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Office of the Advocate for
Children & Young People

The Voices of Children and Young People in Out-of-Home Care 2021

*“ You need to listen. You honestly
need to listen to what a young
person’s got to say. ”*



We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to lands, waters and cultures.

We pay our respects to their Elders past, present and emerging.

We would also like to acknowledge the important role of Aboriginal people and culture within the NSW community.

Quotes from Children and Young People

LISTEN TO CHILDREN AND YOUNG PEOPLE

“I think living in care would’ve been so much easier if they had consulted me about it.”

“They should make sure that everyone is following the law and they should do the right research and actually listen to the children. If they say something’s up, then something’s up. They’re not just saying it to be attention seekers.”

“It goes up the ladder, but it doesn’t come back down to the ground for us to know, ‘What did they think about what they read?...What are the steps they are going to take from it?’”

“I don’t want the same stuff happening to other people like it did happen in my life.”

BE TRANSPARENT AND ACCOUNTABLE

“Just be honest with everything is also very important because you’re better off just being honest. I think it’s really important that the kid knows everything that’s going on.”

“From Government Departments, from private foster agencies, there needs to be accountability and that’s the biggest issue. Nobody is held to account for their actions, what they do or what they say.”

SUPPORT FAMILIES MORE BEFORE REMOVAL

“Mum certainly had her problems and they weren’t that bad, per se. They could’ve been a lot worse. She didn’t not love us. She loved us very much. She just did not have the experience of looking after four kids. At that time, and if she got help from Government or someone, then it was easily reversible, easily fixed...a different type of intervention could’ve been had and we wouldn’t have to be taken away.”

“It did a lot more damage to the relationship, being taken, than it would’ve done just to stay.”

“Try and help the parent before you take their kid off them... come up with another solution.”

BETTER SCREENING OF CARERS

“I feel like they need to meet criteria, like stricter criteria.”

“Sometimes the system fails kids because they don't actually look into the carer or they don't look into the placement, like you can tell them, 'We'll be over tomorrow.' They can make the place look spotless, they can change their personality, they can change their whole mentality for you, and then when you bring a kid in, that looks like dollar signs in their eyes.”

“Honestly, I feel like anyone can be a foster carer. I feel like the process is so easy. I feel like anyone can do it and it doesn't matter what their commitment is for it or their purpose.”

“The main thing I want is more screening on foster carers. That's the number one thing I want.”

MORE EXITING CARE SUPPORTS

“They need to invest in the kids who are leaving just as much as they're investing in putting kids into the system to begin with... making more organisations like Premier's Youth Initiative.”

“It shouldn't be a program. It should be every single person. If you're put into care... you should have this support until you're 21.”

“What could change is probably the preparation towards TSIL and also the transition into TSIL (Therapeutic Supported Independent Living) could be a lot better than what it is.”

OTHER ADVICE FOR GOVERNMENT

“I just hope the workers are like better than what I had... they need more training definitely, a whole lot more training.”

“I saw my caseworker at most, once a month. She had way too many cases to see me like with any sort of regularity...she has 30 other cases. So, each day of the month, she's got to go visit a different kid.”

“I think we should be allowed to access anything we want really: case notes; stuff like court documents; literally anything. Which is kind of disappointing, the fact that we aren't allowed until we're 18.”

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1. Acknowledgments

ACYP acknowledges and thanks all the children and young people interviewed who shared their honest and vulnerable insights and experience, which informed the findings of this report. The experiences that shaped this report were difficult for children and young people to share and we thank them for their resilience and strength when sharing their stories to help shape a better system for the future. ACYP thanks the NSW Department of Communities and Justice and the many non-government organisations for their support and assistance, without which, this project would not have been possible.

It is important to acknowledge the purpose of this report is to reflect the views and experiences of children and young people as they were expressed to ACYP. It is the truth according to them. It is an overarching principle governing the Advocate's work to reflect that truth. Now it is our collective responsibility to explore how these truths manifest themselves practically.

Throughout this report, we have attempted to indicate where an issue impacted a large number of the children and young people in the sample, such as by including percentages where appropriate or using quantitative adjectives. However, we note that even if an issue was experienced by only a few in our sample, that these are big issues with profound impacts on a child or young person's life and should be treated with the same gravity.

2. Foreword

Emily Backhouse

Aboriginal Participation Officer

It is with great pleasure that I present the *Voices of Children and Young People in Out-of-Home Care Report*. It was important to make sure that we heard directly from children and young people who are in or who have experienced the care system and to hear their truth; in order to ensure we are creating better, safer and more respectful environments for our vulnerable children and young people in care.



I would like to acknowledge and thank the children and young people across NSW, who during the consultation process, shared their most difficult stories with us to allow us to better understand their experience in care. The experiences children and young people shared with us demonstrated the good, bad, terribly ugly and everything in between of the sector. Although we have come a long way in creating better experiences for those in care, there is always still more we can do.

For a long time, I have advocated for the voice of children and young people in care to be brought to the forefront of every conversation and decision. I have advocated that those tasked with this important role, be people with experience, passion, care, and awareness of their own responsibility. I feel privileged and thankful that I've been given the opportunity and trust to lead such an important piece of work for children and young people who are in or have experienced out-of-home care as well as for those who may need care in the future. Working on this project with my colleagues captures everything and more that I have always advocated and pushed for. Most importantly, to be able to share space with such brave, resilient and empowering children and young people is incredible and such an honour.

I feel privileged and thankful that I've been given the opportunity and trust to lead such an important piece of work for Children and Young People who are currently experiencing, have experienced and may one day experience out-of-home care.

This project had an impact on me both professionally and personally, as someone who has had a care experience myself, and who has advocated for change for a number of years to create a better system. I hope that adults in any position – from Ministers and policy practitioners to case workers and carers, from the top to the grassroots level – read this report and see every finding not as a statistic but as the story of a child. A child who, despite their difficult journey, has had the courage to make sure that history doesn't repeat itself and that every child and young person who enters care can be treated and cared for to the absolute best of the sector.

It is important for us to remember that when working with children and young people in whatever capacity and environment that looks like, we must always work towards consistently doing the right thing.

2. Foreword

Zoë Robinson

Advocate for Children and Young People

When the team set out to do this work we had no expectations of what we would hear. We knew that it was important work, we knew that children and young people in the out-of-home-care system wanted to have their say, but what would be said was unknown.



Prior to working in this space, it is fair to say I was ignorant to the out-of-home care system. I knew about adoptions and had heard about foster care, but my knowledge was superficial at best. I think that is actually reflective of most of the population of New South Wales. The out-of-home care system does not exist in isolation, and we need to do better to address the needs of children and young people in care. We also need to get better at hearing from and listening to those children and young people.

It is those who are in the care system, who provide support, and who care for children and young people that are best placed to talk about their experiences. Front and centre, however, should always be the children and young people who have experienced the care system. We need to hear from them often and always.

Those of us who do not know, need to listen. I was one of those people. I could not be more grateful to the children and young people who shared their experiences.

I am, and our Office is, deeply committed to better supporting these children and young people.

I want to thank Emily for her brave leadership in both this work, and in providing a foreword. The choice was hers, and that was something that she wasn't always given. So thank you Emily.

Thank you to the ACYP team for championing this work and for the empathy you showed throughout this work. That empathy shines through in this report.

To the children and young people in care who participated in this work, and to those who are impacted by this report, thank you for your honesty, for your grace and for your voice. It is clear we have to improve, and we need to do so with you, and with your input and guidance. This is the start and it is now up to the readers to walk with you and support you to be heard.

3. Introduction

The NSW Advocate for Children and Young People (ACYP) is an independent statutory appointment overseen by the NSW Parliamentary Joint Committee on Children and Young People. ACYP advocates for and promotes the safety, welfare, wellbeing and voice of all children and young people aged 0-24 years in NSW. We speak up for and elevate the voices of children and young people to ensure that their rights are respected, and that their opinions are heard and taken seriously by adult decision makers.

Under the Advocate for Children and Young People Act 2014 (NSW), the functions of ACYP include:

- **Making recommendations to Parliament, government and non-government agencies on legislation, policies, practices and services that affect children and young people**
- **Promoting children and young people's participation in activities and decision-making about issues that affect their lives**
- **Conducting research into children's issues and monitoring children's wellbeing**
- **Holding inquiries into important issues relating to children and young people**
- **Providing information to help children and young people.**

An important part of ACYP's mandate, as outlined in the Act, is to give priority to the interests and needs of vulnerable and disadvantaged children and young people.

Children and young people in out-of-home care (OOHC) are a particularly vulnerable group and often have a range of complex and co-existing needs and challenges, regularly relating to experiences of trauma and distress. This can result in increased physical, mental and social health needs, which are unfortunately often coupled with limited access to resources. As result, there is a need to continue to work to ensure that children and young people in OOHC have access to the holistic supports and wraparound services that they need to thrive.

- Introduction

At 30 June 2021, there were 15,895 children and young people in OOHC across NSW.¹ OOHC is provided to children and young people who are unable to live with their own families. Foster carers and agencies take on the responsibilities of a parent for a period of time, to provide a safe, nurturing and secure family environment for children and young people needing care. As a result of broad social and economic factors, Aboriginal and Torres Strait Islander children and young people are almost 10 times more likely to be in OOHC.²

For this consultation, ACYP was privileged to speak to 99 children and young people across NSW who are currently in OOHC or have an experience of being in the OOHC system.

As with all of ACYP's work, this consultation was underscored by the principle of participation, which is outlined in the United Nations Convention on the Rights of the Child (UNCRC). The project was aimed at providing an opportunity for children and young people in OOHC across NSW to express their views, outline their experiences and their suggestions around what needs to change.

The UNCRC outlines how children and young people should be viewed and treated. Many children and young people in care have had their rights violated prior to entering care and they are among the

most vulnerable within our community. Therefore it is important these children and young people have their rights upheld and advocated for.

The four principles that encompass the UNCRC are:

- 1. Every decision or policy that affects children or young people must prioritise their best interests, always. (Article 3)**
- 2. All children and young people are to be treated equally and have equal access to services, supports and programs. (Article 2)**
- 3. All children and young people have the right to life, survival and to reach their fullest potential. (Article 6)**
- 4. All children and young people have the right to be heard and participate in decisions that affect them. (Article 12)**

This report also refers, throughout, to the NSW Child Safe Standards for Permanent Care³ and the Aboriginal and Torres Strait Islander Child Placement Principles⁴. These two documents outline the minimum requirements and standards that all stakeholders involved in OOHC should be meeting in order to ensure the rights of children and young people are upheld.

1 NSW Department of Communities and Justice (2021). *Annual Statistical Report: 2020-21*, Dataset: [Children and young people in out-of-home care \(OOHC\) at 30 June](#), Accessed 1 March 2022.

2 SNAICC - National Voice for our Children (2021). [The Family Matters Data Snapshot](#). Accessed 1 March 2022.

3 Office of the Children's Guardian (2015). [NSW Child Safe Standards for Permanent Care](#). Accessed 1 February 2021.

4 AbSec (2018). [Aboriginal and Torres Strait Islander Placement Principles](#), Accessed 1 February 2021.

4. Recommendations

Based on the feedback from children and young people during consultations, ACYP has developed the following recommendations. These recommendations seek to reflect the voices of the children and young people that ACYP spoke to throughout these consultations, including by responding to key issues and concerns that were raised.

1. Voice, Participation and Accountability

Recommendations	Practical actions	Responsibility
1.1 – Develop and expand on existing, formal opportunities for children and young people with lived experience of OOHC to meaningfully participate in policy development, service design and organisational decision-making to ensure that services and supports meet children and young people’s needs and keep them safe.	<p>1.1.1 – Invest in, support and strengthen the mandate of youth consultation and advisory programs, such as Youth Consult for Change (UC Change), to ensure that young people with lived experience are informing, providing advice on and reviewing key policy, program and service design decisions that impact on children and young people in OOHC.</p> <p>1.1.2 – Create and invest in organisational traineeships and graduate program positions targeted to young people with a lived experience of OOHC.</p>	<p>NSW Department of Communities and Justice</p> <p>ACYP</p> <p>NSW Government</p>
1.2 – Provide a clear communication platform for children and young people in the OOHC system to voice any concerns, complaints, or feedback on their experiences.	<p>1.2.1 – Relevant agencies should work together to design and pilot an online tool or platform that:</p> <ul style="list-style-type: none"> • Enables children and young people in OOHC to communicate their views in a way that suits them, and which provides mechanisms for children and young people to provide feedback, complaints and make reports; and • Supports children and young people to navigate the social services and government service system, connect with supports and ask questions about their rights. <p>Any such platform should be designed and developed with children and young people in OOHC.</p> <p>1.2.2 – Expedite the build and investment in the “Voice” aspect of ChildStory.</p>	<p>NSW Government</p> <p>NSW Department of Communities and Justice</p>
1.3 – Empower Aboriginal communities and embed principles of self-determination in child protection matters.	<p>1.3.1 – Wherever possible, OOHC services for Aboriginal Children and Young People should be provided by Aboriginal Owned and Community-Controlled Organisations.</p> <p>1.3.2 – Continue to work towards implementing the ‘Family Is Culture’ Report’s recommendations.</p>	<p>NSW Government</p> <p>NSW Department of Communities and Justice</p>

- Recommendations

2. Entering Care

Recommendations	Practical actions	Responsibility
2.1 - Ensure all workers and carers in the OOHC and social services sector are provided with regular and ongoing training and support in relation to trauma, mental health, disability, cultural awareness, LGBTQIA+ inclusion and strategies for managing complex behaviour.	<p>2.1.1 - Include children and young people in the design of any recruitment and training processes.</p> <p>2.1.2 - Establish a practice guide and develop sector information outlining what makes a good caseworker, which is informed and written by children and young people who have a lived experience of the OOHC system.</p> <p>2.1.3 - Fund an independent agency to provide Child Rights training and respectful engagement training to all OOHC and social service workers. This should include funding to train and employ young people with a lived experience to contribute to the development of this training and deliver it.</p> <p>2.1.4 - Review recruitment and onboarding guides and material that are used by both NGOs and government in the employment of carers, to ensure that they are reflective of the interests of children and young people.</p> <p>2.1.5 - Work in partnership with Peak Bodies and NGOs to improve supports for carers.</p>	NSW Department of Communities and Justice in collaboration with relevant peak bodies, NGO providers and independent agencies.
2.2 - Ensure all children and young people in the OOHC system are informed of their rights and entitlements whilst in OOHC.	<p>2.2.1 - Undertake regular audits to ensure all caseworkers are educated and informed about the rights and entitlements of children and young people in OOHC, and that they have provided the same information to the children and young people they support.</p> <p>2.2.2 - Review, update, and strengthen awareness of existing ChildStory resources to ensure all children and young people in OOHC are able to access information about their rights and entitlements, any relevant policies or procedures, and where to go for support and opportunities. This information should be in a single, easy to access location.</p> <p>2.2.3 - Develop a suite of video resources, designed and delivered by young people with experience of OOHC, which provide children and young people with information about the process of entering the OOHC system, their rights and entitlements and information about where they can access supports.</p>	NSW Department of Communities and Justice
2.3 - Improve the participation of children and young people in OOHC in decision-making.	<p>2.3.1 - Work in partnership with NSW Courts and NSW Legal Aid to enhance the participation of children and young people in legal proceedings. This includes ensuring that the views of children and young people are recorded in their own words, and, where appropriate, provided to the Court, included in protection proceedings, and considered in decision-making.</p> <p>2.3.2 - Conduct an audit of how and when children and young people are engaged in decisions made about them in OOHC - from the perspective of the young people in care.</p>	NSW Department of Communities and Justice NSW Legal Aid Relevant peak bodies and independent agencies.
2.4 - Increase supports provided to families prior to removal.	2.4.1 - Expand investment in programs, such as Targeted Early Intervention, that provide intensive wrap-around supports to families who are known to the child protection system.	NSW Department of Communities and Justice

- Recommendations

3. In Care

Recommendations	Practical actions	Responsibility
3.1 - Continue to work to reduce the contact of children and young people in OOHC with the youth justice system.	3.1.1 - Expand the implementation of the <i>Joint Protocol to Reduce the Contact of Young People in Residential OOHC with the Criminal Justice System</i> and provide funding to evaluate the current pilot in Illawarra.	NSW Government NSW Police NSW Department of Communities and Justice
3.2 - Enhance the voice and participation of children and young people in OOHC.	3.2.1 - Review and update any onboarding documentation for carers and include children and young people in the recruitment and onboarding process. 3.2.2 - Consult with children and young people about the decisions they want to be included in. Undertake a review to explore whether or not children and young people are currently being engaged in those decisions and identify opportunities for them to be better included in the decisions they want to have a say in.	NSW Department of Communities and Justice in collaboration with independent agencies.
3.3 - Work to improve the safety of children and young people in OOHC.	3.3.1 - Undertake a review of safety in care. 3.3.2 - Ensure there are clear guidelines around how assessors gather the views of children and young people during the process of carer assessment checks, separate to the carer. Training should be provided to increase assessors' knowledge of potential red flags that children and young people are not safe or being appropriately cared for in a placement.	NSW Department of Communities and Justice NSW Ombudsman Office of the Children's Guardian
3.4 - Ensure that complaints processes are child and youth friendly.	3.4.1 - Review and improve existing complaints mechanisms to ensure they are child and youth friendly. OOHC complaints are often very complex, and children and young people are often in crisis when making complaints. It is critical that young people feel supported to make a complaint, and that staff are equipped with the knowledge, skills, and awareness to keep children safe. 3.4.2 - When a child or young person is placed into OOHC, and at regular intervals throughout the year, it should be mandatory that all children and young people are provided with clear information about the process to make a complaint, including resources and supports available and that they are provided with clear information in relation to how they can access their records and case files. 3.3.3 - Increase awareness and uptake of the NSW Ombudsman's free training, <i>'Supporting young people to make complaints and advocate for system change workshop'</i> , amongst frontline workers.	NSW Ombudsman NSW Department of Communities and Justice

- Recommendations

4. Education

Recommendations	Practical actions	Responsibility
4.1 - Ensure that children and young people in OOHC are provided with appropriate school-based supports and that those who have been disengaged from school are referred to alternatives to mainstream education.	4.1.1 - Allocate funding to provide specialists within the NSW Department of Education to work with and support children and young people in OOHC.	NSW Department of Education NSW Department of Communities and Justice
4.2 - Ensure all school staff are provided with training in child-centred approaches, including respectful engagement with children and young people in OOHC.	4.2.1 - Review teacher training and onboarding, to ensure that all teachers and educators are being provided with guidance around how to support children and young people in OOHC, including the importance of maintaining confidentiality and a trauma-informed approach. 4.2.2 - Promote and increase the uptake of child rights training amongst teachers.	NSW Department of Education ACYP
4.3 - Increase supports and pathways for young people in OOHC to access higher education.	4.3.1 - Collaborate with the university sector to create additional supported pathways for young people in OOHC to enter higher education, including through the provision of targeted scholarship programs and support around applying for special consideration under the Educational Access Scheme.	NSW Department of Education NSW Department of Communities and Justice

5. Health and Wellbeing

Recommendations	Practical actions	Responsibility
5.1 - Improve children and young people's access to timely support for their physical, developmental and mental health needs.	5.1.1 - Increase access to trauma-informed care and voluntary mental health supports. 5.1.2 - Within the first 48 hours of a child or young person entering the OOHC system, they should be provided with access to a health professional for assessment of their immediate needs. In the following fortnight, a full, comprehensive physical and mental health assessment should be undertaken, and a plan should be developed for each young person. The plan should be subject to regular review and include information regarding follow-ups, including screening for disability, allocation of appropriate supports and referral to specialists as required.	NSW Health and relevant Health providers NSW Department of Communities and Justice
5.2 - Increase opportunities for children and young people in the OOHC system to come together through activities and fun events.	5.2.1 - Work with relevant organisations to determine what activities are available to children and young people in OOHC and remove any barriers to participation.	NSW Government NSW Department of Communities and Justice ACYP

- Recommendations

6. Exiting Care

Recommendations	Practical actions	Responsibility
6.1 - Ensure that all children and young people exiting OOHC have an adequately resourced leaving care plan.	<p>6.1.1 - Fund an independent agency to support with the ongoing review of care files of children and young people who have left OOHC to ensure that leaving care plans have been implemented, and that children and young people have been provided supports as necessary.</p> <p>6.1.2 - Fund an independent agency to undertake exit interviews, to examine the ongoing support needs of children and young people leaving OOHC in NSW.</p>	NSW Government
6.2 - Ensure that all children and young people leaving OOHC exit into accommodation with wrap-around support, in line with the NSW Government's 'No Exits from Government Services into Homelessness' framework.	<p>6.2.1 - Review and extend the Premier's Youth Initiative to enable more children and young people to access the important supports the program provides, including transitional support and accommodation, personal advice, and mentoring.</p> <p>6.2.2 - Invest in scaling Youth Foyer models across NSW, which provide integrated learning and accommodation settings for young people aged 16-24 years who are at risk of, or experiencing, homelessness.</p>	<p>NSW Government</p> <p>NSW Department of Communities and Justice</p>
6.3 - Extend the age of leaving OOHC to at least 21 years.	6.3.1 - In accordance with extended care models in other jurisdictions, develop a model which provides young people with the option of remaining in OOHC until at least 21 and provides a guaranteed housing allowance, case worker and other financial support.	NSW Government

5. Methodology

ACYP approached this project with awareness of the sensitivity of the topic and the participants' wellbeing. This shaped ACYP's approach to every aspect of this consultation project. The team is made up of social workers, psychologists and Aboriginal staff who are trained and experienced professionals in this space. They conduct their work with a trauma-informed, culturally appropriate and strengths-based approach.

Approach

ACYP conducted both individual, in-depth interviews (61), and small focus group discussions (6 focus groups). In total, 99 children and young people aged between 6-24 years participated.

All children and young people who participated had their own unique experience of being in the OOHC system. Further detail about the sample can be found on p15 of this report.

ACYP staff completed face-to-face interviews and consultations in range of locations across both regional and metropolitan NSW. These were complemented by discussions via Zoom during state-wide lockdowns due to COVID-19.

The consultation period was extended due to the pandemic and consultations ran from April 2021 to February 2022.

Recruitment

Children and young people were invited to participate in the project through carers, case workers and care agencies.

The ACYP team worked in conjunction with the Department of Communities and Justice (DCJ) Strategy, Policy and Commissioning team in the planning and development of this project. DCJ were able to share data and current information relating to the OOHC system across the NSW district areas, which helped formulate the project plan and ensure different demographic groups are reflected in the final sample of children and young people in the OOHC system.

DCJ were also able to provide a list of non-government agencies (NGOs) accredited by the Office of the Children's Guardian (OCG) that are contracted by DCJ to deliver OOHC services.

This resulted in developing and sharing joint recruitment communications to DCJ teams and across the OOHC sector.

- Methodology

ACYP also advertised the project through its networks and through its website and email channels.

After being invited, each child and young person who participated in the consultations did so voluntarily, and anyone between the ages of 6-24 years who wanted to be involved was accommodated.

Young people aged 14 years or over provided consent for themselves, while children and young people aged 14 or below required additional consent from their carers or DCJ, depending on their care status.

Limitations in recruitment

ACYP wishes to acknowledge the collaboration and support from NGOs, DCJ staff and schools who were an integral part of the planning and organisation of these consultations. Without their enthusiasm, flexibility, and willingness to facilitate the voices of children and young people in their care, this consultation project would not have been as successful as it was.

However, ACYP notes there were some organisations that were not responsive to ongoing invitations to participate and did not provide the children and young people in their care with the opportunity to be involved.

Considerations

Each interview or small group was specifically tailored to ensure all children and young people felt comfortable to participate.

It was important to adapt the consultation procedure when working with specific population groups, such as very young children and children and young people with disability.

ACYP adapted each session as needed using the following techniques:

- The choice to have a support person in the room such as a guardian, support worker or carer;
- Child-friendly and age-appropriate interview scripts;
- Adapted communication techniques and language depending on the communication needs of participants; and
- Allowing participants to choose the most comfortable setting for the discussion, such as: the ACYP office; at their school; in their case worker's office; or at local cafes and youth services.

- Methodology

To ensure children and young people felt safe and empowered during the interviews, ACYP staff implemented a trauma-informed safety plan. The safety plan included: pre-interview safety checks; explaining the safety process to participants; and post-interview follow-ups to check in and ensure the child or young person was safe and supported.

In some interviews, participants raised issues such as abuse from carers, parents and guardians, or case workers who did not fulfil their obligations.

Where this was raised, ACYP confirmed whether the issue had been previously disclosed and reported through the appropriate channels.

ACYP staff also provided information and support to the participant, including check ins and confirming that the young person was not in any immediate danger, or risk of significant harm.

Question line

The questions asked during consultations were formulated around the NSW Child Safe Standards for Permanent Care (Child Safe Standards)⁵, and the Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP)⁶. Questions related to:

- Awareness of rights;
- Safety;
- Identity, family and people who are important in their lives;
- Involvement in decision-making;
- Privacy, dignity and respect;
- Right to thrive;
- Health;
- Education;
- Support from case workers and services;
- Complaints; and
- Exiting care.

These questions were then tested with young people with OOHC experience, to ensure they were appropriate, relevant and easily-understood.

The initial interviews also provided to opportunity to get additional feedback and refine the questions for the remainder of the consultation.

5 Office of the Children's Guardian (2015). [NSW Child Safe Standards for Permanent Care](#). Accessed 1st February 2021.

6 AbSec (2018), [Aboriginal and Torres Strait Islander Placement Principles](#), Accessed 1st February 2021.

6. Demographics

of the **99** children and young people interviewed...

All participants were between the ages of

6-24

36

Males

55

Females

2

Another gender or non-binary

10



Identified as LGBTQIA+



Type of care order

- Statutory OOHC
- Supported OOHC
- Voluntary OOHC



30

Identified as Aboriginal

25

Identified as living with disability



20

Identified as being from a CALD background

* Of the 99 children and young people interviewed, 90 fully completed all demographic information and data captured.

7. Experiences of Entering the Care System

ACYP staff asked participants a series of questions in relation to their initial experiences when entering care. It was clear from their responses that these experiences need to be considered in the context of the traumatic events that had placed them in care. Children and young people were also asked specifically about the initial removal experience and whether they were informed of their rights. For many, the removal experience served to compound their prior trauma.

7.1 Experiences of trauma

Trauma is a common experience for children and young people entering care.^{7,8} Children and young people shared that they had either directly experienced trauma themselves or witnessed it happening to other family members. In many cases, these experiences were the reasons that led children and young people into care.

Children and young people reported that an understanding and acknowledgement of the trauma experienced is essential when entering the care system:

“I am messed up. I have serious trauma. You can’t just skip over it.”

“There just needs to be an understanding that this is a child who has experienced things that most people will not experience for most of their life.”

“A lot of people forget the impacts of trauma when working with young people.”

7.2 Initial removal experience

Having experienced extreme trauma that led them into care; many children and young people described their removal experience as equally traumatic:

“I had absolutely no idea what was happening. I mean it was the biggest shock of my life. Like I was going through a bit of trauma before we were properly removed... Me and my little sister were... kind of mucking around and people were knocking on the door and I just thought it was my mum telling me to hurry up, like come on, hurry up. And I walk out and there’s about 10 police officers just standing around us and I’m like, “What the hell is happening?”

One six year old described the experience in the following way:

“I remember where they just dropped me off like at the front where the cars went, near the gutter...and I was just like looking for my mum’s house when I first got there.”

7 Australian Institute of Health and Welfare (AIHW) 2021. Child protection Australia 2019–20. Canberra: AIHW.

8 McCormack, L; Issaakidis, G.L. (2018). Complex trauma in childhood; psychological growth in adulthood: Making sense of the ‘lived’ experience of out-of-home care. *Traumatology*, 24, 131-139.

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One young person recalled her older brother telling her to run from the caseworker's office and was chased down the road. Another young person likened the removal to being kidnapped:

"If you kidnap somebody else from their own home and take them you go to jail, but FACS walk in, they take you, they kidnap you, and it's all okay."

Children and young people also described the fear of being sent to stay with strangers:

"It's horrible because you're taken away from your family and taken to live with people you don't know."

"I reckon if they already had the intention of giving me to my aunty, why put us through all that pain and that trauma? Like why couldn't they find a place for me and my little sister and my aunty to stay for the night instead of barging in, taking us to a random lady's house... Like my little sister was traumatised from that."

When asked what would have made the initial removal experience easier for them, children and young people reported that they would have liked things not to have occurred "all of a sudden" that they wanted to be given an explanation for their removal and to be provided with all of the information in an open and transparent manner.

First, some children and young people recalled the initial removal experience as occurring "all of a sudden" which made the situation more traumatic:

"They did it so quickly and didn't explain anything, just turned up."

"This all happened in the span of one day... it went from saying something at school in the morning, to being talked to in the office...to someone coming to our house later that afternoon...to being taken away late at night to some horrendous house."

Children and young people agreed that the removal experience would be less traumatic if there was less urgency associated with it:

"It was very sudden. I really think it was very avoidable."

"It was all very fast and happened very quickly...I suppose just like building up to it because it was all kind of thrown on in the one day. I mean maybe if there was more of a warning...that would've helped a bit more."

Linked to the suddenness of removal, children and young people also frequently described being taken into care with no real explanation of what was happening:

"No one had ever actually explained. I think that's what caused a lot of my distress and distrust in the system is that I didn't know what was happening."

"I was confused, I didn't know why I couldn't live with my two other siblings and why we had to be separated from them."

"It would have helped me if I actually understood why I was taken away."

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This lack of explanation was reported as being extremely frightening for children and young people:

“I think the whole process is really scary... from what happened with us, there’s a lot of explanation to parents and to the carers and to potential carers, there’s a lot of talking done amongst them, but like with the young person, they’re kind of left out of the loop of what’s going on...and so a lot of the kids don’t understand why they can’t be with their parents or what that process is, like how that process is going to unfold, and it can be really, really scary.”

In other cases, children and young people were given some explanation but not the full picture, or were spoken to in a manner they were unable to understand, both of which were equally distressing:

“If you just keep things from people or only tell them bits and pieces, it just makes things more confusing...it’s definitely important that kids are told as much information as possible.”

“It was a caseworker who was part of the removal...she talked in a way that a child couldn’t understand.”

Alternatively, one young person recalled the positive difference made when a caseworker took the time to fully explain what was happening. They reported they still remembered this person’s name six years after the event.

Also commonly reported was that children and young people were told that their removal would be short-term; only to find

that a weekend turned into weeks, months and even years:

“They said it was only going to be temporary and I was expecting it to be short...and then they decided they would have me and my younger sister for longer as permanent...I felt like I was just rolling with it.”

“They let me go, slightly tricking me into saying that I was going on like a small holiday, just a break from the family, but I didn’t end up going back, which hurt.”

As a result, children and young people asked that caseworkers are open, honest and transparent with them. They further explained that behaving openly and honestly both reduces their distress and increases their level of trust with agencies:

“Just be honest with everything is also very important because you’re better off just being honest.”

“The day that we got taken away, he said that ‘You’re just going to be taken away for a little while. You’ll be back soon,’ and ever since then I completely hate the guy because he gave me hope that I’d be there with them soon.”

Finally, children and young people reported that the place from which they are removed can have a huge impact on the experience. For example, one child who had been removed at school felt that this was very inappropriate:

“I was six and I got removed from school. I hate school because of it. I left. I don’t think they had the right to go to school and do it.”

7.3 Informed of rights

"I think my rights are a very important thing to me."

Children and young people's responses to the question of whether they were aware that they had rights as a child or young person in care were mixed. Many had been informed of their rights, although equally as many had not been informed:

"I'm an Indigenous woman. So, the right to an indigenous worker...that's something that was actually told to me."

"I've actually been given the Charter of Rights heaps of times."

"I don't remember a conversation where someone had sat down and said, 'this is who I am and these are your rights.'"

"I was never told my rights and that was one of the scariest parts, not even knowing that I had rights as a child in care."

Children and young people that had not been informed of their rights in care all agreed that it would have been extremely useful to know their rights. Some discussed the negative effects of not having access to this information:

"If I had been told all my rights when I was in care...I think I would have been out of care within three months because I would have been able to advocate for myself with information in support of my arguments."

"A lot of kids I've seen end up quite literally homeless on the street. I've seen

people addicted to drugs and these are children who are supposed to be supported by the Department, who are ending up dependent on homelessness services like Link2Home because that funding isn't getting directly to them. They don't know their rights and they can't speak up for themselves."

One of the indicators of compliance with Standard 1, Child Rights, of the Child Safe Standards: is that children and young people are given information about their rights in a manner they can understand, including the right to access their personal file.

Children and young people that had been informed of their rights reported they had been given this information by a range of people including caseworkers, youth workers, carers, family members, therapists and at school. The most commonly mentioned rights that they knew of were the right to contact with birth family; the right to food and shelter; rights around access to money; the right to have a say in decisions and the right to access their file, although there was widespread belief that this last right is only applicable from the age of 18 years.

However, the majority of young people interviewed (84%) reported either never having been explained their legal rights, or having been explained their legal rights too late in their care journey⁹.

⁹ Knowledge of legal rights was asked for children and young people aged 13 years and above (82.83% of children and young people interviewed).

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When asked about how they were told about their rights, just under half of the total children and young people interviewed reported being given the Charter of Rights pamphlets and booklets and seeing posters in their caseworkers' offices. Some thought these were engaging and useful; others said that without someone sitting down with them and reading through the booklets, they were meaningless:

"The first booklet...was super cool...they made it like a comic book and they had different situations of like people of different race, gender and sexuality... which is their way to connect to every single child in the foster care system."

"They give you a solid different set of books that explain to us our rights and every single year they try to make it as engaging as they can."

"They give you the booklets but they don't read it with you so it's not really interesting and you don't actually end up reading it."

"I think there needs to be more transparency and more government involvement in the way that the rights are explained to people...you're going through pages and pages of information...a lot of it isn't in plain English. So, I feel like that's a tactic that the government uses to prevent people from accessing them. They want to be seen as scary and intimidating, similar to the legal system, and it prevents people from trying to access the resources that they need."

One young person in residential care spoke very favourably about the way rights were explained to them:

"The refuge that I was placed at...they were kind enough to actually sit down with all the young people and read through the rights once a week at a house meeting...and they constantly reaffirmed that I had the ability to go to third parties like the Ombudsman and the Department to uphold those rights."

This young person talked about the sense of empowerment that comes with knowing your rights as a young person in care:

"Knowing that I had those rights and I had the ability to speak up for myself gave me a much stronger sense of control over where I wanted to go. It gives you a sense of autonomy...I've genuinely had some very poor placements and with the education that I had surrounding the OOH Charter of Rights, I was able to talk to my caseworker...I finally found a placement that worked perfectly for me and my needs."

Other young people echoed the sentiment of empowerment when they know their rights. For example:

"There's a lot of things that I think caseworkers try and turn a blind eye on, but then when you have the Charter of Rights book, you can sort of put them in their place and be like, 'That's not right.'"

8. Experiences While in the Care System

Children and young people were asked about their experiences while in care; including their involvement in decision making; contact with their birth family; placement experiences; relationships with caseworkers and what they had been told about their capacity to make complaints.

8.1 Involvement in decision making

“Some of us kids just feel like we’re treated like a number...we need to start being treated better and our voices need to start being heard a lot more than what they are.”

A recurring theme through the interviews with children and young people was that they were given little or no say in decision making processes:

“It was like I was in the corner, but no one really wanted to hear what I had to say.”

“If I asked about anything, it was none of my business. I was just a child.”

Children and young people reported having no say in where they lived, contact with their birth family, where they went to school and how they could spend their allowance:

“We didn’t get an option about moving carers or what carers we wanted to go to... it was just our case worker that made the decisions, not us.”

“I got my transition to independent living funding...when it came to educational resources, I couldn’t get a laptop. It had to be things like books and pencils and stuff like that.”

“People that I didn’t know and who didn’t really know much about me other than the fact that I was abused were making all these big decisions about my life, changing the school I went to and the friends that I lived with. It was quite jarring.”

Being left out of important decisions left children and young people feeling powerless and angry:

“Frustrating because I didn’t have the chance to say whether or not I wanted that to happen or not to happen.”

Children and young people also reported often not even being physically present when decisions were being made about them. They were often left out of court proceedings and case meetings only to find out the outcome after the fact:

“A lot of things happened behind closed door because they sort of view you as unable to make decisions for yourself.”

“Young people should be included in things like their case meetings and rights to their decisions and learn about what’s going on in their life...I don’t think I remember ever going to a case meeting until it was the one three weeks before turning 18 about leaving care.”

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"I feel like there's a lot of things that it says we're supposed to be involved in everything that happens in our lives and conversations, but a lot of them happen behind our back and then we just get told about it, and it's not like we really have an option once we're told."

One of the indicators of compliance with Standard 6, Participation in Decision-Making, of the Child Safe Standards: is that *children and young people are consulted before decisions are made and their views are recorded on file.*

Children and young people recounted being asked in principle what they would like to happen, although rarely saw their wishes being reflected in the outcome:

"I was asked whether I wanted to see my grandmother. I said no and they didn't care."

"I've been asked. I don't think I've been heard like 95% of the time."

As a result, children and young people often described the process of being asked for their opinions as a tokenistic, ticking a box activity; rather than a genuine attempt to take their views into consideration:

"The case workers, they'd kind of be like, 'Oh, what's your opinions on this?' and they'd ask you to make a decision, but then some of them would make the decision for you anyway."

"It definitely seems to be more of a check box thing that 'we've asked the young person whether she wants to do this.'"

One of the indicators of compliance with Standard 6, Participation in Decision-Making, of the Child Safe Standards: is that *to the extent that it is possible, children and young people's preferences are reflected in decisions.*

There were some clear examples of children and young people being asked for their opinions:

"They're always wanting us to be open and expressive about what we want...our case managers. They ask us for our opinions on things. They get us involved in what we're doing."

When children and young people reported good involvement in decision making, they highlighted being involved in choices about where they went to school, where they lived and the content of their leaving care plan. These children and young people expressed feeling valued and empowered as a result:

"Just makes you feel like you're an actual human instead of just getting told what you have to do."

"It felt like it was centred around me and my needs."

"It's good for them to ask because then I have a sense that I have control of what I do and what my future could lead to."

"Every input and decision that was talked about or expressed... always went by me and I always had the opportunity to say something about it and be a part of it."

- Experiences While in the Care System

There was some discussion around children and young people becoming more involved in decision making as they got older. While this was spoken about favourably, there was consensus that being given a voice and taken seriously should be afforded to children of all ages in care:

“This idea that just because they’re younger, they don’t have the capacity to make decisions is kind of absurd because these are children going through trauma.”

8.2 Contact with birth family

Children and young people reported mixed experiences in relation to contact with their birth family while in care. While many reported good contact experiences and receiving good support for this contact, many also recounted negative experiences including being moved to locations far away from their birth family, sibling separation, forced contact against their wishes, issues with supervised visits, not being allowed visits frequently enough and wanting reunification with their birth family.

Good contact and support for contact

Children and young people that expressed they had received good support for contact with their birth family said the support had come from a mix of care agencies and caseworkers, carers and extended family members:

“I’m allowed to see my family more often. Because we moved to a better and different program that allows you to see your family more often and have more connectivity to people.”

“They [carers] always supported our relationship. They always wanted to keep us together.”

Ultimately, when children and young people reported good contact experiences and support for contact, it was attributed to them being given the choice of whether they wanted to see their birth family and how often:

“It was always my choice, so initially for the first year I did see my parents but then I made the decision I didn’t want to anymore and I was supported in that decision.”

“If I don’t want to go, then it’s fine and if I want to go, then it’s also fine. And if I want to see them sometime other than the contact schedule...she’ll see if she can organise it, it’s very flexible and it’s very helpful.”

Some children and young people recounted being given greater choice as they grew older. For example:

I: And that was your choice, you said at 13, “I don’t want to go anymore”?

R: Yeah

I: And they listened to you this time?

R: Yeah

I: So when you were younger, they said you had to, but when you got older they...

R: Yeah

I: How did you feel about that? How did you feel when they said you did have to?

R: I don’t know, I just went along with it I guess, because I was young.

- Experiences While in the Care System

Moving far away from birth family

Being moved far away from their birth family was an issue raised by several children and young people. In some cases, children and young people were moved interstate, making contact visits more difficult and during COVID-19, impossible:

“So we see mum once a month in Brisbane, and that hasn’t been going forever. It’s been a lot of Zoom contact right through COVID, it was all just Zoom.”

One young person recalled being moved far away from their birth mother, stating their belief that this occurred in an attempt to prevent contact from occurring:

R: “When I was in care they wanted me not to contact my mum, but I still did.”

I: Did they do things to try and make you not contact her?

R: “Well they moved me down to Lismore for starters. So I was physically away from my mum and family”.

One of the indicators of compliance with Standard 5, Family and Significant Others, of the Child Safe Standards: is that *where possible and appropriate, children and young people are placed within reasonable proximity to their family and community.*

Sibling separation

“They shouldn’t separate siblings because that’s what they thrive off.”

Being separated from siblings was an issue raised by children and young people. Some emphasised the trauma associated with this separation:

“I just remember [sister’s name] crying, saying not to take us away. Because we were all being separated.”

Others reported starting off in a placement with their siblings, but later being separated due to placement breakdowns:

“Me and my brother played up big time and she was too old to deal with us. We got moved somewhere else and they were nice, but then the mother died and we got split up.”

One young person recounted being removed from their family home with one sibling, although the remaining siblings were not removed. This young person could not understand why that had happened:

“My brothers who were about, you know, one and two years older than me, they stayed in the care with my mum whereas me and my little sister were removed. So, in my head, that just makes no sense to me. Like if we were in a dangerous situation, I think we should have all been moved rather than the boys were staying and the girls weren’t.”

- Experiences While in the Care System

Linked to being separated from siblings, children and young people discussed the flow on effects of not developing close relationships with their siblings and over time, losing connections:

"I never got to see my sisters...I've only met [sister's name] once and I've met [sister's name] twice my whole life in care."

"I genuinely believe that if I had had healthier relationships established with my siblings that weren't in care when I was younger, I'd have better relationships with them now."

"I've never met [brother's name] because his carer won't let me...he knows I'm his sister but he hasn't got to meet me."

Forced contact

It was commonly reported by children and young people that visits with their birth parents were forced upon them despite vocalising their desire not to go:

"I remember I used to say, 'I don't want to see my mum anymore,' and they would be like, 'You have to.'"

Some expressed the belief that they could not make the decision themselves until they reached a certain age:

"When I was younger it was kind of forced on me. I didn't want to see my mum, but apparently before you're 13 you don't get a say."

Children and young people recounted a range of feelings and experiences in the lead up to, during and following forced contact visits including guilt; anxiety;

feeling neglected and in a few cases being physically harmed:

"They [caseworkers] wanted me to have contact with my biological mother and I did not want to...they would make me feel guilty by saying that my mother loved me...they said I would be a bad person if I didn't."

"I never wanted to do monthly visits. I found them draining. I used to express that I'd feel anxious and then for those three weeks in between, 'Where am I going, what am I doing?'"

"I wasn't even paid attention to...we had two hours, I was basically a ghost. Basically I was invisible to them."

R: "They used to make us go on visits to see her [mum], and every visit we'd get physically abused. Mostly me. Thrown around, slapped or hit. There was a lot of mental abuse as well."

I: Would they leave you with her?

R: "Yeah. The contact workers would actually leave me with my mum and go do whatever the hell they wanted. So my mum had free range."

One of the indicators of compliance with Standard 5, Family and Significant Others, of the Child Safe Standards: is that *children and young people maintain relationships with family and significant individuals in accordance with their wishes, where it is safe and appropriate.*

- Experiences While in the Care System

Children and young people agreed that the decision whether or not to see their biological parents should be theirs and that they should be given this autonomy at a younger age:

“Only go if they want to go and don’t get forced to do it.”

Supervised visits

Children and young people raised issues with supervised contact visits. Most commonly raised was the lack of privacy due to the presence of the caseworker and difficulties connecting as a result. Children and young people understood the importance of supervision, although felt that caseworkers could exercise more discretion in how closely the supervision occurred:

“We were taken to the visitations and like you really didn’t get much privacy... like I whispered in my mum’s ear once and they’re like, ‘You can’t do that because I need to note down everything you’re doing.’”

“There was just no connection.”

“I think some of them were trying to be overprotective of me and didn’t really let me experience the full extent of the visit sometimes. They’d like take me away.”

“You want to go and hang out with your parents by yourself and I could never really do that...I always had to have someone there and supervise it...just wanted some alone time, but never got it.”

Other children and young people expressed disappointment at the many rules surrounding supervised visits.

One child recalled their supervised visits with their mother who was a chef and used to bring them cakes and other sweets. They became very upset when the caseworker told their mother she could no longer bake things for them as it was unhealthy.

Also raised was the frustration felt when supervised visits would either be cut short with no explanation or cancelled at the last moment because the caseworker became unavailable. Similarly, children and young people expressed discomfort when a different caseworker was scheduled to take them on a supervised visit as they would have to travel with a total stranger.

Visits not frequent enough

Some children and young people, particularly younger children, expressed that their visits with their biological parents were not frequent enough, either due to being placed physically far away from their parents or because of their care orders:

“I’m watching my mum drive away and knowing that I wasn’t going to see her again for God knows how long because a month, when you’re in foster care, when you’re missing someone that much feels like a very long time...it was very, very hard because I just loved her and I just needed her so much and she meant the world to me.”

In response to the question, “What would change about being in care”, one young girl replied:

“Mummy can see us every week.”

- Experiences While in the Care System

Another young child reported crying when they weren't allowed to see their biological mother.

One young person talked about the joy they had experienced when they were finally allowed to stay over at their biological mother's house at the age of 18 years:

"Haven't stayed with mum for anything longer than a few hours in a decade. So it was great."

Reunification

For some children and young people, the desire for reunification with their birth family was overwhelming:

"I just don't want to live here. I don't want to live anywhere except for mum and dad's. I cry every day, mostly every day because of it... I am really depressed about it and I just want to go back."

"I want mummy and daddy to live with us too."

Linked to this, there was a recurring theme around young people wanting families to receive more support to stay together, rather than being removed:

"I've always felt that there could be more done with the before than the after. There could be a lot of foster kids who don't really need to be taken away...How much money gets sunk into foster children as a result of being taken away. Instead of doing that, if you just help the families to begin with in the first place. Not all can be fixed, I understand that, but a lot can. A lot of help can go a long way in stopping a family being broken apart."

"It did a lot more damage to the relationship, being taken, than it would've done just to stay."

"A different type of intervention could have been had and we wouldn't have to be taken away."

8.3 Placement experiences

Children and young people reported both positive and negative placement experiences. When experiences were good; they reported feeling safe and supported with good carer continuity. When experiences were poor; children and young people discussed multiple placements and no sense of belonging; feeling unsafe and being mistreated, as well as a range of other issues.

Good placement experiences

Children and young people that reported positive placement experiences were typically those that had been with the same carer or carers for an extended period of time:

"I was very lucky, so I stayed with the one carer through from the moment I was removed through until 18."

Even children and young people that were no longer living with those carers said that they have still maintained connections with them as a result of the relationship that developed over the years:

"And it's good because I still see them on Christmas breaks that we have."

"That was the best family I've ever had and I'm still in contact with them."

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Children and young people also reported that feeling safe and supported were crucial for good placement experiences:

"My carers...I love them so much. They're really good people and they're really understanding as well...I'm pretty confident now whereas before I met them, I was like the shyest person ever. So they really helped me grow."

"I feel safe and supported."

"Carers understand what you're going through and can help."

"She respects me and I respect her. She makes me feel a part of the family."

Multiple placements

One of the most difficult problems raised by children and young people with respect to placement experiences was having multiple placements while in care:

"From the age of 11, I think I went through five or six foster homes."

One young person had lived in 44 different placements, while another young person reported having 20 placements during their time in care, none of which lasted more than six months:

"I have been in 44 different homes and that's been very [difficult] for me."

All agreed that having to move many times left them without a sense of stability or belonging:

"I would always have to take my suitcase to school because we wouldn't know where we were going to be placed the next night and we didn't know where our next meal was going to come from."

"Our old carers always just said, 'Time's up. You can't live with us,' and one of my carers...I came home from school one day and my bags were packed and I just left."

Children and young people recalled having to keep moving, make new friends, live with the constant anxiety of whether they would need to move again and whether the next placement would be a good one:

"You never know if it's going to go right, and if it doesn't you'll have to go somewhere else."

"I didn't really feel safe, because I didn't know where I was going to end up, I didn't know if it was going to be a good placement."

Several children and young people talked about their experiences of living in hotels with caseworkers for extended periods of time. They recounted having to move to many different hotels, keep packing and unpacking and feeling unsafe:

"I was sent back to hotels until they could find me another placement. Hotels specifically are something I have a gripe with, with regards to safety, because you're getting up and you're moving every two weeks. You're never in the same place, so it's never stable...I was in hotels for six months."

Another young person who had lived in hotels for almost two years reported:

"So we would pack and we would stay at one hotel and then we would have to pack up and then end up going to the exact same hotel and the exact same room."

They said that some of the hotels were an hour's drive away from their school.

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One of the indicators of compliance with Standard 2, Providing a Positive Care Environment, of the Child Safe Standards: is that *children and young people are placed in care environments that support their need for permanency and stability.*

Feeling unsafe

Feeling unsafe in placements was frequently raised by children and young people, with several reporting to have been mistreated and abused in care placements:

"I was sexually assaulted in a hotel that I was staying in, not by a worker but just by a person, another person. I was 12."

"That was our first care placement. They hated us. They used to abuse us...I wouldn't leave school. That's when our teacher knew something was up because we were never like that when we were living with our mum."

"The first place we were at, me and my siblings, we were all together the first time, but we were very much abused."

One of the indicators of compliance with Standard 3, Child Protection and Safety, of the Child Safe Standards: is that *the need to protect children and young people from abuse and harm underpins all areas of the agency's work with children and young people.*

In addition to abuse, children and young people reported other instances of feeling unsafe in care placements due to threats of violence, drug use, physical aspects of the residence and being placed in locations that were considered to be unsafe:

"Their grandchild that lived there at the time as well had a boyfriend who was threatening the family and stuff... It wasn't safe."

"It was just like they weren't looking after me properly and there was drug and alcohol use."

"I've been placed in foster care placements where I've most definitely been very fearful. One of those placements, for example, there was no furniture in my bedroom except for the bed the Department had bought me, and for some reason, the cupboard in the bedroom was full of metal chains."

When asked if they had told someone they felt unsafe at the time, some children and young people had reported things to their caseworker, or a neighbour or school teacher had spoken up. In those instances, children and young people were removed immediately from the placement. In other instances, however, children and young people explained that they were either too scared to tell anyone, that no one would have listened or that they had no one to tell:

"No, because the case workers would have done nothing or my case worker at the time wouldn't have."

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"I didn't have a case worker who was coming every month...I was like silenced a lot, so I guess I couldn't really say if I felt there was something I wasn't comfortable or something was going wrong, and I didn't have that person to come and help me."

One young person reported being too scared to tell their caseworker during home visits as the carer would always listen to the conversations *"to make sure we didn't say anything that would get everyone in trouble."*

Two of the indicators of compliance with Standard 2, Providing a Positive Care Environment, of the Child Safe Standards: are that *the care environment is assessed for safety and suitability prior to a placement commencing, including the safety of swimming pools and outdoor areas and that there is ongoing monitoring of the safety and suitability of the care environment.*

Several children and young people linked feeling unsafe in placements to the Department not going out to do physical checks of foster homes. For example:

"I've definitely been placed in some situations where I haven't felt safe and that comes down mostly to the fact that the Department doesn't check placements. They send out agencies to check placements...but no one from the Department actually goes there themselves, and so they just put kids there on paper."

"Like obviously investigate their house and stuff and see if it's stable."

Other placement difficulties

Children and young people reported experiencing a wide range of additional placement difficulties. These included not having enough food in the home, being left out of foster family activities, issues with other children and young people in the home, being forced to look after other children and do excessive chores and having to live by different rules with each placement:

"She always thinks there's food in the house, but they're like out of date food or food you can't really do anything with."

"When I was in foster care, if the family went on holiday I would just get placed in respite care...I wasn't viewed as part of the family. I was something for them to prove to their other North Shore friends that they donated to charity."

"I hated this home. Like there were three extremely high needs foster kids in this home...all their focus went to these kids."

"Sometimes I had to stay home to look after [foster carer's two children] and not go to school."

"She was strict and definitely a lot stricter than like I was used to, so it was hard."

8.4 Placement of Aboriginal children and young people

Thirty-one percent of the children and young people interviewed identified as Aboriginal and/or Torres Strait Islander. They were living in a mix of kinship care, foster care and residential care. The children and young people not in kinship care reported either not being offered this, or they were told there was no family member to take them:

“It was never an option for us, because they never actually presented that, so we ended up living with a whole range of different cultures, from Chinese, Aussie and I think there were a couple of others, but I can’t remember.”

“My nana was actually fighting to take custody of me, which I didn’t know about until a few months ago...but they didn’t let her.”

“I look back on it now and I had no right to family...I connected with my aunty recently, but she knew nothing about us kids being in care and she would have taken us in.

One of the indicators of compliance with the ATSI CPP is that:

Placement of Aboriginal and Torres Strait Islander children in out-of-home care should be prioritised to be with family and relatives. Positive attempts should be made to locate family and relatives.

Children and young people that had been placed in kinship care reported strong family connections:

“I went out to go to Warringah’s mission where my pop grew up and yeah. It was good and my aunty was there and my cousin was there too, to share that moment.”

“What was really good was my mum or my aunty, so she’s the sister of my biological mum, so she’s the connection to that family that I grew up in, and she knows everything about that family and I feel like that was something we got to bond over.”

“I get to see all my family and I guess, it’s just happy here...it’s good to see everyone and not like separated away from everyone.”

“Because I lived with my grandparents... I always got the opportunity to see mum and they were really flexible with when she could come and visit and like I was really blessed in that regard because, you know, I did have that cultural connection where I wasn’t taken away from my community, so I could come and visit my great-grandpa and learn about who I am and where I’m from and like that type of thing, that was really good.”

Even when placed in kinship care, Aboriginal children and young people and their carers face additional challenges and stresses as a result of intergenerational trauma. One young person that had grown up in kinship care spoke in detail about their carers’ constant fear that they would be taken away during a home visit:

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"When we'd have family visits from our case worker, there was pretty much a rehearsal of questions...there was a lot of fear of what I was able to say. Because we were already removed from mum, my nan was really fearful that they would have removed us from her...there wasn't a lot of communication with our case worker just because there was a lot of fear around how much power they had and if we said the wrong thing, like for example, pop would always wear belts to, obviously, keep his pants up and like, you know, that was something that a lot of young people don't do now, but he always did, but every time we'd have a home visit, nan would run around the house and chuck them in the room and hide them because she did not want anyone to think that we were being smacked..."

It was more of like a set of questions that we'd be able to remember and practice answering. So, it's like, "How are you going? How is school going? How is house going? And it was more just like, yeah, do you like it here and like it was just kind of like questions of like ... they felt like trap questions, if that makes sense, of like if I answer this wrong, I can get trapped and then I'm leaving my grandparents and I don't want to do that. So, yeah, it kind of felt like... and I think that's probably from like the distrust in the system already, but it just felt like if I didn't answer the question right, then like I'd be removed from my grandparents."

Aboriginal and Torres Strait Islander children and young people also reported mixed experiences in relation to the support they received to connect to connect to culture. Many reported good support:

"I'm able to do great things, like I do Aboriginal dancing."

"The school I went to in Dubbo, NAIDOC was a big thing, the ACG [Aboriginal Education Consultative Group] meetings were big, I was singing for them, I was creating dance pieces and teaching dances... I worked with the Aboriginal education officers as well, like I got on with all of them."

"We are from Ngunnawal...so we go out there and we do like the missions and stuff and look at all the Aboriginal stuff that's there."

"I know that being put in kinship care was really, really important for me...seeing the difference between that and being placed off country or with someone who wouldn't know culture. Even though they can be culturally literate, it does not equate to actually being placed with an indigenous carer."

Some reported that while they were currently receiving good support to connect to culture, this had not always been the case. In these instances, they would have liked to receive the support earlier on in their care journey:

"They gave us a life story book that had everything in it, but I didn't know any of my tribes or like my actual like last name at that time, so yeah. It's a bit frustrating that I didn't know where they are, but for me to do that now, is quite stressful and I feel like I've got to give back to my culture more."

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“No one ever explained to me my cultural rights, but I’d never felt that I was restricted from them. I think maybe if I had asked or that’s something I sought out, it would’ve been completely okay, although I was never told that I did have access to these things.”

There were also children and young people that reported receiving no support at all to connect to culture:

“I was sort of separated from my Maori and Aboriginal culture...when it comes around to the bigger picture of those rights that are put into like the Rights to Culture, that wasn’t something that was prioritised during my time in care.”

“There was a...lack of support around my cultural learnings...I wasn’t taken back to country, I wasn’t connected to my own elders or community or anything like that.”

Community connection and a strong cultural identity have been identified as protective factors for Aboriginal and Torres Strait Islander children and young people in OOHC.^{10,11}

8.5 Loss of culture

Children and young people from other cultures also expressed disappointment at being kept from their family cultures once taken into care. This included loss of language, religion and identity. While some children and young people were offered supports to attempt to re-connect with culture; others felt that this was not offered to them at all:

“I used to speak Cantonese with my mum, like fluently...but I can’t anymore... I think they did possibly want me to do a class, but it just felt really artificial and unnatural...it just feels abnormal to be Chinese but not be able to speak it.”

“I come from a very beautiful lineage of ancestors that have defended my home region of Punjab...but that was knowledge that was actively kept from me by my white family and it was in turn, when I moved to the Department... if I’m being honest, there was a bit of an attempt to white-wash me.”

One of the indicators of compliance with the ATSI CPP is that:

Aboriginal and Torres Strait Islander children in out-of-home care are to be supported to maintain connection to community and culture. “The best way to ensure that Aboriginal and Torres Strait Islander children in out-of-home care today do not endure the same sense of loss of identity and dislocation from family and community as the Stolen Generation is to actively support them to maintain and re-establish their connection to family, community, culture and country.”

10 Krakouer, J., Wise, S., Connolly, M. (2018). “We live and breathe through culture”: Conceptualising cultural connection for Indigenous Australian Children in out-of-home care. *Australian Social Work*, 71, 265-276.

11 Raman, S., Ruston, S., Irwin, S., Tran, P., Hotton, P., Thorne, S. (2017). Taking culture seriously: Can we improve the developmental health and well-being of Australian Aboriginal children in out-of-home care? *Child: Care, Health & Development*, 43, 899-905.

- Experiences While in the Care System

The young person quoted above was never offered a cultural plan and had to use their clothing budget to buy traditional Indian clothing despite asking if this could come from a different budget.

One of the indicators of compliance with Standard 4, Identity, of the Child Safe Standards: is that *Aboriginal children and young people and children and young people from culturally and linguistically diverse backgrounds are supported to maintain meaningful connections with community, culture, language and spirituality.*

8.6 Residential care experiences

Of the children and young people interviewed that were currently in or had a prior experience of residential care, the overwhelming majority reported mainly negative experiences during this time. Specific issues raised were feeling unsafe either due to other young people in the home or inappropriate workers; lack of privacy; unfair rules and procedures and a lack of support, especially in relation to mental health and transition to independent living.

Positive experiences in residential care

The children and young people that spoke favourably about their residential care experiences reported receiving good

support and making strong friendships. For example, one young person said the following about a specific program that their house had implemented:

“They take the kids in camps...it is incredible the amount of interpersonal building that comes from those camps. Like the people at [residential house] I see more as my family than just kids who are placed there and I know they all see me the same way, and that has come from like the fact that we’ve sort of been forced to go on holidays together and we’ve all really gotten to know each other and now I appreciate them more because of that.”

The same young person said they were incredibly grateful for the friendships made during their time in residential care:

“I wouldn’t change the experiences I’ve had and some of the people I’ve met because all of my friends in youth refuges...we have the sort of solidarity. We’ve all been through pretty similar experiences and we just try to help each other out.”

Another young person highlighted that supportive workers and the security of having a roof over their head were other positive aspects of residential care:

“My main thing that I loved most about resi was...I always had that place to go back to at the end of the day.”

“Some of the workers were really good...in there for not money, they’re in it to help us kids.”

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Feeling unsafe

Children and young people reported feeling unsafe in residential care, either due to support workers or other children and young people in the house. These young people said that casual workers were often rostered on due to staff shortages and in some instances they behaved inappropriately. For example, one young person recalled being asked to play strip poker by a casual worker:

“One person in the house, she felt so unsafe, she got her aunty to pick her up and she left for the night and then he told us to play strip poker.”

Another young person reported that they sometimes felt unsafe as a result of other young people in the house:

“You didn’t know if you were safe because of all the kids in the house at any point in time...you just didn’t know when a new kid was coming in 24/7.”

Mixed houses were also raised as a factor that can make young people feel unsafe in residential care. As a result, the suggestion was made that houses should be all male or all female; or at the very least there should be no bathroom sharing:

“I used to have a huge thing about men... from past experiences...what happens if there was a vulnerable girl that came in that was really scared of boys...all houses should be either it’s a girls’ house or it’s a boys’ house.”

Lack of privacy

Lack of privacy was another issue raised by children and young people in residential care. While understanding the need for security cameras, they felt that there were way more cameras than needed:

“There’s cameras everywhere. Everywhere... if you video the workers, it’s illegal, but they ask us for permission to put the cameras and video us 24/7.”

This young person was also more cynical about the need for cameras in the houses:

“They say it’s for our safety, but really it’s not...they just want to record us so then they can snitch us in to the coppers every time we do something wrong and have the video footage. That’s what they use it for.”

Another young person raised the concern that workers were free to enter their room at any point in time:

“They all have keys...someone could be coming in and watching me while I’m sleeping.”

Unfair rules and procedures

Children and young people also raised excessive restrictions as an issue in residential care. They talked about rooms in the house being locked and even food being locked up and only available at certain times, making it feel like prison:

“The way we get treated...like the house is locked up like our kitchen, our fridge, our pantry. Everything gets locked up like we’re in prison...the computer room, everything. You can’t go into the kitchen at certain times through the day...even the laundry gets locked up.”

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These rules and procedures took away young people's ability to feel like a 'normal' young person who has the autonomy to eat when they are hungry:

*"If we're hungry, we should be able to eat at 2 o'clock in the morning, make a drink and do all that s**t just like normal kids. But then if you buy a toaster and put it in your room...it's a safety hazard...they make it so difficult."*

Children and young people raised other rules and procedures they considered to be unfair and also took away from their capacity to experience life as a typical teenager. These included not being allowed to have friends visit them at the house, not being allowed to do activities and go out when they wanted to and not being given the independence afforded to most teenagers.

Police involvement

The association between children and young people in care and increased contact with the youth justice system – the criminalisation of children and young people in care – is widely documented.¹²

Consistent with this body of research, some young people expressed concern at the low threshold for workers to call the police as soon as a young person breaks the rules in residential care. This often resulted in the young person receiving a fine or being in breach of an AVO or bail

conditions, creating further problems for the young person. Young people reported that the police were called for a varied range of issues including absconding, damaging property, challenging behaviour or even on occasions, merely having a disagreement with a worker:

"Don't go calling the cops just because the kid's run away for a few hours...talk to them. Keep in contact with them...try and work with them to come home."

"These guys, they even called police on me one day because I would not get up and go to school, and she drove me in her police car, put her mother-f---ing lights on just to embarrass me and walked me into school."

"As soon as you walk out that door and that alarm goes, the cops are called."

"Property damage, cops were never really called, never, where at [organisation], you do property damage and the cops can be called immediately."

"That's how like as a younger teenager, say when I got locked up, I wasn't locked up for the night, but I was looking at a good time because of my breach of AVO on my worker. I just felt like, you know, the AVO was put in place between this worker and I for a reason. Why did they keep that worker in that house with me? It just set me to go and get emotional with the cops. Like, you know, because obviously her and I didn't get along. She knew that she could get me easily by breaching an AVO, so it was boom, you're gone."

¹² See McGrath, A., Gerard, A., Colvin, E. (2020). In: Trends and issues in crime and criminal justice. No. 600: 1-14. Australian Institute of Criminology.

- Experiences While in the Care System

Other young people identified specific organisations and workers that made an effort to always ensure the police were not called or involved unless absolutely necessary. They appreciated when workers made an effort to talk and help the young person to feel calm and safe:

"[Organisation] try their hardest not to charge their kids and that's really good and that's what I find is really good about [organisation]. You know, but [organisation], calling the cops for running away, you know, for a few hours. It's just bullshit, like yes, they could be on, say a kid's on bail and the cops haven't come and done their bail checks, so the kid goes out and then the people ring the cops, like I just feel like that's [organisation] trying to target their kids for failure. Like wouldn't you be ringing the kid and being like, "Hey, you know your bail conditions. Why don't you come home? We can work this out. We can organise it for another day to go and do what you want to do."

"There's heaps of workers that, you know, boom, cops, and then there's heaps of workers that are like, 'You know, they're kids, you know, like they're just trying to have fun, but sometimes we need to work with them. That's not the right way to have fun or that's not the right way to go about your anger or sadness. Let's work with you,' where, you know, heaps of workers can be just 'Cops, cops. Call the cops. Call the cops. I'm scared. I'm scared,' sort of thing."

Lack of support

Children and young people in residential care also spoke about a lack of support from workers. For some, it was a general lack of support:

"I was a very sad teenager, so I would just stay in bed for most of the day and I would have workers yelling at me and telling me I was a lazy f--."

For others, it was a lack of mental health support:

"I've had so many workers that have sat there when I said I wanted to kill myself and not done anything, like within all the houses."

As a result, the suggestion was made that there should be specific times devoted to checking in with all the young people in a house:

"A house manager should have two set days...when the house manager comes in and just spends time with the kids. Not the workers, the kids."

Children and young people also raised a lack of support with respect to education while in residential care and a failure of workers to prepare them for the transition to independent living:

"Education has probably been one of the biggest things that all organisations have failed kids in within resi care. Yes, a kid may not want to go to school. Well, get them through distance ed...make them do it at home, try and encourage them... actually sit down with them."

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"The fact is you don't get transitioned properly out of resi care...it's, you know, 'Here's your move out day, this is what you need to be able to achieve, do it,' and there you are dumped in the house."

"They didn't really teach you how to cook or anything there...like they should get everyone to cook dinner...or everyone help or something because like it would have taught me those living skills."

8.7 Adoption process

Three young people spoke about their experiences of adoption. All three young people expressed frustration at the length of time the process took:

"I absolutely hated it...it's been happening since I was five...it was meant to be finalised when I was 17."

"There's no accountability...It took nine years of advocating for my personal adoption."

Young people also reported difficulties associated with the rules and procedures surrounding adoption:

I: Do you know why it took a while, did anyone explain it to you?

"...It took them longer because my real mum said that I was Aboriginal...because my mum wouldn't have been able to adopt me if I was Aboriginal."

I: How did you feel about that?

"I was upset."

Consistent with this, an Australian study conducted with over 1,000 prospective adoptive parents found that 83% reported to have experienced barriers in the adoption process. 56% experienced unexplained delays during the process and for over 40% of respondents, the adoption process took over five years.¹³

In describing the adoption assessment process, one young person reported that many family members had been interviewed, some of which the young person had never personally met:

"It just frustrated me because it's like the whole time you've grown up telling me it's my life, I have rights, I have these choices and it's up to me to make my decisions and everyone in the system is here to support me...so to have them ask all these people, some people I hadn't even met in my family...you don't talk to me. You don't have a relationship with me...I don't even know who you are, like why are you involved?"

As a result, there was a push for the adoption process to be more child-centred:

"I think it's important if you were to improve it, to have the kid at the centre of the adoption assessment...I feel like sometimes we get underestimated...I know I'm a kid but I know what I want."

¹³ Adopt Change (2017). Barriers to adoption in Australia. National Adoption Research.

8.8 Relationships with caseworkers

Children and young people were asked about their experiences with caseworkers and what makes a good caseworker. When they reported positive relationships, children and young people emphasised the importance of caseworkers who listen, are supportive, build connections, respond quickly, get things done, keep children and young people informed and are a good cultural fit.

Children and young people also raised several issues with caseworkers; including lack of caseworker continuity, lack of privacy and confidentiality, box ticking, not listening to and supporting children and young people, not taking action or taking too long to act on requests and lack of cultural support.

Positive caseworker experiences

Children and young people reported many positive caseworker experiences. In these instances, they appreciated being listened to and supported:

“She would always ask me for my opinion, how I felt about things, and she felt like a genuine person I could really connect to and talk about my problems.”

“I didn’t want to leave Wagga...I wanted to be able to go to my school...and so I was involved in that decision-making...I thought that was awesome.”

“The way she communicated with me and you could tell she actually cared.”

“She looked after me...always checking in...if she was off the clock and I needed someone, she was there...and that’s what helped, because I knew, I felt supported by her.”

Children and young people also attributed positive caseworker experiences to strong connections that developed when they were given opportunities to do normal activities, treated with respect, given time and space and not judged:

“Case workers who can generally act like your real friends, those are awesome.”

“My caseworkers take me out to get a milkshake sometimes, which I think is good.”

“We did a lot of stuff with them outside of just visits...they’d pick us up after school and we’d just chat and do stuff. So, we got to know each other.”

“He just met me on my level...he didn’t force that connection, he was just consistent enough for me to actually get to know him more.”

“If you don’t want to talk about something they say, ‘Alright, we’ll talk about it another day.’”

Cultural fit and support was also seen as important for good caseworker experiences:

“I could tell he was Aboriginal, so maybe that made me more comfortable because he was like within my culture.”

“I go to temple and like my case worker helps me with grocery shopping, and so we’ll go grocery shopping in an Indian market and I’ll make things like dahls and curries.”

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Children and young people appreciated caseworkers that were honest and transparent; and responded quickly to get things done:

“If she said she was going to something, she was going to do it. If she wasn’t going to do it, she would be transparent, she would say, ‘I’m going to try, but I’m not sure if this could happen,’ she was just honest.”

“When I ask for anything to happen, it’s usually done very quickly. Like I want to see some of my file, that’ll be like accessed straight away.”

Finally, and consistent with previous work by ACYP¹⁴, children and young people felt the best caseworkers were those that recognised there may be gaps between the child or young person’s actual needs and the finer details of standard processes, and did their best to accommodate those needs and be flexible or in their words, “bent the rules”.

“The willingness to recognise flaws in the system and try and support the children they’re supporting regardless...there are some who sort of go above and beyond to look for loopholes and ways that they can still support those kids in getting where they need to go and I think that makes a really good caseworker.”

“They would turn a blind eye to certain things that I just, that I needed to feel in control again.”

“She doesn’t have to come out every day and talk to us but she does, even though she gets in trouble for it because she’s not meant to...and she fights for us heaps to get what we want.”

Lack of caseworker continuity

Lack of caseworker continuity was the most commonly raised issue by children and young people with respect to caseworkers:

“Changing caseworkers all the time is really hard for young kids.”

“You’d have caseworkers coming in and out and they would always change.”

“We also had a caseworker not long ago and she just left, didn’t say bye or anything.”

“There is such a high turnover rate of social workers and case workers that a child is never able to find an ability to connect with them, and if everything else is so uncertain, then how are they going to trust a case worker that’s going to be up and left, up and moved in the next 12 to 18 months, and I know it’s hard to really guarantee that they’ll be there for a long period of time, but in those early vulnerable stages, if they’re going through multiple homes, they need to be followed by one case worker, and I think that’s really important and between the ages of 8 and 17, I must have had 4 or 5, and I didn’t like any of them.”

Children and young people explained that constant caseworker changes made it very difficult to build connections:

“No one lasts for, I don’t know, a month or two. So, no one really stayed long enough for me to actually connect with them.”

14 Office of the Advocate for Children and Young People (2018) Report on consultations with socially excluded children and young people.

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“You can’t really connect with them because they move along so quickly... they’re just constantly in and out of your life and, you know, once you start connecting with one of them, they move on to another person...how do you expect a young person to feel safe when you can’t give them someone they trust? Like it makes absolutely no sense to me.”

Moreover, being required to repeat their story to each new caseworker meant that children and young people were forced to relive the trauma each time:

“I also hate having to change caseworkers all the time. Because I hate having to explain all the trauma I’ve been through.”

“I’ve had about 24 caseworkers...I could not tell you half their names...were in my life for about two months and then another one would come along. So, it’s very frustrating to repeat the story over and over and over and over again...no child wants to go through their trauma again with, you know, 24 different case workers.”

Children and young people felt very strongly that caseworker continuity was critical for connection, trust and growth:

“Having that one stable worker, I think would’ve done it for me. Maybe I would have further progressed than where I am now with just having that one person.”

“If they’re going through multiple homes, they need to be followed by one case worker.”

“That really leads back to having a consistent case worker and the case worker helping them identify what

direction they want to go, and this isn’t typically necessary for all foster placements. These are just for the ones who are identified as being at high risk. So, if they do have a chance of being kicked out when they’re 18, then they do have that support to be able to pick themselves up and move on with their life. I know that would be incredibly hard, but it needs to be made easier in circumstances where that does happen.”

Lack of privacy and confidentiality

There were children and young people who reported that their right to privacy and confidentiality had not been respected by caseworkers:

“I might have disclosed something to someone who have said they would keep it confidential...and then a couple of days later, someone from the care team comes up and said, ‘I heard you said this.’”

“They just went and told everyone my business without even asking me.”

One of the indicators of compliance with Standard 7, Confidentiality and Privacy, of the Child Safe Standards:

is that people working with and caring for children and young people uphold the children and young people’s rights to confidentiality and privacy.

Some young people in residential care discussed the lack of privacy in their rooms, with personal belongings being searched and moved around. Another young person recalled having all her conversations

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with friends monitored, being given the reasoning that it was for her safety:

“They made me write down a list of people that I wanted to speak to. Then they would watch me speak to them online...that was a very big breach of my privacy.”

Box ticking

Several children and young people felt that their caseworkers cared more about paperwork and making sure all the boxes were ticked, rather than genuinely caring for the child or young person:

“Someone who’s not just like there to tick the boxes, but actually is real and like talks to you like you’re a person.”

“I feel like they gave me an Indigenous worker because they wanted to show that they were doing something for the kid...to tick a box.”

In these instances, children and young people reported that the caseworker was simply there to do their job, with no real regard for the child or young person’s wellbeing:

“He would just come over, write everything up and say, ‘sign here, sign there, sign this,’ he would never explain what was happening in my case plan.”

“It felt like her visits were just to do her job and like nothing more. It was just like answering the questions that were on the sheet that she had to ask me every month.”

Other negative caseworker experiences

There were many instances of children and young people reporting that they

were not listened to or supported by their caseworkers:

“I’ve been through it since I was six. And I’ve had all the same stuff. Caseworker not listening, organisation not listening. Being forced to go to stuff you don’t want to.”

“I needed more help with school and doing everything and socialising with people, but they never helped me with that.”

“All the case workers that I’ve had, like the only things they have ever done are like home visits and they just check if you’re safe and then they check the house and then they leave. They never really had like genuine conversations with you.”

One young person reported being threatened by their caseworker due to expressing fear during the initial removal process:

“I had a social worker who told me to shut up or I’m not going to see my little sister again...I was scared, I was young, and I felt very, you know, scared in that moment and she just made it worse instead of making it better...the thought of your mum telling you to look after your little sister and then, you know, this social worker saying shut up or you’re not going to see your little sister again, that literally I will never forget it.”

Children and young people also expressed frustration at the lack of response or slow response time to their requests to caseworkers:

“He didn’t care at all. He was there for the pay cheque...and he never ever came back for the timely response, if ever a response.”

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"She would say she's going to help me, but she didn't help me. She was a lot of talk, no action."

There was, however, an acknowledgement that often caseworkers were unable to respond in a timely manner due to enormous caseloads:

"Those case workers are allocated so many kids, they don't get enough time."

Lack of support for culture was also raised by several Aboriginal children and young people, which was largely attributed to a lack of Aboriginal caseworkers:

"You get caseworkers who don't even know you. Culturally it's really hard, you have a lot of Asians and Arabs teaching us about our own culture. We hardly have any Aboriginals."

"I think the main support, the biggest thing I struggled with was the fact that I didn't have cultural support. I think a lot of the times as bad as it is to say, they were just passing me off as a white kid."

8.9 Making complaints

Children and young people were asked if they knew how to make a formal complaint and also about any experiences they had with making complaints. Responses were mixed. Some children and young people were fully aware that they had the right to make a complaint and knew the process:

"Definitely, and they constantly reaffirmed that I had the ability to go to third parties like the Ombudsman and like the Department to uphold those rights."

"I could. We actually have OCG's that come out, like community visitors from the Office of the Children's Guardian and they come every like three to six months."

"I've been encouraged to. They say, you know, making complaints is the way that the organisation learns and grows and I found that very reassuring."

In some of these cases, the young person had made a complaint and received a good response. For example:

"I made my first proper complaint like a couple of years ago to the Ombudsman, because it took them two years to amend my leaving care plan after constant cancelled meetings and emails I sent and stuff, so the only reason things moved was because I made a formal complaint..."

Some children and young people were unaware that they could make a complaint or how to do so:

"No, I didn't know how to...I had no clue."

"Not until my last caseworker did I find that I actually could complain at all. Fortunately by then I didn't need to complain because he was actually a pretty decent caseworker. But if I'd known beforehand, yeah, there would've been a complaint just about every week."

Others were aware but felt unable unable to submit a complaint due to fear of the consequences or not being taken seriously:

"I knew that I could complain. I just knew it would never go anywhere."

"I didn't really want to say anything in case they turned against me...I felt like if I were to complain, I would get in trouble."

- Experiences While in the Care System

"If I were to go and make a complaint to DCJ or the Ombudsman and not have any consequences or backlash or for that to have a negative connotation on any future opportunities they might offer me, I would have done that a long time ago."

"My relationship with complaining has always been rather vulnerable because I ... it's not that I feel like I don't have rights, but it's more about that I feel that I'm not exactly doing the right thing."

"The right to complain, I got more aware of it as I got older, but I think the theory of it didn't make me feel very comfortable because I don't ... see, I've always been one of those people who I like to talk about it with that person before I write anything, and then even when I have like talked about it with that person, you know, and they might not agree, I still feel like, oh my God! If I write in a complaint about this person, what if they take it this way."

"If I did complain, it was going to make such a huge issue for something I just wanted to be recognised rather than like someone losing their job over it."

Others had made a complaint while in care but had received no response or follow up:

"When it came to [organisation] specifically, my complaints were often dusted under a rug because a lot of them had to do with the discrimination I faced as an LGBT man and they didn't want to face up with that fact...they just largely went unheard."

Another young person reported making a complaint in January and at the time of interview in April, had received no response or even acknowledgement of receipt of the complaint:

"No mention, nothing. Come and be like, 'Hey, we've followed this process and this is what we're going to do,' nothing."

Another young person also reported having made a complaint previously and never received a response.

One young person had the following suggestion for improving the complaints process:

"I think, one, having a better complaint process that is either anonymous or online or you have a higher up who you can call. Yeah, because I know that there were times when nan and pop were just kind of like didn't feel like stuff was done right, but they didn't really know who to call or who to address that with... Even having like a complaints line or something, I don't know if there is one, but separate to the department, like separate to that office, that you can ring up and say this is what's happened... but still have information about what's going to happen next, who is going to find out, would you like to be anonymous or how would you like to handle this, and then have support doing that maybe, or something like that where it's like, yeah, it can be handled better, but it's not just left up to the carer or the young person to have to navigate themselves."

9. Education While in the Care System

Children and young people were asked whether being in care had affected their schooling.

Some children and young people spoke favourably about the educational and other supports they had received at school:

“All my teachers love me and they were very invested in my education...more than the foster agency, I felt anyways...they tried explaining to me like why it’s important to have an education.”

“I had a tutor. I wouldn’t have had that if I was living with my parents. I had a tutor and that benefitted me a lot.”

“Like the teachers are trying to protect me, trying to stop making me angry...she [teacher] lets me come in her office, we talk about it.”

“School is sort of like my safe place. I come here when things are getting...tough or things are going bad, I can come to one of the teachers and they help me regulate myself and calm down.”

More often, however, children and young people reported a lack of support to succeed in their schooling:

“I feel it’s treated as though you’ve got to be enrolled because you need to do something with your day, but they don’t expect you to succeed. There’s no encouragement in succeeding.”

“In resi care...normally we didn’t do school....I dropped out in Year 9....resi care, no one really pushes you, like ‘Come on, get out...do it.’ It was, ‘Yeah okay, if you want to stay home, you stay home.’”

“They never really pushed us to do anything. We didn’t have to do homework and assignments...we could just sit down and watch TV and do anything we wanted.”

“I had my case worker tell me last week that she’s only ever had one kid go to uni...and she doesn’t expect me to...if you’re told from a young age that you’re not going to be anything more than a convict, you are most likely going to end up a convict. It’s a self-fulfilling prophecy.”

“I feel like the way in which schools conducted their behaviour around kids who were in the system, they had very little regard for emotional wellbeing.”

Having to move schools multiple times as a result of being in care was a common theme. This disruption made it difficult to establish strong friendships; and often resulted in children and young people falling behind in schoolwork and leaving school early:

“I’ve been to like almost 11-12 schools.”

“I did go to five different primary schools and then two high schools. So, I didn’t really connect with anyone. I found it hard to find friends because to me, I never knew if I was going to move again to go to a different school.”

- Education While in the Care System

"I feel like I've missed out on a lot of school because I was moving from placement to placement and then I just eventually gave up...I missed out too much in one year and then I fell really behind and then I just left school altogether...halfway through Year 8."

"I dropped out of high school because all my friends had dropped out."

When asked what would have helped with schooling, these young people said:

"Encouragement from teachers, case managers...letting us know we can do it and that being a foster kid doesn't affect what we can do."

"Main thing was I wish I had more support when I was younger for school."

"Having additional support for learning disabilities would be good. Some classroom teachers don't understand."

Children and young people also spoke about the long term effects of disrupted education while in care:

"I'd been bumped around quite a few schools and the environment of that education has definitely impacted my ability to learn....I think in leaving care, there's sort of a loss of sense of direction when it comes to my education. I know broadly where I want to go with my career, but I feel like I haven't been supported educationally in getting that."

Young people exiting care emphasised the importance of more supports for young people with care experiences to go to university:

"I think there needs to be a huge push in the Department to try and get out-of-home care kids into university...funding part of their degrees. Maybe we could talk to UAC and see if we can get educational access points if you've been removed and taken into the care of the State."

Children and young people also frequently discussed the stigma of being in care, the impact this had on their school experiences and their desire for normality. One young person recounted their caseworker picking them up from school in a uniform and wishing they would come in normal clothes. That way, the young person could have said they were an aunt, rather than a caseworker.

Other children and young people reported feeling different to other students, being teased for being in care and outed by teachers that should have maintained their confidentiality:

"It was hard for high school as well because it makes you feel very alienated. It makes you feel very different."

"There was just like girls at school saying I was in DoCS...and just telling every person and it was sort of like embarrassing."

"It was like embarrassing and stuff and like the teachers would treat you different."

"This teacher just came into class and asked, 'We need to talk about your foster situation.' Not privately, but in front of a class of, I think it was 23 at the time."

10. Health and Wellbeing in the Care System

Physical health

The majority of children and young people reported that their physical health had been well looked after while in care:

“Actually, to their credit, the Department has been very much on top of that. I get an annual health check every year... I get pretty regular visits to the GP and my immunisations have always been up-to-date.”

“Yeah, they made me go to all those sorts of things, like the doctor and dentist and everything.”

“So we were made to go to the doctors anyway, because it's part of the out-of-home care stuff, you have to tick off that you go to a doctor for general stuff.”

A few children and young people, however, did express that more attention could have been afforded to their physical health needs:

“I feel like it was there and it was available, but it wasn't enforced as much as it could've been. And it wasn't really explained to me why it was important. Like now I know it's important because I've got to deal with it myself, but it wasn't explained to me, 'This is why you need to go get your teeth checked all the time.' And if your carers weren't invested into it, then it just kind of got under the rug.”

“I used to never have my 12-monthly, 6-monthly check-ups with [previous care agency]. I only had them when I moved to [current care agency].”

One young person brought up the difficulties of not having access to their family medical history. They knew that their birth parents had significant health issues and wanted to be able to pass these details on to their doctor:

“I think that's just one thing I want my caseworker to pursue more aggressively in terms of the medical information, because I don't imagine there's going to be a great amount of other [ways] to find that out once I leave care.”

Mental health

Children and young people reported mixed experiences in relation to mental health support while in care. Some reported receiving minimal support and even being denied access to support until reaching crisis point. Others expressed frustration at the lack of continuity of mental health support:

“I don't think, you know, living in out-of-home care promotes [mental health]. I feel like it's being fulfilled to the threshold where it needs to be fulfilled and that threshold meets minimum standards you know, to the point where it's not illegal.”

“I actually tried to overdose and I got put in a hospital and all those workers were like, 'Oh shit, she was actually serious about this.’”

“It upsets me because I know for a fact that they knew that I was unhealthy, they knew that I was sick, but also they were very against me going into a psychiatric ward, and I had pleaded, 'Please let me go into a psychiatric ward. Please. Please.’”

- Health and Wellbeing in the Care System

“Like I needed a proper psychiatrist and psychologist when I was younger, but they never did.”

“You’re always having to change counsellors, or this one leaves and then you have to get another one and then you have to tell your whole story again.”

In contrast, other children and young people reported being forced to attend counselling once they were taken into care, with no explanation why this was necessary:

“They used to like always put me in psychologist rooms and stuff and I would just sit there and not talk to the psychologist. I just refused to because I was like, ‘I don’t need to talk to this person. Like I can handle it on my own,’ and now I’m like, I wish I like knew why I was in those rooms and why it was so important to talk because now I like want to go see a psychologist and stuff because now I know why it’s important, now I’ve educated myself.

But if someone did that at that age, it’s like, ‘Look, you’ve been through a lot. You just need to sit down and talk to someone. They’re not going to judge you. They’re going to be able to help you become the best version of yourself.

But like that wasn’t said to me. It was like, ‘Oh, we need you to see a psychologist as part of our criteria to make sure you’re all good.’ There was no like explanation why.”

A few young people felt that they were prescribed medication they may not have needed in an attempt to control their behaviour:

“There is also this tendency towards medication. You know, to stop that sort of outburst, a lot of refuges and institutions will automatically refer you to a psychiatrist, which sort of feels very dehumanizing around like, oh, I need this pill to function.”

As a result, another young person emphasised the need for greater awareness and understanding of the trauma that has led children and young people in care to experience mental health problems:

“An overwhelming majority of children within the statutory out-of-home care system suffer from complex post-traumatic stress disorder and that will manifest itself in ways that are oftentimes unpredictable... too regularly I see when a child misbehaves, it’s held against them as though they’ve sort of done something out of character or against what is considered to be good, but there just needs to be an understanding that this is a child who has experienced things that most people will not experience for most of their life, and that acting out like that oftentimes is an expression of mental health issues that are more deeply rooted.”

- Health and Wellbeing in the Care System

Some children and young people who reported having received good mental health support while in care said the following:

“She [caseworker] got it all for me. She took me there to get it all. She looked after me. She made sure I was mentally okay as well as physically, always checking in, whereas my other case worker was more concerned that I was conducting myself well rather than if I was actually mentally well.”

“I was given quite a bit of support surrounding my mental health. I’ve had a regular psychologist since I came into care, but yeah, quite a few of my friends and stuff have not.”

“I’ve got a paediatrician and he helps, he talks to me and stuff...I see him every two weeks...and he just talks to me about how I’m feeling, is there anything I need to tell him, is there anything he can do to help.”

Disconnected from friends and missing out on opportunities

Children and young people reported that being disconnected from friends and missing out on opportunities to socialise while in care had a negative impact on their mental health:

“I feel like it does impact your mental health as well because you get more like shy and like a little more like sad and stuff about like not being able to go and stuff.”

They said that the OOH rules often prevented them from being able to visit friends outside of school, attend sleepovers and engage in other social activities that all children and young people do:

“With care, there’s a lot of like limitations, like when I was younger, you’d always see like girls going over to sleepovers and stuff and you couldn’t do that because they would have meet their parents and stuff and like I know that even if you weren’t in care, you’d still have to meet the parents and stuff.”

“We weren’t really allowed to socialise outside of school, so we weren’t actually allowed to meet up with friends.”

“I’d missed opportunities with like my friends going camping because it was like, well, if you stay more than a certain number of nights...their parents have to have Police Checks, Working with Children Checks...which in a way is kind of embarrassing.”

Children and young people were asked if there was anything they wished they could have done but were unable to because they were in care:

“I guess, like being able to socialise more. Have like a better social health. I always struggle to try and talk to people. And I guess, without the system and without my circumstances, I would’ve been able to do that better.”

- Health and Wellbeing in the Care System

In addition to restrictions on socialising with friends, children and young people reported missing out on other opportunities. Most often, they were simple things that children and young people not in care take for granted:

"I missed out on learning how to ride a bike...because I was moved around all the time. I missed out on having my own things and toys in one place because I always lost them."

"Travelling interstate, school camps...I would have friends come back from holidays at school and they'd be like, 'Oh, I went to Morocco,'...and I'm just like, 'Oh, I went to a new hotel.'"

"You can't even do the simple things like getting a piercing...like you are not supposed to get your hair dyed or you know, be in a group photo with your peers at school...you kind of feel isolated."

Perhaps the greatest missed opportunity reported by children and young people in care was not having a "typical" family life:

"I've often seen myself looking at other families and I've always asked myself, I wonder what it would be like to just settle down in a family where you can't move, you just have that family, and looking at how they like react with their mothers, how like they can joke around with their mothers or even their fathers as well."

"Once you get your HSC or whatever...you've got no family, it feels like an empty achievement, you know. No one's taking you out for a dinner and there's no graduation party."

"Not being able to just go like on a holiday without asking to like go and stuff, for consent...I felt a little different. It was like no one else had to do it but me, like in the family."

Sexual health

The majority of young people (79%) reported receiving information in relation to sexual health¹⁵ through school only and to a lesser extent, their carers:

"School...the sexual health stuff, I learnt the majority of that in the PDHPE classes."

"At school, and my carers do as well. Yeah. That was new this year. She was talking about like if I was being safe and stuff and if I need like protection and all that, to like come to her and be open about it. So, yeah, I know that I can go to her when I need help or anything."

Just one young person reported that their care agency facilitated a workshop about sexual health.

Children and young people raised several issues in relation to sexual health due to being in care. For example, one young person wanted to be placed on an oral contraceptive but it wasn't allowed by their carer. Several young people in residential care reported receiving a box of condoms as the extent of their sexual health education:

"Not really, no. I think in the girls' houses, they just make condoms available and that's it. I mean, I guess teenage pregnancy is really high in out-of

15 This question was asked for children and young people aged 14 years and above.

- Health and Wellbeing in the Care System

-home-care. I know a ton of people like personally who have been at my house and have become pregnant, so I guess that's a big thing."

Children and young people living with disability

Twenty-eight percent of the children and young people interviewed identified as living with disability.

The desire for more supports and access to early diagnosis and intervention was a common theme for young people in care living with disability. They reported often flying under the radar and receiving the required supports late in their care journey:

"I just feel if I'd got that extra help a lot earlier, it might have been easier. I was kind of a lost cause by the end of school."

"It took eight years to get me actually diagnosed with autism and because they didn't diagnose me when I was younger, I have a lot of issues and not a lot of support."

Young people also discussed being labelled as "bad" and "naughty" prior to being diagnosed with a disability:

"If they'd just like sat down and talked to me and realised, no, I'm not just a bad kid. I have like a disability, you know. Until I was about 12, like everyone in the foster care system just looked on me and assumed I was just a bad kid."

Wellbeing of LGBTQIA+ children and young people

Several issues were raised by children and young people that identified as LGBTQIA+. Some reported having experienced discrimination from agencies, carers and other children and young people:

"I've met quite a few unsavoury people who, for example, aren't fond of my LGBT identity and stuff like that."

"Institutions that had explicitly homophobic policies."

"I have friends of mine who are gender non-conforming whose families will refuse to use their proper pronouns and names."

"You feel like you're a second class citizen among second class citizens...the questions you get asked are quite frankly half the time just inappropriate. The mockery, the treatment as though you and the person you love and that relationship is less valuable."

One young person reported that they were removed from their birth parents due to that fact they were gay, only to be placed with a strict Catholic family whose beliefs were in stark contrast:

"I was removed from my home because they beat me because I was gay, you know. My LGBT identity was core to the fact that I had to be removed and yet was not taken into account when it came to the decision-making."

- Health and Wellbeing in the Care System

This young person went on to recount:

“All the other kids there, the biological children of the family, they’d all gone to Catholic school, they all went to church every Sunday...and you feel alienated. You feel like you’re not a full member of the family.”

Lack of access to LGBTQIA+ sexual health education and medical care was another issue raised:

“Most gay men will take what they call PrEP, or Pre-Exposure Prophylaxis, which stops your chances of getting HIV when you come into contact with it. I was not told about that until I had to go and research it myself, and even then there were issues with me not properly being on Medicare and not being eligible for the subsidies.”

“I kind of wish I’d learned like more about gay sexual health...I got the sexuality and gender shit down pat. It’s just like how to have safe sex with guys.”

Drug and alcohol use, involvement in the youth justice system and homelessness

For some young people, the end result of years of trauma and being in care resulted in drug and alcohol use, involvement in the youth justice system and periods of homelessness:

“I held all the pain in and now once I’ve grown up, I’ve ended up getting arrested, smoking pot and cigarettes and all that stuff as a pain relief,

because I haven’t really healed from it. This is the first time that I’ve been able to talk about it and not cry.”

“I went down a really destructive path of drugs with barely minimum support from [agency name].”

“I’ve been on the streets and it doesn’t feel very nice with like going to food vans and stuff and eating shitty food and then having to sleep on the loor in the cold with a sleeping bag.”

One young person reported that it is not uncommon for young people in care to engage in crime for the security that comes with being in custody:

“Some people where they’ve had nowhere to go and they’ve just been like, ‘I’m going to get locked up gain because I know all the boys in there. All my friends are inside. At least I have a routine. I can train. I have a bed. I have like, you know, warmth and stuff.”

11. Exiting Care

Over three-quarters (78.8%) of children and young people interviewed were aged 14 years and above. These children and young people were asked a series of questions around exiting care; including whether they were aware of the age at which young people exit care and if this age was adequate, whether they felt prepared to leave care and what additional supports and resources they required.

11.1 Age to exit care

With the exception of a few young people, all reported that 18 years was the age at which they exit care. A minority said they were aware that they can continue to receive supports until the age of 25 years:

“Twenty-five actually if you count the years afterwards because you have more support with FACS and like other support services until you’re 25. So, technically you leave when you’re 18, but you don’t fully leave until you’re 25.”

While some young people felt that 18 was an adequate age to exit care, the overwhelming majority felt quite strongly that the leaving care age should be raised. Those that reported 18 years to be an adequate age to exit care gave the reasoning that at this age one is legally an adult; it is based on the assumption that supports are still available until the age of 25 years and wanting to exit the care system as soon as possible due to negative experiences:

“Because they’re at an age where they can maturely make the decision of where they want to lead their life next.”

“I mean like legally you’re an adult now, so I guess it is, but like my case worker was telling me that there are other supports after 18 if you needed help, but it’s not for a long period of time, but if you still struggle in that, there is still help out there.”

“I wanted to be out of care as soon as possible.”

Most young people, however, reported that 18 years was too young to exit care:

“I think it’s pretty stupid that they put you in a refuge your whole life and then tell you at the age of 18, ‘you’ve got to move out on your 18th and you got to pack all your shit and you got to go, and that’s just how it goes and that’s just the end of the story.’”

“I feel like I would need more time, because I would still need to go to university and I would still need to be supported for going to university and getting a good job.”

“It’s the worst time to leave, to lose all that help you get. Sure, you get like some help afterwards, but for the most part, it’s hands off. It is the worst time because all the really hard stuff is just coming now.”

- Exiting Care

"I actually think that it should be 25. I really do think that because people, especially people who have been put through the wringer, are very ... we do not, our brains do not develop properly until we are 25."

"It is not okay. No, I don't think it's adequate at all. I think it's very wrong and it will not at all get kids to their right potential, and this is the reason why those statistics are so big with homelessness, joblessness, pregnancy."

Young people raised the fact that most 18 year olds that have not been in care are still supported by their families, so why should it be different for young people in care:

"18 is not, you're still...you've just finished high school. You don't know what's going on. Do you think most kids who live with their parents are moving out at 18 and pretending they never existed?"

"No wonder so many of them don't go to university. No wonder so many end up homeless."

"The reality is, if it was your parents and it was in a safe space, you wouldn't be kicked out of home at 18 or you wouldn't have to worry about where you are going to be living instead of celebrating your birthday."

Young people expressed fear and anxiety at the prospect of being left on their own from the age of 18 years:

"I wish we didn't have to leave the day after our 18th."

"I have this massive fear that I'm going to become homeless."

"I feel as though the day I turn 18 I'm being pushed off a cliff because there's all this support and I feel so supported as long as the money's there, but once it's all gone, no one wants to help. So yeah, that's painful because like I'm still a kid, I'm still a teenager."

When asked what age would be adequate to leave care, 25 and 21 were the numbers most frequently raised:

"I reckon leave it 'til 21, honestly, because when you're 18 you're only starting to become an adult...whereas if you're 21... you've been through adulthood for a few years and you'd be fine."

"Needs to be put to 25, I really believe that, but I understand if 21 is the way to go, that's okay too. I think it should be 25, but I mean...with all these cut-off dates, like youth doesn't stop at 25."

11.2 Exiting care needs

Good supports received

Young people that reported receiving good supports when exiting care were typically those that were participating in *Transition to Independent Living Programs* (TSIL). *The Premier's Youth Initiative* was the one most frequently mentioned and young people spoke extremely favourably about the program, suggesting that it should be made available to all young people exiting care:

"Premier's Youth Initiative were awesome. They helped me so much. They helped set me up...make sure my needs were being met. They would do regular check-ins with me...I could not recommend them enough."

- Exiting Care

"Making more organisations like Premier's Youth Initiative, 100%...they would have someone to come around and teach [you] how to cook, teach you how to clean...and then the housing one, he would find you accommodation. They will pay for your accommodation until you find employment...teach you about housing, teach you how to write an application... like awesome stuff."

"I don't know why you wouldn't choose to be on it...it was nothing but benefits for me."

"They helped me with my resume to get a job...help me learn how to budget and just life skills...if you get your L's, you get free lessons for a certain amount of hours...and just a lot of support."

Young people spoke positively about other agencies and programs that supported them well to transition to independent living:

"That's the one thing I love about [organisation] is that I know that I'll be supported by them and it's very comforting...like just reminders as well, just like the little things that you don't even realise...just life advice really... I want kids to be able to have someone like my case worker."

"[Organisation] supports us...teaches us how to like...what we want to do after care and how we are going to do it, what we are going to do so we don't end up homeless."

"I've been lucky enough to go through a transition to independent living program. So I stayed in a youth refuge, I went to a semi-independent program, and now I live in my own apartment..."

semi-independent...was a house next to the residential building with no staff members in it. Young people could still live there, they cook their own food and stuff, but there was that 24/7 support next door. And that was really helpful."

More supports needed

Young people that had not been involved in TSIL programs reported little or no follow up after turning 18 years of age:

"As soon as you turn 18, there's no like network behind you. Technically, they're not legally responsible for you anymore. They have like this one year buffer, but it was like one month and I like didn't hear from them again."

"As soon as I turned 18 and I was fully independent, graduated school, I've never heard anything from them."

"I think after my last visit under 18, I hadn't been in contact with any of my case workers until like this year [young person now 24 years]."

Young people also reported that their leaving care case planning had either started far too late or didn't reflect their needs:

"Leaving care plan didn't really set me up for anything except for like three months of mild happiness where nobody checked up on me and then didn't ever again."

"Start the plan earlier...so then when it comes to the time where everyone thinks the kid's ready to transition, boom, it gets sent to FACS and we're not waiting for weeks on end to hear back from them... do our plan for TSIL earlier. Don't just do it whilst we're in TSIL."

- Exiting Care

"What I've been given in my leaving care plan was 52 sessions with a psychologist... that was it...that is literally my leaving care plan...I'm glad that I get to keep seeing my psych, but...I've been receiving support in so many different areas and that gets cut off the day I turn 18."

One of the indicators of compliance with Standard 12, Living Independently, of the Child Safe Standards: is that *strategies for young people to manage everyday issues in their lives are included in leaving care plans.*

As a result, young people reported that more needs to be done to support them when exiting care. They asked for more financial support, career advice, mental health support and independent living skills such as budgeting and cooking skills:

"Like if you were living with your family, the type of support you'd get from them. Financial support basically..."

"Career advice 100% would've been really beneficial."

"Encouraging children in out-of-home care to get a tertiary education is one of the greatest ways to exiting poverty and is one of the only things that will get you a decent paying job."

"Mental health as well...like where they are in their life because like how are we to know if they're not feeling suicidal and then when they leave [care], we just won't find them, like we don't know where they are."

"Being taught how to like budget and what to do when you're moving out."

"Cooking and all that. Doing the housework, your rent..."

Comments were also made regarding additional supports needed for young people with complex needs; including regular check-ins after exiting care and even a slow transition to independent living:

"If you are in ITC...it goes through this drop of professionals and qualified people around you 24/7 literally to none. Maybe like a visit every couple of weeks... especially if it's the trauma background... just because they've gone through a checklist of leaving care, doesn't mean you are ready to leave care."

"Say for instance, three hours a day, or maybe even two hours a day, the carers don't come in for two hours. After the two hours is up, they come to the house and say, 'How was your two hours by yourself?' I wish I did have that."

One of the indicators of compliance with Standard 12, Living Independently, of the Child Safe Standards: is that *young people are encouraged and assisted to develop independent living skills.*

12. Children and Young People's Advice for Government

At the end of each interview, children and young people were asked to reflect on their experiences of being in care and what they thought needed to change to improve the care system for all children and young people. Detailed below is their advice for Government.

12.1 Listen to children and young people

Above all, children and young people want their voices to be heard and taken into account. This was raised in all aspects of their care journey. They want to be listened to and they want to see action as a result:

"I think they need to start listening to more young people's voices directly."

"I think living in care would've been so much easier if they had consulted me about it."

"Taking children and kids seriously with what they've got to say, no matter what age."

"With a case worker, they just kind of sit down every month and if you have any concerns or you're not comfortable, you just sit there and you tell them and they write it down...but then not much really gets done."

Children and young people emphasised the importance of being taken seriously and the consequences for them when they are not listened to:

"They should make sure that everyone is following the law and they should do the right research and actually listen to the children. If they say something's up, then something's up. They're not just saying it to be attention seekers."

"I don't want the same stuff happening to other people like it did happen in my life."

Children and young people reported that Government does not prioritise listening to children and young people in care, with some experiencing meetings being cancelled at the last minute:

"So those moments of opportunity don't happen because something else or priority comes up and they don't reprioritise another opportunity."

Even when given opportunities to have their voices heard, children and young people said that they rarely hear back from Government in regard to what is being done to implement their feedback:

"It goes up the ladder, but it doesn't come back down to the ground for us to know, 'What did they think about what they read?...What are the steps they are going to take from it?'"

12.2 Be transparent and accountable

Children and young people also reported that they want Government to be open, honest, transparent and accountable when it comes to OOHC. This included aspects such as telling children and young people what was happening with their case, how long they would be in care for and not covering up when mistakes were made:

"From government departments, from private foster agencies, there needs to be accountability and that's the biggest issue. Nobody is held to account for their actions, what they do or what they say. There's no accountability for missing paperwork or a lack of communication. It's always put in the too-hard basket."

"Just to be honest with everything is also very important because you're better off just being honest. I think it's really important that the kid knows everything that's going on."

"Find a way to get the support happening at the earliest time possible for anyone who is in foster care, earliest, like even if that's six, if that means that they're six years old and they're getting abused, get them out...you know, if they are 14 and they're worried about turning 18 [and leaving care], put something in friggling place so they don't have to muck around as much to get their out-of-home care package..."

"There doesn't have to be this cover up... I'm sure that the community would trust FACS more if they could admit that, 'Hey we did these crappy things and we didn't do it on purpose...we screwed up and

instead of coming clean with it, we swept it under the carpet."

"Hold yourself accountable."

As a result, they asked for external bodies to evaluate care agencies by asking children and young people themselves if they are happy with their care and if anything needs to change:

"I feel like there should be someone who evaluates foster agencies. Someone who goes to and talks to the kids, like, 'Are you happy with...? What could help you?...' So someone's there and not invested in the company, so you feel like there's not going to be any biased opinions."

12.3 Support families more before removal

The desire for birth families to be provided with more supports was a very common theme. Children and young people acknowledged that it would not always be possible to keep families together. However, they reported that in many instances there could have been greater investment in supporting families than investing in removing children from the situation:

"Try and help the parent before you take their kid off them...come up with another solution."

"If someone just supported my dad just like, 'Look, we can see you're struggling at the moment. We want to help you, like support.' Because there was no support for my dad...try and help them before it needs to be done."

"Mum certainly had her problems and they weren't that bad per se. They could've been a lot worse. She didn't not love us. She loved us very much. She just did not have the experience of looking after four kids at that time. And if she got help from Government or someone, then it was easily reversible, easily fixed...a different type of intervention could've been had and we wouldn't have to be taken away."

"Even if it's a process of talking to families before children get removed, like if they implemented a preventative program, 'Here is your ... you have a 12-week plan here to prevent your child being removed. You need to do this, this, this and this in that time period. If you cannot do it all successfully, the outcome will be we will have to look at kinship care or something,' but having like programs in place so that like people can understand why decisions are being made and how that is being played out, like as opposed to just getting to that endpoint and that's it... not so much focusing on child removal, but focusing on family preservation where possible...having more experiences with DCJ helping families as opposed to removing, if that makes sense."

Children and young people expressed a desire to be with their birth family, even when their situation was perhaps unsafe. Some reported feeling that removing them from their family home did more harm than good:

"[I wish] mummy can see us every single week."

"I preferred living at my home. With mum and dad even though they hurt me."

"A few incidences happen and then it's straight to being taken away. That's not really right."

"It did a lot more damage to the relationship, being taken, than it would've done just to stay."

This young person reported that providing supports to birth families is also critical for future relationships between young people and their parents when they have exited care:

"More integration back with parents, even if it's not going back to live with them, trying to get a better relationship with them. Because if you're living with a foster family who is not really blood relatives, once you leave there and you've still got a pretty shitty relationship with your actual birth parents, you've got really no one left."

12.4 Better screening of carers

Children and young people believed that more needs to be done to ensure that only suitable adults are afforded the responsibility of being foster carers. In the worst cases, there were reports of being placed with carers that were neglectful, violent, abusive and only became carers for financial gain:

"There was one unsafe place, because she locked me outside all the time. She wasn't allowed to hit me but she did anyways."

"I just wish like the parents, the carers that I was with before weren't so violent and swearing and all that."

- Children and Young People's Advice for Government

"The case workers have never been bad. It's more the carers."

Children and young people highlighted that the process to become a carer needs to be more difficult:

"Honestly, I feel like anyone can be a foster carer. I feel like the process is so easy. I feel like anyone can do it and it doesn't matter what their commitment is for it or their purpose."

"I think it the system and Government's like responsibility to make sure that kids get to the right house with the right people. I mean it's their rule."

"I feel like they need to meet criteria, like stricter criteria."

They asked for better screening of potential carers and more check-ins once children and young people are placed:

"The main thing I want is more screening on foster carers. That's the number one thing I want."

"If they're new timers, they need to go through more and more checks."

"Do a house check-up to see if it's a good environment for the kid...the police would probably do that or agencies or whatever..."

However, this young person emphasised that home visits alone are not sufficient:

"Sometimes the system fails kids because they don't actually look into the carer or they don't look into the placement, like you can tell them, 'We'll be over tomorrow.'

They can make the place look spotless, they can change their personality, they can change their whole mentality for you, and then when you bring a kid in, that looks like dollar signs in their eyes."

12.5 More exiting care supports

Older young people asked for better supports in preparation for exiting care:

"Probably like what could change is probably the preparation towards TSIL and also the transition into TSIL could be a lot better than what it is."

"There should be driving programs so that children in out-of-home care can get their licences and there should be more access to driving mentors because as it stands only one child out of every 13 gets a driver's licence if they're in statutory out-of-home care."

"They need to invest in the kids who are leaving just as much as they're investing in putting kids into the system to begin with...making more organisations like Premier's Youth Initiative."

Young people reported that the *Premier's Youth Initiative* should be made available to all children and young people in care:

"The program is mainly aimed for teens... but I think it'd be good if like younger kids could have that opportunity."

"It shouldn't be a program. It should be every single person. If you're put into care...you should have this support until you're 21."

12.6 Other advice for Government

Children and young people's other advice for Government included better training for caseworkers, allowing access to case files, reducing caseworker loads and better resourcing:

"I just hope the workers are like better than what I had...they need more training definitely, a whole lot more training."

"I think we should be allowed to access anything we want really. Case notes. Stuff like court documents. Literally anything, which is kind of disappointing, the fact that we aren't allowed until we're 18."

"I saw my caseworker at most once a month. She had way too many cases to see me like with any sort of regularity...she has 30 other cases. So, each day of the month, she's got to go visit a different kid."

"What I would change is probably before anyone gets into the foster system and all that, I feel like they really need to like up their organisational skills because some of them are all over the place and they're like, 'Oh sorry, I was supposed to text this person, but I forgot.'"

"I keep hearing all of this, you know, we gave a million dollars to a cricketer who got to go and play cricket, whereas I hear all these stories about foster care...the foster system needs that money...we need, you know, more support workers, more people, and while they're giving that money to cricket and everything, you know, like vulnerable kids are suffering...and I just think if they've got money to give to cricketers, why don't they have enough funds for foster care?"



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