

COVID-19

The views and experiences of young people with an out-of-home care experience in the Australian Capital Territory (ACT)

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Introduction

The coronavirus pandemic (COVID-19) is a global health emergency that has caused substantial disruption across the world. COVID-19 is highly infectious and can have serious health consequences (including death) for some people. There is no immunity in the population (as yet, there is no vaccine), and to date, only generic treatments are available. Across the world, interventions have been implemented in an attempt to reduce the spread of the virus in order to protect vulnerable people and prevent health-care systems from being overwhelmed. In Australia, interventions have included policies targeted at the general population (e.g., travel bans, physical distancing requirements for businesses, changes in relation to working and studying from home) and individual level (e.g., encouraging handwashing, not touching one's face, physical distancing), as well as contact tracing, case isolation, and quarantine. While Australian communities have been able to manage the health aspects of the pandemic well, limiting the spread of the virus, the interventions to do this have disrupted many aspects of daily life, with many short-term and long-term implications. As described by one 16-year-old Australian: "I never expected a health crisis to affect every aspect of my life other than my health" (Connolly, 2020, p. 5).

For children and young people in Australia, there have been changes to daily routines, social participation, education, and/or employment. Social distancing and lockdown measures have postponed, cancelled, or limited usual activities (e.g., educational, social, recreational, sporting), reduced access to resources (such as those available through schools, libraries, and other public facilities), disrupted family connections and support, and changed how young people can spend time together (e.g., due to closed public spaces, enforced physical distancing). These measures have also increased uncertainty for young people in relation to future-focused plans and goals (e.g., Grade 12 exam preparations, post Grade 12 planning, living away from home for the first time) and influenced accessibility to and interactions with support and therapeutic services. These changes have both short-term and long-term implications across a range of life areas, including mental health and well-being, physical health and exercise routines, peer relationships, self-concept and identity development, sense of safety, educational engagement and attainment, and career trajectory (AIHW, 2020b; Connolly, 2020; Ellis et al., 2020). For example, Ellis et al. (2020) found that young people aged 14 to 18 years were particularly worried about schooling and friendships, and that, for these young people, COVID-19 stress was significantly associated with increased depression and loneliness.

Already, young people in Australia have identified some of the effects that COVID-19 has had on their lives. For example, 66% of young people aged 12 to 25 in Tasmania reported that COVID-19 had affected their education and training negatively (e.g., practical placements/training courses postponed or cancelled, difficulties with online learning, unreliable technology or internet connection); 47%




reported that COVID-19 had a negative effect on their employment (e.g., lost employment, reduced hours); and 83% believed that greater mental health and well-being support was needed during this time (Youth Network of Tasmania, 2020). Similarly, a South Australian survey of young people reported difficulties with online schooling (e.g., access and equity of resources) and accessing mental health support (Connolly, 2020). These young people also raised concerns related to disrupted peer connections, reduced capacity to participate in typical activities (e.g., volunteering, recreational), and future opportunities (e.g., access to stable housing, employment).

While the COVID-19 pandemic is presenting challenges for all children and young people, for those children and young people who are already vulnerable or disadvantaged (e.g., children and young people with an out-of-home care experience; those who live in families where domestic violence, neglect, or drug/alcohol 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 educational exclusion), the challenges of COVID-19 are likely to be magnified (Alonzi et al., 2020; Brown et al., 2020; Jones et al., 2020; Thornton et al., 2020; Young Minds, 2020). For example, parents and carers of young people with autism spectrum disorder (ASD; a group vulnerable to disruption of their routine) reported that 41% of young people were exhibiting more frequent behavioural problems during COVID-19 (Colizzi et al., 2020); and 81% of young people with a pre-existing mental health condition reported that the pandemic had made their mental health worse (e.g., those with eating disorders reported restricting their food intake further; those who had previously self-harmed reported an increase in self-harm behaviours; Young Minds, 2020).

Children and young people with an out-of-home care experience typically enter care due to physical, emotional, and/or sexual abuse, neglect, or domestic violence; therefore, many have experienced high rates of complex relational trauma (Bailey et al., 2019). The process of being removed from their home, as well as experiences within the care system (e.g., placement changes), can add to their experiences of trauma and distress. Research suggests that they are more likely to have poorer educational outcomes, poorer physical and mental health, 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 this, children and young people in out-of-home care also might be more vulnerable to the negative effects of COVID-19.

At the beginning of the COVID-19 pandemic, a report based on a review of published literature and consultations with kinship and foster carers highlighted numerous risk factors for children and young people in out-of-home care in Australia during COVID-19. These included (a) interrupted or restricted access to respite, support services, and therapeutic services; (b) disrupted face-to-face contact with biological family members; (c) less ideal primary methods of communication (e.g., telephone, video calling) for contacting biological family members and support services, particularly for very young



children; (d) restricted access to legal services; and (e) delays in court assessments (Galvin & Kaltner, 2020). However, this report did not include the voices and experiences of young people who have lived in out-of-home care. Recently, CREATE (2020) conducted a survey that asked young people with an out-of-home care experience in Tasmania about how COVID-19 had affected them. These young people highlighted concerns in relation to their education, mental health, and family and social relationships. Most frequently, young people described difficulties with their education, including a lack of usual learning support, inadequate technology, and lack of access to school facilities and social connections.

While this survey has shed some light onto the experiences of young people with an out-of-home care experience, the sample was small ($N = 25$), data were collected from young people living in Tasmania only, and the project was not designed to be generalized to other localities. Consequently, little is known about how children and young people with an out-of-home care experience in the ACT are faring during this pandemic. One survey of support services, that typically work with young people and families generally in the ACT, has indicated that, since the beginning of the pandemic, the demand for and pressure on services for young people has increased, with families raising concerns about domestic violence, financial and housing stress, mental health, and access to technology (Youth Coalition of the ACT, 2020). This report suggested that some young people were having difficulty engaging in education and support services because of poor access to devices and internet data, and concerns about privacy when receiving support online. However, this report did not report on young people's views and experiences directly. 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).

This current consultation provided an opportunity for young people with an out-of-home care experience in ACT to present their unique views and experiences during the COVID-19 pandemic. Increasing our understanding of young people's experiences during COVID-19 is vital in light of the complex issues faced by children and young people with an out-of-home care experience and will help guide decisions in relation to how best to support young people throughout this period.

Method

Participants

CREATE consulted with 25 young people (14 females, 11 males; age range 14 – 25) with an out-of-home care experience in the ACT, Australia. Seven young people identified as Indigenous (28% of participants) and three young people identified with another culture. Most young people were living

independently ($N = 10$) and were nine years or older when they first came into care ($N = 15$). Further details of participant age and placement history can be seen in Table 1.


Nine participants identified as living with one or more disabilities, including mental illness ($N = 3$), intellectual disability ($N = 2$), sensory disability ($N = 2$), fibromyalgia ($N = 1$), and autism ($N = 1$). Not all young people shared information about their disability and some young people had more than one diagnosis. Four young people who reported living with a disability also reported receiving support for their disability (e.g., medication, counselling, living skills for independence).

Table 1. Participant Demographics

Demographics	Number of Young People
Age	
14 - 15	6
16 - 17	4
18 - 19	7
20 - 21	4
22 - 23	3
24 - 25	1
Age First Entered Care	
0 – 2	7
3 - 4	2
5 - 8	1
9 - 16	15
Placement Type	
Foster Care	3
Kinship Care	5
Semi-independent supported accommodation	3
Independent living	10
Family home	3
Homeless	1

Materials

The consultation used a mixed method approach, combining quantitative and qualitative research methodologies. This approach allowed young people’s voices to be heard directly and enabled the survey to be accessible for young people with a range of communication styles and abilities. The interview protocol consisted of 21 items (see Appendix A), which were written and developed by the



CREATE Foundation¹. Ten questions asked about demographic information (e.g., age, placement type, culture). Five short-answer, four rating scale (one including seven sub-questions), and two check-box questions asked young people about their experiences during the COVID-19 pandemic. Rating scale questions used an 11-point scale, with anchors relevant to the individual question. For example, “How much impact has the social isolation or contact restrictions had on your mental health?” was rated from 0 (*none at all*) to 10 (*a great deal*). Rating scale questions typically included a comments space where young people were asked to describe their experiences and thoughts relevant to the particular question. Short answer questions asked young people about their greatest concern during the COVID-19 pandemic and about their information and support needs. One check-box question asked young people to mark the services they accessed during the COVID-19 pandemic and one question required a yes / no response to a question about positive changes that had occurred as a result of the response to COVID-19, and included a comments box for young people to elaborate.

Procedure


Participants were recruited through the clubCREATE member database² by two staff members in August and September 2020. Young people were contacted by phone or email and invited to participate. CREATE staff members also invited young people to participate if they had contact with them through their connection work, such as during CREATE events or catch-up phone calls.

CREATE staff members explained to young people (and their carers where relevant) the nature of the consultation, including that participation was voluntary, they could withdraw at any time, and their answers were confidential. Information was made available to young people (and their carers) in a Participation Information Sheet on the CREATE Foundation website that could be accessed at any time. Before beginning the survey, CREATE staff members obtained informed consent from all young people (and their carers where young people were under the age of 18 years), either verbally or in written form. The Consultation was conducted in accordance with the *CREATE Disclosure* and *CREATE Consultation with Young People* policies. Following participation, young people could elect to receive a \$25 voucher in recognition for their time and insights.

Most consultations were completed face-to-face ($N = 16$) or over the telephone ($N = 6$) with a CREATE staff member. Many face-to-face consultations were conducted during social events organised by CREATE’s ACT team, where young people could take turns to complete the consultation if they chose in a location private from other young people. Two consultations were completed online

¹ See Appendix B for details on the CREATE Foundation

² 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.



independently and one was completed online with the support of a CREATE staff member. During face-to-face and telephone consultations, the responses of young people were recorded verbatim by the CREATE staff member conducting the structured interview. The quotations contained in this report were taken directly from the voices of young people involved in the consultation. To protect the young people's identity, quotations were de-identified and were attributed to individuals by sex and age.

Data Analysis

Data analysis involved the statistical analysis of quantitative data (e.g., calculation of frequencies, percentages, and means for numerical responses) and thematic analysis of qualitative data. Thematic analysis used an inductive grounded theory approach (i.e., where themes emerge 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 when answering; therefore, the number of comments for analysis could exceed the 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 the experiences of a small sample of young people with an out-of-home care experience ($N = 25$). This is a small proportion of those with an out-of-home care experience in the ACT (as of 30 June 2019, there were 842 children and young people in out-of-home care in ACT; AIHW, 2020a). Further, more than half of the young people surveyed were over the age of 18. While hearing their experiences with aftercare support and independent living during the COVID-19 pandemic provides valuable insight into the importance of continued support for young people with an out-of-home care experience past the age of 18, it should be noted that their experiences might be notably different from young people who are currently living in out-of-home care under a care order.

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 who identify as LGBTIQ+ and those in residential care placements. Recent findings by Alonzi et al. (2020) suggested that young people who identified as non-binary might have been more negatively affected by COVID-19 compared to other young people, with non-binary young people reporting higher levels of depression and anxiety compared with males and females. Further, research has found that young people in residential care are more likely to experience less support in relation to their health and education needs (Llosada-Gistau et al., 2019; McDowall, 2018). Specific research focusing on these two populations would help to understand their unique experiences during the COVID-19 pandemic.

Findings

Greatest Concerns for Young People During COVID-19

Thematic analysis of the question: *During the COVID-19 pandemic, what has been the greatest concern for you personally?* identified a range of concerns for young people (see Table 2). Most frequently, young people identified that they were concerned about the health of themselves and the people around them (e.g., friends, family, carers, and the wider community; $N = 20$). Comments related to health concerns also mentioned worries about transmission (e.g., having contact with sick people; passing it on to someone without knowing) and worries about the impact of COVID-19 for those with pre-existing health conditions.

I was scared that my grandparents were going to get it (my carers) and also my family. If they got really sick. My friends. (Male, 23)

Knowing if I have the COVID and worrying if my family have it. (Male, 17)

I guess getting sick, and then spreading it to other people. Which didn't happen. (Female, 14)

My health - being a [fast food] worker I am constantly having people touch me. (Female, 20)

Going to doctors' appointments and transport. I was worried about being where sick people were. I use public transport so that was a concern for me. I was worried about being where other people were. (Male, 23)

Health. With my disability I am classified as one of the high risk 4% people. (Female, 22)

The health and safety of my grandparents - that's all I really worried about - me and my daughter I did not worry about - because my grandparents have compromised immunity (Female, 22)


It's spreading everywhere. The more people have it, the more affect it has on the world. (Male, 16)

Table 2. Greatest Concern for Young People During COVID-19 ($N = 25$)

THEMES	TOTAL	Percent
Health worries (e.g., personal, family, community)	20	33.3
Mental health	16	26.7
Not being able to go out	15	25.0
- do usual activities	7	11.7
- connect with others	6	10.0
- relationship conflict	2	3.3
Financial stress	4	6.7
Housing	4	6.7
School	1	1.6
TOTAL	60	100.0

Note. Some respondents raised more than one concern.

The theme with the second highest number of comments was concerns about mental health. Young people with existing mental health conditions described a deterioration in their mental health during



this time and many highlighted the challenges a pandemic presented in terms of being able to access support and engage in typical self-care activities.

Mental health - the fact that it impacts mental health - imagine this on top of already living with anxiety. Because of the lack of social support, I ended up nearly ending my life. (Female, 19)

Nothing at first, when it first came up. My major concern became my mental health. I was worried about my depression sparking back up again and my anxiety. Which they have so it was justified so my stress levels have increased so it was justified. (Male, 18)

Stress. My mental health hasn't been doing well. My psychiatrist has been on leave. So, I've been left out in the dark a bit. (Female, 19)

Biggest impact has been not being able to get out of the house - the impact on my mental health... Not being able to go to my volunteer work. It was what was giving me something to do during the day - have not been able to go in the last few weeks either due to not feeling well and stuff that is happening. Gave me the opportunity to get out and be sociable with friends that I volunteer with. (Female, 25)

Mental health - staying involved with psychs and getting meds has been problematic. The services were not well enough equipped to provide the support we needed. There needs to be more funding for mental health and to help with general upkeep of the household - in home support (Female, 20).

Young people also were concerned with not being able to go out. Not being able to go out affected young people in different ways. For some, not being able to go out meant not being able to engage in their usual activities. For others, not being able to go out meant not being able to connect with their friends. Some commented about the challenges of not being able to go out in terms of the strain it put on household relationships and their mental health.

Staying home sucks. Before COVID-19, I went out every couple of days. At the moment I go out nearly never. Maybe once every 3 weeks. (Male, 23)

Not being able to go to my volunteer work. It was what was giving me something to do during the day—have not been able to go in the last few weeks either due to not feeling well and stuff that is happening. Gave me the opportunity to get out and be sociable with friends that I volunteer with. (Female, 25)

With my disability I am classified as one of the high risk 4% people. So, I have been very cut off from the world and unable to do anything. Did not go out at all— I went from home to work and back home again - did not even get to see my family - and didn't really have one or more people over for a good 3 months. (Female, 22)

Don't go out that much— not being able to go out to do things, see people. (Female, 19)

Not being able to see friends... Not being able to go out—missed going to the skate park with friends. (Male, 14)

Not having our regular events as I was losing touch. I understand why we couldn't meet together, but there were nights that I'd cry myself to sleep as I was that God damn lonely. (Female, 13)

Probably not getting to hang out with my friends as much as I want. (Female, 14)

Being trapped inside—with everyone else there— it was terrible. (Male, 21)

Foster sibling rivalry. It has created some very dangerous situations between me and my foster sibling who is 10 years old. She got me to a state of anger which I had not got into for years. Since COVID started and not supposed to go places— she has become more anxious and disrespecting my space...just annoying...being very careful because of COVID...she is leaving in the next 2 weeks - this was the plan anyway...we were her twelfth placement in 2 years. (Female, 17)

Other comments discussed concerns related to financial and housing stress. Several young people were experiencing difficulties finding safe and stable accommodation during this time; and one young person expressed concerns about not being able to survive financially when Centrelink COVID-19 supplements are withdrawn by the Government and payments are reduced.

Money (Female, 19)

Gas (home LPG) prices—people would leave the house and leave the heaters on all the time. Money issues are a stress, because we are homeless and bouncing from house to house. (Male, 17)

I'm worried about it [getting COVID-19] and about my payments and when they drop. The higher payment helps me get by at the moment. So now my biggest worry is when it's all over. I've only been here a week—I've been homeless— couch surfing etc. since then. (Male, 18)

Treading water a bit in regards to housing—getting a safe and stable place to stay. Was in semi-independent living—then different residential houses until got into [housing organisation]. A bit stressful moving at this time. (Male, 18)

All in all, bad because of supports not being around anymore because I just moved into my own place—set up to fail—have lost this now, back in supported accommodation. (Male, 21)

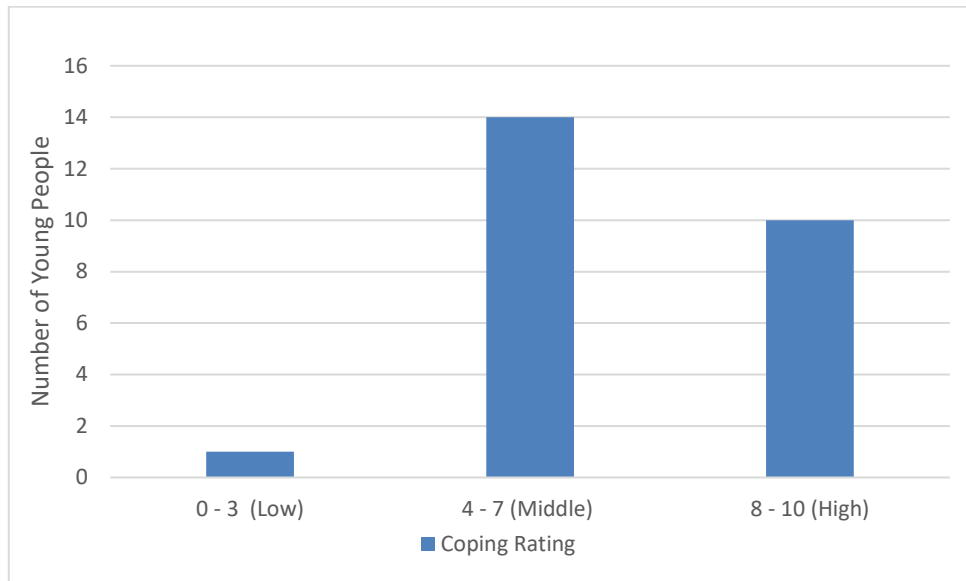
Finally, one young person mentioned challenges with online schooling.

I was one of those kids that always had to go to school. Online school was a bit hard and my school didn't know how to do it well. They put a lot of the work onto us to do and that stressed me out. (Female, 14)

Coping with Social Distancing

Young people were asked to rate how well they felt they were coping with social distancing measures on a rating scale between 0 (*not at all well*) and 10 (*extremely well*). For ease of interpretation, scores were grouped into low (0 to 3), middle (4 to 7), and high (8 to 10). Young people rated their coping with social distancing requirements most frequently in the mid- to high-range (96% rated in mid-to high-range; *Mean* = 6.48). Only one young person indicated that they felt they had low levels of coping (see Figure 1).

Figure 1. Coping with Social Distancing Rating (N = 25)



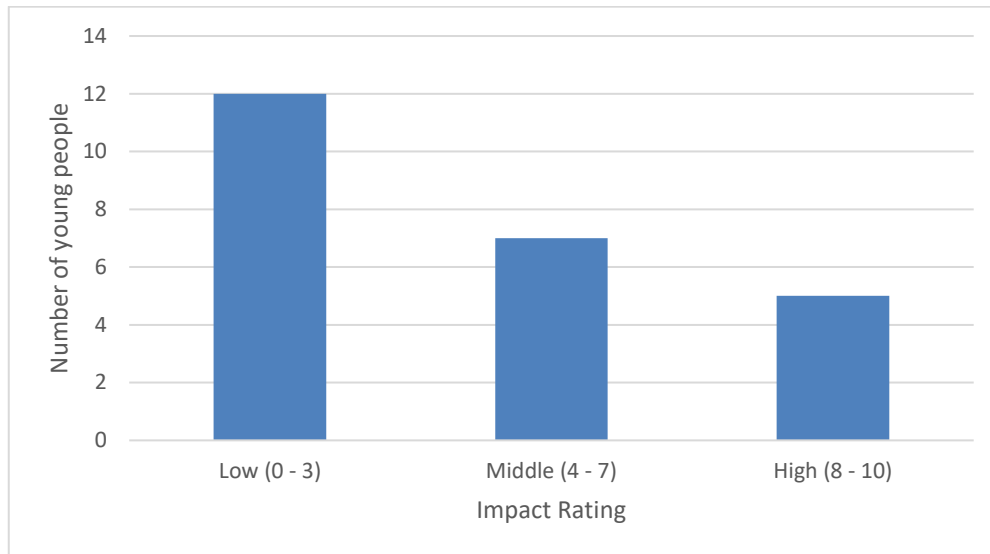
Impact of COVID-19

Young people were asked about the impact social isolation and contact restrictions had on their (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 on a scale of 0 (*no impact*) to 10 (*a great deal of impact*) and then comment on their experiences relevant to each rating. Rating scores were grouped into low (0 to 3), middle (4 to 7), and high (8 to 10) for ease of interpretation. For each topic, there was a spread of ratings across the scale, with young people scoring in each of the ranges (low, middle, and high), indicating that the young people in the sample had diverse experiences. Ratings and comments from young people are discussed below.

Young people's Health

Physical health. When asked about physical health, twelve young people rated the impact of COVID-19 in the low range, seven young people rated in the mid-range, and five young people rated in the high range (see Figure 2).

Figure 2. Impact of COVID-19 Restrictions on Young People’s Physical Health (N = 23)



Comments from young people who rated in the low range suggested that they were able to adapt or continue exercising in the way that they usually did. One young person commented that they had started playing a new team sport (see Table 3 for Comments).

I would go for a ride everyday by myself— kept myself active anyway. (Male, 14)

No, I’m still fit. When COVID came out I just went out and did a few jogs and stuff - tried to stay active. It was a LOT quieter when I went out running— I probably only saw one other person each time I went out. It made me feel pretty safe when I was out, as there were less people to get sick from. (Male, 16)

I’m a very self-motivated person so I did a few workouts during COVID and my netball games are still on so that’s weird. There are barriers between game zones and no one was allowed to come and watch. (Female, 14)

I only recently got into football. I joined at the beginning of COVID so that’s been interesting. (Male, 16)

Those who had rated some impact to their physical health most frequently mentioned barriers to exercising (such as low motivation, worry, and mental ill-health) and reduced engagement in exercise.

Its hit me pretty hard. I’ve just been sitting at home so I’m so unfit now. (Male, 20)

I pretty much have not done anything other than shopping in terms of getting out and about. Literally been at home watching Criminal Minds or Hawaii 5-0. The CREATE event today is the first thing I have come out to. Not motivated. (Female, 25)

Some young people commented that during COVID-19 their eating habits and sleep quality had deteriorated, and their smoking had increased.

Big impact on physical health—not sleeping well... Not eating well either; still not eating well. (Male, 21)

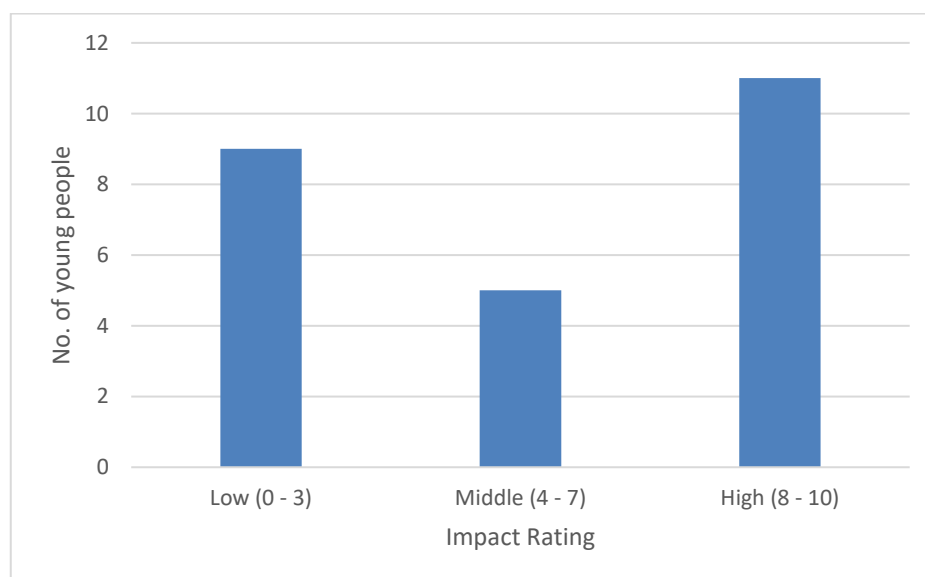
Table 3. Comments About the Impact of COVID-19 Restrictions on Physical Health

THEMES	TOTAL	Percent
Negative impact	15	55.6
Barriers to exercise (e.g., low motivation, worry, mental health)	6	22.2
Less exercise	4	14.8
Poorer eating habits	2	7.4
Sleep difficulties	1	3.7
Increased smoking	1	3.7
Increased exercise	1	3.7
No change or impact	12	44.4
TOTAL	27	100.0

Note. Some young people gave more than one response.

Mental health. More than half of the young people surveyed rated some impact to their mental health (i.e., rated in the mid- to high range; $N = 16$). Eleven young people rated the impact restrictions had on their mental health in the high range, five young people rated in the mid-range, and nine young people rated in the low range (see Figure 3).

Figure 3. Impact of COVID-19 Restrictions on Young People’s Mental Health ($N = 25$)



Those whose mental health had been affected by restrictions predominantly commented about an increase in stress and frustration and/or a decline in their pre-existing mental health conditions (e.g., increased feelings of anxiety and/or depression). Several young people commented on how COVID-19 stress and restrictions compounded their other responsibilities (e.g., as a carer/parent/job seeker), and some experienced loneliness, isolation, and relational conflicts stemming from COVID-19 (see Table 4).

The whole thing has been overwhelming. I kind of struggled with having to leave the house, as well as worrying about it when I came home. (Male, 23)

Insanity of being 'locked up' all the time. I'm an outdoor person, not an indoor one. (Male, 17)

Yeah definitely. I'm just real down at the moment. Depressed as. I can't really see a way out. (Male, 20)

Just fallen apart due to isolation. My duties as a carer for my mother have risen which has also affected me. (Female, 20)

Between work, being a parent, and general stressors of COVID, I have had points where it has been really hard. Positive things have happened too, so feel that I am emotionally a bit bipolar—big ups and big downs; intense. Also dealing with PTSD triggers—now purely anxiety—so a different form of mental health issues which I am not used to dealing with... (Female, 22)

Sad, lonely, and frustrated. Always wondering if the world will just end. (Female, 20)

Caused issues with my relationship which now does not exist. Was hard for a while, but okay now. (Female, 17)

Very stressful time. Other people took over where I was living, like it was their house not my house. I could not get rid of them because COVID made everyone stay locked in. None of my supports were around. (Male, 21)

Five young people commented that the support they had experienced over this time was either inadequate or insufficient, with one young person further commenting that additional funding for mental health and in-home support was required.

Lack of support services—stress that support services have extra pressure on them. (Female, 19)

Very not motivated. Had appointment with psychologist not long after shutdown over the phone—did not feel comfortable doing it over the phone. Had one or two face-to-face, then not well for the last three. Mental health has not been well at all. Actually, surprised that I came to this create event today. Decided to come today to get out of the house. (Female, 25)

The services were not well enough equipped to provide the support we needed. There needs to be more funding for mental health and to help with general upkeep of the household— in-home support. (Female, 20)

Table 4. Young People's Comments: Impacts on Mental Health

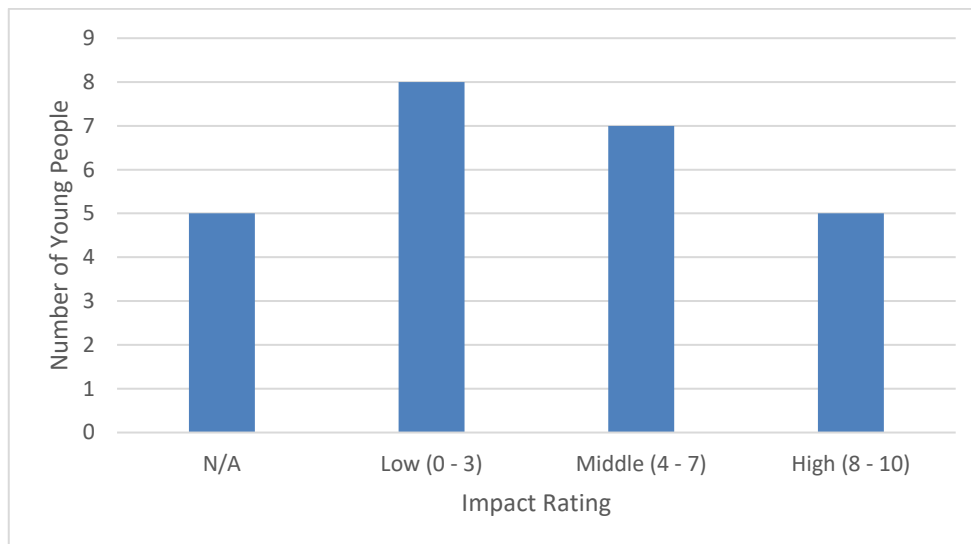
THEMES	TOTAL	Percent
Stress/frustration	9	34.6
Deterioration of mental health (e.g., anxiety, depression, PTSD)	5	19.2
Insufficient/inadequate support	5	19.2
Compounds other responsibilities	3	11.6
Relational conflict	2	7.7
Loneliness	2	7.7
TOTAL	26	100.0

Young People's Education and Training

When asked to rate the impact restrictions had on their education or training, more than half of the young people for whom this question was relevant rated the impact of COVID-19 restrictions in the

mid- to high- range, indicating some impact to their education and/or training (N = 12). Eight young people rated the impact restrictions had on their education or training in the low range (see Figure 4).

Figure 4. Impact of COVID-19 Restrictions on Young People’s Education and Training (N = 25)



Note. N/A includes young people who reported not currently being engaged in education or training activities.

When asked to elaborate, most young people commented about 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

THEMES	TOTAL	Percent
Negative experience	10	71.4
Delays or closures	3	21.4
Difficulties with concentration/motivation	3	21.4
Insufficient support/communication	3	21.4
Content – less practical	1	7.2
Positive experience (e.g., enjoyed online learning; attended school as usual)	4	28.6
TOTAL	14	100.0

Challenges young people faced in relation to their education and/or training included closures or delays due to COVID-19 restrictions.

Not going to TAFE course because it is still shut. (Female, 19)

I just got my certificate in Hospitality. I should have finished it 7 – 8 months ago but only just got it. So, it’s taken a lot longer. (Male, 18)

Young people also commented about the difficulties they experienced when trying to concentrate and motivate themselves to study from home.

Making myself do homework was very hard; therefore learning was very hard. (Female, 17)



4/10 times I get distracted doing my work. (Male, 14)

We had to do everything online and I can't concentrate at home, so it was really hard. I have to redo my course because I can't do this stuff at home. (Female, 19)

The level of support they received was discussed, with young people commenting about feeling unable to access the support they needed. In particular, young people seemed to face communication challenges as learning moved online (e.g., not being able to ask for help as usual; knowing what was happening and when).

It was easier when I was actually at school. When I was at home I can't really raise my hand and ask for help. (Female, 15)

Because all education got moved online and no real teacher support (Female, 19)

Communication was a problem. Just gone back to some face-to-face; but other stuff online. Some confusion about whether things were face-to-face or zoom, so missed some stuff. (Female, 25)

Lastly, one young person acknowledged that they preferred a practical-based, hands-on approach to learning and found the change to online learning difficult.

Harder, as there's a lot less practical work which I'm better at. (Male, 17)

Those who rated the impact as low commented that they worked well at home (e.g., concentrated well) or had continued to attend school as usual.

Probably worked better at home; think I concentrated better. (Female, 14)

School was easy online—not too much work set. Good with technology. (Male, 14)

I was glad I didn't have to go to school for a while. School did a really good job and made sure everyone was OK, and the zoom stuff was done really well. (Female, 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 ($N = 13$; see Figure 5), the majority of these being not in paid employment. Five young people who were employed indicated some impact to their employment; rating in the mid- or high- range.

Those who rated a low level of impact, commented about changes due to new safety measures at work ($N = 3$) and difficulties job seeking ($N = 2$).

I want to get a job, and it's making it hard at the moment. I've been applying everywhere and having no luck. (Male, 18)

Still employed but it has changed the way we do things. (Female, 20).

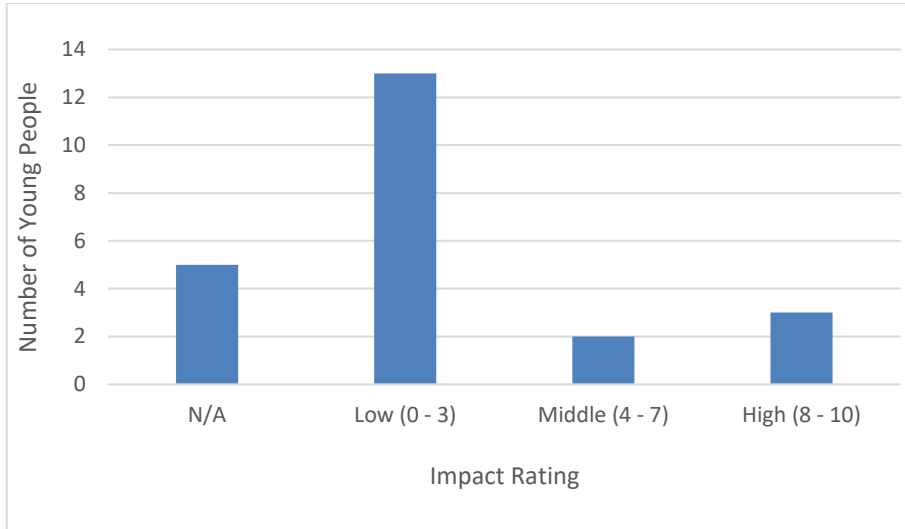
Extra stuff has been put in place which has made it harder as I work in disability houses. (Female, 22)

Those who rated a high level of impact experienced a reduction in shifts ($N = 1$) or a job loss ($N = 1$).

A big impact—because not as much work because not as much people spending.
(Female, 17)

I lost my job due to COVID. (Female, 19)

Figure 5. *Impact of COVID-19 Restrictions on Young People’s Employment (N = 23)*

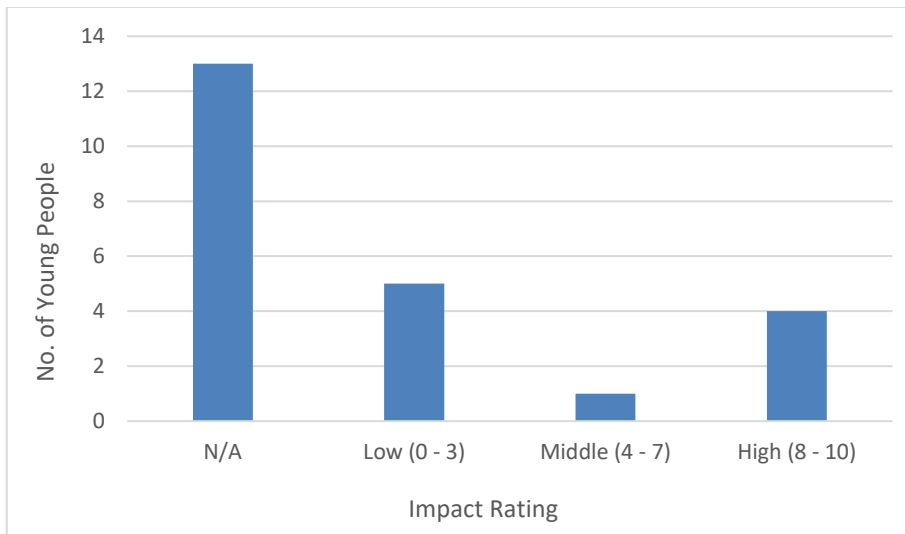


Note. N/A includes young people who commented that this question was not applicable to them or who reported no impact and commented that they were not employed, low range also included people who were not employed (12 of 13 responses).

Young People’s Life in Care

Ten young people responded to this question. All others reported that it was not applicable (e.g., young person was no longer in care and was now either living independently; young person had been reunified with their biological parent/s). Five young people rated the impact of COVID-19 restrictions to their life in care in the low range, one rated in the mid-range, and four rated in the high range (see Figure 6).

Figure 6. *Impact of COVID-19 Restrictions on Young People’s Life in Care (N = 10)*



Note. N/A indicates those young people no longer in care.

When asked to comment further, three young people indicated that contact with family members was affected, particularly face-to-face contact; two young people commented that they were still having contact with family as per usual; and one young person mentioned being able to adapt the way they contacted family members (e.g., by using zoom).

We had Zoom calls with family in Sydney etc., so we've stayed connected. We haven't seen them as much as we normally would. (Female, 14)

My little sister was supposed to come over a visit in July and she hasn't been able to visit. She was going to fly over from S.A. (Female, 14)

I'll still seeing my other brother; he still sleeps over sometimes so it's good. (Male, 14)

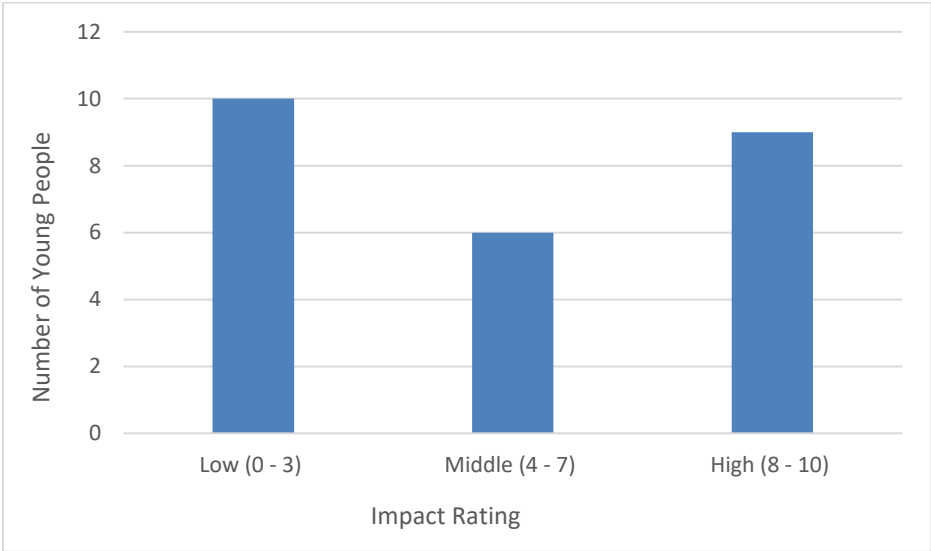
One young person commented about the level of stress her carer experienced and how that had affected her life in care in a negative way.

Contact with foster sibling. But also because my carers were stressed, things were a lot harder. (Female, 17)

Family Contact.


When specifically asked about the impact of COVID-19 restrictions on family contact, most young people indicated some impact (i.e., rated in the mid- and high range; N = 15). Ten young people rated the impact on family contact in the low range (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 reduced or stopped face-to-face family contact (N = 14). Young people with family members who were considered at high risk (i.e., due to age or pre-existing health conditions) or who had family living interstate, identified these issues as additional barriers to contact during COVID-19.

Didn't get to see my Dad at all. (Female, 14)



In the beginning it was a bit tricky. I spent Easter away from family, which was sucky, but not the end of the world. But got normal quite quickly. Spent 2 months away from grandparents who I would normally see weekly. (Female, 22)

Because my family is prone to illness I have not been able to have a lot of contact with them—this has been stressful. (Female, 19)

Severely impacted. Have not had contact with family due to both my health concerns and their extra health concerns also. Grandparents in the 70's and unwell. Uncle had cancer and had a triple heart attack and went to hospital during COVID—been in hospital again with different infections. Went to visit, but special restrictions around visiting due to COVID. Aunt has disability and ill health also. (Female, 22)

It's hard because part of family lives in different state, so I haven't been able to see them. (Male, 18)

The only thing that happened was that my Nan left to move to Victoria to be closer to family there. (Female, 25)

Four of the young people who commented about changed or stopped family contact specifically mentioned not being able to see their siblings. Sibling contact was affected for young people who were in out-of-home care placements separate to their siblings; young people who had transitioned into semi-independent/independent living situations and had siblings who were living in out-of-home care placements; and young people who were living at home with their biological parents and had siblings who were living in out-of-home care placements.

Because we do not get to see my younger brother much because of COVID. He is still in a foster care placement. Mainly see him at CREATE events. (Male, 17)

Very hard not being able to see my siblings. (Female, 17)

Big impact as contact with brother who is in care got cancelled. (Male, 21)

Did not see my brother who is in foster care for about 6 months. (Female, 20)

Those who rated impact to family contact in the low range indicated that they were not having contact with family members prior to COVID-19 ($N = 4$) or that they continued to see family members as per usual ($N = 2$).

I don't talk to my family. My sister's fine, but we don't see each other much anyway. (Female, 19)

I don't really see them anyway. (Male, 18)

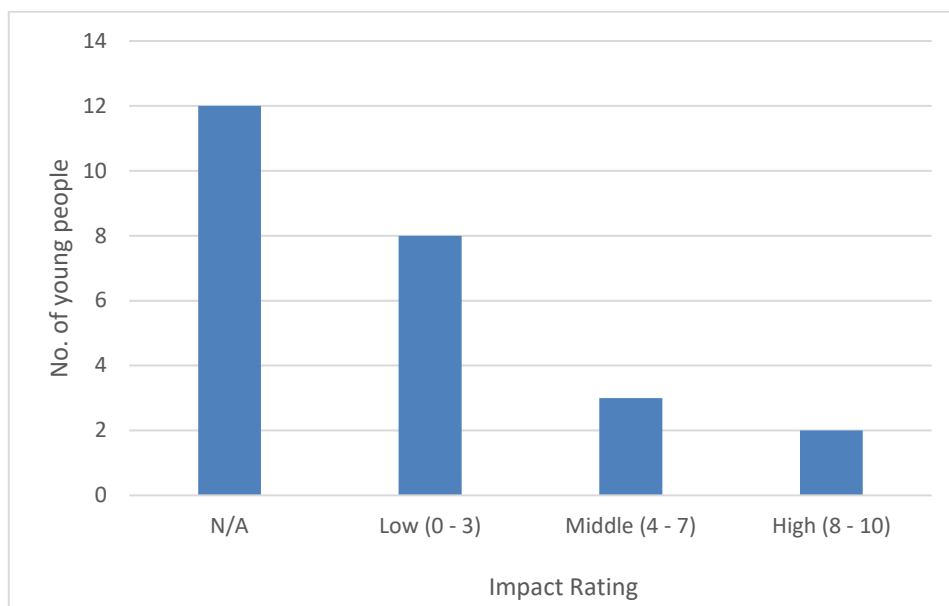
I don't contact my family. (Male, 17)

We still went out and saw our family so no different. (Male, 16)

Transition Planning

When asked to rate the impact of COVID-19 restrictions on their transition planning, (noting 10 of the participants in the survey were still in care), eight young people rated in the low range, three young people rated in the mid-range, and two young people rated in the high range (see Figure 8).

Figure 8. Impact of COVID-19 Restrictions on Transition Planning (N = 25)



Three out of the eight young people who rated the impact in the low range commented further. These young people indicated that there was no impact as transition planning had not yet commenced.

Not doing this yet. (Male, 14)

They haven't really started with that. (Female, 15)

Three out of the five young people who rated the impact in the mid- to high range commented further. Two of these young people also commented about transition planning having not yet commenced. One commented about a lack of support during COVID-19.

Have not really done this—currently in between caseworkers (Female, 17)

Supports went away—only just coming back now. (Male, 17)

With the exception of one young person, young people have commented that transition planning had not yet commenced; however, individuals have perceived the level of impact differently. While the sample size is too small to make any reliable comparisons, from the comments, those who are nearer to transitioning from care (i.e., are older) appeared to rate the impact of COVID-19 on their transition planning higher.

Understanding About What Was Happening

Young people were asked to rate their understanding of what was happening in the community regarding COVID-19. Most young people (N = 21) rated their understanding of what was happening in the mid- to high range. 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, most young people stated that they had all the information they needed ($N = 17$).

Do not need more. I feel like we have been very well informed especially in the communities I am in—work community, Facebook, and [Youth Specific] Health Service. Kept very quickly informed by Facebook posts. (Female, 19)

Don't feel like I need anything more. (Female, 14)

Those who needed more information wanted to know:

- what information sources to trust
- more ACT specific information
- what supports are available
- information about the vaccine

There are so many conflicting things—knowing which is the right one, the correct information—is difficult. (Female, 20)

What is happening in my state? (Male, 18)

Just would like to know what supports are available and what they are individualised to help with. (Female, 19)

When are they going to get those vaccines ready? As soon as they have any sort of vaccine ready I'll be down there getting it. Then I can focus on getting work and a car etc. (Female, 20)

One young person wanted updates that were simple and easier to understand.

More simple updates, as they can be confusing. (Female, 19)

Useful Sources of Information

Most young people who participated accessed information about COVID-19 from Government sites and apps ($N = 5$) and social media sites ($N = 5$; see Table 6). Other sources of information included news sources (e.g., Canberra Times), financial services, CREATE, and the Australian Human Rights Commission.

Table 6. *Useful Sources of Information ($N = 14$)*

THEMES	TOTAL	Percent
Information Sources	16	84.2
Social media	5	26.3
Government (COVID safe app, websites)	5	26.3
News	2	10.5
Financial	2	10.5
CREATE	1	5.3
Australian Human Rights Commission	1	5.3
Entertainment	3	15.8
TOTAL	19	100.0

The COVID safe app. (Male, 17)

Facebook—there is someone who does daily updates and finds the data that is accurate. (Female, 22)

Services Australia; 7 news pages on Facebook. (Female, 22)

Human Rights Commissioner when dealing with mental health services (Female, 19)

Government budgeting site (Female, 19)

Some young people also commented on useful sources for entertainment and connecting with friends.

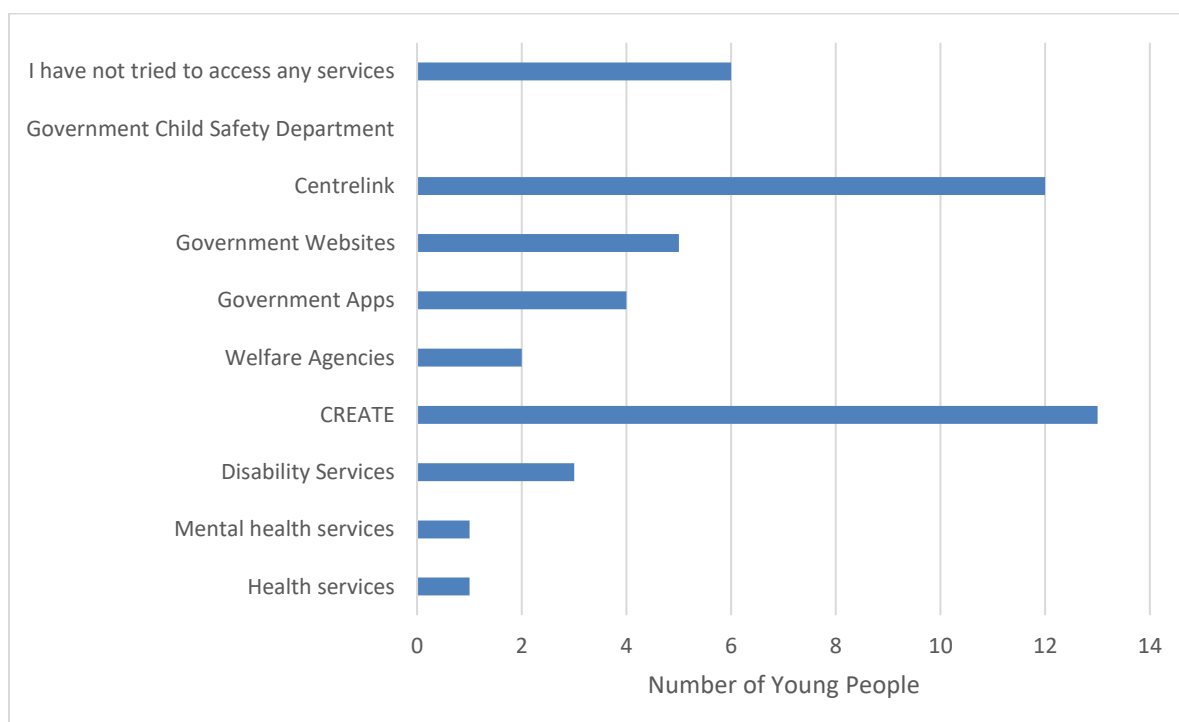
YouTube has been very helpful as my source of entertainment. Phone games—Bitlife, a role-playing game. So, you develop this character through decisions you make. (Female, 20)

Snap chat, Instagram, Facebook. Social media helps me catch up with mates and see how their doing and stuff. So there's still that bond. (Male, 16)

Service Access

Most frequently accessed services by young people during COVID-19 were CREATE, Centrelink, and Government websites/apps (see Figure 9).

Figure 9. Services Accessed During COVID-19



Those who accessed one of the above services were asked a follow up question asking the reason young people accessed these services. Most young people described financial, social, and health reasons for accessing services (see Table 7). Others mentioned support, information, advocacy, and legal reasons.

Getting payments sorted. (Male, 18)

To get NDIS on track—to get the one-off economic support payment happening.

To get supports back in place. (Male, 21)

Financial services. Ante-natal care. (Female, 22)

CREATE because I needed the socialness and Centrelink because I had a youth allowance I needed to sort out. (Female, 17)

For speak up training [with CREATE]—liked the social part of it too. (Male, 14)

For my well-being...and advocacy around accessing services. (Female, 19)

General support. Changing power of attorney from carer to someone else. (Female, 19)

Extra support in the household. This did not happen. (Female, 20)

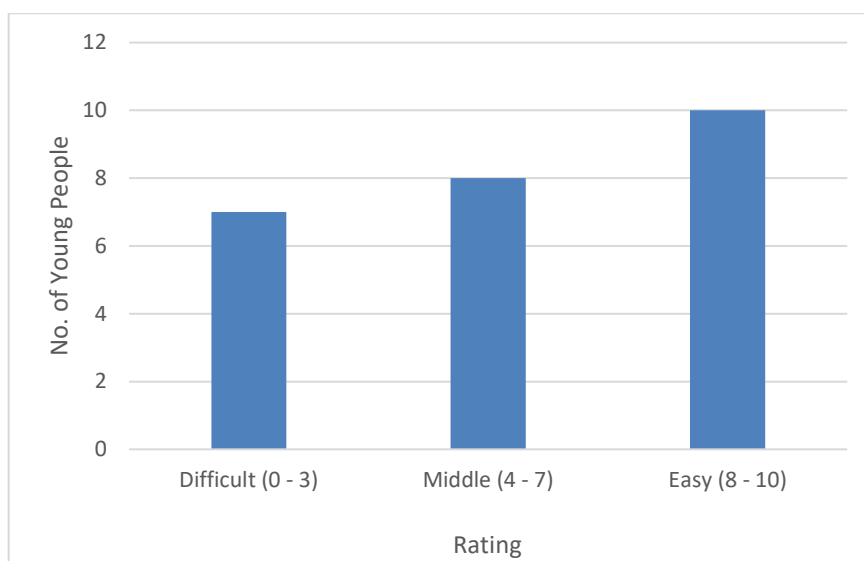
Table 7. Reasons Young People Accessed Services

THEMES	TOTAL	Percent
Financial	8	28.6
Social Connection	5	17.8
Health (e.g., physical health; mental health)	4	14.3
Support	3	10.7
Information about COVID-19	3	10.7
NDIS support and access	2	7.1
Advocacy	1	3.6
Legal	1	3.6
Training	1	3.6
TOTAL	28	100

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*). Scores were grouped into difficult (0 to 3), middle (4 to 7), and easy (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 varied experiences with accessing support. Most young people rated the ease of accessing help in the easy range ($N = 10$; see Figure 10); however, eight young people rated in the mid-range and seven rated in the difficult range.

Figure 10. How Easy Young People Found Accessing Help



While young people were not specifically asked to comment about the ease of accessing help and support, comments about support throughout the structured interview provide examples of the varied experiences of young people.

Had to cancel all my appointments because it was too hard to get out. Cancelled face-to-face with support worker, so did not get the support during this time to maintain order in home and life. All the other supports disappeared; youth centres shut. (Male, 21)

Back when it was all in lockdown. At that point I was shitting bricks and thinking it's the end. Businesses closing down, no one working. My workers came and spent some time with me. I was crying most days. My supports being there for me was good—I'd be a wreck today without it. And that's for everything else, too, by the way. If I didn't have the NDIS I don't know where I would be. If I didn't have that and the supports that are there, I wouldn't be here today. (Female, 20)

Positive Impacts of COVID-19

Young people were asked if there had been any changes in their daily life as a result of COVID-19 that they would like to see continued into the future. Young people gave examples of health and well-being, social, financial, and educational benefits (see Table 8).

Table 8. *Positive Impacts of COVID-19*

THEMES	TOTAL	Percent
Health and well-being benefits	9	49.9
Health and cleanliness protocols	4	22.1
Exercise	2	11.1
Mental state	2	11.1
Stopped drug use	1	5.6
Social benefits	5	27.8
Don't have to socialise	3	16.6
Time to reflect on friendships	1	5.6
Time with family	1	5.6
Financial benefits	3	16.7
Higher Centrelink payment	2	11.1
Good prices	1	5.6
Online education	1	5.6
TOTAL	18	100

Health and well-being benefits included comments about the new cleanliness protocols and routines that individuals and organisations had adopted (e.g., use of hand sanitiser; additional cleaners at schools; social distancing), opportunities to exercise, and opportunities to make changes in relation to their mental health and drug use.

Our school is cleaner. If we have to go to the bathroom we need to use hand sanitiser before and after etc. We have more cleaners and I think we should keep that afterwards. (Female, 14)

Everyone has good hygiene which makes me happy. (Female, 19)

Doing exercise (Male, 16)

As much as it mentally stressed me it also helped me get into a better mental state because I could sit back and say that this was not the state I wanted to be in (Female, 13)

My drug use, I got clean because of this shit, so I'm glad. It's been 3 1/2 months now. (Male, 20)

Social benefits included comments about not feeling obligated to socialise if they did not want to, being able to reflect on who their friends were, and spending more time with their family members.

Everyone keeps out of my little bubble now. I don't have to socialise which is a good thing. (Female, 19)

Made me more aware of who were my friends and who were not. (Female, 20)

Me and my brother walked around the lake together and played there—had time together. (Female, 19)

Financial benefits included comments about the higher Centrelink payment and the cost of technology during this period. Educational benefits were described by one young person who appreciated the new variety of learning modes.

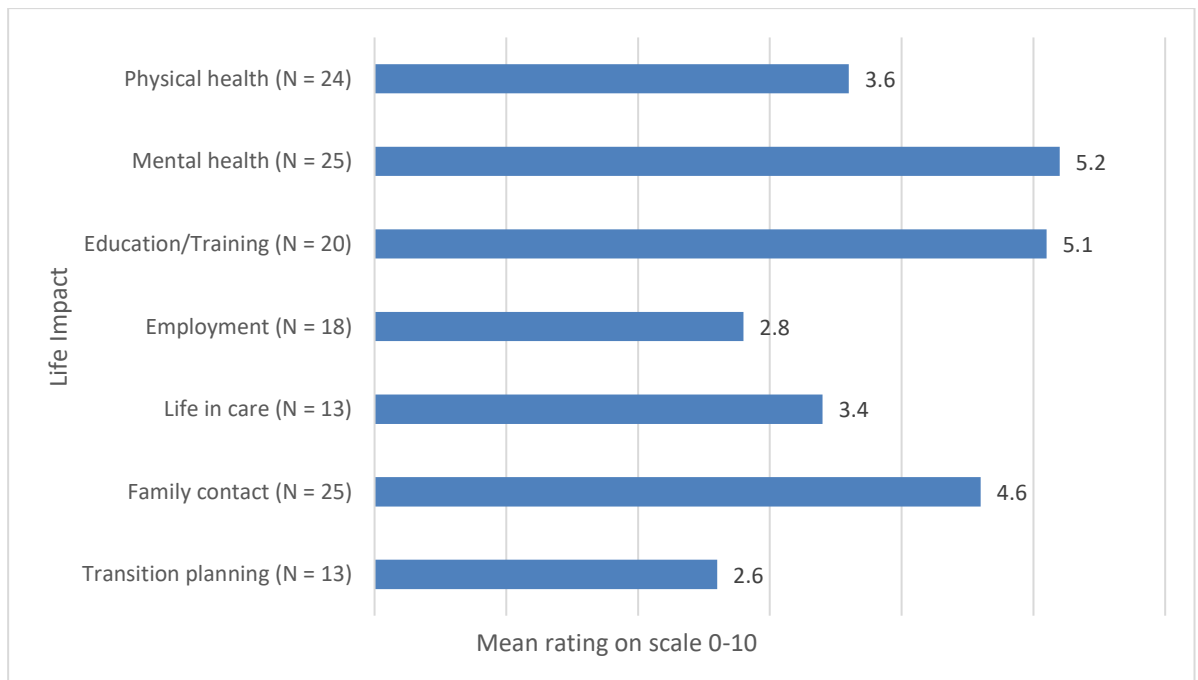
It hasn't affected me much at all, the benefit has been good as I've been getting extra payments. If I didn't have those I'd still be homeless right now. (Male, 18)

Good prices and deals buying tech. (Female, 20)

More variety in education. Online etc. Being paid more from Centrelink. (Female, 19)

The results of this consultation highlighted the concerns young people in the ACT have regarding the effects of COVID-19 on different areas of their life, including their mental health, education, and family contact (particularly sibling contact; see Figure 11).

Figure 11. Summary of Mean Ratings for Each Life Area (range: 0 to 10)





Discussion


The COVID-19 pandemic and the associated response to it have had far reaching consequences for the community across social, economic, and political domains, and are predicted to have lasting consequences for society (Jones et al., 2020). However, little is known about how the COVID-19 pandemic has affected children and young people with an out-of-home care experience. This consultation provided insights into some of the short-term impacts of COVID-19 on young people involved with out-of-home care in the ACT and provided a space for young people's views to be heard. Understanding the experiences of these respondents is a critical first step in being able to support young people during this crisis and into the future.

While many young people appeared to be coping well, there was a proportion of young people who were experiencing some negative outcomes in each life area. For example, some young people with a pre-existing mental health condition reported a deterioration in their mental health; some young people identified delays in completing courses due to facility closures; some identified a reduction in, or loss of, employment; and some reported a breakdown in their independent living situations.

Support appeared to be an important differentiator, this was reflected in young people's comments throughout; with young people indicating that insufficient support had consequences across their lives, including for their mental health, education, and transitioning from care plans (e.g., being able to maintain stable, independent accommodation).

This is consistent with other research conducted since the beginning of the global pandemic, which has indicated that the need for support for young people has continued and increased. For example, young people with an out-of-home care experience in Tasmania highlighted the difficulties associated with losing usual sources of support at school (CREATE, 2020). Moreover, the need for increased access to mental health support during the COVID-19 pandemic were key findings of reports focused on young people in general in Tasmania and South Australia (Connolly, 2020; YNOT, 2020). However, this increased need for support cannot be all attributed to COVID-19, as prior to COVID-19, a report by the ACT Children and Young People Commissioner (2020) included comments by young people that emphasised the need for equitable support at school, especially mental health support, and easier access to mental health and substance abuse support.

Clearly, improving access to support is important for young people in general. However, young people in the current consultation indicated that they needed more support, and that it was vital during this time of unprecedented upheaval at the individual, economic, and political level. In the words of one young person, *the services were not well enough equipped to provide the support we needed. There*



needs to be more funding for mental health and to help with general upkeep of the household—in home support.

In addition to increased mental health support, which was identified as important by many young people in this consultation, two additional areas where support could be improved were: case worker support and transition from care planning and support.

Mental Health Support

The most affected area of young people's lives was mental health; health worries and mental health were described by young people when they were asked about their greatest concerns. The COVID-19 pandemic, and the responses to it (e.g. quarantining, social distancing), are significant psychosocial stressors and therefore, some emotional response is reasonable and expected. Many young people described worries about becoming unwell, family members' health, and worries about transmission of the virus. Other emotional responses described by young people included loneliness, frustration, and stress. These emotional responses might be within the range of typical emotional responses to difficult circumstances, rather than indications of mental illness. However, data were not collected about how distressing or persistent these worries were; and longitudinal studies will be needed to differentiate between young people who are otherwise mentally well, and young people whose emotional responses to COVID-19 become persistent and interfere with their daily life.

Several young people who lived with a mental illness indicated that their mental health had seriously deteriorated, which is consistent with early research finding that the pandemic is having a greater psychological impact on young adults with pre-existing mental health conditions (Alonzi et al., 2020). COVID-19 also appeared to compound pressures that were already present in young people's lives, such as relational conflicts and caring responsibilities, and reduced access to supports and strategies that protected against mental ill-health (e.g., positive activities, social connections, contact with family; Layous et al., 2014).

Young people also highlighted the difficulties they experienced in accessing their typical support services (e.g., support service closures, face-to-face services changed to online support). Given the importance of mental health support during this time and the required changes to how mental health care and support are provided due to COVID-19 restrictions, it is crucial to ensure that mental health support is accessible and available for those who need it, as well as to determine whether tele-health and the changes to other relevant support services are safe and effective for young people with an out-of-home care experience.



Caseworker support


Young people in the current consultation most frequently accessed help during the COVID-19 pandemic from Centrelink and CREATE³. Other sources of support were government websites and apps and disability services. Not one young person indicated that they had reached out to their caseworker with the Department during the COVID-19 pandemic. While a high proportion of young people were over the age of 18 years in the current consultation, a similar result was observed in the consultation with young people in Tasmania, who were aged 14 to 18 years (CREATE, 2020). Further, results from the CREATE National survey (McDowall, 2018) found that one third of young people were unable to contact their caseworkers when needed and on average had experienced five to six caseworker changes, which affected their ability to form a relationship with them.

In terms of support, caseworkers play a vital role in the overall well-being of young people in out-of-home care. For example, Tilbury et al. (2014) found that support from carers and caseworkers was the most important factor related to school engagement in young people with an out-of-home care experience. However, this is contingent on establishing and maintaining positive, trusting, kind, and supportive relationships (Kolivoski et al., 2016; Ridley et al., 2016). During a Youth Roundtable event, CREATE asked young people from the ACT what they thought were the qualities of a good caseworker. Young people described interpersonal skills (e.g., warmth, empathy, being supportive), communication skills (e.g., easy to talk to, listens to them, has two-way conversations, involves the young person in decision-making), advocacy skills (e.g., does not always take the side of the carer), and time (e.g., makes contact with them, is available to contact, gets back to them promptly, makes opportunities to connect with them; CREATE, 2019).

Support and Transition from Care

In the current consultation, one young person commented that they had a transition from care plan, when asked how COVID-19 affected their transition; all other young people who commented indicated that they did not have one. The impact of not having support during the transition from care period can be seen in one young person's statement: *All in all bad because of supports not being around anymore because I just moved into my own place. Set up to fail—have lost this now—back in supported accommodation.* While the current consultation was only a small sample of young people, and young people were not directly asked if they had a transition from care plan, McDowall (2018) found that only 24% of 15 to 18-year-olds were aware of having a leaving care plan.

³ CREATE is a systemic advocate however we provide referrals to services and information on key programs.



Transition planning is a key process that supports young people to prepare for adulthood and gradually move from out-of-home care into independent living. The plan includes individualised goals and planning to address the needs of young people across a range of life areas important to maintaining independent living (e.g., accommodation, education and employment, life skills, income support, and therapeutic support as needed). Providing a well-supported transition into independent living can reduce the risk of poor outcomes (e.g., homelessness, unemployment or underemployment, involvement with the criminal justice system, health and substance abuse problems, lack of supportive social network, disconnection from culture) for these young people (Mendes et al., 2011; Mendes & Rogers, 2020).

Mendes et al. (2011) found that young people who felt adequately prepared for transition were more likely to have been actively involved in transition planning, received ongoing support from important adults in their lives (e.g., carers), and left care at a later age. The ACT Government (2018) has provided options that allow young people to remain in a supported placement up to the age of 21 in some circumstances. However, they also acknowledge challenges in providing post-care transition support once court orders are no longer in place (e.g., operational issues keeping a case file open without a legal order; a greater onus on young people to seek support after the young person turns 18). Mendes and Rogers (2020) suggested that extended care needs to be applied universally to include young people leaving all forms of care (i.e., kinship, foster, and residential care), be easily accessible to young people, and be available for young people across the transition period flexibly, allowing young people to leave and return for support based on individual need and readiness.

Conclusion

The current consultation captures many of the short-term effects of COVID-19 for young people with an out-of-home care experience, with some young people highlighting negative impacts to their mental health, education, and family contact (particularly with siblings). Access to support appeared to be a key theme which influenced young people's experiences during COVID-19 across a range of life areas. Findings in this consultation show that some sources of support for young people with an out-of-home care experience could be improved, particularly in relation to case worker support and transition planning. This is important during the current pandemic, as COVID-19 has exacerbated young people's disadvantage across many areas, particularly if they feel isolated from support.



Actions

The findings suggest that consideration should be given to:


1. Ensuring that young people have access to appropriate and affordable mental health care. This might include:
 - a. The allocation of State and Federal funding to support the reduction of wait times and delays for free, youth-focused mental health services;
 - b. Providing support and education for young people in relation to managing emotions associated with the COVID-19 pandemic (e.g., self-care strategies; emotional regulation, managing responsibilities); and
 - c. Provision for outreach support specific to mental health including broader/practical support to maintain accommodation.
2. Strengthening the relationship between caseworkers and young people in out-of-home care, to maintain an essential source of support for young people. This could include:
 - a. Supporting caseworkers to initiate regular contact with young people, using respectful and empowering language, and seeking suggestions by young people as to how they would like to be supported; and
 - b. Implementing procedures for incoming and outgoing caseworkers (e.g., notifying young people of caseworker changes prior to change, allowing time for farewells, and planned introductions to new caseworkers) to facilitate respectful relationships and ensure continuation of support for young people.
3. Ensuring young people are actively engaged in transition from care planning, to ensure they continue to have access to support as they transition into adulthood. This could include:
 - a. Ensuring that all young people over 15 years old are actively involved in transition from care planning with support from their caseworker. Young people should understand the transition process, and be engaged in flexible, individualised plans which meet their needs and goals;
4. The allocation of additional funding for a mentoring system, similar to the Personal Advisers system used in the UK⁴ to assist young people to access appropriate support and services.
5. Extending supported care to 21 years for all young people in out-of-home care across all care types (i.e. kinship, foster, and residential care). Post-care support should be easily accessible and flexible so that young people are able to leave and return for support as needed.


⁴ Extending Personal Adviser support to all care leavers to age 25 Statutory guidance for local authorities https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683701/Extending_Personal_Adviser_support_to_all_care_leavers_to_age_25.pdf




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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.