COVID-19

The views of young people with an out-of-home care experience in Victoria

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Introduction

The coronavirus pandemic (COVID-19) is an international health crisis that has caused significant disruption and death globally. COVID-19, a severe acute respiratory syndrome, is highly infectious and can be fatal for some people, especially those with chronic health conditions and older people. There has been little progress towards treatments for the disease so far; and while vaccine development is promising, with some countries approving and administering vaccines already, time and costs associated with manufacture and distribution and the global nature of the disease mean that it still might be some time before the disease is under control (Mahase, 2020). At the time of writing, there have been over 99 million cases of COVID-19 globally, including 2,149,700 deaths (WHO, 2021).

Governments and health authorities across the world, by and large, have responded to the pandemic with interventions designed to reduce the transmission of COVID-19, protect vulnerable people, and prepare health-care systems. In Australia, these interventions have included policies targeted at the general population (e.g., travel and movement restrictions, limiting the number of people gathering in public and private spaces), public health campaigns encouraging actions individuals could take (e.g., encouraging hand washing, covering coughs and sneezes, physical distancing, testing when symptomatic), case isolation, contact tracing, and quarantine. While the rate of transmission of COVID-19 in Australia is relatively low, the interventions necessary to achieve this have significantly disrupted many aspects of daily life and had many social, psychological, economic, and cultural implications. As one 16-year-old Australian commented: "I never expected a health crisis to affect every aspect of my life other than my health" (Connolly, 2020, p. 5).

COVID-19 has affected all parts of society, including children and young people. Children and young people in Australia have experienced abrupt changes to their daily routines as a result of the pandemic. Public health measures have cancelled, postponed, or limited usual activities (e.g., educational, social, recreation, sporting), disrupted the social connections and supports available through family and friends, and reduced access to resources (such as those available through schools, libraries, and other public spaces). Social distancing and lockdown measures also have affected young people's access to support and therapeutic services, and made it difficult for young people to make plans for the future (e.g., Grade 12 exam preparations, living away from home for the first time). These disruptions have both short-term and long-term implications across a range of life areas, including mental and physical health, relationships, educational attainment and engagement, self-concept and identity development, sense of safety, and career pathways (AIHW, 2020b; Connolly, 2020; Ellis et al., 2020). For example, thematic analysis of COVID-19 concerns raised by 700 young people who called Kids Helpline, a free confidential national counselling service in Australia, found young people were affected by COVID-19 in a range of ways, including impacts to their mental health, education, social

relationships, family life, and life plans and usual activities, among others (yourtown & the Australian Human Rights Commission, 2020). Moreover, differences were noted depending on age, ethnicity, and gender. For example, educational impact was the top concern for 11 to 14-year-old females and males; mental health was the top concern for 11 to 14-year-olds who identified as gender diverse/transgender and female culturally and linguistically diverse (CALD) young people; impact on family life was the top concern for male CALD young people; and changes to essential services and supports was the top concern for Aboriginal and Torres Strait Islander young people of all ages.

While the National lockdown was lifted on 20 June, 2020, children and young people in Victoria faced a second wave of COVID-19 culminating in a state-wide lockdown on 2 August, 2020 (with an easing of restrictions from 26 October, 2020), and therefore, their experiences during COVID-19 have been somewhat more restricted than those of other states in Australia. Research conducted prior to the second lockdown was already suggesting poorer outcomes in Melbourne compared to other parts of Australia (e.g., Biddle & Gray, 2020; UNICEF Australia, 2020). For example, while 55% of young people in Australia rated their ability to cope as "good" in July/August 2020, compared to 45% in April 2020, ratings by young people in Victoria have remained at 44% across this time (UNICEF, 2020). In July and August (when restrictions were becoming increasingly tighter, but prior to the second lockdown), children and young people surveyed by the Commission for Children and Young People Victoria (2020a) reported that the pandemic was negatively affecting their mental health, education, and feelings of safety (i.e., increased arguments in the home, concerns about online bullying, COVID-19 related health concerns). Young people stated that they were experiencing significant barriers when trying to access mental health services (e.g., long wait lists; cancelled programs; lack of privacy needed to utilise telehealth services) and difficulties with learning from home, particularly for those with disabilities, from CALD communities, and with limited access to technology and/or internet connection.

While COVID-19 is affecting all children and young people, the challenges of the pandemic are likely to be magnified for children and young people who are already experiencing disadvantage. For example, children and young people with an out-of-home care experience; those who live in families where domestic violence, neglect, or substance addiction is present; who live in poverty; who are homeless; who have a pre-existing disability or health condition; or who were already facing social and/or education exclusion (Alonzi et al., 2020; Brown et al., 2020; Jones et al., 2020; Thornton et al., 2020; Young Minds, 2020). For example, 2,036 young people with a pre-existing mental health condition were surveyed by Young Minds and 81% reported that they thought the pandemic had made their mental health worse (Young Minds, 2020). Moreover, a recent report prepared for Children and Young People with Disability Australia found that schools were unable to provide adequate support for many students with a disability during lockdown, including learning materials in accessible formats and that nearly three quarters of disabled students surveyed felt socially isolated from their peers (Dickinson et

al., 2020). As the pandemic continues, research is continuing to emerge showing that COVID-19 is not an equaliser, but rather that it highlights systemic inequalities and has the potential to entrench existing disadvantage.

Children and young people with an out-of-home care experience may be particularly vulnerable to the negative effects of COVID-19. Children and young people typically enter care due to abuse, neglect, or domestic violence, and many have experienced high rates of complex relational trauma (Bailey et al., 2019). Young people can experience additional trauma and distress through the process of being removed from family and experiences within the care system (e.g., placement changes). Children and young people in out-of-home care are more likely to have poorer health, poorer educational outcomes, and higher rates of developmental difficulties compared to their peers (Arora et al., 2014; Berridge, 2012; Hansen et al., 2004; Hill & Watkins, 2003; Kaltner & Rissel, 2011; Nathanson & Tzioumi, 2007). Given that the pandemic is disrupting areas of life in which children and young people in out-of-home care already face significant disadvantage, this population may be more susceptible to any negative effects of COVID-19 than their peers.

There has been relatively little research in Australia regarding how children and young people with an out-of-home care experience are faring in the COVID-19 pandemic. In April 2020, a report was released which predicted likely impacts of COVID-19 on the out of home care sector, based on a review of published literature and consultations with kinship and foster carers. Some of the impacts discussed included: disrupted access to respite, support and therapeutic services; restricted face-to-face contact with biological family members; difficulties with alternative methods of communication (e.g., telephone, video calling) for contacting biological family members and support services, particularly for younger children; and delays in legal processes (Galvin & Kaltner, 2020). While this provided valuable insights, the report did not include the voices of young people who have experience in out-of-home care and its predictions have not been evaluated further.

CREATE has recently conducted two surveys with young people with an out-of-home care experience from Tasmania and the ACT, asking about the impact of COVID-19 on their lives (CREATE, 2020a; CREATE, 2020b). Children and young people described concerns regarding their education, mental health, and relationships, frequently commenting on a need for increased support. Young people in Tasmania (aged 14 to 18 years) more frequently commented that they were concerned about difficulties with school, while young people in the ACT (of whom more than 50% were over the age of 18 and living in semi-independent or independent accommodation) more frequently commented on difficulties with mental health. While these consultations provided insight into the experiences of young people in out-of-home care during the pandemic, the sample sizes were small (both with under 30 participants) and the research was not designed to be generalised to other locations. No studies have reported on the experiences of young people following the second lockdown in Victoria; and little

is currently known about the ways that COVID-19 is affecting children and young with a care experience in Victoria.

This current consultation provided an important opportunity to ask children and young people with and out-of-home care experience in Victoria for their views and experiences during the COVID-19 pandemic. The United Nations Convention on the Rights of the Child (UNCRC, 1989) states that children who are "capable of forming [their] own views" have "the right to express those views freely in all matters affecting the child" (p. 5). As plans for recovery start to be made and implemented, it is essential that the views and experiences of young people with a care experience are considered and that young people are able to contribute and shape any decisions that will affect their lives.

Method

Participants

Twenty-eight young people (19 females, 9 males; age range 14–18) with an out-of-home care experience in Victoria, Australia, participated in the consultation. More than half of the young people surveyed lived in a metropolitan area in Victoria (N = 17). Six young people identified as Aboriginal and/or Torres Strait Islander (21% of participants) and two young people identified with another culture (Philippine and Sudanese). Most young people were living in a permanent care placement (N = 12) and were 0–2 years old when they first came into care (N = 12). Further details of participant age and placement history can be seen in Table 1.

Eleven participants identified as living with one or more disabilities, including ADHD (N = 5), intellectual disability (N = 3), attachment disorder (N = 1), learning disability (N = 1), cerebral palsy (N = 1), and autism (N = 1). Not all young people shared information about their disability and some described more than one diagnosis. All who reported living with a disability also reported receiving support for their disability (e.g., medication, counselling, and education support). Two young people noted that the support they typically receive had decreased or stopped during COVID-19.

Table 1. *Participant Demographics*

Demographics	Number of Young People
Age	
14	7
15	3
16	8
17	8
18	2
Age First Entered Care	
0 – 2	12
3 – 4	4
5 – 8	6
9 – 16	3
Placement Type	
Foster Care	5
Kinship Care	8
Permanent Care	12
Residential Care	1
Semi-independent supported accommodation	1
Family Home	1

Materials

The consultation utilised a mixed-method approach, combining quantitative and qualitative research methodologies to allow young people's voices to be heard directly. The interview protocol consisted of 21 items (see Appendix A) and was written and developed by the CREATE Foundation[*]. Items included 10 questions asking about demographic information (e.g., age, placement type, culture) and five short-answer, four rating scale (one including seven sub-questions), and two check-box questions asking young people about their experiences during the COVID-19 pandemic. Short answer questions asked young people about their greatest concerns during the COVID-19 pandemic and about their information and support needs. Rating scale questions used an 11-point scale, with anchors relevant to the individual question, and typically included a comments space for young people to describe their thoughts and experiences relevant to the particular question. For example, "How much impact has the social isolation or contact restrictions had on your education?" was rated from 0 (*None at all*) to 10 (*A

[*] See Appendix B for details on the CREATE Foundation

great deal) and included a comment box for young people to elaborate. One check-box question asked young people to indicate the services they accessed during the COVID-19 pandemic and one asked if there had been any positive changes as a result of the response to COVID-19, which required a Yes / No response and included a comments box for young people to give details.

Procedure

All participants were recruited through the clubCREATE member database[†] by two CREATE researchers in November and December 2020. Carers of young people were contacted by phone and asked for their consent to invite young people to participate. If consent was provided, young people were contacted by phone and invited to participate. CREATE researchers explained to young people and carers the nature of the consultation, and information about confidentiality, the voluntary nature of participation, and the ability to withdraw at any time. Information was made available to young people and carers in a Participation Information Sheet on the CREATE Foundation website that was able to be accessed at any time.

The Consultation was conducted in accordance with the *CREATE Disclosure* and *CREATE Consultation with Young People* policies. Verbal or written consent was obtained from all young people and their carers prior to the commencement of the survey. Consultations were conducted over the phone with a CREATE researcher (*N* = 22) or completed independently online (*N* = 6). Following participation, young people could elect to receive a $25 voucher in recognition for their time and insights. During telephone consultations, responses of young people were recorded verbatim by the CREATE researcher conducting the structured interview. The quotations contained in this report were taken directly from the voices of young people involved in the consultation and are unchanged. However, they are de-identified to protect the confidentiality of young people and are attributed to individuals by sex and age.

Data Analysis

Analysis of the data consisted of statistical analysis of quantitative data and thematic analysis of qualitative data. Numerical data (e.g., from rating scale questions) were analysed by calculating frequencies and percentages. Qualitative data were analysed thematically using an inductive grounded theory approach, where themes emerged from young people's voices, rather than being informed by previous research (Breckenridge & Jones, 2009). Open-ended questions allowed young people to comment about several ideas in one answer; therefore, the number of comments can exceed the

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[†] All children and young people who participate in CREATE events and programs are invited to join *clubCREATE,* which entitles them to receive additional invitations to special events, regular magazines, birthday cards, and to be consulted on issues relevant to their lives in out-of-home care.

number of respondents answering the question. The coding, categorising, and interpretation of themes were assisted by having two researchers examine the data independently.

Limitations

This consultation reported on the experiences of a small sample of young people with an out-of-home care experience (N = 28). This is a small proportion of those with an out-of-home care experience in Victoria (as of 30 June 2019, there were 12,093 children and young people in out-of-home care in Victoria; AIHW, 2020a). While this consultation was not intended to represent the views and experiences of all young people with an out-of-home care experience, the diversity of the sample was limited and might have left out important voices, such as those in residential care placements, those who identify as LGBTQI+, and those from culturally and linguistically diverse (CALD) backgrounds. These groups are typically harder to reach (or might not wish to be identified) and very little is known about their unique experiences in general, not to mention during COVID-19. For example, while the numbers of those in residential care placements is known (as of 30 June 2019, approximately 5.4% of young people in out-of-home care in Victoria live in a residential care placement; AIHW, 2020a), there is limited information about young people in out-of-home care who identify as LGBTQI+ or who have CALD backgrounds (Monson et al., 2020). However, these groups are potentially more likely to be negatively affected by COVID-19 and the subsequent responses to it.

The Commission for Children and Young People in Victoria (2015) reported that children and young people living in residential care were more at risk of losing contact with friends, family, culture, and community supports; developing mental health or substance abuse issues; experiencing homelessness; and having greater involvement with the youth justice system. Further, following COVID-19, the Commission for Children and Young People in Victoria established an enquiry into children and young people missing or absent from residential care following a 30 per cent increase in police reports of children and young people missing from out-of-home care, indicating a need to understand their unique experiences (Commission for Children and Young People, 2020b; Kinsella, 2020).

Young people from CALD backgrounds in out-of-home care report receiving far less preventative health care (McDowall, 2018) and are less likely to be referred to mental health services compared to their Anglo-peers (Villagrana, 2017). Further, research not specifically focused on young people with an out-of-home experience suggests that young people from CALD communities were already experiencing high rates of casual employment; and higher levels of loneliness and more racist experiences relative to their peers (Centre for Multicultural Youth, 2014; Priest et al., 2014; Wyn et al., 2019). Young people who identify as LGBTQI+ in the general Australian community have been reported to experience higher rates of mental ill-health associated with experiences of discrimination and bullying (Strauss et al.,

2020); and in a study examining the effects of COVID-19 (Alonzi et al., 2020) found that non-binary young people reported higher levels of depression and anxiety compared with males and females. Specific research focusing on these populations would help to understand their unique experiences during the COVID-19 pandemic and help organisations to better support young people with the longer-term effects stemming from the response to COVID-19.

In discussion of outcomes regarding transition planning, it must be acknowledged that this applies to only 12 of the respondents (excluding those under 15 years and in Permanent Care).

Findings

Greatest Concerns for Young People During COVID-19

Young people were asked what the greatest concern had been for them personally during COVID-19. Most frequently, young people reported concerns related to reduced social contact with friends and family (*N* = 11). Some young people highlighted feelings of loneliness and isolation, and one young person commented that their social skills had suffered as a result of seeing others in person less frequently (see Table 2).

Table 2. *Greatest Concern for Young People During COVID-19 (N = 28)*

THEMES	TOTAL	Percent
Social Concerns	**11**	**23.4**
Unable to see family and friends	8	17.0
Feelings of loneliness or isolation	2	4.3
Social skills	1	2.1
Health concerns	**10**	**21.2**
Concern for family	5	10.6
Concern for personal health	4	8.5
Mental health	1	2.1
School	**9**	**19.2**
Lack of support	3	6.4
Difficulties with concentration	3	6.4
Falling behind	3	6.4
Can't do usual activities	**7**	**15.0**
Can't go out	3	6.4
Sport/Exercise	2	4.3
Other valued activities	2	4.3
Following the rules in public spaces	**6**	**12.7**
(e.g., wearing masks; following social distancing rules)		
Uncertainty about the future	**3**	**6.4**
Social movements	**1**	**2.1**
TOTAL	**47**	**100.0**

Note. Some respondents raised more than one concern.

Not being able to see my friends. (Male, 14)

Not being able to see my friends or family or go to school. (Female, 16)

Maybe not knowing when we would be able to do stuff. Going out to visit my mates. (Male, 17)

Not being able to do the things - having a normal life, going out socially and stuff like that. Just not being able to be face-to-face with people—friends/family. (Female, 17)

Loneliness. (Male, 18)

Losing my ability to be around people again. Not being around anyone for months has made me feel concerned that I am not going to be able to communicate the same. (Female, 14)

Young people expressed concerns about health and wellbeing (*N* = 10), particularly with regard to the health of their family members and the transmission of COVID-19. Young people also were concerned with how the pandemic would affect their own health (e.g., being infected with COVID-19; not being able to maintain healthy exercise and eating routines; deterioration of pre-existing mental health conditions).

The greatest concerns for me has been the health of my family and the uncertainty of everything. (Female, 17)

Probably be my family. I'm not with all of my siblings (natural siblings) and even the ones I live with I was concerned for them (I was frightened—I don't want any of them getting COVID). And if any of my natural siblings got COVID I probably wouldn't hear about it for a while. (Female, 15)

My biggest concern was getting COVID and passing it to my grandmother. (Male, 17)

Getting sick with COVID. (Male, 16)

I'd say getting motivated to do exercise and eat healthy. (Female, 16)

My depression I think—if it was going to get worse. (Female, 15)

Many young people reported that school was their greatest concern during COVID-19 (*N* = 9), with comments largely identifying challenges associated with learning from home during lockdown periods. Young people commented that they found it difficult to access help and support, they had difficulties with concentration and motivation, and they were worried about falling behind.

Going to school. Because ever since it started, we weren't allowed to go to school and I wasn't able to go to school and get help from my teachers and wasn't able to do online learning very well (everything was difficult—being motivated, not being distracted, being focused). And I felt very isolated. (Female, 17)

[My greatest concern was] with remote rooms. It was the toughest time because we couldn't really get help from the teachers as much. We did that for probably half a term. (Female, 17)

Probably concerned on trying to get my schoolwork done. They sent out a lot of work and we had to finish it all in the week and sometimes that would take a while and it was a bit hard for me to do that from home. (Male, 14)

School and like falling behind. Cos it, I get distracted easily at home and without someone to get me back on track I can get carried away. (Female, 14)

Some young people raised concerns about not being able to participate in their usual extracurricular and other planned activities.

> *There haven't been any concerns really. The only concern has been seeing mates— because of lockdown I haven't been able to see them. Oh, and the sport, the footy—I play footy and cricket and that was delayed; oh, and I sing—I was devastated that I couldn't perform at my school talent quest. Also, I didn't get my Ls because of COVID—didn't book it in because of the disruption this year. Am going to do it in January. Excited but nervous too.* (Male, 16)

> *Probably not being able to play my sports. Netball and athletics. We had zoom sessions, so we were still able to see each other virtual, but not physically. No competing—so training, but nothing to see how we have been going. Lots of meetings, but it is good to be able to see people in person.* (Female, 16)

Other concerns young people raised included challenges following the rules related to COVID-19 (e.g., adjusting to wearing a mask; knowing the distance to stand to physically distance); uncertainty about their future (e.g., not knowing how long the restrictions would last); and concerns for those participating in social activism activities.

> *Probably just staying home and locked in your house and not being able to go out. When you had to go out you had to wear a face mask and you found it hard to breathe in. I find them not easy to breathe in especially wearing glasses, it makes it difficult.* (Female, 18)

> *Wearing a mask in hot weather at school. We've had three over 29 degree days and it's been really hard to breathe in class, it's not fun.* (Female, 14)

> *I hate social distancing - I'm a very social person.* (Male, 16)

> *Maybe not knowing when we would be able to do stuff.* (Male, 17)

> *The uncertainty of everything.* (Female, 17)

> *A lot of social activism has been happening this year (e.g., black lives matter) and so I hope that people who are participating are safe and treated justly and fairly.* (Female, 14)

Coping with Social Distancing

Young people were asked: *How do you feel you are coping with the necessary social distancing?* This question was rated on a scale of 0 (*Not at all well*) to 10 (*Extremely well*). For ease of interpretation, scores were grouped into low (0 to 3), middle (4 to 7), and high (8 to 10). There was a spread of ratings across the scale, with young people scoring in each of the ranges, indicating that the young people in the sample had diverse experiences. Most frequently, young people rated their coping with social distancing requirements in the mid-to-high range (79% rated in mid-to-high range; *Mean* = 6.0); however, six young people indicated that they felt they had low levels of coping (see Figure 1).

Figure 1. *Coping with Social Distancing Rating (N = 28)*
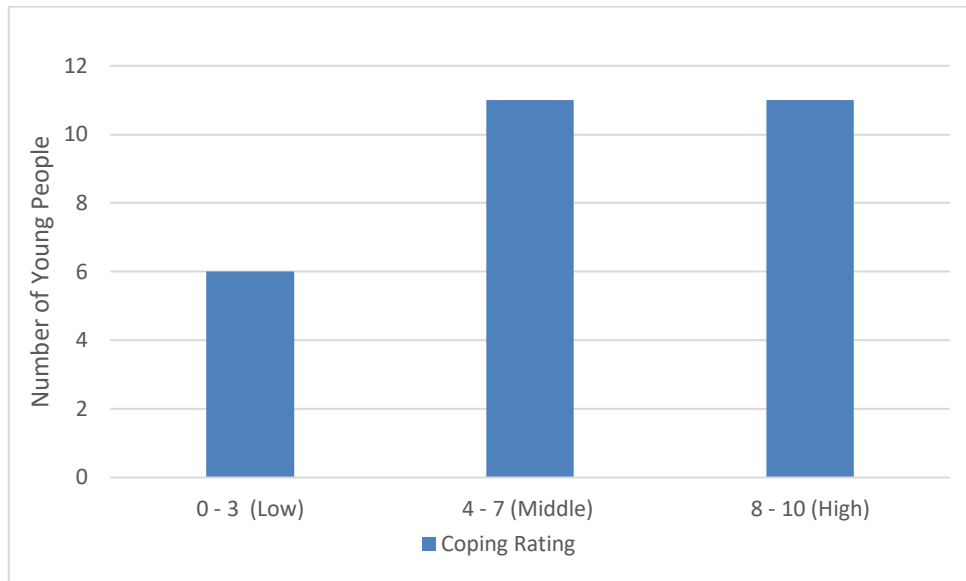
Impact of COVID-19

Young people were asked about the impact social isolation and contact restrictions had on a range of life areas, including: (a) physical and mental health, (b) education and training, (c) employment, (d) life in care, (e) family contact, and (f) transition planning. Young people were asked to rate each topic from 0 (*No impact*) to 10 (*A great deal of impact*) and make a comment relevant to each rating. Ratings were grouped into low (0 to 3), middle (4 to 7), and high (8 to 10) for ease of interpretation. Ratings and comments from young people are discussed below.

Young People's Health

Physical health. Most young people rated the impact of COVID-19 on their physical health in the low-to-mid range (96%). Only one young person rated in the high range (*M* = 3.4; see Figure 2).

Figure 2. *Impact of COVID-19 Restrictions on Young People's Physical Health (N = 28)*
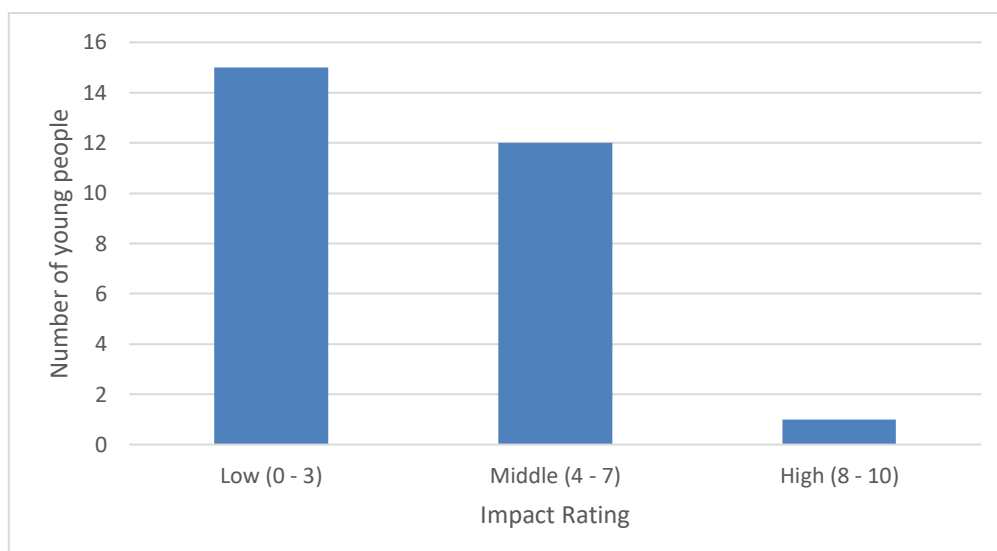
When asked to comment about their experiences in relation to physical health, more than half of the participating young people mentioned exercise in one form or another (i.e., barriers to exercise, changed exercise routines). Most frequently, young people commented about the cancellation of sporting activities, particularly team sporting activities, and the closure of facilities they would typically attend for exercise (e.g., gyms, school; see Table 3).

Table 3. *Young People's Comments: Impacts on Physical Health (N = 21)*

THEMES	TOTAL	Percent
Negative impacts	**26**	**61.9**
Cancelled activities/opportunities to exercise	10	23.8
Low motivation/energy	5	11.9
Sedentary lifestyle at home	3	7.1
Poorer eating habits	3	7.1
Poorer sleeping habits	2	4.8
Stress	2	4.8
Poorer skin care	1	2.4
Adapted activities	**9**	**21.4**
Adapted exercise routines	7	16.6
Tele-health appointments	2	4.8
No change or impact	**5**	**11.9**
Positive impact	**2**	**4.8**
TOTAL	**42**	**100.0**

Note. Some young people gave more than one response.

We [my sister and I] both play sport outside of school in teams (basketball and bowling) and with COVID that wrecked it. Not yet back to sport. For basketball, we play Special Olympics and it's open, but we aren't allowed to go. Bowling places are open, but we can't be in teams there because of social distancing. (Female, 18)

I stopped doing karate. Because there was such a small area and too many people together it got shut down. (Female, 14)

Because I'm not at school. At school, I would be doing more activities and things. (Female, 14)

Because I wasn't able to go to the gym, so I just felt I had a lot of energy. (Male, 17)

Young people also commented on low motivation and energy influencing their ability to maintain their physical health routines and stated that they had a more sedentary lifestyle at home.

I felt like with the restrictions I wasn't able to put motivation in to keeping my health the same—keeping my routines the same in working out and eating. (Female, 14)

Lack of motivation, just being at home all the time, more of an opportunity to eat more, just lying in bed watching YouTube. I had online classes for kickboxing, but lost motivation and just stopped doing them, not doing activities at school. (Female, 16)

Sometimes I wouldn't have the energy to go outside. I would just spend more time inside than outside. (Female, 14)

You just become a bit lazier. (Male, 14)

Other comments noted difficulties maintaining physical health routines (e.g., eating, sleeping, and skin care routines) and increased stress during the COVID-19 pandemic.

Sleep routine wasn't great—stay up later and stuff. (Female, 14)

I feel like it did impact on my diet a bit as I have more spare time on my hands, so I was eating more, I guess. Everyone's stress levels are higher—it has affected my skin, my skin care. (Female, 14)

While numerous challenges were identified by young people in relation to their physical health, particularly in terms of their ability to be physically active, some commented on the ways they had adapted their activities and routines so they could continue exercising, as well as their experiences with tele-health appointments.

I would go on bike rides with my brother and sisters instead, and I would go on runs and stuff. (Female, 14)

I was doing kickboxing over a zoom call. (Male, 14)

My sister and I were allowed to still walk the dogs, but only if we had our masks. (Female, 18)

OT appointments changed to online—it was a bit weird at the start but I got used to it. (Female, 17)

We just had to do telephone doctors' appointments. That was OK. I didn't mind too much. (Male, 17)

Five young people said that there had been no change or impact to their physical health routines; and two young people reported a positive impact.

I live out on a farm so I can go out riding in the paddock or I can go for a run. Sort of the same things I would do. (Male, 14)

Went to online school. But hasn't really changed. Exercised as normally would. (Male, 16)

I was still doing exercise. Still doing activities—dancing; going for walks. Didn't change how I was exercising. (Female, 17)

Good impact—I had a lot more time to go for runs during the day and walks. And a lot more time to do workout sessions. I have also been having wellbeing sessions at school about mental health and having enough sleeps. (Female, 16)

Mental health. Most young people rated the impact to their mental health in the mid-range (*N* = 24), indicating some impact. Ten young people rated in the low range; and three young people rated in the high range (*M* = 4.6; see Figure 3).

Figure 3. *Impact of COVID-19 Restrictions on Young People's Mental Health (N = 27)*
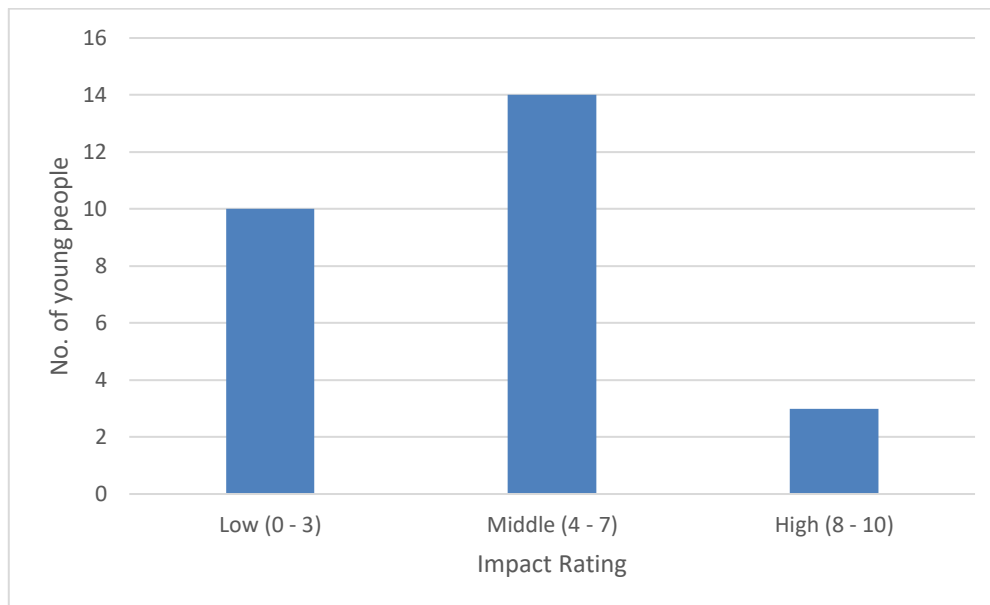
Those whose mental health had been affected by restrictions mentioned feeling stressed, worried, anxious, upset, and bored. Some young people commented about missing friends and some reported more frequent arguments. Others noted that changed routines and high technology use associated with completing their schoolwork from home had an impact on their mental health. Three young people commented on a deterioration in their pre-existing mental health conditions (see Table 4).

Table 4. *Young People's Comments: Impacts on Mental Health (N = 21)*

THEMES	TOTAL	Percent
Negative impacts	**28**	**96.6**
Emotions (stress, worry, upset, boredom)	12	41.5
Relational challenges (e.g., reduced social connection; relational conflict)	10	34.5
Impacts associated with completing school from home (e.g., increased technology use; changed routines)	3	10.3
Deterioration of pre-existing mental ill-health	3	10.3
Positive impact	**1**	**3.4**
TOTAL	**29**	**100.0**

Maybe a little bit worried, but that's all. (Male, 17)

It got me kinda... a little anxiety about my friends and keeping in contact; you had nothing else really to do. (Female, 14)

Well because it's a stressful time and there was a lot going on in the world and everything. My level of stress was heightened, and I wasn't seeing my friends as much too. (Female, 14)

Family issues. Lots of arguing. (Female, 15)

We couldn't see our friends through COVID—we could only really send them messages. Probably impacts with school because you're stuck at home working on technology, you're on iPad and phone and laptop basically nearly every day, and at school you're doing work on paper. At home looking at computer all the time. I'm not used to it sitting every day all time. It made me feel tired because I was

looking at a bright screen. I got stressed. That probably impacts on mental health. (Female, 18)

First of all, as much as I have always had some form of anxiety and stress, my levels have raised; I have forgotten where the buildings are and consistently second guessing myself more than I usually do. More stress and more anxiety. (Female, 16)

Because I've got depression (before COVID) and stuff and being in the house alone, it's a bit boring. Made it a bit worse. I have been able to access support with my GP because she's linking me with a counsellor or something like that. (Male, 16)

One young person commented about positive impacts to their mental health.

It has made me realise how many things I have to be grateful for. (Female, 16)

Young People's Education and Training

More than half of the young people participating in the consultation rated the impact of COVID-19 restrictions on their education and training in the middle range (*N* = 15) and seven young people rated the impact restrictions had on their education or training in the high range; indicating that most young people experienced some level of impact on their education or training. Five young people rated a low level of impact (*M* = 5.9; see Figure 4).

Figure 4. *Impact of COVID-19 Restrictions on Young People's Education and Training (N = 27)*
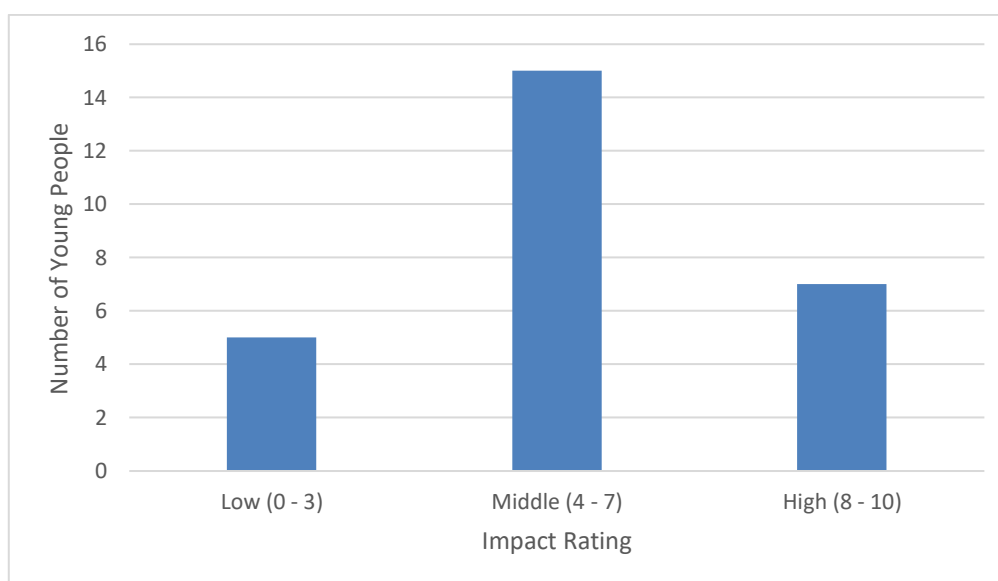
When asked to comment further, most young people mentioned a negative experience or change due to COVID-19; however, some reported positive changes or experiences (see Table 5).

Table 5. *Young People's Comments: Impacts on Education and Training (N = 22)*

THEMES	TOTAL	Percent
Challenges Learning from home	**43**	**64.2**
Online/technology challenges	11	16.4
Motivation/distracted	11	16.4
Inadequate support	9	13.4
Hard/challenging	9	13.4
Falling behind/poorer results	2	3.0
Missed social interaction	1	1.6
Other Challenges	**10**	**15.0**
Difficulty with COVID-19 protocols once returned to school	4	6.1
Cancelled extracurricular activities	3	4.5
Changes to routines	3	4.5
Difficult Feelings (e.g., angry, annoyed, stressed, isolated)	**7**	**10.4**
Positives	**7**	**10.5**
TOTAL	**67**	**100.0**

Note. Some respondents raised more than one concern.

Thematic analysis identified that young people experienced a range of challenges learning from home. The online format presented technical difficulties (e.g., internet connectivity), as well as complexities in relation to interacting and/or communicating through different online platforms.

We had some internet problems that stopped us from doing work. (Male, 14)

I couldn't really see the teachers physically, it's better to have teachers there physically so that could teach you properly; it's a bit awkward online; I'm not that great with computers either. (Male, 16)

It was a bit difficult talking to them over Gmail—it's a lot harder. It's easier to talk to them in person and they can help me easier. (Female, 16)

The online made class difficult (internet dropping out; not being able to physically see what my teachers are doing; being embarrassing and awkward to reach out and ask for help in class) and raised my stress levels a bit. (Female, 15)

Young people also commented about the difficulties they experienced when trying to concentrate and motivate themselves to study from home. Two young people noted that siblings in the home were a distraction for them.

I get distracted easily at home and without someone to get me back on track I can get carried away. (Female, 14)

Because I sort of lost my ability to want to do education and just not in the right want and mind to be able to try. It felt more like an option when things were online. (Female, 14)

Because when I was doing home learning you didn't feel like you had to do it as much; when you are at school you are part of the group and you just do it. Didn't feel as motivated. (Male, 14)

Lack of motivation being at home, all the other distractions. (Female, 16)

Kind of a little bit tricky because foster sister asked for help and I was trying to do my own work. (Female, 17)

Young people discussed the level of support they received during the period they were studying from home, with some young people expressing that they were unable to access the support they needed.

> *It was absolutely terrible. I couldn't really work, do my school online because I didn't have the support I needed and a lot more distractions at home. Now that I have gone back to school it is a lot better.* (Male, 16)

> *Work that was online and that I had to do - not having the teachers there to support me—that was hard. Reading things on a piece of paper I couldn't understand what it was.* (Female, 16)

> *The teachers were helping other students, but there were too many ... there were some people asking questions, it was hard for the teachers to answer questions about every single task.* (Female, 17)

Young people described online learning as hard and challenging, and two young people reported that they felt that the online learning had resulted in poorer results. One young person commented that they missed the social interaction.

> *I did not like studying at home, it was hard and stressful. Everyone found it stressful.* (Female, 18)

> *Challenging. Some of the work I didn't know what I was doing so I left it so I went on with something I kind of knew about.* (Female, 17)

> *Been a bit hard to learn – I'm a kinaesthetic learning—I like to be in person doing activities to learn.* (Female, 14)

> *School grade lower than usual.* (Male, 17)

> *School and like falling behind.* (Female, 14)

Seven comments highlighted some of the feelings young people experienced, particularly related to their time learning from home and the changes to, and/or cancellation of, their extra-curricular activities. Young people reported feeling angry, annoyed, stressed, isolated, and disappointed.

> *I felt very isolated.* (Female, 17)

> *I did get really angry and I still have the stress.* (Female, 15)

> *Yeah—I couldn't do my camps and everything. I was disappointed about that. I was disappointed that we can't do sport outside of school.* (Female, 15)

> *I did not like studying at home, it was hard and stressful. Everyone found it stressful.* (Female, 18)

Other challenges young people described included difficulties adjusting to COVID-19 protocols once they returned to school, disruptions/changes to their routines and extracurricular activities.

> *There's quite a lot that's changed. You're required to wear a mask 24/7 at school unless you're doing sport. Some people, some of my teachers they start covering their hair which I don't really understand. We're not allowed to use the drink taps anymore. We're not allowed to use locker rooms; we're not allowed to get changed at school. My schedule has been mucked up, waking up in the morning. I'm late to school nearly every day.* (Female, 14)

A lot the year—camp has been taken away and excursions and lectures. (Female, 14)

I also got a new teacher in term 2, which really changed everything as soon as we got there. I wasn't really learning anything...they shifted the teachers around. (Female, 15)

Seven comments were made describing positive experiences with online learning, such as having fewer distractions at home and sufficient support and contact with teachers and peers.

Because in school I tend to be overstimulated in the classroom and I can't focus a lot and I can't do my work to the best of my ability. I found it a lot better because I could complete my schoolwork in a space that was quiet and without distractions and could go at my own pace. (Female, 17)

It got better. I wasn't as distracted, working at home. (Male, 16)

It probably hasn't impacted me but benefited—I have had less distractions and lots of one-on-one contact with the teacher and still be in contact with my classmates during calls, meetings and partner works. (Female, 16)

One young person noted the positive experience of returning to school after learning from home and developing a greater appreciation for being at school with his friends.

It kinda affected me in a good way cos when I went back to school it was refreshing to see all the faces again—like actually see them. (Male, 14)

Young People's Employment

When asked to rate the extent that restrictions had affected their employment, most young people rated in the low range (*N* = 17; *M* = 3.7; see Figure 5). Young people who commented in the low range typically commented that they were not employed nor looking for work. One young person who rated in the low range gained employment over the lockdown period and one mentioned that they were starting to job seek but did not anticipate any difficulties.

Figure 5. *Impact of COVID-19 Restrictions on Young People's Employment (N = 24)*
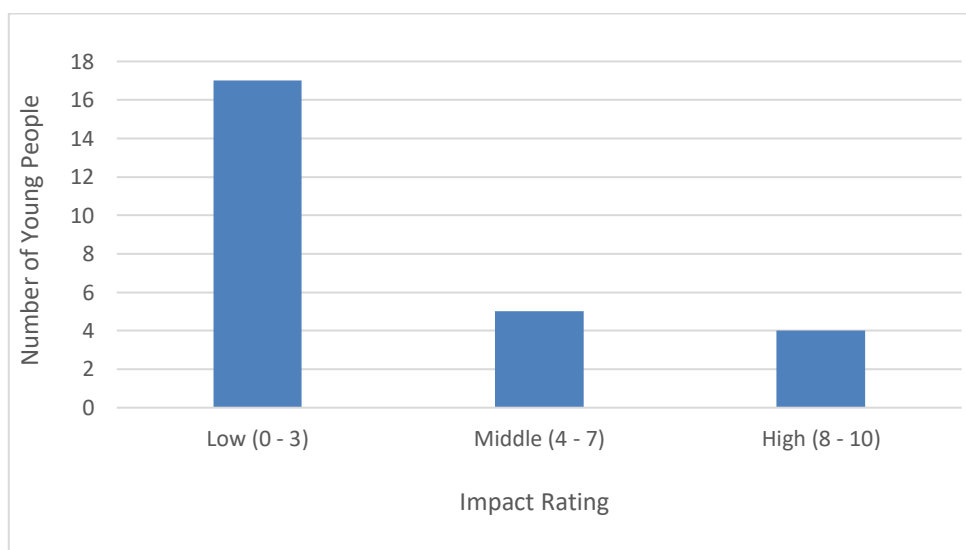
Nine young people indicated some impact to their employment, rating in the mid-to-high range. Six young people described a loss associated with their employment situation, such as a loss of employment during lockdown, a loss of income, or a lost job opportunity. One young person found that COVID-19 had made looking for work more difficult; and one young person commented about COVID-19 related protocols that had changed since returning to work.

> *I haven't been able to do anything employment related. I haven't been able to umpire for netball. Umpiring was my source of money and because netball was off there were no games to umpire.* (Female, 16)

> *I was doing work experience at a bakery. They had to close because of COVID. I had to stop in term 1. I went back and then stopped again. It didn't feel good. Now I'm back but after every single customer we have to wash our hands.* (Female, 17)

> *I was working 1 day a week doing car detailing and washing dishes. Both stopped because of COVID.* (Male, 17)

> *I haven't ever been employed and I have tried a lot. I haven't had any luck getting a job. It has been more difficult during this period. It has a bit to do with my anxiety but the COVID has impacted it.* (Female, 17)

> *I haven't got a job yet and I'm trying to get a job. It hasn't made it that much harder, although I did have a volunteer work thing. I was volunteering at interchange who help people with disabilities. I was just helping little kids with what they needed help with. That stopped. I was a bit disappointed because I was looking forward to doing it.* (Female, 15)

Young People's Life in Care

When asked to rate the impact of COVID-19 on their life in care, 15 young people rated the impact in the low range. However, nine young people rated in the mid-range and four young people rated in the high range, indicating that almost half of those participating experienced some level of impact to their life in care (*M* = 3.1; see Figure 6).

Figure 6. *Impact of COVID-19 Restrictions on Young People's Life in Care (N = 28)*
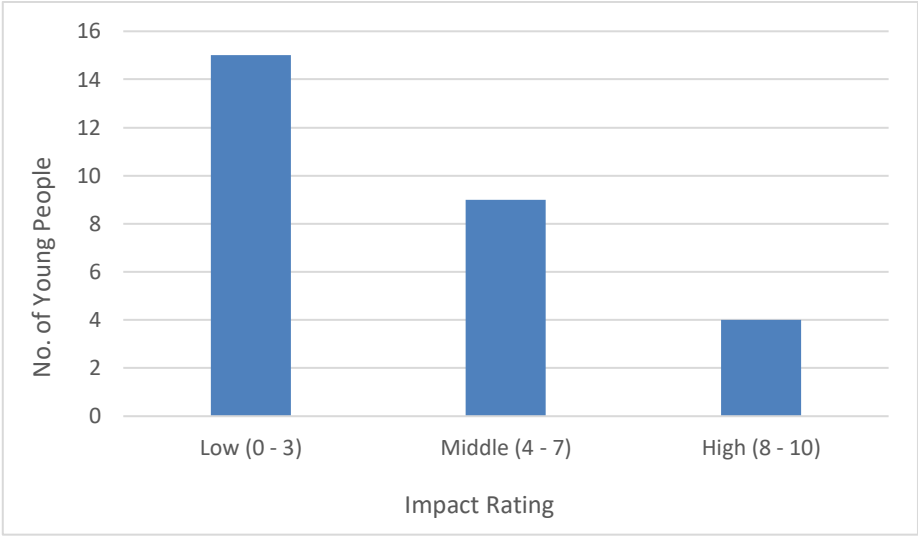
Table 6 details the results of the thematic analysis for this question. Most of the young people who rated in the low range commented that COVID-19 and the associated restrictions did not really affect their life in care and that not a lot had changed for them. Two young people commented about a positive change, one reflecting on more time together as a family and the other enjoying quality time on their own.

Table 6. *Young People's Comments: Impacts on Life in Care (N = 21)*

THEMES		TOTAL	Percent
Not much change or positive change		**12**	**35.3**
Relationships		**10**	**29.4**
Not being able to see friends	4		11.8
Not being able to see family members	3		8.8
Increase in arguments in the home	3		8.8
Not being able to go out and do things		**8**	**23.5**
COVID health concerns		**2**	**5.9**
Crowded home environment		**2**	**5.9**
TOTAL		**34**	**100.0**

Note. Some respondents raised more than one concern.

> *Probably hasn't impacted. If anything, it has probably brought us closer. We have been able to spend a lot more time with each other, we have been able to have dinner together when usually I have been playing sport in the night-time and been able to go for walks with family together.* (Female, 16)

> *I guess I did get to stay home more. Back when leaving house was pretty much illegal, I had to stay at home while my mum did work (by myself). I like being alone. I like being home alone and doing whatever without anyone being on my back and telling me what to do.* (Female, 14)

Comments that described how COVID-19 had affected their life in care most frequently mentioned an impact on relationships (e.g., not being able to see family and friends; increased arguments in the home) or an impact on how young people were able to spend their time (i.e., spending increased amounts of time in the home and not being able to engage in their typical activities).

> *Mostly because you can't see your friends, but you could speak to them online and stuff, but it was hard to cope without seeing them.* (Male, 16)

> *Because I couldn't really see my mum and dad and I couldn't see my cousins and my uncles and my grandma that are from Melbourne.* (Male, 16)

> *We are all cooped up in the same house—there is going to be a few arguments. I haven't been able to see the other members of my family and stuff.* (Female, 14)

> *We couldn't do a lot of activities; couldn't go to the park or swimming. Couldn't go for drives; couldn't go bush walking or social stuff.* (Female, 16)

Two young people mentioned COVID-19 health impacts. One rated a high impact and was concerned about their carer catching COVID-19; and one rated a low impact and indicated that her mum [permanent foster carer] and sister had to get a COVID test.

The stress if we went out anywhere—the stress of carers catching it too. Couldn't go out anywhere or do anything. (Female, 15)

Mum had to get tested because she wasn't feeling right and (sister) wasn't either and lucky for me I haven't been tested. Other than that, not really. (Female, 17)

One young person commented on the crowded and noisy nature of her home environment, which affected her experience during COVID-19.

There are a lot of other people in care here and it is really noisy and loud. (Female, 14)

Family contact. Ten young people rated the impact of COVID-19 restrictions on family contact in the low range, eight rated in the middle range, and nine rated in the high range, indicating that young people had diverse experiences (*M* = 5.2; see Figure 7).

Figure 7. *Impact of COVID-19 Restrictions on Family Contact (N = 25)*
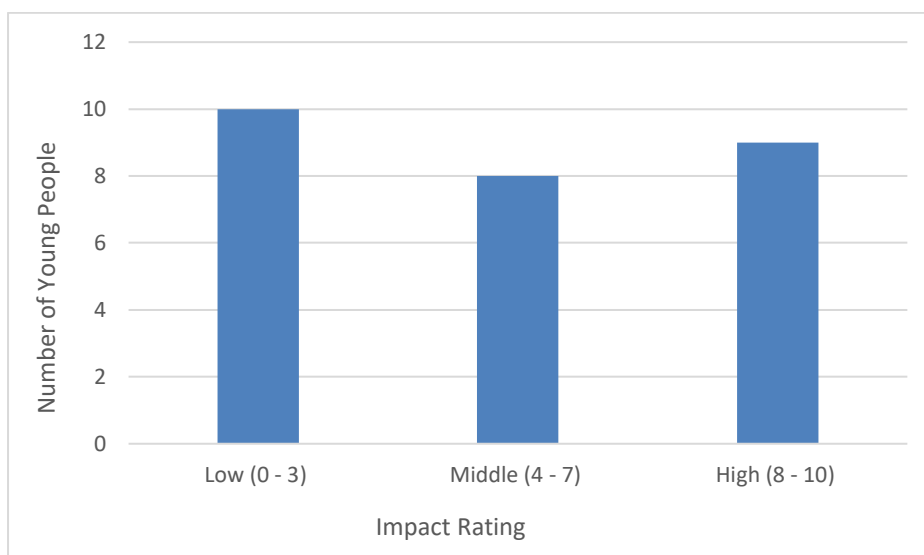
Young people who rated some level of impact commented about disrupted, reduced, or stopped face-to-face family contact (*N* = 17).

Because I couldn't really see my mum and dad; and I couldn't see my cousins and my uncles and my grandma that are from Melbourne. (Male, 16)

Cos I haven't seen my sister in over a year or any of my other family. I was probably seeing them once or twice a month before. (Female, 16)

We see each other maybe once a term or once in the holidays, but we couldn't do that because of COVID. We all haven't really caught up yet. Me and my two other sisters are seeing each other next week but we haven't all seen each other yet. The only family members I could really see were the ones I live with. (Female, 18)

It had a bit of an impact on how I communicated with my family and how often I would see my relatives, but I still got to text them and call them. (Male, 14)

Because you can't go see people freely. We did some zoom calls—I think we had two zoom calls for birthdays. (Male, 14)

I wasn't allowed to visit them—we only were allowed to ring each other on the phone. We're back visiting each other so that's good. It was hard. (Male, 17)

Some young people commented about using other methods to maintain contact, such as video call or telephone calls (*N* = 5); however, many young people found alternative methods challenging or not as preferable.

It was all online. I prefer to see them in person. (Male, 16)

I couldn't see my birth siblings as they don't live me. We didn't really have time to call. No contact at all really. Sometimes they would give me the phone but then they wouldn't really answer. (Female, 17)

I found that I was missing out on a lot of birthdays and big events within the family and I am not that comfortable with face-time so it was hard to keep in touch. (Female, 17)

Five young people stated that there had been no change to their family contact.

It really didn't change. I still had contact with my little brother and all that. Nothing really changed. (Male, 17)

We don't see them much anyway. I guess we still did see them a bit. (Female, 16)

Two young people had positive experiences due to spending more quality time with the family members in their home; however, one of these young people also noted that there were challenges to spending more time at home (e.g., arguments with siblings).

Not as much private space to myself and arguments with siblings and things. At the same time, it has been good for my family as usually I would have curricular activities after school, so I have been able to spend a lot of time with my family and start new hobbies and stuff. (Female, 14)

Transition Planning

Transition planning was relevant for 12 of the young respondents. When asked about the impact of COVID-19 restrictions on their transition planning, eight of the 12 young people did not respond to the question, while the other four indicated a score of "0" or *none at* all.

Young people did not appear to have a good understanding of what transition planning was or know much about the process.[‡]

I can't remember doing that with a caseworker. (Female, 17)

I'm not doing any of that. (Male, 17)

We did have a meeting, but it was more of a tick box thing because he's going to stay here. (Carer of Male, 17)

Don't know about transition planning. Probably start next year with worker. Am only 16—don't have my Ls and am still at school. (Male, 16)

[‡] As mentioned in Limitations, the observed lack of understanding of transition planning could be explained by the fact that 16 of the respondents were not expected to be engaged in the process.

When asked about their plans for the future and the impacts of COVID-19, young people talked about transitions they were preparing for at school (*N* = 4), opportunities for work experience (*N* = 1), and the ability to consult with others about career pathways (*N* = 1).

> *Transition from year 9 to year 10—the dread about that. Is it going to affect my transition there; and if that [COVID] is going to affect getting the subjects I want to?* (Female, 15)

> *At my school in year 9 next year, they have a camp that goes for a whole term and you don't get to see your family for a month. I'm doing that camp in term one and it's going to be a big transition to that and I haven't had time to prepare for it really.* (Female, 14)

> *I was worried about my work experience. I thought I wouldn't have the opportunity that most people would get for after I finish school. I thought it was stuffed up because of COVID shutting it down. But I got a job with them now. So, I'll be doing two days there but two days of training.* (Female, 18)

> *It hasn't really impacted me at all. I know what subjects to choose and what pathway to choose. Consulting others—you couldn't really consult others. But I did have a fairly good idea of what I wanted.* (Male, 16)

One young person reflected that they had more time to think and learn about what they would need to know for when they are older and living independently.

> *It hasn't really impacted any transitions for me. Maybe I have had more time to learn what I will need to do when I am older, how to handle money issues, and how to save money. I have had a lot more time to learn about a lot more things about what will happen when I am older. At the moment I think I don't have a transition plan.* (Female, 16)

Understanding What Was Happening

Young people were asked to rate their understanding of what was happening in the community in relation to COVID-19 on a scale of 0 (*Not a lot*) to 10 (*All I need*). Again, rating scores were grouped into low (0 to 3), middle (4 to 7), and high (8 to 10) for ease of interpretation. Most young people rated their understanding of what was happening in the community in the mid-to-high range (*N* = 23), 16 of whom rated in the high range (*M* = 7.2; Mode = 8). Only four young people rated themselves as having a low level of understanding.

Information Needs

When asked what additional information young people would like to know, ten young people commented that they had all the information they needed.

> *News has given all the answers to the questions I have needed to ask.* (Male, 14)

> *I could find out via the news or talk to my parents as they probably know more than I do. Our school gives us updates often which is good. Not really at this stage.* (Female, 16)

I know a fair bit about COVID and what is happening in my community. My community has coped pretty well with COVID. There have been zero cases known for the whole year and we have been taking all the precautions—social distancing, sanitizer, hand washing etc. (Male, 16)

Seven young people commented about needing more information. These young people wanted more information about:

- case numbers in the community
- how to keep safe
- the effectiveness of masks
- how Governments make decisions about what restrictions to put in place
- vaccine and treatment progress

- longer-term economic recovery plans
- other people's perspectives and experiences
- how to critically evaluate news sources and information

[Information] about the current circumstances or the case numbers in the community. How to keep safe, such as ways to stop the spread. How to properly wash hands etc. (Female, 17)

Are the masks necessary? (Male, 16)

How they choose the restrictions throughout the times. (Female, 14)

I want to know what is been done to make sure COVID doesn't get too out of hand and it doesn't muck up our society. Too many people are going jobless and I don't know if that is going to muck up my career and all the backlash that there is going to be when people are trying to get jobs that aren't there. Especially us, as we are the generation that are going to be impacted—we are going to need jobs. (Female, 15)

I would like to know other people's perspectives and things. (Female, 14)

I'm a bit confused about the information. There is just a lot of different news every day. Confirming that it's the right news. (Female, 14)

One young person commented that they had too much information and one young person wanted updates that used simple terminology.

I've got too much information! TV and Daniel Andrews talking, it's all too much. (Female, 15)

Simple terminology. (Female, 15)

Useful Websites or Apps

Young people were asked to name a useful website or app that they used during the COVID-19 pandemic. Young people used websites and apps as sources of information, to connect with family and friends, for entertainment purposes, and to manage stress (see Table 7).

Table 7. *Useful Websites or Apps (N = 14)*

THEMES	TOTAL	Percent
Information	**13**	**36.1**
News sources	10	27.8
Social media	3	8.3
Connecting with family/friends	**11**	**30.6**
Entertainment	**10**	**27.8**
Meditation apps	**2**	**5.5**
TOTAL	**36**	**100.0**

Note. Some respondents identified more than one website or app.

News apps—about the restrictions. (Male, 14)

I did use the news website, I also used social media (Instagram and Snapchat) to talk to my friends. (Male, 14)

Probably social media apps because I feel like when information comes from young people, they can explain what is happening around the world easily and you can get an unbiased view as in Australia—I find that the Murdoch media is very biased. Also, with social activism they don't often show it on the news. I access TikTok and Instagram mainly. (Female, 14)

Zoom, Netflix (keep up with movies—I enjoy watching movies), YouTube (to watch daily videos), Safari (to look up random stuff), Snapchat (to keep in touch with friends). (Male, 14)

One on my phone, it's called—it's like, I can't remember what it's called. When I was stressed and stuff it calmed me down—calm harm and smilie mind. (Female, 15)

Several young people mentioned that family members (*N* = 3) and teachers/school (*N* = 3) were useful sources of information and help.

Would get help from my Nan and my cousin who is like a sister. (Female, 14)

I could find out via the news or talk to my parents as they probably know more than I do. Our school gives us updates often which is good. (Female, 16)

Service Access

Young people were asked what services they accessed during COVID-19. Most young people tried to access at least one service during the COVID-19 pandemic (*N* = 17). No young person reported accessing a welfare agency; however, young people did access Centrelink and other support services, which might have met similar support needs. A breakdown of the services that young people accessed can be seen in Figure 8.

Figure 8. *Services Accessed During COVID-19*
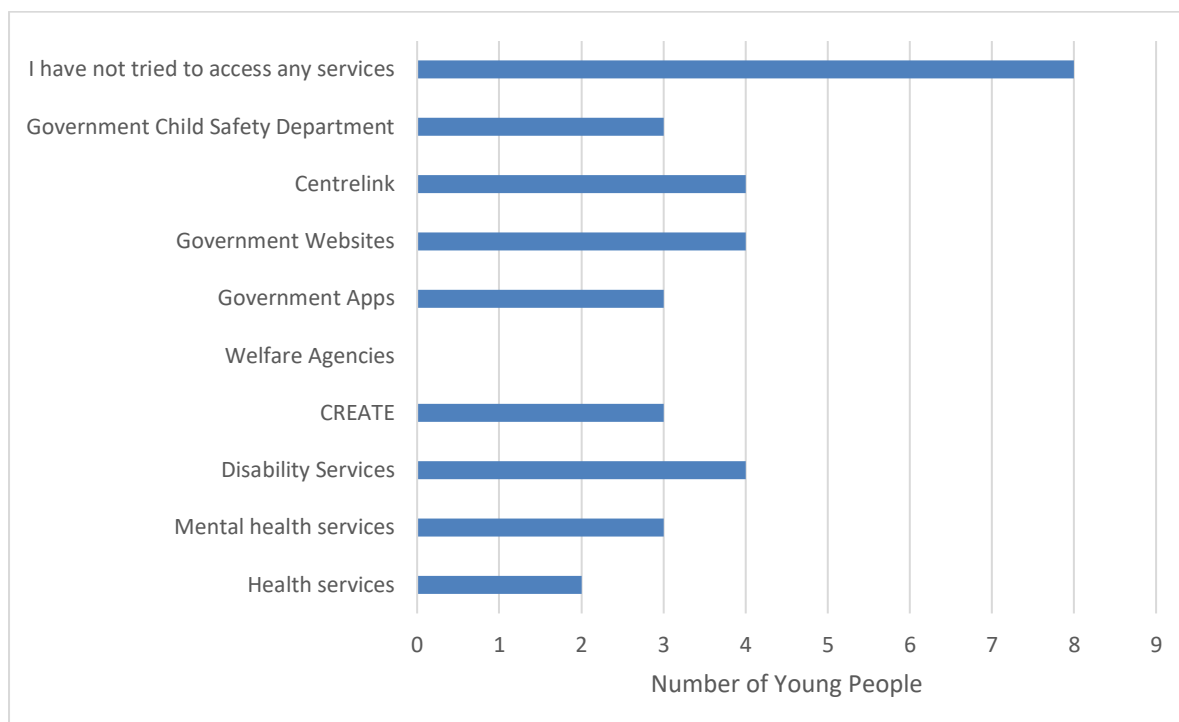
Those who accessed one of the above services were asked the reason they accessed these services. Most young people described accessing services for information or for mental health support (see Table 8). Young people accessed information about COVID-19 and out-of-home care, and for school projects. Others mentioned accessing services for financial and educational support, occupational therapy, and child protection reasons.

> *To try and see what's going on, but the sites I looked at have information that I don't understand and statistics that I don't understand and there is lots of fake sites that are confusing and I don't know what to think about the information I am looking at.* (Female, 15)

> *COVID-Safe App* (Male, 14)

> *For research at school for school projects.* (Female, 14)

> *I did [CREATE's] sessions on out-of-care home and their trivia night and stuff like that.* (Female, 16)

> *Coping with family.* (Female, 14)

> *Just like stuff that has gone on at school, things like that.* (Female, 15)

> *Trying to get payment [by] starting to link with Centrelink [and] help with depression.* (Male, 16)

> *Since I'm turning 18, I'm going to be out of care. The workers are trying to help me sign up with Centrelink to help pay for the house and living expenses.* (Male, 17)

> *For support—OT and Therapy Assistant* (Female, 17)

> *I contacted child protected for somebody else.* (Female, 14)

**Table 8.** *Reasons Young People Accessed Services (N = 19)*

THEMES	TOTAL	Percent
Information	**8**	**40.0**
COVID-19-related information/COVID-Safe app	5	25.0
OOHC-related information	2	10.0
Information for school	1	5.0
Mental health (e.g., depression, anxiety)	**6**	**30.0**
Financial	**2**	**10.0**
Disability support	**2**	**10.0**
Child protection	**1**	**5.0**
Events that connect with other young people	**1**	**5.0**
TOTAL	**20**	**100.0**

Note. Some respondents identified more than one service and/or reason.

Ease of Accessing Help

Young people were asked to rate how easy they found getting help during this time on a rating scale between 0 (*Very difficult*) and 10 (*Very easy*); with scores grouped into difficult (0 to 3), middle (4 to 7), and easy (8 to 10). Most young people rated the ease of accessing help in the easy range (*N* = 14). Ten young people rated in the mid-range, indicating some challenges accessing help. Three found accessing help difficult (see Figure 9).

Figure 9. How Easy Young People Found Accessing Help (N = 27)
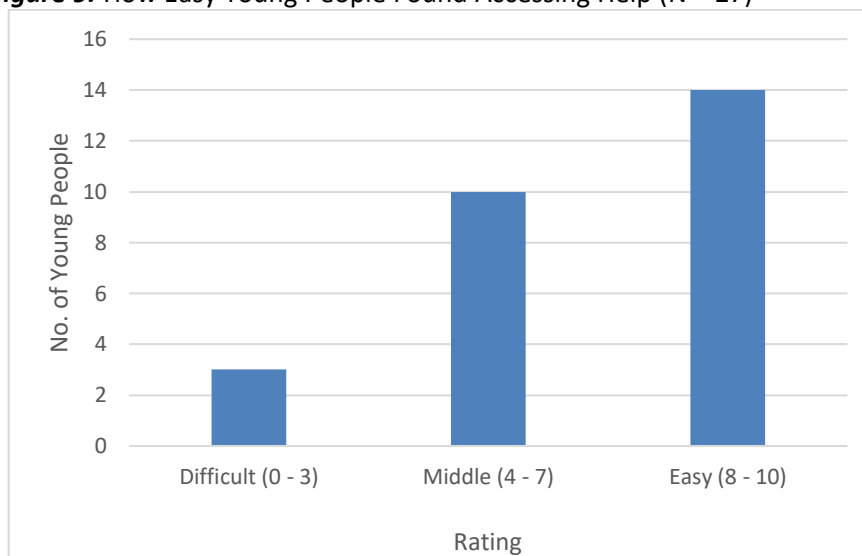
Positive Impacts of COVID-19

Young people were asked: *Are there any changes in your daily life as a result of the response to COVID-19 that you would like to see continued into the future*. Young people discussed some of the benefits they had noticed stemming from the health and social distancing measures associated with the response to COVID-19. These included improved personal hygiene, tele-health appointments, and less crowded spaces. Two of these young people mentioned that the reduced numbers of people allowed in various spaces created more pleasant and productive, and less stressful environments.

The fact that they had hand sanitisers. The school. At least then you know that people you have in contact with have clean hands and, if they are sick, you are not going to get sick from them. (Female, 15)

I find the markings on the floor helpful as I have difficulty telling the distance for social distancing. (Female, 16)

Medical appointments changed to phone calls and it was actually much easier because we didn't have to travel. I didn't mind being on the phone. It was good. (Male, 17)

Probably just school times. For seniors there is a staggered start - so seniors and juniors start at different times and have different lunch periods. It's a lot easier to have a nice break. There is a lot more space and it's a lot more relaxing. You can get your work done more efficiently if the juniors aren't in the same building. (Female, 17)

The streets have not been as busy as the start of the year. It feels less stressful. (Female, 17)

Learning from home allowed young people to develop new personal routines, such as learning and exercise routines.

I think if anything I got a lot more organised. During quarantine I always had a to-do list, so I did a lot in my day because I had everything written down. (Female, 16)

During the isolation I found my results were improving as I had less distractions and I could work at my own pace. (Female, 16)

More walking for me—that helped. (Female, 15)

Further, two young people commented on personal and relational insights gained during COVID-19.

Well I feel like for me and a lot of other people, it has made you learn a lot about yourself as you have had a lot of time to yourself and it has helped me make stronger friendships with other people as I can see which friends are interested in talking to me and stuff. (Female, 14)

I think for me personally it was good to have that time with my family and have time to do things I wouldn't normally have time to do. (Female, 16)

One young person commented that she received a lot more educational support during the learning from home, quarantine period, which she thought should continue during the COVID-19 recovery.

I know during quarantine I was having a lot of support and contact with teachers and other support, but I found when quarantine stopped some of that sort of stopped. It would be good to have supports continue coming out of isolation. (Female, 16)

Lastly, one young person commented about enjoying the break from school; although noted that they would not want this break to continue indefinitely.

Not going to school, but I wouldn't want that to go on forever. I need to go to school if I want to graduate and grow up and get a job. It is nice to have days off and chill and do nothing. (Female, 14)

Discussion

The coronavirus pandemic has disrupted the lives of all Australians; however, little is known about how it has affected children and young people with an out-of-home-care experience. In this consultation, young people in care in Victoria have given insights into their experiences, thoughts, and feelings during the COVID-19 crisis. Victoria has experienced tighter restrictions over a longer period of time compared to other Australian states and research already suggests that those who reside in Victoria are experiencing poorer outcomes (e.g., Biddle & Gray, 2020; UNICEF Australia, 2020). Understanding the experiences of young people with an out-of-home care experience, a group already at greater risk of disadvantage, is essential to the understanding of how best to formulate responses to COVID-19, to support them now and into the future.

While many young people in the current consultation appeared to be coping well, the results of the consultation highlighted young people's challenges and concerns across a range of life areas. In particular, young people in the current consultation were concerned about contact with friends and family and their education. These are discussed below.

Social Interactions

Adolescence is characterised by heightened motivation for peer interactions and connections. Peer affiliation provides an important context for social development and social and emotional support (Ellis & Zarbatany, 2017). The inability to see friends was a consistent theme throughout the consultation, which young people referred to when asked what the greatest concern for them had been during the COVID-19 pandemic, and how COVID-19 had affected their mental health, education, and life in care. Young people commented about disrupted, reduced, or discontinued face-to-face contact with friends, and while some used alternative methods of communication, young people felt the absence of face-to-face interactions. Some young people expressed that this absence of face-to-face contact contributed to their loneliness, stress, and anxiety during this time.

These concerns are consistent with other Australian research (e.g., UNICEF Australia, 2020; YACVIC, 2020). For example, 55% of young people living in Melbourne reported a negative impact to their social connectedness in August, 2020 (UNICEF, 2020); 72% of students with a disability reported feeling more socially isolated from peers because of COVID-19 (Dickinson et al., 2020); and the loss of social interaction was the most important concern for young people surveyed by the Youth Affairs Council Victoria (2020). One young person echoed sentiments about the significance of face-to-face contact, *"I am concerned about my mental health because I can no longer see people in my support network. Having a phone call is not the same as seeing people face-to-face"* (YACVIC, 2020, p. 1).

There are well established links between loneliness and mental health (Richardson et al., 2017; Wang et al., 2017) and during COVID-19, many options for connection moved online because of the importance of social connection for young people. However, there are varied results associated with screen time and social media use. Ellis et al. (2020) found that those who reported more time connecting with friends (either online or via text) during the COVID-19 pandemic scored lower on measures of loneliness, but higher on measures of depression. They commented about the increased amount of time adolescent participants spent on social media (e.g., 2% reported engaging in 10 hours per day prior to COVID-19 compared to 12% after COVID-19) and suggested consideration needs to be given to the quality of these interactions (e.g., co-rumination, bullying, excessive accessing of negative information/content reinforcing negative mood, particularly for those with depression) and ensuring young people are aware of and engage in supportive peer interactions.

Family Contact

Family contact and cultural connection are fundamental to child development, relational permanence (ongoing positive connections, relationships, and emotional attachments), and the general wellbeing of children and young people (Bullen et al., 2017; Moss, 2009). The importance of continued contact between young people and their family (i.e., parents, siblings, or other family members) has been recognised in the *National Standards for Out-of-Home Care* (Standard 9; FaHCSIA, 2011, p. 14) and in the UN Convention on the Rights of the Child (Article 9; UN General Assembly, 1989). In this consultation, most young people rated the impact to their family contact during COVID-19 in the mid-to-high range, with young people commenting that they were unable to see family members (e.g., siblings, biological parents) or that their contact had been reduced or changed to telephone contact. Telephone and online contact often were described in an unfavourable way (e.g., felt uncomfortable, hard) and the comments were consistent with concerns that have been raised by clinicians and birth parents, suggesting that young people with an out-of-home care experience might struggle to engage in online contact visits (Fadel, 2020; Johnson, 2020).

Good quality contact with family members has been associated with positive outcomes for children and young people in out-of-home care; and time with family during COVID-19 (including activities and/or video chats with family) has been associated with better mental health outcomes (Ellis et al., 2020). While several young people commented on positive experiences connecting with family that they lived with, most comments noted the disrupted contact with biological family members. State Governments have shown a quick response to COVID-19 outbreaks, including closing borders and lockdown periods. Ensuring that young people are aware of their rights in relation family contact and are informed as to what family contact they are able to have during lockdown periods is essential. Planning for future lockdowns would allow family contact to continue in a more consistent and planned

manner, and ensure accessibility issues had been addressed (e.g., ensuring young people and family members have access to a phone, laptop or tablet and internet connection so that they are able to implement changed contact arrangements; Galvin & Kaltner, 2020). Further, efforts to reconnect family members following lockdown periods should be considered.

Education

The COVID-19 pandemic abruptly shifted young people's day-to day lives from being and learning in the school environment to spending time and studying from home. While some young people responded positively about studying from home (e.g., fewer distractions), many young people in this consultation found studying from home difficult, facing challenges with technology (e.g., disrupted internet), communicating virtually with teachers and peers, participating in online lessons, accessing support, and maintaining motivation and concentration. Some young people indicated that they felt they were falling behind and not able to complete their work as effectively given the changed learning conditions and lack of support.

The concerns raised by young people in this consultation align with the results from other studies (not specifically surveying young people with out-of-home care experiences) that looked at the challenges young people faced during COVID-19 (e.g., Commissioner for Children and Young People Victoria, 2020a; UNICEF Australia, 2020; YACVIC, 2020). A qualitative survey by the Commissioner for Children and Young People, Victoria (2020a) found that many young people reported feeling confused, lonely, and isolated when learning from home, and faced challenges with support, motivation, and access to the internet and computers. This report also highlighted concerns by services and organisations working with children and young people in relation to young people who experience disadvantage (e.g., young people with an out-of-home care experience, young people from lower income families, young people who live with disabilities) not having access to appropriate support and basic online learning tools and equipment (Drane et al., 2020; YACVIC, 2020). During lockdown, a period during which schooling largely shifted from a physical environment to an online one, difficulties with internet and technology, lack of access to appropriate equipment, and not being able to access appropriate support might mean not being able to engage in schooling on that day or during that period (e.g., a 14 year old male in the current consultation stated: "*We had some internet problems that stopped us from doing work*").

Prior to the pandemic, more than 50% of young people in out-of-home care who participated in CREATE's National survey (McDowall, 2018) stated that they would like increased education support, such as homework support, additional resources, and counselling. This survey also found that more than 50% of young people were unaware of their Individual Education Plan (IEP), which is an important activity for helping young people plan their education goals and guiding schools to plan individualised

support for them. These findings indicate that additional support was required for young people in out-of-home care in Victoria before the COVID-19 pandemic started. The pandemic has created additional challenges for young people in their learning and adds to the risk factors for those already at risk of disengaging from school. This research and the comments of young people in this consultation indicate that young people's individual circumstances and requirements need to be considered to ensure equitable access to technology and support.

Transition Planning

While transition planning was rated as *Not at all* affected by COVID-19 by 33% of young people, many young people commented that they had not started transition planning or did not know what transition planning was. Transition planning commences at 15 years of age and prepares young people for moving from out-of-home care into independent living (Victoria State Government, 2020). However, it does not apply to young people in Permanent Care. Seven of the young people were younger than 15 years, and another nine were in Permanent placements. While the current consultation was only a small sample of young people, and young people were not directly asked if they had a Care and Transition plan, McDowall (2018) found that only 24% of 15 to 18-year-olds in out-of-home care were aware of having a leaving care plan. In the COVID-19 environment, it is essential that young people are informed and are active agents in decisions that involve them. The Victorian Government has announced a positive reform for young people in out-of-home care by extending the care arrangements to 21 years of age for every young person in out-of-home care from 2021 (Baird, 2020). The results of this consultation suggest that more needs to be done to communicate to young people about leaving care plans and engage them in this process.

Conclusion

The current consultation captures some of the short-term effects of COVID-19 for young people with an out-of-home care experience in Victoria, with young people highlighting negative impacts to their social relationships, family contact, and education. The medium to long-term effects of the pandemic (including the potential associated economic recession) are not yet known. However, in previous large-scale crises, such as the global financial crisis, young people were negatively affected up to a decade later (Thornton et al., 2020). Action from Governments and policy makers is called for to alleviate short-term effects, as well as address potential long-term disadvantages caused by COVID-19 on young people in out-of-home care. The voices of young people in this consultation provide vital insights into what support would be most effective, particularly support for building relationships, maintaining family contact and education. As Governments work towards social, cultural, and economic recovery,

it is essential that young people have active involvement in shaping the new post-COVID normal, including any services and structures that aim to support them.

Actions

The findings suggest that consideration should be given to:

1. Working with young people, schools, carers, and other important stakeholders to support young people to stay connected with peers and develop strategies to maintain healthy relationships (e.g., creation of prosocial peer support systems, groups organised around topics of interest, workshops about maintaining healthy relationships and communication);

2. Ensuring that young people have access to appropriate and affordable mental health care if needed (e.g., providing support and education for young people in relation to managing emotions associated with the COVID-19 pandemic);

3. Ensuring that young people have contact arrangements and communication strategies to stay connected to their biological family members that meet the needs of young people and their families and considers the resources needed to enact these plans;

4. Ensuring that all young people with an out-of-home care experience have an Education Support Plan or Individual Education Plan (and participated in its development), and that these are reviewed to ensure that those who are needing extra support during this time are identified;

5. Ensuring young people are engaged and supported at school following the lockdown and as the COVID-19 pandemic continues, including the provision of teacher aides/tutoring, financial support, and mental health support as needed, and equitable access to essential resources (e.g., internet connection devices, computers);

6. Ensuring eligible young people are actively engaged in transition from care planning (e.g., understand the transition process and are engaged in flexible, individualised plans which meet their needs and goals), to ensure they continue to have access to support as they transition into adulthood. With the introduction of a mentoring scheme through *Better Futures*, young people should have access to continuing personal support and assistance accessing services. However, this initiative will need to be promoted and adequately resourced;

7. Ensuring that recovery initiatives designed to help young people in the recovery from COVID-19 are co-developed with young people and that they are active agents in the decisions that affect their lives.

8. Ensuring information for young people is accessible to young people of all abilities and is simple and easy to understand. Including young people when planning communication strategies, particularly in relation to health or future pandemics, and in the development of resources would ensure content is useful and informed by young people's voices.

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Appendix A: CREATE Consultation: COVID-19

WHAT IS THIS SURVEY ABOUT?
CREATE Foundation along with many organisations is grappling with the new life situation we find ourselves in as a result of the COVID-19 Pandemic. We are very interested in hearing about children and young people's views about what this situation has meant for them, and how it has affected their lives, what supports and information are useful and what is needed. Therefore, this survey is designed to ask you what you think so that we can tailor our supports to better meet your needs and also advise other agencies of what is working and what could be improved.

INSTRUCTIONS ON HOW TO COMPLETE THIS SURVEY
Please answer all questions and leave comments where applicable. You can click through the sections by clicking "Next" at the bottom of the screen. At the end of the survey click the "Done" button.

OTHER IMPORTANT INFORMATION
Before you begin, we would like to remind you of a few things:
- Doing this survey is completely voluntarily and up to you. You can stop doing this survey at any time and this will not affect you joining in with any other CREATE things.
- You can skip questions if you would rather not answer them.
- Everything you tell us in this survey will be kept confidential (this means private) unless you tell us something that makes us concerned for your safety or for the safety of another young person in care, then we may have to tell someone.
- You can have a support person help you with the survey if you would like.
- We may use the information gained using the survey for reports and presentations but we will NEVER use your name. You will be anonymous in these reports.

Having understood the above information, by continuing with this survey you are giving your consent to participate. For more information on consultation participation, you can refer to CREATE's website, or ask your local CREATE Office (1800 655 105) for a Consultation Participation Information Sheet.

1. **What method are you using to complete this survey?**
   - ☐ Online Independent
   - ☐ Online as a group (with a staff member)
   - ☐ Telephone interview
   - ☐ Face-to-face interview
   - ☐ Other (e.g. hard copy)

DEMOGRAPHICS

2. **In what state or territory do you live?**

3. **What is your post code?**

4. **How old are you?**

5. **I identify as:**
   - ☐ Male
   - ☐ Female
   - ☐ I identify with another gender. *Please specify:* _____

6. **Culturally, I identify as:**

☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander
☐ No Specific Group
☐ Other Cultural Group (non-English speaking background) *please specify:*_____

7. **How old were you when you came into care?**

8. **What type of placement do you live in at present?**
   Please select only one.
   ☐ Foster care
   ☐ Kinship care
   ☐ Permanent care
   ☐ Residential care
   ☐ Semi-independent supported accommodation
   ☐ Independent living
   ☐ Other *please specify:*_____

9. **Do you have a disability?**
   ☐ Yes
   ☐ No
   ☐ Prefer not to say
   If you answered yes, what type of disability or impairment do you have? Please describe in your own words.

10. **If you answered yes to the above, are you receiving special support for your disability? (this could include medication, special education, or counselling)?**
    ☐ Yes
    ☐ No
    Any additional comments:

Survey Questions

11. **During this COVID-19 pandemic, what has been the greatest concern for you personally?**

12. **How do you feel you are coping with the necessary social distancing?**
    Not at all well (0)………………………………………………………………………………(10) Extremely well

13. **How much impact has the social isolation / contact restrictions had on your:**
    Employment: None at all (0)…………………………………………………(10) A great deal
    Comment:

    Education/Training: None at all (0)…………………………………………………(10) A great deal
    Comment:

    Life in care: None at all (0)…………………………………………………(10) A great deal
    Comment:

    Family Contact: None at all (0)…………………………………………………(10) A great deal
    Comment:

    Transition Planning (if relevant): None at all (0)………………………………………..(10) A great deal

Comment:

Physical Health: None at all (0)……………………………………………………(10) A great deal
Comment:

Mental Health: None at all (0)……………………………………………………(10) A great deal
Comment:

14. **How much do you feel you understand what is happening in the community?**
Not a lot (0)……………………………………………………………………………………(10) All I need

15. **If you need more information, what else would you like to know to help you feel safe?**

16. **Have you accessed any of the following services during the COVID pandemic (since January 2020)? Select as many as relevant.**
☐ I have not tried to access any services
☐ Government child safety department
☐ Centrelink
☐ Government websites
☐ Government apps
☐ Welfare agencies
☐ CREATE
☐ Disability services
☐ Other (Please specify) _____

17. **Can you give details of what the main problem was you needed help with?**

18. **Can you name a website or app that you found really helpful?**

19. **How easy did you find getting help during this time?**
Very difficult (0)……………………………………………………………………………(10) Very easy

20. **Are there any changes in your daily life that occurred as a result of the response to COVID-19 that you would like to see continued into the future?**
☐ Yes*
☐ No
If "Yes", please give example of the positive changes that have affected you the most.

20. **Is there something else you would like to say about how the COVID-19 pandemic is affecting you?**

Thank you for completing this survey. To allow CREATE to use your responses in our final report you will need to provide us with your consent. To do this, please copy and paste the link below into your web browser and fill in the details.

To say thank you for the time and effort you have taken in answering these questions, we would like to give you a $25 e-gift card. If you would like to receive an e-gift card, the link above will ask you to provide your contact details. If you do not want an e- gift card, you can simply select no.

Please be sure to submit your responses before you leave this page by clicking the "DONE" below.

If you have any questions about the survey, or if you would like to know more about what CREATE does for children and young people in out-of-home care, contact your local CREATE Office on 1800 655 105.

Appendix B: About CREATE

CREATE Foundation is the national peak consumer body for children and young people with an out-of-home care experience. We represent the voices of over 45,000 children and young people currently in care, and those who have transitioned from care up to the age of 25.

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

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

To do this we:

- CONNECT children and young people to each other, CREATE and their community to

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

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

We achieve our mission by providing a variety of activities and programs for children and young people in care, and conducting research and developing policy to help us advocate for a better care system.