

Complaints Processes

Perspectives of Young People with an Out-of-Home Care Experience in South Australia

They could listen a bit more. We do have a voice as kids... Kids need to have a voice and not be shut up by social workers. The department need to take a bit more notice of how a child is feeling, hear them and take on board what they said and do something about it. (Female, 14)

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Introduction

Every child and young person has the right to feel safe, be protected and grow up healthy and well. While most are able to grow up in homes that provide a safe environment, some situations, for example, where children and young people are vulnerable to significant harm or do not have their basic needs met, require state intervention. When children and young people are looked after by the out-of-home care (OOHC) system, there is an understanding that the system and the people responsible for carrying out roles within this system, have a duty to provide a safe, supportive, and nurturing environment for them. However, when these services and provision of care are not satisfactory or cause further harm, children and young people have a right to speak up and complain.

In Australia, this right is outlined within the *Convention on the Rights of the Child* (Article 12; United Nations, 1989), and has been adapted into child protection legislations nation-wide, including in South Australia. Likewise, this is further emphasised in South Australia's *Charter of Rights for children and young people in care* (Office of the Guardian for Children and Young People; OGCYP, 2018) which describes a child or young person's right to express their views and to speak up about concerns or worries they may have about their treatment in care.

Previous research has shown that children and young people in out-of-home care are amongst the vulnerable who struggle to have their voices heard or lack confidence to self-advocate when they are dissatisfied about their treatment in care (Commissioner for Children and Young People Western Australia; CCYPWA, 2016). This is not surprising, given the majority of the care population enter the system with past experiences of trauma, complex needs and are unable to develop trusting relationships (McDowall, 2016; Strolin-Goltzman et al., 2010).

In 2018, a national survey of 1275 care-experienced young people also found that three-quarters of its participants knew how to make a complaint, but less than half of those who knew had actually reported a complaint (McDowall, 2018). These same participants felt that their complaints had not been handled well, with others who had wanted to complain but did not, mentioning they had changed their minds as they were afraid of the consequences it would bring (McDowall, 2018).

The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) also highlighted that sexual abuse in institutions is still a significant problem in today's society. While complaints are being made by children to the police, departments and other institutions, they are often disbelieved or ignored, and further investigations into these complaints are not performed (Swain, 2014).

As a result of the recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse, the Department of the Prime Minister and Cabinet (PMC; 2019) endorsed ten child-safe standards (the National Principles) that provide a nationally consistent approach to promoting child safety and wellbeing in organisations that aim to serve children and young people. These principles are in place to ensure those who work in this sector have policies and practices that promote the safety and wellbeing of children and young people including the need to have a complaint handling process that is underpinned by children's rights.

The Present Consultation

Currently, South Australia's Department of Child Protection (DCP; 2020a) has a three-step complaints process. Complaints are to be made to the young person's caseworker in the first instance. If the child or young person is dissatisfied with the outcome, they are then able to notify the Supervisor or Office Manager at their local DCP service centre in the second instance, or can raise a complaint to DCP's Central Complaints Unit online, in person or via post in the final step.

It should be noted, that children and young people living in residential care have another process to raise complaints (DCP; 2020b) that was developed in response to recommendation 136 outlined in the Child Protection Systems Royal Commission's report (2016). This process provides young people living in residential care with additional resources to help promote their right to complain, and information about independent advocates, and steps to take as part of the complaints process.

This consultation sought to better understand the experiences of young people in speaking up about their concerns whilst in care, the processes they used to raise a complaint, and the barriers that they may have encountered. Children and young people with an OOHC care experience and who were living in South Australia at the time of consultation were consulted.

The present consultation focuses on:

- Participant's understanding of DCP's complaints process;
- Key factors and barriers in raising concerns;
- Processes participants used to raise complaints; and
- Ways to improve the current process that encourage young people to speak out if they have complaints in the future.

The findings will provide valuable information for South Australia's DCP in developing and refining strategies and practices that ensure children and young people feel safe and supported in raising their complaints which will achieve better outcomes for them overall.

Method

Participants

A total of 32 participants participated in this consultation; 23 were female and nine were male. Seven identified as Aboriginal. The majority of participants had been in care for over two years. Almost one-third were living in residential care. Two participants reported having Autism and one with a learning difficulty, but only one reported that they were receiving disability support. Full demographic details are presented in Table 1.

Materials

The consultation comprised 24 questions and contained a range of question types such as rating scales, binary questions, comment boxes and open-ended questions (see Appendix A for a copy of the consultation questions). Having a variety of question styles allows for a better insight into young people's experiences and provides opportunities for young people to express their views in their own words.

The consultation focussed on participants' understanding of the complaints process, exploring their experiences in making a complaint or the factors that prevented them from speaking up, as well as how the complaints process could be improved. Quotes of the participants were transcribed verbatim in order to retain the authenticity of their words and have been used to illustrate the main findings.

Procedure

The survey was promoted on CREATE's national and local social media platforms (e.g., Facebook), and through CREATE's networks using a recruitment flyer (see Appendix B). Participants who attended Youth Advisory Groups were invited to participate, and a small sample of participants were selected from the *clubCREATE* member database. The selection criteria used included: Living in South Australia with an out-of-home care experience and aged between 15 and 25 years. A total of 32 young people completed the survey over the course of six weeks.

Ethics, Confidentiality and Informed Consent

The consultation was conducted in accordance with the CREATE Consultation with Children and Young People and Disclosure policies. All participants were provided with a Participant Information Sheet (either directly or through CREATE's web site) detailing the nature of the consultation and were informed that they could withdraw at any time without penalty. Informed consent was obtained from all young people, and carers or caseworkers signed consent forms on behalf of young people aged 17 years and younger. In the absence of written consent, verbal consent was recorded, particularly where participants completed the consultation over the phone.

Table 1. Participant Demographics

| Demographics | Number of Young People |
|--------------------|------------------------|
| Age | |
| 13-15 | 8 |
| 16-18 | 10 |
| 19-21 | 7 |
| 22-25 | 7 |
| Sex | |
| Male | 9 |
| Female | 23 |
| Culture | |
| Aboriginal | 7 |
| No Special Group | 25 |
| Placement Type | |
| Foster Care | 9 |
| Kinship Care | 4 |
| Residential Care | 11 |
| Independent Living | 7 |
| Emergency Care | 1 |
| Disability | |
| No | 29 |
| Yes | 3 |

Data Collection

Young people answered the consultation questions over the phone with a CREATE staff member, online using the Survey Monkey link, online with the support of a CREATE staff member, or using face-to-face interviews. See Table 2 for full details on participation method.

Table 2. Survey Method

| Survey Method | Number of Young People (n = 32) |
|-----------------------------------|---------------------------------|
| Telephone Interview | 14 |
| Online (Independent) | 4 |
| Online Group (with staff support) | 7 |
| Face-to-Face Interview | 7 |

CREATE believes it is important to hear the direct lived experiences of children and young people with an out-of-home care experience. The quotes used in this document come directly from the voices of the participants involved. In order to protect their identities, attributions of the quotes in this report are made using the participant's sex and age. Each participant was also provided with a \$25 Coles/ Myer gift voucher in recognition of their contribution to the consultation.

Data Analysis

Survey responses were de-identified and transferred from Survey Monkey for analysis. A mixed methods approach was used to analyse the data. Statistical analysis was used for quantitative questions and thematic analysis was used for qualitative questions. Combined, this information provides valuable knowledge about the participants' experiences and provides the opportunity to hear from them in their own words.

Limitations

The intent of the consultation was to hear about young people's understanding and experiences of the complaints process and what improvements could be made to ensure young people are able to speak up and raise their concerns. It should be noted that the findings are limited by the sample size (n = 32) and non-random selection. There were higher rates of participants who were older and had left care (e.g., aged 19–25), identified as female or as no specific cultural group. While it is important to hear the voices of these young people, the views captured may not be representative of the range of children and young people who currently experience the care system. Therefore, further research would be needed with a larger, more representative sample of participants to confirm the prevalence of the views expressed and identify other nuances amongst the wider out-of-home care population that are still within the system.

Findings

Understanding their Right to Complain

Who do Young People Talk to About their Concerns?

Twenty-eight participants (88%) reported that they had someone that they could talk to if they were dissatisfied or unhappy with their life in care. There were 27 participants who provided further comments indicating the relationship they had with these people; however, there was one participant who was unaware of anyone she could talk to.

Didn't think I could talk to anyone about my worries. Didn't think you could speak to anyone. (Female, 19)



Figure 1. People To Whom Participants Could Talk if They Had Issues

Note. Several young people mentioned more than one person with whom they could share their problems.

As seen in Figure 1, Carers were reported as the most common person to whom participants felt they could talk to if they were dissatisfied or unhappy with aspects of their life in care. Next most common

were caseworkers, followed by friends, a school counsellor or therapist, teacher, community organisations such as CREATE, Life Without Barriers or Muggy's, or their siblings.

While it was one thing to speak to someone about a concern that they had, young people might not have their issue resolved if they did not raise them using the proper complaints process.

I suppose everyone does but there's a lot of shame around being in a foster care system. Teachers, psychologists, any adults. Don't know how much will get back to the people they're complaining about. (Female, 23)

Deciding When to Complain

Participants were asked how they decided whether to raise a complaint or not. There was a varied response from the young people which illustrates the complexities of the issues that young people might be dissatisfied with or concerned about, and the different factors that aid or hinder their decision to speak up. These have been summarised in Table 3.

Table 3. How Young People Decide Whether to Make a Complaint

| Summary of Young People's Responses | Number of Mentions (n = 45) |
|---|--------------------------------|
| Factors that Assist Decisions to Complain | |
| Having trusted support networks to talk to | 20 |
| Seriousness/ importance of concern (related to their safety, health or wellbeing) | 11 |
| Feeling safe and supported | 2 |
| Factors that Hinder a Decision to Complain | |
| Did not know how to complain | 6 |
| Believed they could resolve it on their own | 3 |
| Perceived concern as "small" | 1 |
| Hesitant due to previous bad experience | 1 |
| Had nothing to complain about | 1 |

Note. A total of 45 comments were made by 30 participants. Some participants provided more than one response.

Factors that Assist Decisions to Complain

Having Trusted Support Networks. Most participants had reported they would talk to someone that they trusted about their complaints. The list included carers, school counsellors, a school principal or deputy principal, a Muggy's Accommodation worker, family members, a therapist, friends, the Kids helpline, CREATE, Office of the Guardian for Children and Young People, caseworkers or their supervisors. As seen in this list, not all those that were mentioned would be well aware of the formal complaints process themselves or had the ability to resolve the complaint.

Seriousness or Importance of Concern. The seriousness of the concern, whether it made them upset or affected their wellbeing or safety, was another factor that participants based their decisions on when deciding to raise a complaint.

I guess I would take a couple of breaths, sit by myself and think about what happened. If it was a big issue and it was upsetting me, I could go to my counsellor at school. (Female, 14)

If [I'm] not safe, cared for or respected I'd talk to a trusted staff or CREATE or [The Guardian]. (Female, 22)

Feeling Safe and Supported. One participant's comment illustrated the importance of having trusted support people reassure them that it is okay to speak up about their concerns to prevent delays in seeking help that could otherwise impact their wellbeing.

[When it] gets to a tipping point where you can't put up with it anymore and you'd speak to someone. Took me almost 12 years to start saying something. (Female, 23)

Another young person further highlighted the importance of having safe spaces to discuss concerns with children and young people, stating:

[I] didn't know a lot about how to [complain]. [I] felt comfortable talking to close carers. Didn't want to speak about what was worrying me within the unit, [I'd] rather go to the beach to speak about how I was feeling. (Male, 23)

Factors that Hinder a Decision to Complain

Did not Know How to Complain. Several young people (n = 6) mentioned that they did not know how to complain or were not informed that they could raise a complaint about something whilst in care, which lead them to anticipate that no one would listen.

I didn't think I could because I thought no one would listen. Didn't get told I could complain. Thought no one would listen because of what happened before care. (Female, 19)

Resolve on Their Own. Three participants described that they would often take time to think about their concerns, consult with others and try to resolve the issue on their own, if they could.

I would talk to my best friend and then talk to my therapist and see how I can change the way I am being treated. (Female, 24)

Would decide whether it was something I could deal with on my own or did I need help from another person. (Female, 20)

Perceived Issue as Small. If, when considering the seriousness or importance of a concern, young people believed the issue was not critical, they were unlikely to complain. For example, one participant expressed that they would not make a complaint if they believed the issue was only "small."

Something small I wouldn't but if it was something important I'd go to [the] Office of the Guardian. (Female, 17)

Two others mentioned they would not raise a complaint, with one young person mentioning they would be hesitant to complain again due to a bad experience in the past.

From previous experience not being a good one, I am hesitant. (Female, 18)

Experiences in Making a Complaint

The majority (59%, or 19/32 participants) had never made a complaint before. The remaining 41% (13 participants) who had raised a complaint described the reasons behind their concerns. These are summarised, following thematic analysis, in Table 4.

Table 4. Reasons Why Participants Have Raised a Complaint in the Past

| Summary of Young People's Responses | Number of Mentions (n =13) |
|---|-----------------------------|
| | realiser of Mentions (H=13) |
| Concerns about treatment/ harm whilst in care (e.g., Physical | 8 |
| abuse, sexual abuse, harassment or negligence) | |
| Placement concerns | 2 |
| Concerns about case/ social worker (e.g., non-responsive) | 2 |
| Lack of family or sibling contact | 1 |

The majority of participants raised complaints because of concerns about mistreatment in care, mainly related to experiences of harm by others, particularly carers, in their placements.

Complained about a carer as she abused me. Shut [a] door on my arm. (Female, 16)

My sister was threatened by a carer as the carer was going to throw a cup at her. (Female, 14)

Being assaulted while in resi care. (Female, 22)

How I was treated in general. Carers didn't understand my Autism. They thought it was another behavioural problem. (Male, 23)

Two young people also raised complaints regarding concerns about their placements.

Living arrangements and who I was living with. (Male, 22)

Another two raised complaints about their caseworkers.

Every time I needed something or wasn't happy . . . generally anytime I wanted to speak to my social worker I couldn't get through to them and they would never return my calls. (Female, 21)

One young person was also unhappy with the lack of family and sibling contact that they had.

Not being able to see my family [and] siblings. (Female, 17)

What Complaints Processes Do Young People Use?

These same participants were then asked to describe the process they had used to raise a complaint (see Table 5).

Young people described telling someone that they trusted about their complaint as the first step of their process. This was usually their carer, their caseworker or another trusted professional. One participant also reported that they had confided in a friend, their partner, another family member and a birth parent.

Table 5. Complaints Process Used by Participants Who Have Raised a Previous Complaint

| Summary of Young People's Responses | Number of Mentions (n = 22) |
|--|--------------------------------|
| Told someone that they trusted (carer, caseworker, trusted professional) | 11 |
| Contacted DCP (complaint line or DCP workers) | 5 |
| Contacted Office of the Guardian | 3 |
| Contacted the Police | 2 |
| Contacted the Commissioner for Children and Young People | 1 |

Note. A total number of 22 mentions were made by 13 participants. Some participants provided more than one response.

Comments indicated that the main way young people informed others was by verbal communication (over the phone or in person); however, there was one participant who had wrote to their caseworker as well.

In two cases, no further action was taken after telling a carer. For others, young people described having to contact multiple people including the police, the Department of Child Protection, the Office of the Guardian for Children and Young People and the Commissioner for Children and Young People.

Told carers and they told me I needed to report it to the police, so I did. (Female, 16)
Told carers. Called the Office of the Guardian. Called DCP crisis line. (Female, 14)

Went to OPS 4 [Senior Child and Youth Worker] then to OPS 5 [Supervisor] then to [Commissioner for Children and Young People]. (Female, 22)

While efforts were made to raise a complaint, most participants (n = 8) indicated that their complaint was not resolved. Even in cases where the police, DCP and the Office of the Guardian had been contacted.

Tried to contact social worker. [My] kinship carer also tried to contact social worker but no solution. (Female, 21)

Rang Office of the Guardian. Took it on board but didn't do anything. Rang DCP complaint line and they didn't help either. (Female, 17)

In addition to the lack of resolution, one participant recounted that she was not taken seriously by her caseworkers.

Going to workers to get help and report the situation more than [a] couple of times then being told, "You probably did it to yourself". (Female, 18)

Of the participants who indicated that their complaint had been resolved, one described experiencing a delayed response to their complaint regarding their placement.

Spoke to a trusted professional, she put in a further complaint. Still wasn't removed but I should have been. I don't think I was removed as it was easier to keep me there then move me. Eventually [I] was moved. (Female, 23)

Another mentioned that their complaint required the help of the Advocate at the Office of the Guardian for Children and Young People.

Went to office of the guardian. Spoke to an advocate about how I was feeling. [The] Advocate said they were going to write a report and investigate. A few weeks later, [my] carers changed and were more understanding [about my Autism]. (Male, 23)

Factors that Worked Well When Raising a Complaint

Participants who reported having a positive experience after raising a complaint were asked what factors worked well for them. These themes are presented in Table 6.

Table 6. Factors that Worked Well For Participants Who Raised a Complaint

| Summary of Young People's Responses | Number of Mentions (n = 11) |
|---|--------------------------------|
| Problem was resolved | 5 |
| Feeling heard (e.g. listened/ responded to, connected, regular communication) | 2 |
| Being persistent so views were taken seriously | 2 |
| Being supported through the process | 2 |

Note. A total of 11 mentions were made by the 13 participants who reported a complaint. Some participants chose not to respond as they did not have a positive experience. Others provided more than one comment.

Problem was resolved. Of the participants who had made a complaint, less than half (n = 5) reported that their complaint had been resolved. However, when there was a resolution, this was perceived positively by the participants.

Positive as there was an outcome and she was fired. (Female, 16)

One participant revealed that it felt unnerving to speak up about a complaint at first.

Initially [I] was really worried about going to Office of the Guardian but... it was a positive experience and felt listened to as there was a solution. (Male, 23)

Feeling Heard. Two others identified that being listened and responded to and staying connected to the situation with regular communication about what was happening was necessary for a positive experience.

Listening, connection, getting told what's going to happen afterwards. [Having] consistent contact and communication. (Female, 22)

Being Persistent. However, a couple of young people highlighted that the process could be complicated and required persistent efforts by young people in order for their complaints to be taken seriously, investigated, and resolved.

Only had a positive outcome after I would hassle my social worker and supervisors at DCP etc. (Female, 21)

After complaining to a trusted individual, yes and no it was a positive experience. It took a lot to be removed. (Female, 23)

Being Supported. Two others commented that feeling supported through the process also left a positive impression on their complaints experience.

It was a positive experience as I was told I did the right thing by complaining so I know how to complain again. (Female, 14)

Yes, complaining to [my] caseworker was a positive experience as she helped me through it. (Male, 22)

Factors that Did Not Work Well

The same young people were also asked about what did not work well (see Table 7).

Table 7. Factors That Did Not Work Well For Participants That Raised a Complaint

| Summary of Young People's Responses | Number of mentions (n = 12) |
|--|--------------------------------|
| Not feeling heard (e.g., ignored, lack of action, thought I was lying) | 7 |
| Lack of communication about steps taken to investigate/ updates on what is happening | 3 |
| Unable to reach caseworker | 1 |
| Change culture of residential care to therapeutic approach | 1 |

Note. A total of 12 mentions were made by the 13 participants who reported a complaint. Some participants chose not to respond. Others provided more than one comment.

Not Feeling Heard. Several participants described that they did not feel listened to or heard when raising a complaint which resulted in a lack of investigation, lack of communication from those they had complained to, and no subsequent resolution of the young person's complaint, despite many efforts to be heard.

Adults don't always listen to the young people and will only listen to other adults which is wrong. (Female, 23)

Nobody would listen or try to understand or even look into what was going on. No one believed me when I made a complaint and went through several avenues but no one listened. (Female, 18)

A couple of young people mentioned that they were not believed or told they were lying causing a sense of disappointment and lack of faith in the system.

Didn't really have one, [I] never got a response. Or, it would be too many complaints and then being accused of being a liar and I couldn't be trusted and need two workers at all times. (Female, 18)

Didn't understand me. [They] thought I was lying. (Female, 16)

Unable to Reach Caseworker. One participant also recounted the frustration it caused her when she could not get in contact with her caseworker to report a complaint.

Getting in contact with my social worker. [I got] very upset and angry when I couldn't. I then ended up being verbally abusive because I was so angry and upset and I know that didn't help the situation. (Female, 21)

Another participant mentioned that "the cultures of residential care needs to be changed to a therapeutic approach" alluding to the need for more understanding behind young people's behaviours and the approaches used to address them.

Barriers to Speaking Up

Participants were asked several questions regarding whether they had past concerns that they had not complained about and the reasons they chose not to complain. Similar themes were observed between the young people's responses to these questions and the factors that did not work well for participants who had a negative experience outlined above.

Past Concerns

Half of the participants (n = 16) indicated that they had concerns in the past which they did not complain about. Various instances were provided by the participants, with several having multiple concerns that worried them but that they did not speak up about (see Table 8).

Table 8. Past Concerns That Were Not Complained About

| Summary of Young People's Responses | Number of Mentions (n = 15) |
|---|--------------------------------|
| Mistreated in care | 4 |
| Placement Concerns | 3 |
| Disconnection with Carer | 2 |
| Lack of Sibling Contact | 2 |
| Disempowerment/ mental wellbeing | 1 |
| Did not understand leaving care plan | 1 |
| Did not understand why they were in care | 1 |
| Sister tried to convince me to leave my placement | 1 |

Note. A total of 15 mentions were made by 16 participants.

Mistreated in Care. Other reasons behind past concerns were related to being mistreated in care. One participant recounted an experience where a previous concern could not be further investigated as it was reported late and there were no records about it.

I didn't report my sexual abuse because I was worried that they thought I was lying again. Mum [carer] looked into it and the response was "Oh, it's too late and we don't have any records of it. (Female, 18)

Placement Concerns. A few participants expressed concerns about their placements.

Maybe when I was with my aunty. Just about how I felt there. I didn't feel like I [was] wanted there. (Female, 14)

People didn't listen to me when I said I didn't want to live with someone. They still sent me there and bad stuff happened. (Female, 19)

Disconnection with Carer. Two young people had expressed that they did not have a strong rapport with their carer which prevented their sense of safety and feelings of being emotionally supported.

I didn't have a stable Carer I could feel safe to talk to. I didn't have a secure placement until about 6 months from being in care. People needed to look past my behaviours and needed to hear me during that time. (Male, 22)

Carer not being there to emotionally support me and my brothers. (Female, 24)

Lack of Sibling Contact. Two other participants were concerned about the lack of sibling contact they had.

My sisters get to see my old foster family every fortnight, but I can only see my sisters every month. They abused us which is why we're all in different care now, yet they can still see them. (Female, 16)

When I went into care, myself and six siblings, we all got split up, two or three together. All based and living in Gawler but didn't get to see each other often, maybe once a month if that. One house was literally around the corner and still didn't get to see them more. (Female, 19)

Disempowerment/ Mental Wellbeing. One young person described different reasons she had been concerned in the past but had not complained. Many of which were related to disempowering experiences, mistreatment and intergenerational trauma, which affects her mental wellbeing.

Rapes. Staff being able to abuse kids. Power imbalances. Everything to do with the suppression for the Nunga communities. Validation about our lived experiences and the abuse we have endured throughout living [in] the system and how much that f^{***} s with your soul and brain. (Female, 22)

Did Not Understand Leaving Care Plan. One participant raised their concerns about their leaving care plan.

How to make a leaving care plan in a way that I could understand it better. (Female, 24)

Another was concerned about her sister's suggestions to leave her placement and move in with her.

My sister tried to convince me to get out of my home. It worried me a bit (I was a bit younger). I didn't fully understand, and I moved in with her. It was worrying for me. (Female, 14).

Reasons for Not Speaking Up

Participants were asked what was the main reason for not speaking up and complaining. Five respondents did not need to complain about anything. Reasons given by the others for not speaking up are summarised in Table 9.

Table 9. Reasons for Not Speaking Up and Raising a Complaint

| Summary of Young People's Responses | Number of Mentions (n = 20) |
|---|--------------------------------|
| Did not know how to complain | 6 |
| Not feeling heard/ taken seriously | 6 |
| Fear of consequences (e.g., causing conflict, getting in trouble) | 4 |
| Issue was minor / forgot about it | 3 |
| Sister was convincing | 1 |

Did Not Know How to Complain. There were six mentions by participants that they did not know how to complain. This included young people describing that they were not aware that they were allowed to complain, or lacked understanding of the process involved, for example, who to speak to, where to go, or who could provide support during the process.

I didn't know who I could talk to. And I wasn't aware of who I felt comfortable with. (Female, 19)

Didn't know how to complain or who to speak to. (Male, 20)

Not having the support or knowledge to make a complaint. (Female, 24)

Not Feeling Heard or Taken Seriously. Several others described they did not feel listened to or taken seriously which added weight to their mistrust of the system and reluctance to raise a complaint as they anticipated that nothing would happen.

You never know if they are going to act upon it. (Female, 14)

Tried to complain but they brushed me off and wouldn't listen to me. (Female, 17)

The power dynamics of the workers, genuinely not being listened to due to being a kid in care, fear factor of moving again to another home, family break downs, complete mistrust of the entire system. (Female, 22)

In a couple of cases, young people even reported that they were ignored and accused of lying.

Not listened to. [I was] ignored and accused of being a liar. (Female, 18)

Fear of Consequences. A few mentioned that they were scared about what would happen to them or to others if they complained, so avoided raising a complaint.

Probably because I was scared about what would happen. I didn't want to hurt my aunty. (Female, 14)

A lot of conflict and everyone would talk with each other and getting in trouble for speaking up. (Female, 17)

That nothing would change and was going to get in trouble for complaining. (Male, 23)

A few participants mentioned that they would forget to raise a complaint or "didn't think the issues were big enough to complain about". One younger participant acknowledged that she did not complain about her sister telling her to leave her placement because her sister was "very convincing."

What Would Give Young People Confidence to Raise Complaints?

Participants were asked how likely they were to make a complaint if they were dissatisfied or unhappy about an aspect of their treatment in care on a scale out of 100. About half of the respondents (15/29) gave a score of over 70, resulting in an average score of 61 out of 100.

When asked about what caseworkers or DCP could do that would increase the chances of young people making a complaint, 28 participants provided further comments. Table 10 summarises the factors that would increase young people's likelihood of complaining.

Table 10. Factors that Would Increase Participants' Likelihood of Complaining

| Summary of Young People's Responses | Number of mentions (n = 31) |
|--|--------------------------------|
| Take young people seriously (e.g., listen and respond) | 12 |
| More education and resources about how to complain | 8 |
| Better caseworker support | 8 |
| Better accessibility (e.g., complain online, anonymous complaints) | 2 |
| Therapeutic approach | 1 |

Take Young People's Complaints Seriously. Many participants highlighted the need for caseworkers and DCP to respect young people's rights to complain by listening and responding to them. All complaints should be viewed objectively and investigated. Timely responses and updates about the complaints investigation and progress should also be provided to young people so that they know they are being taken seriously.

They could listen a bit more. We do have a voice as kids. It isn't that they are not doing anything but sometimes there are people who need extra help. Kids need to have a voice and not be shut up by social workers. The department need to take a bit more notice of how a

child is feeling, hear them and take on board what they said and do something about it. (Female, 14)

Listen to me, actually look into it without judging me and thinking I'm lying. (Female, 18)

More Education and Resources. Ensuring young people know how to complain by providing more education, awareness and resources for how to complain was highly cited. Young people should also be regularly reminded that they can make a complaint without being judged, getting in trouble, or being accused of lying.

If I had someone tell me who to complain to, on a regular basis. (Female, 19)

Given a piece of paper of how to complain and a guide. (Female, 19)

When I first went into care, [it] would have been good to know that I could complain or [for the] caseworker to say, "If there's anything you're not happy with, let us know". (Female, 19)

Better Caseworker Support. Young people need to know who their caseworkers are and have established relationships built on trust and open lines of communication. Participants identified the need for caseworkers to be contactable and responsive to young people, and that services should uphold the safety and wellbeing of children. Reminders about their right to complain and providing opportunities to complain without getting in trouble should also be promoted.

Social workers should be faster at getting back to me. (Male, 16)

DCP social workers to return calls and make time to. You never know what a young person is going through so always get back to them. Could be a life or death situation. Always investigate what's going on also. Two sides to every story and get all the information to make decisions. (Female, 21)

Open conversations about how they are and building a professional relationship where they feel comfortable to speak to them. (Female, 23)

Better Accessibility. The need for making the process easier and more accessible was expressed. Two young people described having clearer information about how they can successfully complain online or having the option to raise concerns anonymously.

An easier and clearer way to use the internet to complain. (Female, 24)

Anonymous complaint making. (Female, 17)

One participant thought it was important to use a therapeutic approach for children and young people in care.

Have a therapeutic approach and looking beyond the behaviours of kids at risk or kids in care. Giving the power back to the children, making them feel in control of what happens to them and respect their wishes even if you do not agree. (Female, 22)

How Can The Department Improve the Complaints Process?

Participants were then asked about how the Department could improve the complaints process. Their answers are summarised in Table 11.

Listening and Responding to All Complaints. Young people reported that they wanted the Department to genuinely listen to them and ensure that their complaints are responded to in a timely manner.

When young people are complaining, DCP should be doing something about it instead of leaving it. (Female, 19)

Listen to what the kid has to say. Even if you don't believe them please look into it and make sure they are safe and heard. (Female, 18)

Table 11. How can The Department Improve the Complaints Process?

| Summary of Young People's Responses | Number of Mentions (n = 28) |
|--|--------------------------------|
| Listening and responding to all complaints | 9 |
| Consistent and responsive caseworkers | 7 |
| Streamlined and accessible process | 7 |
| More awareness/ resources | 5 |

Note. A total of 28 comments were provided by 26 participants. Some of the 32 participants chose not to respond to this question.

Consistent and Responsive Caseworkers. While several young people expressed that they were satisfied with their caseworker and the relationship that they had, it was not a common view held by the majority of young people. Practice should be consistent, and approaches should be traumainformed so that practice is consistent and capable of making young people feel safe and secure.

Validation is everything. Consistency is key. Listening and respecting their life and views...

Power back to the kids in care considering it's their lives... Supported Youth Workers. Trauma Informed Workers (Female, 22)

Young people believed that DCP needs to have more caseworker staff who are well-trained and responsive to cater to the support needs of young people.

Having more staff would be my top one. Apparently social worker to client ratio is crap. Getting back to young people. Don't let them wait, don't reply at all. It's simple steps like returning a phone call. You should want to go above and beyond for the client. (Female, 21)

This would also help alleviate the lack of caseworker interactions, limited communication, and delays in response that young people have experienced.

DCP need to communicate with me and other young people more. (Female, 16) Social workers to make things faster for kids to get things. (Male, 16)

Improvements in these areas have been cited as a way moving forward that would increase their likelihood of feeling comfortable to tell their caseworker about a complaint.

Frequent visits from case worker. That would increase the likelihood for me to tell them what has happened. (Male, 15)

One young person also noted that it was important to have a holistic view of the child or young person by considering the reasons behind behaviours and listening to others who know the child such as the birth family and siblings.

Listening to the biological family. Listen to the child. Social workers need to take more into account what young people are saying and the way they're acting and why. (Female, 23)

Streamlined and Accessible. Making the complaints process more streamlined, accessible, and child and young-person friendly were mentioned by the participants.

A direct way to complain. A way to make you feel more comfortable and welcoming. (Male, 23)

Send out regular complaint forms. Get the carers/ case workers to read it out to children and young people. (Female, 19)

One participant suggested having the option to raise a complaint anonymously would help ease the fear of getting in trouble or feel guilty about complaining.

Online processing for complaints and anonymous call to make us feel safe and that we won't be looked down upon or feel bad for making a complaint. (Female, 17)

Young people also preferred to have someone external to the Department to complain to and to have more opportunities to feel like they can have a say or raise a complaint.

Allow kids to have their say more. Tell them about the complaints process. (Male, 20)

Make opportunities to listen to children. Maybe an external group outside of DCP. (Male, 22)

More Awareness and Resources. There were several young people who did not know about the complaints process or who was available to receive complaints. Having multiple formats or resources that promote awareness about the right to complain, what children and young people can complain about, who to go to for support, and how to make a complaint is needed to ensure young people are able to exercise their right to speak up.

One young person suggested putting information on the Department's website or on social media platforms to create better visibility.

I didn't know about the complaints process. I don't know much about it but they could put information on a website or Instagram. (Female, 14)

Another suggested having a talk to young people about it and letting them know that there is a complaints process in place and that they are able to complain if they need to.

Have a talk with the kids and let them know about the complaints process. Because I didn't know until today. (Female, 14)

Better communication and giving the young person the information how to go about it. (Female, 24)

This information should also be shared with other important and trusted people that young people are likely to confide in such as their carers, birth families, or trusted people at schools, so that they are more informed and can assist and support children and young people with the complaints process if those situations arise.

Final Remarks about Complaints

Participants were provided with the opportunity to have a final say on the topic of complaints before the survey concluded. Many views expressed simply reinforced the findings already identified in the survey. For instance, knowing about their rights:

All young people in care should be able to know why they're in care and should always know their rights. (Female, 23)

Also, ensuring that processes and practices allow young people to be safe and empowered to speak up:

There should be a better process to putting young people with foster families so there's no complaints relating to foster families. (Female, 19)

Listen to kids, sit down the kid and go through what's wrong. Resolve in a way that's going to help the kids and the workers. (Female, 16)

And providing alternative ways for children and young people to leave feedback:

In care houses, have a box for young people to write suggestions. When I came into care, I got given a backpack with clothes in it but they were too big and not tailored to me. Would be better if a teddy was in there or a toy as comfort. Stress ball maybe. Getting put in care was very stressful so even colouring in things would be better. (Female, 19)

It is critical to have established relationships based on trust and open communication so young people feel comfortable to talk to their caseworkers in the first instance of a complaint.

There are a lot of children who feel uncomfortable to talk to their workers. (Female, 20)

If something's wrong people need to start speaking up. The more who do, the harder it is for anyone to ignore it. (Male, 18)

In addition, more attention should be given to promoting the use of independent organisations external to DCP to encourage young people to speak up, and to support young people through the complaints process.

I only ever trusted myself and didn't want to engage with the Department as I was never involved in the decision making. (Female, 21)

[Commissioner] is a ledge. CREATE [Foundation] are supporting and empowering young people. (Female, 22)

Discussion

This consultation sought to hear from care-experienced young people living in South Australia about their understanding of the complaints process, their experiences in raising concerns and perspectives on how DCP could make the complaints process better.

Evidently, only 41% (13 participants) had raised a complaint in the past. Less than half of the participants were likely to raise a complaint in the future with several indicating that they did not know they could complain or the processes involved. Of those who had complained, it appeared that only a few young people described following the complaints process outlined on DCP's (2020a) website. This suggests that there is still much work that needs to be done in terms of improving the awareness of young people's right to complain, their knowledge regarding what they can complain about, the complaints process in place and the available supports and resources that they have access to.

While it is one thing to know about the complaints process, the findings also show that several other structural barriers that prevent young people from speaking up if they were dissatisfied or unhappy with an aspect of their care experience need to be addressed.

Barriers such as a fear of consequences, not feeling respected, believed, or responded to by caseworkers or other people whom young people complained to were commonly identified by the participants, leading to a sense of dissatisfaction, diminished confidence in the system, lack of faith in the complaints process, and a negative complaints experience overall. Likewise, these negative aspects appeared to signal to the young person that their input and concerns were not valid and therefore were reluctant to disclose concerns again.

McDowall (2016) highlights the importance of dialogue (e.g., listening and responding to children and young people) to ensure they feel involved and supported as a key stakeholder in the process, a finding consistent with the OGCYP (2019) that denotes that responding to their issues prevents children and young people from becoming reluctant to disclose concerns in the future. Further disappointment in children and young people could also be avoided if expectations are successfully managed through the use of open lines of communication with all those involved (Gal, 2015).

These barriers mirror the barriers to participation identified by Tisdall (2015), which include tokenism, lack of feedback, consultation not dialogue, and emphasis on adult procedures. Nonetheless, they can be addressed with the availability of time and space to build trusting and respectful relationships which can remove any sense of power imbalances that impede intergenerational dialogue (Bolzan & Gale, 2011).

Two participants also highlighted the need to have a safe environment where they felt comfortable to raise their complaints and to be supported in the process. These values underpin the *Complaint Handling Guide* (PMC, 2019) which strives to provide child-safe organisational cultures and processes that are conducive in encouraging young people to speak up.

However, the greatest challenge is often when it comes to implementing these processes in practice. If there are to be improvements in the proportion of children and young people who raise complaints, staff need to be properly trained and regularly reviewed in the way they conduct their roles to provide

quality, child-safe services to children and young people. While shortage of staff and overstretched workloads have been a constant challenge of the sector for some time (Strolin-Goltzman et al., 2010), the findings suggest that alternative solutions for this problem are crucial to keep up with the demand and needs of the OOHC population.

Alternative solutions should allow the complaints process to be streamlined, accessible, and collaborative, allowing other significant adults who young people trust or confide in to assist the young person or raise a complaint on their behalf. Otherwise, allowing police and other departments that may be notified of a child or young person's OOHC complaint to redirect complaints to DCP so that they are not left unanswered. Another measure that can be taken would be to provide a more streamlined and less intimidating approach, such as providing an option to make a complaint to their caseworker online or anonymously.

Sadly, many of the reasons participants wanted to complain were related to mistreatment in care. It is important that DCP adapts processes that protect all vulnerable children and young people and prevents mistreatment from occurring. Better screening processes were reported by a couple of participants, as well as ensuring that carers are regularly trained and reviewed to uphold the safety and wellbeing of the children and young people who are placed in their care. The same can be said for caseworkers who young people believed need to demonstrate more accountability for their practice.

While it sounds simple, and is often stated in policies, much work is still needed to ensure staff are implementing child-safe practices and are genuinely listening, responding, and supporting young people through the complaints process. These are vital factors in best practice and having these systemic measures in place can help prevent negative experiences in care from occurring in the first place. Yet, if they do, promoting child-safe environments will also encourage young people to speak up about the things they are unhappy about in care.

Conclusion

Children and young people with a care experience have a unique perspective of the OOHC system and the participants in this consultation highlight that there is still work to be done to ensure that they feel comfortable enough to speak up about the things that concern them.

Despite having the right to express their views and dissatisfaction about their treatment in care, the findings show that not all young people knew about their right to complain or the process and supports available. In cases where participants did know, they were unlikely to complain because they were afraid of the consequences or anticipated that they would not be believed or listened to. A lack of support, communication and responsiveness by caseworkers also seemed to prevent young people from speaking up or deterred them from a good experience in raising a complaint. Positive experiences were identified when young people had someone they trusted to listen, respond, and support them through the complaints process.

Better promotion of the complaints process is needed by South Australia's DCP, so children and young people understand their right to complain. When processes are implemented that are streamlined, accessible, and lead to young people feeling safe and encouraged to speak up, they are likely to improve the proportion of young people who raise their concerns. When the participants felt comfortable in talking about their concerns with other people whom they trusted and had an existing relationship with, it was more likely for them to raise a complaint with their caseworkers. Caseworkers who are supposed to help and support children and young people in OOHC need to keep young people's rights at the forefront of their practice so that quality services are provided.

An easy first step towards this is to ensure that staff are effectively listening and responding to the young person's complaint without judgement and are providing open and transparent lines of communication. Addressing these factors and ensuring that young people are able to have their voices

heard and responded to is necessary to ensure that their care experience is positive, and that the system is doing its part to uphold their rights and safeguard their wellbeing.

Actions

1. Increase Awareness and Understanding of Children and Young People's Rights in Care and the Complaints Process

- Develop and promote various child and young person-friendly resources to improve knowledge of their right to complain and the process involved, including details of how to complain, details of who to complain to and independent advocacy supports that can assist them to raise complaints.
- Ensure child and young-person friendly resources are accessible online and are updated regularly.
- Require DCP and staff to regularly remind children and young people that they have a right to speak up or complain.
- Ensure other trusted people (e.g., carers, teachers, school counsellors, etc.) know the complaints process and how they can support a child or young person, as they are more likely to be told about their concerns.

2. Create a Positive Complaint Handling Culture

- Adapt DCP's complaints process according to the guidelines described in the Complaint
 Handling Guide (PMC, 2019) to ensure young people feel safe, respected, and are responded
 to about their complaints.
- Provide a collaborative approach to ensure all government and community organisations (e.g., police, the Kids Helpline) can redirect complaints so that all complaints are addressed.

3. Making the Process Accessible to Children and Young People

- Provide multiple avenues in which children and young people can raise complaints, for example, in person, over the phone, online, either with the support of a trusted adult (e.g., carer, caseworker, school teacher, counsellor) or with the option to complain anonymously.
- Promote the services of independent advocates to support children and young people in raising complaints in various formats and at services that work with children and young people.

4. Ensure Staff are Well Trained, Trauma-informed, and Uphold Child-Safe Principles in Practice

- Ensure staff uphold child-safe principles when working with children and young people and ensure they are respectful, responsive, and provide opportunities to build trust and rapport with children and young people.
- Prepare staff to listen and respond effectively to children and young people in a safe and empowering manner when they have a complaint and do not immediately dismiss their views.
- Remind children and young people that they have the right to complain and assist them with the process if necessary.

5. Better Screening Processes and Training for Carers

 Ensure that carer training includes information about how to support children and young people's ability to understand the complaints process and to have the confidence to speak up about issues that concern them.

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Appendix A. Survey Form

WHAT IS THIS SURVEY ABOUT?

There are formal complaint processes available to children and young people who live in out-of-home care. Such processes are designed to enable young people to speak up and seek support if they are unhappy about their treatment in care. Complaints can be made, for example, if you are unhappy with an aspect of how your carer or caseworker is looking after you.

We are interested in learning about YOUR understanding of, and experience with, complaint processes: If you feel able to, or have complained; how you complain; the type of things you have, or are likely to complain about; what it is like for you to complain; and what would make the complaint process better for you.

INSTRUCTIONS ON HOW TO COMPLETE THIS SURVEY

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

OTHER IMPORTANT INFORMATION

Before you begin, we would like to remind you of a few things:

- Doing this survey is completely voluntarily. You can stop doing this survey at any time and this will not affect you joining in
 with any other CREATE events and activities.
- You can skip questions if there is a reason you would rather not answer them; however, we at CREATE hope that you will
 want to share as many of your views as possible.
- Everything you tell us in this survey will be kept confidential (this means private) unless you tell us something that makes us
 concerned for your safety or for the safety of another young person in care, then we may have to tell someone.
- · You can have a support person help you with the survey if you would like.
- We may use the information gained from the survey for reports and presentations but we will NEVER use your name. You will be anonymous in these reports.

Having understood the above information, by continuing with this survey you are giving your consent to participate.

For more information on consultation participation, you can refer to <u>CREATE's website</u>, or ask your local CREATE Office (1800 655 105) for a Consultation Participation Information Sheet.

| * 1. What method are you using to complete this surve | ey? | |
|---|------------|-------------------------|
| Online Independent | \bigcirc | Face-to-face interview |
| Online as a group (with a staff member) | \bigcirc | Other (e.g., hard copy) |
| Telephone interview | | |
| * 2. In what state or territory do you live? | | |
| 3. What is your post code? | | |
| | | |
| * 4. How old are you? | | |

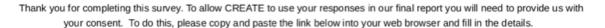
| 5. I identify as: | |
|---|--|
| Female | |
| Male | |
| I identify with another gender Please specify: | |
| | |
| * 6. Culturally, I identify as: | |
| Aboriginal | Other Cultural Group (non-English speaking background) |
| Torres Strait Islander | No specific group |
| Both Aboriginal and Torres Strait Islander | |
| If "Other Cultural Group", please specify: | |
| | |
| 7. How old were you when you came into care? | |
| | |
| * 8. What type of placement do you live in? | |
| Please select only one. | |
| Foster care | Permanent care |
| Cinship care | Semi-independent supported accommodation |
| Residential care | Independent living |
| Other (please specify): | |
| | |
| | |
| 9. Do you have a disability? | |
| Yes | |
| ○ No | |
| Prefer not to say | |
| If you answered yes, what type of disability or impairment do you | u have? Please describe in your own words. |
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| | |

| coul | f you answered yes to t d include medication, s | | |
|-------|--|--|--|
| | Yes | | |
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| Any c | comments? | | |
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| 11. Do you have someone you can talk to if you are dissatisfied or unhappy with aspects of your life in care? | | | | |
|---|--|--|--|--|
| ○ Yes | | | | |
| ○ No | | | | |
| If you answered yes, what is the person's relationship to you (e.g. Carer, casework, birth parent, friend)? | | | | |
| | | | | |
| | | | | |
| 12. If something about your treatment in care was worrying you, how would you decide whether to complain about it or not? | | | | |
| | | | | |
| | | | | |
| | | | | |
| 13. Have you ever made a complaint? | | | | |
| Yes | | | | |
| ○ No | | | | |
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| 14. What did you complain about? | |
|---|---|
| | |
| 15. Can you please describe the complaints process | s you used? |
| | |
| 16. Who did you complain to? (Please tick all tha | at apply) |
| Caseworker | Partner/ Girlfriend/ Boyfriend |
| Carer | Friend |
| Birth Parent | The Advocate/ Commissioner for Children and Young |
| Other family member | Person |
| Other (please specify) | |
| | |
| | |
| 17. If you have had a positive experience with comp worked well for you (e.g. problem was resolved, I fe | |
| | |
| 18. If you have had a negative experience with comnot work well for you (e.g. was unhappy with the out | aplaining, please help us to better understand what did tcome, I didn't feel believed)? |
| | |

| 19. How likely are you to make a complaint if you are dissati treatment in care? | sfied or unhappy about an aspect of your |
|---|--|
| Not at all likely - 0 | Very Likely - 100 |
| 20. Thinking about the score you have given above, what co general, do to INCREASE the likelihood of you complaining | |
| 21. Can you think of something related to being in care the HAVEN'T complained about? Yes | nat may have worried you in the past which you |
| No If you answered yes, please share what this is - if you are comfortable | to do so. |
| 22. What would you say the main reason for you NOT speak | king up and complaining about the above was? |
| 23. What (if anything) would you like to tell the department a process for children and young people in care? | bout how they can improve the complaints |
| 24. Is there anything else that you would like to say on the to people in care? | opic of complaints for children and young |
| | |



https://www.surveymonkey.com/r/Consent and Voucher Complaints Processes

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

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

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

CREATE Office on 1800 655 105

Appendix B. Recruitment Flyer



About CREATE

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

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

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

To do this we:

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

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