



Commissioner for Children and Young People
Western Australia



Speaking Out About Raising Concerns in Care

The views of Western Australian children and young people with
experience of out-of-home care.

Produced in partnership with



Government of Western Australia
Department for Child Protection
and Family Support



October 2016



Recognising Aboriginal and Torres Strait Islander People

The Commissioner for Children and Young People WA acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse language groups and also recognises those of Torres Strait Islander descent. The use of the term 'Aboriginal' in this way is not intended to imply equivalence between Aboriginal and Torres Strait Islander cultures, though similarities do exist.

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Message from the Commissioner

In Western Australia the majority of children and young people grow up in healthy and safe family environments. For some, however, home is not a safe place and out-of-home care (OOHC) is an option to provide these children and young people with a stable and nurturing environment that promotes their best interests and maximises their potential.

As Commissioner for Children and Young People, one of the key functions of my work is to ensure all children and young people in WA have the opportunity to have a say about the issues that affect them. I am committed to promoting the voice of children and young people who are vulnerable, disadvantaged or marginalised for any reason, to ensure they receive the services and support they need.

In 2016 my office, in partnership with the Department for Child Protection and Family Support and CREATE Foundation, asked 96 children and young people with experience of OOHC about their views on raising concerns and making complaints.

This report showcases their views and highlights both the factors that support children and young people in care to speak up about their concerns, and the barriers they experience in accessing help or being heard. It is an important resource for organisations and individuals who have a role in supporting children and young people in care, to draw attention to what can be done better and what should change.

I am committed to using the feedback from this consultation to develop and shape stronger feedback and complaints mechanisms for children and young people in OOHC to enable them to have a voice and speak up about their experiences.

I will use the views presented in this report, in combination with other information and research findings, to advocate for the particular needs of children and young people in OOHC to ensure they are able to thrive and contribute to the WA community.

I will be working with the Department for Child Protection and Family Support to monitor that these changes to processes and practice are occurring and continuously improving.

My thanks go to the Department for Child Protection and Family Support and CREATE Foundation for their partnership and commitment to this important consultation. I would like to thank the organisations that helped us to speak to children and young people with experience of OOHC and, most importantly, the children and young people who took part for sharing their views and experiences.

Colin Pettit

Commissioner for Children and Young People WA





Message from the Department for Child Protection and Family Support

Hearing and understanding the views and experiences of children and young people in out-of-home-care (OOHC), and supporting their participation in decisions that affect them is fundamental to a positive OOHC experience and most importantly attainment of better life outcomes. Their voices need to be at the centre of the conversation and continual service and system improvements driven by their views and concerns.

Out-of-home care in Western Australia is going through an immense period of change and significant reform. There are more children in care than ever before, with children more likely to come into care earlier, and remain in care longer. More children in out-of-home care now live with family than in any other care-type. Most strikingly, Aboriginal children now represent the majority of children in out-of-home care. As a child protection jurisdiction, we must rise to meet and overcome these challenges and continue to build and strengthen an OOHC system that is responsive and accountable to the needs and dreams of children and young people.

This report seeks to better understand the factors that facilitate and present barriers to children and young people's capacity to speak up and get help with the issues they experience in care. It is reassuring to note that almost all children and young people who participated in the consultation indicated they would speak with someone if they are worried or unhappy about something in their life. More, however, can be done to provide opportunities for children and young people to raise concerns.

The feedback gathered from the consultation provides valuable information to enable the Department to improve its practices and procedures so that children and young people have multiple methods and avenues to provide feedback. Feedback gathered in the consultation provided a range of suggestions and ideas that will be explored by the Department to see how they can be put into practice and will drive a number of actions in the 'Building a Better Future Out-of-Home Care Reform in Western Australia 5 year plan', launched in April 2016.

Solutions are best found together and I thank all the children and young people who participated in the report, your wisdom, resilience and humility is an inspiration to us all.

Emma White

Director General

Department for Child Protection and Family Support





Message from the CREATE Foundation

CREATE Foundation is the national independent peak consumer body for children and young people with an out-of-home care experience, and are committed to children and young people having a voice about their experiences in care, and opportunities to be heard about the things in their lives that are important for them.

The *Speaking out about raising concerns in care* report provides an important snapshot of children and young people's experiences in speaking out about their worries or concerns, and helps to guide current thinking about how the child protection and out-of-home care sector can best respond to safeguard the wellbeing of children and young people in care when raising their concerns.

A number of themes emerged from the voices of children and young people in Western Australia, which mirror the voices of children and young people in care nationally, as captured in CREATE's 2013 report, *Experiencing out-of-home care in Australia: The views of children and young people* (McDowall, 2013). Whilst in both of these consultations, most children and young people were able to identify people in their lives that they were comfortable talking to about issues, there are also consistent themes in regards to children and young people lacking knowledge or information about how to make complaints, as well as a fear of what might happen as a consequence of speaking up. Other commonalities include the importance of multiple avenues for children and young people to make complaints, and the role that caseworkers and carers play in building trusting relationships with children and young people so that they feel safe to share their thoughts and concerns.

It is vital that there are child safe and child friendly mechanisms in place to safeguard children and young people when they are making complaints or raising concerns. These mechanisms need to be friendly and accessible to meet the diverse needs of children and young people in care, be transparent, independent, as well as responsive and accountable to the children and young people accessing them.



CREATE Foundation has an ongoing commitment to honour what children and young people in care have shared through this consultation process, and ensure that their voices are used to achieve positive change to current systems and mechanisms for raising their concerns and making complaints. The current out-of-home care reform provides a unique opportunity to do just this, and we look forward to working in close partnership with the Department for Child Protection and Family Support and the office of the Commissioner for Children and Young People to further explore the findings of this report, and ensure that the children and young people's voices inform the development of future complaints processes.

Jacqui Reed

Chief Executive Officer
CREATE Foundation



About the partnership

The Commissioner for Children and Young People is the independent advocate for all children and young people in Western Australia (WA) under the age of 18 years.

The role of the Commissioner is described in the *Commissioner for Children and Young People Act 2006*. The Act requires the Commissioner to give priority to, and have special regard for, the interests and needs of children and young people who are vulnerable or disadvantaged for any reason. The Commissioner cannot investigate matters concerning individual children but is focused on systemic issues that impact on children and young people more broadly.

The Commissioner works closely with government and non-government agencies to monitor and promote legislation, policy and practices that best serve the interests of children and young people, and promotes the participation of children and young people in decisions that affect them.

The Department for Child Protection and Family Support (the Department) has the statutory responsibility for ensuring the safety and wellbeing of individual children and young people. The purpose of the Department is to enable children and young people in the CEO's care to live in safe, stable and nurturing environments, and to support them to achieve a good life.

The Department is currently undertaking an extensive program of review and reform to ensure its approach is maximising outcomes for children and young people in its care. An element of the reform is to continue to make its child complaints system accessible to children in out-of-home care (OOHC).

CREATE Foundation is the national peak consumer body representing

the voices of children and young people with an OOHC experience. CREATE Foundation's mission is to create a better life for children and young people in care, and it believes that all children and young people should have the opportunity to reach their full potential. CREATE provides programs and services, undertakes research and works alongside children and young people to advocate for a better care system to improve the lives and outcomes for children and young people in OOHC across Australia.

In 2016, the Department released the plan for OOHC reform in WA, to improve the effectiveness and efficiency of the OOHC care system.¹ At the core of the reform is a goal to develop a system that is driven by a focus on the needs of the child.²

To contribute to this focus area of the reform, the Commissioner for Children and Young People, CREATE Foundation and the Department have worked in partnership to consult with children and young people with experience of OOHC to hear their views on how they raise concerns and access help regarding the issues that affect their lives.

The consultation results will inform Action 70 in the Out-of-Home Care Reform Plan to "consider amendments to the Department's child complaints process"³ and potentially many of the other reform actions and current practices of the Department.

The partner agencies will each use the findings in this report to influence the work they are doing to improve the system, services and supports available to children and young people who rely on OOHC to provide nurturing, safe and supportive environments that all children need to thrive.



Executive summary

The children and young people who participated in the consultation exhibited a striking and prevailing resilience despite the significant adversity they have experienced in their lives.

They clearly expressed the importance of being given meaningful opportunities to make choices and have a say in decisions that affect them. Those who felt they could participate in such decision making described a sense of empowerment, self-respect and confidence, and a greater capacity to speak up and be heard.

The diversity of views, ideas and personal narratives shared through the consultation highlights that children and young people with experience of out-of-home care (OOHC) are not a homogenous group.

Their personal histories, OOHC experiences, needs and opinions are varied. These differences influence their capacity to speak up and access help, which in turn impacts their overall wellbeing. There is a clear need for service providers and community members to be sensitive to these differences and to be flexible and responsive in the support provided to each individual child and young person to maximise their potential and wellbeing.

Many children and young people articulated the importance of speaking to someone about their worries and concerns and the positive impact this has on their wellbeing. Most could identify people in their lives they feel comfortable talking to and many had multiple sources of contact and support.

“Knowing that you have someone to talk to and knowing that they will do something and actually listen is the most important thing for me.”

21 year-old female, family care

Strong themes emerged on the barriers to speaking up that many children and young people in OOHC face, including:

- fear of the consequences
- being told not to speak up
- not knowing how to or not having the words to articulate concerns
- not having anyone to speak to or anyone who would listen
- fear of not being believed
- isolation and lack of privacy
- a lack of confidence or feeling scared
- shame
- an imbalance of power.

These barriers highlight how important it is that children and young people understand their rights to voice their concerns, are informed on who they can talk to and how they can access help, feel confident and have access to people and services to support them.



Children and young people identified a range of strategies that can support those living in OOHC to more effectively speak up and access help. These included:

- providing alternatives to verbal communication
- being empowered with information
- having support from another individual or an agency
- creating safe and friendly environments
- having access to independent people or agencies
- having mentors
- using technology to raise their concerns.

Another key factor was the responsiveness of people who children and young people could confide in. A reliable person who listens, demonstrates genuine interest and care, and who takes appropriate action to address issues enables children and young people to speak up. A number of children and young people cited examples where previous attempts to raise issues had not gone well and this reduced their confidence or desire to raise issues in the future.

The consultation emphasised that having strong, stable, trusting relationships with case workers and carers is essential for children and young people as these were the most frequently cited people they could speak to about their concerns.

While many children and young people reported having strong, positive relationships with their case workers and carers, many others did not. The absence of these important relationships places children and young people at greater risk of believing they have nobody to speak to and nobody who would listen to or act on their concerns, and this leads to feelings of disenchantment and disempowerment.

Participating in the consultation was overwhelmingly a positive experience for the children and young people involved. They enjoyed expressing their ideas and having their voices heard, saying it had encouraged them to seek further opportunities to speak up.





Introduction

“Anyone that you see you can talk to. You don’t have to be shy for what you’re saying. You can be confident because if you are shy then you are going to end up a lot more worse; so it’s very good to just speak up and tell how you are feeling because you will feel a lot more safer and calmer.”

10 year-old male, residential care

A strong society is one that ensures its most vulnerable are provided with opportunities to contribute to that society. Listening and responding to the views of children and young people, particularly those who may struggle to have their voices heard, is vital in our ongoing efforts to strengthen their health and wellbeing.

Most children and young people in Western Australia (WA) grow up in healthy and safe family environments. However, for some, home is not a safe place and they may experience abuse and/or neglect. In these circumstances, out-of-home care (OOHC) aims to provide children with a stable and nurturing environment that promotes their best interests and maximises their potential.

Under the United Nations Convention on the Rights of the Child, children and young people have the right to express their views, to be provided opportunities to be heard, and to have their opinions given

due weight and consideration, regardless of their age or developmental stage.⁴

The National standards for out-of-home care are a whole-of-government initiative that form part of the *National framework for protecting Australia’s children 2009-2020*. The National Standards aim to deliver consistency and drive improvements in the quality of care provided to children and young people.⁵ Where the national standards relate to what children and young people in this consultation said, they have been referenced in the report to reflect the benchmark that has been set for meeting the needs of children and young people in care.

Without the natural advocate of a supportive and capable parent, the voices of children and young people in OOHC often go unheard in our community. Children who come into care have experienced trauma and most commonly enter OOHC as a result of emotional harm, abuse or neglect, which often occurs within a context of intergenerational trauma and social disadvantage.⁶ Family and domestic violence, mental health issues and drug and alcohol misuse are significant contributing factors.⁷

These children and young people can subsequently have very complex needs. This may be exacerbated by placement instability and turnover of case workers, which can present barriers to building trusting relationships with people whom they may speak to about things that are worrying them.^{8,9}



Therefore, creating regular opportunities to listen to the views of, and concerns raised by, children and young people in OOHC, and taking these into account when making decisions, is essential to responsive policy and practice, to improve the quality of services and ultimately to achieve better outcomes for young people.

This consultation focused on hearing the views of children and young people with experience of OOHC in WA regarding their views on raising concerns and making complaints. The process sought to better understand the factors that support children and young people to speak up about their concerns, and the barriers they experience in accessing help, to identify what can be done better and what should change.





Background

Overview of out-of-home care in Western Australia

Out-of-home care (OOHC) refers to the provision of care arrangements or placement services outside the family home to children who are in need of protection and care, through the application of the *Children and Community Services Act 2004*.¹⁰ These children and young people are in the care of the Chief Executive Officer (also referred to as the Director General) of the Department for Child Protection and Family Support.



OOHC is the option of last resort. Remaining with parents who provide a safe, caring and stable home environment is always the best option for children.¹¹

In Western Australia (WA), at 1 January 2016, there were 4,547 children in OOHC.¹²

Less than seven per cent of all Aboriginal children in WA live in OOHC, and the vast majority live with their family.^{13,14} However, Aboriginal children and young people are significantly over-represented in WA's OOHC system. While only representing 6.3 per cent of the child population, Aboriginal children comprise over half (52%) of children in OOHC in WA.¹⁵ The growth rate of Aboriginal children in OOHC is considerably higher than for non-Aboriginal children in OOHC (55% compared to 14%, respectively, since January 2011).¹⁶

The majority of children in OOHC in WA are aged five to nine years (33%), while 28 per cent are aged 10 to 14 years, 23 per cent are aged one to four years, 13 per cent are aged 15 years and older, and 3 per cent are aged under one year.¹⁷

There are six broadly defined categories of OOHC as shown in Table One.^{18,19}

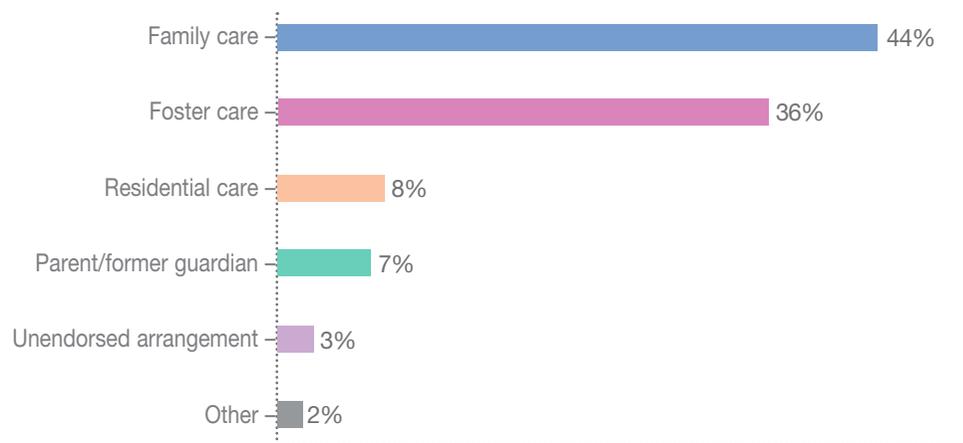


Table One: Categories of out-of-home care

Care type	Description
Family care	Placement with a carer(s) where the carer is a relative (other than parents), is considered to be family, or is a member of the child or young person’s community (in accordance with their culture).The term ‘family care’ replaces the previously used term ‘relative care’ (sometimes referred to as ‘kinship care’).
Foster care	A non-family care arrangement where children are cared for in a place that is the carer’s primary residence.
Residential care	A non-family care arrangement where children are cared for in a place that is not the carers’ primary residence, and carers are paid staff. Residential care typically operates on a rostered basis and is for children with complex and intense needs.
Parent / former guardian	Placement where children live with their biological parent(s) or former guardian but remain under the statutory care of the Department.
Unendorsed arrangement	A placement that has not been assessed or approved by the Department.
Other	Placements that do not fit into the above categories and unknown placement types. This may include boarding schools, hospitals and hostels.

At 1 January 2016, the majority of WA children in OOHC were in family care (44%).²⁰ The proportion of children in each placement category is shown in Figure One.

Figure One: Out-of-home care placement category for WA children at 1 January 2016 (n= 4,547)



Source: Department for Child Protection and Family Support 2016, *Building a Better Future: Out-of-Home Care Reform in Western Australia*, Government of Western Australia, p.10.



Methodology

The consultation was undertaken collaboratively by the Commissioner for Children and Young People, CREATE Foundation and the Department for Child Protection and Family Support (the Project Team). It provided an opportunity for children and young people with experience of OOHC to speak out about what works and what does not when they want to raise concerns, and their ideas on what can be done to improve the system for raising concerns and making complaints.

Reference Group

A Reference Group was established to inform the development and implementation of the consultation. The Reference Group included representatives from the government, OOHC providers, agencies that work with children and young people in OOHC, the research sector and one young person with experience of OOHC. Members of the Reference Group are listed in Appendix One.

Ethics

The consultation received ethics approval from the Department for Child Protection and Family Support Research Panel. The Department's Chief Executive Officer provided consent for all children and young people in the CEO's care to participate in the consultation. Children and young people who participated in the consultation were required to provide voluntary informed consent.

The Commissioner's Participation Consent Policy and Participation Policy guided the process to obtain informed consent from the children and young people. The Reference Group provided additional oversight with advice on conducting the consultations in a safe and culturally appropriate way.

How children and young people were sampled

To participate in the consultation, children and young people either had to be in OOHC or had previously spent time in OOHC. Four key methods were used to sample participants.

1. Commissioner and Department sampling framework

The Project Team worked with the Department's Information, Research and Evaluation Unit to develop a sampling framework and extract a sample of 100 children and young people under the CEO's care who were then invited to participate in the consultation. Details of those who consented to participate were provided to project staff from the Commissioner for Children and Young People who then contacted the respective carers to arrange interviews. Children and young people selected through this process were interviewed by a staff member from the Commissioner for Children and Young People.

2. CREATE Foundation engagement

CREATE Foundation held three focus groups and conducted 21 telephone interviews and two in-person interviews with children and young people in their member database. Staff from CREATE's WA office conducted the interviews and led the focus groups.



CREATE Foundation promoted the focus groups and telephone interviews through its network of key stakeholders, OOHC agencies, carers, clubCREATE membership database and events. Participants were invited to attend focus group discussions and were selected based on their availability to attend. CREATE Foundation also sampled a range of young people living in regional and remote areas from the clubCREATE database to ensure that their voices were captured through the consultation.

3. Engagement with agencies in the OOHC sector

In order to access a broad range of children and young people with experience of OOHC, the Commissioner invited support from agencies that provide care arrangements for children in OOHC. The following agencies responded and worked to support the consultation:

- Anglicare WA
- Centrecare
- Life Without Barriers
- Lifestyle Solutions
- MacKillop Family Services
- MercyCare
- Parkerville Children and Youth Care
- South West Counselling
- Wanslea
- Yorganop

Children and young people identified through this process were interviewed by a staff member from the Commissioner for Children and Young People.

4. Online survey

The online survey was circulated through the following networks (for distribution to children and young people with OOHC experience): the Department's children-in-care team leaders and placement team leaders, CREATE Foundation's clubCREATE database, and organisations that work in the OOHC sector. The four respondents did not identify where they accessed the online survey.

A total of 96 children and young people participated in the consultation through the four sampling processes, as shown in Table Two.





Table Two: Number of participants engaged by each sampling process

Sampling process	Number of participants
CREATE Foundation engagement	40
Commissioner and Department sampling framework	28
Agencies in the OOHC sector	24
Online survey	4
Total	96

All children and young people who participated in the consultation received a \$25 gift voucher to thank them for their contribution.

The tools used to interview children and young people

An interview guide was developed with questions that explored children and young people’s awareness of how to speak up, and the enabling factors and barriers to raising concerns about issues that affect them (Appendix Two). The Project Team and Reference Group members provided input and feedback on the interview guide.

How the interviews were undertaken

The interviews were undertaken by a staff member from the Commissioner’s office and staff members from the CREATE Foundation. All children and young people were offered a choice of the type of interview method they preferred. Although an interview guide was used,

interviews were conducted in a conversational style and questions were guided by each participant’s responses to previous questions with additional topics explored when they arose during an interview.

The majority of the interviews were completed individually, **in-person** with each child or young person. Predominantly the in-person interviews were held in private at the residence of the young person, and a small number were held at the young person’s school or at the OOHC agencies’ office. All in-person interviews conducted by the Commissioner’s office were audio-recorded, unless the young person declined to have their interview recorded (n=2), and transcribed verbatim. Interviews undertaken by CREATE Foundation staff were not audio-recorded but were transcribed during each interview.

Telephone interviews were conducted where this option was either preferable for the young person or where it was not possible to conduct an in-person interview (for example, with young people in some regional areas).

Three **focus groups** were also held, and participants were asked questions from the interview guide. Each focus group had a maximum of seven participants.

An **online survey** was developed using Survey Monkey© to enable any child or young person with experience of OOHC in WA to participate in the consultation.

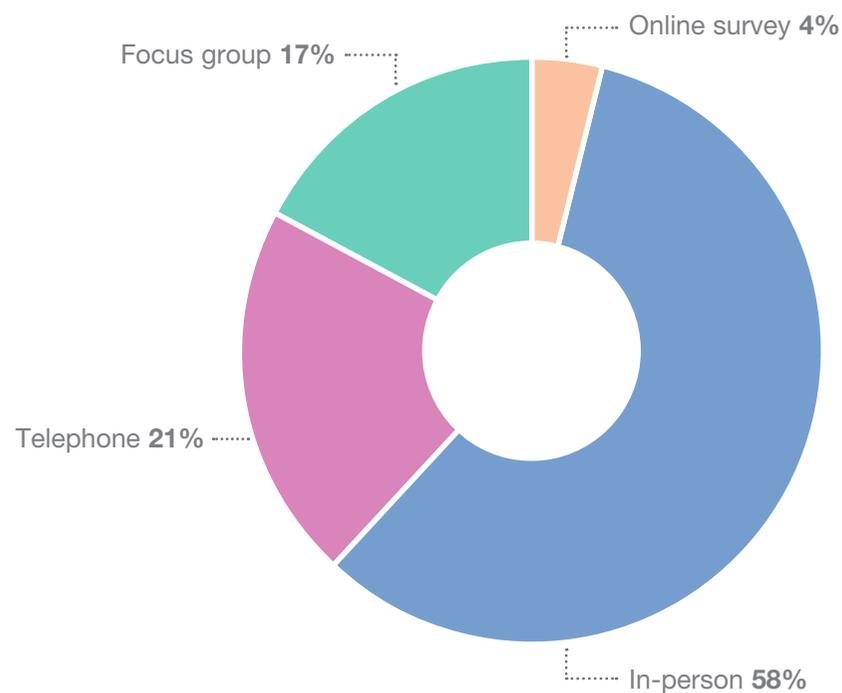
The proportion of children and young people who participated in each type of consultation method is shown in Figure Two.



Analysis of the interview data

The interview and focus group transcripts were coded and analysed using NVivo11 software (QSR International Pty Ltd 2012). Thematic analysis was used to identify, explore and report on topics from the interview data.

Figure Two: Consultation participation methods (n=96)



About the participants

The 96 participants in the consultation included children and young people who were either currently in OOHc or had previously spent time in OOHc.

Aboriginality

Of the 96 participants, 40 (42%) identified as Aboriginal and the remaining 56 (58%) identified as non-Aboriginal. Five participants were born outside Australia and are referred to as culturally and linguistically diverse (CALD) in this report.

Gender

Fifty-nine participants (61%) were female and 37 (39%) were male. Of Aboriginal participants, 22 (55%) were female and 18 (45%) were male.

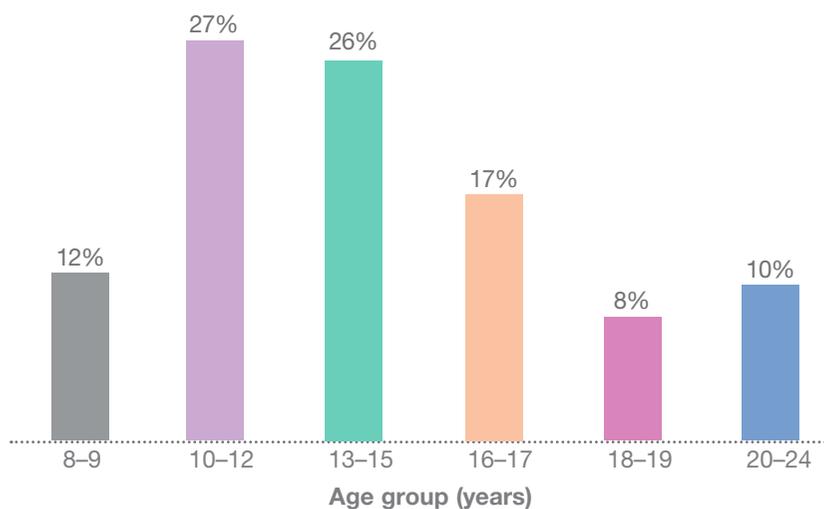




Age

The children and young people ranged in age from eight to 24 years. Although young people over the age of 18 years are not within the remit of the Act that prescribes the Commissioner's functions, nor under the care of the Department, it was considered valuable to consult with young people aged over 18 years who had previously lived in OOHC to hear their views and reflections on their past OOHC experiences. The proportion of participants in each age group is represented in Figure Three. The proportion of Aboriginal children and young people in each age group was similar to that for all participants.

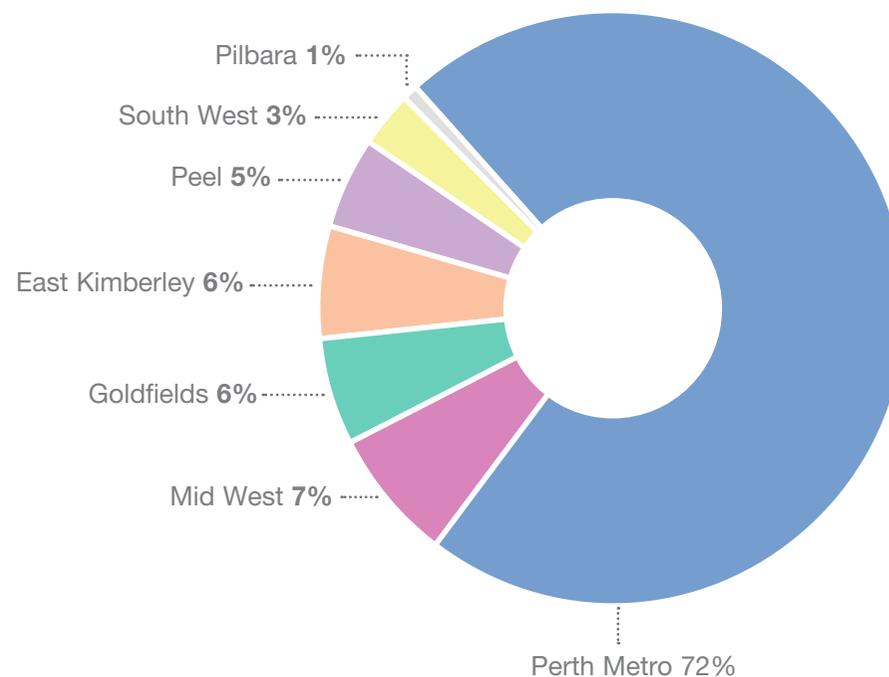
Figure Three: Age of participants (n=96)



Location

Most children and young people who participated in the consultation (72%) live in the Perth metropolitan area. Twenty-seven participants (28%) live in regional WA, including the Mid West, Goldfields, East Kimberley, Peel, Southwest and Pilbara regions. The regional distribution of participants is shown in Figure Four. Among Aboriginal participants, 62 per cent live in the Perth metropolitan area and 38 per cent live in a regional area.

Figure Four: Regional distribution of participants (n=96)

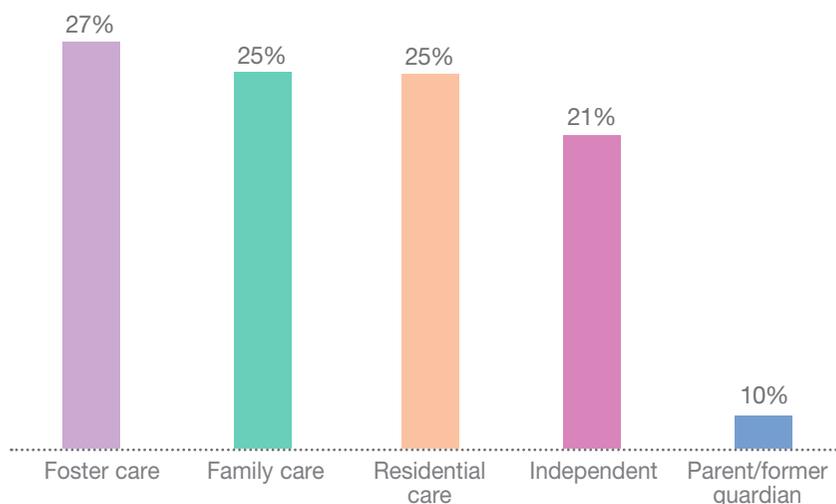




Care placement category

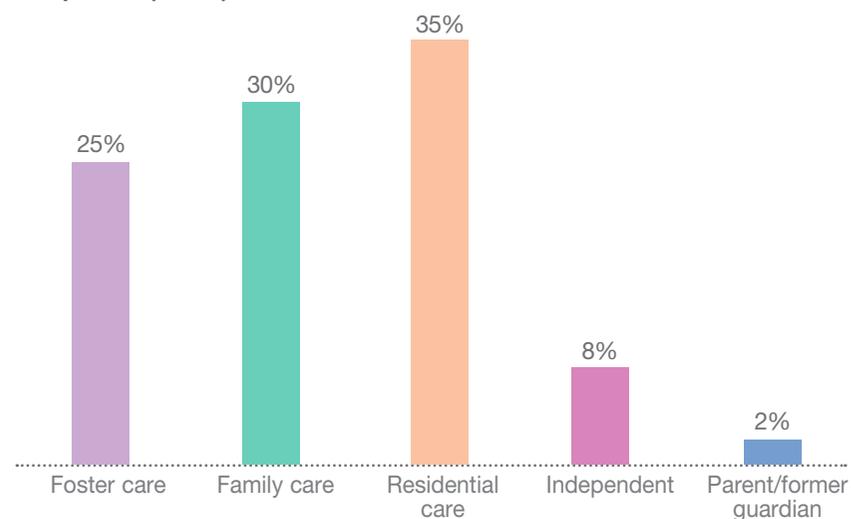
All categories of OOHC placement were represented in the participants' current or former care placements, except for the category 'unendorsed placement'. 'Independent' refers to young people who no longer live in OOHC and live independently. The distribution of participants across the OOHC placement categories is represented in Figure Five.

Figure Five: Out-of-home care placement category (n=96)



The proportion of Aboriginal participants living in each placement category was slightly different, with a higher proportion living in residential care and family care compared to the proportions of all participants. This is represented in Figure Six.

Figure Six: Out-of-home care placement category for Aboriginal participants (n=40)





Views of children and young people in out-of-home care

Why it is important for young people to speak up

Reflecting on the topic of speaking up and their own experiences, participants offered a number of insights into why they believe it is important for children and young people to speak up.

“You don’t want to sit alone and slowly go into your own area and get depressed and push anyone away. You want to get it out and talk to people. The sooner the better.” 13 year-old male, family care

“I usually don’t keep it in, I keep it out, so that I have it out of my mind, and they look after me; so I don’t have any bad feelings.” 9 year-old female, foster care

“My aunty and my uncle have told me that if you want something changed that you need to speak up. It’s better if you say it. It’s better to ask and get a ‘no’ than not ask; it could’ve been a ‘yes’.” 16 year-old female, family care

“It was about a week or so – I kept it to myself. And then I was like ‘nope, I have to tell somebody’. Cos I can’t keep bad things into me, I have to let them out. That’s good cos it’s better to let it out than keep it in.” 11 year-old Aboriginal female, residential care

Who children and young people in care speak to

National standards of out-of-home care Standard 11

“Children and young people in care are supported to safely and appropriately identify and stay in touch with at least one other person who cares about their future, who they can turn to for support and advice.”²¹

Children and young people were asked about whether they would speak to someone if they were worried or unhappy about something in their life. Almost all participants indicated they would speak to someone.

“I would talk to the closest person near that I think would be very safe so that then I know that they wouldn’t just ignore me and they would do something about it.” 9 year-old female, foster care

Who do children and young people in care speak to?

Children and young people listed a range of different people they would speak to if they were worried or unhappy about something in their life, particularly related to where they were living or the care they were receiving.



The most common responses were (in order of frequency):

- carer
- case worker
- friends
- teacher / school
- psychologist / counsellor
- a family member
- Department staff member.

What are the reasons children and young people speak to certain people?

The reasons were varied. The most frequently cited reasons were:

- I trust them
- they understand
- they can help me
- they listen to me
- I have a relationship / connection with that person
- I have known them for a long time / they know me
- I feel safe with them
- they genuinely care (about me)
- they are always there / close to me
- it is easy to talk to them.

* 'DCP' was used by many children and young people to refer to the Department for Child Protection and Family Support. Given this is the term most frequently used by participants, it has been retained as such in all quotes.

“Because it’s easy. He [carer] knows when I’m sad and knows when I’m happy.” 11 year-old Aboriginal male, residential care

“The main person I would go to is DCP* cos they are willing to do something about it. They usually do something straight away.” 16 year-old male, residential care

“Because they [teachers] are always there for me, help me through schoolwork and if anything is bothering me they always know... and they ask you about it.” 13 year-old Aboriginal male, family care

“Because he [carer] is a respected elder in the community.” 13 year-old Aboriginal male, family care

“Because they listen and they always help with my situation. I know that they’re there for me and I can trust them with what I say.” 16 year-old female, CALD, foster care

“I know that no matter what happens, no matter how many times I screw up and no matter how many times I push people away, she [aunty] is always the one who will come back and she is always the one who will stand by me and so I think she is the one I talk to the most.” 13 year-old female, foster care

“I could call my friend and I could talk to him. He’s my best friend, we’ve been best friends since kindy. We know everything about each other; we finish each other’s sentences! When I get angry he knows and he just pulls me away and we go for a walk.” 12 year-old male, CALD, family care



Who else could children and young people speak to about their worries?

Children and young people were asked who else they could speak to if they were worried or unhappy about something, particularly if they felt they were not being listened to nor getting the help they needed from the other people they mentioned.

The most common responses were (in order of frequency):

- teacher / school
- case workers
- psychologist / counsellor
- carer
- Kids Helpline
- Department staff member
- youth support service.

Key enabling factors to speaking up

National standards for out-of-home care Standard 2

“Children and young people participate in decisions that have an impact on their lives.”²²

Children and young people were asked to think of a time when they had spoken up and sought help for something they were worried or unhappy about. They were then asked whether it had been easy or difficult to speak up about this. Those who said speaking up had been easy were asked to explain what made it easy for them to do so. The most common responses were:

- being listened to
- being understood
- I knew the person would help me
- I am confident
- I have known the person for a long time (I feel comfortable)
- I see the person every day (close contact with someone)
- I was supported to speak up
- I knew that it was better to speak up than keep it to myself
- there was someone I could talk to
- I knew how to do it (who to talk to and how to get help)
- I respect myself.



“Fairly easy, as long as someone sits and understands you. They don’t speak over you or try and change your mind about it.” 13 year-old male, family care

“It’s not too hard, because she is my mum and I can ask her at any time. I feel really comfortable.” 11 year-old male, foster care

“I always say things when I have it on my mind because I respect myself. When I was younger I didn’t as much but now I always speak up.” 17 year-old female, independent

“It’s been easy. DCP is always there when you need them. Just call them and they will get what you want, when they can.” 16 year-old male, residential care

“That was easy because my carers supported me and helped me write the letter.” 23 year-old female, independent (previously in foster care)

Trust

Trust was frequently mentioned as a factor that influenced whether children and young people spoke up about their worries, and who they spoke to. They described how they were often mistrustful and it took them time to build trust with people. Situations where children and young people had confided in someone and this information had been shared (with another person or agency) had eroded their trust and made them unlikely to trust and confide in people again.

Children and young people who identified having a person in their life that they had a connection with and trusted said they were likely

to speak to this person about their worries and concerns. However, when children and young people felt they did not have a person in their life they trusted, they often mentioned that they would *not* speak to someone about their worries.

“I go on building it up, over a year at least to trust. It takes a lot of time.” 13 year-old female, foster care

“I just don’t really like talking with DCP, cos I don’t really trust... sometimes when I used to talk to them but they would tell other people, which I didn’t really like.” 13 year-old Aboriginal male, family care

“The first time I talked to someone was... cos I never trusted anyone. I just always thought that they wouldn’t understand.” 12 year-old Aboriginal male, family care

“It definitely is [about] consistency and that’s good because it helps with trust. I know a lot of kids in care have big trust issues and it might be with the family, it might be with other people in general, just warming up, and I completely get that.” 15 year-old Aboriginal male, residential care

“If people don’t have a connection it makes it really hard. Like my school, they were good because I trusted them and they took me seriously.” 19 year-old male, independent

“It’s definitely about the connection. Because if you don’t have that connection you don’t trust them.” 19 year-old Aboriginal male, independent (previously in foster care)



Being listened to

Being listened to emerged as a strong theme and something of significance for children and young people with experience of OOHC. They described their experiences of not being listened to, or being listened to but not actually being heard, as disempowering and often reinforced a sense that nobody cared about them or, that even if they spoke up, nothing would be done about it.

On the other hand, feeling that people listened to them, that their voice was heard and adults acted on what they were told, was validating and encouraged children and young people to speak up even more.

“I felt like they [staff] listened to me. Cos they drew stuff, they were writing and drawing stuff about it. [While I was talking] they were writing stuff down.” 10 year-old Aboriginal male, foster care

“It didn’t feel like it, no one was listening to us and then at the end DCP started hearing. They did listen but they didn’t act upon it. They listened but there was no action towards it.” 11 year-old Aboriginal female, residential care

“I have had a say... but sometimes people don’t really listen to what I say.” 12 year-old female, foster care

“I felt like I was hitting a brick wall continuously. Because nobody wanted to listen, I would always write up letters, I would continuously tell my carers and my case workers whenever they came but it’s very difficult to tell them because they’re not really here. I asked to have a meeting with the management at the office because there was some stuff that was going on that wasn’t acceptable in my opinion but they just didn’t want to see me and didn’t want to know. That was a real slap in the face, really rude!” 15 year-old Aboriginal female, residential care

Choice and decision making

Weaved throughout children and young people’s narratives in the OOHC consultation was a strong sense of how important it is to them that they are given opportunities to be given choices and to have a say in the decisions that affect their lives.

“I think they should ask kids ‘where do you want to go?’ Cos sometimes they just put kids with random carers. But getting asked about where you want to go would be perfect. And if you could choose your case manager maybe.” 15 year-old male, CALD, family care

“DCP said you can choose where you go this time and we are sorry you didn’t get to choose the first time. So I chose here because DCP said that they would find someone with a baby cos I love babies. So they found one here. I enjoy it here because there is a baby.” 11 year-old female, foster care



“They give you a few seconds to think and they give you a chance. Then they give you a whole lot of options and if you pick the wrong one they will come and help you with it.” 8 year-old female, residential care

“And it sucks because people sometimes here at [OOHC provider agency], they just push us aside and they think they know what’s best for us and that really frustrates me. If you say that then you’ll never have happy kids.” 15 year-old Aboriginal female, residential care

The children and young people’s comments also highlight the gravity and significance of the decisions that are made about their lives, often without their involvement. The seriousness of these issues intensifies the challenges they experience in raising their concerns and speaking up, and the psychological impact this can have on them.

“I wanted to see my dad and the case worker called him and now they tell me they had forgotten about it. I don’t even know my family on my dad’s side. I don’t even know what my background is. I want to know why my dad doesn’t want any contact with me. If he really did want to have contact he could have called DCP.” 12 year-old female, foster care

“No, us kids we’re all kept in the dark. Our world always revolves around these DCP places, we don’t got a world on the outside. We [young people] all too ignorant. I don’t blame us cos we’re in a state of help. So what do you think? Do you think we are going to have all these nice polite kids and all these respectful kids and all this?” 17 year-old Aboriginal male, residential care

“Getting a choice in where I want to stay. I tried to [speak up], nothing’s changed. I spoke to my case manager, saying “shouldn’t I get a choice in where I’m staying”? [Young people] don’t get a choice to be happy basically. I haven’t been happy for three years cos I’ve been in s**t places. Cos y’know you’re used to getting into s**t places and you think ‘oh life’s gonna be like this, I’ve got nothing to work towards’. So you go do something stupid and you’re like ‘oh well, it’s what I was grown up to do’. [We should] have a choice to be happy.” 14 year-old male, residential care





Barriers to speaking up

Children and young people themselves rarely make official complaints; most complaints received by government agencies in relation to children are made on behalf of the child or young person by a parent or another adult.²³ The reasons why children and young people may not report their concerns are varied.

In the consultation, children and young people were asked whether there had been a time when they wanted to speak up about something they were worried or unhappy about but decided not to; and if they did, what stopped them speaking up.

This elicited a range of responses that can be categorised into the following themes that highlight barriers to speaking up:

- fear of the consequences
- told not to speak up
- not knowing how to or not having the words to articulate concerns
- nobody to speak to or nobody who would listen
- fear of not being believed
- isolation and lack of privacy
- prefer to keep information to themselves
- lack confidence or feeling scared
- shame
- think there is no point
- an imbalance of power.

Fear of the consequences

Many children and young people described being fearful of the consequences if they spoke up, highlighting their vulnerability. This included being concerned about the consequences both for themselves and for the adults whose behaviour or actions they wanted to change.

“It comes down to the repercussion of what will happen. I was terrified of moving placement so I didn’t talk about it until I left. I felt like I didn’t get a say. I wouldn’t feel like I would have control over what would happen.” 24 year-old female, independent (previously in foster care)

“At the time I was scared of what my foster carers would do because they always got angry if we spoke up about things. So I knew they would get angry and they’d say that we were lying. It would look like I’m the bad person, so I was too scared to say anything.” 15 year-old Aboriginal female, foster care

“I have been worried about making a complaint, negative consequences, and worried that I might get kicked out. Just the fear of where I am going to end up if I do speak up.” 17 year-old Aboriginal male, foster care

“I would be worried that they wouldn’t care about what I said. I thought I was going to be placed somewhere else and wouldn’t be able to see my sisters.” 22 year-old female, reunified with parent/former guardian

“I felt like I was going to hurt the person who was hurting me. I clung onto them and I didn’t want to hurt them. I was more afraid of hurting them.” 24 year-old female, independent (previously in foster care)



“It’s hard to speak up, even to talk to the house manager or DCP and you love them and don’t want them to get fired, but it’s scarred you for life. Should I tell them? Should I not?” 15 year-old female, residential care.

Told not to speak up

A few children and young people intimated that being told by an adult that they should not raise their concerns or tell anyone about their experience may prevent them from speaking up.

“Sometimes it depends how quickly you’ll speak about it if someone’s forced you not to tell. So if someone comes up to you and tells you something that is unsafe and they say ‘if you do this I’ll do something to you, I won’t be nice to you’, you’ll probably keep that a secret for a while until you realise that they can’t do anything to you when you speak up.” 12 year-old female, residential care

“You might not be able to say anything as you have been told not to say anything. You might be threatened not to say anything and don’t feel safe.” 17 year-old Aboriginal female, foster care

Do not know how to speak up or cannot articulate their concerns

Being unsure of who to speak to, how to access help, not having the words to articulate the issue, and not realising they even had the right to speak up were barriers mentioned by children and young people.

“You never spoke up about anything like that until you are older and you understand that it is wrong and you should speak up. You just keep running.” 13 year-old female, foster care

“The thing that made it difficult was the fact that I didn’t know how to go about it. I know that I could speak up but didn’t know how to say it.” 18 year-old female, independent (previously in foster care)

“[It was] difficult. It doesn’t feel like something you would say normally, to a normal person.” 10 year-old Aboriginal male, foster care

Nobody to speak to or nobody who would listen

Some children and young people said they did not feel there was anyone they could talk to or that the people available to them would not listen.

“Nobody was there. Nobody told me that I could go to them. Nobody would just sit down and have a chat with me. Nobody would just check up on me.” 15 year-old Aboriginal female, residential care

“I lived in a country town for six years so I had no idea. I had no friends or anything, or teachers [participant was home schooled]; cos if you’re in high school you can talk to a counsellor who will open all these doors for you but I never experienced that.” 21 year-old female, CALD, independent

“There is no one to talk to; there is no one who will understand. I do not feel like anyone would see my point of view or even care, they haven’t before. I don’t have someone stable to build a relationship with, connect to.” 17 year-old Aboriginal male, foster care



Fear of not being believed

Some children and young people said they thought they would not be believed if they raised their worries and concerns. This often prevented them from speaking up and could result in negative behaviours to more successfully capture the attention of adults.

“If I spoke up about it, that I wasn’t going to get believed and then I’d get abuse from it. I stopped because I couldn’t talk about it because I wouldn’t be believed; and get the reputation of being an attention seeker or a liar in a situation where it wasn’t about attention seeking.”
17 year-old female, independent

“Some things I keep to myself because they don’t quite understand what I’m trying to say and they don’t really believe it’s true.” 18 year-old Aboriginal male, independent (previously in residential care)

“I was at my first care house when I was ten and she threatened me with a knife. I did speak out but no one believed me. So I had to keep it quiet. I had to really misbehave so I could move because they weren’t just going to move me.” 14 year-old female, residential care

Isolation and lack of privacy

Children and young people’s comments often highlighted their isolation living in care, with limited capacity to contact people outside the house to raise their concerns and ask for help. This was sometimes due to a lack of privacy or simply lack of access to a telephone to make a phone call to seek help. This emphasises how important it is that support services are accessible to young people and may need to include options for outreach to improve access.

“No because I didn’t have a phone at the time. The home phone was right next to them [carers] and if I had told them about the carers then they [carers] would have questioned me. We weren’t allowed any internet or allowed to phone people, they just had to phone us.”
15 year-old Aboriginal female, foster care

“If I was with my carers they would have been supervising, they always wanted to know exactly what I was doing. I had little privacy. In a way yes as it is anonymous but if it was monitored I wouldn’t be able to access or be 100 per cent honest about carers, case managers or the placement.” 23 year-old female, independent (previously in foster care)



Prefer to keep information to themselves

Some children and young people explained that they chose not to speak up because they felt the issue was private and they preferred to keep it to themselves. This possibly reflects their desire for a sense of control over their own information and experiences, which they may often lack. Male participants more frequently expressed that they preferred to keep their worries to themselves.

“I just keep it inside to myself and then I would do my stress colouring-in book.” 8 year-old female, residential care

“I didn’t really want to talk about it. It was private. A private thing that happened.” 10 year-old Aboriginal male, residential care

“I just don’t feel like talking to anyone cos I just want to keep it to myself.” 11 year-old Aboriginal female, foster care

“I don’t really like talking to people, particularly about problems and stuff.” 15 year-old male, foster care

“I have never told anyone about it. I want to but I don’t want to.” 9 year-old Aboriginal female, residential care

Confidence

Lacking confidence and being shy were mentioned by some children and young people as reasons they did not speak up. Feeling scared was a common factor that was raised that impacted their confidence to speak up.

“I didn’t have the confidence, I didn’t have that voice.” 15 year-old Aboriginal female, residential care

“Because I am too shy.” 10 year-old male, foster care

“Half the time I would try keep it to myself because I would be too worried and afraid to speak up because it’s a new environment and people around me and I always felt shy around new environments.” 18 year-old female, independent (previously in foster and residential care)

Shame

A few children and young people said they did not speak up because they felt ‘shame’ or were concerned they would bring shame on their family. This extends to cultural meanings of ‘shame’ including the stigma and embarrassment associated with gaining attention through certain behaviour or actions.²⁴

“I knew I would be shame. Because it had happened before.” 11 year-old Aboriginal male, residential care

“And like having that whole shame thing. When I was younger I thought if I call the Kids Helpline they will come to my house and take me away and I will bring shame on my [family], my whole community will be shamed and it will be all my fault and I will be out of the house.” 21 year-old female, CALD, independent

“I knew there were other services to go to, but I lived with this family that’s like, if you leave you bring shame on your family, shame on you. If you go there you’re basically considered dirt, scum, you’re not worth it.” 19 year-old female, independent (previously in family care)



Believe there is no point speaking up

Some children and young people expressed a view that there is no point speaking up about their worries, because they do not think anything will change or any action will be taken. Many said this was because they had spoken up in the past and they had received a negative response or nothing had changed, and this influenced their future decisions not to speak up.

“I didn’t want to be pushed down. I knew what the answer was going to be so I just felt like I was better off and save all the commotion if I just zipped it.” 16 year-old female, family care

“There’s no point talking because nothing is going to change.”
17 year-old Aboriginal male, residential care

“I always thought I was just a foster kid and no one would believe me. And then that was secured when I spoke up and people told me no one would believe me because I was a foster kid. That made me keep quiet even more.” 24 year-old female, independent (previously in foster care)

“No because the first time I spoke to [person] they didn’t do anything about it so after that I just kept it in my head basically.” 17 year-old Aboriginal female, independent

Power

Some children and young people commented on a significant power imbalance between themselves and the Department. This manifested in a strong sense of disempowerment and feeling disrespected and frustrated, which impacted their capacity or confidence to raise their concerns.

“Cos I don’t know how to [raise concerns], I get confused. Cos, y’know, in most of my stuff with DCP they talk for me, so I just go to DCP for anything about me.” 14 year-old male, residential care

“I have heard no one call me a bigger idiot than DCP. I feel stupid around them because they are all big and they think they are so good because they think they are helping us. But it’s like a freaking battle and we have no armour. They have it all, we have nothing.” 13 year-old female, foster care

“No [I wasn’t happy with the outcome when I spoke up]. It was impossible. It was like I was the dirt and DCP were the people stepping on me.” 14 year-old male, residential care

“Young people and children need to be put first. DCP need to make a choice that is safe for the child and also is reasonable. Like not a decision that is pretty much just because they’re in a situation, and just jump ahead without really thinking about what the child might think, how it might impact them and also if it’s reasonable for them.” 18 year-old female, independent (previously in foster and residential care)



“I do agree that it takes two sides but I think it would be nice for the stronger side, which is DCP, to just push, go that extra mile.”
15 year-old Aboriginal female, residential care

Responses and outcomes of speaking up

Children and young people gave mixed responses when asked whether they were happy with the response and outcome when they spoke up about something. Those who reported being happy indicated they had been listened to and action had been taken and/or the issue resolved.

“Generally a good response. From what I raised they eventually found somewhere else that I could go where things were better for me.”
18 year-old Aboriginal male, independent (previously in residential care)

“I got help and it was good. There was improvement. They told us the further plans and that sort of stuff.” 13 year-old female, family care

“[Happy] because my case worker did something about it and placed me with a better family. They did the situation really well.” 16 year-old female, CALD, foster care

Some children and young people reported that even though action had not been taken or their issue had not been resolved, they still felt satisfied because they had been listened to and that was important.

“Not really [the issue wasn’t resolved]. But at least they listened. They listened to me, what I said, but they didn’t really give me support in response.” 17 year-old Aboriginal male, residential care

“I was happy because they did the best they could and the best they could do was good enough for me; even if it was just a little bit, I was happy.” 16 year-old female, family care

Many children and young people reported that nothing had been done when they spoke up about something they wanted changed, and sometimes they felt they had not been listened to at all. This was accompanied by feelings of frustration and feeling let down, and disillusionment at the lack of action.

“You know once I did it, I can’t really remember how it went. Nothing much changed, nothing really happened, so I don’t really know what to say about that. Nothing changed so I don’t know if I was happy or... well everything went back to normal so... nothing changed.” 15 year-old male, CALD, family care

“I talked to [case worker] and she was going to talk to DCP about it but they have done nothing, like they do every single day.” 13 year-old female, foster care

“When we complain there’s been no response whatsoever. And some of the things we have asked for have got a response but they’ve taken a long time to respond to it. And some were just wiped off and not even looked at.” 16 year-old female, family care



Strategies to help children and young people speak up

Children and young people identified a variety of strategies and ideas that would help children and young people in OOHC to speak up and get support when they are worried or unhappy about something.

Alternatives to speaking up

Alternative ways to express their feelings or access support were suggested by children and young people as a strategy to help them have their voice heard. This commonly involved writing their feelings down, having distractions, or using the telephone or internet to access support.

“I used to find it hard to speak so I would write it down as poetry and show it to my case worker and she would take it on board.” 17 year-old Aboriginal female, independent

“Maybe they could write it on a piece of paper and send it to other people or give it to someone, to their carer, so they can understand that they don’t want to speak out and that they want to keep it in, so they don’t feel sad when they say it.” 9 year-old female, foster care

“If I’m worried about something I’d do something to get my mind off it. If I’m worried, I’d go up that hill for a walk, I’d play games, listen to music, go for a drive or go fishing... when I’m bored or thinking about something, I’ll go out the back and kick the footy around.” 16 year-old Aboriginal male, residential care

“Being able to get help or make complaints over the phone or internet.” 15 year-old Aboriginal male, foster care

“To me it felt better typing out what I would like instead of saying it. I had more confidence. When you’re typing it down you have no worry about it, you just write down what you feel, instead of holding back things.” 16 year-old female, family care

Some young people also described specific recreational and sports programs as helping them build their confidence to speak out and use their voice, and as a way to distract them from their worries.

“It’s so healthy. If we just not do sport and stay enclosed that’s not healthy, we just stay bottled up, we don’t have a way of getting out our frustrations and I guess it goes back to being normal – other people go out for basketball or netball and we’re just at home, enclosed, do our homework, watch TV, eat, sleep and again. It’s boring. We need to have in-between stuff and sport helps with that. It helps with determination and that will help us in the future. It helps us be strong-willed, being opinionated, having a voice and I believe sport helps with that because it aligns all those things together.” 15 year-old Aboriginal female, residential care

“After I got into the rangers program I’m too busy every day. Worries probably come to my head but then I just finish them when I get out there; cos of a lot of things we do out there, riding my horses, being with friends.” 16 year-old Aboriginal male, residential care

Being asked and listened to

A number of children and young people thought that adults should try harder to ask young people how they are and if they need help, and to really listen to them and offer them genuine help. These comments



emphasise the importance of being proactive in asking children and young people for their views and offering them support.

“The counsellor could have asked me questions. ‘How are you feeling at home?’ ‘What’s been happening?’” 13 year-old Aboriginal male, family care

“Ask them how they’ve been and try to support them as much as they can. If they tell you a problem, don’t just ignore them, talk to them and ask them how they feel about it and go more into depth with it, so you kind of understand why they are feeling that way and see if there is anything they can do about it and see what their options might be.” 18 year-old female, independent (previously in foster and residential care)

“Kids should always have their input and carers should listen to them and understand what they are feeling so they feel a lot more confident to talk about it.” 10 year-old male, residential care

Having information on where to go and how to access help

Access to information on how and where to get help was cited as important by many participants as a strategy to support children and young people to speak up. Comments were also made about young people needing to be confident to speak up, which could be enhanced by being informed about the services and processes they can access.

“I think it’s mainly just education around that stuff. I wasn’t really given any numbers for support groups. If I had easier access to those I think it would have been easier but it took like two admissions to hospital to get numbers. So I think having numbers of people would have made it easier.” 19 year-old female, independent (previously in family care)

“A stepping stone list, a path of who you can go to and how you can get help: who you can go to, and who is going to listen to you.” 20 year-old female, independent (previously in residential care)

“There is a lot of support out there but you don’t hear about any of them, you don’t know about them. So it’s hard to reach out and call someone for help when you don’t even know there’s support out there.” 20 year-old female, independent

“Having more information about where to go to make complaints.” 14 year-old male, residential care

“We need way more information. If you do not feel like you are being heard, who else there is you can go to. Know who you could talk to; know the consequences like what might happen, that you won’t get in trouble or kicked out things like that.” 17 year-old Aboriginal male, foster care

Having support to speak up

Having support and assistance from another person to raise their concerns was mentioned by children and young people as a factor that would encourage and enable young people to speak up.

“Getting support from other people, like friends or family.” 16 year-old female, CALD, foster care

“To tell a friend and get them to come with you so you are not on your own.” 13 year-old Aboriginal female, residential care



Safe, child-friendly environments

Many children and young people described the importance of creating environments that are safe and child-friendly. This included providing spaces that are private in which young people feel comfortable to speak up and are given time and space to think about what they would like to say.

“A stable environment to go to. They’ll allow you to say what you want to say and not tell you to quiet down; a positive place. Sometimes home isn’t the best place to talk about your problems. A physically and mentally safe environment.” 14 year-old female, reunified with parent/former guardian

“Being somewhere silent and with no one around so then it’s just two, me and someone else to talk to so I know that I’m not like paranoid or anything, being watched with a camera or something. It’s also nice to speak to kids at their own house.” 13 year-old Aboriginal male, family care

“Fun activities like Lego... it just makes it easier [to talk about worries]. Doing fun things, because then you don’t realise that you are actually saying things.” 16 year-old female, foster care

“They should go in a private room and they should ask what’s going on and the kids should say what’s wrong. And give the child a few seconds or a few minutes to make sure that he really wants to talk with you. If he just says things straight away he will get freaked out, so he should get a few seconds again to calm down.” 8 year-old female, residential care

“I reckon there should be like, they don’t even got complaint boxes in their own residential house. They should allow cameras in lots of hostels because a lot of stuff goes without evidence and proof. The workers will win because who wants to listen to kids? I’ve been through many residential homes. They’re all about safety. They all care about safety... It’s no use always saying it’s all about safety but then if something dangerous happens, the guys [workers] don’t respond to it. Those guys don’t take action and respond to it.” 17 year-old Aboriginal male, residential care

Independent people and services

A few children and young people discussed the value of an independent person or service they could access to raise their worries and complaints.

“Having someone totally independent, just like a case manager, one for you and one for your carer and they are not linked. And they know you. You never knew what the case manager was talking to your carers about; this was a big fear of mine.” 23 year-old female, independent (previously in foster care)

“I’d have a guy that comes to the house at least each fortnight or week to speak to the kids so he can take all the complaints down. But he doesn’t speak to the staff members; he speaks to the kids only about stuff. Whoever it is doesn’t work with that department.” 17 year-old Aboriginal male, residential care



Mentors

Several children and young people raised the idea of having a mentor with whom they could build a relationship and who could provide them with support for their concerns.

“We could have pen pals or buddies who we can talk to about our problems. Wouldn’t have to be an adult, like a buddy or friend that we can talk to.” 14 year-old Aboriginal female, reunified with parent/former guardian

“Having a peer mentor, someone you can form a relationship with, and who has been in care and you can get to know, build that relationship with and trust. And you can disclose to them and open up to them and they can be your support to go further, like to be in your corner, meeting with your case worker. Don’t necessarily have to have had the care experience, someone who is happy to step up and be a mentor for a young person and make them feel like they’re not alone and matter, and one-on-one, will see you and hang out with you.” 24 year-old female, independent (previously in foster care)

“What if each person gets a mentor, so someone who works closely with the case worker. For me my mentor was school. I could call up the school whenever and they would be able to talk with DCP. So I reckon a mentor person.” 19 year-old Aboriginal male, independent (previously in foster care)

Technology

Some children and young people suggested using technology as a strategy to encourage and assist young people to speak up, and for some technology was preferable to in-person communication about their worries.

“I find it hard speaking about things. I think it’s just the way I am. Usually I find it easier online.” 21 year-old female, family care

“Maybe if they had a phone or laptop to text to get it out rather than actually having face to face. If you’re younger or scared, you could talk. Or if something bad is happening, maybe being able to video it happening.” 13 year-old male, family care

“I guess having a specific hotline or website for kids in care. Have different resources for different ages. Like games to help you know what’s right and how to deal with it. Like a button they could click to send an email and a way that they could talk and it would be converted to information. Also like a forum where you could talk to other kids from the Department.” 16 year-old Aboriginal female, family care



Perseverance

Some children and young people said that young people need to be persistent to speak up about their worries, and if they are not being listened to, they should continue trying or find different people to whom they can speak.

“If they are not listening don’t just sit there and say it’s all okay, cos it’s not. Tell someone otherwise you are just going to get burnt and that does not feel so good.” 13 year-old female, foster care

“If they are feeling sad and feel like they are going to cry they should really, really, really tell someone because it would get it out of the way and then they wouldn’t have a problem again in life.” 8 year-old female, residential care

“If you want something to change, keep bringing it up. Keep nagging your case manager, it worked for me. I’ve raised it with a couple of case managers to get a new placement, nothing really helps, but doesn’t mean I’m gonna stop there.” 14 year-old male, residential care



Role of the Department

Charter of Rights for Children in Care

As required under Section 5 (1) of the *Children and Community Services Act 2004 (WA)* the Director General prepared a Charter of Rights for all children in the CEO’s care.²⁵ The *Charter of Rights for Children in Care*, available in a range of age and developmentally appropriate formats, outlines how children and young people should be treated when they come into the care of the Department. It is a requirement of the *Children and Community Services Act* that all children in the CEO’s care are provided a copy of the Charter and have their rights explained to them in a developmentally appropriate way.

In the consultation, participants were asked whether they had heard about or seen a copy of the Charter. Of the 86 children and young people who responded to this question, 57 (66%) had seen or heard of the Charter, and 29 (34%) had not.

Children and young people were asked whether they could explain in their own words what they understood about the Charter, and whether they had any comments about the Charter.

“It’s about all your rights that you have, that you actually deserve. And people can’t just take those things away from you; you actually have a right to have your point of view or have hobbies and you have your right to have your own things that you can call your own.” 12 year-old female, residential care



“Whenever I complained about something I would look at the Charter of Rights and think ‘what can I use?’ Like one time I wanted a lift to church and I phoned up and said, ‘Hey I want to go to church, can you guys give me a lift?’ They said, ‘well we can’t really do that’. So I said, ‘well here [in the Charter] it says you have to help us with religion and stuff, so that counts!’” 19 year-old Aboriginal male, independent (previously in foster care)

“It explains to kids what they deserve and if they don’t feel safe they’ve gotta tell someone about it, they’ve got a right to basically be who they want.” 14 year-old male, residential care

Asking participants about the Charter of Rights also prompted comments from some children and young people who felt they did not have access to the rights outlined in the Charter.

“Charter of Rights is a load of bullsugar; you don’t get your rights. It says you have the right to talk to your case worker about issues, and then years later, nothing’s been done about it.” 15 year-old female, residential care

“You have 12 rights and you can talk to your case worker if you don’t feel you’re getting them. Usually when you’re going into resi [residential] care you get that booklet. Mostly you don’t get those rights. Like at school I don’t feel safe but I still have to go to that school. You don’t actually get what they say you get. Like the right to feel safe, and there are places where I am and I don’t feel safe. I tell my Case Manager but they don’t do anything about it.” 14 year-old female, residential care

“I was very unaware that there are actual rights that the government has actually agreed to. I had to research that through my studying. But I was very unaware about that sort of thing and I looked through them [the rights] and think I wasn’t actually that safe there [in care], as I thought I was meant to be. I feel like police or other organisations and governments are not doing that well in meeting [those rights].” 18 year-old female, independent (previously in foster and residential care)

Advocate for Children in Care

In Western Australia, the Department for Child Protection and Family Support employs an Advocate for Children in Care. The role of the Advocate is to support young people in OOHC to know their rights and to have a say in decisions that affect their lives and in the services provided for them.²⁶ The Advocate also provides individual advocacy services to young people in OOHC so they can have their views heard and negotiate changes, and supports them in accessing formal complaints processes. Since 2011 the Advocate has used a computer-assisted self-interviewing program to offer young people in care the chance to express their views, wishes, questions and concerns for follow-up by case workers.

Consultation participants were asked whether they knew about the Advocate for Children in Care. Of the 81 children and young people who responded, 28 (35%) said they were aware of the Advocate and 53 (65%) had not heard of the Advocate.



Several consultation participants had previously accessed and engaged with the Advocate for Children in Care and described positive experiences in their interaction with the Advocate and felt satisfied with having had the opportunity to speak to an independent person about their concerns.

“Yes I’ve met her several times. Sometimes she would just let me cool off. Even with that good case manager that I had, I would get annoyed. Sometimes he would say to me, ‘get your stuff together’. I would ring up and complain. She wouldn’t mind me calling up and having a rant.” 19 year-old Aboriginal male, independent (previously in foster care)

“Yes I know about the Advocate through my carers. And I know how to get in contact with her. I did contact the Advocate when I was in care, when the case manager wouldn’t listen to me when I didn’t want to see and stop contact with my mum. The Advocate can be a bit scary as it was writing to this unknown big person.” 23 year-old female, independent (previously in foster care)

One young person described how they had attempted to raise a significant concern with the Advocate but did not receive a response.

“I did raise concerns when I was getting picked on and it took them two years to respond. I was getting picked on and hit around the head. I told them I wanted out and I spoke to the Advocate but it didn’t really help the situation. No, no one ever got back to me. And half the time I knew what the results would be because it’s always the same. The result would be nothing or not much.” 14 year-old male, residential care

Case workers

The role of case workers in the lives of children and young people in care was raised frequently throughout the consultation. Participants described their experiences with case workers, both positive and negative, and how this influenced their capacity to speak up about their worries and ask for help.

Children and young people in OOHC may be less likely to have a consistent, trusted adult in their lives due to the life disruptions they have experienced, which makes it all the more important that the relationship with their case worker is a positive, consistent and supportive one.

Positive experiences with case workers

Through children and young people’s examples and descriptions of experiences with their case workers, key attributes of positive case workers emerged. Broadly, children and young people said that good case workers:

- listen and understand
- get things done
- follow through on what they say they will do
- keep children and young people informed on matters
- spend time with children and young people to build a relationship
- give children and young people a voice
- are trustworthy
- genuinely care about kids
- are fun and positive.



“I speak to my case worker, it’s good. She’s understanding and gets things done without swapping my information and not getting things done. She gets things done straight away. I’ve always had trouble when people have shared all my information and not got things done. My case worker is positive, she shows me another side when I am down.”
17 year-old female, independent

“She would take us out for ice cream. With our dad, she would take us to a boat park when we meet and she would make sure that after dad left and me and my sister were upset, we would go for a swim or something. She would take us out and she would make us feel good about ourselves.” 13 year-old female, foster care

“Well he got me in contact with my dad, which made me think that... cos none of the case workers have ever got in contact with him and he was one of those guys that were committed to what they do and so he waited at my dad’s house to get his number and everything. And so I thought I could trust him. He’s just a really nice guy that I can open to and speak about stuff to.” 13 year-old Aboriginal male, family care

“My case worker has been with me for a year-and-a-half since I moved here and she is still going strong. She sees me every month. She takes me out a lot. I used to do exercises with her because I like doing exercise. Every month she takes me out for afternoon tea and we go and do something fun. We have a bonding time. She is good, just bonding with people in care. It brings them closer to be able to talk more and be able to tell them things. Because I tell that case worker a lot of things. Even if it is just general life. It doesn’t have to be anything serious. It is like another friend being there.” 15 year-old Aboriginal female, foster care

Negative experiences with case workers

Young people also described challenges and negative experiences related to their relationship with their case worker. This highlighted several systemic issues with the role and responsibilities of case workers, including:

- that visits from case workers are not frequent enough
- that case workers can be too busy and difficult to contact
- multiple changes of case workers makes it difficult for children and young people to establish relationships and requires them to repeat their personal history
- delays in obtaining approvals from case workers creates problems (e.g. for activities, travel, purchases).

Children and young people said many of these issues made it difficult to form trusting relationships with their case workers or speak to their case workers about their worries.

“It’s like when they’re working they worry but when they’re not working they don’t worry. They’re not organised. My case worker doesn’t come to see me. Like I’ve not seen my case worker for more than a year now. She is my legal guardian and she makes the final decision for me but when I don’t see her for so long I can’t tell her anything. When I ring her most times she is not in the office.” 15 year-old Aboriginal female, foster care



“I’ve had so many different case workers, like anything they were about to do, ends up not being done. Like me and my carer and carer’s family were going to go to Bali for a holiday in a couple of months but I haven’t even had my passport done and I told them last year and they haven’t even done that. So now we are going to [name of town in WA] instead.” 12 year-old female, foster care

“It is not like you have a permanent case worker, they get changed all the time. It is hard to build a relationship with them, anyone really. If you can’t tell your case worker what is going on, who can you tell?” 17 year-old Aboriginal male, foster care

“Well it would be people that are on and off constantly. There’s so many staff to talk to and having to explain situations to them, over and over and over again, and having to tell everyone the same thing.” 18 year-old female, independent (previously in foster and residential care)

Young people also remarked on characteristics of case workers that they find unhelpful.

- do not do what they say they will do
- unreliable (e.g. late for appointments)
- do not listen
- untrustworthy
- do not focus on the children (too much focus on paperwork)
- do not look out for the best interest of children.

“[My case worker] wasn’t that nice to me at all. She wasn’t doing right by me; she just did whatever she felt like. She put me in a place that I really didn’t belong and it felt like she just wanted to control me. She really didn’t even care, [it] felt like she was just doing whatever she wanted and it’s like nobody could even really stop her.” 18 year-old female, independent (previously in foster and residential care)

“It’s hard talking to case workers because of the weird quality of them. I don’t like when they just stare at you.” 9 year-old male, family care

“A lot of the time they would say they were going to do something but they would never follow up and would make promises but never do them.” 24 year-old female, independent (previously in foster care)

“Sometimes, I don’t really trust her. I don’t know why, I just don’t. Cos she doesn’t really do her job properly sometimes, because she doesn’t actually listen to what you’re saying, she goes and does what she wants... it’s annoying.” 12 year-old female, foster care



Ideas for improvements regarding case workers

Children and young people offered their ideas on what would improve their relationships with their case workers, the individual qualities that the Department should look for when recruiting case workers, and how some of the issues relating to the case worker role could be addressed. The key ideas were for case workers to:

- be more available, reliable and see young people more regularly
- build stronger relationships with young people
- make it easier to obtain permission to undertake activities or travel
- listen to and genuinely care for young people.

“Case workers need to be more involved with the children they look after. They need to be there more, they need to check up on them more, even if it’s just them telling their social workers that they have a problem – write it down, email it, just let them know that they’re still there. Usually you just see them maybe a couple of times a year and then they’re just AWOL. It would be nice for them to be in more contact and let them know that they’re still there. Be more involved. How are you supposed to move forward if you don’t have a relationship with the person that’s pretty much your guardian. Even if they do change a lot they still need to make that effort for you.” 15 year-old Aboriginal female, residential care

“I would employ someone who turns around and listens to the kids and makes sure they feel like they’re heard and feel like they don’t have to sit on their feelings for so long.” 13 year-old female, foster care

“Employing people who have compassion towards young people in care. No point talking to someone who won’t listen to you and back up other young people.” 20 year-old female, independent (previously in residential care)

“Having another person in DCP that could specifically deal with important things if the case worker wasn’t available. Someone who understood and was able to prioritise things if it was important, they could help deal with it. Like they could help get a counsellor for you or get you some information if you needed it. Like an assistant case worker.” 16 year-old Aboriginal female, family care

Carers

National standards for out-of-home care Standard 12
“Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.”²⁷

Children and young people in the consultation most frequently cited their carers as the person they would speak to about their worries. Many discussed their experiences with their carers and described features of carers that supported or presented barriers to speaking up and seeking help from them.



Positive experiences with carers

Children and young people described positive experiences with and features of their carers. These included when the carer:

- listens to them
- spends time with them
- supports them
- enables them to participate in activities.

“She [foster carer] actually listens to what I say and she helps me.”
11 year-old female, foster care

“The [residential carers] was making me happy and things like that. They said, ‘we’ll go for a ride or go for a walk’. But we like [name]; we like her the mostest because she was the goodest. She was the nice female. She do things with us that she doesn’t do for them. She do more stuff with us. Cos them other staff don’t do stuff with us, but only her. She help us. She do baking cake with us, and do things just to make us feel happy inside. Instead of us just sitting down and just lonely while those other mob are doing things. She takes us for a ride. She listens to songs. She makes us happy, lively and laughing, but once we come to them other staff we don’t laugh and do fun stuff with them because we not much for them. Only her now we talk to.”
14 year-old Aboriginal female, family care (previously in residential care)

“Well, I guess they’ve [carers] always been there for me. And they always believe me, support me and I’ve been with them for so long. They’re my mother and father figure.” 15 year-old Aboriginal female, residential care

“All I have to do is ask and my aunty will see if she can get me onto that sport. I’ve already done a few sports like cricket, tennis, basketball, football.” 12 year-old Aboriginal male, family care

Negative experiences with carers

Some children and young people described negative experiences with, and views of, their carers. This included the carer not doing what they say they will do, and not caring about, having an interest in or respecting children and young people. These experiences may have created mistrust and damaged their relationships with the carer, making it less likely that they would speak to their carer about their worries.

“Most of them don’t care really. Some of them don’t deserve to work there. Some of them are big hotheads, they can’t control their own anger. They take it out on the kids. They start shouting and that. They say one thing but they are not doing what they say. That’s how it is in the homes. They are not doing enough for us, to teach us, to teach ourselves.” 17 year-old Aboriginal male, residential care

“But them other [residential care] staff they tell you lies. One staff he told us he would take us for a ride and he didn’t. He went to the office and said, ‘I’ll just go here first and do a bit of work and then I’ll come’. But he didn’t, he didn’t come, and he didn’t take us so we was really angry at him, and we were really cross. We was really angry cos he told us lies.” 14 year-old Aboriginal female, family care (previously in residential care)



“No [I don’t talk to my foster carer]. I don’t actually like her that much. She’s just really mean sometimes. Not strict, like mean.” 10 year-old Aboriginal female, foster care

Reflecting on their experiences, some children and young people offered ideas on how their relationship and experience with carers could be improved. This commonly included the carer listening to, taking an interest in and being able to relate to children and young people.

“First of all [residential carers] should build relationships, bonding with the kids. They should take an interest in what the kids like and want to do and stuff like that. But after that they should help the kids become independent people. Teach them how to cook, so they can cook at least a hundred different meals, teach them how to clean. Teach them to do stuff. Teach them more. Truly teach them, daily. That’s all.” 17 year-old Aboriginal male, residential care

“We had a bunch of kids go because they just weren’t getting what they needed, they weren’t asking them what was wrong because they just kept playing up and not listening, and I think it was because they didn’t put us with stable carers, they kept getting agents [agency staff] in. I know it’s hard but if you want healthy kids, you gotta have healthy, stable carers as well.” 15 year-old Aboriginal female, residential care

Participation

When children and young people in the consultation were asked to describe their experience of participating in an interview or focus group, they conveyed that it was a very positive experience. They often said they had enjoyed expressing their ideas and having their voice heard, and that it had encouraged them to seek further opportunities to speak up.

Some believed it was important that they had the opportunity to talk about the topics in the consultation so that the Department and other agencies could hear and learn from the opinions of children and young people in OOHC.

“I would probably say the interview has actually inspired me to speak up a bit more and it’s actually a really good idea that you are going around and interviewing children in care and then letting them speak up. I think it’s actually great. I think the Department of Child Protection should do that. I think every DCP should do that because it’s actually quite good. I actually enjoyed it.” 16 year-old female, family care

“It’s very nice that you are asking all the questions; that you are taking the time to hear what we want to say.” 13 year-old Aboriginal female, residential care

“I enjoyed speaking up to make a difference for other young people.” 19 year-old male, independent



“Sort of uplifting because it’s about taking down how kids sorted out problems and doing something with it. I’m glad to be a part of that and contribute to that cause. It’s good to be heard.” 15 year-old Aboriginal female, residential care

“I think it is good when people like you come out and ask us what we think because then they know the real truth. So they don’t just guess and there’s things they can work on so things can get better.” 15 year-old Aboriginal female, foster care

“Actually I enjoyed this talk. It was good for someone to come talk to me, cos I haven’t talked to anyone in a long time, but this was good, I enjoyed it. It was good to tell someone how I feel.” 15 year-old male, CALD, family care

“Yeah, it’s actually really good. So we can get other kids to speak up as well, not just a little bit of the kids. We want more kids to start speaking up so you can solve problems.” 11 year-old Aboriginal female, residential care

“I thought it’s been really good, then you can know how I feel and what to do.” 9 year-old female, foster care

Other things children and young people said about care

National standards for out-of-home care Standard 9

“Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.”

National standards for out-of-home care Standard 10

“Children and young people in care are supported to develop their identity, safely and appropriately through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.”²⁸

Through the consultation interviews and focus groups, children and young people shared details about their general experiences living in OOHc. These highlight the diversity of circumstances, opportunities and challenges they experience.

Family contact

A topic that children and young people raised frequently was their desire to have more regular contact and spend time with their biological family, and understand their family circumstances.

“I would change it for kids in care for them to get carers that are closer to whoever they got taken away from, so that they can then just visit them and it will make them feel happy. So it would just feel like they are with someone else but still get to see whoever they love.” 12 year-old Aboriginal male, family care



“Sometimes I would be unable to contact my family but I did actually grow attached to my family, even though what they had done. I would feel like I would want to contact them. I would actually ask to contact them or run away from the foster care to be with my parents.”
18 year-old female, independent (previously in foster and residential care)

“Kids should spend more time with their parents. To know them better. They could see their parents with someone supervising the parents. So they feel like their parent hasn’t abandoned them.” 12 year-old male, CALD, family care

“Siblings who are separated should visit each other a lot more often. Because [name] is my brother and he is basically my best friend and I would like to get to see him a lot more. That’s what really affects me.”
11 year-old male, foster care

“If I was the boss of DCP... there is one thing. That kids get to see their mum and dad not once a year but like once a week.” 10 year-old Aboriginal male, family care

Some children and young people said they thought more should be done by the Department to enable family visits and contact.

“Visits used to be really hard... when I was back living in the other foster home, visits to see my family were so hard and complicated. Transport was so hard; they didn’t really have transport for us when we really needed to get places. We had to catch buses and trains. Our carer would drop us all the way in [suburb] when we were in [suburb],

so they [the Department] relied on us for family visits when they were the ones who were actually meant to be organising it.” 15 year-old Aboriginal female, foster care

Supporting families

Linked to the discussion on family contact, some children and young people suggested that families need more support with the issues they experience, to prevent their children being placed in OOHC.

“Before they go to the homes, to all the residential places, work with the kids and their families first to try and build them up before they look to other alternatives. It doesn’t happen. They just take us away.”
17 year-old Aboriginal male, residential care

“I would like to see what could’ve helped a bit more to stay with my parents. What could I have done? There should have been more support; to help get my family back on board wasn’t really that strong.”
19 year-old female, independent (previously in family care)

“If I was the boss of DCP, I would say give the mum a second chance, to see what they have to improve on.” 11 year-old female, foster care

“I would go round to their parents and tell them to involve their kids. Tell them not to bash people or break into shops or smash cars or stealing or things like that. If I was the boss I’d tell them like that. Tell the parents to tell the kids to do the right thing.” 14 year-old Aboriginal female, family care



Opportunities in care

A number of children and young people described positive experiences living in care and reflected on the positive aspects of care.

“Ever since I came here, I’ve been heaps better, I’ve been more mature. Everything’s really changed; my carers really helped me.” 12 year-old female, foster care

“It’s not that bad to be in care, it teaches you how to do stuff, like be good.” 10 year-old Aboriginal male, residential care

“I always used to hate being in foster care. I always wanted to go back to my mum so I always thought that DCP was being mean and I didn’t understand what was going on at that time. Now I really understand that it’s better for me. I’m happy now. It’s the best thing that’s ever happened really.” 12 year-old female, foster care

“I like where I’m living and how I’m being looked after and the support I get.” 13 year-old Aboriginal female, residential care

“Even though some decisions that are made can be queer, they have eventually gotten around to it and fixed it up. DCP is always there to help when you need it. That’s what kids need, straight up support when they need it. They may even give you extra if they have stuffed up big time.” 16 year-old male, residential care

Challenges of living in care

A range of challenges to living in care were discussed by children and young people in the consultation. These centred around the following three themes:

Moving house and changing schools (instability)

“When we had to move we had to get used to new people and then that person left and then that person left and then there were two carers who stayed but then we had to leave... and we were not moving an hour away, we were moving three hours away. How is that gonna make us feel moving? And then again I had to move all the way to [suburb], which is like two or three hours away again. I hated that because I loved the place that I was at and then I loved that place and then I had to move to here. It’s always hard being the new kid. We’re always the new kid and then people bully us.” 13 year-old female, foster care

“Trying to start again... It is horrible. I had to do that a couple of times and it’s not nice.” 15 year-old Aboriginal female, residential care

Wanting to feel like a ‘normal kid’

“If I can’t have something as simple as dyeing my hair, as everyone else in my school does... I know I’m different but I just feel like a freak then. I feel that I can’t do anything that my friends do. I don’t want to be my friends obviously but I want to be like them. I want to fit in with them. I feel like because I’m in DCP I’m not allowed to be like my friends, I’m not allowed to have a normal life. And I think that’s one of the things that’s holding me back.” 13 year-old female, foster care



“Back in the [residential] houses you couldn’t have people over so you only had the other kids in care. We need to have more people than just all us kids in care and we have problems and stuff. It’s so hard to make friends or be normal.” 17 year-old Aboriginal male, foster care

“I would like to have other kids round, I’d like to have other kids to play with.” 11 year-old Aboriginal female, foster care

“Kids should be treated as well as their siblings [in the foster home].”
11 year-old male, foster care

Fitting in to a new and different family

“To have to change my ways and start speaking a different language, eating different food, doing different things was totally new for me and it took me time to get used to it. I’m not really used to it yet but you know I’m trying to adjust and trying to live in this environment, which wouldn’t be easy for anyone.” 15 year-old male, CALD, family care

“One of the rules to be living with that family was that you need to do all the religious requirements of that religion to be able to live there. I don’t personally believe in it [so] that was a huge conflict.” 19 year-old female, independent (previously in family care)

Resilience

Many children and young people who participated in the consultation exhibited remarkable resilience. They reflected on their challenging and often traumatic personal experiences with wisdom and articulated positive visions for their lives and futures.

“The only way you’re going to change your future is by doing something about it now. Be positive about it. Or if something goes wrong, try smile about it. I just don’t pay attention to that stuff anymore. I’m just trying to be positive nowadays. Yeah I get mad but I just try to be positive, look on the bright side of things. It’s not like life is going to go bad for you all the way.” 15 year-old male, CALD, family care

“I reckon [going into care] was the best thing that’s ever happened to me because if I didn’t gone through that I wouldn’t be here right now, and be as brave as I am.” 12 year-old female, foster care

“You just learn to move on and be happy about life and not hold grudges, and it works. Life is good. Just continue being positive.”
21 year-old female, CALD, independent



Aboriginal and Torres Strait Islander children and young people

National standards for out-of-home care Standard 3

“Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.”²⁹

The sample of 40 Aboriginal children and young people in this consultation is too small to identify any significant trends about speaking up and accessing help in OOHC.

However, individual comments have been identified in this section that indicate topics and themes where further consideration and consultation may be required.

Speaking up

Many Aboriginal children and young people said they prefer to keep their worries and feelings to themselves. This may be because they do not have someone to talk to, or they feel that it is private and they do not like to share their worries, or they experience barriers to accessing help.

“I just keep my feelings to myself. There’s not many people you can talk to that care about your feelings. Most of the mob I know have already got troubles. They got no time to worry about other people.”
16 year-old Aboriginal male, residential care

“[I wouldn’t speak up about my worries] because it was private to me.”
11 year-old Aboriginal male, residential care

“I wouldn’t talk to my friends at school about this because it took me a while to tell them that I’m in care because I guess I thought, well actually I was jealous of them because, to me, they had the perfect family. They had a mum and dad, they had siblings, they had cousins, they can always turn to family friends. So it was hard watching them be all happy. Every day their parents would come in to drop them off and nobody would drop me off.”
15 year-old Aboriginal female, residential care

“No [I wouldn’t contact support person]. They never let us go on the phone at the house.”
11 year-old Aboriginal male, foster care

Family connection

Many Aboriginal children and young people expressed how important it is for children in care to have regular opportunities to visit and maintain a relationship with their family.

“I want to live with my family. I want to see them more.”
11 year-old Aboriginal male, family care

“It’s right that you should be loved, that you should contact your family whenever and you should be helped to go to school every day to get a better life and better education.”
10 year-old Aboriginal female, family care



“Me and my brothers were in the same house and then we got separated. They went to a hostel and I didn’t. And then my little brother lived with me and we kept running away and going to our other brother’s house.” 10 year-old Aboriginal male, family care

Some Aboriginal children and young people described the challenges they experience trying to see or remain connected with their family members.

“We’re trying to see our siblings but we still get told the same thing – ‘we’re trying to contact them’, ‘we don’t know where she or he is’, ‘we don’t know what they’re doing’ – it’s just so tiresome and they make it so hard and difficult and you just give up. You think, ok, it’s obvious they [siblings] don’t want to see us but in reality when we bump into them at the shops, because we do that sometimes, it’s hard to act all fine because the truth is we don’t know our own siblings.” 15 year-old Aboriginal female, residential care

“I can’t give anyone a phone call. I never gave anyone a phone call. Because I can’t ring my family. I can’t ring anyone now. I used to be able to in my family but now I just can’t. [I would like to see my family] every day now. And I get really upset when the other kids say, ‘I have a visit today’ cos I don’t get to.” 9 year-old Aboriginal female, residential care

“I would change it to make it so that [children] can visit whoever they want. That they can have a visit but then go back home and sometimes they can go visit them and not live too far away from the person that

they really love. Like me, I live far away from my mum. I would change it for kids in care for them to get carers that are closer to whoever they got taken away from, so that they can then just visit them and it will make them feel happy. So it would just feel like they are with someone else but still get to see whoever they love. Because I used to do that until my mother moved and then I couldn’t do it anymore. I could only talk to her on the phone.” 12 year-old Aboriginal male, family care

Child protection system

Some Aboriginal children and young people expressed frustration and anger at children being removed from their families and placed in care, and said that children should remain with their immediate and extended family members.

“I would just tell them to give them back to their parents, cos kids they are not right without their families. They are sad and lonely and maybe crying inside, thinking, ‘I want to go back to my mum or dad or nanna or uncle or aunty’. I was like that when I first moved into the [residential care home]. I was crying, feeling homesick, because I wasn’t with my mum.” 14 year-old Aboriginal female, family care

“I’d stop the business [of child protection]. That’s what I would do. Just tell them to stop everything. Stop this stupid thing they are doing. Let everyone live with their own family. Instead of living with strangers. Then everyone would be happy.” 11 year-old Aboriginal male, family care



“This is what I would probably do. If child[ren] need to be in care they wouldn’t be in care they would just live with someone else and then they would get to know each other. If their parents were fighting and that and they had to go to care but they didn’t want to, so they would probably go to their aunty or something. I think we don’t get to see our families that much because of the rules.” 10 year-old Aboriginal female, foster care

“Looking at it from the kids’ perspective, the Department has said, ‘you can’t live at home’ and that’s it. But we need to change it so kids feel okay about the Department.” 16 year-old Aboriginal female, family care

Role models

Some of the narratives of Aboriginal children and young people highlighted that having an Aboriginal adult in their lives, or an Aboriginal role model, was very important.

“Just change one carer. Change her to an Aboriginal lady. [She would be] a younger lady. Fun and know about Aboriginal stuff.” 10 year-old Aboriginal female, foster care

“I can hang with a lot of males and they get drunk and I still don’t drink. But as soon as they start getting drunk I know that trouble is going to start, against them or them with other people or amongst them. So I just leave. I’m like this cos my uncle when he was my age he did the same thing, too. He didn’t hang with... His mum did leave him and he lived with guardians... he’s come from a small bloke. And now he got two kids; one was born the other day. He works on the station, he owns a car. He got a good life. When I was small I used to look up to him.” 16 year-old Aboriginal male, residential care

The cycle of disadvantage

One young Aboriginal person clearly described the cycle of neglect and disadvantage experienced by children in care, and was very disillusioned with the capacity of the existing child protection system to appropriately support and protect these children.

“Most of us kids, the reason why we are in care is because our families are not reliable. You know, money problems, food, clothes, safety problems... But what’s the point of taking us off our families? Hundreds of kids are like this, and I don’t know how many different child protection departments are there but the main one I’m in now is DCP. The whole reason why they took us off our family was because we feel unsafe, we don’t feel much protected, there’s no food, and we’re not getting clothes... we’re not getting anything. But what’s the point of that if they do *exactly* the same in all these houses.

It’s not better either way: living with our family, living with DCP, government homes... or living on the streets... it’s not good anywhere. It’s like a big trap... we end up getting in trouble by the law and then we just go to prison, and we just get trapped, it’s like a big circle trap. That’s how it’s been in my life personally. I think it’s like that for hundreds of kids out there. It’s just a big trap game. It’s never going to change unless they do something about it but obviously none of them’s gonna do something about it... cos you can’t help yourself obviously, that’s why you’re in a position of help. But the people who are meant to be professional is not helping you. They are not helping you either way.” 17 year-old Aboriginal male, residential care



Conclusion

The best informants on the experience of children and young people in OOHC are the children and young people themselves. This group of young people are not always asked about their lives and often describe feeling invisible and overlooked.

The insights gained in providing opportunities for children and young people to speak for themselves about their experiences in OOHC, as described in this report, reinforces the value of direct communication with children and young people, to hear their voices and ensure this underpins policy and practice in the planning and delivery of OOHC.

They offered a range of suggestions on strategies that would help them speak up about their concerns, and the consultation process demonstrated that even within a 30-minute discussion with the interviewer young people felt comfortable sharing their views and discussing their concerns.

This emphasises that creating opportunities for children and young people in OOHC to speak up does not need to be complex or challenging, and taking the time to ask children and young people about their lives elicits important information to understand what they need to achieve their full potential. It is essential that these views are listened to and used to improve current processes and practice, to support children and young people in OOHC to thrive.

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Appendix One - Project Team and Reference Group members

Project Team

Name	Title	Organisation
Katherine Browne	WA State Coordinator	CREATE Foundation
Laura Florisson	Community Facilitator	CREATE Foundation
Mark Crofts	Director Standards and Integrity	Department for Child Protection and Family Support
Judy Garsed	Advocate for Children in Care	Department for Child Protection and Family Support
Verity Roennfeldt	Director Aboriginal Engagement and Coordination	Department for Child Protection and Family Support
Bonnie Hayward	Program Coordinator, Aboriginal Engagement and Coordination	Department for Child Protection and Family Support
Trish Heath	A/Director Policy and Research	Commissioner for Children and Young People
Natalie Hall	Principal Policy Officer	Commissioner for Children and Young People
Alexa Wilkins	Senior Policy Officer	Commissioner for Children and Young People

Reference Group

Name	Title	Organisation
Fay Alford	Director	Foster Care Association WA
Dr Brenda Clare	Research Fellow	University of Western Australia
Elizabeth Cramer	Executive Manager OOHC	Yorganop Association Incorporated
Isabel Gavranich	Case worker (OOHC) Great Southern	Wanslea
Noelle Hudson	National Policy and Advocacy Manager	CREATE Foundation
Tara Seaward	Manager OOHC Services	UnitingCare West
Ben Whitehouse	Director Coordination and Support	Department for Child Protection and Family Support
Liesel Olney	State Practice Leader	Life Without Barriers
	Young person	Young person (aged 16 years) with experience of out-of-home care



Appendix Two - Interview guide

1. a) If you were worried or unhappy about something in your life, particularly about where you were living, how you were being looked after, or the support you were getting, would you speak to someone about it?
 - b) If yes, who would you speak to?
 - c) Why would you speak to that person / those people?
 - d) If you would *not* speak to someone about your worries, can you tell me why?
2. a) Do you know about any other people or other ways that you can speak up and get help if there is something that you are worried or unhappy about (if you weren't being listened to or couldn't get the help you needed from the other people you've mentioned)?
 - b) If yes, what are some of these other people or ways you might speak up and raise your worries or concerns?
3. a) Have you ever spoken up or complained to anyone about something that was worrying you and that you wanted to change? (e.g. spoken to your case worker or someone else, or made a complaint in writing to someone)? *(if no, skip to Question 5)*
 - b) Was it easy or difficult to speak up about this? Why?
 - c) Were you happy or not happy about what happened when you spoke about your worries? Can you explain why you feel that way?
 - d) Did you get any follow up/feedback or know what happened as a result of speaking up or making a complaint about your worries or concerns?
If yes, can you tell me about this?
4. Have you ever wanted to speak up about something that you were worried or unhappy about (relating to where you were living, how you were being looked after, or the support you were getting) but decided not to?
If yes, what stopped you speaking up about your worries or making a complaint?
5. What would make it easier for you *(and for other children & young people)* to speak up about something that you are worried or unhappy about?
Alternative question format: If you were the boss and could make the system better for kids to speak up, what would you change?
6. Have you heard about and/or seen a copy of the Charter of Rights for Children and Young People in Care?
Can you explain to me what the Charter is about?
If child/young person doesn't know about the Charter, explain it to them and provide a copy of the Charter.
7. Do you know about the Advocate for Children in Care?
If child/young person doesn't know about the Advocate's role, explain it to them and make information about the Advocate (including contact details) available to them.
8. What has been your experience of participating in this interview/consultation?
9. Is there anything else you would like to say about your experiences raising your worries or concerns relating to where you were living, how you were being looked after, or the support you were getting?



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