerned parties together to minimise the potential negativity of the experience. For example, Devlin (2012) advocates the production of a "words and pictures" storybook for the children and young people. This is different from the "life story" books often provided by caseworkers or carers to record significant events in, and documentation of, the young person's life in care. The "words and pictures" approach is "a snapshot of a very difficult time in a family's life when it was necessary for the child to be placed in someone else's care" (p. 14). Apart from helping the child to understand a complex event, the process has other, longer-term benefits:

Parents and social workers work together to develop the shared story for the child. Integral to the process is that everyone comes to an agreement about how to express the "worries, struggles and difficulties" that the family were having in providing for the needs of their child and why it was necessary for the child to be placed in care. (p. 14)

This bringing together of caseworkers, carers, parents and young people to discuss and work through some of the issues would, in many cases, open channels for ongoing dialogue that would be likely to have positive outcomes for everyone involved.

4.4.2 Family Story

Methods such as this "words and pictures" approach, bringing all parties together to discuss issues, also help to extend knowledge of the child or young person's family story. Knowledge of family history and key events gives children and young people a framework for interpreting their lives; as Bernheimer and Weisner (2007) succinctly explain in their discussion of family-centred research and practice: "Families' stories offer a window into the way in which families make sense of their worlds" (p. 198). Not having such insights would lead to significant deficits in anyone's experience. However, knowledge of aspects of a child or young person's story would also seem to be essential for caseworkers in their



client management process, to develop an understanding of an individual's unique needs that should be addressed through their professional support.

For a large proportion of the 23% in this sample who knew little of their story, and those with a low level of knowledge in TAS, no one had told them anything about who they were. Other family members obviously play an important role in this, but that is predicated on continuing contact, which does not always occur. Given the potential value for the caseworker that an understanding of the particular "family story" would provide in establishing rapport with a child or young person, it is somewhat surprising that they played such a small part in sharing this knowledge. The possible role caseworkers could play in this regard and the benefits that might accrue from such involvement could be reviewed as part of ongoing caseworker training and professional development.

4.4.3 Cultural Connections

National Standard 10 (FaHCSIA, 2011) stresses that "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" (p. 12). This concerns their family story and, for Indigenous children and young people, connection with their cultural community. Results from this study pointed to mixed connectedness with culture; 31% felt quite connected, 30% reported little connection. Of particular interest was the low rating obtained from Indigenous respondents in TAS. Low connection with culture was strongly associated with respondents having no particular person available who would discuss cultural issues with them.

A proposed measure of the impact of National Standard 10 is the proportion of Aboriginal and Torres Strait Islander children and young people who have a current Cultural Support Plan (CSP). This was one area in which no

Jurisdictional differences were observed. If CSPs are in place, only 10% of the Indigenous respondents knew about them. This low level of awareness is hardly conducive to improved cultural understanding and engagement. The current reliance on family members, and sometimes carers, to raise cultural issues with children and young people in a somewhat ad hoc way could be replaced by programs of cultural education relevant to regions and clans, developed by, or in consultation with, Indigenous elders and made available to interested children and young people in care. It is not suggested that such educative programs be compulsory; but all Indigenous children and young people must have a choice to participate, rather than having their cultural needs overlooked by the system.

4.5 Contact with Family and Friends

Most child protection systems recognise the need for children and young people who have entered out-of-home care to retain contact with parents and relatives; indeed, in some areas, such as the US, this right is enshrined in legislation (Landsman & Boel-Studt, 2011). For many respondents, family contact had two possible dimensions: daily sibling contact (when living with these family members); and intermittent contact with parents and relatives (possibly including other siblings).

Literature on the importance of sibling placement in out-of-home care tends to be equivocal in many respects, but in her overview of key studies, Hegar (2005) claimed that there was support for "the tentative conclusion that joint sibling placements are as stable as or more stable than placements of single children or separated siblings, and several studies suggest that children do as well or better when placed with their brothers and sisters" (p. 731). In a more recent study, Hegar and Rosenthal (2011) produced evidence that placements where the siblings were together (all siblings in the one home) or splintered (at least one sibling in the placement with the child), led to better

outcomes on a number of measures, such as school achievement and problem behaviours, than did those where siblings were split (child has no siblings in the home).

Of concern here is the observation that 36% of respondents overall were placed in split arrangements in relation to their siblings, with over half of the SA group in this situation and equally large numbers split in Residential and Other placements. Given the well-documented difficulties encountered in attracting and retaining foster carers (Randle, Miller, Dolnicar, & Ciarrochi, 2012), it is understandable that the practicality of placement might occasionally override what would be a more satisfactory outcome. However, when such large numbers of children and young people are involved, and a demonstrably poorer outcome appears to be the default position, this suggests a breakdown in planning that needs to be reviewed.

Even when siblings were not living with the respondent, these were the family members most frequently contacted, indicating the inherent importance of this relationship (Herrick & Piccus, 2005). The next family members most frequently contacted were grandparents and then mother. When contact was compared over Jurisdictions, siblings always were most frequently contacted, but there was substantial variability in how often other family members were seen. Mothers were contacted almost as frequently as siblings in SA, but much less in QLD, where fathers also were seen very little. It is difficult to account for such variability; whether it reflects real preference or is more related to availability and accessibility of family members, or is a result of departmental resource constraints could be determined in future studies. The observation that mothers and fathers experienced relatively low contact rates in Kinship and Permanent placements is consistent with recent findings by Kiraly and Humphreys (2013) that highlight the challenges that parents experience in attempting to maintain contact with their children who are placed in Kinship care.

It also would be interesting to explore in more detail why fathers were the family members seen least frequently. Fathers scored highest on "no such person", indicating that either the father was deceased, or the respondent didn't know who he was. They were also the ones whom most young people never saw, even if their identity was known. This trend is concerning, given the acknowledged importance for children of involvement with their fathers. For example, Allen and Daly (2007) provided evidence of positive outcomes

for children and young people of father contact "in terms of their social, emotional, physical, and cognitive development" (p. 1). More recently, Coakley (2013), from her secondary analysis of foster care case records, reported that "when fathers are involved their children have shorter lengths of stay in foster care and they are more likely to be reunited with birth parents or placed with relatives after foster care" (p. 174). She recognised that fathers' needs are complex, and there can be many barriers to their involvement; however, if child welfare agencies, community-based agencies and mental health and substance abuse agencies can collaborate in finding solutions, the outcomes for many children and young people in care could be improved.

Respondents in all Jurisdictions wanted more contact with each type of family member, especially with siblings and, in NT and TAS, with other relatives. Those in Permanent Care were conspicuous in not wanting more contact with their biological mother. Another consistent finding was the children and young people's rating of carers as being more supportive in helping them to achieve contact with birth family members than were caseworkers. The only comparison where this difference was not observed was in Residential and Other placements. It is noteworthy that caseworkers did not seem to be at least as important in facilitating contact as carers, given that, as Sen and Broadhurst (2010, p. 306) conclude, the departmental staff are expected to "have a central role in influencing the frequency, quality and safety of contact" with family members. Both groups of supporters must work together with the child and young person to ensure that family visits are as rewarding as possible for all concerned and that negative repercussions are minimised (O'Neill, 2004).

While connection with family is vital, for the child or young person to understand his/her place in the world, contact with friends also plays an important part in shaping the individual's future. Indeed, in terms of providing social support, as Bokhorst, Sumter, and Westenberg (2010) have demonstrated, friends are as important as parents. For the 16–18 age group, they proved to be even more important. Friends of children and young people in care can have a positive influence on their socialisation, or affiliation with "deviant" peers while in care can lead to antisocial behaviour, particularly when young people age out of the system (Shook, Vaughn, Litschge, Kolivoski, & Schelbe, 2009).

Most children and young people in this study were able to make friends reasonably easily;



maintaining contact, particularly for those in Residential care, was more difficult. Whether this is a result of lack of opportunity [respondent has moved away from friends because of placement changes] or through restrictions imposed by the carers (Rauktis, Fusco, Cahalane, Bennett, & Reinhart, 2011) could be explored in future studies.

4.6 Health

The generally poor health and associated high medical needs of the care population has been an area of concern for researchers and practitioners for some time (Simms, Dubowitz, & Szilagyi, 2000; Ward, Jones, Lynch, & Skuse, 2002). Oswald, Heil, and Goldbeck (2010), in a highly selective review of key studies relating to the development and mental health of children in relative and non-relative foster care, concluded that they exhibited "a broad pattern of developmental problems and psychopathology" (p. 462); this observation concurred with the findings of Tarren-Sweeney and Hazell (2006) in Australia.

Contrary to expectation, 80% of respondents in this study rated themselves as being in quite good or excellent health. Possibly children and young people who may have a medical issue have adapted to their condition and, in themselves, feel well. The positive evaluation expressed is one that should be acknowledged and nurtured. It was interesting that the health ratings were lower for the older age group.

Most children and young people were able to access health treatment when needed and had adequate exposure to preventative health services. Those in NSW and QLD found access to these services particularly easy; it was a little more difficult for respondents in NT and TAS.

Children and young people in home-based placements reported having their health needs met to a high level. There was no evidence of possible "gatekeeping" or other factors that might make it difficult for carers to meet their responsibilities in this regard, as were alluded to by Schneiderman, Smith, and Palinkas (2012). It was of concern that respondents in Residential and Other placements did not report receiving the same level of health care.

The need for children and young people to have an initial health check when entering care, to identify particular physical or mental health issues that should be addressed, followed by an annual medical review, has been widely supported [by, for example, Ward et al., 2002]. National Standard 5 (FaHCSIA,

2011) addresses the requirement for an initial appraisal. Such events, which could have occurred long ago and might not have been of great significance at the time ("a visit to the doctor"), are difficult to track using self-report methodology, especially with children and young people. However, in an attempt to gather some information about the occurrence of such checks, respondents who had been in care no longer than 8 years were asked if they could recall having a review of all their health needs early in their care experience. In total, just over one third could recall the event; half of the SA and Residential cohorts were aware of the health checks. In these groups, either: (a) more attention was drawn to the occasion, i.e., it was made a feature of the entering care process, and hence was more memorable; or (b) the checks didn't occur with the same frequency in other Jurisdictions or Placement Types. Given that this is such an important support, that should be provided to all those entering out-of-home care, renewed efforts must be made to ensure that the health checks do occur, and that the children and young people are aware of, and active participants in, the process, for maximum benefit (Vis, Strandbu, Holtan, & Thomas, 2011).

Given the documented high risk of mental illness in the care population (Tarren-Sweeney & Hazell, 2006), it was of interest to determine the proportion of respondents who had visited a counselling service while in care. Over half (56%) had accessed such support, including almost 70% of the Residential sample. It was expected that the need for therapeutic assistance in this group would be highest because of the likelihood of residents in these facilities exhibiting, or being exposed to, problem behaviours (Bath, 2008a; Mabry, 2010).

The final questions in the Health section dealt with respondents' involvement in extracurricular sporting activities and their concerns about weight. One quarter of the sample, particularly those in NT and TAS, reported little engagement with sport. More of the children and young people in home-based placements claimed to be active in sport than did those in Residential or Other locations. The importance of the role carers from the different placements played in facilitating sporting activities for children and young people (e.g., paying fees, providing transport) would need to be explored in future studies.

Obesity is an issue that has gained much media attention in recent years because of the implications it has for public health. It also is of increasing concern in the out-of-home care population (Skouteris et al., 2012).

Respondents here were asked a broad question about how concerned they were with their weight, largely because pilot testing with focus groups had indicated great sensitivity to ways that weight issues could be raised without challenging an individual's self-perception and possibly biasing results. One third expressed concern; 60% of these (approximately 20% overall) volunteered that they had worries about being overweight. This is a lower figure than the 35% cited by Skouteris et al. from their review of the scant literature available.

4.7 Education

When the educational experience and attainment of children and young people in out-of-home care are considered (e.g., Trout, Hagaman, Casey, Reid, & Epstein, 2008), some factors have been identified that can contribute to successful outcomes, as well as others that can act as barriers to achievement. The placement instability already discussed might be expected to lead, consequentially, to educational disruptions (Allen & Vacca, 2010). As Tilbury (2010) also observed, multiple moves between placements tended to be associated with

lower school stability and school engagement and lower educational aspirations. Berridge (2012) made the point that, while school transfers do not have to be a problem if handled effectively, inopportune moves should be avoided in order to maximise positive educational outcomes.

4.7.1 School Attendance

Data collected here indicated that, depending on Jurisdiction, 18% (ACT) to 36% (SA and TAS) of respondents had attended three or more primary schools while in care. Most of those with the highly disrupted educational pathway lived in Residential or Other placements, and most were Indigenous. Minimising placement disruption would certainly contribute to a more stable educational experience for all children and young people.

Another disruptive factor regarding education that has received much attention (Riordan, 2006) is school suspensions. Differences in self-reported rates of suspension were found in this sample for Placement Types (one quarter of those in Residential facilities claiming to have been suspended three or more times while in care) and Sex, with more



males (13%) than females suffering this exclusion. The figures for Sex are comparable to rates published by Hemphill et al. (2010) when considering students from disadvantaged neighbourhoods in 30 communities across three Australian states. Obviously, given their background and life experience, children and young people placed in Residential facilities are likely to exhibit challenging behaviours on occasion. Rather than excluding them in a punitive way because of the “child’s” problem, schools need to adopt approaches similar to those advocated by Riordan, that may help address the “school effect”:

- *modifying the curriculum and teaching methods;*
- *working with external agencies to assist the school and the student in responding to the learning and behaviour needs of students; and*
- *developing and implementing support strategies for teachers.* (Riordan, 2006, p. 250)

4.7.2 Educational Experience

Although no measures of academic attainment were included in this survey, it was encouraging that two thirds of respondents rated their overall school experience as at least quite good, with an average of around 5 (on the 6-point scale) for Placement Types except Other and Residential. TAS respondents gave the lowest experiential rating of Jurisdictions (perhaps associated with performance issues in the local education system; COAG Reform Council, 2011).

Carers figured prominently (receiving one third of all mentions) as the “go to” helpers for providing children and young people with the extra assistance (on top of that given by the regular teacher) that students needed to understand their schoolwork. Based on the evidence produced by Cheung, Lwin, and Jenkins (2012) regarding the importance of carer support at home, and carer attitude to education, in improving the academic performance of children and young people, it is somewhat disappointing more respondents had not availed themselves of this resource. Most Jurisdictions, in the advice given to carers when they assume that responsibility, mention this support role as one of many expected; however, the profound effect on school engagement and achievement that carers can have by providing an “education friendly” environment could be emphasised more in carer recruitment, training, and support programs.

Although it is not proposed at present to monitor the possession of an Individual Education Plan (IEP) within the National Standards framework, most states and territories recognise the value, and recommend the development, of such plans. Hayden (2005) provided a useful review of the effectiveness of Personal Education Plans after their introduction into the UK. She showed that PEPs were instrumental in raising “the profile of the educational needs of looked after children in the local authority studied. They have provided a forum for social work and education professionals to meet in the interests of particular children” (p. 343). While she noted some difficulties that had been encountered in the implementation of the plans, the advantages would suggest that the process of developing such documentation would lead to constructive collaborations between stakeholders involved with the child or young person’s education.

Unfortunately, only one quarter of respondents in this sample knew about any education plan developed for them. The Jurisdictional percentages ranged from over 40% in QLD to under 10% in TAS. Given that such plans are promoted in all Jurisdictions (NT in development), even in TAS (Department of Education, 2013), more attention must be focused on engaging the children and young people in the process and showing them the advantages of setting educational goals and identifying resources that might be needed for achieving them. A finding of Hayden’s (2005) PEP review in England was that, at that time, there were particular barriers to education planning in Residential-type facilities. One of the most positive outcomes in the present study concerning Residential care was the apparent reversal of this trend, with a relatively large number of this cohort (around 40%) having, and knowing about, their IEP.

Knowing about a plan and having much of a say in its preparation are different things. Even though many respondents in QLD knew about IEPs, their level of involvement in the planning process was the lowest of all Jurisdictions. NT respondents, on the other hand, had been substantially involved and thought that the plans would be quite helpful in improving their educational outcomes. The few with plans in TAS could see little benefit in what they offered.

It is well understood that the engagement of children and young people with education and their aspirations for individual improvement depend, as Hedin, Höjer, and Brunnberg (2011) explained, “on their understanding of scholastic achievement as meaningful for their future” (p. 43). Success depends a great

deal on attitude. This is why it was of some concern, when the results of respondents' ratings of how important they thought being involved in education planning was for them were reviewed, to find such variable views. Those in NT and SA considered that their involvement was reasonably important, but children and young people in NSW, QLD, and TAS gave significantly lower ratings. Answers must be sought to the question of why participation in education planning is undervalued by some young people, when its importance is clearly recognised by others. Also, more work needs to be done in investigating why the Residential group was so convinced of the importance of education planning for them. Perhaps, because of their situation, they realise, more than those in home-based placements, that educational attainment is a key factor over which they have some control and which can improve their prospects for the future.

When the amount of bullying experienced by respondents was investigated, the school was identified as the location where most of that behaviour occurred. The one quarter of children and young people here who reported experiencing bullying matched the percentage determined by Cross et al. (2011) in their study of the general Australian school population. Claims of bullying in placements and online were made with a much lower incidence. Only in the Residential sample (and, as a consequence, the NT sample, because of its high proportion of Residential members) did the bullying rates for placement rise to converge with those reported for school. This result, unfortunately, seems to confirm the tendency reported in the literature (e.g., Monks et al., 2009) for bullying to be an issue at some Residential facilities. It would seem wise for staff managing Residential units to investigate possible bullying in their facilities and to explore mechanisms such as Littlechild's (2011) "restorative justice" approach for resolving the problem.

4.8 Communication and Social Presentation

Much current research has recognised the importance of encouraging the participation of children and young people in decision-making about their lives in care (Clark & Percy-Smith, 2006). When considering specifically the out-of-home care population, Cashmore (2002), in her influential paper, explained that "participation does not mean having the right to make the decision or determine the outcome, but it does mean being listened to and having one's views taken seriously and treated with respect" (p. 838). She showed

that children and young people wanted to be involved in decision-making processes but felt that they generally were not given sufficient opportunity to do so. Leeson (2007, p. 275-276) concurred with this view and emphasised that:

They are not passive recipients, people in waiting or citizens in potentia (James & James 2004, p. 35), but active participants in their world. Ignoring their voices or preventing them from being heard through overzealous notions of protection is both dangerous and manifestly unfair (Hendrick 2003; John 2003).

Research indicates that it is rather a question of adults' believing that it is appropriate to involve young people than it is of the young person's capacity to participate effectively. Bessell (2011), in her synthesis of previous work, gives a clear definition of what participation involves: "(i) a child or young person has sufficient and appropriate information to be able to take part in the decision-making process; (ii) a child or young person has the opportunity to express their views freely; and (iii) the child or young person's views affect the decision" (p. 497). When responding in such a context, children and young people can provide unique insights into their care experience.

4.8.1 Having a Say

Given the strength of argument from research in favour of children and young people's participation in decision-making, it is disappointing that only 63% of respondents could claim that they had been able to "have a say" (Fitzgerald & Graham's, 2011, proxy for participation) on issues that concerned them "reasonably often". Overall, this suggests that there is considerable scope for more consultation with young people. The data indicate that this would be particularly beneficial in TAS and NT. Consistent with the general trend of these results is that respondents in Residential and Other locations reported feeling the least heard of all placements, as did those in the Indigenous sample from the cultural groupings. While overall much work needs to be done to improve children and young people's participation, these areas require special attention, possibly through the adoption of similar engagement strategies to those identified by Vromen and Collin (2010) for working with marginalised young people (that is, consultations that are youth led, purposeful, and fun for the young people).

From comments volunteered by children and young people identifying the topics on which they were most likely to have a say, it appeared



that they contributed most to decisions about contact with family and friends, school issues, and day-to-day existence. These categories coincided with those incorporated into a more formal analysis as part of the study, in which the respondents were asked to rate the importance of being consulted in a number of areas, including those mentioned.

Consultation on all areas was considered important; however, there were interesting local variations. For example, having a say about where they lived was particularly important for respondents in NT, while QLD children and young people were concerned about being able to have input into how they organised their personal time. This was understandable, considering that this group had indicated that they had little free time (see Figure 14).

A positive outcome here was that very few children and young people could not nominate a significant adult to whom they felt they could talk about issues that concerned them. Over half would turn to their carer, and 9% each would confide in parents, caseworkers, or other family members. The relatively low incidence of respondents dealing directly with caseworkers (who, as Dorsey et al. (2012) point out, have the power to be the “brokers” to make changes happen in the system) indicates that the dynamics of the child-caseworker relationship for most children and young people in this sample were not conducive to this level of approach. Whether this is a policy or practice issue across the Jurisdictions would need to be investigated. McLeod’s (2010) discussion of a “friend and equal” relationship between young people and their caseworkers is insightful in this regard.

Almost two thirds of the sample believed that it was quite possible that they would be able to choose to engage in the same type of activities as their friends not in care. This number would increase to 80% if the criterion were lowered to “reasonably possible”. Only those respondents in ACT and NT, and the Indigenous group, were not as confident that this was possible. This observation raises a question about how performance against the National Standards will be assessed (for this and other indicators). The proposed measure for Standard 8 (FaHCSIA, 2011, p. 11) 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”. If this is determined using binary (“Yes/No”) categorisation, any estimate of the degree of confidence children and young people may have in their judgment would be lost. If the



“extent” indicator is included (by using a rating metric as was done here), what level of achievement is expected?

4.8.2 Feedback and Complaints

Communication skills involve not only being capable of expressing thoughts and ideas when consulted, but also being able to provide feedback about positive experiences and able to follow procedures in making complaints, if necessary, through appropriate channels. To be able to take these actions, children and young people must have relevant information about the processes to follow and must be aware of the possible outcomes (positive and negative) that may result from a complaint. As Holland (2010) observed, the level of knowledge and engagement with the system may not be a high priority for children and young people in care. She found from a long-term study of a small group of looked-after young people that:

their predominant interests and concerns were more about their care relationships than with formal systems, including their rights as looked after young people. They appeared relatively (and, in some cases, completely) uninterested in the care system such as care plans, reviews and rights. (p. 1671)

Others who have attempted to exercise their rights have experienced difficulties because of the unintended and unexpected consequences of their actions. Barnes (2007) reported anecdotal evidence of the dilemma faced by some young people who had complained about their treatment from carers; one suffered ridicule by staff from the unit in which she lived, and another was moved to even less satisfactory accommodation.

These two aspects (level of knowledge of the system and possible concerns with outcomes) were explored in the present study. On the positive side, over 70% of respondents had passed on feedback praising supporters for assistance given. Consistent with Holland’s (2010) findings, only half of all respondents claimed that they knew how to complain if necessary about any problems they may have. Why such a low number (38%) had this knowledge in NSW is unclear. This is associated with the observation that only 10% have made complaints in this state (compared with the national average of 19%). Either children and young people in NSW have no need to complain, and therefore have not bothered to find out how; or their need is similar to that in other jurisdictions, but they don’t know how to complain and therefore

have not taken that action. More work must be done to ensure that all children and young people know their rights within the system, so that they can make an informed choice as to whether or not to exercise them.

Larger numbers of those in Residential placements knew about the complaints process, but these also had the greatest numbers of respondents who wanted to complain but reconsidered. For just over one third of respondents who decided not to complain, the situation resolved itself; another 11% didn’t know what to do; but the remaining 54% chose not to raise the issue because of concerns with possible negative outcomes. It would seem desirable that the complaints processes be reviewed, with a view to reducing any unnecessary adversarial or punitive connotations and treating it as an opportunity to gather information to improve the system for the benefit of everyone.

4.9 Life Skills and Independence

All children and young people, as they develop to adulthood, need to acquire a set of basic abilities to equip them for meeting the challenges they will face in life. As Massinga and Pecora (2004) explain, these can include “daily living tasks, self-care, social development, career development, study skills, money management, self-determination, self-advocacy, and housing and community resources” (p. 152). Mostly, these skills are taught in the home environment, but when that is disrupted (as it is for those brought into care), gaps can be found in the child or young person’s abilities. Throughout the world, numerous independent living programs have been introduced (either face-to-face or online; see www.lifeskillsprograms.com.au) to help young people overcome these disadvantages as they prepare to leave the care environment. While many of the evaluations of these programs have generated equivocal findings (because of methodological difficulties, largely the lack of randomised controlled testing), the general impression gained from a review of their effectiveness suggests that they can have a positive impact on the life-skills domain (Donkoh, Underhill, & Montgomery, 2009).

4.9.1 Caring for Self

Although respondents in this survey were not asked about their involvement with any independent living programs, their current confidence in handling a range of life skills was assessed. Not surprisingly, confidence was age related, increasing in the older

groups. Personal grooming was managed well by all types of respondents, but the older group suggested that budgeting might cause them the greatest difficulty. This outcome is consistent with Mendes, Johnson, and Moslehuddin's (2011a) suggestion that poor preparation for transitioning was associated with "limited training in key independent living skills such as budgeting and hygiene" (p. 69). Clearly, financial management must be emphasised in any skills development program for young people intending to become self-sufficient.

4.9.2 Transitioning to Independence

There was some indication in the current data that more dialogue is occurring between young people and their concerned caregivers regarding what is likely to happen in their lives after they turn 18 years. Unfortunately, at this time, responses collected do not indicate any change from findings published in CREATE's recent Report Cards (McDowall, 2009, 2011) in the numbers of young people who know about (33%), or have been actively involved in, the preparation of a stand-alone Leaving Care (LC) plan or the modification of their operational care plan (48% of those with LC plans). The encouraging results from QLD, where 45% of respondents reported having a LC plan (and 63% claimed to be quite involved in its development) were not as high as those published by the QLD CCYPCG (2012), who found 55% and 94.5% respectively (the latter difference perhaps being due to the ways the level of involvement was measured).

One somewhat disconcerting result was the observation that 63% of the 15–17 year olds expressed little concern about transitioning to independence. Given that this period could be one of the most disruptive of their lives, and the pathways available complex and unpredictable (Mendes, Johnson, & Moslehuddin, 2011b), it is surprising that so few (17%) are thinking seriously about the possible implications for them. If they have been well informed about possible issues and still have no concerns, this is a positive outcome. However, if in the discussions they may have had, they have not received sufficient, accurate information to prepare them adequately for the upcoming transition, their lack of concern reflects an ignorance that should be dispelled. Since most indicated that they would talk to carers if they had concerns, training programs for these caregivers will need to incorporate appropriate communication strategies to

enable them to raise the sensitive issues that must be addressed (Lefevre, 2010).

4.10 Conclusion

4.10.1 Overall Care Rating

The overall rating of 7.2 given to departments for their effectiveness as "corporate carers" was intended to provide a measure that would allow children and young people to offer a summative appraisal of their care experience. It was of concern that ratings given by the older respondents were lower than those given by the younger group, indicating that their experience was not perceived as improving with time in care.

One change that children and young people have been articulating throughout this report that may result in higher ratings would be for them to become more active participants in decision-making affecting their lives. Results here indicate that many respondents had not been involved in the preparation of plans for various facets of their lives (e.g., care plans; education plans; culture support plans; leaving care plans), and over one third had not been able to have a say in issues that impacted directly on them daily. While not having a plan can be a problem for the individual in not knowing what to expect in the future, of greater concern is the fact that the children and young people have not had the opportunity to discuss critical personal issues with significant others in an ongoing dialogue that mirrors the interactions occurring in a "family" environment.

4.10.2 Measures of National Standards

Finally, to complete this CREATE Report Card, data were extracted that allowed quantification of proposed measures of performance against those National Standards selected to be addressed in pilot studies conducted in 2012. These select findings, together with the Standards to which they refer, are presented in Table 10. Only for one proposed measure was no comparable question included in the current survey (the proportion of respondents who have a connection with a family member they intend to continue). Details of Contact with family members (those who were seen at least monthly by respondents) are given in Table 11, along with a Satisfaction measure expressed as the percentage who would like more contact with the particular member.

These data could be evaluated in terms of percentiles reached. For example, in this set,

two measures exceeded the 90th percentile (those feeling safe and secure; and the proportion who could nominate a significant other for support). Other measures were much lower. Looking at the data using this approach will facilitate the setting of targets, hopefully to ensure a continuous improvement over all domains in the treatment children and young people receive during their out-of-home care experience.

The question then becomes: Where should the bar be set? What level of performance is acceptable? When comparable measures are available for children and young people in general throughout Australia, nothing less than the national average should be accepted for those in out-of-home care. If the measures are unique to this group, the aspirations for achievement should be limitless.





Table 10 Data from the CREATE Report Card Survey as Responses to the proposed Pilot Measures for a Sample of National Standards

STANDARD AND MEASURE	PERCENTAGE (at least 5 on a 6-point scale)
Standard 1. Children and young people will be provided with stability and security during their time in 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.	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.	*
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.	see Table 11
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.	
10.2 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.	
13.2 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

* No comparable measure was included in the present survey

Table 11 Percentage of Respondents Reporting at Least Monthly Contact with Designated Family Members and Percentage Who Want More Contact

Family Member	Contact (% Monthly)	Satisfaction (% More)
Mother	46.3	6.6
Father	30.1	8.3
Siblings	62.5	2.3
Grandparents	39.9	4.0
Other relatives	34.5	4.1

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appendix a

Numbers of Respondents from the Various Jurisdictions who Completed the Survey using the Designated Methods

Table A 1

Numbers of Respondents from the Various Jurisdictions who Completed the Survey using the Designated Methods

MODE OF COMPLETION	JURISDICTIONS							
	ACT	NSW	NT	QLD	SA	TAS	VIC	TOTAL
Internet Random Sample	4	74	23	89	4	33	19	246
Internet clubCREATE	2	22	4	3	8	0	25	64
Phone Random Sample	0	123	16	43	29	111	5	327
Phone clubCREATE	9	70	0	78	16	0	55	228
Phone Non-Sampled Volunteers	11	3	12	30	14	0	22	92
Hard-Copy Questionnaires	2	17	12	13	32	0	36	112
TOTAL	28	309	67	256	103	144	162	1069

appendix b

CREATE Report Card 2012



appendix b

CREATE Report Card 2012

USERNAME: _____

PASSWORD: _____

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 Report Card 2012 along with the views of many other children and young people. This 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.

If you want more information on this research, contact:

Chief Researcher:

Dr Joseph McDowall, Griffith University
email: j.mcdowall@griffith.edu.au

CREATE Policy and Research Manager:

Mr Robert Green
email: robert.green@create.org.au
Or phone CREATE on 1800 655 105

The survey will take about 30 to 40 minutes to finish depending on how much you want to say. All questions, except some asking for text answers, need to be answered. If there is a possibility that a question might not relate to you, you will get information about which alternative answer is the best to choose.

Your responses 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 Report.

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.

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.

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 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.

Please note: the questions on the survey start on Question 9 as that's what corresponds to the online survey tool. Don't worry, you didn't miss a page!

Be.ing Located

9. What state or territory do you live in?

- Australian Capital Territory
 New South Wales
 Northern Territory
 Queensland
 South Australia
 Tasmania
 Victoria
 Western Australia

10. In which city or town do you live?

11. What is your Post Code?

Be.ing You

12. What is your date of birth (dd/mm/yyyy)?

13. Are you:

- Female or Male?

14. With which particular cultural group, if any, do you identify?

- Aboriginal
 Torres Strait Islander
 Australian South Sea Islander
 Other cultural group
 No special group

15. If "Other cultural group", please say which:

Be.ing Personal

16. In which country were you born?

- Australia Other

17. If "Other", please say which:

18. What is the main language spoken in the home where you live?

- English Other

19. If "Other", please say which:

20. Do you have an impairment or disability? If "Yes", please indicate which of these causes you most difficulty.

- No
 Intellectual (including Down syndrome)
 Specific learning / Attention Deficit Disorder
 Autism (including Asperger's syndrome; Pervasive Developmental Delay)
 Physical
 Acquired brain injury
 Neurological (including epilepsy)
 Deaf / blind (dual sensory)
 Vision (sensory)
 Hearing (sensory)
 Speech
 Psychiatric (Mental illness)
 Developmental delay (apply to 0-5 year olds)

21. Are you receiving special support for this condition (e.g., counselling, special education, medication)?

- Yes No

Be.ing Aware

22. Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people? (You can write on the back of this form if you need more space.)

Be.ing at School

23. What grade are you in at school?

- I do not attend school
 Year 1
 Year 2
 Year 3
 Year 4
 Year 5
 Year 6
 Year 7
 Year 8
 Year 9
 Year 10
 Year 11
 Year 12
 Other

24. Since you have been in care, how many primary schools have you attended?

- One
 Two
 Three
 Four
 Five
 6 to 10
 More than 10

25. Since you have been in care, how many secondary schools have you attended?

- Still at primary school
 One
 Two
 Three
 Four
 Five
 6 to 10
 More than 10

26. How often have you been suspended or expelled from a school?

- Never
 Once
 2 - 5 times
 6 - 9 times
 10 times or more

27. Have you ever had to repeat one or more years at school?

- Yes No

28. If you are not attending school, what was the main reason you left?

- I am still attending school
 Completed year 10
 Completed year 12
 The work was too difficult
 The work was boring
 There were too many rules
 I was expelled
 I was bullied
 I got a job
 Other

29. If "Other", please specify:

30. If you are not attending school, what are you mainly doing now?

- I am still attending school
 Full-time work
 Part-time/casual work only
 Part-time/casual work with TAFE/Uni study
 TAFE course
 University course
 Volunteer (unpaid) work
 Unemployed/Looking for work
 Nothing
 Other

31. If "Other", please specify:

Be.ing Placed

32. What type of child protection order are you on?

- Voluntary care agreement
 Short-term / Long-term / Final court order
 Interim or temporary court order
 Guardianship / Custody order
 Parental responsibility to a third party (such as a carer)
 Supervision order
 Do not know

33. At about what age did you come into care (years)?

- Less than 1 year old
 1 to 4 years old
 5 to 9 years old
 10 to 14 years old
 15 to 17 years old

34. About how long have you been in care (years)?

- Less than 1 year
 1 to 2 years
 3 to 4 years
 5 to 6 years
 7 to 8 years
 9 to 10 years
 11 to 12 years
 13 to 14 years
 15 to 16 years
 17 years

35. About how many different placements have you had while in care?

- 1 to 2
 3 to 4
 5 to 6
 7 to 8
 9 to 10
 More than 10

36. How do you feel about the number of placements you have had (circle number to show feeling)?

- Very dissatisfied
- Quite dissatisfied
- Reasonably dissatisfied
- Reasonably satisfied
- Quite satisfied
- Very satisfied

37. Why do you feel that way?

38. What type of placement do you live in at present?

- Foster care
- Kinship / Relative care
- Residential care
- Group home
- Permanent care
- Semi-Independent supported accommodation
- Independent living
- Other

39. If "Other", please specify

40. How long have you lived in your current placement (years)?

- Less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- 7 to 8 years
- 9 to 10 years
- 11 to 12 years
- 13 to 14 years
- 15 to 16 years
- 17 years

41. Did you have a say about the place you live in now?

- Yes No

42. Have you ever been moved from a placement you didn't want to leave?

- Yes No

43. If "Yes", did you have a say about the placement where you went next?

- Yes No

44. What sorts of things make a placement good for you?

45. What sorts of things make a placement not so good for you?

Being at Home

46. In a typical week, about how much free time do you have to do your favourite things?

- None
- 1 to 5 hours
- 6 to 10 hours
- 11 to 15 hours
- More than 15 hours

47. When you want to relax, what things do you like to do most?

48. How many other children / young people under 18 (beside you) live in your household?

- None
- One
- Two
- Three
- Four
- Five
- Six
- More than six

49. If other children / young people under 18 live with you, how do you feel you are treated compared with the others?

- Exactly the same
- Very similar
- A few differences
- Several differences
- Many differences
- Completely differently

50. Please give an example of what makes you feel this way.

51. Thinking about the place where you live now, how much do you Agree or Disagree with the following statements (tick one box for each):

	Strongly disagree	Mostly disagree	Disagree a little	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						

Being Online

52. When you are at home, about how much time do you spend on-line each week?

- Do not have internet access
- None
- 1 to 5 hours
- 6 to 10 hours
- 11 to 15 hours
- More than 15 hours

53. When you are on-line, on what activity would you spend the most time?

- I don't have internet access
- Games
- Getting information for school projects
- Social networking (e.g., Facebook, Myspace, MSN etc.)
- Downloading (e.g., music)
- Other activities

54. If "Other activities", please list them.

55. How safe do you feel on-line?

- Not at all safe
- A little safe
- Somewhat safe
- Reasonably safe
- Quite safe
- Very safe

Being Supported

56. How many main caseworkers have you had while in care?

- 1 - 2
- 3 - 4
- 5 - 6
- 7 - 8
- 9 - 10
- 11 - 12
- 13 - 14
- 15 or more

57. Are you able to contact your main caseworker as often as you want?

- Yes No

58. How helpful has your main caseworker been?

- Not at all helpful
 A little helpful
 Somewhat helpful
 Reasonably helpful
 Quite helpful
 Very helpful

59. What things has your caseworker done that make you feel that way?

60. How comfortable do you feel telling your main caseworker about things that matter to you?

- Not at all comfortable
 A little comfortable
 Somewhat comfortable
 Reasonably comfortable
 Quite comfortable
 Very comfortable

61. How much do you think these people are concerned with what is best for you? (tick one box for each)

	Not at all concerned	A little concerned	Somewhat concerned	Reasonably concerned	Quite concerned	Very concerned
Main department or agency caseworker						
Carer(s)						
Parent(s)						
Other family members (not living with you)						

62. How happy are you in your current placement?

- Very unhappy
 Quite unhappy
 Reasonably unhappy
 Reasonably happy
 Quite happy
 Very happy

Being in Care

63. How much do you know about why you are in care?

- Nothing
 A little
 Some things
 A reasonable amount
 Quite a lot
 Everything I need

64. How much information have you received from workers and/or carers explaining what you can expect while in care?

- None at all
 A little
 Some things
 A reasonable amount
 Quite a lot
 All I need

65. 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

66. To what extent do you feel that people listen to what you say?

- Not at all
 Rarely
 Sometimes
 A reasonable amount
 Quite a lot
 Totally

67. About what care situations have you most likely been able to have a say?

68. 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
 Rarely possible
 Sometimes possible
 Reasonably possible
 Quite possible
 Totally possible

69. How easy is it to get permission from the department or agency to do things?

- Very hard
 Quite hard
 Reasonably hard
 Reasonably easy
 Quite easy
 Very easy

Being Healthy

70. How would you describe your health?

- Very poor
 Quite poor
 Not all that good
 Reasonably good
 Quite good
 Excellent

71. How easy have you found getting help with health needs (e.g., see a doctor, dentist, counselor) when necessary?

- Very hard
 Quite hard
 Reasonably hard
 Reasonably easy
 Quite easy
 Very easy

72. Have you ever used a counseling service while in out-of-home care?

- Yes No

73. If "Yes", what was the name of the service you accessed (e.g., Evolve Interagency Services, Take Two, Child Youth Mental Health etc.)?

74. How helpful did you find this service? (If you have not used a service, select "Not at all helpful".)

- Not at all helpful
 A little helpful
 Somewhat helpful
 Reasonably helpful
 Quite helpful
 Very helpful

75. Did you have an initial health check (physical, developmental, psychosocial, and mental health) within the first 6 months of your entering care?

- Yes No Don't know

76. How often are preventative health services (e.g., immunisations, dental checks) being provided for you?

- Not at all
 Rarely
 Sometimes
 Reasonably often
 Quite often
 As often as needed

77. How involved in sport are you outside school hours?

- Not at all involved
 A little involved
 Somewhat involved
 Reasonably involved
 Quite involved
 Very involved

78. To what extent are you concerned about your weight?

- Not at all concerned
 A little concerned
 Somewhat concerned
 Reasonably concerned
 Quite concerned
 Very concerned

79. If you are at all concerned, why?

Being Educated

80. How would you describe your learning experience while at school?

- Very poor
 Quite poor
 Not all that good
 Reasonably good
 Quite good
 Very Good

81. Who, other than your regular teacher, has helped you with schoolwork (you may choose more than one)?

- No one
- Parent
- Other family member
- Carer
- Teacher aide
- Tutor
- Counsellor
- Friend
- Other

82. If "Other", please list here.

83. What support would help you do as well as you can at school (you may choose more than one)?

- Don't need any support
- Financial support (for books, transport etc.)
- Extra help with schoolwork
- Help with homework
- Help making friends
- Controlling bullying
- Counselling
- Other

84. If any other support would help, please list here.

85. 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 Don't know

86. If you have an education support plan, how much have you been involved in preparing it? (If you do not have a plan, select "Not at all involved".)

- Not at all involved
- A little involved
- Somewhat involved
- Reasonably involved
- Quite involved
- Very involved

87. How important do you think it is to be involved in your education planning?

- Not at all important
- A little important
- Somewhat important
- Reasonably important
- Quite important
- Very important

88. If you have been involved in the planning process, what have you been able to do?

89. If you have an education support plan, how helpful have you found it to be? (If you do not have a plan, select "Not at all helpful".)

- Not at all helpful
- A little helpful
- Somewhat helpful
- Reasonably helpful
- Quite helpful
- Very helpful

90. How often has bullying been an issue for you (tick one box for each):

	Not at all	A little	Sometimes	Reasonably often	Quite often	Very often
In your care placement						
At school						
On the internet						

Being Me

91. How much do you know about your family story (i.e., your history, family background and traditions)?

- Nothing
- A little
- Some things
- A reasonable amount
- Quite a lot
- Everything I need

92. Who mainly has talked with you about your family story or history?

- A family member not living with you
- Your carer
- Your caseworker
- A teacher
- A member of your cultural community
- No one
- Other

93. If "Other", please say who.

94. How often have you participated in meetings between the department and other key people in your life?

- Not at all
- A little
- Sometimes
- Reasonably often
- Quite often
- Very often

95. In such meetings, to what extent do you feel that your views were considered by others?

- Not at all
- A little
- Sometimes
- Reasonably often
- Quite often
- All the time

Being Connected

96. How well connected or "in touch" with your culture or cultural community do you feel?

- Not at all connected
- A little connected
- Somewhat connected
- Reasonably connected
- Quite connected
- Very connected

97. Who mainly has taught you about your culture?

- No one
- A family member not living with you
- Your carer
- Your caseworker
- A teacher
- A member of your cultural community
- Other

98. If "Other", please say who.

99. 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 Don't know
 Not relevant to me

100. How involved have you been in the development of your cultural support plan? (If not relevant, select "Not at all".)

- Not at all
- A little involved
- Somewhat involved
- Reasonably involved
- Quite involved
- Very involved

101. In what ways would you like to be more involved in your cultural support planning?

Being Family

102. Do you live with any of your brothers or sisters from your birth family?

- Yes No
 No sisters or brothers

103. Are any of your brothers or sisters from your birth family living in care but not with you?

- Yes No
 No sisters or brothers

104. How many times have you returned to live with your birth parent(s) since entering care?

- Never
- 1 to 2 times
- 3 to 4 times
- 5 to 6 times
- 7 to 8 times
- 9 to 10 times
- More than 10 times

105. Who would you say is the person you could most rely on to help you through a difficult time [say what their relationship is to you, e.g., aunt, friend]?

106. How easy is it for you to make friends?

- Very hard
- Quite hard
- Reasonably hard
- Reasonably easy
- Quite easy
- Very easy

107. How often are you able to contact your friends when not at school [e.g., on weekends, holidays etc.]?

- Not at all
- Rarely
- Sometimes
- Reasonably often
- Quite often
- As often as I want

108. 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) and Brother(s)								
Grandparents								
Other relatives								

109. How much contact (compared with at present) would you like to have with the following members of your birth family? (tick one box for each)

	Less	OK as is	More	No such person
Mother				
Father				
Sister(s) and Brother(s)				
Grandparents				
Other relatives				

110. How supportive has your caseworker been in helping you keep in touch with your birth family members?

- Not at all supportive
- A little supportive
- Somewhat supportive
- Reasonably supportive
- Quite supportive
- Very supportive

111. How supportive has your carer / residential care worker been in helping you keep in touch with your birth family members?

- Not at all supportive
- A little supportive
- Somewhat supportive
- Reasonably supportive
- Quite supportive
- Very supportive

112. What support have these people provided?

Being Prepared

113. To the best of your knowledge, has a case plan been developed for you?

- Yes No Don't know

114. How involved have you been in developing your case plan? (If you do not have a plan, select "Not at all involved".)

- Not at all involved
- A little involved
- Somewhat involved
- Reasonably involved
- Quite involved
- Very involved

115. If you have been involved, please describe how you helped develop the plan?

116. If you have been involved, how satisfied are you with the planning process? (If you do not have a plan, select "Very dissatisfied".)

- Very dissatisfied
- Quite dissatisfied
- Reasonably dissatisfied
- Reasonably satisfied
- Quite satisfied
- Very satisfied

117. How helpful have you found the case plan to be in pursuing your goals? (If you do not have a plan, select "Not at all helpful".)

- Not at all helpful
- A little helpful
- Somewhat helpful
- Reasonably helpful
- Quite helpful
- Very helpful

118. What are some things that might make the plan helpful for you?

Being Heard

119. If there were problems in any of these areas, how important would it be for you to have a say about it? (tick one box 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						
Life in care						

120. If something worried you about your life in care, whom would you most likely talk to about it?

- No one
- Parent
- Other family member
- Carer
- Caseworker
- Partner/girlfriend/boyfriend
- Friend
- CREATE staff
- Other agency worker
- Other
- Not sure

121. If "Other", please say who.

122. Have you ever told your carer or caseworker that you were happy about something they did for you?

- Yes No

123. If "Yes", please give an example of whom you told and for what reason.

124. Do you know how to make a complaint about your treatment in care if you are dissatisfied or unhappy?

- Yes No

125. Have you ever made a complaint in the hope of getting something changed about your care [e.g., a complaint in writing, or to a manager or the Commission]?

- Yes No

126. If you have complained, how satisfied were you with the outcome of your complaint? (If you have not made a complaint, select "Very dissatisfied".)

- Very dissatisfied
- Quite dissatisfied
- Reasonably dissatisfied
- Reasonably satisfied
- Quite satisfied
- Very satisfied

127. Have you ever wanted to make a complaint, but decided not to?

- Yes No

128. If "Yes", what stopped you making the complaint?

Be.ing Independent

129. Has anyone spoken to you about what happens to your care situation after you turn 18? (If you are not 15 years or over, choose "Not relevant".)

- Yes No Not relevant

130. Do you know if you have a form of "leaving care plan" (this could be part of your case plan)? (If you are not 15 years or over, choose "Not relevant".)

- Yes No Don't know
 Not relevant

131. If you have a leaving care plan, how involved were you in preparing it? (If you are not 15 years or over, choose "Not at all involved".)

- Not at all involved
 A little involved
 Somewhat involved
 Reasonably involved
 Quite involved
 Very involved

132. If you were involved, what were you able to contribute to planning?

133. How helpful do you think the leaving care plan will be for you? (If you are not 15 years or over, choose "Not at all helpful".)

- Not at all helpful
 A little helpful
 Somewhat helpful
 Reasonably helpful
 Quite helpful
 Very helpful

134. How concerned are you about leaving care? (If you are not 15 years or over, choose "Not at all concerned".)

- Not at all concerned
 A little concerned
 Somewhat concerned
 Reasonably concerned
 Quite concerned
 Very concerned

135. If you have any concerns about leaving care, what are they?

136. Who would you be most likely to talk to about any concerns you have? (If you are not 15 years or over, choose "No concerns".)

- No concerns
 No one
 Parent
 Carer
 Caseworker
 CREATE staff
 Worker from other support service
 Worker from an After Care Service
 Partner/girlfriend/boyfriend
 Friend
 Other

137. If "Other", please say who?

138. What, if anything, do you need to know more about before you leave care?

Be.ing Effective

139. How easy do you find talking with others?

- Very hard
 Quite hard
 Reasonably hard
 Reasonably easy
 Quite easy
 Very easy

140. 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						
Housekeeping						
Budgeting						
Shopping						
Cooking meals						
Finding transport						

141. 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 Don't know

142. While completing this survey, have any other issues about living in care been raised that you would like to discuss?

143. Overall, in terms of how well you feel they care for you, what score out of 10 would you give the department? (please circle)

1 2 3 4 5 6 7 8 9 10

Very poorly Very well

Be.ing Helpful

144. How comfortable did you feel doing the survey?

- Very uncomfortable
 Quite uncomfortable
 Reasonably uncomfortable
 Reasonably comfortable
 Quite comfortable
 Very comfortable

145. How well did the survey cover topics that are important to you?

- Not at all well
 Not all that well
 Somewhat well
 Reasonably well
 Quite well
 Very well

146. Overall, how would you rate this survey?

- Very poor
 Quite poor
 Reasonably poor
 Reasonably good
 Quite good
 Very good

Thanks, we have finished. Thank you so much for everything you have shared today!

If doing this interview has upset you or raised any concerns or questions, it might be useful to talk with someone, such as your carer, parent, or caseworker.

CREATE is not a counselling service, but we might be able to answer your questions or let you know who else might be able to help you (call 1800 655 105).

appendix c

Screen Shot of Two Sample Pages from Web-based Report Card Survey





appendix d

Invitation to Participate and Information
Pack for Carers and Potential Respondents



Have **YOUR** say!

CREATE wants to give you the opportunity to be part of changing the care system.

Over the next few weeks, CREATE will be collecting the thoughts and opinions of 5000 Australian children and young people in care on what their life experience is like. These responses will then be published in CREATE's 2012 Report Card to tell the government what can be done to improve the care system. Participants have been randomly selected from care system records held by the Department to participate in the Report Card survey.

YOU have been chosen to participate in the survey!



Fill it in
to WIN!



If you help us by filling in a survey you will go in a draw to win an exciting prize. We are giving away a 16gig iPad2 with a case as our major prize.

We are also giving away an 8gig iPod to a lucky participant in each State and Territory.

To be entered into this awesome draw, we need to hear from you soon ... **so be quick!**



How to participate?

You have a couple of options of how to participate in CREATE's Report Card.

1) Fill out an online survey.

Go to www.create.org.au and select the Report Card link. Enter your Username and Password listed below. Responses are confidential and anonymous; no personal identification is recorded.

Username:

Password:

The Username and Password keep your responses safe and tells us if you've completed the survey. Make sure you don't lose this unique ID that has been created specifically for you!

2) Telephone the CREATE office.

Ring CREATE and speak to one of our staff who will ask you the questions on the survey.

- From a landline - 1800 655 105 (free call from a landline)
- From a mobile - call the local office at 02 9267 0977 and one of our staff will call you back to save you money

If you call the office, be sure to ask about clubCREATE. If you call CREATE, you will be eligible* for a \$10 gift voucher from Coles/Myer.

CONNECT with
CREATE and get a
\$10 VOUCHER!



*\$10 Vouchers limited to the first 3,000 callers.

We hope to hear from you soon!! 😊

Other stuff you can do at CREATE:

ClubCREATE is a FREE club just for kids in care. Members get a welcome pack and newsletters sent to them with heaps of stories, activities, and a chance to WIN awesome prizes. If you join up, you'll start hearing about what other people in care are up to and find out what fun CREATE activities are coming to your area.

Youth Advisory Groups and Young Consultants

Youth Advisory Groups are held in each State and Territory and give young people a chance to get together to discuss their issues with the care system and explore solutions. The Young Consultants Training helps young people aged 14-25 years develop knowledge and skills to tell others about the care system and what could be changed. Young Consultants participate at conferences, consultations, and other events with CREATE.

CREATE Your Future (CYF) is designed to help you get ready to live independently. CYF workshops help you learn budgeting, job preparation, cooking, and how to 'think outside the square' when facing challenges. The website has info on topics like health, housing, and employment. www.createyourfuture.org.au



...and all this cool stuff is at no cost to you! So come on - join in, make new friends, gain new skills, take the chance to improve the care system, and most importantly...have a great time!

create
FOUNDATION



Life in Australian Out-of-Home Care 2012

INFORMATION SHEET For Carers and Young People

Who will be conducting the research?

Dr Joseph McDowall
Griffith University
Ph: 0428448808
Email: j.mcdowall@griffith.edu.au

Why is the research being conducted?

This research is designed to give children and young people in Out-of-Home Care (OOHC) an opportunity to say how the system is impacting on them in their daily lives and explain what they think and feel about how they are being treated.

What you will be asked to do

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, by telephone interview, or through hard copy if preferable.

The basis by which participants will be selected or screened

The researcher is working with the CREATE Foundation and state and territory governments to contact children and young people between 8 and 17 years who are in OOHC. Governments (as the "corporate parents" are providing non-identifiable case numbers from which a random sample of potential respondents will be drawn. Governments have undertaken to then contact the selected children and young people and their carers to invite them to participate in the study.

The expected benefits of the research

The immediate benefit to the young people responding is that issues raised through their aggregated responses will be brought to the attention of governments and decision makers so that the care system may be improved. In the longer-term, these

data will be useful as a benchmark or reference point for the Commonwealth government when it begins conducting its national young persons' survey to determine the effectiveness of the implementation of the National Standards recently introduced.

Risks to you

The major risk possible with this study could be some distress induced through the recall of unpleasant events experienced while a young person is placed in the care system. Because participation is voluntary, respondents may cease involvement at any time if they feel continuing may be unpleasant. For those choosing face-to-face interviews, CREATE staff conducting the sessions are trained in counselling young people to provide appropriate debriefing. Those young people responding on-line will have the option of contacting CREATE staff if they wish to discuss any aspect of the survey and how it has affected them.

Another possible concern is that young people, through their responses may disclose information that, when reviewed, is considered to indicate that they potentially are at risk of harm. Instructions to participants indicate the procedure CREATE staff must follow in reporting such disclosures to the relevant authorities (pursuant to legal requirements and CREATE's Disclosure Policy). Since CREATE may not know the young person's name (unless provided by the young person), the responsibility of interviewers will be to notify the relevant government department of the client identification number and the alleged matter of concern.

Your confidentiality

No identifiable data will be collected in this study. Client numbers (without identifiable details) will be used by researchers to sample respondents. Government child safety departments then will send to young people and their carers a letter from CREATE inviting participation in the survey. In the final publication of results, if anecdotal statements are used to highlight certain points being made, the young person will be described simply, for example, as "Male, 16".

All data will be stored on secure servers maintained by Mediasphere, a Brisbane-based IT company that also services and maintains records for Queensland government departments. No files of contact details of young people will be connected or stored with these data files. Only the researcher and CREATE's Policy and Research Manager will have access to the data.

Your participation is voluntary

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 anyone who begins answering questions but then finds, for some reason, that he or she does not wish to continue is free to withdraw from the study at any time. Because it will be incomplete, any data collected from the young person up to that point will not be used in the final analysis.

Mechanism for distribution and return / Web backend

This survey is web based but will be delivered in a variety of ways to suit the needs of the participants. Many will choose to answer the questions online. The invitation-to-participate letter will contain a randomly generated Username and Password that the young person must enter to gain access to the survey. The carers of younger potential participants will be encouraged to help their charges contact CREATE for a telephone interview. Carers and young people who wish to participate will contact CREATE, provide a telephone number, and CREATE staff will call them back to ask the survey questions at no cost to the carer. To access those in more remote locations, CREATE staff will distribute and retrieve hard copies of the survey if no other technology is available for data collection. In all cases only the arbitrary Username and Password will be used to record participation.

Responses in the form of digital files will be stored on a secure server with no identifying information connected to that database. CREATE staff personally will collect the completed hard-copy surveys. These then will be sent to an authorized staff member who will enter the data (using Username and Password) through the web portal. Survey forms will be kept in CREATE's national office in a locked cabinet.

Questions / further information

If you require any additional information about this project, you may contact the Chief Investigator (Dr Joseph McDowall) at Griffith University (Email: j.mcdowall@griffith.edu.au). Alternatively, you may contact the Project Manager, Mr Robert Green, CREATE's Policy and Research Manager (Email: robert.green@create.org.au). Also, CREATE has a free-call number 1800 655 105 (from land lines) and staff answering the phones will be able to provide more information.

The ethical conduct of this research

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. If potential participants have any concerns or complaints about the ethical conduct of the research project they should contact the Manager, Research Ethics on 3735 5585 or research-ethics@griffith.edu.au.

Feedback to you

The results of the Report Card survey are published in a major document that will be released in November 2012 at a National Summit for children and young people in care. A copy of the Report will be made available online through CREATE's web site. 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.

Incentives: Prize Draws

As a way of encouraging participation in the survey, CREATE is offering a series of prizes (one in each state and territory and a major national prize) for which all participants are eligible. Corporate sponsorship is sought for the provision of such prizes. The overall prize will be an Apple iPad, with an Apple iPod available in each state and territory.

Winners will be drawn at random (process supervised by CREATE's CEO) from all participants who complete the survey before 12 August 2012 (closing date) based on their client ID and/or Username and Password. The various Departments then will contact the lucky young people to offer congratulations and award the prizes by the end of August 2012.

The following Terms and Conditions will apply.

Terms and Conditions of Entry

1. When you enter the competition, you accept these terms and conditions of entry.
2. Entry into the competition is open to those satisfying both these conditions:
 - (a) Being a child or young person (under 18 years) in out-of-home care in Australia for a period of at least 6 months prior to participating in the survey;
 - (b) Completing and submitting a survey for inclusion in CREATE's 2012 Report Card.
3. The first randomly drawn Client ID of a participant in each Australian state or territory will receive an Apple iPod. All Client IDs then will be pooled and another random draw occur to determine the overall winner of an Apple iPad.
4. The decision of the CREATE Foundation is final and no correspondence will be entered into.
5. The prize is not transferable and cannot be redeemed for cash. The prize is not refundable.
6. The winner releases the CREATE Foundation and Griffith University from any and all causes of action, losses, liability, damage, expense (including legal expenses) cost or charge suffered, sustained or in any way incurred by the winner as a result of any loss or damage to any physical property of the winner, or any injury to or death of any person arising out of, or related to or in any way connected with the CREATE Foundation, the University, or the prize.
7. Any winner drawn for the prize who is unable to fulfill all of these terms and conditions will forfeit the prize and another winner will be drawn.
8. Child Protection Departments from the respective states or territories will notify the winners no later than 31 August 2012.
9. The competition closes at 5:00 pm on 12 August 2012. The competition is drawn at 10:00 am on 20 August 2012. You do not have to be present at the draw to win.
10. The prizes will be sent to the winners by the relevant government Department.

Privacy Statement

No data in an identifiable form will be collected in this survey.

Expressing Consent

Because the majority of responses (apart from the few expected hard copy surveys) will be done and collected online, if a potential participant completes the instrument s/he will be deemed to have consented to participation in this research.

appendix e

**Comments made / Issues Raised by
Respondents before Undertaking the Survey
(edited to correct spelling and punctuation
to aid clarity)**

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE
<i>See my old foster carer more.</i>	Male	8
<i>They're letting me stay here with my mum and they're doing a great job.</i>	Male	8
<i>We don't have that much money.</i>	Male	8
<i>I have been waiting 3 years for my adoption and it is still not through. I have had too many different caseworkers.</i>	Male	8
<i>Boys need male role models. Could friendship pairing with mature males be arranged for boys living in homes with only female carers?</i>	Male	9
<i>Listen to kids more about where they want to live.</i>	Male	9
<i>Taking good care of us kids.</i>	Male	9
<i>I not know much about foster care.</i>	Female	9
<i>Kids should go into places where they want. Should be free. Should be riding bikes and not being told off. People shouldn't be hurt in care, no bullying.</i>	Male	9
<i>Just I would like to see the people in foster care or care be able to see their mums in person.</i>	Male	9
<i>Better support making friends.</i>	Male	9
<i>You would Like people to return your calls.</i>	Female	9
<i>They should give us a new skateboard park.</i>	Female	9
<i>They should be able to give more stuff before they sent the children to the places.</i>	Female	10
<i>Young people should always be protected.</i>	Female	10
<i>Not going from one counsellor to another, keep in touch with my main counsellor; get to speak to someone higher up (with more power); don't like to have to retell my case history over and over again; I don't know who to ring.</i>	Male	10
<i>Have caseworkers that call or visit. I haven't had one for years.</i>	Female	10
<i>Yes, should be more lollies and chocolate.</i>	Male	10
<i>They've made my life heaps better.</i>	Female	10
<i>Would like to be able to see family more.</i>	Male	10
<i>Getting upset and in trouble.</i>	Female	10
<i>A birthday card from clubCREATE.</i>	Male	10
<i>I love being in care and knowing that everyone cares about me and they always say they love me.</i>	Female	10
<i>They need to ask me what I want. They need to listen and they need to not be mean.</i>	Male	10
<i>That CSO's stay with one child for more than what they are at the moment. I have had about 9 CSO's in 4 years.</i>	Female	10
<i>All siblings should be able to contact each other unless there is a strong reason not to. I have brothers in care I have never seen or met.</i>	Female	10
<i>More areas where they can interact with other children on the same level.</i>	Male	10
<i>Children should have more of a voice in the court system.</i>	Female	10
<i>I am happy with things as they are.</i>	Female	10
<i>No, other than I would like to be living at home.</i>	Male	10
<i>I would like to see my dad more often.</i>	Female	10
<i>Yes - It hurts when I wee.</i>	Female	10
<i>More information for children going into care.</i>		
<i>More things to have with them on the first day (personal items).</i>	Female	11
<i>My brothers tease me and no one helps me with it.</i>	Female	11
<i>No I am happy where I am living and couldn't get anywhere better.</i>	Female	11
<i>More dollars to help pay for things.</i>	Male	11
<i>Because I want to be nice.</i>	Male	11
<i>The children should be well looked after and to get better.</i>	Female	11
<i>Less interviews or people coming over to our house. Or at least put it into less sessions so that we can spend more time as a family (with our carers).</i>	Male	11
<i>With the Resi units need to have more people on staff to help stop personal items getting stolen from other kids staying there, and also to help prevent little kids from being bullied.</i>	Female	11
<i>DFC are meanies.</i>	Female	11

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE
<i>A young person in care should have a number of carers to look after them (in a pattern). To give the busy carers some time off so when they come to look after me they are not tired.</i>	Female	11
<i>I hardly get to see my mum and dad.</i>	Male	11
<i>To build houses for the ones that are poor and give them some food and water to eat and drink.</i>	Male	11
<i>Don't take children away too easily because kids miss their families.</i>	Female	12
<i>Should be able to see my parents and brothers and sisters.</i>	Female	12
<i>Want to have friends sleep over. Want more notice when things are going to happen or if there is going to be a change.</i>	Female	12
<i>Make adoption easier.</i>	Female	12
<i>When the department says they're going to do something and don't end up doing it makes me shitty.</i>	Female	12
<i>Young people like me want and need to see their aunties and uncles and other family members for a longer amount of time than 4 hours.</i>	Female	12
<i>More family contact especially parents.</i>	Male	12
<i>More prizes and gifts.</i>	Male	12
<i>See brothers and sisters more.</i>	Male	12
<i>There is too much paper work to be able to do stuff. You don't feel normal like your friends.</i>	Female	12
<i>I'm getting all the care I need.</i>	Male	12
<i>Be nice and try to keep them happy.</i>	Male	12
<i>Normally care are all right and DHS fine too.</i>	Male	12
<i>Allow pets and phones.</i>	Male	12
<i>Seeing our parents more often.</i>	Female	12
<i>No, not really. As long as everybody listens to what the young people want and need.</i>	Female	12
<i>Allow pets.</i>	Female	13
<i>Fine. Very happy with situation.</i>	Male	13
<i>The visits to see our younger brothers and sisters keep getting cancelled. They don't give us a reason why and we have no way of contacting them.</i>	Male	13
<i>Being moved around placements.</i>	Female	13
<i>Don't get to see my sister enough.</i>	Female	13
<i>My caseworker always cancels appointments or doesn't turn up when an appointment is made.</i>	Female	13
<i>Fundraisers.</i>	Female	13
<i>Wish that the department would listen more to what they say.</i>	Male	13
<i>Placement stability - I have been in 27 placements since I have been in care (I have been in care for 7 to 8 years). This has a negative impact on a person. Difficulties in having contact with birth siblings when they are managed by a different child safety.</i>	Female	13
<i>Everything is cool.</i>	Male	13
<i>I really want to go back to my mum and dad, and the department should listen to me about it. They should stop telling me that I'll go back there and then tell me I won't.</i>	Female	13
<i>More events other than the department Xmas party.</i>	Male	13
<i>Children and young people have a say in what happens to them.</i>	Female	13
<i>Smoking.</i>	Female	13
<i>i think that there should be more consideration given to how they might feel once they enter the care system. For example, they might be upset.</i>	Female	13
<i>The careers sometimes think that they need to tell you how to live your life.</i>	Female	13
<i>No, it's a really good system.</i>	Male	13
<i>Everyone should maybe listen to everyone's feelings a lot.</i>	Female	13
<i>I would like to visit my friends and family more often. I would like to go out to more places.</i>	Female	13
<i>Photos of family on posters.</i>	Male	13
<i>Anger.</i>	Male	13
<i>Not enough pocket money. I don't like how the workers yell at me.</i>	Male	13

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE
<i>No. I am in a wheelchair with a communication device.</i>	Female	13
<i>Changing houses frequently. Being excluded from school photographs for no specific reason, except it is a DOCS policy that shouldn't apply to all children.</i>	Male	13
<i>It is good to meet the people you are going to live with first for a weekend trial stay. Then I could see if I liked them.</i>	Female	14
<i>I would like to mention the delayed replies by the department.</i>	Male	14
<i>Would like to get more cards (birthday and Christmas) from the departments and carers.</i>	Male	14
<i>Everything is all right for children who go into care!</i>	Female	14
<i>Well, firstly, you need to confront the people you are leaving the kids with so the people who are looking after are suitable enough to care for that child's needs. Lastly you need to help the people with permanent children such as myself with the funds.</i>	Male	14
<i>Everything's pretty good.</i>	Female	14
<i>The care system can be greatly slow and unreliable at times and it can get really frustrating. Some of the care workers that I have had have been nasty towards me and some of my suggestions/needs/wants.</i>	Female	14
<i>We should be able to make our own decisions instead of everyone making it for us. We should be able to go to a friend's house without asking Families SA first. We should also have a bit of freedom and learn how to take care of ourselves without people panicking.</i>	Female	14
<i>Make the environment safer.</i>	Male	14
<i>Bullying at school.</i>	Female	14
<i>I don't like care.</i>	Female	14
<i>Care of young people in general and their treatment by carer's. DOCS involvement in kids lives.</i>	Female	14
<i>I have a few. For residential care is why don't you try getting more activities with create so you can organise a lot more activities for a lot more units to go so they meet new people.</i>	Male	14
<i>Having more respite in care.</i>	Male	14
<i>Having more Families SA contact - especially with social workers.</i>	Female	14
<i>Actually listening to what the kids say. I've had many issues with people from ACT care and protection not listening to what i have to say.</i>	Female	15
<i>No not really. I just don't really like the system.</i>		
<i>It's good for some people but I don't specifically like it.</i>	Female	15
<i>They are OK - not great. It is difficult to know who to call, when I was having trouble I didn't know who to call to get help.</i>	Male	15
<i>I feel leaving care should be explained more clearly to young people.</i>	Male	15
<i>Returning phone calls within a certain time period.</i>	Female	15
<i>Since such a young age have been in DOCS care and have had to endure three lots of abuse. I have forgiven and moved on but every time I told DOCS they would send me back to endure more abuse. Types of abuse include sexual, physical and negligence.</i>	Female	15
<i>The parents should get asked if they need a break for a day to distress and not take it out on kids if really stressed, like be really angry all the time.</i>	Female	15
<i>There should be more support offered to children in need. The support system is good but if the care system could be a little more involved in the kids lives, it would make more of a difference.</i>	Male	15
<i>More time with parents on settled times, allowing us to see our parents on their birthday parties.</i>	Female	15
<i>No not really, the Department in Gympie is pretty good.</i>	Male	15
<i>We do get a say, but not a huge say. I think over 15 should have a say. If we want our guardians to be our parents we should have that. I think our guardians should have a "say" as to whether we go camping etc. The 8 week wait is ridiculous.</i>	Female	15
<i>You give the child a choice of carers before you place them so that they find the right one.</i>	Female	15
<i>I would like to see my friends more then I do.</i>	Female	15
<i>It is best when a child stays in one family, not being moved heaps of times.</i>	Female	15
<i>Get better social workers that actually know what they're doing!</i>	Female	15

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE
<i>When you get a social worker it's better if they don't change that social worker because you have made a connection with that person and to start fresh can be really hard.</i>	Female	15
<i>I think that support groups that have been allocated to specific children should try their hardest to spend all the time they can with them, just to get to know them.</i>	Female	15
<i>Have a person to have regular check ups on kids. I was in a placement where no one came and kids were getting hurt. Someone other than caseworkers should come and check on kids.</i>	Female	15
<i>Young people should be able to see their case managers more.</i>	Male	15
<i>Drug use, under-age drinking and child abuse.</i>	Female	15
<i>It's better than living on the street.</i>	Female	15
<i>Try and understand what the other person that is going through and try to give them the confidence to tell you anything.</i>	Female	15
<i>Letting brothers and sisters stay in the same home. Putting people in with nice carers.</i>	Female	15
<i>More visits towards the youth by the Department, to see if their home is safe... surprise visits in case they are hiding something.</i>	Female	15
<i>I would like to have more time with my relatives.</i>	Male	15
<i>It should be that you can go to your friends house without getting police checks etc.</i>	Male	15
<i>Counselling services available for children new to the care system.</i>	Female	15
<i>Better management and organisation for the children.</i>	Male	15
<i>I think that all carers should have a talk with all children in care so they know how they are feeling, and they should not ask questions that they don't know about unless they know the full story as well as don't judge a book by its cover for us kids.</i>	Female	15
<i>DCF workers don't see us enough support. Not enough access. More involvement from my family.</i>	Male	15
<i>I want an Australian or indigenous caseworker or foster carer. I find it hard to communicate to foreign workers.</i>	Male	15
<i>I wish that the community were more wanting to find out if kids in the community are OK. Police should approach kids more if they are out late without adults around and visit their homes.</i>	Female	15
<i>Less time in the care system, i.e., more kinship care, rather live with Auntie than a care house.</i>	Male	15
<i>Mentors. Music programs.</i>	Female	15
<i>Life Without Barriers especially need to consult with both the child and the carer more because in my case we have not been consulted at all.</i>	Male	15
<i>More housing.</i>	Female	15
<i>More communications. Resis to be more friendly.</i>	Female	15
<i>You're all stupid. I mean who in the right mind would take a child out of their parents care and place them in some place that makes them feel depressed and cause self harm, a child will always have a missing piece without being there everyday with their parents.</i>	Female	16
<i>Need to make applications faster, the process is too slow.</i>	Male	16
<i>Money maybe.</i>	Female	16
<i>They do a good job of helping kids out and they support me.</i>	Male	16
<i>I live in a resi and the workers are cool, but we just have no freedom at all.</i>	Male	16
<i>Yes, there is an issue I would like to raise. I have had many caseworkers in the past 3 years and most of the time I didn't even know I was getting a new caseworker. I have only had 3 caseworkers out of the many come and visit me and very few have called.</i>	Female	16
<i>Reunification: this process is the aim for ALL kids in care but I think it should vary for every different case, and the Department of Child Safety should take that seriously and analyze the situations effectively and appropriately.</i>	Female	16
<i>They should help siblings get into contact with each other when they live in separate states. They're usually really good, but I just want to see my siblings.</i>	Female	16
<i>The Department works too slow.</i>	Male	16
<i>Quicker replies.</i>	Female	16
<i>Make it easier to get permission for stuff. Help the carers more.</i>	Female	16
<i>I would like for more kids to see their parents more often.</i>	Male	16

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE
<i>People getting bullied. Families SA don't do anything about it. Social worker doesn't do anything about it.</i>	Male	16
<i>Many children and teenagers in care think that it is their fault, but it is never their fault.</i>	Female	16
<i>No. Where I live now everyone is caring and lovely.</i>	Female	16
<i>If they are responsible enough they should be able to have more of a say.</i>		
<i>I was offered independent living at age 14 and I was too young. It should be 16 and 9 months.</i>	Female	16
<i>I think that case workers should not be involved in the child's education because it makes people judge us that are in care to think we're all troubled.</i>	Female	16
<i>Well, I believe that if they had more carers who had been through so... what... like we have, then we may be able to get along a little bit better having people there who have been through the same stuff you have makes things a whole lot easier.</i>	Female	16
<i>Maybe more government funding for courses and everything.</i>	Female	16
<i>DHS should take the young person seriously instead of shutting them down before the young person has a chance to speak.</i>	Female	16
<i>I would like to do more fun things in care.</i>	Male	16
<i>The system needs to be more suited to the needs of the individual, things need to happen quicker.</i>	Female	16
<i>I appreciate that my family access visits are monitored, by my carer being with me, as the visits make me anxious.</i>	Female	16
<i>For carers to be supportive and understanding and to help teach me about the aboriginal culture. For the carers to help get to know me and support me when I get stressed.</i>	Female	16
<i>Grandparents who are carers need financial support.</i>	Male	16
<i>I don't think it's fair that I'm not eligible for supports (such as CYF grant) because I live in kinship and am not on an order.</i>	Female	16
<i>Not being able to have sleepovers with your friends.</i>	Male	16
<i>Restraining of young people, lack of communication between agencies and young people.</i>	Female	16
<i>One that I would say is make the foster kids feel accepted because it is very hard to go somewhere new, and it's hard when you are not accepted for who you are.</i>	Female	16
<i>I reckon it's great. It's just that some people need more help than others. I've been in care since 11 - it's great.</i>	Male	17
<i>Investigate cases more before taking action. Take care to investigate.</i>	Female	17
<i>The transfer from out-of-home care to non-government agency. DOCS case workers not handing over to another case worker leaves when the original docs caseworker leaves. Being left without a caseworker.</i>	Female	17
<i>More consistent with routines and discipline.</i>	Female	17
<i>More information on what happens after school.</i>	Female	17
<i>It is not a very good system. No one checked in with me when I was younger and placed in care (I was 5 years old).</i>	Female	17
<i>Everyone is doing a good job.</i>	Male	17
<i>Getting things that we need is hard.</i>	Female	17
<i>Being more aware, understanding children and young people in care and having surveys like this.</i>	Male	17
<i>My CSO is really good, more like a big sister. She doesn't tell me what to do. She guides my decision-making. I've had her for 2.5 years.</i>	Female	17
<i>Yes, I think that children in care should have the right to freedom of choice, when it comes down to transitioning from care, and choosing where and who they want to live with.</i>	Female	17
<i>I think it would be a lot more beneficial if the Department of Child Safety were more organised with camps and other events that need approval for. Other wise most of the time we tend to miss out.</i>	Female	17
<i>They should have heaps of special activities on holidays, for example, camping or something like that.</i>	Female	17
<i>Innisfail CSO's need to get in earlier with TFC plans and should give info at 15 years of age and intensive work from 16.</i>	Female	17
<i>To now more about services that can help young people in care from a younger age.</i>	Female	17

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE
<i>More contact with my social worker.</i>	Female	17
<i>Yes, my social worker thinks just because I get money from Centrelink she will not help me mitigate any clothes and other stuff.</i>	Female	17
<i>They should take you out for a drive other than staying home when its like a nice day, e.g., outings, play ground etc. They should not take you anywhere you don't want to go, e.g., little kids parties, camping etc. They can have any animals they want.</i>	Female	17
<i>I would like to see young people from bad backgrounds truly encouraged to do well, not forced to do things or achievements ignored. A sad truth is that very few foster children go on to be well-adjusted and productive members of society. I believe that.</i>	Female	17
<i>Young people should be consulted before another young person moves into the placement.</i>	Female	17
<i>Human services and agency workers take too long to do paperwork and make things happen.</i>	Female	17
<i>Money - financial aid for young people and the carers.</i>	Female	17
<i>No it's all been good.</i>	Male	17
<i>Not really things are going quite fine.</i>	Male	17
<i>xxxxx [child's name] Indicated that he would like more money. He suggested participating in the Cash-For-Cans scheme that is current in the NT.</i>	Male	17
<i>Social workers need to talk with their kids aged between 15 and 17 about a leaving care plan.</i>	Male	17
<i>More Australian foster carers and care workers</i>	Male	17
<i>More staff that can engage better with young people.</i>	Female	17
<i>Haven't had many problems with the Department.</i>	Male	17
<i>I think CSO's need less kids because they don't have a lot to do with the kids.</i>	Male	17
<i>Provide assistance and activities to families for the best possible access to happen between parents and siblings. Attend to foster children's worries and questions as soon as practicable.</i>	Female	17
<i>I think some of the reasons why children leave their placement is under unrealistic ideas of what type of house and the people in that house should be like should be looked into. Also some extra support with dealing with issues at school or other commitment.</i>	Female	17

appendix f

**Other Types of Educational Support Cited
by Respondents as Likely to Help Them Do
Their Best (edited to correct spelling and
punctuation to aid clarity)**

Before dealing with specific questions, are there one or two major issues that you would like to raise that might help improve the care system for children and young people?	SEX	AGE (yrs)
<i>A lift, I don't get transport.</i>	Male	16
<i>An aide to help me access classrooms with my wheelchair.</i>	Male	8
<i>An English and Maths tutor. I need to learn how to save money.</i>	Male	15
<i>Behaviour management.</i>	Female	10
<i>Computer courses (reading spelling CD's) or internet study groups like maths training. I love iPads but we can't afford one. Social skills training and tutoring. Stuff I can do on the computer at home after school.</i>	Female	10
<i>Family - helping out in your schoolwork and projects.</i>	Female	11
<i>Harder homework to learn. Want hard stuff.</i>	Female	10
<i>Home tutor with general schoolwork.</i>	Female	10
<i>Help with my homework. Financial support, my carer has three children of her own and money is tight.</i>	Female	17
<i>Homework support groups.</i>	Male	13
<i>I just need to listen.</i>	Female	16
<i>I need speech therapy but the department won't pay for it.</i>	Male	13
<i>I think the way I am taught should be changed.</i>	Female	16
<i>I wish I was doing more sports.</i>	Female	12
<i>I.C.A.N (FLO program).</i>	Male	17
<i>It should be easier to get a tutor as it has taken ages and I still don't have one.</i>	Female	15
<i>Learning a bit a day, not too much in one day.</i>	Male	13
<i>Less pressure.</i>	Female	16
<i>Mentor.</i>	Female	10
<i>More teachers.</i>	Male	15
<i>Physical support at school to go to school.</i>	Female	10
<i>Positive support and encouragement.</i>	Female	16
<i>Pyjama foundation for reading activities.</i>	Male	12
<i>Write resumés at school to help get a job</i>	Male	16
<i>Teachers explaining things a bit better.</i>	Female	11
<i>Understanding that I have ADHD and struggle with an uninteresting class, an assignment I see as pointless, or a boring way of learning. I just cannot concentrate, and have a very short attention span so long days and long classes are draining.</i>	Female	17



appendix g

Sample of interview notes documenting attempted contact with potential participants

	D	F	I	F	P1
	NCs2Sb	NCXW11ZV			27 ONLINE engaged 3/10
	NCJ5zG	NCIVkjc7			00 work numbers
	NCHrMr	NC1BwnQi			00
	NCzDIA	NCvBktH0			37 already participated.
	NCJFHh	NC1w6w20			37
	NCtymO	NC9x5VfQ			26 Not interested.
	NCRLnF	NC5rP2Zk			85 No longer at this number
	NCBMAWz	NCG4z2wQ			00 incorrect number
	NCNheX	NCqjyUp0			08 disconnected
Michelle	NCIazm	NCFFJBPe			71 Not home. Not home 4/10
	NCenfAM	NCeJ3p6I			94 ✓ 10/10 rang out 11/10 rang out
	NCcMfd	NCBvzb0I			87 rang out 10/10 rang out 10/10
	NCChmVB	NC6KTOR			85
Kenny	NCYuuG	NCd6F628			85 } Call back tomorrow. Kenny is the carer
	NCkyKk	NCg4M1IX			85 } Hypo not in care
	NCUQqD	NC0ncNC5			95 } incorrect number
	NCRAHR	NC7esuHW			95
	NCcbvJ	NCF1PPx1			08 rang out 4/10
	NCXbpR	NCbB99L7			66 rang out back w/family
Helena	NCPHxy	NCsIR1go			32 CALL THURS
	NCjyOd	NCTp086s			33 answering machine
Dale	NCVLIJ	NCqZza8I			18 call back
David + Corale	NCLwW	NCex0B9h			19 no longer here, back with mother. No photo provided.
	NCXcNe	NC1zZo7E			19
	NCTCFQ	NCYOHV17			69 ✓ rang out 10/10
	NCYyWM	NCz1yn7u			56 rang out 10/10 rang out 10/10
Lyn + Mark	NCNGrA	NCIVKRqL			55 answering machine
	NCckYo	NCxKB8Rj			31 not disconnected number
	NCXqqu	NC9708r5			11 All 3 children have autism
Michelle	NCxSBE	NCxyd20Z			11 unable to contact survey over the phone, possible to send vouchers to them?
	NCrCFZ	NCzVlapt			11
Janette	NCQYap	NC3pkDvC			04 Call back tomorrow @ 1pm, 1pm only.
	NCJiaD	NC5H4Id			04
Pam	NCMHxN	NCI7zhHR			69 survey complete.
	NCOMub	NCjhm710			69
	NCeouV	NC578wDT			67 answering machine
	NCLHa	NCZqTK12			00 not interested
	NCsYQu	NCJ7i13i			52 Brian, call back.
Kayla	NCzAMN	NCUIfe5L			52
Renee	NCrqMo	NCs78Ry5			13 survey complete
	NCJKUy	NC28f7zj			27 number disconnected or uncontacted
	NChBhU	NC30Budt			27
	NCOTUp	NC42839K			69 call back 8/10 or 9/10
Call back 16/10 2)	NCzmpV	NC227hay F			38 answering machine.

Card	U	P	F	L	P	W
Fiona Gina	NCwDMY	NC7PNSrh				34 - 2 pm call back
	NCvBKT	NCrOLnV6				38 - disconnected.
	NCTbsT	NCqotM1D				37 - Call later today 3pm
	NCPPKq	NC2Kca50				39
	NCBHJj	NCBn4j1j				39 potential online
	NCITbt	NCdlu4NS				39
	NCTIYn	NC1yk10c				36 - N/A New unit: 010912292 many control
	NCtZMU	NCM6wjyT				31 no answer
Evelyn	NCAsZK	NCZ27855				35 - done
	NCTcxz	NCb705fG				24 - Call back 3.30pm today
	NCrNNz	NCX49jzp				32 message bank
	NCGxFv	NCZQgj17				38 message bank
Jennifer	NCnIRv	NC5ouV6Q				39 [redacted] - call back in 2 weeks
Joan or Noble	NCILGw	NCISlwce				27 - Call back tomorrow not there 1-5 approx.
	NCGoXp	NC3xD782				17
	NCHChp	NCKE87A7				17
	NCKvCs	NCQ55c7c				36 call back Charlie not interested
	NCcedB	NCwVNq4z				33 [redacted] rang out
	NCUuaC	NC70C1kz				21 [redacted] rang out
	NCCKyl	NC0u3205				39
	NCNJQp	NC1Fi9pl				39 potential online
	NCKVDY	NC1kv6jf				17 [redacted] - 4pm tomor
	NCInCs	NC4e8X3B				32
	NCGLBU	NCY1cgDN				17 Call tomorrow 4pm
	NCpRix	NCM0T7Ay				38 disconnected
	NCvQnj	NCoj5879				38
	NCvmGh	NC6Bj95E				38 done
	NCKlux	NC10vJka				34 message bank
	NCSJnE	NCNy2VKb				34 [redacted] disconnected
	NCuVwd	NC98QjOK				34 message bank
	NCPjgC	NCHc2pnq				30 call back after 4pm
	NCGlpi	NC2qjg1y				33 [redacted] disconnected
	NCRHIZ	NCwexJM4				30
	NCHILC	NC34W21F				30 - 0755 129 305
	NCDSRb	NC16tiBg				30 no answer message bank
	NCYPkH	NCZVM30n				30 message bank
	NCxGpk	NCyMrL2K				31 " " "
	NGylGz	NC8v17V9				35 Done
	NCCYrx	NCbgIVib				37 [redacted] bad line/reception
	NCupfs	NC60hmvK				37 [redacted] can't hear anything
	NCjaKI	NCAvd8zF				37
pebbay	NCrWdy	NCz52NC6				34 no answer call back files 4/1
	NCVKxG	NCV6Aggk				33
	NCxmIH	NCD376cs				33 message bank

end notes

Section 2.1

- 1 A letter from the Director General (dated 8 May, 2012) in response to CREATE's invitation to participate in this national survey indicated that WA was concerned with receiving "unwarranted criticism and damaging media attention".
- 2 *clubCREATE* is a program conducted by the CREATE Foundation that all children and young people in out-of-home care are eligible to join. Membership benefits include receipt of regular magazines, birthday cards, notification of upcoming events, competitions etc. as well as entering care kits. Further details can be obtained from the *clubCREATE* website: <http://create.org.au/clubcreate>
- 3 In this study, "Permanent Placement" refers to the relatively small group of children and young people who have been told by authorities that they will be living in their present location permanently; it is unlikely that they will have to move. Hence they have a greater sense of security and stability than those in other Placement Types.

Section 2.2

- 4 This survey was an elaboration of CREATE's *Be.Heard* project, first offered in Queensland in 2005, and designed to provide a vehicle for children and young people in out-of-home care to use to express their views about the system. Hence, the names of sections emphasized the "Be.ing" or experiential aspect of life, e.g., *Be.ing Located*, *Be.ing Personal*.
- 5 This tool was incorporated into the course management system developed by the Mediasphere Company. Completion times varied depending on the detail respondents gave when answering open, text-based questions.
- 6 For an interesting discussion of the relative merits of magnitude estimates versus verbal scale point labels see Rohrmann (2007).

Section 2.3

- 7 CREATE is greatly appreciative of the trust shown by the TAS government in providing it with this information, and the commitment it has shown to the process of listening to the voices of children and young people. CREATE gladly accepted the concomitant responsibility for treating the valuable data with respect. This support made conducting the survey in TAS highly effective; 29% of the population was reached, all from the initial random sample.

Section 3.1

- 8 Age into care X Jurisdiction: $\chi^2_{(24)} = 79.9, p = .0005$
- 9 Age into care X Placement Type: $\chi^2_{(16)} = 95.8, p = .0005$
- 10 Univariate ANOVA comparing Time-in-Care means for Jurisdiction: $F_{(6, 1062)} = 10.4, p = .0005$
Tukey HSD post-hoc comparisons: $M_{NT} = 3.9, 95\% \text{ CI } [3.1, 4.8]$ compared with $M_{NSW} = 5.7, 95\% \text{ CI } [5.2, 6.3], p = .0005$; $M_{QLD} = 6.1, 95\% \text{ CI } [5.6, 6.6], p = .0005$; $M_{SA} = 5.4, 95\% \text{ CI } [4.9, 6.0], p = .0005$; $M_{TAS} = 4.9, 95\% \text{ CI } [4.6, 5.4], p = .032$; $M_{VIC} = 5.6, 95\% \text{ CI } [5.0, 6.3], p = .0005$
- 11 Univariate ANOVA comparing Time-in-Care means for Placement Types: $F_{(6, 1062)} = 11.1, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 4.4, 95\% \text{ CI } [4.1, 4.9]$; $M_{Other} = 5.1, 95\% \text{ CI } [4.6, 5.5]$ compared with $M_{Foster} = 5.7, 95\% \text{ CI } [5.5, 5.8], p = .0005, p > .05$; $M_{Kinship} = 5.7, 95\% \text{ CI } [5.5, 5.9], p = .0005, p > .05$; $M_{Permanent} = 6.3, 95\% \text{ CI } [5.7, 6.8], p = .0005, p = .014$

- 12 Univariate ANOVA comparing Time-in-Care means for Culture: $F_{(2, 1064)} = 4.3, p = .015$
Tukey HSD post-hoc comparisons: $M_{AngloAus} = 5.7, 95\% \text{ CI } [5.5, 5.8]$ compared with $M_{Indigenous} = 5.3, 95\% \text{ CI } [5.1, 5.5], p = .011$
- 13 While the ACT sample produced a mean comparable to NSW, statistically significant differences were difficult to detect because of the relatively small sample from this territory.
Univariate ANOVA comparing Placement means for Jurisdiction: $F_{(6, 1062)} = 8.9, p = .0005$
Tukey HSD post-hoc comparisons: $M_{NSW} = 2.5, 95\% \text{ CI } [2.4, 2.7]$ compared with $M_{NT} = 3.3, 95\% \text{ CI } [3.0, 3.6], p = .0005$; $M_{QLD} = 2.9, 95\% \text{ CI } [2.8, 3.2], p = .002$; $M_{SA} = 3.3, 95\% \text{ CI } [3.0, 3.6], p = .0005$; $M_{TAS} = 3.3, 95\% \text{ CI } [3.1, 3.6], p = .0005$; $M_{VIC} = 3.0, 95\% \text{ CI } [2.8, 3.2], p = .007$
- 14 Univariate ANOVA comparing Stability means for Jurisdiction: $F_{(6, 1062)} = 15.9, p = .0005$
Tukey HSD post-hoc comparisons: $M_{NT} = 0.85, 95\% \text{ CI } [0.77, 0.93]$ compared with $M_{ACT} = 0.61, 95\% \text{ CI } [0.48, 0.73], p = .025$; $M_{NSW} = 0.50, 95\% \text{ CI } [0.46, 0.53], p = .0005$; $M_{QLD} = 0.55, 95\% \text{ CI } [0.51, 0.59], p = .0005$; $M_{SA} = 0.68, 95\% \text{ CI } [0.61, 0.75], p = .027$; $M_{VIC} = 0.62, 95\% \text{ CI } [0.57, 0.68], p = .0005$
- 15 Univariate ANOVA comparing Placement means for Placement Type: $F_{(4, 1064)} = 28.0, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 3.7, 95\% \text{ CI } [3.4, 4.0]$; $M_{Other} = 4.2, 95\% \text{ CI } [3.9, 4.5]$ compared with $M_{Foster} = 2.8, 95\% \text{ CI } [2.7, 3.0], p = .0005, p = .0005$; $M_{Kinship} = 2.5, 95\% \text{ CI } [2.4, 2.7], p = .0005, p = .0005$; $M_{Permanent} = 3.0, 95\% \text{ CI } [2.6, 3.4], p = .038, p = .0005$
- 16 Univariate ANOVA comparing Stability means for Placement Type: $F_{(4, 1064)} = 39.3, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 0.87, 95\% \text{ CI } [0.81, 0.94]$; $M_{Other} = 0.92, 95\% \text{ CI } [0.84, 0.99]$ compared with $M_{Foster} = 0.56, 95\% \text{ CI } [0.54, 0.59], p = .0005, p = .0005$; $M_{Kinship} = 0.52, 95\% \text{ CI } [0.48, 0.55], p = .0005, p = .0005$; $M_{Permanent} = 0.55, 95\% \text{ CI } [0.45, 0.65], p = .0005, p = .0005$
- 17 Univariate ANOVA comparing Placement means for Culture: $F_{(2, 1066)} = 3.7, p = .025$
Tukey HSD post-hoc comparisons: $M_{Indigenous} = 3.1, 95\% \text{ CI } [3.0, 3.3]$ compared with $M_{AngloAus} = 2.9, 95\% \text{ CI } [2.8, 3.0], p = .019$
Univariate ANOVA comparing Stability means for Culture: $F_{(2, 1066)} = 7.3, p = .0005$
Tukey HSD post-hoc comparisons: $M_{Indigenous} = 0.66, 95\% \text{ CI } [0.63, 0.70]$ compared with $M_{AngloAus} = 0.57, 95\% \text{ CI } [0.55, 0.60], p = .0005$
- 18 Correlation between Placement Stability Measure (high score indicating high stability) and Age Entering Care: $r = .64, n = 1069, p = .0005$
- 19 Correlation between number of placements and satisfaction with number of placements was significant: $r_{(1069)} = -.56, n = 1069, p = .0005$
- 20 Univariate ANOVA comparing Satisfaction means for Jurisdiction: $F_{(6, 1062)} = 7.7, p = .0005$
Tukey HSD post-hoc comparisons: $M_{NSW} = 4.9, 95\% \text{ CI } [4.8, 5.1]$ compared with $M_{NT} = 4.1, 95\% \text{ CI } [3.8, 4.4], p = .0005$; $M_{SA} = 4.2, 95\% \text{ CI } [4.0, 4.5], p = .0005$; $M_{TAS} = 4.1, 95\% \text{ CI } [3.9, 4.4], p = .0005$; $M_{VIC} = 4.5, 95\% \text{ CI } [3.2, 4.7], p = .04$
- 21 Univariate ANOVA comparing Satisfaction means for Placement Type: $F_{(4, 1064)} = 17.3, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 3.8, 95\% \text{ CI } [3.6, 4.1]$; $M_{Other} = 3.6, 95\% \text{ CI } [3.3, 3.9]$ compared with $M_{Foster} = 4.7, 95\% \text{ CI } [4.6, 4.8], p = .0005, p = .0005$; $M_{Kinship} = 4.8, 95\% \text{ CI } [4.6, 5.0], p = .0005, p = .0005$

- $p = .0005, p = .0005; M_{\text{Permanent}} = 4.7, 95\% \text{ CI } [4.3, 5.1], p = .004, p = .0005$
- 22 Univariate ANOVA comparing Satisfaction means for Age Group: $F(2, 1066) = 9.7, p = .0005$
 Tukey HSD post-hoc comparisons: $M_{15-17} = 4.3, 95\% \text{ CI } [4.1, 4.4]$ compared with $M_{10-14} = 4.6, 95\% \text{ CI } [4.5, 4.8], p = .0005; M_{8-9} = 4.8, 95\% \text{ CI } [4.6, 5.1], p = .0005$
 Correlation between Age and Number of Placements: $r_{(1069)} = .22, n = 1069, p = .0005$
- 23 Scale: 1: < 1 yr; 2: 1 – 2 yrs; 3: 3 – 4 yrs; 4: 5 – 6 yrs; 5: 7 – 8 yrs; 6: 9 – 10 yrs; 7: 11 – 12 yrs; 8: 13 – 14 yrs; 9: 15 – 16 yrs; 10: 17 yrs
- 24 Univariate ANOVA comparing Time in Current Placement means for Jurisdiction: $F(6, 1062) = 13.9, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{NSW}} = 5.0, 95\% \text{ CI } [4.7, 5.2]; M_{\text{QLD}} = 4.9, 95\% \text{ CI } [4.6, 5.1]$ compared with $M_{\text{ACT}} = 3.7, 95\% \text{ CI } [3.0, 4.5], p = .045, p > .05; M_{\text{NT}} = 3.0, 95\% \text{ CI } [2.5, 3.5], p = .0005, p = .0005; M_{\text{SA}} = 4.2, 95\% \text{ CI } [3.8, 4.6], p = .022, p > .05; M_{\text{TAS}} = 3.8, 95\% \text{ CI } [3.4, 4.1], p = .0005, p = .0005; M_{\text{VIC}} = 4.2, 95\% \text{ CI } [3.9, 4.5], p = .004, p = .037$
- 25 Univariate ANOVA comparing Time in Current Placement means for Placement Type: $F(4, 1064) = 40.0, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 2.7, 95\% \text{ CI } [2.3, 3.1]; M_{\text{Other}} = 2.7, 95\% \text{ CI } [2.3, 3.2]$ compared with $M_{\text{Foster}} = 4.6, 95\% \text{ CI } [4.4, 4.7], p = .0005, p = .0005; M_{\text{Kinship}} = 5.0, 95\% \text{ CI } [4.8, 5.3], p = .0005, p = .0005; M_{\text{Permanent}} = 5.4, 95\% \text{ CI } [4.8, 6.0], p = .0005, p = .0005$
- 26 Univariate ANOVA comparing Time in Current Placement means for Culture: $F(2, 1066) = 7.3, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Indigenous}} = 4.1, 95\% \text{ CI } [3.8, 4.3]$ compared with $M_{\text{AngloAus}} = 4.6, 95\% \text{ CI } [4.5, 4.8], p = .0005; M_{\text{Other}} = 4.4, 95\% \text{ CI } [3.8, 4.9], p > .05$
- 27 Say about current placement
 X Jurisdiction: $\chi^2_{(4)} = 38.7, p = .0005$
 Moved against wishes X
 Jurisdiction: $\chi^2_{(24)} = 43.1, p = .0005$
- 28 Univariate ANOVA comparing Happy in Placement means for Jurisdiction: $F(6, 1062) = 7.6, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{NT}} = 4.7, 95\% \text{ CI } [4.5, 5.0];$ compared with $M_{\text{NSW}} = 5.5, 95\% \text{ CI } [5.4, 5.6], p = .0005; M_{\text{QLD}} = 5.5, 95\% \text{ CI } [5.4, 5.7], p = .0005; M_{\text{SA}} = 5.3, 95\% \text{ CI } [5.1, 5.5], p = .017; M_{\text{TAS}} = 5.3, 95\% \text{ CI } [5.1, 5.5], p = .005; M_{\text{VIC}} = 5.4, 95\% \text{ CI } [5.3, 5.6], p = .0005$
- 29 Univariate ANOVA comparing Happy in Placement means for Placement Type: $F(4, 1064) = 26.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 4.6, 95\% \text{ CI } [4.4, 4.8]; M_{\text{Other}} = 4.9, 95\% \text{ CI } [4.6, 5.1]$ compared with $M_{\text{Foster}} = 5.5, 95\% \text{ CI } [5.4, 5.6], p = .0005, p = .0005; M_{\text{Kinship}} = 5.5, 95\% \text{ CI } [5.4, 5.7], p = .0005, p = .0005; M_{\text{Permanent}} = 5.7, 95\% \text{ CI } [5.5, 6.0], p = .0005, p = .0005$
- 30 Univariate ANOVA comparing Happy in Placement means for Age Group: $F(2, 1066) = 11.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 5.2, 95\% \text{ CI } [5.1, 5.3]$ compared with $M_{10-14} = 5.4, 95\% \text{ CI } [5.4, 5.5], p = .0005; M_{8-9} = 5.6, 95\% \text{ CI } [5.5, 5.8], p = .0005$
- 31 Univariate ANOVA comparing Number in Placement means for Culture: $F(2, 1066) = 17.7, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Indigenous}} = 4.7, 95\% \text{ CI } [4.5, 4.9]$ compared with $M_{\text{AngloAus}} = 3.9, 95\% \text{ CI } [3.8, 4.1], p = .0005; M_{\text{Other}} = 3.9, 95\% \text{ CI } [3.4, 4.4], p = .014$
- 32 Univariate ANOVA comparing Number in Placement means for Placement Type: $F(4, 1064) = 12.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Kinship}} = 3.5, 95\% \text{ CI } [3.3, 3.7]$ compared with $M_{\text{Foster}} = 4.4, 95\% \text{ CI } [4.3, 4.6], p = .0005; M_{\text{Residential}} = 4.5, 95\% \text{ CI } [4.1, 4.8], p = .0005; M_{\text{Other}} = 4.9, 95\% \text{ CI } [4.6, 5.1], p = .008$
- 33 Univariate ANOVA comparing Number in Placement means for Age Group: $F(2, 1066) = 8.0, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 3.8, 95\% \text{ CI } [3.6, 4.1]$ compared with $M_{10-14} = 4.2, 95\% \text{ CI } [4.1, 4.4], p = .011; M_{8-9} = 4.6, 95\% \text{ CI } [4.3, 4.9], p = .0005$
- 34 Univariate ANOVA comparing Treatment in Placement means for Jurisdiction: $F(6, 845) = 6.3, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{ACT}} = 2.9, 95\% \text{ CI } [2.4, 3.5]; M_{\text{SA}} = 2.2, 95\% \text{ CI } [2.0, 2.5]$ compared with $M_{\text{NSW}} = 1.6, 95\% \text{ CI } [1.5, 1.8], p = .0005, p = .007; M_{\text{QLD}} = 1.7, 95\% \text{ CI } [1.5, 1.9], p = .0005, p = .033; M_{\text{TAS}} = 1.6, 95\% \text{ CI } [1.4, 1.9], p = .0005, p = .017$
- 35 Univariate ANOVA comparing Treatment in Placement means for Placement Type: $F(4, 847) = 7.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 2.4, 95\% \text{ CI } [2.1, 2.7]$ compared with $M_{\text{Foster}} = 1.7, 95\% \text{ CI } [1.6, 1.8], p = .0005; M_{\text{Kinship}} = 1.7, 95\% \text{ CI } [1.5, 1.8], p = .0005$
- 36 Univariate ANOVA comparing Treatment in Placement means for Age Group: $F(2, 849) = 4.2, p = .015$; Tukey HSD post-hoc comparisons: $M_{15-17} = 2.0, 95\% \text{ CI } [1.8, 2.2]$ compared with $M_{10-14} = 1.7, 95\% \text{ CI } [1.6, 1.8], p = .013$
- 37 Free time X Jurisdiction: $\chi^2_{(24)} = 133.7, p = .0005$
- 38 Free time X Placement Type: $\chi^2_{(16)} = 44.0, p = .0005$
- 39 Free time X Sex: $\chi^2_{(4)} = 10.0, p = .04$
- 40 A 7 X 5 (Jurisdiction X Needs) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Jurisdiction [$F(6, 1051) = 7.9, p = .0005$, partial eta squared = .04] and Needs [$F(3, 3559) = 42.8, p = .0005$, partial eta squared = .04]. Also, a small but significant interaction was recorded [$F(20, 3559) = 2.3, p = .001$, partial eta squared = .01] as seen in Figure 17.
- 41 A 5 X 5 (Placement Type X Needs) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Placement type [$F(4, 1053) = 21.6, p = .0005$, partial eta squared = .08] and Needs [$F(3, 3570) = 25.1, p = .0005$, partial eta squared = .02]. Also, a small but significant interaction was recorded [$F(13, 3570) = 4.6, p = .0005$, partial eta squared = .02] as seen in Figure 18.
- 42 Jurisdiction X Access: $\chi^2_{(6)} = 81.2, p = .0005$
- 43 Placement Type X Access: $\chi^2_{(4)} = 100.5, p = .0005$
- 44 Percentage of Culture with no access: Anglo-Aust: 19.0%; Indigenous: 25.9%; Other Culture: 12.5%; Culture X Access: $\chi^2_{(2)} = 8.6, p = .014$
- 45 Percentage of Age Group with no access: 8 - 9: 28.2%; 10 - 14: 21.8%; 15 - 17: 15.1%; Age Group X Access: $\chi^2_{(2)} = 12.1, p = .002$
- 46 Jurisdiction X Time on-line: $\chi^2_{(24)} = 52.6, p = .001$
- 47 Placement Type X Time on-line: $\chi^2_{(16)} = 33.7, p = .006$
- 48 Age Group X Time on-line: $\chi^2_{(8)} = 75.9, p = .0005$
- 49 Placement Type X Activities: $\chi^2_{(16)} = 41.6, p = .0005$
- 50 Age Group X Activities: $\chi^2_{(8)} = 241.7, p = .0005$
- 51 Sex X Activities: $\chi^2_{(4)} = 15.0, p = .005$
- 52 Univariate ANOVA: $F(1, 731) = 5.3, p = .022$
- 53 Univariate ANOVA: $F(4, 728) = 2.7, p = .031$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 4.9, 95\% \text{ CI } [4.6, 5.3]$ compared with $M_{\text{Other}} = 5.0, 95\% \text{ CI } [4.8, 5.3]; M_{\text{Foster}} = 5.4, 95\% \text{ CI } [5.3, 5.5]; M_{\text{Kinship}} = 5.3, 95\% \text{ CI } [5.1, 5.4]; M_{\text{Permanent}} = 5.2, 95\%$

CI [4.9, 5.6]; no individual comparisons were significant

- 54 Univariate ANOVA comparing Safe on-line means for Jurisdiction: $F(6, 726) = 4.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{SA} = 4.8, 95\% \text{ CI } [4.5, 5.0]$ compared with $M_{NSW} = 5.4, 95\% \text{ CI } [5.2, 5.5], p = .0005$; $M_{QLD} = 5.4, 95\% \text{ CI } [5.3, 5.6], p = .0005$; $M_{VIC} = 5.4, 95\% \text{ CI } [5.2, 5.5], p = .0005$

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- 55 Jurisdiction X Number of caseworkers: $\chi^2_{(24)} = 144.1, p = .0005$
- 56 Placement Type X Number of caseworkers: $\chi^2_{(16)} = 30.8, p = .014$
- 57 Sex X Number of caseworkers: $\chi^2_{(4)} = 10.1, p = .039$
- 58 Sex X Number of caseworkers: $\chi^2_{(6)} = 36.7, p = .0005$
- 59 Age Group X Number of caseworkers: $\chi^2_{(2)} = 6.9, p = .032$
- 60 Univariate ANOVA comparing Helpful Caseworker means for Jurisdiction: $F(6, 1062) = 5.0, p = .0005$; Tukey HSD post-hoc comparisons: $M_{SA} = 4.8, 95\% \text{ CI } [4.5, 5.1]$ compared with NSW = 4.1, 95% CI [3.9, 4.3], $p = .0005$; $M_{TAS} = 4.2, 95\% \text{ CI } [3.9, 4.4], p = .001$
- 61 Univariate ANOVA comparing Comfortable-with-worker means for Jurisdiction: $F(6, 1062) = 3.5, p = .002$; Tukey HSD post-hoc comparisons: M QLD = 4.5, 95% CI [4.3, 4.7] compared with M NSW = 4.1, 95% CI [3.9, 4.3], $p = .001$; M NT = 4.1, 95% CI [3.7, 4.4], $p = .04$; M TAS = 4.1, 95% CI [3.9, 4.4], $p = .018$
- 62 Univariate ANOVA comparing Helpful Caseworker means for Placement Type: $F(4, 1064) = 3.9, p = .004$; Tukey HSD post-hoc comparisons: $M_{Other} = 3.9, 95\% \text{ CI } [3.5, 4.2]$ compared with $M_{Foster} = 4.5, 95\% \text{ CI } [4.3, 4.6], p = .014$; $M_{Residential} = 4.6, 95\% \text{ CI } [4.3, 4.8], p = .012$
- Univariate ANOVA comparing Comfortable-with-worker means for Placement Type: $F(4, 1064) = 4.1, p = .003$; Tukey HSD post-hoc comparisons: $M_{Other} = 3.8, 95\% \text{ CI } [3.4, 4.2]$ compared with $M_{Foster} = 4.4, 95\% \text{ CI } [4.3, 4.5], p > .014$; $M_{Residential} = 4.5, 95\% \text{ CI } [4.3, 4.8], p = .015$
- 63 Univariate ANOVA comparing Helpful Caseworker means for Age Group: $F(2, 1066) = 5.1, p = .006$; Tukey HSD post-hoc comparisons: $M_{8-9} = 4.7, 95\% \text{ CI } [4.4, 4.9]$ compared with $M_{15-17} = 4.2, 95\% \text{ CI } [4.0, 4.4], p = .004$
- Univariate ANOVA comparing Comfortable-with-worker means for Age Group: $F(2, 1066) = 3.0, p = .053$; Tukey HSD post-hoc comparisons: $M_{8-9} = 4.5, 95\% \text{ CI } [4.3, 4.8]$ compared with $M_{15-17} = 4.2, 95\% \text{ CI } [4.0, 4.4], p = .042$
- 64 Univariate ANOVA comparing Participate-in-meetings means for Jurisdiction: $F(6, 1062) = 4.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{NSW} = 3.0, 95\% \text{ CI } [2.6, 3.4]$; $M_{QLD} = 2.9, 95\% \text{ CI } [2.8, 3.1]$ compared with $M_{SA} = 3.4, 95\% \text{ CI } [3.2, 3.7], p = .008, p = .005$; $M_{VIC} = 3.4, 95\% \text{ CI } [3.2, 3.5], p = .011, p = .007$
- Univariate ANOVA comparing Views-considered means for Jurisdiction: $F(6, 1062) = 3.7, p = .001$; Tukey HSD post-hoc comparisons: $M_{QLD} = 3.2, 95\% \text{ CI } [3.0, 3.4]$ compared with $M_{VIC} = 3.8, 95\% \text{ CI } [3.6, 4.0], p = .001$
- 65 Univariate ANOVA comparing Participate-in-meetings means for Sex: $F(1, 1067) = 13.6, p = .0005$; $M_{Female} = 3.2, 95\% \text{ CI } [3.1, 3.3]$; $M_{Male} = 2.9, 95\% \text{ CI } [2.8, 3.0]$
- Univariate ANOVA comparing Views-considered means for Sex: $F(1, 1060) = 9.3, p = .002$; $M_{Female} = 3.5, 95\% \text{ CI } [3.4, 3.7]$; $M_{Male} = 3.3, 95\% \text{ CI } [3.1, 3.4]$
- 66 Univariate ANOVA comparing Participate-in-meetings means for Age Group: $F(2, 1066) = 20.4, p = .0005$; Tukey HSD post-hoc comparisons: $M_{8-9} = 2.7, 95\% \text{ CI } [2.5, 2.9]$ vs. $M_{10-14} = 3.0, 95\% \text{ CI } [2.9, 3.1], p = .012$; $M_{8-9} = 2.7, 95\% \text{ CI } [2.5, 2.9]$ vs. $M_{15-17} = 3.4, 95\% \text{ CI } [3.3, 3.5], p = .0005$; $M_{10-14} = 3.0, 95\% \text{ CI } [2.9, 3.1]$ vs. $M_{15-17} = 3.4, 95\% \text{ CI } [3.3, 3.5], p = .0005$
- Univariate ANOVA comparing Views-considered means for Age Group: $F(2, 1066) = 16.9, p = .0005$; Tukey HSD post-hoc comparisons: $M_{8-9} = 3.1, 95\% \text{ CI } [2.8, 3.3]$ vs. $M_{10-14} = 3.3, 95\% \text{ CI } [3.2, 3.4], p = .18$; $M_{8-9} = 3.1, 95\% \text{ CI } [2.5, 2.9]$ vs. $M_{15-17} = 3.8, 95\% \text{ CI } [3.6, 4.0], p = .0005$; $M_{10-14} = 3.3, 95\% \text{ CI } [3.2, 3.4]$ vs. $M_{15-17} = 3.8, 95\% \text{ CI } [3.6, 4.0], p = .0005$
- 67 Univariate ANOVA comparing Permission means for Jurisdiction: $F(6, 1062) = 2.6, p = .018$; Tukey HSD post-hoc comparisons: $M_{NT} = 3.6, 95\% \text{ CI } [3.3, 4.0]$ compared with $M_{NSW} = 4.1, 95\% \text{ CI } [3.9, 4.2], p = .026$; $M_{QLD} = 4.0, 95\% \text{ CI } [3.9, 4.2], p = .026$; $M_{SA} = 4.3, 95\% \text{ CI } [4.1, 4.6], p = .001$; $M_{TAS} = 4.1, 95\% \text{ CI } [3.9, 4.4], p = .016$; $M_{VIC} = 4.3, 95\% \text{ CI } [4.1, 4.5], p = .002$
- 68 A 7 X 4 [Jurisdiction X Supporter] mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Jurisdiction [$F(6, 1024) = 5.2, p = .0005, \text{ partial eta squared} = .03$] and Supporter [$F(2, 2710) = 85.3, p = .0005, \text{ partial eta squared} = .08$]. Also, a significant interaction was recorded [$F(15, 2710) = 4.2, p = .0005, \text{ partial eta squared} = .02$]
- 69 Univariate repeated measures ANOVA comparing supporters within TAS: $F(2, 355) = 48.7, p = .0005$; Paired comparisons: $M_{Carer} = 5.3, 95\% \text{ CI } [5.0, 5.5]$ vs. $M_{Caseworker} = 4.3, 95\% \text{ CI } [4.1, 4.6], p = .0005$; $M_{Caseworker} = 4.3, 95\% \text{ CI } [4.1, 4.6]$ vs. $M_{Parent} = 3.3, 95\% \text{ CI } [3.0, 3.7], p = .0005$; $M_{Caseworker} = 4.3, 95\% \text{ CI } [4.1, 4.6]$ vs. $M_{Family Member} = 3.7, 95\% \text{ CI } [3.3, 4.0], p = .0005$
- 70 A 5 X 4 [Placement Type X Supporter] mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Placement Type [$F(4, 1026) = 2.8, p = .024, \text{ partial eta squared} = .01$] and Supporter [$F(2, 2689) = 74.1, p = .0005, \text{ partial eta squared} = .07$]. Also, a significant interaction was recorded [$F(10, 2689) = 6.0, p = .0005, \text{ partial eta squared} = .02$]
- 71 Univariate repeated measures ANOVA comparing supporters within Foster Care: $F(2, 1447) = 136.4, p = .0005$; Paired comparisons: $M_{Carer} = 5.6, 95\% \text{ CI } [5.6, 5.7]$ vs. $M_{Caseworker} = 4.6, 95\% \text{ CI } [4.5, 4.7], p = .0005$; $M_{Caseworker} = 4.6, 95\% \text{ CI } [4.5, 4.7]$ vs. $M_{Parent} = 4.0, 95\% \text{ CI } [3.8, 4.2], p = .0005$; $M_{Caseworker} = 4.6, 95\% \text{ CI } [4.5, 4.7]$ vs. $M_{Family Member} = 4.2, 95\% \text{ CI } [4.0, 4.4], p = .0005$
- 72 Jurisdiction X Knowledge of Care Plan: $\chi^2_{(12)} = 58.8, p = .0005$
- 73 Age Group X Knowledge of Care Plan: $\chi^2_{(4)} = 42.1, p = .0005$
- 74 Sex X Knowledge of Care Plan: $\chi^2_{(2)} = 7.5, p = .023$
- 75 Univariate ANOVA comparing Involvement means for Jurisdiction: $F(6, 329) = 2.2, p = .044$; Tukey HSD post-hoc comparisons: $M_{NT} = 4.2, 95\% \text{ CI } [3.5, 4.8]$, $M_{NSW} = 4.0, 95\% \text{ CI } [3.6, 4.4]$ compared with $M_{ACT} = 2.7, 95\% \text{ CI } [1.8, 3.6], p = .015, p = .014$; $M_{SA} = 3.2, 95\% \text{ CI } [2.8, 3.7], p = .028, p = .013$
- 76 Univariate ANOVA comparing Involvement means for Age Groups: $F(2, 333) = 15.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{8-9} = 2.6, 95\% \text{ CI } [2.0, 3.2]$ vs. $M_{10-14} = 3.4, 95\% \text{ CI } [3.2, 3.6], p = .022$; $M_{8-9} = 2.6, 95\% \text{ CI } [2.0, 3.2]$ vs. $M_{15-17} = 4.1, 95\% \text{ CI } [3.8, 4.3], p = .0005$; $M_{10-14} = 3.4, 95\% \text{ CI } [3.2, 3.6]$ vs. $M_{15-17} = 4.1, 95\% \text{ CI } [3.8, 4.3], p = .0005$

- 76 Univariate ANOVA comparing Satisfaction means for Age Groups: $F(2, 333) = 3.6, p = .028$; Tukey HSD post-hoc comparisons: $M_{8-9} = 3.6, 95\% \text{ CI } [3.0, 4.2]$ vs. $M_{15-17} = 4.3, 95\% \text{ CI } [4.0, 4.5], p = .088$
- 77 Univariate ANOVA comparing Satisfaction means for Culture: $F(2, 333) = 3.8, p = .023$; Tukey HSD post-hoc comparisons: $M_{\text{Other}} = 3.0, 95\% \text{ CI } [2.2, 3.8]$ compared with $M_{\text{Anglo-Aust}} = 4.0, 95\% \text{ CI } [3.8, 4.2], p = .088$; $M_{\text{Indigenous}} = 4.2, 95\% \text{ CI } [3.9, 4.5], p = .014, p = .006$

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- 78 Univariate ANOVA comparing Knowledge means for Jurisdiction: $F(6, 1062) = 11.6, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{NT}} = 3.5, 95\% \text{ CI } [3.2, 3.9], M_{\text{NSW}} = 4.0, 95\% \text{ CI } [3.6, 4.4]$ compared with $M_{\text{QLD}} = 4.5, 95\% \text{ CI } [4.3, 4.7], p = .0005$; $M_{\text{SA}} = 4.6, 95\% \text{ CI } [4.3, 4.9], p = .0005$; $M_{\text{TAS}} = 4.2, 95\% \text{ CI } [4.0, 4.5], p = .019$; $M_{\text{VIC}} = 5.0, 95\% \text{ CI } [4.8, 5.2], p = .0005$
- 79 Univariate ANOVA comparing Information means for Jurisdiction: $F(6, 1062) = 15.7, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{TAS}} = 3.2, 95\% \text{ CI } [3.0, 3.5]; M_{\text{NT}} = 3.2, 95\% \text{ CI } [2.9, 3.6], M_{\text{NSW}} = 3.7, 95\% \text{ CI } [3.5, 3.9]$ compared with $M_{\text{QLD}} = 4.1, 95\% \text{ CI } [3.9, 4.3], p = .0005, p = .0005, p = .017$; $M_{\text{SA}} = 4.5, 95\% \text{ CI } [4.2, 4.8], p = .0005, p = .0005, p = .0005$; $M_{\text{VIC}} = 4.4, 95\% \text{ CI } [4.2, 4.7], p = .0005, p = .0005, p = .0005$; TAS vs. NSW, $p = .03$
- 80 Univariate ANOVA comparing Knowledge means for Placement Type: $F(4, 1064) = 3.5, p = .008$; Tukey HSD post-hoc comparisons: $M_{\text{Permanent}} = 5.0, 95\% \text{ CI } [4.6, 5.4]$ compared with $M_{\text{Foster}} = 4.3, 95\% \text{ CI } [4.2, 4.4], p > .012$
- Univariate ANOVA comparing Information means for Placement Type: $F(4, 1064) = 5.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Permanent}} = 4.8, 95\% \text{ CI } [4.3, 5.2]$ compared with $M_{\text{Foster}} = 3.9, 95\% \text{ CI } [3.7, 4.0], p = .001$; $M_{\text{Kinship}} = 4.0, 95\% \text{ CI } [3.8, 4.2], p = .009$; $M_{\text{Residential}} = 3.6, 95\% \text{ CI } [3.3, 3.8], p = .0005$; $M_{\text{Other}} = 3.8, 95\% \text{ CI } [3.4, 4.2], p = .007$
- 81 Univariate ANOVA comparing Knowledge means for Culture: $F(2, 1066) = 11.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Indigenous}} = 4.1, 95\% \text{ CI } [3.9, 4.2]$ compared with $M_{\text{Anglo-Aust}} = 4.5, 95\% \text{ CI } [4.4, 4.6], p = .0005$; $M_{\text{Other}} = 4.9, 95\% \text{ CI } [4.5, 5.3], p = .0005$
- Univariate ANOVA comparing Information means for Culture: $F(2, 1066) = 4.5, p = .012$; Tukey HSD post-hoc comparisons: $M_{\text{Indigenous}} = 3.7, 95\% \text{ CI } [3.5, 3.9]$ compared with $M_{\text{Anglo-Aust}} = 4.0, 95\% \text{ CI } [3.9, 4.1], p = .005$; $M_{\text{Other}} = 4.1, 95\% \text{ CI } [3.7, 4.5], p = .055$
- 82 Univariate ANOVA comparing Knowledge means for Age Groups: $F(2, 1066) = 22.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{8-9} = 3.8, 95\% \text{ CI } [3.6, 4.0]$ vs. $M_{10-14} = 4.3, 95\% \text{ CI } [4.2, 4.5], p = .0005$; $M_{8-9} = 3.8, 95\% \text{ CI } [3.6, 4.0]$ vs. $M_{15-17} = 4.7, 95\% \text{ CI } [4.6, 4.9], p = .0005$; $M_{10-14} = 4.3, 95\% \text{ CI } [4.2, 4.5]$ vs. $M_{15-17} = 4.7, 95\% \text{ CI } [4.6, 4.9], p = .0005$
- 83 Univariate ANOVA comparing Information means for Age Groups: $F(2, 1066) = 4.5, p = .011$; Tukey HSD post-hoc comparisons: $M_{8-9} = 3.6, 95\% \text{ CI } [3.4, 3.8]$ compared with $M_{10-14} = 3.9, 95\% \text{ CI } [3.8, 4.0], p = .053$; $M_{15-17} = 4.0, 95\% \text{ CI } [3.9, 4.2], p = .008$
- 84 Univariate ANOVA comparing Knowledge-of-family means for Jurisdiction: $F(6, 1062) = 4.5, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{TAS}} = 3.4, 95\% \text{ CI } [3.2, 3.6]$ compared with $M_{\text{QLD}} = 3.9, 95\% \text{ CI } [3.7, 4.1], p = .013$; $M_{\text{SA}} = 4.0, 95\% \text{ CI } [3.7, 4.2], p = .044$; $M_{\text{VIC}} = 4.1, 95\% \text{ CI } [3.9, 4.3], p = .0005, p = .0005, p = .001$
- 85 Who Talked about Family X Jurisdiction: $X^2_{(24)} =$

79.7, $p = .0005$

- 86 Univariate ANOVA comparing knowledge-of-family means for Placement Type: $F(4, 1064) = 5.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Foster}} = 3.6, 95\% \text{ CI } [3.5, 3.7]$ compared with $M_{\text{Kinship}} = 4.0, 95\% \text{ CI } [3.9, 4.2], p = .001$
- 87 Who Talked about Family X Placement Type: $X^2_{(16)} = 51.2, p = .0005$
- 88 Univariate ANOVA comparing knowledge-of-family means for Culture: $F(2, 1066) = 3.6, p = .029$; Tukey HSD post-hoc comparisons: $M_{\text{Other}} = 4.2, 95\% \text{ CI } [3.8, 4.6]$ compared with $M_{\text{Anglo-Aust}} = 3.8, 95\% \text{ CI } [3.7, 3.9], p = .052$; $M_{\text{Indigenous}} = 3.6, 95\% \text{ CI } [3.5, 3.8], p = .010$
- 89 Univariate ANOVA comparing Connected-to-culture means for Jurisdiction: $F(6, 302) = 3.8, p = .001$; Tukey HSD post-hoc comparisons: $M_{\text{TAS}} = 2.8, 95\% \text{ CI } [2.3, 3.2]$ compared with $M_{\text{NSW}} = 3.7, 95\% \text{ CI } [3.3, 4.0], p = .03$; $M_{\text{QLD}} = 3.8, 95\% \text{ CI } [3.5, 4.1], p = .004$; $M_{\text{VIC}} = 4.4, 95\% \text{ CI } [3.8, 5.0], p = .0005$
- 90 Who Taught Culture X Jurisdiction: $X^2_{(24)} = 70.2, p = .0005$
- 91 Who Taught Culture X Placement Type: $X^2_{(16)} = 51.2, p = .0005$
- 92 Who Taught Culture X Age Group: $X^2_{(8)} = 22.1, p = .005$

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- 93 Sibling placement X Jurisdiction: $X^2_{(12)} = 39.2, p = .0001$
- 94 Sibling placement X Placement Type: $X^2_{(8)} = 78.3, p = .0001$
- 95 Return to Birth Parents X Placement Type: $X^2_{(16)} = 35.8, p = .003$
- 96 Return to Birth Parents X Culture: $X^2_{(6)} = 20.6, p = .002$
- 97 A 7 X 5 [Jurisdiction X Family Member] mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Jurisdiction: $F(6, 594) = 3.0, p = .007$, partial eta squared = .03; and Family Member: $F(3, 2236) = 36.0, p = .0005$, partial eta squared = .06. Also, a significant interaction was recorded: $F(22, 2236) = 2.6, p = .0005$, partial eta squared = .03
- 98 Univariate repeated measures ANOVA for SA (employing the Greenhouse-Geisser correction): $F(3, 214) = 11.4, p = .0005$; $M_{\text{Mother}} = 4.5, 95\% \text{ CI } [3.8, 5.1]$ vs. $M_{\text{Father}} = 3.3, 95\% \text{ CI } [2.7, 3.9], p = .003$
- Univariate repeated measures ANOVA for QLD (employing the Greenhouse-Geisser correction): $F(3, 502) = 37.2, p = .0005$; $M_{\text{Siblings}} = 4.9, 95\% \text{ CI } [4.5, 5.2]$ vs. $M_{\text{Mother}} = 3.1, 95\% \text{ CI } [2.7, 3.5], p = .0005$; $M_{\text{Mother}} = 3.1, 95\% \text{ CI } [2.7, 3.5]$ vs. $M_{\text{Father}} = 2.2, 95\% \text{ CI } [1.9, 2.5], p = .0005$
- 99 A 5 X 5 [Placement Type X Family Member] mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. Main effects were found for Placement Type: $F(4, 596) = 22.7, p = .0005$, partial eta squared = .13; and Family Member: $F(3, 2289) = 43.1, p = .0005$, partial eta squared = .07. Also, a significant interaction was recorded: $F(15, 2289) = 10.1, p = .0005$, partial eta squared = .06
- 100 Univariate repeated measures ANOVA for levels of Family Member in Foster Care (employing the Greenhouse-Geisser correction): $F(3, 1070) = 82.5, p = .0005$; $M_{\text{Siblings}} = 4.6, 95\% \text{ CI } [4.3, 4.8]$ vs. $M_{\text{Mother}} = 3.5, 95\% \text{ CI } [3.3, 3.8], p = .0005$; $M_{\text{Mother}} = 3.5, 95\% \text{ CI } [3.3, 3.8]$ vs. $M_{\text{Father}} = 2.5, 95\% \text{ CI } [2.3, 2.8], p = .0005$

- Univariate repeated measures ANOVA for levels of Family Member in Kinship Care (employing the Greenhouse-Geisser correction): $F(3, 665) = 31.6, p = .0005$; $M_{\text{Siblings}} = 5.3, 95\% \text{ CI } [4.5, 5.2], M_{\text{Grandparents}} = 5.2, 95\% \text{ CI } [4.8, 5.5]$ vs. $M_{\text{Other Relatives}} = 4.4, 95\% \text{ CI } [4.1, 4.8], p = .0005$; $M_{\text{Other Relatives}} = 4.4, 95\% \text{ CI } [4.1, 4.8]$ vs. $M_{\text{Mother}} = 3.7, 95\% \text{ CI } [3.3, 4.0], M_{\text{Father}} = 3.3, 95\% \text{ CI } [3.0, 3.7], p = .001$
- 101 A 7 X 5 (Jurisdiction X Family Member) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Family Member: $F(3, 2036) = 5.1, p = .001$, partial eta squared = .01. Also, a significant interaction was recorded: $F(21, 2036) = 1.7, p = .023$, partial eta squared = .01
- Univariate repeated measures ANOVA for levels of Family Member in NT (employing the Greenhouse-Geisser correction): $F(2, 122) = 3.0, p = .041$; $M_{\text{Other Relatives}} = .43, 95\% \text{ CI } [.27, .58]$ vs. $M_{\text{Mother}} = .27, 95\% \text{ CI } [.09, .44], p = .031$
- Univariate repeated measures ANOVA for levels of Family Member in TAS (employing the Greenhouse-Geisser correction): $F(3, 301) = 3.1, p = .023$; $M_{\text{Siblings}} = .55, 95\% \text{ CI } [.44, .66]$ vs. $M_{\text{Mother}} = .39, 95\% \text{ CI } [.26, .51], p = .031$
- Univariate repeated measures ANOVA for levels of Family Member in VIC (employing the Greenhouse-Geisser correction): $F(3, 327) = 5.0, p = .001$; $M_{\text{Siblings}} = .47, 95\% \text{ CI } [.36, .58]$ vs. $M_{\text{Other Relatives}} = .30, 95\% \text{ CI } [.19, .41], p = .004$
- 102 A 5 X 5 (Placement Type X Family Member) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Family Member: $F(3, 2042) = 5.7, p = .0005$, partial eta squared = .01. Also, a significant interaction was recorded: $F(14, 2042) = 1.9, p = .023$, partial eta squared = .01
- 100 (cont.) Univariate repeated measures ANOVA for levels of Family Member in Kinship (employing the Greenhouse-Geisser correction): $F(3, 575) = 2.3, p = .062$; $M_{\text{Siblings}} = .34, 95\% \text{ CI } [.26, .42]$ vs. $M_{\text{Grandparents}} = .20, 95\% \text{ CI } [.14, .27], p = .011$
- Univariate repeated measures ANOVA for levels of Family Member in Residential (employing the Greenhouse-Geisser correction): $F(2, 181) = 3.2, p = .03$; $M_{\text{Other Relatives}} = .46, 95\% \text{ CI } [.32, .61]$ vs. $M_{\text{Father}} = .22, 95\% \text{ CI } [.04, .39], p > .05$
- 103 A 7 X 2 (Jurisdiction X Supporter) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Jurisdiction: $F(6, 1061) = 2.7, p = .013$, partial eta squared = .02, and Supporter: $F(1, 1061) = 116.7, p = .0005$, partial eta squared = .10. Also, a significant interaction was recorded: $F(6, 1061) = 2.2, p = .039$, partial eta squared = .01
- 104 A 5 X 2 (Placement Type X Supporter) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Placement Type: $F(4, 1063) = 4.6, p = .001$, partial eta squared = .02, and Supporter: $F(1, 1063) = 91.6, p = .0005$, partial eta squared = .08. Also, a significant interaction was recorded: $F(4, 1063) = 9.5, p = .0005$, partial eta squared = .03
- Univariate repeated measures ANOVA for levels of Supporter in Foster (employing the Greenhouse-Geisser correction): $F(1, 571) = 118.8, p = .0005$; $M_{\text{Carer}} = 4.9, 95\% \text{ CI } [4.8, 5.0]$ vs. $M_{\text{Caseworker}} = 4.2, 95\% \text{ CI } [4.1, 4.3], p = .0005$
- Univariate repeated measures ANOVA for levels of Supporter in Kinship (employing the Greenhouse-Geisser correction): $F(1, 280) = 142.0, p = .0005$; $M_{\text{Carer}} = 5.0, 95\% \text{ CI } [4.8, 5.1]$ vs. $M_{\text{Caseworker}} = 3.8, 95\% \text{ CI } [3.6, 4.0], p = .0005$
- Univariate repeated measures ANOVA for levels of Supporter in Permanent (employing the Greenhouse-Geisser correction): $F(1, 44) = 9.1, p = .004$; $M_{\text{Carer}} = 4.9, 95\% \text{ CI } [4.5, 5.4]$ vs. $M_{\text{Caseworker}} = 4.0, 95\% \text{ CI } [3.5, 4.5], p = .004$
- 105 Univariate ANOVA comparing mean Contact-with-Friends ratings by Jurisdiction: $F(6, 1061) = 4.0, p = .001$; Tukey HSD post-hoc comparisons: $M_{\text{NT}} = 4.0, 95\% \text{ CI } [3.6, 4.3]$ compared with $M_{\text{NSW}} = 4.7, 95\% \text{ CI } [4.6, 4.9], p = .002$; $M_{\text{QLD}} = 4.5, 95\% \text{ CI } [4.3, 4.7], p = .085$; $M_{\text{VIC}} = 4.6, 95\% \text{ CI } [4.4, 4.8], p = .040$
- 106 Univariate ANOVA comparing mean Contact-with-Friends ratings by Placement Type: $F(4, 1063) = 4.3, p = .002$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 4.2, 95\% \text{ CI } [3.9, 4.5]$ compared with $M_{\text{Kinship}} = 4.7, 95\% \text{ CI } [4.5, 4.9], p = .015$; $M_{\text{Permanent}} = 5.0, 95\% \text{ CI } [4.6, 5.4], p = .016$
- 107 Univariate ANOVA comparing mean Contact-with-Friends ratings by Age Group: $F(2, 1065) = 16.4, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 4.8, 95\% \text{ CI } [4.7, 5.0]$ vs. $M_{10-14} = 4.4, 95\% \text{ CI } [4.3, 4.6], p = .0005$; $M_{15-17} = 4.8, 95\% \text{ CI } [4.7, 5.0]$ vs. $M_{8-9} = 4.1, 95\% \text{ CI } [3.8, 4.3], p = .0005$; $M_{10-14} = 4.4, 95\% \text{ CI } [4.3, 4.6]$ vs. $M_{8-9} = 4.1, 95\% \text{ CI } [3.8, 4.3], p = .009$

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- 108 Univariate ANOVA comparing mean Health ratings by Sex: $F(1, 1066) = 4.0, p = .046$; $M_{\text{Male}} = 5.3, 95\% \text{ CI } [5.2, 5.4]$ vs. $M_{\text{Female}} = 5.2, 95\% \text{ CI } [5.1, 5.3]$
- 109 Univariate ANOVA comparing mean Health ratings by Age: $F(2, 1065) = 26.0, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 5.0, 95\% \text{ CI } [4.9, 5.1]$ compared with $M_{10-14} = 5.4, 95\% \text{ CI } [5.3, 5.5], p = .0005$; $M_{8-9} = 5.5, 95\% \text{ CI } [5.4, 5.7], p = .0005$
- 110 Univariate ANOVA comparing mean Health ratings by Jurisdiction: $F(6, 1061) = 11.0, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{NSW}} = 5.5, 95\% \text{ CI } [5.4, 5.6], M_{\text{QLD}} = 5.5, 95\% \text{ CI } [5.4, 5.6]$ compared with $M_{\text{ACT}} = 4.8, 95\% \text{ CI } [4.5, 5.2], p = .005, p = .008$; $M_{\text{NT}} = 5.0, 95\% \text{ CI } [4.8, 5.2], p = .003, p = .006$; $M_{\text{SA}} = 5.0, 95\% \text{ CI } [4.8, 5.2], p = .0005, p = .0005$; $M_{\text{TAS}} = 5.1, 95\% \text{ CI } [4.9, 5.2], p = .001, p = .002$; $M_{\text{VIC}} = 5.1, 95\% \text{ CI } [4.9, 5.2], p = .0005, p = .0005$
- Univariate ANOVA comparing mean Ease-of-Access ratings by Jurisdiction: $F(6, 1061) = 20.6, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{NSW}} = 5.7, 95\% \text{ CI } [5.6, 5.8], M_{\text{QLD}} = 5.5, 95\% \text{ CI } [5.4, 5.6]$ compared with $M_{\text{ACT}} = 4.9, 95\% \text{ CI } [4.6, 5.3], p = .0005, p = .023$; $M_{\text{NT}} = 4.9, 95\% \text{ CI } [4.7, 5.1], p = .0005, p = .0005$; $M_{\text{SA}} = 5.2, 95\% \text{ CI } [5.0, 5.3], p = .0005, p = .017$; $M_{\text{TAS}} = 4.9, 95\% \text{ CI } [4.7, 5.0], p = .0005, p = .0005$; $M_{\text{VIC}} = 5.4, 95\% \text{ CI } [5.2, 5.5], p = .002, p > .05$
- Univariate ANOVA comparing mean Preventative Health ratings by Jurisdiction: $F(6, 1062) = 21.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{NSW}} = 5.6, 95\% \text{ CI } [5.5, 5.7], M_{\text{QLD}} = 5.3, 95\% \text{ CI } [5.2, 5.5], p = .023$ compared with $M_{\text{ACT}} = 4.9, 95\% \text{ CI } [4.5, 5.3], p = .020, p > .05$; $M_{\text{NT}} = 4.5, 95\% \text{ CI } [4.2, 4.7], p = .0005, p = .0005$; $M_{\text{SA}} = 4.8, 95\% \text{ CI } [4.6, 5.1], p = .0005, p = .005$; $M_{\text{TAS}} = 4.6, 95\% \text{ CI } [4.4, 4.8], p = .0005, p = .0005$; $M_{\text{VIC}} = 4.9, 95\% \text{ CI } [4.8, 5.2], p = .0005, p = .063$
- 111 Univariate ANOVA comparing mean Health ratings by Placement Type: $F(4, 1063) = 14.7, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 4.8, 95\% \text{ CI } [4.6, 5.0], M_{\text{Other}} = 4.7, 95\% \text{ CI } [4.5, 5.0]$ compared with $M_{\text{Foster}} = 5.4, 95\% \text{ CI } [5.3, 5.5], p = .0005, p = .0005$; $M_{\text{Kinship}} = 5.3, 95\% \text{ CI } [5.2, 5.4], p = .0005, p = .0005$; $M_{\text{Permanent}} = 5.5, 95\% \text{ CI } [5.3, 5.8], p = .0005, p = .0005$
- Univariate ANOVA comparing mean Ease-of-

- Access ratings by Placement Type: $F(4, 1063) = 11.6, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 5.0, 95\% \text{ CI } [4.9, 5.2], M_{Other} = 4.8, 95\% \text{ CI } [4.6, 5.0]$ compared with $M_{Foster} = 5.4, 95\% \text{ CI } [5.3, 5.5], p = .002, p = .0005; M_{Kinship} = 5.5, 95\% \text{ CI } [5.3, 5.6], p = .001, p = .0005; M_{Permanent} = 5.6, 95\% \text{ CI } [5.4, 5.9], p = .003, p = .0005$
- 112 Univariate ANOVA comparing mean Preventative Health ratings by Placement Type: $F(4, 1064) = 15.6, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 4.7, 95\% \text{ CI } [4.5, 5.0], M_{Other} = 4.3, 95\% \text{ CI } [4.0, 4.5]$ compared with $M_{Foster} = 5.2, 95\% \text{ CI } [5.1, 5.3], p = .001, p = .0005; M_{Kinship} = 5.3, 95\% \text{ CI } [5.2, 5.4], p = .0005, p = .0005; M_{Permanent} = 5.4, 95\% \text{ CI } [5.0, 5.7], p = .022, p = .0005$
- Univariate ANOVA comparing mean Ease-of-Access ratings by Age Group: $F(2, 1065) = 3.2, p = .022$; Tukey HSD post-hoc comparisons: $M_{10-14} = 5.4, 95\% \text{ CI } [5.3, 5.5]$ vs. $M_{15-17} = 5.2, 95\% \text{ CI } [5.1, 5.3], p = .016$
- Univariate ANOVA comparing mean Preventative Health ratings by Age Group: $F(2, 1066) = 7.3, p = .001$; Tukey HSD post-hoc comparisons: $M_{10-14} = 5.3, 95\% \text{ CI } [5.2, 5.4]$ vs. $M_{15-17} = 4.9, 95\% \text{ CI } [4.8, 5.1], p = .0005$
- 113 Health Check X Jurisdiction: $\chi^2(12) = 37.4, p = .0005$
- 114 Health Check X Placement Type: $\chi^2(8) = 20.0, p = .010$
- 115 Counselling Service X Age Group: $\chi^2(2) = 23.2, p = .0005$
- 116 Counselling Service X Placement Type: $\chi^2(4) = 9.8, p = .043$
- 117 Univariate ANOVA comparing mean Helpful Service ratings by Jurisdiction: $F(6, 589) = 2.6, p = .015$
- 118 Univariate ANOVA comparing mean Helpful Service ratings by Age Group: $F(2, 593) = 3.2, p = .041$; Tukey HSD post-hoc comparisons: $M_{10-14} = 4.9, 95\% \text{ CI } [4.7, 5.0]$ vs. $M_{15-17} = 4.5, 95\% \text{ CI } [4.4, 4.7], p = .035$
- 119 Univariate ANOVA comparing mean Involvement-in-Sport ratings by Jurisdiction: $F(6, 1062) = 4.7, p = .0005$; Tukey HSD post-hoc comparisons: $M_{TAS} = 3.6, 95\% \text{ CI } [3.3, 3.8]$ compared with $M_{NSW} = 4.3, 95\% \text{ CI } [4.1, 4.5], p = .0005; M_{QLD} = 4.3, 95\% \text{ CI } [4.1, 4.5], p = .001$
- 120 Univariate ANOVA comparing mean Involvement-in-Sport ratings by Placement Type: $F(4, 1064) = 5.0, p = .001$; Tukey HSD post-hoc comparisons: $M_{Foster} = 4.2, 95\% \text{ CI } [4.1, 4.4]$ compared with $M_{Residential} = 3.6, 95\% \text{ CI } [3.3, 4.0], p = .004; M_{Other} = 3.6, 95\% \text{ CI } [3.2, 4.0], p = .017$
- 121 Univariate ANOVA comparing mean Involvement-in-Sport ratings by Age Group: $F(2, 1066) = 27.7, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 3.6, 95\% \text{ CI } [3.4, 3.7]$ compared with $M_{10-14} = 4.3, 95\% \text{ CI } [4.1, 4.4], p = .0005; M_{8-9} = 4.5, 95\% \text{ CI } [4.3, 4.8], p = .0005$
- Univariate ANOVA comparing mean Involvement-in-Sport ratings by Sex: $F(1, 1067) = 9.6, p = .002$; $M_{Male} = 4.3, 95\% \text{ CI } [4.1, 4.4]$ vs. $M_{Female} = 4.0, 95\% \text{ CI } [3.8, 4.1]$
- 122 Univariate ANOVA comparing mean Concern-with-Weight ratings by Jurisdiction: $F(6, 1062) = 8.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{ACT} = 3.2, 95\% \text{ CI } [2.4, 2.7], M_{SA} = 3.0, 95\% \text{ CI } [2.7, 3.2], M_{VIC} = 3.1, 95\% \text{ CI } [2.9, 3.3]$, compared with $M_{NSW} = 2.6, 95\% \text{ CI } [2.4, 2.7], p = .058, p = .040, p = .0005; M_{QLD} = 2.5, 95\% \text{ CI } [2.4, 2.7], p = .037, p = .019, p = .0005; M_{TAS} = 2.4, 95\% \text{ CI } [2.2, 2.6], p = .009, p = .003, p = .0005$
- 123 Univariate ANOVA comparing mean Concern-with-Weight ratings by Culture: $F(2, 1066) = 4.5, p = .011; M_{Other} = 3.1, 95\% \text{ CI } [2.8, 3.4]$ compared with $M_{Anglo-Aust} = 2.6, 95\% \text{ CI } [2.5, 2.7], p = .010; M_{Indigenous} = 2.7, 95\% \text{ CI } [2.6, 2.8], p = .057$
- 124 Univariate ANOVA comparing mean Concern-with-Weight ratings by Sex: $F(1, 1067) = 20.2, p = .0005$; $M_{Male} = 2.5, 95\% \text{ CI } [2.4, 2.6]$ vs. $M_{Female} = 2.8, 95\% \text{ CI } [2.7, 2.9]$
- 125 Univariate ANOVA comparing mean Concern-with-Weight ratings by Age Group: $F(2, 1066) = 13.9, p = .0005$; Tukey HSD post-hoc comparisons: $M_{8-9} = 2.4, 95\% \text{ CI } [2.2, 2.5]$ vs. $M_{10-14} = 2.6, 95\% \text{ CI } [2.5, 2.7], p = .053; M_{8-9} = 2.4, 95\% \text{ CI } [2.2, 2.5]$ vs. $M_{15-17} = 2.9, 95\% \text{ CI } [2.8, 3.0], p = .0005; M_{10-14} = 2.6, 95\% \text{ CI } [2.5, 2.7]$ vs. $M_{15-17} = 2.9, 95\% \text{ CI } [2.8, 3.0], p = .0005$

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- 126 As an indicator of the influence of these factors, correlations were performed between number of primary schools attended and respondents' age and time in care. Significant, but weak correlations were obtained: Schools X Age: $r = .12, n = 1069, p = .0005$; Schools X Time: $r = .10, n = 1069, p = .001$
- 127 School Attendance (4 >) X Placement Type: $\chi^2(4) = 14.8, p = .005$
- 128 School Attendance (4 >) X Culture: $\chi^2(2) = 20.7, p = .0005$
- 129 Incidence of Suspension X Placement Type: $\chi^2(12) = 78.8, p = .0005$
- 130 Incidence of Suspension X Sex: $\chi^2(3) = 57.5, p = .0005$
- 131 Univariate ANOVA comparing mean Educational Experience ratings by Sex: $F(1, 1067) = 8.2, p = .004; M_{Female} = 4.9, 95\% \text{ CI } [4.8, 5.0]$ vs. $M_{Male} = 4.7, 95\% \text{ CI } [4.6, 4.8]$
- 132 Univariate ANOVA comparing mean Educational Experience ratings by Age Group: $F(2, 1066) = 19.8, p = .0005$; Tukey HSD post-hoc comparisons: $M_{8-9} = 5.2, 95\% \text{ CI } [5.0, 5.3]$ vs. $M_{10-14} = 4.9, 95\% \text{ CI } [4.8, 5.0], p = .056; M_{8-9} = 5.2, 95\% \text{ CI } [5.0, 5.3]$ vs. $M_{15-17} = 4.5, 95\% \text{ CI } [4.4, 4.7], p = .0005; M_{10-14} = 4.9, 95\% \text{ CI } [4.8, 5.0]$ vs. $M_{15-17} = 4.5, 95\% \text{ CI } [4.4, 4.7], p = .0005$
- 133 Univariate ANOVA comparing mean Educational Experience ratings by Placement Type: $F(4, 1064) = 3.8, p = .005$; Tukey HSD post-hoc comparisons: $M_{Other} = 4.4, 95\% \text{ CI } [4.2, 4.7]$ compared with $M_{Foster} = 4.9, 95\% \text{ CI } [4.8, 5.0], p = .02; M_{Kinship} = 4.9, 95\% \text{ CI } [4.7, 5.0], p = .03; M_{Permanent} = 5.1, 95\% \text{ CI } [4.8, 5.4], p = .022$
- 134 Univariate ANOVA comparing mean Educational Experience ratings by Jurisdiction: $F(6, 1062) = 2.7, p = .015$; Tukey HSD post-hoc comparisons: $M_{TAS} = 4.6, 95\% \text{ CI } [4.4, 4.8]$ compared with $M_{NSW} = 5.0, 95\% \text{ CI } [4.8, 5.1], p = .019; M_{QLD} = 4.9, 95\% \text{ CI } [4.8, 5.1], p = .043$
- 135 Knowledge of IEP X Jurisdiction: $\chi^2(12) = 119.4, p = .0005$
- 136 Knowledge of IEP X Placement Type: $\chi^2(8) = 27.6, p = .002$
- 137 Univariate ANOVA comparing mean Involvement in IEP ratings by Jurisdiction: $F(6, 260) = 3.1, p = .006$; Tukey HSD post-hoc comparisons: $M_{QLD} = 3.4, 95\% \text{ CI } [3.1, 3.7]$ vs. $M_{NT} = 4.5, 95\% \text{ CI } [3.9, 5.2], p = .023$
- 138 Univariate ANOVA comparing mean Importance-of-involvement ratings by Jurisdiction: $F(6, 1062) = 18.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{NT} = 4.4, 95\% \text{ CI } [4.0, 4.8], M_{SA} = 4.4, 95\% \text{ CI } [4.1, 4.7]$ compared with $M_{NSW} = 2.9, 95\% \text{ CI } [2.7, 3.1], p = .0005, p = .0005; M_{QLD} = 3.5, 95\% \text{ CI } [3.3, 3.7], p = .0005, p = .0005; M_{TAS} = 3.1, 95\% \text{ CI } [2.8, 3.3],$

- $p = .0005, p = .0005$
- 139 Univariate ANOVA comparing mean Importance-of-involvement ratings by Sex: $F(1, 1067) = 8.1, p = .004; M_{\text{Female}} = 3.6, 95\% \text{ CI } [3.5, 3.8]$ vs. $M_{\text{Male}} = 3.3, 95\% \text{ CI } [3.2, 3.5]$
- 140 Univariate ANOVA comparing mean Importance-of-involvement ratings by Age Group: $F(2, 1066) = 18.8, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 3.9, 95\% \text{ CI } [3.7, 4.1]$ vs. $M_{10-14} = 3.4, 95\% \text{ CI } [3.3, 3.6], p = .0005; M_{15-17} = 3.9, 95\% \text{ CI } [3.7, 4.1]$ vs. $M_{8-9} = 2.9, 95\% \text{ CI } [2.6, 3.2], p = .0005; M_{10-14} = 3.4, 95\% \text{ CI } [3.3, 3.6]$ vs. $M_{8-9} = 2.9, 95\% \text{ CI } [2.6, 3.2], p = .001$
- 141 Univariate ANOVA comparing mean Importance-of-involvement ratings by Placement Type: $F(4, 1064) = 9.9, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 4.3, 95\% \text{ CI } [4.0, 4.6]$ compared with $M_{\text{Foster}} = 3.3, 95\% \text{ CI } [3.2, 3.5], p = .0005; M_{\text{Kinship}} = 3.3, 95\% \text{ CI } [3.2, 3.6], p = .0005; M_{\text{Permanent}} = 4.0, 95\% \text{ CI } [3.5, 4.5]$ vs. $M_{\text{Foster}} = 3.3, 95\% \text{ CI } [3.2, 3.5], p = .044$
- 142 A 7 X 3 [Jurisdiction X Context] mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed to compare the mean bullying ratings. Main effects were found for Jurisdiction [$F(6, 1050) = 6.4, p = .0005$, partial eta squared = .04] and Context [$F(1, 1855) = 211.8, p = .0005$, partial eta squared = .17]. Also, a significant interaction was recorded [$F(10, 1855) = 3.2, p = .0005$, partial eta squared = .02] as seen in Figure 95.
- Univariate repeated measures ANOVA for levels of Bullying Context in NT (employing the Greenhouse-Geisser correction and Bonferroni adjustment): $F(1, 124) = 9.6, p = .0005; M_{\text{School}} = 2.2, 95\% \text{ CI } [1.7, 2.6]$ vs. $M_{\text{Placement}} = 2.0, 95\% \text{ CI } [1.6, 2.4], p > .05; M_{\text{School}} = 2.2, 95\% \text{ CI } [1.7, 2.6]$ vs. $M_{\text{Internet}} = 1.3, 95\% \text{ CI } [1.1, 1.5], p = .0005; M_{\text{Placement}} = 2.0, 95\% \text{ CI } [1.6, 2.4]$ vs. $M_{\text{Internet}} = 1.3, 95\% \text{ CI } [1.1, 1.5], p = .001$
- For comparison: Univariate repeated measures ANOVA for levels of Bullying Context in QLD (employing the Greenhouse-Geisser correction and Bonferroni adjustment): $F(1, 447) = 74.6, p = .0005; M_{\text{School}} = 2.3, 95\% \text{ CI } [2.1, 2.5]$ vs. $M_{\text{Placement}} = 1.5, 95\% \text{ CI } [1.4, 1.7], p = .0005; M_{\text{School}} = 2.3, 95\% \text{ CI } [2.1, 2.5]$ vs. $M_{\text{Internet}} = 1.2, 95\% \text{ CI } [1.1, 1.2], p = .0005; M_{\text{Placement}} = 1.5, 95\% \text{ CI } [1.4, 1.7]$ vs. $M_{\text{Internet}} = 1.2, 95\% \text{ CI } [1.1, 1.2], p = .0005$
- 143 A 5 X 3 [Placement Type X Context] mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed to compare the mean bullying ratings. Main effects were found for Placement Type [$F(4, 1052) = 11.0, p = .0005$, partial eta squared = .04] and Context [$F(1, 1858) = 176.1, p = .0005$, partial eta squared = .14]. Also, a significant interaction was recorded [$F(7, 1858) = 4.4, p = .0005$, partial eta squared = .02] as seen in Figure 96.
- Univariate repeated measures ANOVA for levels of Bullying Context in Residential (employing the Greenhouse-Geisser correction and Bonferroni adjustment): $F(1, 190) = 20.0, p = .0005; M_{\text{School}} = 2.4, 95\% \text{ CI } [2.1, 2.7]$ vs. $M_{\text{Placement}} = 2.2, 95\% \text{ CI } [1.9, 2.5], p > .05; M_{\text{School}} = 2.4, 95\% \text{ CI } [2.1, 2.7]$ vs. $M_{\text{Internet}} = 1.4, 95\% \text{ CI } [1.2, 1.7], p = .0005; M_{\text{Placement}} = 2.2, 95\% \text{ CI } [1.9, 2.5]$ vs. $M_{\text{Internet}} = 1.4, 95\% \text{ CI } [1.2, 1.7], p = .0005$
- For comparison: Univariate repeated measures ANOVA for levels of Bullying Context in Foster (employing the Greenhouse-Geisser correction and Bonferroni adjustment): $F(1, 976) = 213.9, p = .0005; M_{\text{School}} = 2.4, 95\% \text{ CI } [2.3, 2.6]$ vs. $M_{\text{Placement}} = 1.5, 95\% \text{ CI } [1.4, 1.6], p = .0005; M_{\text{School}} = 2.4, 95\% \text{ CI } [2.3, 2.6]$ vs. $M_{\text{Internet}} = 1.2, 95\% \text{ CI } [1.1, 1.2], p = .0005; M_{\text{Placement}} = 1.5, 95\% \text{ CI } [1.4, 1.6], p = .0005$
- 144 Univariate ANOVA comparing mean Bullying Context ratings by Sex: $F(1, 1055) = 12.4, p = .0005; M_{\text{Female}} = 1.9, 95\% \text{ CI } [1.8, 2.0]$ vs. $M_{\text{Male}} = 1.7, 95\% \text{ CI } [1.6, 1.8]$
- 145 A 3 X 3 (Age Group X Context) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed to compare the mean bullying ratings. Only a main effect for Context was found [$F(1, 1854) = 309.5, p = .0005$, partial eta squared = .28] together with a significant interaction [$F(3, 1854) = 4.4, p = .002$, partial eta squared = .01] as seen in Figure 97.
- Univariate repeated measures ANOVA for levels of Bullying Context in 15 – 17 group (employing the Greenhouse-Geisser correction and Bonferroni adjustment): $F(1, 598) = 81.4, p = .0005; M_{\text{School}} = 2.5, 95\% \text{ CI } [2.3, 2.7]$ vs. $M_{\text{Placement}} = 1.7, 95\% \text{ CI } [1.5, 1.8], p = .0005; M_{\text{School}} = 2.5, 95\% \text{ CI } [2.3, 2.7]$ vs. $M_{\text{Internet}} = 1.5, 95\% \text{ CI } [1.4, 1.6], p = .0005; M_{\text{Placement}} = 1.7, 95\% \text{ CI } [1.5, 1.8]$ vs. $M_{\text{Internet}} = 1.5, 95\% \text{ CI } [1.4, 1.6], p > .05$
- For comparison: Univariate repeated measures ANOVA for levels of Bullying Context in 10 – 14 group (employing the Greenhouse-Geisser correction and Bonferroni adjustment): $F(1, 1027) = 231.8, p = .0005; M_{\text{School}} = 2.5, 95\% \text{ CI } [2.4, 2.7]$ vs. $M_{\text{Placement}} = 1.6, 95\% \text{ CI } [1.5, 1.7], p = .0005; M_{\text{School}} = 2.5, 95\% \text{ CI } [2.4, 2.7]$ vs. $M_{\text{Internet}} = 1.2, 95\% \text{ CI } [1.1, 1.2], p = .0005; M_{\text{Placement}} = 1.6, 95\% \text{ CI } [1.5, 1.7]$ vs. $M_{\text{Internet}} = 1.2, 95\% \text{ CI } [1.1, 1.2], p = .0005$

Section 3.7

- 146 Univariate ANOVA comparing mean Have-a-Say ratings by Age Group: $F(2, 1066) = 18.4, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 4.5, 95\% \text{ CI } [4.3, 4.6]$ vs. $M_{10-14} = 4.2, 95\% \text{ CI } [4.1, 4.3], p = .0005; M_{10-14} = 4.2, 95\% \text{ CI } [4.1, 4.3]$ vs. $M_{8-9} = 3.7, 95\% \text{ CI } [3.5, 3.9], p = .006; M_{15-17} = 4.5, 95\% \text{ CI } [4.3, 4.6]$ vs. $M_{8-9} = 3.7, 95\% \text{ CI } [3.5, 3.9], p = .0005$
- 147 Univariate ANOVA comparing mean Have-a-say ratings by Jurisdiction: $F(6, 1062) = 5.3, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{TAS}} = 3.8, 95\% \text{ CI } [3.5, 4.0]$ compared with $M_{\text{NSW}} = 4.4, 95\% \text{ CI } [4.2, 4.5], p = .0005; M_{\text{QLD}} = 4.2, 95\% \text{ CI } [4.0, 4.4], p = .031; M_{\text{VIC}} = 4.5, 95\% \text{ CI } [4.3, 4.8], p = .0005$
- Univariate ANOVA comparing mean Listen ratings by Jurisdiction: $F(6, 1062) = 10.7, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{TAS}} = 4.1, 95\% \text{ CI } [3.9, 4.3], M_{\text{NT}} = 4.0, 95\% \text{ CI } [3.7, 4.3]$ compared with $M_{\text{NSW}} = 4.9, 95\% \text{ CI } [4.7, 5.0], p = .0005, p = .0005; M_{\text{QLD}} = 4.5, 95\% \text{ CI } [4.4, 4.7], p = .003, p = .015; M_{\text{VIC}} = 4.7, 95\% \text{ CI } [4.5, 4.9], p = .0005, p = .002$
- 148 Univariate ANOVA comparing mean Have-a-say ratings by Placement Type: $F(4, 1064) = 4.7, p = .001$; Tukey HSD post-hoc comparisons: $M_{\text{Permanent}} = 4.8, 95\% \text{ CI } [4.4, 5.2]$ compared with $M_{\text{Foster}} = 4.2, 95\% \text{ CI } [4.1, 4.3], p = .022; M_{\text{Residential}} = 4.1, 95\% \text{ CI } [3.9, 4.4], p = .043; M_{\text{Other}} = 3.8, 95\% \text{ CI } [3.4, 4.1], p = .001$
- Univariate ANOVA comparing mean Listen ratings by Placement Type: $F(4, 1064) = 11.8, p = .0005$; Tukey HSD post-hoc comparisons: $M_{\text{Residential}} = 4.1, 95\% \text{ CI } [3.8, 4.3], M_{\text{Other}} = 3.9, 95\% \text{ CI } [3.6, 4.2]$ compared with $M_{\text{Foster}} = 4.6, 95\% \text{ CI } [4.5, 4.7], p = .0005, p = .0005; M_{\text{Kinship}} = 4.7, 95\% \text{ CI } [4.5, 4.8], p = .0005, p = .0005; M_{\text{Permanent}} = 4.9, 95\% \text{ CI } [4.6, 5.3], p = .001, p = .0005$
- 149 Univariate ANOVA comparing mean Listen ratings by Culture: $F(2, 1066) = 5.6, p = .004; M_{\text{Indigenous}} = 4.4, 95\% \text{ CI } [4.2, 4.5]$ vs. $M_{\text{Anglo-Aust}} = 4.6, 95\% \text{ CI } [4.5, 4.7]$

- 150 Univariate ANOVA comparing mean Same Things ratings by Jurisdiction: $F(6, 1062) = 6.9, p = .0005$; Tukey HSD post-hoc comparisons: $M_{NT} = 4.1, 95\% \text{ CI } [3.8, 4.4]$ compared with $M_{NSW} = 5.0, 95\% \text{ CI } [4.8, 5.1], p = .0005$; $M_{QLD} = 4.8, 95\% \text{ CI } [4.7, 5.0], p = .0005$; $M_{SA} = 4.8, 95\% \text{ CI } [4.6, 5.1], p = .001$; $M_{TAS} = 4.6, 95\% \text{ CI } [4.4, 4.8], p = .020$; $M_{VIC} = 5.0, 95\% \text{ CI } [4.8, 5.2], p = .0005$
- 151 Univariate ANOVA comparing mean Same Things ratings by Placement Type: $F(4, 1064) = 8.2, p = .0005$; Tukey HSD post-hoc comparisons: $M_{Residential} = 4.3, 95\% \text{ CI } [4.1, 4.5]$ compared with $M_{Foster} = 4.8, 95\% \text{ CI } [4.7, 4.9], p = .0005$; $M_{Kinship} = 5.0, 95\% \text{ CI } [4.9, 5.2], p = .0005$; $M_{Permanent} = 4.9, 95\% \text{ CI } [4.6, 5.3], p = .034$
- 152 Univariate ANOVA comparing mean Same Things ratings by Culture: $F(2, 1066) = 6.0, p = .003$; $M_{Indigenous} = 4.6, 95\% \text{ CI } [4.5, 4.7]$ vs. $M_{Anglo-Aust} = 4.9, 95\% \text{ CI } [4.8, 5.0], p = .002$
- 153 Univariate ANOVA comparing mean Satisfaction ratings by Sex: $F(1, 202) = 15.6, p = .0005$; $M_{Male} = 4.6, 95\% \text{ CI } [4.2, 4.9]$ vs. $M_{Female} = 3.7, 95\% \text{ CI } [3.4, 4.0]$
- 154 Univariate ANOVA comparing mean Satisfaction ratings by Age Group: $F(2, 101) = 5.8, p = .004$; Tukey HSD post-hoc comparisons: $M_{8-9} = 5.1, 95\% \text{ CI } [4.4, 5.9]$ compared with $M_{10-14} = 3.8, 95\% \text{ CI } [3.5, 4.1], p = .004, M_{15-17} = 4.2, 95\% \text{ CI } [3.8, 4.5], p = .068$

Section 3.8

- 155 A 3 X 6 (Age Group X Self-Care Area) mixed ANOVA with repeated measures on the latter factor (using the Greenhouse-Geisser correction) was performed. A main effect was found for Age Group: $F(2, 1007) = 56.8, p = .0005$, partial eta squared = .10, and Self-Care Area: $F(4, 4679) = 145.0, p = .0005$, partial eta squared = .13. Also, a significant interaction was recorded: $F(9, 4679) = 17.8, p = .0005$, partial eta squared = .03

Univariate repeated measures ANOVA for levels of Self-Care Area in 8 – 9 year Age Group (employing the Greenhouse-Geisser correction): $F(4, 647) = 52.1, p = .0005$;

$M_{Grooming} = 4.8, 95\% \text{ CI } [4.6, 5.1]$;
 $M_{Housekeeping} = 3.8, 95\% \text{ CI } [3.4, 4.1]$;
 $M_{Budgeting} = 3.5, 95\% \text{ CI } [3.2, 3.9]$;
 $M_{Shopping} = 3.1, 95\% \text{ CI } [2.8, 3.4]$;
 $M_{Cooking} = 2.8, 95\% \text{ CI } [2.5, 3.1]$;
 $M_{Transport} = 2.5, 95\% \text{ CI } [2.2, 2.9]$;
 Comparisons (Bonferroni Adjustment):
 $M_{Grooming} \text{ vs. } M_{Housekeeping}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Budgeting}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Shopping}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Cooking}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Transport}, p = .0005$;
 $M_{Housekeeping} \text{ vs. } M_{Shopping}, p = .002$;
 $M_{Housekeeping} \text{ vs. } M_{Cooking}, p = .0005$;
 $M_{Housekeeping} \text{ vs. } M_{Transport}, p = .0005$;
 $M_{Budgeting} \text{ vs. } M_{Cooking}, p = .0005$;
 $M_{Budgeting} \text{ vs. } M_{Transport}, p = .0005$;
 $M_{Shopping} \text{ vs. } M_{Transport}, p = .003$

Univariate repeated measures ANOVA for levels of Self-Care Area in 15 – 17 year Age Group (employing the Greenhouse-Geisser correction): $F(4, 1445) = 42.1, p = .0005$;

$M_{Grooming} = 5.4, 95\% \text{ CI } [5.3, 5.6]$;
 $M_{Housekeeping} = 4.8, 95\% \text{ CI } [4.6, 4.9]$;
 $M_{Budgeting} = 4.2, 95\% \text{ CI } [4.0, 4.4]$;
 $M_{Shopping} = 4.8, 95\% \text{ CI } [4.6, 5.0]$;
 $M_{Cooking} = 4.8, 95\% \text{ CI } [4.6, 5.0]$;
 $M_{Transport} = 4.8, 95\% \text{ CI } [4.6, 5.0]$;
 Comparisons (Bonferroni Adjustment):
 $M_{Grooming} \text{ vs. } M_{Housekeeping}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Budgeting}, p = .0005$;

$M_{Grooming} \text{ vs. } M_{Shopping}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Cooking}, p = .0005$;
 $M_{Grooming} \text{ vs. } M_{Transport}, p = .0005$;
 $M_{Housekeeping} \text{ vs. } M_{Budgeting}, p = .0005$;
 $M_{Budgeting} \text{ vs. } M_{Shopping}, p = .0005$;
 $M_{Budgeting} \text{ vs. } M_{Cooking}, p = .0005$;
 $M_{Budgeting} \text{ vs. } M_{Transport}, p = .0005$

- 156 Knowledge of Charter X Jurisdiction: $\chi^2(12) = 27.8, p = .006$
- 157 Knowledge of Charter X Placement Type: $\chi^2(8) = 18.7, p = .016$
- 158 Knowledge of Charter X Sex: $\chi^2(2) = 10.8, p = .005$
- 159 Spoken with Someone X Jurisdiction: $\chi^2(6) = 16.6, p = .011$

Section 3.9

- 160 Univariate ANOVA comparing mean Overall Score ratings by Culture: $F(2, 1063) = 3.8, p = .022$; $M_{Anglo-Aust} = 7.0, 95\% \text{ CI } [6.8, 7.2]$ vs. $M_{Indigenous} = 7.5, 95\% \text{ CI } [7.2, 7.8], p = .036$; $M_{Other} = 7.6, 95\% \text{ CI } [6.9, 8.3], p > .05$
- 161 Univariate ANOVA comparing mean Overall Score ratings by Age Group: $F(2, 1063) = 9.6, p = .0005$; Tukey HSD post-hoc comparisons: $M_{15-17} = 6.7, 95\% \text{ CI } [6.4, 7.0]$ compared with $M_{10-14} = 7.3, 95\% \text{ CI } [7.1, 7.5], p = .005$; $M_{8-9} = 6.7, 95\% \text{ CI } [6.4, 7.0], p = .0005$

Section 4.2

- 162 Correlation of Happiness in Current Placement with Satisfaction with Placement History: $r = .26, n = 1069, p = .0005$
- 163 Variables studied and respective correlations obtained included ($n = 1069$): Number of other children in residence ($r = .001, p > .05$); Similarity of treatment ($r = -.24, p = .0005$); Have Privacy ($r = .28, p = .0005$); Have physical requirements ($r = .26, p = .0005$); Feel safe and secure ($r = .32, p = .0005$); Feel comfortable ($r = .45, p = .0005$); People care ($r = .32, p = .0005$); Amount of free time ($r = .20, p = .0005$); Time on-line ($r = .06, p > .05$)

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