



Creating a better life for children and young people in care

Final Report

Protecting Victoria's Vulnerable Children Inquiry

August 2011

CREATE Foundation is the peak body representing the voices of all children and young people in out-of-home care. CREATE is the only organisation in Australia established for the sole purpose of advocating on behalf of children and young people in care at both national and state levels.

CREATE's core mission to create a better life for children and young people in out-of-home care is achieved through:

- **connecting** children and young people to each other, CREATE and their community
- **empowering** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard
- **changing** the care system, in consultation with children and young people, through advocacy to improve policies, practices and services.

CHILDREN AND YOUNG PEOPLE CONSULTATION

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Children and Young People Consultation

1. Introduction

The role of *Protecting Victoria's Vulnerable Children Inquiry* (Inquiry) is to make recommendations to strengthen and improve the protection and support of vulnerable young Victorians.

Children and young people are the direct stakeholders who are immediately and most directly affected by the out-of-home care system. They are also the people on whose behalf other stakeholders purport to speak. As part of the consultation process, and in fulfilment of the Terms of Reference, the Inquiry undertook to meet and consult with the children and young people about their experiences of out-of-home care and related services.

Recognised as the peak body for children and young people in out-of-home care in Australia, the CREATE Foundation (CREATE) has extensive experience in working and consulting with children and young people and has well developed processes about:

- engaging children and young people
- developing meaningful relationships with children and young people in care
- having an awareness of and consideration for their life experiences
- and supporting and assisting children and young people to fulfil their potential.

CREATE was contracted by the Inquiry to consult with children and young people to seek their views and opinions about the out-of-home care system in Victoria. The Inquiry worked closely with CREATE Victoria and CREATE's Research and Policy team to design and conduct appropriate consultation mechanisms focused towards gathering information from children and young people in a participatory and consultative way. Special care was taken to develop an ethical approach to the consultation mechanisms which included focus groups in rural and metropolitan areas and a child-friendly on line survey.

This report represents the views and opinions of the children and young people who participated in the Be.Heard survey and the focus groups as gathered by CREATE, allowing the Inquiry to hear children and young people's valuable input.

2. Methodology

2.1 Overview

With any consultation process, the choice of style of consultation has far reaching effects. In this case, the design of the consultation process aimed for a participatory process and the substantial involvement of as large a proportion of children and young people as feasible. It also needed to address particular issues such as:

- identifying ways to provide access to as many children and young people as possible allowing for the rural and metropolitan nature of Victoria
- incorporating the developmental needs of a wide age range of children and young people
- ensuring that children and young people with a care experience were consulted in a way that did not cause any greater distress or trauma for them.

A face-to-face consultation process was selected as one consultation method as it allowed a representative group of children and young people to engage in an inclusive process that was meaningful, provided them with an opportunity to receive information and be educated about the broader child protection context. An independent facilitator, in this case a CREATE staff member, could create a comfort zone and process for constructive contribution from the young people.

Focus groups as a means of participation in a consultation process, also overcame some of the identified issues. Locating the focus groups in various areas provided the opportunity to have a cross-representation of children and young people from rural and metropolitan areas. The use of a skilled facilitator was also considered integral to ensuring the views of all participants were heard in a group context.

The Be-Heard survey site was the other means selected as it was able to elicit feedback from a large number of children and young people. As long as children and young people had access to a computer and internet, they could complete the on-line survey. There were also a number of advantages to using the Be.Heard tool which included:

- The Be.Heard suite of tools sit on the web and could be promoted by CREATE and the Inquiry.
- The self-administered survey tool could be developed in consultation between CREATE and the Inquiry staff and questions could be tailor-made to meet the specific needs of the Inquiry.
- The program could be designed so that children and young people with numeracy and literacy issues had the option to have the computer program narrate questions.
- The graphics embedded within the tool were interesting, child friendly and Australian specific. Prompts could be built into the program to ensure that children and young people understood the questions.
- The tool also contained short in-built games that are time limited to engage with children and young people that may become restless during the survey or could be offered as a reward at the completion of the survey.
- The survey could include a variety of question types including: multiple choice, rating scales, and sliding scales and provision for comments.
- The self-administered tool had layers of security protection to ensure the information gathered was stored safely and securely.

2.2 Ethical considerations

As with any consultation process with children and young people by CREATE, a process to consider the ethics of a consultation was undertaken prior to the development of the survey questions. The ethics process requires that any risks of harm to the participating children and young people and others be assessed and are considered ethically acceptable only where the benefits outweigh any identified risks.

Any consultation or research may lead to harm, discomfort or inconvenience for the participants. As children and young people with a care experience were being consulted in this instance, careful consideration was given to any potential risks of harm for the children and young people involved, particularly in respect of any previous trauma or harm that they may have experienced.

In considering the risks of harm that children or young people could experience through this consultation process, CREATE considered:

- the potential for any harm, discomfort or inconvenience that could occur
- the likelihood that any harm, discomfort or inconvenience would occur
- the severity of any harm, including any potential consequences.

An assessment of identified risks was undertaken which involved:

- identifying any risks of harm
- gauging their probability and severity
- assessing the extent to which they could be minimised
- determining whether they were justified by the benefits of the consultation
- determining how any risks could be managed.

The report, *CREATE Foundation Ethical Consideration for Protecting Victoria's Vulnerable Children Inquiry*, is attached as **Appendix 1**.

2.3 Communication strategy

Promotional material about the survey and the focus groups was developed promoting the purpose of the Inquiry and inviting children and young people to "have their say" and is included as **Appendix 2** and **Appendix 3**.

CREATE Foundation Victoria has a membership of approx 1000 children and young people with a care experience. Flyers were sent by mail to those aged between eight and 25 years.

The communication strategy involved also direct contact with key stakeholders in the broader child protection sector in Victoria seeking support to further distribute the material and where appropriate to their role, a request that they directly encouraged children and young people to participate.

From these direct enquiries four focus groups of young people were arranged. The planned fifth one with a focus on kinship care was unable to be arranged because of difficulties gathering sufficient numbers of children and young people placed with kin.

The initial response from children and young people who had been contacted via mail directly was low, and a further strategy was employed of contacting key stakeholders directly. Additional support focused on engaging specific areas of the sector by the Inquiry Secretariat's Community Engagement Specialist and CREATE staff and out-of-home care agencies were contacted to directly seek young people to participate in the focus groups.

2.4 Focus groups

The locations of the focus groups were determined during initial discussions to cover a wide geographical range of young people in Victoria, both rural and metropolitan.

The focus groups were held on the 29th of June and the 14th, 15th, 26th of July 2011. Each group ran for an hour and a half to two hours involving groups of eight to ten children facilitated by a CREATE staff member. An Inquiry Panel member also attended, providing them with an opportunity to engage with the children and young people and directly hear their views and opinions with the support of a CREATE staff member.

Each group was held at a venue that provided:

- sufficient space for the children and young people to be placed in small groups and be involved in various consultation activities, as well as having a large central area for all the children and young people to come together for consultation as a group
- comfort and privacy for the children and young people to feel at ease during the consultation which gave them the ability to speak confidently about the issues that arose.

One of the key aims of the consultation was to ensure that it was a fun experience for all of the children and young people involved while at the same time collecting consistent and relevant information from the activities. The event included consultation activities and a de-briefing and thank-you activity.

Focus group participants

Four focus groups were held in the locations of Shepparton, Dandenong, North Melbourne and East Brunswick. In total 29 children and young people participated in the focus groups, aged between eight and 24 years.

Of the 29 participants 19 were females and 10 were males. Eight children and young people identified as Aboriginal or Torres Strait Islander.

In Shepparton, six children and young people aged between 10 and 17 years participated in the focus group. Of the six participants, four lived in residential based care and two were living in home-based care.

The focus group held in Dandenong involved five young people aged between 14 and 19 years. Three of the young people were living in residential care, one young person was living in home based care and the other young person lived independently.

A focus group held in North Melbourne at the office of CREATE involved 10 young people aged between 18 and 24 years. All 10 young people were living independently.

The final focus group was also held in Melbourne in East Brunswick. All eight children and young people identified as Aboriginal or Torres Strait Islander and were aged between eight and 14 years. Two of the participants were living in residential care and six were living in foster care.

Consent to participate in the focus groups

Children and young people participating in the focus group sessions were required to complete a consent form prior to engaging in the sessions in respect of their capacity to make their own decisions. Written consent was required and had to be signed by a young person if over 18 years of age and by a carer or guardian if the participant was under 18 years of age. It requested information about a participant's personal details including contact details of significant people and any relevant medical history.

Information on their consent was also communicated verbally to the children and young people in the focus group session which outlined key issues for participating. A copy of the consent form is attached as **Appendix 4**.

Focus group activities

The key aims to be addressed by the activities included:

- identifying the positive and negative aspects of the Victorian out-of-home care system overall
- identifying ways to improve the out-of-home care system
- considering whether and how children and young people participated in decisions and processes that impacted on them
- how to improve out-of-home care sector placements
- ascertaining how involved the children and young people were in their family and culture and their perceptions of the significance of their family and culture
- identifying what constituted effective leaving care planning and processes.

Other topics discussed in some (but not all) focus groups were:

- identifying what children and young people considered to be “good workers”
- considering and identifying ways to better support families to prevent children and young people from entering care.

At the conclusion of each focus group, the participants were given an opportunity to do the survey, and feedback was sought from the group as to whether the format of the group could be run any differently. More detailed information about the activities is attached as **Appendix 5**.

2.5 Be.Heard survey tool

The online Be.Heard survey was launched on 8 July on the CREATE website and was introduced with a video of a young person encouraging “all kids to have their say” via the survey.

Two surveys were designed for participants who would range in age from eight to 25. A survey for 8-14 year olds incorporated a child avatar to narrate, ask questions and provide prompts to guide children through the questionnaire. The survey for the older age group, young people aged from 15 to 25 years, included questions regarding transition from care planning, which is commenced for young people from the age of 15 years.

Similar themes to the focus groups were explored in the survey including:

- what was working well in the out-of-home care sector in Victoria
- what could be improved in the out-of-home care sector
- how involved children and young people were in decisions that affected their lives
- the significance of wellbeing and safety issues for children and young people in out-of-home care.

The questions for the survey were developed in a collaborative process between the Inquiry and CREATE staff. The online survey closed on 12 August. (Further information about the development of the survey questions can be located in *CREATE Foundation Ethical Consideration for Protecting Victoria’s Vulnerable Children Inquiry*, in Appendix 1.) A copy of the questions is included as **Appendix 6**.

1.6 Data limitations

There are significant data limitations with the findings from this consultation process. The children and young people who were consulted and provided feedback cannot be considered a representative sample of the out-of-home care population in Victoria. Issues associated with a small sample size, multiple responses, the over representation of residential care as a placement type and the age of the respondents compared to the population of Victorian children in out of home care need to be noted.

27 children and young people responded via the on-line Be.Heard survey. 29 children and young people participated in the focus groups. The Australian Institute of Health and Welfare (2011) reported that there were 5,469 children and young people placed in out-of-home care in Victoria at

30 June 2010. The small sample of children and young people consulted in this process could not be considered to be representative of the care population in Victoria.

Participants were required to submit their email address in order to complete the Be.Heard survey. Once they had completed the survey, the survey program remembered the participant's email address so that no-one else could use that email address to access the survey. This feature helps to reduce multiple responses. However, this consultation process used two phases, the on-line survey and the focus groups as means for children and young people to have their say. It is possible that some young people who participated in the focus groups also completed the survey, resulting in multiple responses. As the survey was anonymous there was no way of accurately identifying or determining all respondents and removing their responses from the final results.

The numbers of young people by placement type who responded to the surveys and participated in the focus groups is inconsistent with the distribution of young people in out-of-home care by placement type. Children and young people who participated in the online survey and were in home based care, that is foster or kinship care, represented 48.1% (n=13) of the total number of participants. Young people living in a residential service who responded to the online survey was 25.9% (n=7) of all respondents.

In comparison, Australian Institute of Health and Welfare (2011) data indicates at 30 June 2010, that 91.3% of children and young people in Victoria were placed in home-based care, 8.3% were placed in residential care while 0.4% of young people in care were living independently. The placement type of the cohort of respondents to the survey and the focus groups was skewed towards residential care.

The ages of the children and young people who responded to the survey ranged in age from nine to 23 years. The average age for respondents was 15.9 years. Participants in the focus groups ranged in age from eight years to 24 which also included post care young people who were living independently. There are noticeable differences when comparing this sample to the broader care population. AIHW (2011) data indicates the proportion of children and young people in out-of-home care by age are: 23.7% of children are aged under four years; 27.3% of children are aged five to nine years; 28.9% of children are aged 10-14 years and 20.2% of children are aged 15-17 years.

These sampling issues inhibit the ability to make generalisations about this consultation feedback.

3. Results

3.1 Focus groups

The information collected through the focus groups provided an indication that while each child and young person had their own particular and individual experiences since being in care, there were many commonalities in their views about the out-of-home care system.

Out-of-home care

The children and young people had positive and negative comments about the out-of-home care system in general.

In each focus group, children and young people spoke about the increased opportunities that had been given to them as a result of being in care including access to education, food and shelter or simply having someone who responded to their needs.

Comments by children and young people in response to the question “What is good about the out-of-home care system?” included:

- *“You get to meet some pretty cool kids”*
- *“That we have a safe place to live”*
- *“I have my own personal secretary, cleaner and taxi driver”*
- *“It teaches you life skills, and to cooperate with others that you usually wouldn’t”*
- *“You get what you want, not necessarily what you need”*
- *“Being a big brother”*
- *“I think being in foster care is better than being at home. I have been in the same foster care placement for 10 years and it’s good to know that someone will take care of us”*

While having many positive things to say about the system, the children and young people also were interested in providing comments about what wasn’t working so well with the out-of-home care system. For those young people who were or who had lived in a residential unit, their negative comments tended to revolve around this experience as being more negative than any other out-of-home care placement.

The young people residing in residential units all commented on the difficulty of living in a house with other young people with different ideas, lifestyles and values to their own. A number of young people spoke of feeling frustrated when other young people had been placed in the residential unit in an emergency situation and who had then become disruptive to the stability of the unit, or whose placement support needs escalated as a result of the inappropriateness of the placement.

- *“There needs to be an assessment of young people before they come in to the resi, so that there is no contamination”*
- *“Peer pressure affects your outcomes”*
- *“Contamination stops young people from going to school”* (response in relation to the likelihood that when one young person refused to attend school, it was more likely that others in the residential unit would also cease attending)

Of concern was that some young people spoke about experiencing violence from other young people residing in the residential units and having a belief that that they were more at risk than they

were when living in their family home. One young person related their experience of being granted an intervention order against a fellow resident as a form of protection from physical harm.

For some young people living in a mixed-sex residential unit was a very negative experience. Some females noted that they felt the pressure to have a sexual relationship with male residents.

For those children and young people who had a home-based care experience, there were fewer negative comments about the out-of-home care system. While participating in a focus group, one 14 year old female commented on the difference between her life experience of being in a home-based foster care placement to the life experiences of that of the other female participants of the same age in the focus group who were living in a residential unit.

- “My life is really different to theirs, isn’t it?”

Participation and involvement in decision-making

The participants in the focus group felt that as young people, they weren’t always listened to and their views weren’t considered in case planning processes. The young people stated that, if they needed help or needed to confide in someone, they would go to a friend rather than a worker for there seemed to be a constant threat that the police would be called.

A number of young people said they didn’t see their workers enough in order for them to have a say in what was happening to them. One young person suggested that workers should have to see their clients once a week, and if they didn’t, they should call to explain why they weren’t. Other young people listed CREATE and the Office of the Child Safety Commissioner as places they would turn to for help.

- *“I didn’t even get a say about what was happening”*
- *“We should have input about what we want to happen”*
- *“If we ask for something, they say no straight away without negotiating”*

What makes a good worker?

In each focus group the children and young people all commented on how much a ‘good’ worker meant to them. All the participants could recall a worker that had been special to them and could identify qualities that made them stand out as a worker.

The most common responses related to the personal qualities of the worker and the worker’s ability to fulfil the child or young person’s need for a relationship that had meaning and filled the void of what they had lost as a result of being removed from their family. The most cited responses were having someone who:

- listened to them

- had energy
 - displayed a sense of humour
 - gave them hope
 - made time for them and made time to get to know them
 - asked them what they wanted.
- *“Good workers are people who worry about you”*
 - *“Workers are good when they share something about themselves, and you develop a bond”*

The young people residing in residential placements commented on the positive experience of a unit ‘mum and dad’. These were permanent workers who took on the roles of parents, and from the young people’s perspectives, provided a sense of consistency and stability. Some young people spoke of the difficulties they had engaging with younger workers who did not have children of their own, and who they believed had limited life experiences. As a means of remedying this, one young person suggested that protective workers should be residential unit workers first, or at least have some experience of this environment, so that they could better understand the experiences lived by the young people.

- *“Sometimes workers treat young people like adults, but we have grown up so quickly that sometimes we just want to be kids”*

The children and young people who’d had a home-based care experience differentiated between the role of their case managers and their carers as: workers were people who could help them to achieve things, and their carers were people who looked after them. The participants stated that the best thing about their workers was that they would organise meetings for them, and help them out if they were being bullied. They also said that good workers were those who organised activities for them, and helped them to move if they didn’t like where they were living.

The most cited negative experience by the children and young people related to a worker leaving after the young person had developed a trusting relationship with them. Young people commented that it was hard when they weren’t allowed to stay in contact with workers once they had moved on. The children and young people also stated that they believed workers had too many cases, and too many people to help.

Some young people had very negative relationships with workers and their comments reflected a sense of cynicism:

- *“It feels like some of them are there to get paid and nothing else”*
- *“If I am upset, the workers mostly stay in the office and don’t come out and talk to me”*
- *“It doesn’t help to have cold workers”*

Placement

During the focus groups the children and young people were asked what would be their dream placement. Most frequently, they said that their dream placement was the one they were currently living in. A young person living in home- based care stated:

- *"I have a great placement - good kids, good carers, help when I need it and stability"*

While brainstorming what their dream placement would look like, the children and young people came up with the following ideas:

- *"Somewhere with a homely, family environment, a sense of belonging, a house you can value"*
- *"Consideration of who is placed where before moving children/young people "*
- *"Houses should be like homes, not hospital"*
- *"No alarms, no locks, resis should be tailored for each young person"*
- *"Strict boundaries"*
- *"Consistent rules with other young people in the units- boyfriends aren't allowed on the property, whereas another resident has friends over"*
- *"Where you live should be close to your school"*
- *"Being involved in the planning and cooking of meals"*
- *"Cameras on front and back doors- better security, emergency buttons in each room of a unit and young people to have keys to their bedroom doors"*
- *"Children that have been in care visiting and working in units"*

Family and Culture

Depending on group dynamics, the topic of whether children and young people would like to see their family more or less than they do now was raised. As this is a potentially sensitive area for some children and young people, careful consideration was required about how this would be introduced to each focus group.

When the question was asked about whether they wanted to see more or less of their family, each child and young person had a different opinion and responses varied considerably. One issue identified was that young people with siblings not placed together had differing levels of access with their family.

None of the children and young people in the focus group had any particular comments to make about their culture.

- *"It's not fair that my brother gets to see our family more than I do because we live in different places"*

- *“I’d like to see my family more, but I’m only allowed to see my mum”*
- *“I’d like to see my family”*
- *“I’m happy just writing to them”*
- *“I’m happy not to see my family”*

Requirements for effective leaving care

Those young people who had begun leaving care planning or were at an age to begin thinking about their transition to adulthood, stated that they all struggled with the leaving care process, particularly having to think about how they were going to get to independent adulthood at an age younger than young people in the general population. They suggested that the age for leaving care be raised to at least 21, with options for support until the age of 25. All the young people in the focus groups held a sense of unfairness that ‘normal young people’ didn’t need to leave home until a much later age, and they were forced to consider their adult needs prior to 18 years of age.

One 17 year old recounted the steps that she had put in place to be independent by the time she was 18 years of age and leaving statutory care. Her steps involved planning for transition for the past two years and enrolling in a course that she could complete before leaving care so that she would be assured employment immediately on leaving care. Her actions were motivated by deep concerns that she needed to escape the out-of-home care system and to create a future for herself.

- *“I don’t want to go in to another system as an adult”*

Preventative strategies for entering care

The young people participating in the group at the CREATE Foundation office in North Melbourne identified and discussed early intervention and prevention strategies to prevent children and young people coming into care in the first place. They placed an emphasis on intervention such as involving the roles of external agencies in preventative measures. An idea proposed was that hospital staff needed to be aware that if an adult was admitted to hospital for drugs, alcohol or violence, they were to ascertain if the patient had any children and where affirmative that a home check be conducted to establish the safety of the children. Other suggestions were to increase access to parenting courses and facilities such as Tweedle. (Tweedle Child and Family Health Service provide parenting programs and services).

The young people all agreed that placement options with family and friends should be considered prior to a foster care or residential placement and that decisions for a child or young person to be placed in either foster care or a residential should be regularly reviewed to determine if this was the most appropriate placement for that particular child or young person.

Other suggestions were to increase psychology and counselling resources for young parents to assist them address their personal or past history and hence break the cycle of abuse.

Improving the out-of-home care system

Throughout the course of the focus groups the children and young people initiated discussions and offered various suggestions for improving the out-of-home care system in general. For those young people residing in residential units, there was consensus that they would like to have their friends stay overnight, and for them to stay overnight at a friend's house without having to conduct police checks immediately. It was suggested that checks be conducted on a case by case basis where there were valid concerns about safety issues.

The young people stated that on a whole, 2:1 placements were better than units that housed a greater ratio of young people to staff. The young people also suggested that they should be given a choice as to whether they wanted to live in a single sex, or mixed sex unit, although the importance of having both female and male role models was noted.

The young people stated that they felt that young people were placed by their age, and sufficient attention was not being given to whether a young person was developmentally ready to be in the residential model of care. This was considered of particular relevance when being moved in to lead tenant units.

3.2 Be.Heard survey

The Be.Heard survey was launched on the CREATE website on 8 July 2011. In total 30 children and young people participated in the survey. Responses from three participants who had participated in focus groups were excluded where the participants stated they had participated in a focus group. The exclusion of the responses from these three participants left a total of 27 respondents.

Demographics

The 27 respondents ranged in age from nine to 23 years. The average age for respondents was 15.9 years.

11 of the respondents were male and 16 were female.

Of the 27 respondents, one did not identify their cultural background. There was a predominance of respondents who identified as non-Aboriginal with only one person identifying as Aboriginal or Torres Strait Islander. Four respondents identified as being of another culture which were: Maori, white South African, Dutch and mixed. Table 1 below indicates the cultural background of the respondents.

Table 1. Cultural background

Cultural background	N	%	Cum%
Non-Aboriginal	21	80.8	80.8
Aboriginal or Torres Strait Islander	1	3.8	84.6
Other	4	15.4	100

Total	26	100
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Length of time in care

Respondents to the survey were asked how long they had been in care. The range of responses ranged from one year to 19 years. It was unclear from the response identifying 19 years, if this included support received post care.

On average, respondents to the survey had spent 6.7 years in care with 40% spending four years or less in care. The distribution of children and young people by the number of years they have spent in care is included in Table 2.

Table 2. Number of years in care

Years in care	N	%	Cum %
1	8	29.6	29.6
2	2	7.4	37.0
3	1	3.7	40.7
4	3	11.1	51.9
5	1	3.7	55.6
6	2	7.4	63.0
7	2	7.4	70.4
8	1	3.7	74.1
10	1	3.7	77.8
11	1	3.7	81.5
13	1	3.7	85.2
16	2	7.4	92.6
17	1	3.7	96.3
19	1	3.7	100
Total	27	100	

Young people who responded to the survey were placed in a range of placement types. Home based care was the most frequent placement type comprising *Foster care* (n=9) and *Kinship care* (n=4). Of the two respondents who chose the *Other* placement type, one was living with a family who were not their carers and the other was living in a program where the young person received support while transitioning to independent living arrangements. The distribution of children and young people by their placement type is included as Table 3.

Table 3. Placement type

Placement type	N	%	Cum %
Foster care	9	33.3	33.3
Residential	7	25.9	59.2
Kinship care	4	14.8	74.0
Independent living	4	14.8	88.8
Living with friends	1	3.7	92.6
Other	2	7.4	100
Total	27	100	

Participants were also asked a series of questions about their current placements that specifically related to:

- how happy they were about their placement
- what were the best things about their placement
- what were the best things about their carer
- what they would most like to see changed to make their placement better.

21 responses were received in relation to the question asking how happy they were about their current placement. 38.1% (n=8) of respondents said they were *Very* happy with another five respondents indicating they were *Quite* or *Reasonably* happy in their placement. Figure 1 displays those responses.

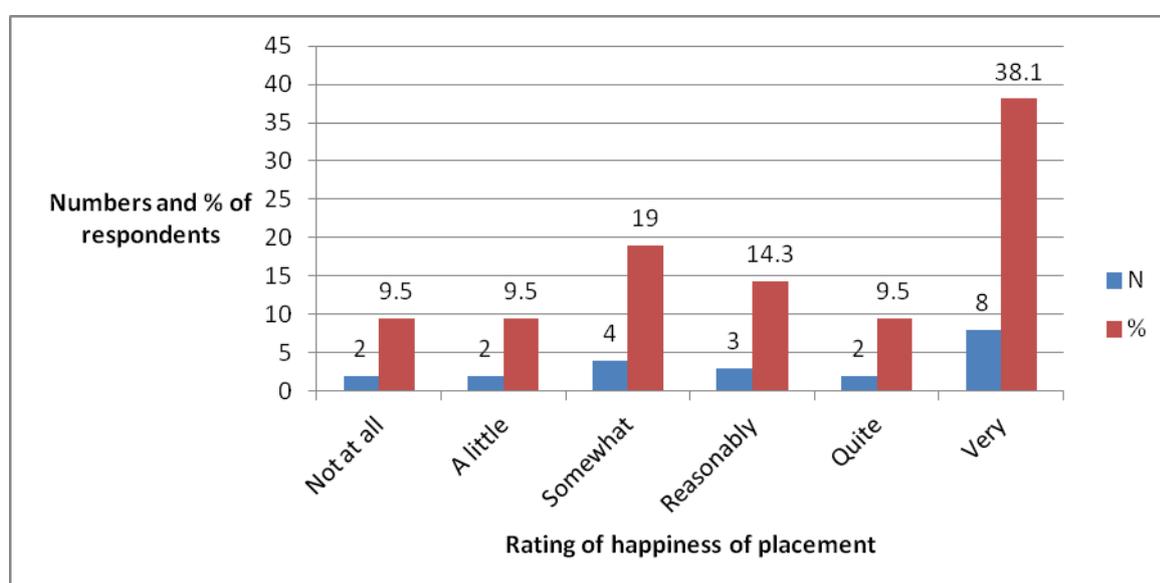


Figure 1. Levels of happiness in current placement

The survey asked the participants to identify what was the best thing about their carer. 17 responses were received and are outlined in Table 4.

Table 4. Frequency of distribution of responses identifying best things about carer

What is the best thing about your carer?	N
I no longer have a carer but some of the best things about some of my carers was that they let me into their lives I wasn't just another client and a child they had to deal with on a daily basis, they were my friends as well as my workers they got down onto	1
Everything	1
He cares about me but doesn't intrude on my life	1
He has a heart of gold and treats me like I am his biological son	1
Nothin	1
She has done what is best for me	1
She is my nanna	1

She isn't fake and spends the money she gets on us	1
She lets us do fun stuff	1
She loves me and cares for me looks after me when I am sick and sad. They love me like I am their own daughter	1
She's awesome	1
That she is nice that's it	1
That they were well experienced	1
The best thing about my carer is that she is funny and she is a great foster mum to me because she helps me	1
They listen	1
Very nice people to be around	1
Well my carer that I used to live with is my role model	1
Total	17

When asked to identify what were the best things about their current placement, 23 respondents provided feedback. As some respondents were young adults who are post care and living independently, this question was not relevant to all participants. Results are displayed in Table 5.

Table 5. Frequency of distribution of responses identifying best things about current placement

What are the best things about your placement now	N
I can go to the movies, I get nice food, I can play games on the computer	1
The carer is helpful, and kind.	1
The close location to the CBD and to work, family etc	1
Carers	1
Everything	2
I am taken care of well. My carers love me. I get to do fun things & go on holidays	1
I can talk to my boyfriend	1
I feel that we will have a great relationship for ever	1
I have other clients that I get along with really well and were like a small family	1
I have people who care and look after me	1
I'm with my best friends	1
Lies Rumours and Judgement	1
Nothing	1
That I can arrange my furniture the way that I want to that I can cook what I want when I want that I can do what I want as I wish to cause it is my own place it is my rental property and it's my responsibility and I don't have to worry about anyone trying	1
That I can talk to people	1
That there was the same carer there nearly 24/7	1
The fact that I can be with people I trust and where I am happy.	1
The Wii	1
They are my family, I'm with family	2
We have a reasonable amount of freedom	1
Well the best thing about my placement is that I've got a bird and a cat and my own bedroom. I have a good school and i have lots of friends	1
Total	23

Respondents were then asked to identify ways that their current placement could be improved. Responses identifying ways to improve their placements are included in Table 6.

Table 6. Frequency of distribution of responses identifying ways to improve current placement

What would you most like to see change to make your placement better	N
To not get bullied; To stop the lies and rumours that are being said; Go to a placement that I can get along with the carers and not argue	3
My placement is fine as it is; Nothing, its perfect; Nothing	3
More freedom; To be able to see my boyfriend more and do what I like and eat more	2
Get my own bed set, so when I leave care I have something to leave with	1
Less paper work, more time with carers, a book case with books, phones in bedrooms to call approved numbers, emergency buttons in every room of the house, better security, clients involved with planning and cooking meals, taught more life skills	1
Environment people	1
I want permanent care with supports. I don't want my parents making decisions for me. I want my annoying worker to stop asking me the same stupid questions	1
Internet	1
I would like to see resi units to be no longer uni sex units I'd like to see no more cross contamination within the resi units and I'd like to see workers and any other carers be selected more carefully than what they already	1
More nice	1
Not be the only girl	1
The age that I can leave care	1
Total	17

Involvement in decision-making

This question was asked to elicit participants' perceptions of whether and to what extent they believed they were involved in decision-making processes.

The majority of children and young people, 59.3% (n= 16) believed they had a say about what happened to them as indicated in the combined response from *Quite often* (n=4); *Sometimes* (n=8); and *All the time* (n=4).

20% (n=5) of respondents believed they never had a say in what happened to them. Table 7 outlines the distribution of responses.

Table 7. Ratings of level of involvement in decision-making processes

How often do you have a say about what happens to you	N	%	Cum %
All the time	4	14.8	14.8
Sometimes	8	29.6	44.4
Quite often	4	15	59.3
A little	4	20	74.1
Reasonably often	2	5	81.5
Never	5	20	100
Total	27	100	

Respondents were then asked to identify what was the best way they could have a say about their care. *Talk to case worker* was the most common response to this question with 23.5% (n=12) of respondents identifying that this was the best way to have input into case work and decisions. Other

responses were distributed uniformly across: *Support person* – 19.6% (n=10); *Talk to carer* – 17.6% (n=9); *Case plan meetings* – 15.7% (n=8); and *Write letters or email* – 15.7% (n=8) as ways to have a say.

Out-of-home care system

The survey asked the children and young people to rate overall how well the out-of-home care system was doing its job. Two participants did not respond to this question, leaving a total of 25 responses.

Responses were evenly distributed from *Not at all* – 12% (n=3) to *Very* – 12% (n=3). The most frequent response was *A little* being rated by 32% of respondents to the overall effectiveness of the out-of-home care system.

The majority of responses would be considered to be less than satisfactory, with 60% of responses rating the system as *Not at all* - 12% (n=3); *A little* – 32% (n=8); and *Somewhat* – 16% (n=4). See Table 8.

Table 8. Rating of the effectiveness of the out-of-home care system overall

How well does the out-of-home care system do its job	N	%	Cum %
Not at all	3	12.0	12.0
A little	8	32.0	44.0
Somewhat	4	16.0	60.0
Reasonably	5	20.0	80.0
Quite	2	8.0	88.0
Very	3	12.0	100
Total	25	100	

When asked to identify the best things about the overall out-of-home care system, 23 respondents provided free text and a wide range of responses. Their suggestions and ideas are provided in Table 9.

Table 9. Frequency of distribution of responses identifying the best things about the overall out-of-home care system

What are the best things about the overall out-of-home care system	N
I get to talk to someone who will listen to me and will understand; That I can tell people how I feel; The help; They're there for you; That we can have a say for what goes on	5
Case manager; My case worker (name); There is no shortage of workers who actually care about the children. I was lucky enough to have a case worker for roughly 6 out of the 10 years but had about 5 different workers before that	3
I get to stay with my carer which I love; The best things are that the people who care for me and look after me	2
It's OK	2
It is fun to live in out of home care	1
Community visitors	1
Meh	1
Post care support	1
Nothing, My CSO doesn't listen to me unless I make her. I asked her to call me one day and it took	1

over a month, with 3 other reminders about it until I went in there before I got a phone call	
I get to do what I want	1
(name of organisation providing out-of-home care)	1
There isn't much good about the system at all at the moment they are quite bad they fail a lot of children in the out of home care sector by leaving kids behind at parks and cross contaminating the clean kids with the drug addicted and alcoholic kids as well	1
Nothing	3
Total	23

When asked to identify the worst things about the out-of-home care system, 22 participants provided free text and a wide range of responses was also provided to this question. Responses to this question are provided in Table 10.

Table 10. Frequency of distribution of responses identifying the worst things about the out-of-home care system

What are the worst things about the out-of-home care system	N
It would be great if they listened more; People ask me the same questions and don't listen - the case workers are tools; The department doesn't listen and only wants you to do what they want and if you screw up the punishment is indefinite and has no end	3
Nothing	3
Contamination from drugs and alcohol and crime, abuse while in care; You get assaulted in the resi units	2
Lack of placements to meet 18+ yr olds. Despite society and economic realisations Once I left care there is no ongoing support financially	2
All the paper work and the foster carers that spend our money on other things, other than us; And carers should be more careful	2
My CSO and her ignorant attitude. She thinks she knows everything, even when she doesn't.	1
A lot; Crap; DHS!; Everything	4
How long they take to do things	1
Some things are a bit boring	1
That I am not safe	1
There are some really bad things with the care system at the moment and I believe that the main one at the moment is neglect and the fact that workers don't look after kids as well as they should and the leaving care plans and young people leaving care	1
There isn't really a worst thing	1
Total	22

Safety

25 children and young people responded to the question: How safe do you feel in your current placement? Of these, the majority 59% (n=14) reported feeling very safe in their current placement. Ratings of the level of safety felt by the children and young people in their current placement are included in Figure 2.

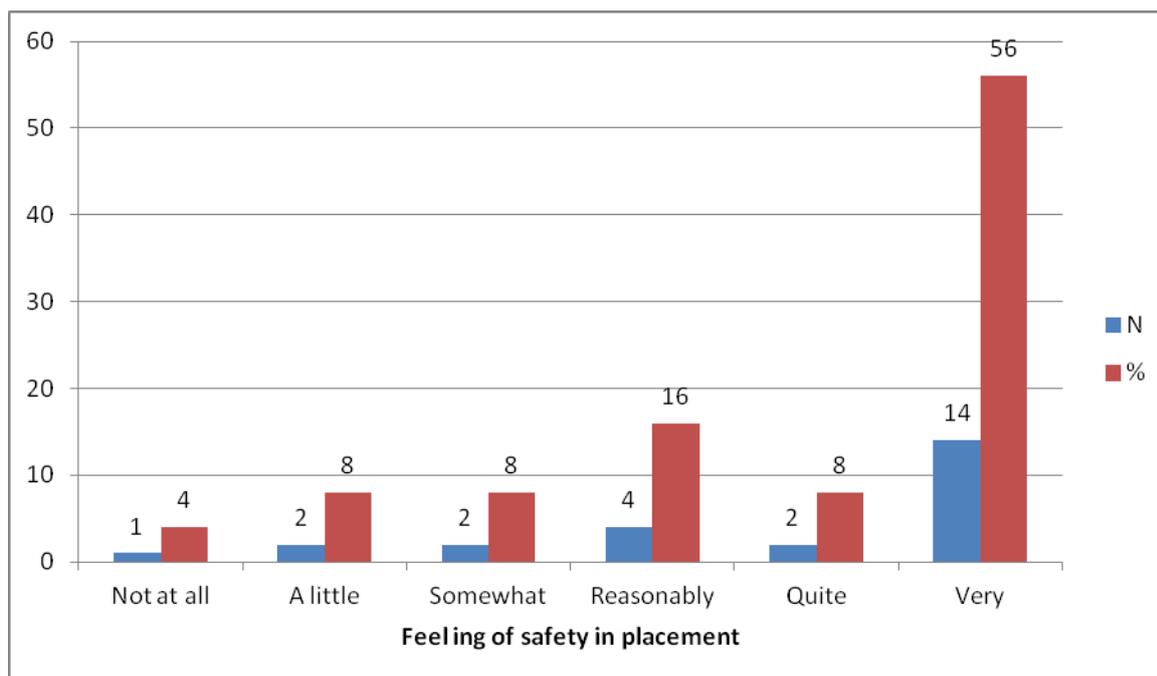


Figure 2. Ratings of level of safety in current placement

Participants were also asked if they had any worries about their safety and if so, what they were. 13 of the participants provided responses to these questions which are included in Table 11. Their concerns covered a wide range of topics, ranging from mental health issues, their physical safety and fears of having to leave their placement.

Table 11. Frequency of distribution of worries for safety

If you have any worries about your safety, what are they?	N
My house being robbed, unwanted visitors	1
Getting bullied by a girl at the unit	1
I do have worries about my safety and my children's safety although I'm in my own placement which is a private rental property. I don't feel safe because I have an ex- boyfriend who used to live with me continually breaking in trying to take his son	1
My old foster carers	1
None	3
Self-harm; I have developed depression and anxiety	2
That if something happens I would get sent to another family	1
You don't do what is right for people in foster and resi care you as the government are so crap at your job I don't know how you got it take more care with the lives that have been made your responsibility. You all are crap	1
I want permanent care but my carer doesn't want to lose supports. I don't want to go home	1
I don't get enough food	1
Total	13

Workers

When asked if they were able to talk to their workers when they needed, responses were clearly demarcated. Half of respondents said *Yes* – 50% (n=13) while the other 50% (n=13) of respondents responded as *No*.

When asked what were the best things about their worker, 20% of the children and young people respondents related that having a worker with whom they could communicate was really important to them. Responses from 21 participants are included in Table 12.

Table 12. Frequency of distribution of responses identifying the best things about case worker

What is the best thing about your case worker	N
She listens to me and she is here for me, not my carer as other case workers have been; Well they listen to me when I need to speak; He understands me; I can tell her everything; That I can tell her how I feel;;	5
Fun at times; They're nice; She does her job well and cares about me; She tries to be friendly and she got me into a good horse camp for a holiday	4
Everything; Lots	2
Nothing; Nothing they're shit	2
Don't have one	1
Get stuff done	1
Is there a best thing	1
She has been there for me for a very long time	1
She's young. I hate old people	1
The best thing about my caseworkers that I use to play a game with them and see how soon I could turn them loopy until they had to leave the profession and until I got another new worker that I could turn loopy	1
They would sometimes give me lifts	1
Very appreciative of me and willing to help	1
Total	21

In answer to the question: What could your case worker do to help you more? Four of the 13 respondents said they would like their worker to listen more to what they said and to understand how they felt. The feedback from the children and young people to this question is included in Table 13.

Table 13. Frequency of distribution of responses to "What could your case worker do to help you more?"

What could your case worker do to help you more?	N
Listen and be open for opinions; Listen to me; Listen to me and actually try and help me instead of not caring about me and ignoring all I said; Understand how we feel	4
Care; Help me out	2
Actually do work	1
Don't know	1
Internet	1
More supports	1
Tell the truth	1
Visit me more :)	1
Why didn't they help me transition from care in suitable accommodation	1

Family and culture

When asked what level of contact they would like with their family, 45% (n=9) of 20 respondents said they would like more contact and 35% (n=7) said they were happy with the current level of contact that they were having. Ratings of the desired level of contact with family members are included in Figure 3.

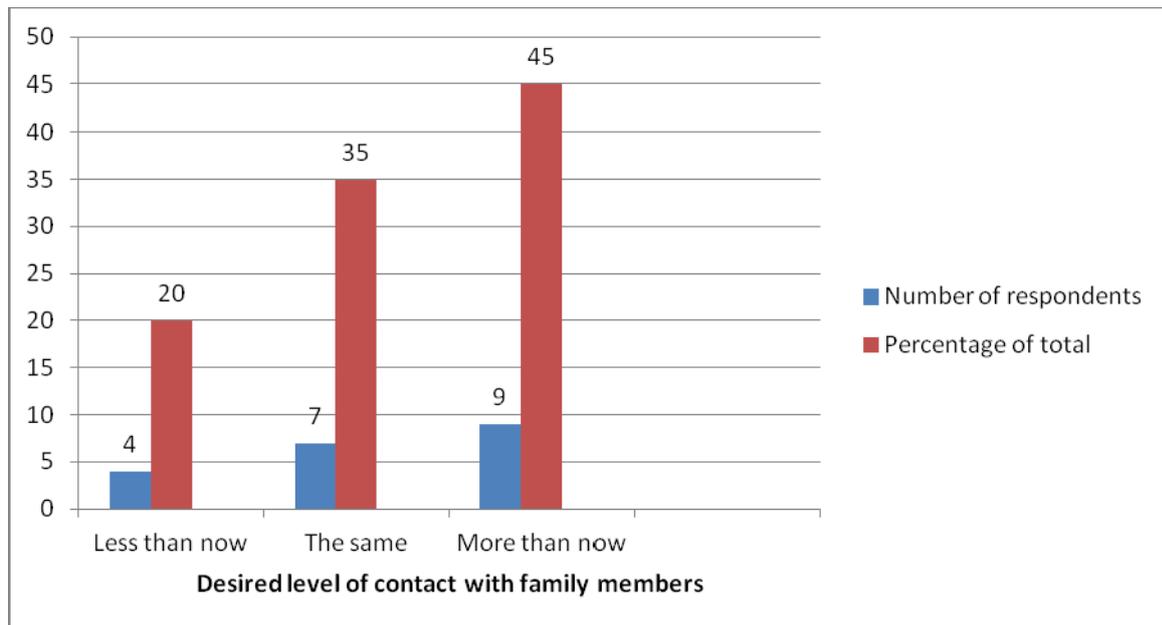


Figure 3. Desired level of contact with family members

In relation to the question relating to level of involvement and connection with their culture, 29.2% (n=9) of the 24 participants who responded to the question said that they were *Very* happy. Three respondents indicated *Not at all* happy with their level of involvement with their culture.

Participants' ratings of the level of happiness about their involvement and connection to their culture are included in Figure 4.

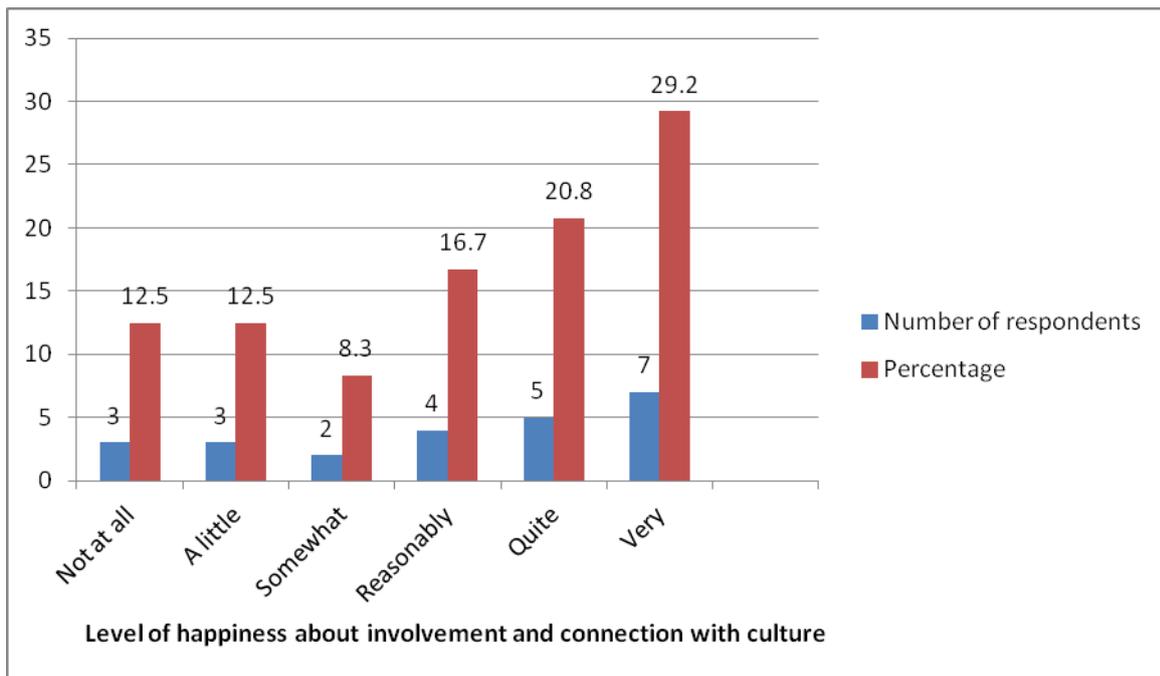


Figure 4: Happiness of involvement with culture

In response to the question if they would like to be more or less involved in things relating to their culture:

- 66.7 % (n=12) of respondents said they would like the level of involvement to remain the same
- 27.8% (n=5) of respondents said they would like to more involved and connected to their culture
- One respondent said they would prefer to have less involvement.

Support

When asked who they would seek support from if they needed help, 18.3% (n=13) of the children and young people identified that they would most likely ask a friend. The next most common supports identified were either a brother or sister.

Six respondents identified other people not named in the list as being people they would turn to if they needed help. Of these:

- three respondents said they would seek support from their boyfriend or partner
- two respondents identified a specific counsellor such as mental health workers
- one respondent said they would obtain support from other residents in the residential in which they were living.

Figure 5 displays the responses to the question about who the children and young people would most likely seek for support if they needed help.

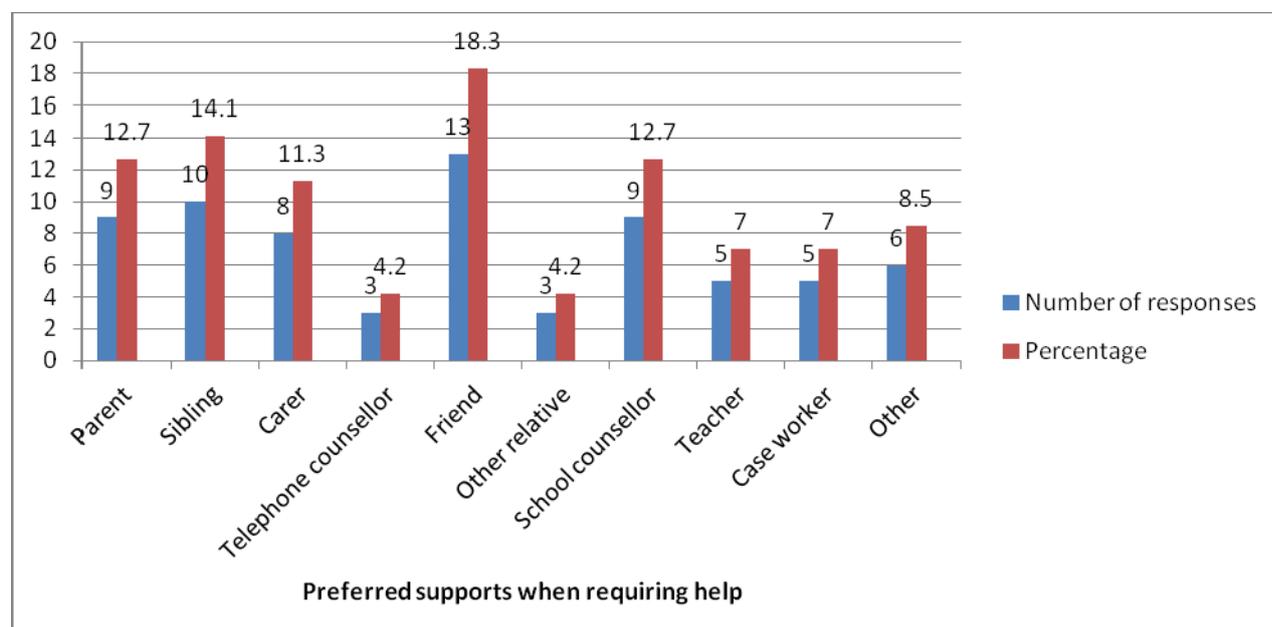


Figure 5. Preferred supports

Leaving care

12 participants responded to the questions relating to leaving care. The first question on this topic asked the respondents to identify what is (or was for those who had left care) the most useful support needed during the leaving care process. Their responses are provided in Table 14.

Table 14. Frequency of distribution of responses identifying most useful supports for leaving care

What is, or what was the most useful support you need/ed during the leaving care process	N
Being able to have a safe environment to live in, which is helped by having enough funds to do so, either by getting a job or other support	1
Help, and stuff to leave with.	1
Family	1
Finding a house and support to get my full license to drive	1
I didn't need the support. I needed the co-operation	1
I haven't left care	1
I needed a steady counsellor that wasn't gonna stop working with me after I turned a certain age because I had trust issues. I had trouble opening up to a worker until I could trust them and after I started to open up to them I was unable to tell them ever	1
Knowing what support care there is	1
Learning useful skills to use when I leave care	1
NOTHING	1
The leaving care process was very helpful	1
The programs	1

Total	12
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12 participants also responded to the question asking to identify what could be done to improve the process for leaving care. Responses to this question are included in Table 15.

Table 15. Ways to improve leaving care

What could be done to improve the process for leaving care	N
More information	1
A worker for those who have moved back in with their parents	1
Co-operation from CSOs	1
EVERYTHING	1
I HAVEN'T FREAKING LEFT !!!!	1
Make it more fun and enjoyable	1
Making sure that every foster child has their own things to leave with	1
More support	1
Nothing	2
Start leaving care plans with children in care at the age of 13 so that they can start thinking of what direction they want to head in once turning 18 and also teach them life skills like cooking cleaning budgeting and shopping and saving	1
That the care placement can see that you are able to go out there and be able to survive. The placement care could help find the child a job or uni	1
Total	12

Since coming into care

In relation to the question asking if they believed if they were better or worse off since coming into care, 50% of the respondents (n=10) believed they were worse off since coming into care. 30% (n=6) of children and young people, who responded, believed they were better off since coming into care.

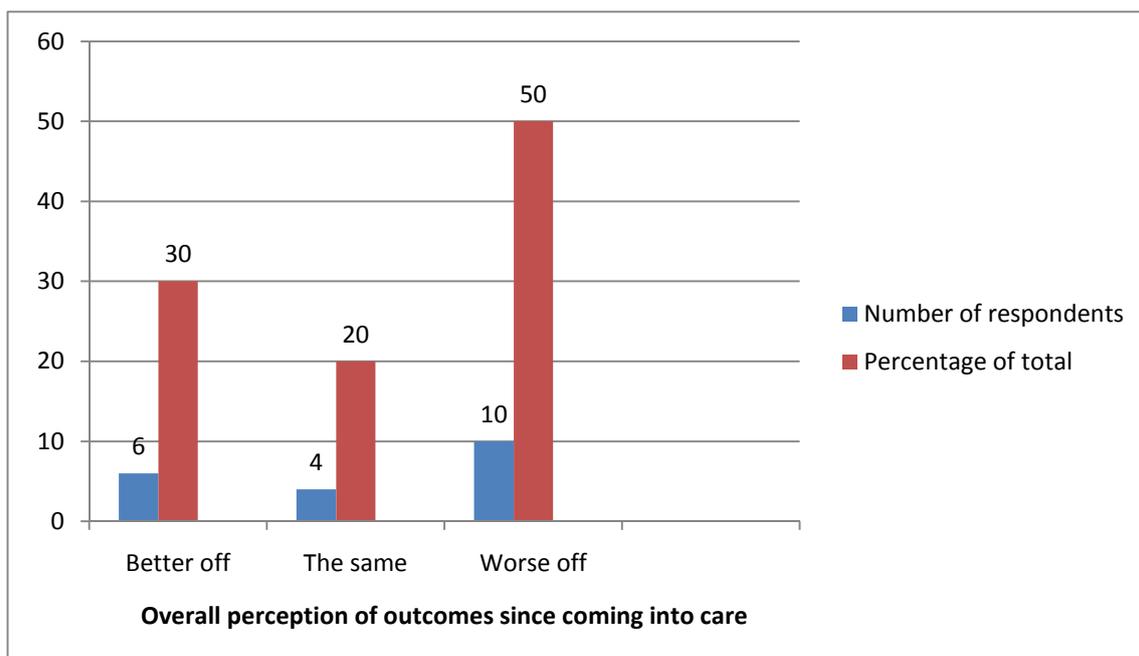


Figure 6. Overall perceptions of outcomes since entering care

The last question of the survey asked if there was anything else they would like to say. 11 responses are included in Table 16.

Table 16. Frequency of distribution of additional comments

Is there anything else you would like to say?	N
No that is all	3
All of you people are crap. The only people who should be working in your line of work should be people who really want to help and want to make a change learn how to do your job or get someone who will. I hate all of you who work in child services	1
Yes that I fucking hate not being able to eat lots of food and not being able to see my boyfriend	1
I like Maccas	1
I really want permanent care but I still need supports my carer says I can stay forever but they need help so can't have permanent care but I don't want my mum and dad	1
I would like to say that, the age for leaving on certain orders needs to be changed. Such as the state ward, as I would like to leave care but can't until age 18.	1
Overall I think that the placement care I was with (organisation providing out-of-home care) did a great job with me. I don't think that DHS does as good of a job	1
Thank you very much :)	1
That there would be a lot of questions for me to ask regarding my care experience re trauma	1
Total	11

Summary and discussion

That the views and opinions of children and young people are incorporated into the Inquiry consultations is integral to the conduct of the Inquiry. These are the very children and young people who are the direct and primary stakeholders of the child protection system in Victoria.

Any results from this consultation process cannot be generalised to the broader care population due to the number of important limitations of the data derived from the consultations. These limitations include:

- the relatively small sample size (56 children and young people)
- the possible overlap between the two groups as some participants in the focus groups may have also completed the survey
- the loading of respondents from residential care compared to other care types
- the age of the respondents compared to the population of Victorian children in out-of-home care.

Despite the limitations of the data, the views and opinions provided through the survey and the focus groups are a rich source of information and provide a snapshot of the out-of-home care sector in Victoria as experienced by the children and young people. The limitations of the data also does not diminish in any way the significance, for the children and young people involved, of participating in the consultation processes associated with the Inquiry.

It became evident from the discussions and feedback of these children and young people that they have clear and defined opinions and ideas about what and how they feel on a range of issues and there were recurring and common themes that emerged from both consultation types.

A summary of the themes and issues as identified by the children and young people follow.

Workers

Questions in the area of what made a good worker were designed to establish whether children and young people had a sense of relationship with their workers, and if not, then what could help to establish that. The theme of having someone with whom they had an emotional connection was regarded by the children and young people as being critically important to their wellbeing. When asked to identify what was good about their worker, the children and young people commonly identified the desire to have a worker with whom they could have a connection or real relationship.

Worker skills and qualities such as being accessible, able to listen, understand their needs and still have fun were regarded as significant assets.

- *“Workers are good when they share something about themselves, and you develop a bond”*

It was also clear that children and young people didn’t appreciate circumstances that could prevent a worker from being readily available to them

- *“My worker is hard to contact”*

This perspective, that children and young people really value workers who take the time to listen to them, have good communications skills, and have a caring attitude, is supported by the results to the question asking what could your worker do to help you more. Commonly the participants in the focus groups and the survey said that they wanted workers who would engage with them and listen.

The quality of the relationship between a child or young person and their worker is critical to outcomes for the child or young person and cannot be standardised by legislation, procedures or policy. It’s on this basis that case work and case management is operationalised and the relationship can make it easier or harder for a child to get what they need to ensure their safety and wellbeing.

Participation

Participation of children and young people in decisions that impact on them is a fundamental child protection principle. Young people participating in the survey believed that most times their views were considered in decision-making processes and that they were able to have their say. It should be noted as well that one-fifth of the respondents believed they weren’t involved in decision-making at all.

Young people participating in the focus groups believed their views were not always taken into account. Fundamental issues that underpinned this were cited by the children as not being listened to and as noted in some focus groups, that they didn’t get to see their workers often enough to be involved in decision-making processes.

- *“I don’t find out about meetings until after they happen”*
- *“It would be great if they listened more”*

Family and culture

The area of family contact was not fully explored in these consultations. The question that related to this topic asked whether the child or young person responding to the question would like more or less contact with their family, or if they would like the level of contact to remain the same. The majority of respondents to this question indicated they would like the level of contact to increase or remain the same.

Some young people in the focus groups raised the issue that they felt a sense of unfairness about what they saw as inequity in the levels of family contact between siblings with parents. The commonly held view of those children and young people affected by this issue, of the reasons for

differing levels of contact between siblings was due to being in a different placement and having different workers. To protect the young people's privacy, other reasons that could explain decision-making regarding different levels of contact between siblings with parents was not explored further with them.

Safety

Safety has great significance for children and young people who have experienced or been at risk of abuse, trauma, grief and loss. The majority of children who responded to this question reported feeling very safe in their current placement with 80% stating that they felt reasonably to very safe in their placement.

To ensure their safety is the primary basis for children entering care. The level of response indicating they felt a strong sense of safety is a reflection of the level of confidence that children and young people have in the out-of-home care system.

Placements – home based care

The children and young people who were involved in this consultation process had some positive comments about the out-of-home care sector overall and particularly in relation to their carers.

The majority of children and young people who responded to the survey said they were happy in their current placement. Feedback from the children and young people responding to the survey indicated that having a home-based placement where they felt cared for and included as part of a family were the best things their carer could provide. During the focus groups the children and young people were asked what would be their dream placement. Most frequently, they said that their dream placement was the one they were currently living in.

Their comments showed they had an awareness of their care situation and an appreciation for the efforts of their carers.

- *“She loves me and cares for me, looks after me when I am sick and sad. They love me like I am their own daughter”*
- *“I have a great placement- good kids, good carers, help when I need it and stability”*
- *“I think being in foster care is better than being at home. I have been in the same foster care placement for 10 years and it's good to know that someone will take care of us”*

Placements – residential

The majority of young people involved in the focus groups were placed in residential units. Although a small sample of children and young people were consulted in this process, the issues raised by them in relation to their residential placement are concerning. It's possible that these concerns are

isolated to this sample of young people however it is equally possible that the issues are more widespread and this small group of young people truly represent the residential population.

There were a number of concerns raised that related to their physical and emotional safety and most often being at risk from other young people living in the same unit. The issue was raised in one focus group by young women about feeling pressured to engage in sexual activities with male residents. It is difficult to determine if this is a widespread issue, as it was not clarified if the perceived pressure came from the male residents, other female residents, if it was self directed from the young women's own values and beliefs or whether there was a culture within the units that contributed to the feeling of being pressured to engage in sexual activities.

Similarly, how widespread were incidents of physical abuse of one resident by another is difficult to tell. One young person in a focus group related their experience of being granted an intervention order against a fellow resident as a form of protection from physical harm. Another telling comment by a survey respondent was:

- *"You get assaulted in the resi units"*

Of greater concern was the number of comments that came from young people about the effect of having young people in the unit with more complex or higher support needs than their own. The responses to what was not so good about their placement highlighted the issues of having a number of young people in one placement, all with individual histories of abuse and trauma.

- *"There needs to be an assessment of young people before they come in to the resi, so that there is no contamination"*
- *"Peer pressure affects your outcomes"*
- *"Contamination stops young people from going to school"*
- *"Contamination from drugs and alcohol and crime"*

Young people living in residential units are often young people with complex and diverse needs. Placements in residential care needs to be made with consideration of the child or young person's strengths and needs, individual abuse and trauma history, culture and developmental needs as well as the needs of other young people already residing with the service. Although the intention is that the placement is a response to each child's physical, social and emotional needs, comprehensive assessment and matching is needed to ensure that each child will not be further traumatised or harmed by the experience.

Overall out-of-home care system

Overall the children who participated in the online survey believed they had not had a better life since coming into care. Half of them believed they were actually worse off and one-fifth believed things were much the same as they were before coming into care.

The children and young people were evenly distributed in how they rated the effectiveness of the out-of-home care sector overall with no clear signs that the system was doing its job poorly or very well. When asked to identify what were the best things and what were the worst things about the overall system, children's comments often reflected their satisfaction with the overall system by the interactions they have with the adults who represent that system.

For children and young people who are in out-of-home care, they need to place their trust in adults, often unknown to them, to care for them and to make decisions in their best interests. Their comments highlight that for them the system is about the human interactions and relationships they have with the people on whom they rely for safety and security.

- *"There is no shortage of workers who actually care about the children"*
- *"The department doesn't listen and only wants you to do what they want..."*

Reference:

Australian Institute of Health and Welfare 2011. Child protection Australia 2009–10. Child welfare series no. 51. Cat. No. CWS 39. Canberra: AIHW.