The University of Queensland
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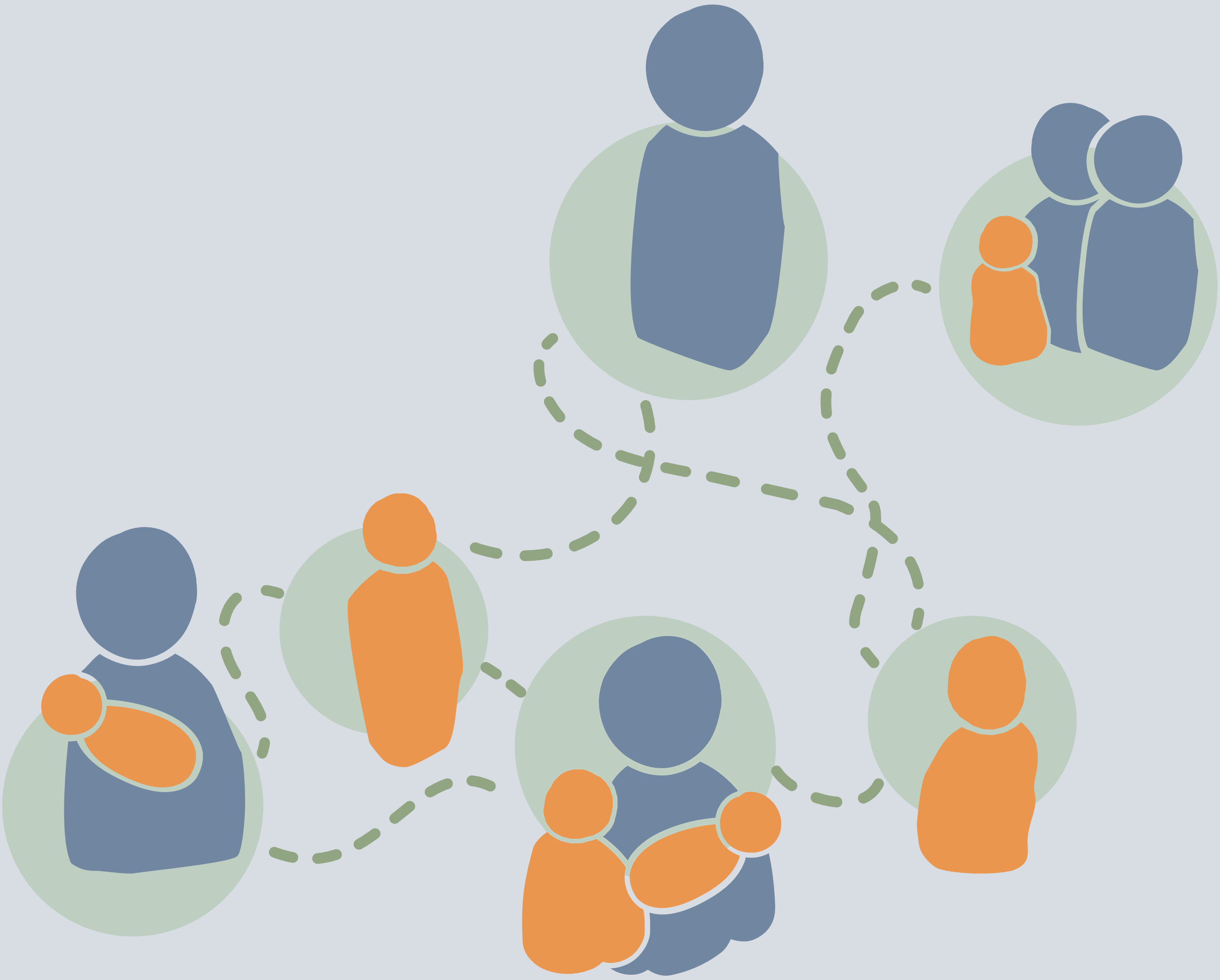
Life Course Centre
ARC Centre of Excellence for Children and Families over the Life Course

Enhancing Children's Journey Through Out-of-Home Care

FINAL PROJECT REPORT



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Kate Thompson’s PhD research was supported by a Research Training Program (RTP) Scholarship and a top-up scholarship from the Poche Centre for Indigenous Health. Iryna Kolesnikova’s PhD research was supported by a Research Training Program (RTP) scholarship.

Ethics

Ethics approval was received from The University of Queensland's Human Research Ethics Committee (2020/001937) and Uniting Care’s Ethics Committee (Healy 02092020). All participants were provided with age-appropriate information sheets and consent forms prior to participation in the project. Consent was reaffirmed at each interview with participants who were interviewed more than once. All participants provided either written or verbal consent (or assent for those under 18) to take part in the study, in accordance with the study's ethical clearance.

Acronyms

Acronym	Definition
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
ATSICHS	Aboriginal and Torres Strait Islander Community Health Service
BITSEA	Brief Infant and Toddler Social and Emotional Assessment
CPO	Child Protection Order
CPS	Child Protection Services
CSO	Child Safety Officer
CSP	Cultural Safety Plan
DCJMA	Department of Children, Youth Justice, and Multicultural Affairs (now DFSDSCS)
DFSDSCS	Department of Families, Seniors, Disability Services and Child Safety – the Queensland statutory child protection authority. This is sometimes referred to as Child Safety or the Department.
FIN	Family Inclusion Network
FIS	Family Intervention Services
HDR	Higher Degree by Research
IFS	Intensive Family Support
LSAC	Longitudinal Study of Australian Children
LTG-CE	Long-Term Guardianship Order to the Chief Executive (type of CPO where custody and guardship is granted to the statutory child protection authority until the child is 18 years old)
LTG-O	Long-Term Guardianship Order to a suitable person (type of CPO where custody and guardship is granted to a suitable family member or other person until the child is 18 years old)
NDIS	National Insurance Disability Scheme
OOHC	Out-of-Home Care
PMAG	Project Management and Advisory Group
PTSD	Post-Traumatic Stress Disorder
QATSICPP	Queensland Aboriginal and Torres Strait Islander Child Protection Peak
SDQ	Strengths and Difficulties Questionnaire
SES	Socioeconomic status
SNAICC	Peak body for Aboriginal and Torres Strait Islander children and families
STC	Short-Term Custody Order (type of CPO where custody is granted to a suitable person or the statutory child protection authority for up to 2 years, but the parent(s) retain guardianship)
UNCRC	United Nations Convention on the Rights of the Child

Glossary

Term	Definition
Parent	Participants in the study who are biological parents of children in the out-of-home care system.
Carer	Individuals providing care to a child who is involved in the child protection system, including both foster carers and kinship carers.
Carer Household	Households that contain one or more carers who were interviewed as part of this research.
Child Safety	Queensland's statutory child protection authority.
Industry Partners	Community organisations and government departments who contributed financial and/or in-kind contributions to this project.
Study child	Children who met the eligibility criteria for the study design and who were the primary focus of data collection and analysis. This includes children who participated in an interview and those for whom data was collected via their carer.
Yarning circle	A culturally appropriate methodology for fostering dialogue with and between Aboriginal and Torres Strait Islander communities.

Disclaimer

This report uses the terms *Indigenous* and *Aboriginal and Torres Strait Islander peoples* to refer to the first peoples of Australia. We acknowledge that preferences for terminology vary between peoples, families, and communities, and we recognise the importance of respecting local identities, Nations and language groups, and cultural connections. No single term is intended to diminish the diversity, strength, or sovereignty of Aboriginal and Torres Strait Islander peoples.

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Executive Summary

This report presents findings from a four-year mixed-methods longitudinal study of the experiences of children, carers, and parents in the Out-of-Home Care (OOHC) system. It examines how and why the emotional, social and cultural wellbeing of children varies over the course of their journey through OOHC and provides insights into how policy and practice can better support them.

Key messages

Children in OOHC experience **high and often persistent levels of social and emotional difficulties**, with many faring worse than children in the most socioeconomically disadvantaged families who remain in parental care.

Relationships and connections – with parents, siblings, carers, extended family, peers and culture – are central to children's wellbeing, yet are often fragile, poorly supported, or disrupted by system processes.

Parents' lives are frequently shaped by **deep and enduring disadvantage, trauma, poor health and housing insecurity**, with limited practical and emotional support before, during and after removal.

Carers provide substantial day-to-day care and advocacy in a complex system but often feel **undervalued, excluded from key decisions**, and under-supported, particularly when caring for children with complex needs.

For Aboriginal and Torres Strait Islander children, carers and stakeholders, the **ongoing impacts of colonisation and past government policies** constrain efforts to build and maintain cultural identity and connection, despite strong commitment and expertise within Aboriginal and Torres Strait Islander communities.

Improving outcomes for children in OOHC requires **earlier and more intensive support to families, stronger inter-agency collaboration, trauma-informed and poverty-aware practice**, and the **embedding of Aboriginal and Torres Strait Islander Ways of Knowing, Being and Doing** across the OOHC system.

Study background and design

Approximately 60,000 children in Australia are currently on care and protection orders, with over 45,000 living in OOHC. Aboriginal and Torres Strait Islander children are extremely over-represented; in Queensland they make up around half of all children in OOHC despite comprising a small proportion of the child population. Existing research has established poorer long-term outcomes for children in care but has rarely followed children longitudinally, incorporated children's and parents' voices in depth, or examined how cultural identity and connection can be supported over time.

This project was funded through an Australian Research Council Linkage Grant (LP190100131) with significant financial and in-kind support from key industry partners, including major foster and kinship care providers, Aboriginal community-controlled organisations, and the Queensland statutory child protection authority. The project commenced in January 2020 and concluded in June 2025.

The study addressed five research questions

1. Children's experiences of foster and kinship care over time.
2. The characteristics and experiences of carers.
3. The experiences of birth parents.
4. The relationships between children's OOHC journeys, their social and emotional wellbeing, and connections to family and culture.
5. How Aboriginal and Torres Strait Islander carers and stakeholders promote cultural identity and connection in OOHC.

A longitudinal mixed-methods design was used.

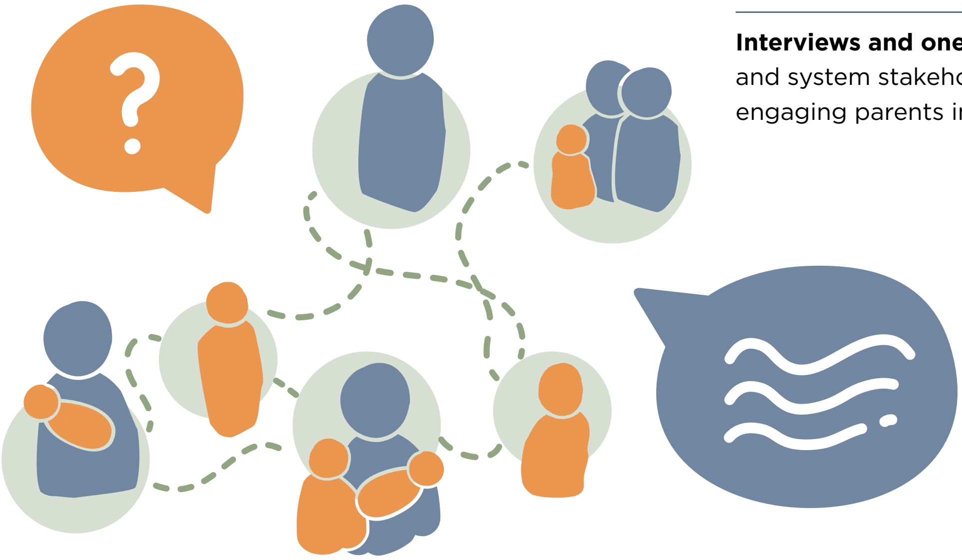
Data collection
July 2021 – October 2024

Over 430 semi-structured interviews with 86 children, 119 carers and 17 parents, conducted up to three times at approximately yearly intervals

Almost 500 assessments of social and emotional wellbeing, using the Strengths and Difficulties Questionnaire (SDQ) for children aged 4+ and the BITSEA for younger children, with 212 children having at least one measure and 112 having measures at all three waves

Interviews and yarning circles with Aboriginal and Torres Strait Islander stakeholders on Country, guided by local protocols

Interviews and one focus group with practitioners and system stakeholders exploring barriers to engaging parents in research and support.



Governance and cultural safety were central to the design. An Aboriginal and Torres Strait Islander Research Subcommittee, comprising Aboriginal and Torres Strait Islander researchers and representatives of Aboriginal community-controlled and partner organisations, advised on engagement, data collection, analysis and staff wellbeing. The Subcommittee developed a **Living Cultural Framework** grounded in the Aboriginal and Torres Strait Islander Child Placement Principle and led the development of cultural safety and accountability protocols.

Recruitment and retention of parents were particularly challenging, reflecting difficult or non-existent relationships with agencies and the distress, shame and stigma many parents experience. These challenges themselves reveal the **invisibility and lack of systematic support** for parents whose children are in OOHC, with implications for reunification and long-term outcomes.

Key findings

Children's social and emotional wellbeing

Standardised measures and carers' narratives show that most children in OOHC experience **significant and persistent social and emotional difficulties**, with many remaining in the 'of concern' range over time. A smaller group of children showed improvement. These improvements were not explained by the absence of adversity, but by the **consistency, quality and responsiveness of support** – stable placements, emotionally attuned and well-supported carers, coordinated services, attention to developmental stage, and meaningful family and cultural connections.

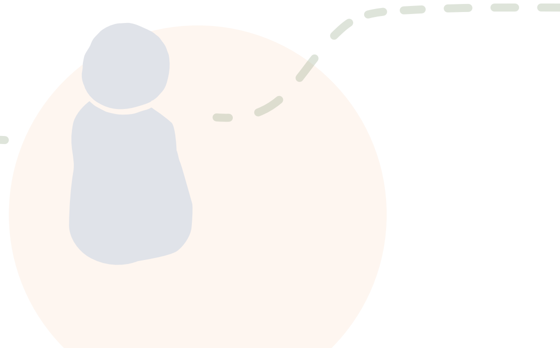
Children's relationships and sense of belonging

Across the study, children emphasised the importance of:

- **Parents and siblings** as central to their sense of identity and belonging, even when living apart
- **Other children in the carer household** (including carers' own children and other children in OOHC) as key sources of support and companionship
- **Carers and their extended families** as important attachment figures and sources of stability
- **Memories and mementos** (photos, gifts, objects) that preserve connections to family, identity and life history.

Children often experienced family contact as emotionally complex. When poorly supported, contact could be stressful or confusing; when relationships were supported with developmentally informed, trauma-informed practice, children were better able to make meaning of their experiences and maintain connections.

Unplanned or poorly communicated transitions – including placement changes, reunification, or other children leaving the household – were experienced as significant losses, sometimes with little acknowledgement or support.



Parents' experiences

Parents described lives shaped by **trauma, poverty, poor health, housing insecurity and complex needs**. The removal of their children was experienced as a period of intense distress, grief and shame, compounded by limited practical and emotional support, confusion about legal processes, and restricted opportunities to participate in decision-making.

Parents reported inadequate assistance to address the underlying issues contributing to child protection concerns (such as family violence, mental health and substance use), and limited support to sustain meaningful relationships with their children while they were in OOHC. Loss of income supports and housing instability following removal further undermined their capacity to work towards reunification.

Carers' experiences

Carers described the rewards of caring and the strong bonds they formed with children, but also highlighted:

- the **emotional labour** of caring for children with complex needs
- the **invisible workload** of navigating fragmented service systems
- feelings of being **undervalued and excluded** from key health, education, contact and reunification decisions, despite their central role in children's daily lives.

Carers identified a need for more consistent trauma-informed training, practical and financial support, inclusion in decision-making, and recognition of the impact of reunification and placement changes on their own wellbeing.

Aboriginal and Torres Strait Islander children, families and stakeholders

Aboriginal and Torres Strait Islander carers and stakeholders emphasised the ongoing impacts of colonisation and past government policies, which continue to shape trust in the system, the availability of culturally appropriate placements, and the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle.

They identified **Aboriginal and Torres Strait Islander carers, practitioners, Elders and community organisations** as critical to developing and maintaining children's cultural identity and connection but noted that their capacity to do so is constrained by high caseloads, limited resources, and inadequate cultural support structures. Cultural Support Plans were often experienced as generic, under-resourced and disconnected from cultural authority.

Implications for policy and practice

The study points to the need for systemic change across five interconnected areas.

1.

Prioritise children's relationships and connections

- **Invest** in services that support parent–child relationships before, during and after removal.
- **Recognise** and actively support sibling relationships, including when siblings are not co-placed.
- **Protect** and preserve children's memories and mementos through placement moves.
- **Support** continuity of relationships with carers and their families after reunification, where safe and desired.
- **Recognise** carers as key members of children's support networks and include them in decisions about contact, reunification and wellbeing.

2.

Improve integration of services across sectors

- **Embed** inter-agency collaboration and communication across child protection, housing, education, disability, health and mental health services.
- **Reduce** the burden on carers by establishing coordination roles that advocate across systems.
- **Ensure** all sectors working with children in OOHC are trained and supported to deliver trauma-informed and poverty-aware practice.

3.

Provide support for families before, during and after removal

- **Expand** practical in-home support (childcare, household help) and intensive emotional support to address family violence, mental health and other stressors
- **Address** poverty and housing insecurity as core child protection issues, including protecting access to income supports and housing during reunification efforts.
- **Improve** timely access to disability, health and mental health services for children in OOHC.

4.

Strengthen practice through Aboriginal and Torres Strait Islander Ways of Knowing, Being and Doing

- → **Reduce** caseloads and strengthen support for Aboriginal and Torres Strait Islander workers and carers.
- → **Establish** dedicated cultural support roles and regional cultural wellbeing teams led by Aboriginal community-controlled organisations.
- → **Implement** staged, community-led cultural learning pathways for all staff and embed Aboriginal and Torres Strait Islander worldviews into supervision, practice guides and case planning.
- → **Co-design**, resource and regularly review Cultural Support Plans with children, families, Elders and communities, supported by flexible, accessible funding.

5.

Embed evidence-informed policy and practice

- → **Implement** routine, standardised monitoring of children's social and emotional wellbeing (e.g., SDQ plus culturally responsive tools such as What Matters 2 Youth), with results directly informing individualised case planning.
- → **Build** ongoing research partnerships between departments, Aboriginal community-controlled organisations, family support agencies and universities, using diverse methods and co-design with people with lived experience.

Taken together, these changes would move the OOHC system towards one that is **child-centred, family- and culture-informed, trauma- and poverty-aware, and strongly grounded in evidence**, creating the conditions for children in OOHC to heal, develop and thrive.

Generative AI Acknowledgement

Artificial intelligence (ChatGPT) was used to assist with drafting the executive summary, based on de-identified and previously analysed project materials. All interpretations and final text were reviewed and approved by the authors.

Funding

This study was funded by an Australian Research Council Linkage Grant (LP190100131) with the support of several Industry Partners: the Aboriginal and Torres Strait Islander Community Health Service Brisbane, Anglicare Southern Queensland, Churches of Christ (Queensland), Department of Families, Seniors, Disability Services and Child Safety, Life Without Barriers, Queensland Aboriginal and Torres Strait Islander Child Protection Peak, The Benevolent Society, and UnitingCare Queensland.

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Full report

The full report can be accessed on request.

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1. Introduction

This report describes the design and findings of a 4-year research project examining the experiences and outcomes of children in the out-of-home care (OOHC) system in Queensland, Australia.

Key Messages

A key focus of the project was the experiences of Aboriginal and Torres Strait Islander children and non-Indigenous children residing in OOHC placements at key life course developmental transition points.

The project used a longitudinal approach, undertaking repeated interviews with children (n=86), foster and kinship carers (n=119), and parents (n=17); employing and repeating social and emotional wellbeing scales for children in OOHC (n=212); and semi-structured interviews and yarning circles with key Aboriginal and Torres Strait Islander stakeholders (n=15).

The development of a more nuanced and deeper understanding of first-hand experiences, challenges, and relationships amongst stakeholders can better inform policy and practice and lead to improved outcomes for children and young people, their carers, and their families.

1.1 Background

1.1.1 Why Is This Research Important?

Approximately 60,000 children are currently placed on care and protection orders in Australia, with over 45,000 children residing in foster, kinship, or residential care, collectively referred to as 'out-of-home care' (AIHW, 2025). This means that approximately 8 per 1,000 children are in OOHC across Australia (AIHW, 2025; QFCC, 2024). Aboriginal and Torres Strait Islander children are vastly overrepresented amongst children in OOHC. Over 40% of children in OOHC identify as Aboriginal and Torres Strait Islander, despite making up only six percent of the total population of children in Australia (SNAICC, 2024). In Queensland, where this study took place, the rate is even higher, with 49% of children currently placed in OOHC identifying as Aboriginal and Torres Strait Islander (Productivity Commission, 2025). SNAICC, the national peak body for Aboriginal and Torres Strait Islander children and families, reports that this is a 13%increase in the rate of over-representation since 2021 (SNAICC, 2024).

Despite the high rates of removal and over-representation of Aboriginal and Torres Strait Islander children, there is a paucity of research that explores how children's social and emotional wellbeing changes over time and how their cultural identity and connection can be maintained and strengthened while residing in OOHC placements. There is also a gap in understanding of the experiences of kinship carers, especially in understanding the factors that work well to build better relationships between children and their birth families, and how best to support carers.

1.1.2 What Is Already Known?

Children who are placed in OOHC are a highly disadvantaged and vulnerable population. They have experienced various levels of neglect, trauma, or child abuse, both prior to and, sometimes, during their time in OOHC. These traumas result in cumulative disadvantage across their life course (Mendes & McCurdy, 2019). Previous research has consistently shown that children in OOHC exhibit higher rates of emotional and behavioural difficulties than their peers who are not in OOHC (Turney & Wildeman, 2017) and have poorer education, employment, and wellbeing outcomes as adults (Mendes et al., 2023). Despite research into outcomes for children in OOHC, very little research includes the voices of children in OOHC, despite increasing evidence that involving children and young people in the decisions that affect them enhances their wellbeing and safety (Venables et al., 2024; Woodman et al., 2023).

Similarly, little is known about the experiences of parents whose children are residing in OOHC. Previous research has largely focused on the nature and frequency of contact between parent(s) and their children whilst in care (e.g., Kiraly et al., 2015). Understanding the perspectives of parents and how they can best be supported to build stronger relationships with their children remains largely under-researched (Ross et al., 2017).

Whilst there has been some research on the experiences of foster carers, there has been limited research with kinship carers. Kinship care, where the carer is a relative or member of the child’s friendship or community network, has been increasingly promoted as the preferred form of OOHC, particularly for Aboriginal and Torres Strait Islander children (Beaufils, 2023; Kiraly et al., 2015; Winokur et al., 2014). However, there is limited research exploring the outcomes of children placed in kinship care compared to foster care.

Evidence indicates that kinship carers typically experience challenges alongside the children in their care: kinship carers are typically older, single females who are financially disadvantaged with poorer health outcomes and lower levels of education than foster carers, and kinship carers are more likely to experience financial hardship and household overcrowding whilst providing care (McHugh, 2013; Skoglund et al., 2022). Yet very little is known about the impact of undertaking kinship care on the lives of these carers.

1.2 This Project

1.2.1 Project Design

To obtain a holistic understanding of children’s journeys through the OOHC system, the study sought perspectives and insights from children who had been placed in foster and/or kinship care[1], foster and kinship carers, and parents whose children had been subject to an intervention by the Queensland statutory child protection authority resulting in OOHC placement**.** The research project aimed to:

1. analyse children’s experiences of OOHC placements over time and at key developmental transition points for the children;
2. explore how children’s experiences of OOHC care and their relationships with foster or kinship carers and birth families contribute to their social and emotional wellbeing and connection to culture over time;
3. analyse the experiences of parents and foster and kinship carers over time and how they can be supported to support children’s social and emotional wellbeing and connection to their cultural communities; and
4. explore Aboriginal and Torres Strait Islander stakeholders and carers’ perspectives on promoting cultural identity and connection for Aboriginal and Torres Strait Islander children in OOHC.

The research employed a longitudinal mixed-methods research design to better understand children’s journeys and experiences over time. Participants were interviewed up to three times at approximately yearly intervals, enabling the research team to understand their journeys over time as the children grew older and the carers, parents, and families experienced changes over time. This study conducted over 430 detailed interviews over 3 years with 86 children, 17 parents, and 119 carers.

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[1] One participant in the study was residing in residential care at the time of their interview.

The research team also collected indicators of social and emotional wellbeing using standardised measurement scales, enabling comparison to other samples of children not in OOHC. The longitudinal design provided the opportunity to build deeper and more trusting relationships with participants to help understand their perceptions at different times during the child's OOHC journey. Interviews with children, parents, and carers enabled access to multiple perspectives. Semi-structured interviews and yarning circles were held with key Aboriginal and Torres Strait Islander stakeholders to better understand how the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) can be meaningfully implemented.

1.2.2 Project Funding and Team

In 2019, a team of researchers from The University of Queensland were successful in receiving funding from the Australian Research Council to undertake a research project "Enhancing children's journey through out-of-care: a multi-perspective study" to explore the experiences of children, carers, and parents in the OOHC system (LP190100131). This included significant financial and in-kind support and contributions from key industry partner organisations, including The Benevolent Society, Churches of Christ Queensland, UnitingCare Queensland, Life Without Barriers, the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane, the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP), and the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS). Anglicare Southern Queensland later joined the project as a valued industry partner.

The project began in January 2020 and continued until June 2025. During this period, members of the research team worked closely with industry partners to engage with children, parents, and carers involved in the OOHC system to better understand their experiences. A Project Management and Advisory Group (PMAG) comprising representatives from the project's industry partners was established to advise and support the research team to implement the project objectives in a timely and effective manner. The PMAG included members of the research team along with up to two representatives from the industry partners engaged with the project. The PMAG met regularly throughout the project, typically monthly. Regular communication between the research team and the industry partners was important to the success of the project.

The project was led by Prof Karen Healy (Lead Chief Investigator), with Chief Investigators A/Prof Jenny Povey, Associate Professor Jemma Venables, and Prof Janeen Baxter, and Partner Investigator Dr Peter Walsh. The research was supported by several postdoctoral research fellows, an Aboriginal and Torres Strait Islander research officer, senior research officers, a project manager, and research assistants. Dr Madonna Boman, Julianne Richmond, Dr Laura Simpson Reeves, and Dr Sue Scull were pivotal throughout the project in sustaining engagement with stakeholders and participants.

The project also included two higher degree by research (HDR) students, who engaged with the project as part of their doctoral studies. Dr Kate Thompson's research explored the perspectives of Aboriginal and Torres Strait Islander foster and kinship carers and key stakeholders (through semi-structured interviews and yarning), to understand how cultural identity and connection are facilitated and maintained for Aboriginal and Torres Strait Islander children in OOHC. Dr Iryna Kolesnikova's research focused on understanding the social and emotional wellbeing of children in OOHC, examining how wellbeing changes over time while children are in care and the factors that influence these trajectories.

1.2.3 Aboriginal and Torres Strait Islander Subcommittee

The Aboriginal and Torres Strait Islander Research Subcommittee was established in 2021 as a consultative and advisory group to the PMAG and the research team. The subcommittee played an important role in the development of the project's approach to participant engagement, data collection, and data analysis. The subcommittee also played a vital role in ensuring the cultural safety and wellbeing of staff members on the research team, including research assistants. With advice and support from the subcommittee, the project was able to develop and implement protocols relating to cultural accountability, obligation, and responsibility across the duration of the project.

The subcommittee comprised members of the research team as well as representatives from the project's industry partners, including QATSICPP, ATSICHS, Anglicare Southern Queensland, Life Without Barriers, Churches of Christ Queensland, UnitingCare Queensland, and DFSDSCS, the Queensland statutory child protection authority. Dr Kate Thompson, a proud Gooreng Gooreng and Yuggera woman from Bundaberg, played a central role in the success of the subcommittee.

Amongst other achievements, the subcommittee developed the Living Cultural Framework, which draws on the five elements of the ATSICPP: prevention, participation, placement, connection, and partnership. The subcommittee also developed cultural safety, research, and wellbeing protocols for Aboriginal and Torres Strait Islander research participants, researchers, and research assistants. The subcommittee had a standing agenda item at all PMAG meetings.

1.3 Report Structure

This report presents key findings from the project and discusses ways to improve practice in OOHC. Chapter 2 details the methodology used to collect and analyse the data. Chapter 3 examines the social and emotional wellbeing outcomes of children in OOHC, both in comparing these outcomes with those of their peers not in OOHC, and exploring how wellbeing changes over time while in care. Chapter 4 explores how children and young people in OOHC experience connection and belonging. Chapter 5 reports on parents' perspectives on the circumstances surrounding the child/ren's removal by child protection authorities, the impact this had on their own and their children's lives, and on recommendations for providing better support to create safe and healthy home environments where their children can thrive. Chapter 6 shares insights into the everyday work and care provided by foster and kinship carers and the supports they need to provide an environment for the children to thrive. Chapter 7 highlights areas of best practice where cultural identity and connection have been maintained for Aboriginal and Torres Strait Islander children in OOHC and where there are opportunities for improvement. Chapter 8 provides key recommendations for organisations engaging with the children, parents, and carers involved with the OOHC system, with a focus on practitioners, educators, and policymakers.

2. Methodology

This chapter outlines the research questions and design, describes the methods used throughout the study, and discusses some of the challenges encountered during the project. It also describes the design of data collection with key stakeholders to address some of the challenges experienced during the recruitment of parents for the project and opportunities for engaging this hard-to-reach population in future research.

Key Messages

The project used a mixed-methods longitudinal research study design.

Over 430 semi-structured interviews were conducted over 3 years with 86 children in OOHC, 17 parents, and 119 carers from across Queensland.

Standardised measurement scales were used to collect indicators of social and emotional wellbeing of the children in the study.

Recruiting parents was challenging due to poor relationships with government and non-government agencies and the ongoing complexity in the lives of families engaged with the child protection system.

2.1 Research Design

2.1.1 Research Questions

The project sought to better understand the experiences of, and outcomes for, Aboriginal and Torres Strait Islander and non-Indigenous children in the OOHC system in Queensland. To address these objectives, the project sought to answer the following research questions:

RQ1 How do children and young people experience their placement (foster and kinship) at key developmental transition points and over time?

RQ2 What are the characteristics and experiences of foster and kinship carers and how do they influence children’s social and emotional wellbeing, and for Aboriginal and Torres Strait Islander children, opportunities for cultural connection?

RQ3 What are the characteristics and experiences of birth families of children in OOHC, and how do they influence children’s social and emotional wellbeing and, for Aboriginal and Torres Strait Islander children, opportunities for cultural connection?

RQ4 What are the relationships between children’s journeys through OOHC and their social and emotional wellbeing and connections to family and culture at key developmental transition points?

RQ5 How do Aboriginal and Torres Strait Islander foster carers, kinship carers, and key stakeholders promote meaningful cultural identity and connection for Aboriginal and Torres Strait Islander children in OOHC?

2.1.2 Longitudinal Design

The project employed a longitudinal design to better understand children’s journeys and experiences over time. This allowed the research team to gain a deeper contextual understanding of how experiences and outcomes changed over time, as well as being able to identify key patterns and trends in children's social and emotional wellbeing. Gathering data about a single individual at different points in time enabled the understanding of experiences before and after key transition points, such as starting school. It also provided the opportunity to build deeper and more trusting relationships with participants to enable access to multiple perspectives and points of view on key events and at different times in the child's OOHC experience. Most importantly, the longitudinal design also allowed for documentation of some of the volatility and changes in the lives of children in OOHC.

This design also posed challenges for sample retention. Staying in touch with the children in the study, who may have moved to a different carer household or be engaged in a process of reunification with a parent between interviews, posed some difficulties. Where possible, the research team attempted to contact the new carer(s), however this was not always possible.

2.2 Participant Recruitment

2.2.1 Participant Types and Definitions

The perspectives and insights from children involved in the OOHC system (study child), parents whose children had been subject to an intervention by the Queensland statutory child protection authority and placed in OOHC (parent), and foster and kinship carers (carer) were sought to obtain a holistic understanding of children's journeys through the OOHC system.

To be eligible for the study, a child needed to be aged between 1 and 12 years at the time recruitment began (31 December 2020); under a Child Protection Order (Short-Term Custody Order, Short-Term Guardianship Order, or Long-Term Guardianship order); and placed with one of the project's industry partners who provide foster and kinship care (Anglicare Southern Queensland, Life Without Barriers, Churches of Christ Queensland, or UnitingCare Queensland). Additional children entered the study during the research if they met the above criteria and turned 1 year old during the study data collection phase (2021-2024) or resided with a carer already in the study (e.g., due to child placement changes).

The team had originally aimed to recruit the parents of each study child to the project. However, following some challenges recruiting parents for the study (see below), the eligibility criteria for inclusion were expanded to any parent who had at least one biological child subjected to an intervention by the Queensland statutory child protection authority resulting in their child being placed in OOHC in the past 5 years.

A carer was eligible for the study if they had at least one study child residing with them during the study period.

2.2.2 Recruitment of Carers and Study Children

Following consultation with project partners, it was agreed to first recruit carers. The team focused on Queensland foster and kinship carers who currently cared for at least one child in OOHC who was aged between 1 and 12 years, and who were supported by one of the project's industry partners who deliver foster and kinship care services in Queensland. DFSDSCS provided the research team with a stratified random sample of eligible children, which was then shared with the industry partner supporting the child. Each child's foster or kinship carer(s) was then invited to participate in the study via their foster and kinship worker.

Further recruitment was undertaken through industry partners who distributed details of the study to carers of children who met the eligibility criteria. Interested carers were asked to contact the research team directly or provide their consent via their foster and kinship worker. Other children who were residing with a carer who had joined the study or in the same household as a study child and who met the eligibility criteria were also invited to participate in the study. A few study children and carers entered the study via the parent.

Table 1: Recruitment Pathways of Carers and Study Children

Recruitment pathway	Number of Study Children	Number of Carers (Households)
Randomised sample from Queensland statutory child protection authority (early 2021)	79	65 (56)
Randomised top-up sample from Queensland statutory child protection authority (Nov 2021)	5	3 (2)
Additional recruitment via Industry Partners	76	47 (44)
Eligible child residing in household of carer(s) and/or study child/ren already in the study	47	0 (0)
Study child moved to new carer(s)	0	2 (2)
Eligible child of Parent not already in the study	8	2 (2)
TOTALS	**215**	**119 (106)**

2.2.3 Recruitment of Parents

The research team initially sought to recruit parents of the study children through the carers. However, it quickly became apparent that few carers in the study were able to pass on information to the parents. This was typically due to a strained or non-existent relationship between the carer and the parent of the children in their care. Recruitment strategies then expanded to involve working extensively with industry partners, including Child Safety Officers (CSOs) and Cultural Practice Advisors. The research team then worked with the Queensland statutory child protection authority to identify and connect with parents via a diverse range of methods, including via SMS text messages, personal contact, and an easy-to-read flyer about the research. The research team attended events that included with parents involved in the child protection system. These initial strategies were largely unsuccessful in recruiting parents of study children.

The research team, in conjunction with the PMAG, acknowledged that these barriers to recruitment meant that the study had limited capacity to undertake longitudinal research with the parents. It was decided to expand recruitment beyond parents of a study child to include parents who had at least one biological child who had experienced a child protection intervention by the Queensland statutory child protection authority during the past 5 years resulting in an OOHC placement (2018-2023). Recruitment was also facilitated through support agencies that engage with parents, including parent support networks like the Family Inclusion Network (FIN), and other family wellbeing services.

2.2.4 Understanding Barriers to Recruiting Parents

Despite significant efforts by both the research team and industry partners, the project faced significant barriers and delays in recruiting parents. The research team sought to obtain the perspectives of key stakeholders in the OOHC system to help understand the reasons for the recruitment challenges and identify opportunities for this to be addressed in for future projects.

Between June and October 2024, a member of the research team undertook 21 semi-structured interviews and one focus group (with four participants) with agencies who had been involved in recruitment strategies to engage parents in the study. These included foster and kinship care agency practitioners (*n*=9), managers and team leaders from foster and kinship care agencies (*n*=7), foster and kinship care agency research and policy staff (*n*=2), staff employed by Queensland's statutory child protection authority (*n*=3), and members of the research team (*n*=4) who had been engaged in trying to recruit parents for this project. The interview and focus group transcripts were transcribed by a professional transcription service, deidentified by members of the research team, and thematically coded.

Analyses of these data showed that barriers to parent recruitment included the difficult relationships that often exist between parents and carers, foster and kinship agencies, and child safety services, which often results in distress when communicating and sharing information; foster and kinship care agencies having limited, if any, contact with parents, especially when children are placed in long-term care arrangements; and partner agencies finding it difficult to find time to share information about a research project when they are already feeling overwhelmed with the demand for services. There are also tight restrictions limiting the possibility of direct contact with parents by researchers due to privacy legislation and ethical considerations. Finally, it was suggested that parents may have felt a sense of being overwhelmed and distressed, alongside a sense of shame or stigma, that disempowers them to respond to general recruitment for research projects. These findings highlight the invisibility and lack of support for parents with children in OOHC, an issue that is particularly urgent if reunification with children is a priority.

2.3 Data Collection and Analysis

2.3.1 Overview of Data Collection

Data collection for the study took place between July 2021 and October 2024 (see Table 2).

The research sample includes 222 individuals that were interviewed at least once (86 children, 17 parents, and 119 carers). From these interviews, data was collected about 215 study children. Most of these children (*n*=211) were residing at some point during the research period with at least one of the 119 carers, and four were children of the parents who were recruited but did not have a carer in the study.

Many of the interviews were conducted online or via telephone rather than face-to-face due to ongoing restrictions relating to the Covid epidemic.

As with all longitudinal studies, there was some attrition of the sample between waves. This was expected given the vulnerable circumstances and instability experienced by many of the participants, alongside disruptions due to COVID-19 during data collection. Approximately 20% of study children (*n*=43) left the study as the research team were unable to re-contact the carer. A further 20% of the study children left the study between the Wave 2 and Wave 3 interviews with carers as they were no longer residing in the carer household. This was due to reunification (*n*=20), being placed with a new foster or kinship carer (*n*=12), moving to residential care (*n*=7), or self-placing (*n*=4).

A total of 63 carer households were interviewed in all three waves. The attrition of carer households had implications for the information collected about the study children. Approximately 15% of carer households (*n*=16) left the study as they were unable to be re-contacted by the research team. A further 25 carer households left the study because the study child had been reunified (*n*=8), had moved to a new foster or kinship carer (*n*=11), had moved to residential care (*n*=4), was self-placing (*n*=1), or a combination of these (*n*=1).

Table 2: Periods of Data Collection

Collection Period	Number of Interviews Conducted	Number of Participants
Jul 2021 – Aug 2023	115 interviews with carers (Wave 1) [a]	114 carers across 103 carer households relating to 207 study children
Nov 2022 – Mar 2024	82 interviews with children (Wave 1)	82 study children
Feb 2023 – Sep 2023	97 interviews with carers (Wave 2)	103 carers across 97 carer households relating to 190 study children
Sep 2022 – Nov 2023	25 interviews with parents [b]	17 parents [c] relating to 18 study children
Mar 2024 – Sep 2024	65 interviews with carers (Wave 3)	69 carers across 65 carer households relating to 125 study children
Jul 2024 – Oct 2024	52 interviews with children (Wave 2)	52 study children

a This number includes additional interviews that were undertaken where a study child entered the study via an existing carer household.

b Some Parents were interviewed twice to allow for the later inclusion of interviews questions relating to retrospective experiences with OOHC.

c Six of the Parents who were interviewed were not the biological parent of a study child. One was a stepparent of a study child.

2.3.2 Interviews with Study Children, Carers, and Parents

All interviews were conducted from a strengths-based and trauma-informed perspective. The research team recognised that the research focused on issues that were highly sensitive for children, parents, and carers. As discussed below, the project underwent a review from the relevant human research ethics committees prior to any engagement with participants commenced. Interview guides were discussed with the PMAG and Aboriginal and Torres Strait Islander subcommittee, and feedback was incorporated to ensure that they were fit for purpose and contextually appropriate. All interviews were undertaken by experienced interviewers who had social work and/or related qualifications and training. All potential participants were provided with detailed information about the focus of the interviews, and participants self-selected and voluntarily participated. During the interviews, participants could choose to pause or end the interview at any time, choose to respond or not respond to certain questions, and guide the interview at the speed in which they wished, including taking breaks or spacing the questions over two or more interviews. A list of relevant support services was provided to participants before and after the interview for them to access if needed.

Wave 1 interviews with carers included discussion of the carer’s history, their motivation for being a foster or kinship carer, and their experiences with the OOHC system as a carer. The interviews also collected information about the study child’s social and emotional wellbeing and the history and experiences of having the study child in their care. Finally, the interviews discussed the carer's relationship with the study child's parent(s) and extended family. Wave 2 and Wave 3 interviews focused on any changes since the Wave 1 interviews in either the carer's or the study child's circumstances, including changes to the composition of the carer household and changes to the carer's situation since the first interview; how things were currently going for the carer and the study child/ren in their care; and if there had been any shift in their connection with the parents or family of the study child/ren.

To obtain the perspectives of the study children, age-appropriate semi-structured and arts-based face-to-face interviews were conducted with the study child, typically in the household where the study child was currently residing. The research team ensured that the carer, parent, or other guardian at home was accessible to the child during the interview. While this may have influenced the children's responses, the research team felt that the need for children to feel comfortable and access to the support they felt they needed was aligned with the ethical approach underpinning the research design. Interviews were child-led, and children were provided with opportunities to exercise choice about their participation, with the option of using 'stop', 'break', and 'thumbs up/down' cards to help communicate their wishes throughout the interview. Wave 1 interviews included a drawing activity that focused on exploring relationships that the study child felt were important to them. Wave 2 interviews used a board game that gathered information from the study child about their current household, places or people that they visit, relationships with others, and activities or celebrations they enjoyed.

As discussed above, parents were eligible to participate in the study if they were a parent of one of the children participating in the study. The eligibility criteria for parents were expanded to include parents who had experienced a child subjected to a Child Protection Order (CPO) from the Queensland statutory child protection authority resulting in OOHC placement during the previous 5 years (2018-2023). Parents were invited to participate in a semi-structured interview designed to obtain a retrospective and contemporaneous view of their experiences of being a parent with a child involved with the child protection system. These interviews aimed to understand the experiences of the parent, their perception of what it was like for their children, and the movement of each child through the OOHC system.

Interviews were held face-to-face, online via video conferencing software (e.g., Zoom), or via telephone. These were audio-recorded and the audio files of all interviews were transcribed by a professional transcription service. Recordings and transcripts were deidentified by the research team, with pseudonyms allocated to all participants. In line with the Living Cultural Framework developed by the Aboriginal and Torres Strait Islander Subcommittee, transcripts of interviews involving participants who had identified as Aboriginal and Torres Strait Islander were deidentified by research team members who also identified as Aboriginal and Torres Strait Islander. Deidentified transcripts were uploaded to NVivo, a qualitative data management program.

The research team developed an initial coding structure that was applied across all participant groups (i.e., study child, parent, and carer), which was refined throughout the project. The coding frame was developed deductively using the research questions as the guiding framework. Within this framework, codes and sub-codes were then developed inductively. A codebook with detailed definitions and descriptions was developed to ensure consistency in coding across the research team. Further thematic analysis was undertaken by research team members in response to specific research questions or focus areas. The research team members explored similarities and differences between the themes identified in the data throughout the analysis.

2.3.3 Social and Emotional Wellbeing Scales

The Strengths and Difficulties Questionnaire (SDQ) was used to measure the social and emotional wellbeing of study children aged 4 years and above. The SDQ is a 25-item questionnaire designed to collect information about a child's emotional development and conduct, including prosocial and peer relationships (Goodman, 2001). The instrument has been effectively used with children in OOHC (Goodman et al., 2004; Whyte & Campbell, 2008). For children aged under 4 years, the research team used the Brief Infant and Toddler Social and Emotional Assessment (BITSEA). The BITSEA is widely used to identify the social and emotional competencies of infants and toddlers (Briggs-Gowan & Carter, 2006). These scales were administered as part of interviews with the parents and carers. Parents and carers were able to complete the questionnaires independently; however, the majority chose to respond to the SDQ items asked verbally by the interviewer. A total of 212 study children had at least one SDQ or BITSEA scale completed by a parent or carer. A total of 112 study children had a measure in each of the three waves of data collection.

The data obtained using the SDQ and BITSEA scales were included to identify trends and patterns in the social and emotional wellbeing of children in OOHC over time, as well as to enable comparison to children not in OOHC. The SDQ total score was used as a measure of children's social and emotional wellbeing with wellbeing categories based on established SDQ cut-off scores: Average (0–13), Slightly Raised (14–16), High (17–19), and Very High (20–40), with higher scores indicating greater difficulties. Children with a score of 17 or higher were classified as 'Of Concern' and this cut-off is used throughout the analysis to represent children with elevated difficulties. The data from the BITSEA scales have not been included in this report.

2.3.4 Interviews with Aboriginal and Torres Strait Islander Stakeholders

To understand the experiences of Aboriginal and Torres Strait Islander families, carers, and other stakeholders engaged with the OOHC system (see RQ5 in 2.1.1 above), members of the research team conducted semi-structured interviews and yarning circles with 15 key stakeholders who were selected based on their extensive experience working with Aboriginal and Torres Strait Islander children in OOHC. Aboriginal and Torres Strait Islander stakeholders were recruited for this component of the study to gain a more in-depth understanding of their experiences of engaging with and working alongside the child protection system to develop and maintain meaningful cultural identity and connection for Aboriginal and Torres Strait Islander children in OOHC. The interviews and yarning circles were conducted on Country and followed local cultural protocols. Interviews and yarning circles were conducted between August and December 2023 and were facilitated by Dr Kate Thompson (a Gooreng Gooreng and Yuggera member of the research team) with the assistance of an Aboriginal research assistant. The interviews and yarning circles explored how Aboriginal and Torres Strait Islander Elders and community leaders, foster and kinship care workers, family wellbeing workers, and family participation program workers contributed to the meaningful implementation of the ATSICPP. They also discussed the facilitating factors and barriers that were faced in developing and maintaining cultural identity and connection for Aboriginal and Torres Strait Islander children in OOHC.

As with the interviews conducted with study children, parents, and carers, audio files of the semi-structured interviews and yarning circles were transcribed using a professional transcription service and deidentified by Aboriginal and Torres Strait Islander members of the research team. Transcripts were uploaded into NVivo and coded in line with reflexive thematic analysis principles, using a different coding framework to the other interviews undertaken as part of the study.

2.4 Conclusion

This chapter outlined the research design and methods employed to follow the journeys of 215 children in OOHC in Queensland. Between 2021 and 2024, the research team worked closely with industry partners to recruit, retain, and interview children in OOHC, their parents, and their carers. Over 430 semi-structured in-depth interviews were conducted by the research team between July 2021 and October 2024, alongside interviews and yarning circles with Aboriginal and Torres Strait Islander stakeholders. Almost 500 assessments of social and emotional wellbeing were completed by parents and carers using standardised instruments (SDQ and BITSEA scales). To understand recruitment challenges with parents, a further 21 semi-structured in-depth interviews and one focus group of four participants was undertaken with stakeholders involved in recruiting parents to the study.

3. Social and Emotional Wellbeing of Children in Out-of-Home Care

This chapter presents findings on children's social and emotional wellbeing in OOHC, including how children's wellbeing changes over time and the factors influencing their wellbeing. First, the chapter examines the differences in social and emotional wellbeing between children in OOHC and their peers in the general population. Second, it explores social and emotional wellbeing trajectories of children in OOHC across three time points to identify changes over time. It concludes with two composite personas to demonstrate some of the factors influencing children's social and emotional wellbeing trajectories.

Key messages

Children in OOHC are more vulnerable and have lower social and emotional wellbeing than children not in OOHC, including those from low socioeconomic status (SES) backgrounds.

3 in 5 children in OOHC aged 4 to 12 years had very low social and emotional wellbeing (of concern) compared to 1 in 5 children from low socioeconomic backgrounds.

Social and emotional wellbeing was relatively stable with no change recorded over the 3 years of the study for 2 out of 3 children. Only 19% of the children recorded an improvement. Approximately 16% recorded a decline in social and emotional wellbeing over the course of the study.

The social and emotional wellbeing of children in OOHC is partly determined by the stability and availability of multi-level support such as strong, positive, and stable relationships, coordinated services, accessible resources, and cultural connection.

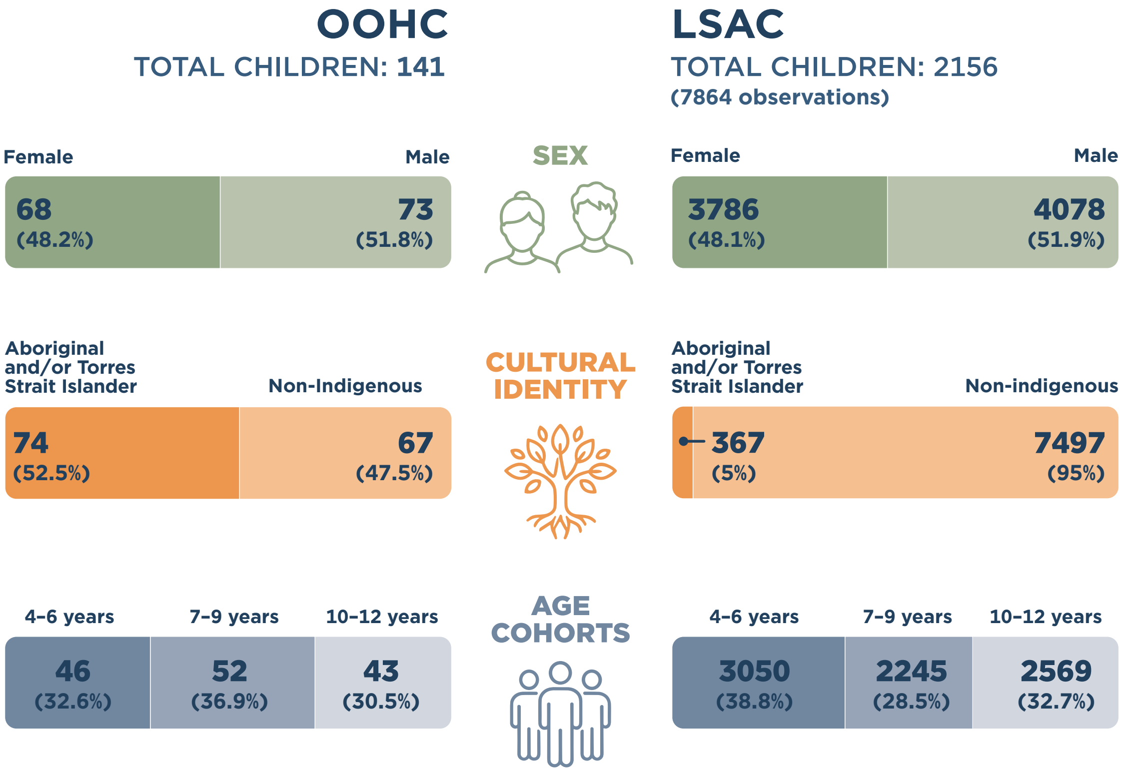
3.1 Background

Children's social and emotional wellbeing is a critical aspect of their overall development, with far-reaching implications for their future outcomes (Anthony et al., 2019; Bericat, 2014). Socioeconomic disadvantage is a well-documented risk factor for poor social and emotional wellbeing in children (Brooks-Gunn & Duncan, 1997). Children from socioeconomically disadvantaged backgrounds often experience higher levels of stress due to financial instability, housing insecurity, limited access to healthcare and education, and parental mental health or substance use issues (Almquist & Brännström, 2019). For some children, the cumulative impact of these adversities leads to involvement with the child protection system, which may result in placement in OOHC. While OOHC is intended to provide a safer and more stable environment, the process of removal from birth families, placement instability, and ongoing disruptions can further compound social and emotional wellbeing challenges. In addition, many of these children have traumatic experiences that often precede their placement in OOHC, including exposure to abuse, neglect, domestic violence, and other forms of adversity (Osborn et al., 2008; Turney & Wildeman, 2017). Therefore, children in OOHC represent a particularly vulnerable population at risk of poorer life course outcomes than children who have not experienced OOHC. In 2023, nearly one percent (45,300) of Australian children were in OOHC, representing a rate of 7.9 per 1,000 children (AIHW, 2025). While this figure has remained relatively stable in recent years, it indicates a persistently high level of OOHC placements (AIHW, 2024).

Given the prevalence of OOHC placements and the vulnerabilities of this population, understanding the social and emotional wellbeing of children in OOHC is crucial for improving outcomes for these children. Research consistently shows that children in OOHC exhibit higher rates of emotional and behavioural difficulties than their peers who are not in OOHC (Tarren-Sweeney & Hazell, 2006; McAuley & Davis, et al., 2009). However, it remains unclear whether these challenges stem primarily from the OOHC experience itself or the pre-existing adversities and socioeconomic disadvantages common among children entering care. Since children from socioeconomically disadvantaged backgrounds also face significant social and emotional wellbeing challenges, comparing these groups can help disentangle the impact of OOHC experience from broader socioeconomic factors.

3.2 Differences in Social and Emotional Wellbeing between OOHC and the General Population

The differences in social and emotional wellbeing between children in OOHC and their peers in the general population were examined by comparing the SDQ measurements of 141 study children in OOHC obtained via the carer Wave 1 interviews with data from 2,156 children in the Longitudinal Study of Australian Children (LSAC).[2] Overall, the study found that children in OOHC have lower social and emotional wellbeing than children in the general population, including those from low socioeconomic background.



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[2] The Longitudinal Study of Australian Children (LSAC) is a large longitudinal study following the development of a nationally representative sample of young people and their families to examine the impact of Australia's unique social and cultural environment on children's development from early childhood through to adolescence and adulthood. This report presents an analysis of LSAC data, restricted to children aged 4–12 years residing in Queensland.

Figure 1: Comparison of Social and Emotional Wellbeing Between Children in Out-of-Home Care and LSAC Sample Across Socioeconomic Quintiles

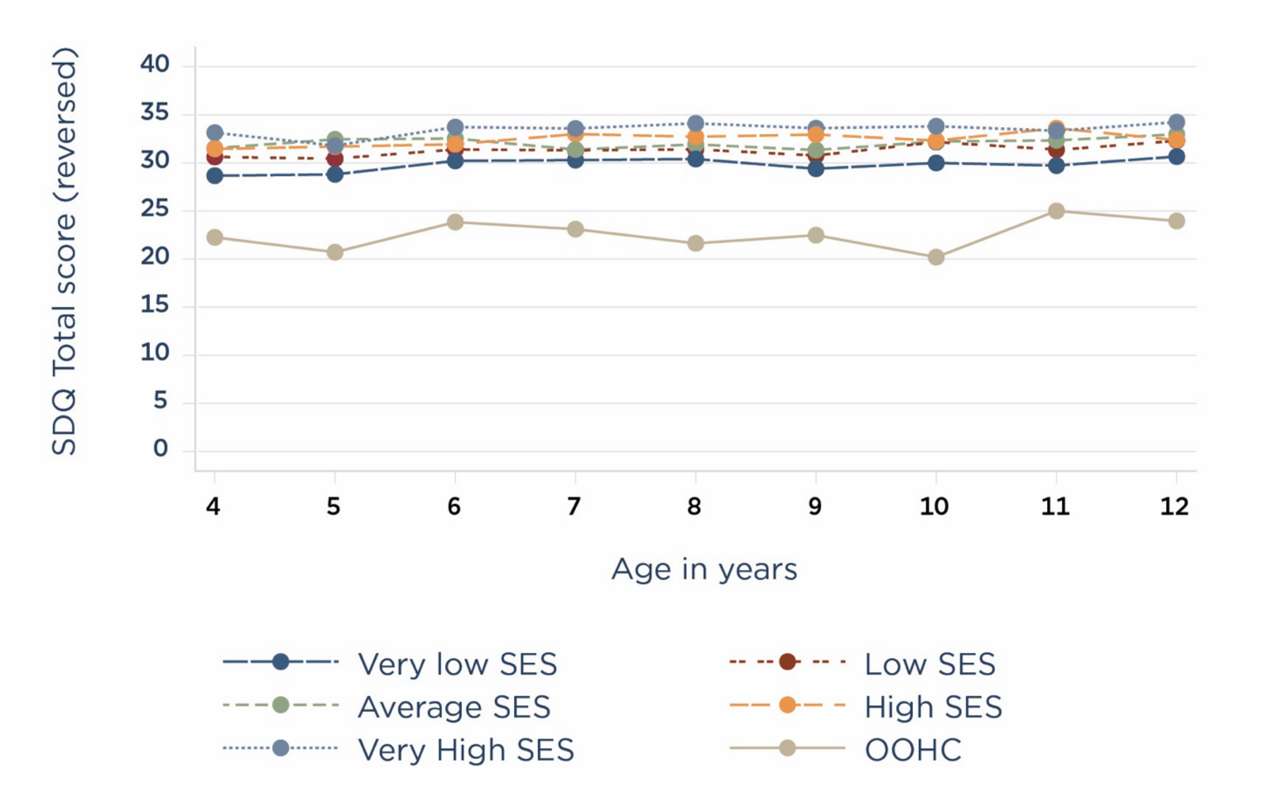


Figure 1 illustrates the comparison of social and emotional wellbeing between children in OOHC and those who are not in care, stratified across socioeconomic status (SES) quintiles. A higher SDQ Total Score indicates better social and emotional wellbeing, with the red line representing the social and emotional wellbeing scores of children in OOHC and the remaining lines representing children from the LSAC study differentiated according to SES. The findings reveal that children's social and emotional wellbeing is strongly correlated with their SES, with children from lower SES backgrounds exhibiting lower social and emotional wellbeing than their more advantaged peers. However, children in OOHC demonstrated significantly lower social and emotional wellbeing than even the most socioeconomically disadvantaged children in the LSAC study, suggesting that the experience of being in OOHC itself, beyond socioeconomic hardship, contributes to lower social and emotional wellbeing.

Moreover, while the social and emotional wellbeing among children from LSAC remains relatively stable across all SES quintiles, fluctuating just slightly, children in OOHC experienced notable fluctuation in their social and emotional wellbeing. This stability in the LSAC sample suggests that while socioeconomic disadvantage clearly impacts children's social and emotional wellbeing, the unique challenges faced by children in OOHC are more severe, volatile, and persistent. The findings strongly indicate that children in OOHC are more vulnerable and have lower social and emotional wellbeing than children from even the lowest socioeconomic quintile. In sum, the findings reveal a striking disparity in social and emotional wellbeing between children in OOHC and those who are not in OOHC including children from the most socioeconomically disadvantaged backgrounds.

Figure 2: Comparison of Social and Emotional Wellbeing Scores Between Children in Out-of-Home Care and Children from the LSAC Sample from the Lowest Socioeconomic Quintile

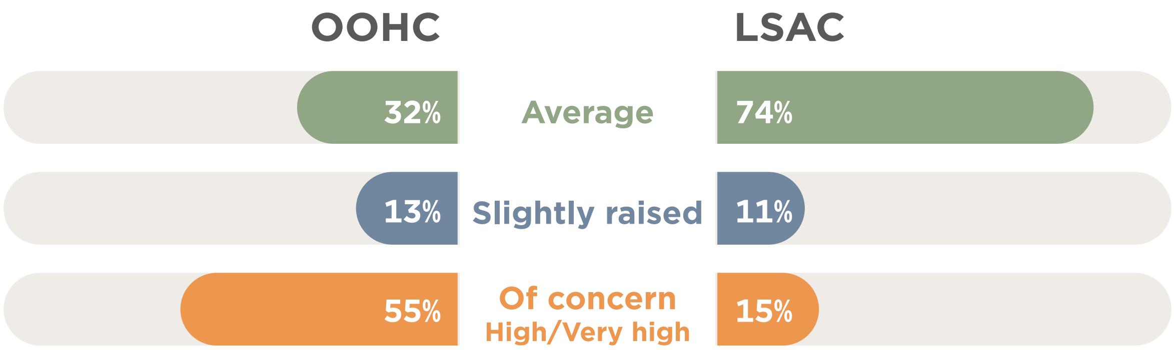


Figure 2 illustrates the distribution of social and emotional wellbeing across three levels, based on standard SDQ cut-off scores, for children in OOHC and those from LSAC in the lowest socioeconomic quintile. Among children aged 4 to 12 years, the majority of children in OOHC (55%) had social and emotional wellbeing scores categorised as "Of Concern" (High/Very High). In contrast, only 15% of children from the most socioeconomically disadvantaged quintile of children in the LSAC study were in this category. This means that approximately three in five children in OOHC experience significant social and emotional wellbeing challenges, compared to just one in five children from the lowest socioeconomic quintile in Australia. Children in OOHC were far less likely to have social and emotional wellbeing in the average range. About a third (32%) of children in OOHC had social and emotional wellbeing within the average level, whereas the vast majority (74%) of socioeconomically disadvantaged children not in OOHC fell into this category.

The high prevalence of concerning social and emotional wellbeing among children in OOHC is alarming, underscoring the compounded challenges faced by children in OOHC. This distribution indicates that while some children in OOHC are faring relatively well, the majority are experiencing moderate to severe social and emotional wellbeing difficulties.

3.3 Changes in Social and Emotional Wellbeing of Children in OOHC Over Time

Changes in the social and emotional wellbeing of children in OOHC over time were explored based on data collected from carers of 75 children who participated in all three waves of the study. Using the three waves of SDQ Total scores, the analysis revealed that children in OOHC experience different social and emotional wellbeing trajectories over time, highlighting the diversity of experiences within this population.

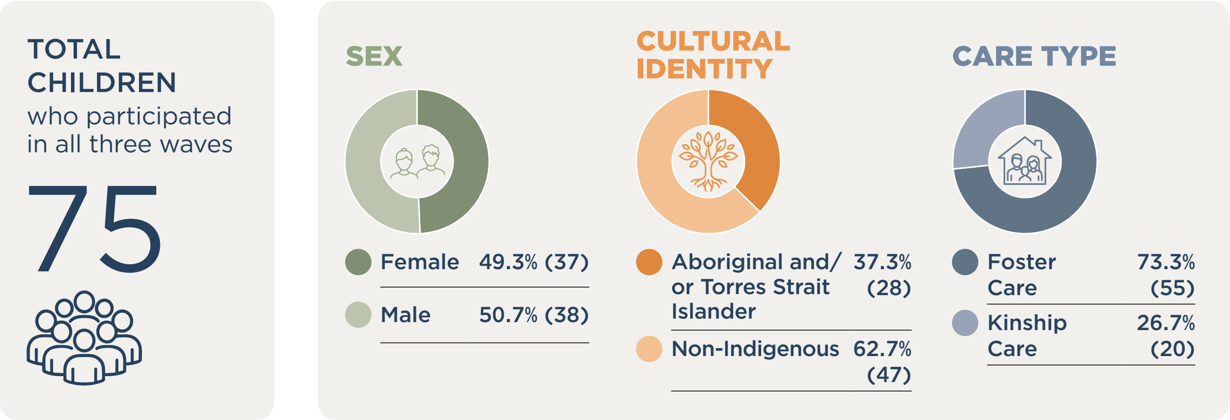
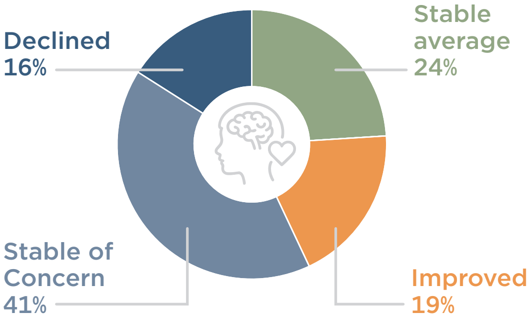


Figure 3 shows the results for children in OOHC over the three waves of data collection. The largest group (41%) faced ongoing challenges, with their social and emotional wellbeing classified 'of concern' remaining in this category over the study period. Meanwhile, 24% of the children were classified as having average social and emotional wellbeing and remained in this category over the study period. There were 19% of the children who showed an improvement in their social and emotional wellbeing over time. However, for 16% of children, their social and emotional wellbeing declined over time. These findings show the varied and complex experiences of children in OOHC, reflecting the unique circumstances and challenges they encounter.

Figure 3: Social and Emotional Wellbeing Trajectories of Children in OOHC Over Time



The varied trajectories of social and emotional wellbeing among children in OOHC highlight several important points. First, social and emotional wellbeing does not change for most of the children in OOHC in the study.. While this is positive for those children who have average social and emotional wellbeing, it is very concerning for those with very low level. Second, social and emotional wellbeing is not static. The social and emotional wellbeing of children in OOHC can change over time, influenced by various factors in their lives. Third, there is a potential for improvement. Some children showed improvement in their social and emotional wellbeing, suggesting that positive change is possible with the right support and circumstances. Fourth, there is a risk of declining social and emotional wellbeing. The declining trajectory for some children underscores the ongoing vulnerabilities faced by children in OOHC and the need for continuous monitoring and support. Finally, this demonstrates the need for individualised support. The variety of trajectories emphasises the importance of individualised assessments and tailored support plans for each child in OOHC. These findings suggest that regular monitoring of children's social and emotional wellbeing is crucial, as is the need for flexible and responsive support systems that can adapt to children's changing needs over time.

Interviews with carers provided further insight into the factors that shape children's social and emotional wellbeing over time. Regardless of whether social and emotional wellbeing improved or declined, all of the children in the study faced a range of recurring challenges that could potentially impact their social and emotional wellbeing. These challenges included: health-related issues (e.g., physical health conditions, mental health conditions, developmental delays); connections and disruptions with parents and siblings (e.g., contact with parents, relationships and separation from siblings, contact with extended family); school-related difficulties (e.g., transition to formal education (primary or secondary), academic challenges, changing schools, teacher turnover); peer-related difficulties (e.g., establishing friendship, bullying); cultural identity and belonging (e.g., connection to cultural heritage, participation in cultural programs); systemic transitions (e.g., frequent changes in CSOs, inconsistencies in support services).

Further analysis showed that the defining factor in whether a child's social and emotional wellbeing improved or declined was not the presence of adversity itself but rather the quality and extent to which support systems — both personal and institutional — interconnected and buffered these challenges. Furthermore, the research noted that there was strong evidence that social and emotional wellbeing outcomes were not determined by a single event or challenge but rather by the cumulative effect of ongoing support, stability, and access to resources — or, conversely, by prolonged instability, unmet needs, and systemic gaps — over time. This support operates on four interconnected levels:

- **Personal relationships** (child's relationships with key people in their life such as carers, parents and extended family, youth workers, CSOs, teachers). Children’s stable and emotionally responsive relationships with key figures in their lives played a crucial role in strengthening their social and emotional wellbeing, acting as anchors (pillars) and providing stability and resilience. In contrast, children who experienced instability and detachment faced additional challenges, which led to a decline in their social and emotional wellbeing.

- **Inter-organisational collaboration** (relationships between carers, parents, school, health services, and the child protection system). Positive relationships and effective collaboration between support systems can create a protective net for children. Findings demonstrated that children coped better with adversity when they had multiple layers of support who collaborated and maintained positive relationships. Conversely, those children who experienced conflict or inconsistency within their support network faced greater challenges, which negatively impacted their social and emotional wellbeing.
- **Systemic support** (impact of policies, decisions by CSOs, out-of-school activities funding, therapy accessibility, etc.). External decisions regarding therapy funding, educational support, and care arrangements significantly impact children’s social and emotional wellbeing. Findings showed that, when these systems aligned to provide consistent and timely support, children benefited significantly showing improvements in their social and emotional wellbeing. Conversely, when bureaucratic delays, funding limitations, or inconsistent policies created barriers to support, children often struggled, highlighting the need for more responsive and child-centred service structures.
- **Community and cultural support** (cultural support programs, family belonging, community support, etc.). Children’s social and emotional wellbeing is influenced not only by their present circumstances but also by past experiences, feeling of belonging, and cultural identity. Findings from this study highlight that children with a cultural support plan and strong cultural connections tend to have better social and emotional wellbeing outcomes. A sense of cultural belonging, a well-supported identity, and stable, secure placements help children navigate adversity more effectively, thereby enhancing their social and emotional wellbeing. In contrast, cultural disconnection and chronic instability fostered emotional detachment and mistrust, leading to a decline in social and emotional wellbeing.

The evidence suggests that the social and emotional wellbeing of children in OOHC is not determined by life events alone, but by the stability and availability of multi-level support, such as strong, positive, and stable relationships, coordinated services, accessible resources, and cultural connection.

To illustrate the impact of consistent, multi-level support on children’s social and emotional wellbeing, two composite personas are presented below. These personas are synthesised from our research findings and draw on sociodemographic characteristics and longitudinal thematic analysis of three waves of interviews with carers of children whose SEWB either improved or declined over time. They reflect common sociodemographic characteristics and key patterns identified in the data, rather than representing any single child’s experience. As the personas are based on carer interviews, they reflect the carers’ perspectives on the children’s experiences, challenges, and progress.

Mia

AGE
7

CARE TYPE
KINSHIP CARE

CULTURAL IDENTITY
ABORIGINAL AND/OR TORRES STRAIT ISLANDER

GENDER
FEMALE

DISABILITY
DIAGNOSED (ADHD)

SOCIAL AND EMOTIONAL WELLBEING TRAJECTORY
DECLINED

Background

Mia was removed from her parents’ care at the age of two due to concerns about neglect and substance use. Initially placed in a temporary foster home, she later moved in with her grandparent at the age of four under kinship care, where she has remained since.

While her grandparent provides love and stability, they shared their experience of receiving little training and struggling to meet Mia’s complex needs, particularly supporting her neurodevelopmental challenges, managing her mental health, and fostering her cultural identity.

Mia has minimal and often negative contact with her parents and has challenging relationships with her older brother, who lives in the same household, which has added to her emotional distress. Her parents continue to use substances and are sometimes unreachable, and long-standing conflict has strained their relationship with Mia’s grandparent.

School has been another major challenge. Mia experiences attention and emotional regulation difficulties that affect her learning, but she does not receive consistent support at school. Her struggles to form friendships with peers, along with the recent change of a teacher she had a strong connection with, have left Mia feeling frustrated and disengaged. While her grandparent, who is non-Indigenous, makes every effort to keep Mia culturally connected by involving her in a range of cultural activities, Mia still does not have a cultural support plan. Without structured cultural support, her sense of identity remains undeveloped. Additionally, frequent changes in Child Safety Officers have made it difficult for her carer to access the necessary services.

Over time, these ongoing struggles have contributed to a decline in Mia’s social and emotional wellbeing.

> *“…she (study child) and [study child’s brother], when they first came here, they hated each other… She does want that love and acceptance from him, but when he doesn’t give it, she feels very rejected. So, I think that brings up a lot of emotions with a lot of things that have happened in her life…”*
> **(KINSHIP CARER)**

> *“… just trying to get mental health stuff happening for her, it’s just taking forever. The waiting list for these kids to get any help is just crazy…”*
> **(KINSHIP CARER)**

> *“[Study child] responded not well to this change (a child safety officer left)… she (study child) got along really well with [child safety officer], and it was a feeling abandoned-type reaction. She loses people a lot, which is hard.. she (study child) struggled this year with her behaviour because she’s got a different teacher… she’s gone from an A-student to a C-student… she (study child) felt that was a loss as well because she really dearly loved her teacher (previous). So, that’s been another loss for her…”*
> **(KINSHIP CARER)**

> *“I do my best to keep her connected to her culture, but we don’t have any cultural support plan…”*
> **(KINSHIP CARER)**

Olivia

AGE
7

GENDER
FEMALE

CARE TYPE
FOSTER CARE

DISABILITY
DIAGNOSED

CULTURAL IDENTITY
NON-INDIGENOUS

SOCIAL AND EMOTIONAL WELLBEING TRAJECTORY
IMPROVED

Background

Olivia was removed from her parents’ care at the age of three due to neglect and exposure to domestic violence. Her early years were marked by instability, and she initially struggled with emotional regulation and social interactions. After a brief stay in emergency care, she was placed with a long-term foster family, where she has lived for the past two years.

Her foster carers, experienced and well-supported, created a structured and nurturing environment for her. They worked closely with specialists to address her developmental delay, ensuring she received the therapies she needed. Regular routines, clear expectations, and emotional support helped Olivia feel safe and secure. Olivia has regular contact with her parents. Her foster carers maintain a respectful relationship with them — they share updates, send photos, and keep communication open. School was initially a challenge, but with consistent teacher support, Olivia began to engage more. She made friends and even showed interest in sports. Olivia’s support network remains stable — her carers, birth parents, teachers, and caseworkers collaborate to provide consistent care.

Over time, Olivia’s social and emotional wellbeing trajectory improved significantly.

> *“... it’s all about open communication. I can’t stress communication enough. And showing those children that you’re willing to communicate with the parents as well, so you’re all on the same page. Everybody has to be on the same page and work as a team ...I always keep them (birth parents) in the loop of what’s in their (study child’s) lunch when they go to school, what’s their achievements at school. I’m always taking photos... ”*
> **(FOSTER CARER)**

> *“...when she first came to us, she was terrified of men .... Wouldn’t go to my husband, wouldn’t go to my adult son. Would just hide away from men in general. Whereas now my husband’s her best friend ... So, a lot of change has taken place, and she’s grown into a very confident, outgoing, she’s a social butterfly ... She walks into school and it’s like, “Hi [study child]...How are you?” Just chats to everybody.”*
> **(FOSTER CARER)**

> *“I have had amazing connections with Child Safety and my support network, like my support agency and stuff. I’ve certainly had my differences, where I have not agreed with decisions that have been made, but if I don’t understand or I don’t like it, I will ask why we’ve come to that decision, how we’ve come to that decision, is there any way we can do it differently...”*
> **(FOSTER CARER)**

> *“...training is crucial for a carer because we’ve all got different ideas. We’ve all been brought up differently. And especially in my age, gosh, we were slapped, we were hit, but we were rewarded as well... Training is crucial, because things have changed a lot. And ongoing training needs to happen. We need to be twigged every now and again...”*
> **(FOSTER CARER)**

These two composite personas illustrate contrasting trajectories in the social and emotional wellbeing of children in OOHC, highlighting the importance of consistent multi-level support. Both girls experienced significant early adversities, including neglect and exposure to trauma, but their outcomes diverged depending on the quality and stability of support systems around them. Mia's social and emotional wellbeing declined over time in the context of limited carer training, inconsistent professional support, school instability, and a lack of structured cultural connection. In contrast, Olivia's social and emotional wellbeing improved, supported by stable and well-trained foster carers and a collaborative approach to professional services.

Ongoing relationships with families also played an important role in shaping each child's social and emotional wellbeing. Olivia had regular contact with her parents, and her carers maintained open and respectful communication with them, supporting Olivia's sense of continuity and belonging. In contrast, Mia's limited and often negative family contact contributed to emotional distress and a sense of disconnection. The absence of a cultural support plan further limited opportunities for Mia to strengthen her identity and resilience through connection to culture.

Overall, these examples illustrate that the social and emotional wellbeing of children in OOHC is best supported through a combination of stable caregiving, structured environments, sustained professional support, and strong connections to family and culture. With the right support, children in OOHC can experience improved social and emotional wellbeing.

3.4 Conclusion

This chapter has highlighted how the social and emotional wellbeing of children who have experienced OOHC is typically lower than that of their peers, even when accounting for socioeconomic disadvantage. The social and emotional wellbeing of children in OOHC is not determined by life events alone but is heavily influenced by the (in)stability and (un)availability of multi-level support such as strong, positive and stable relationships, coordinated services, accessible resources, and cultural connection.

Professional support, including therapy and trauma-informed care, played a key role in addressing the emotional and behavioural challenges that affected both the children and their carers in the composite personas. While placement stability provided a foundation for children's social and emotional wellbeing, maintaining connections with parents, despite challenges, remained significant for social and emotional wellbeing. Ongoing relationships with the parents and extended family continued to shape their social and emotional wellbeing, highlighting the need for thoughtful support in navigating these connections to support identity and belonging. For Mia, cultural connections, along with ties to family and community, were also essential, underscoring the broader significance of culturally responsive care for Aboriginal and Torres Strait Islander children.

Overall, these findings illustrate that the social and emotional wellbeing of children in OOHC is best supported through a combination of stable caregiving, structured environments, sustained professional support, and strong connections to family and culture. With the right support, children in OOHC can experience improved social and emotional wellbeing.

4. Children's voices

This chapter reports on the experiences of the study children in OOHC who were interviewed as part of the project (*n*=86). It focuses on their relationships with their family-of-origin, their carer(s), and members of the carers' household and family. There are two important things to note when reading this chapter. First, that children were not directly asked about their families-of-origin, the amount of contact they have with them, nor the reasons they were removed. As such, all mentions of family were spontaneous. Attuned to what Powell et al. (2018, p. 655) described as "contexts of sensitivity", the research team recognised that the children in the study may find the topic of family connection particularly sensitive, given that they were living in OOHC.

Key Messages

Many children reported that they wanted contact with their parents, siblings, and extended family, and continued to view them as a source of practical and emotional support. Children reported that limited or inconsistent contact with parents left them feeling sad, frustrated, and at times jealous towards other children not in OOHC.

Material objects and memories provided an important source of connection between children and the family members they do not live with.

The extend to which Aboriginal and Torres Strait Islander children had opportunities and support for their cultural connection and identity varied. Carers need knowledge, resources and support to help increase opportunities for daily connection to culture.

The children reported that when carers spend time with them doing everyday activities and celebrating events together, it created a sense of safety and belonging, built their confidence and capabilities, and created special memories.

Relationships with other children in the household were important to the children. Changes that impact these relationships need to be communicated and, where possible, continued connections with these children facilitated.

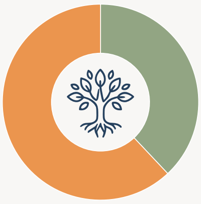
The children reported that their sense of belonging was enhanced when they built caring relationships with the carer's extended family.

TOTAL CHILDREN INTERVIEWED

86

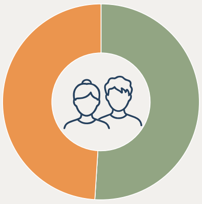
CULTURAL IDENTITY

Aboriginal and/or Torres Strait Islander	38%
Non-Indigenous	62%



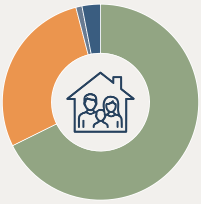
SEX

Male	51%
Female	49%



CARE TYPE ***at time of first interview***

Foster care	67%
Kinship care	28%
Residential care	1%
Parent	3%

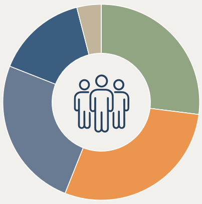


AGE ***at W1 interview***

4–6 years	30%
7–9 years	33%
10–12 years	28%
13–15 years	9%
16+ years	0%

AGE ***at W2 interview***

4–6 years	27%
7–9 years	29%
10–12 years	25%
13–15 years	15%
16+ years	4%



The research team used an arts and game-based approach when interviewing the children and focused on who they lived with and the other people in their lives (e.g., family and community) who were important to them. This creative approach was chosen as it has been found to allow children to both feel comfortable and focus on what *they* wanted to share about their lives (Spratling et al., 2012). Second, children who participated in both Wave 1 and 2 interviews (n=48) were experiencing placement stability as they remained living in the same care arrangement as they did at Wave 1. It is acknowledged that this stability is not something experienced by all children in OOHC.

4.1 Background

The rights of children in OOHC to family-of-origin relationships and cultural connections are enshrined across international conventions and in law. Article 9 of the United Nations Convention on the Rights of the Child (UNCRC) highlights that the State shall respect the rights of children to maintain personal relations and direct contact with their parents, unless it is contrary to the child's best interests. Evidence indicates that children in OOHC benefit from maintaining and developing relationships with their family-of-origin where safe to do so, even when reunification is not a goal (Healy et al., 2023a; Healy et al., 2024a). More frequent contact with parents while in OOHC is associated with better relationships between child and parent; however, the longer a child remains in OOHC, the more likely contact with parents is to decrease (Cashmore & Taylor, 2017; Sen & Broadhurst, 2011; Suomi et al., 2023a). The importance of sibling relationships to children in OOHC is also recognised as critically important to children who do not live with their family-of-origin (Wojciak, 2017; McDowall, 2015).

Despite the importance of family connection and relationships, there are several barriers to maintaining these relationships (e.g., distance, inappropriate locations, practitioner workloads, lack of resources, variable levels of parent engagement), which can lead to distress, confusion and even harm for children. However, these risks can be reduced when contact is well-managed and resourced (Cocks 2019). Connection with family can improve placement stability and developmental outcomes (Sen & Broadhurst, 2011), and maintain cultural and community links (Luu et al., 2018). This is important, as cultural disconnection can have ongoing, lifelong impacts on a children's social and emotional wellbeing, cultural identity, and sense of belonging (Bamblett et al., 2014; Zubrick et al., 2014).

Evidence shows that children can feel a sense of belonging to both their families and their carer when in OOHC (Christiansen et al., 2013), but they require support to manage the challenges of navigating relationships with both their families and carer (Christiansen et al., 2013). Within the care arrangement, spending time together and developing shared rituals can help to create a warm environment and sense of belonging for the child and connection with members of the carer household (Bengtsson and Luckow, 2020; Hedin et al., 2012).

4.2 The Importance of Family-of-Origin

Many children reported that they wanted contact with their family-of-origin and continued to view them as a source of practical and emotional support, even when not living with them. However, the children in the study also reported that limited or inconsistent contact with parents due to distance, pending approval processes, or disengagement from parents left children feeling sad, frustrated, and at times jealous towards other children not in OOHC. From their perspective, the contact that some children had seemed to decrease over time.

In the first wave of data collection, nearly all children described at least one family member that they did not live with (e.g., parent/s, siblings, extended family) as important to them. Their family members were people that they wanted to share good and bad news with. However, some children reported that it could be challenging to spontaneously share news due to the contact approval process and a lack of access to communication channels which they found frustrating.

In the interviews with children, it was interesting to note that parents were rarely discussed by the children. This may be due to the interviews being conducted in their carer's home. Of the children who did mention their parents, many saw them as an important source of emotional support and comfort, despite not living with them. At Wave 1, only a few children reported having planned contact with their families ranging from weekly to quarterly contact. Most children reported having ad hoc and limited contact. Some children shared their jealousy of friends and classmates who lived with their parents:

> *It's been hard for me...I get kind of jealous when other people have their Father's Day or Mother's Day. I get very upset because it feels like my parents didn't want me.*
> *(Child 035, Wave 1)*

While many of the children in the study were placed with at least some siblings, many also had siblings living in other places (with parents and/or with other carers). Most of the children in the study considered their siblings living in other locations to be an important source of emotional, practical, and educational support. Children described having varying levels of contact (e.g., weekly, quarterly, holidays, or ad hoc) with siblings that were not co-placed with them.

Children were specifically asked if there was anyone in their lives they would like to see more. Children often reported that they wanted to see members of their family-of-origin, particularly when children currently had limited or no contact with them or were limited to phone, rather than in-person, contact. Some children shared their distress and sadness about a lack of contact. For example, one child wanted to see more of her mother because:

> *I haven't seen my mum for 6 years...Because I moved...It's been very emotional...I cry because I haven't seen her for a long time.*
> *(Child 060, Wave 1)*

Children shared that distance and cost of travel could limit contact opportunities. Some also indicated that their parents could be unreliable and inconsistent (e.g., cancelling or not attending scheduled face-to-face visits; not answering calls or replying to texts or emails). They reported negative impacts on their wellbeing when this occurred.

In Wave 2 of data collection, fewer children spoke about family members that they did not live with, with many of those reporting that they had less contact with them than in Wave 1. However, many children reported that they still had some contact with siblings who were not living with them. Across both waves of data collection, only a small number of children stated that they did not want to have contact with their parents.

4.3 Staying Connected When Living Apart from Family Members

The children expressed that material objects and memories provide an important source of connection between children and the family members they don't live with. The interviews identified that carers and practitioners can support children's sense of identity, security, and belonging by acknowledging the value that children attribute to these objects, helping to keep them safe, and encouraging them to share stories about their lives through these objects and memories. Children treasured their memories of time spent together with parents, siblings, and extended family. For example, one child shared that her favourite memory was:

> *...my real mum, when I was at the office playing.*
> *(Child 009, Wave 1)*

As well as cherishing memories, some of the children kept different items (e.g., photos, toys, or gifts) as a memory of the family members they could not live with. For example, one child showed the interviewer her special rock her sister painted for her, explaining its significance:

> *It's got a blue pond with a yellow circle in it. It reminds me of when we were playing in the pool before she moved away to her different house. It reminds me when we were playing in the pool, and I had the yellow floaty and she was the boat, and she pulled me around.*
> *(Child 027, Wave 1)*

As illustrated in this quote, children viewed these mementos as special and treasured possessions.

4.4 Cultural Experiences for Aboriginal and Torres Strait Islander Children

The children reported that they valued opportunities for cultural connection. Non-Indigenous carers need to be provided with the knowledge and resources to create opportunities for and support Indigenous children's cultural connection and identity.

Most of the Aboriginal and Torres Strait Islander children in the study were living with non-Indigenous carers in foster care. Placement in OOHC, particularly when not living with Aboriginal and Torres Strait Islander kin, can disrupt children's organic processes of learning culture (Krakouer, 2023). While sibling and family contact enable connection to culture, carers play a key role in creating opportunities both within and outside of their homes for children to develop and maintain connections to culture.

Approximately half of the Aboriginal and Torres Strait Islander children discussed their cultural identify and connections in the interviews, sharing their cultural identity with varying levels of specificity (e.g., “Aboriginal” versus sharing their Nation or language group).

Being co-placed with, or having contact with siblings, allowed Aboriginal and Torres Strait Islander children to organically engage in cultural activities (e.g., storytelling, art, and dance).

> *When we visit each other, we normally do paintings or sometimes [sibling] dances.*
> *(Child 027, Wave 1)*

Only one child discussed visiting Country, an important part of cultural identity and connection, when spending time with their family.

However, the extent to which Aboriginal and Torres Strait Islander children are connected to culture is highly dependent on the carer’s knowledge and level of support. Of the children who discussed their culture, approximately two-thirds described ways in which their carers created opportunities for them to develop and maintain cultural connection. For most children, attending NAIDOC Week events was the primary way they reported engaging in cultural activities. Some were also engaged in structured cultural activities outside of the home. For example:

> *I used to go to this club...where we go fishing with a spear...native Aboriginal club. There's other Aboriginal painting clubs...And they teached (sic) us how to throw boomerangs.*
> *(Child 045, Wave 1)*

In addition to these activities *outside* their placement home, a small number of children also described being exposed to cultural artifacts and learning resources (e.g., books, artwork, maps of First Nations Australia, photos of Country) regularly *within* their placement home. These children were more likely to have described their cultural identity in more specific detail (e.g., Nation or language group) than the other children who talked about their culture. This highlights the importance of the incorporation of cultural connection to children’s everyday lives, not just via cultural events.

4.5 Sense of Belonging and Connection in Care Arrangements

It was evident from interviews with the children in OOHC that, when carers spend time with children doing everyday activities and celebrating events together, it creates a sense of safety and belonging, builds children’s confidence and capabilities, and creates special memories.

Across both waves of data collection, children spoke about their carers in positive ways, with many referring to them as “mum” and “dad” and identifying them as people that they would seek advice from and want to share good and bad news. Children described feeling safe and nurtured:

> *I can feel safe here... its really nice here and nice people are living here to look after me.*
> *(Child 062, Wave 2)*

Children reported they felt special and valued when carer celebrated special occasions with the children in their care such as their birthday, their anniversary of living with the carer, as well as school and sporting achievements. They also reported that simply sharing time together doing everyday things was important to them. Children talked about shared interests and activities with their carers such as bike riding, playing games, fishing, and baking:

> *I like to make cupcakes and cakes and brownies and pancakes [with carer].*
> *(Child 004, Wave 2)*

Children were proud that they were learning and mastering new skills with the support of their carers. Engaging in these everyday activities also created opportunities for children to feel connected and safe to ask questions, seek advice, and raise issues that were worrying them.

4.6 Relationships with Other Children in the Carer Household

Children described the strong relationships they had built with the children they live with, be they biological siblings, other children in OOHC, or the carer's own children. The relationships with other children in the household were described as important to children in OOHC, and it was apparent that any changes that impact these relationships need to be communicated and, where possible, opportunities to continue connections maintained. The children described being impacted, both positively and negatively, by the life events and transitions of the other children in the household. Relationships with other children in the household contributed to a sense of belonging in the household. Children commonly referred to other children as their siblings, irrespective of whether they were biologically related or not. While these relationships could also be sources of arguments and tension, many children viewed these other children as part of their family and looked to them for camaraderie, and emotional and practical support.

> *[Foster brother] he's a really good brother… he likes to spend time with me… my whole soccer career is from him… he's teached (sic) me everything I know with soccer.*
> *(Child 003, Wave 1)*

Some of the children spoke about their sadness when other children in the household moved placement or were reunified with their parents. For example, one child (Child 005, Wave 1) described being "sad" because a child who had lived with them for 2 years left to live with their own biological grandparent. Despite not having seen them for over a year, the child still referred to them as "my baby brother" and kept a photo of them.

It was evident that changes to the household that were unplanned and abrupt or the children in the study were not informed about were challenging for children. The children in the study reported that they valued the opportunity to maintain contact after these changes. When other children in the household became adults and moved out, children reported being excited about being able to visit them and to form new rituals together.

> *[I like to visit] my big brother's for pizza and movie night… and play with the dogs.*
> *(Child 048, Wave 2)*

Siblings' transition to adulthood also created important milestones for children. For example, one child excitedly described being a flower girl at the wedding of her carers' daughter. Children also spoke positively about their older siblings becoming parents themselves. They were excited about spending time with the new baby and helping to care for them.

4.7 Relationships With the Carer's Extended Family

Children's sense of belonging is enhanced when they build caring relationships with the carer's extended family. Being included and welcomed by the carer's adult children, extended family, and network made children feel like they too had a broader constellation of supporters who cared for them. Children identified these other important adults as people they could seek advice from, share news with, learn from, and engage in shared activities with. Time with these extended networks, particularly at large celebrations, were looked forward to and became special memories:

> *We have a big Christmas party… [carer], [carer's sister]… then all our brothers and sisters.*
> *(Child 066, Wave 2)*

As illustrated in this quote, children valued having their own siblings welcomed in celebrations. Children reported that this most often occurred at Christmas time.

4.8 Conclusion

This chapter has highlighted the importance of relationships with significant others to children's sense of identity, connection, and belonging. The findings show that despite not living with family-of-origin members, children still view them as valuable sources of emotional and practical support, desire contact with them, and use memories and mementos as a mechanism for staying connected, even when apart. The findings also illustrate the importance of connections within the carer household, not only to the carer but to other children (siblings, other children in OOHC, the carer's own children) living in the household and the carer's own extended family and network. Children valued having an extended network of people who cared for and supported them. These relationships create opportunities for children to share worries, develop skills and confidence, and build a sense of belonging. Greater awareness of the importance of these relationships is required, particularly when planning for placement moves or reunification.

5. Parents' voices

This chapter reports on the experiences of parents of children who have been involved with OOHC. This study uses the term parent to respectfully refer to the original parents, also sometimes referred to as birth parents, of children in OOHC. This chapter begins with a brief overview of the literature on the importance of parents to children's emotional and social wellbeing and on the characteristics and experiences of parents with children in OOHC. Drawing on interviews with 17 parents with experiences of children in OOHC, it then presents the findings on their experiences and perceptions of their own and their children's journeys through OOHC. The chapter also describes how they express the impact of this on their perceptions of their children's social and emotional wellbeing and opportunities for cultural connections.

Key messages

Many parents viewed that they could retain care of their children if they had access to more timely and appropriate support. Parents with children in OOHC reported that they need access to practical resources and emotional support to address the myriad challenges they face, including access to income, disability, and trauma-informed supports needed to build and maintain a safe environment for their children.

Parents experienced removal as an unexpected and traumatic event, and their isolation was intensified following removal of their children. Parents identified they need emotional and practical support to navigate the child protection system during the period following the removal of their child.

Parents identified that the bond with their children is negatively affected by removal. They called for better support for the parent-child bond through regular contact between the parent and child in an appropriate environment.

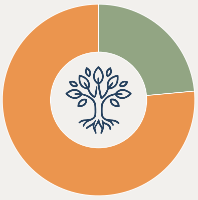
Parents appreciated the contribution of carers, valued the provision of information about their children's lives, and expressed that opportunities for parents and carers to build relationships with each other to support children's wellbeing needs to be further developed.

TOTAL PARENTS INTERVIEWED

17

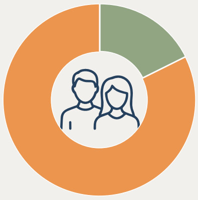
CULTURAL IDENTITY

Aboriginal and/or Torres Strait Islander	4
Non-Indigenous	13



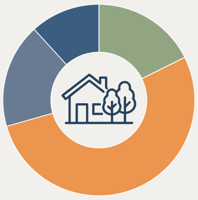
SEX

Male	3
Female	14



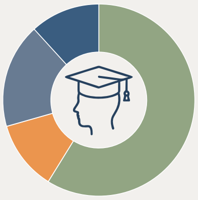
HOUSING

Private rental	3
Public or social housing	9
With family or friends	3
Experiencing homelessness	2



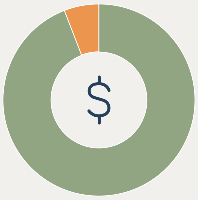
EDUCATION LEVEL

Not completed high school	10
Completed Year 12	2
Completed vocational training	3
Completed university degree	2



INCOME SOURCE

Centrelink	16
Sole trader	1



5.1 Background

The United Nations Convention on the Rights of the Child (UNCRC) declares that the State shall respect the rights of children separated “from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s ‘best interests’” (United Nations General Assembly, 1989, p.3). As the Commonwealth of Australia is a signatory to the UNCRC, Australian child protection authorities are obliged to support children’s relationships with their parents, other than where this is proven not to be in the child’s best interests (Healy et al., 2023b).

Child protection legislation in Queensland, as in other parts of Australia, asserts that children’s rights to family relationships should be prioritised and supported. Section 5B of the Child Protection Act *1999* (Qld) states that “the preferred way of ensuring a child’s safety and wellbeing is through supporting the child’s family” (s.C), that removal should only occur where the child does not have a parent willing and able to protect them from harm (s.D), and that “a child should be able to maintain relationships with the child's parents and kin, if it is appropriate for the child" (s.K). Queensland's child protection legislation also holds that support should be given to the child and the child's family to enable the child to return to the child's family if the return is in the best interests of the child (Child Protection Act 1999 (Qld), s.F).

In Queensland, Aboriginal and Torres Strait Islander peoples hold additional distinct cultural rights, which include the right to protect and develop their kinship ties (Queensland Human Rights Act, 2019, s.28). In Australia, Aboriginal and Torres Strait Islander children's rights to family and community connections are recognised in the ATSICPP. The ATSICPP, which is enshrined in child protection legislation in all States and Territories of Australia, is focused on preventing child removal and, where children are removed, ensuring their continuing connection to families, community, Country, and culture (SNAICC, 2021).

The protection of children's rights to relationships with parents and other kin when in OOHC is consistent with evidence of the importance of parents to children's health and wellbeing. Contact with parents is associated with improved mental health and behavioural outcomes for children in OOHC (McWey & Cui, 2021; Palmer et al., 2014), placement stability (Salveron et al., 2009), and increased likelihood of family reunification (Bullen et al., 2017; McWey & Cui, 2021). Maintaining family relationships supports children's sense of identity, including cultural identity and community links (Luu et al., 2018). Indigenous researchers emphasise the importance of family relationships for maintaining children's connection to kin and cultural heritage (Bamblett & Lewis, 2006; Krakouer et al., 2018). Many young people leaving care seek out and rely on these relationships for practical and emotional support (Battle et al., 2014; Courtney et al., 2011).

It is also acknowledged that children in OOHC may experience distress during their placement, including from carers and parents' experiences of contact (Bullen et al., 2017; Kiraly & Humphreys, 2016). These risks to children are exacerbated by the lack of formal support for children, parents, and carers in maintaining contact, particularly once family reunification is no longer the goal (Healy et al., 2023a). Therefore, evidence supports that it is in children's best interests, that more attention is given to supporting children, parents, and carers in sustaining family relationships throughout their journeys in OOHC (McWey et al., 2023).

Little is known about parents' experiences of the OOHC system. However, it is established that parents of children in OOHC are much more likely to live in poverty than parents in the general population (Burrow et al., 2024; Bywaters et al., 2016; Healy, 2020). Australian child protection data consistently shows over-representation of children from the lowest socio-economic areas as subjects of substantiated abuse and neglect notifications (AIHW, 2025). Parents who identify as Aboriginal and Torres Strait Islander are more likely to experience child removal than non-Indigenous parents (Chamberlain et al., 2022). High levels of socio-economic disadvantage and intergenerational trauma, associated with the Stolen Generations, are important contributing factors to their over-representation among families subject to child removal (Chamberlain et al., 2022).

Parents with children in OOHC are also more likely than other parents to have experienced a range of psycho-social challenges and trauma (Burrow et al., 2024; Suomi et al., 2023b; Trew et al., 2022). Suomi et al., (2023b, p. 1032) note that "parents of children in the statutory child protection services (CPS) have disproportionally high rates of mental health problems, with significant trauma histories including sexual and physical abuse and neglect." In their systematic review, Suomi et al. (2023b) found that post-traumatic stress disorder (PTSD) rates for mothers of children in OOHC far exceeded the population level prevalence rates. This high prevalence of PTSD among parents involved with child protection services has several implications for understanding the experience of parents with children in OOHC. These include the need for support services to address the impact of PTSD on care-giving capacities and working with parents in a trauma-informed way throughout each stage of the children's journeys through OOHC.

Evidence also shows that, for most parents with children in OOHC, the removal of their children was an unexpected and traumatic event (Burrow et al., 2024; Chamberlain et al., 2022; Trew et al., 2023). Suomi et al., (2023b, p. 1033) observe that the removal of a child "has been described as one of the most traumatic experiences that a human being can endure and similar to experiencing the death of one's child". Research indicates that parents' trauma is unrecognised and unaddressed, with no consistent formal support available to parents to manage the emotional and practical challenges arising from child removal (Healy et al., 2023a; Suomi et al., 2023b). In their UK study, Broadhurst & Mason (2017) found the lack of trauma-informed support increased the risk of subsequent removals.

In the aftermath of removal of children, parents may lose access to housing and welfare benefits linked to their parental status (Broadhurst & Mason, 2017; Suomi et al., 2023b). Burrow and colleagues (2024) identified a reduction in informal support available to parents following their children's removal. Parents reported that the stigma surrounding child removal contributed to their own reluctance to seek help and to family and friends withdrawing support.

Overall, the small body of research with parents of children in OOHC recognises that family relationships are important to children's wellbeing and for supporting family reunification. Parents involved with child protection services are highly likely to experience adversity including poverty and trauma, with a high proportion meeting the criteria for PTSD. This affects their caregiving capacities and opportunities to engage in relationships with children in their journeys through OOHC. Most parents' experience their children's removal as a traumatic event and do not usually receive support in processing the cumulative traumas affecting them. Recent research has called for trauma-informed approaches to preventing child removal and supporting parents to maintain meaningful relationships with their children in their journeys through OOHC.

5.2 Lives Shaped by Disadvantage and Trauma

The demographic profile of the 17 parent participants in this study reflects a high level of economic, educational, and social disadvantage.

Housing insecurity emerged as an important theme in parents' experiences of child removal. Two parents in the study reported they were homeless at the time of interview. Several parents described experiences of homelessness and housing instability during the time of Child Safety involvement and preceding the child's removal. One participant described her family's experience of housing insecurity during the time of the children's removal:

> *We got evicted because the kids were constantly screaming. And then we were on the streets for a long time, like in the car. We had a five-seater car with [more than five] of us. And the Department put us in a motel for a bit and then said, "We're not funding any more of this." I mean, every day I'm on the phone to agencies, I'm trying to find somewhere. I was listed with [Department of] Housing, but nobody told me that there was no stock in.*
> *(Parent 002)*

Participants' experience of housing insecurity was often compounded by difficult circumstances for them and their children, such as large family size, low income, and children with challenging behaviours. These factors excluded them from the private housing market, leaving only public and social housing options. Interim housing options, such as hotel rooms provided to them both via Child Safety services and non-government agencies, were both short-term and inappropriate as family homes.

As adults, all participants in the study experienced a combination of highly adverse events likely to induce psychological and emotional trauma. All described having experienced at least one form of significant harm at the time of their children's removal. These harms were domestic and family violence, major mental health concerns, and substance misuse. Further, most of their experiences were of extreme forms of these harms, including hospitalisation for severe and, in some cases, life-threatening health concerns. Most of the participants reported having a diagnosis of a significant mental health condition, with personality disorders, bipolar disorder, and PTSD being the most frequently reported.

Another challenge was the high proportion of diagnosed disabilities among the parents and children in this study. Four parents in the study reported that they received the disability support pension, which indicates that they experienced a permanent physical, intellectual, or psychiatric condition that significantly limits their ability to work. More than half of the parents also reported that at least one of their children was diagnosed with developmental disabilities, with attention deficit hyperactivity disorder and autism spectrum disorder being the most common. This added further complexity to the caregiving support needs of the parents, both in terms of their ability to care for their children and in providing care for children with complex support needs.

5.3 Time of Removal as a Period of Intense Distress

Participants identified the period leading up to removal of their child as a time of intense distress. Usually, a new circumstance had overwhelmed parents whose capacities were already tested by entrenched disadvantage and trauma. The circumstances included the birth of a child, particularly if the newborn had difficulties, the loss of housing, or the parent being overwhelmed and no longer able to cope. As one parent described the removal of her 4-week-old newborn:

> *I wasn't sleeping, I wasn't eating, I just couldn't really do it with the post-natal depression with no support. Because for a few weeks after [child] was born, I did seek a lot of support and I did call the hospital. I tried everything and no one wanted to help me so I got too emotional, and I just couldn't really do it. Then I had to give [child] to Child Safety.*
> *(Parent 015)*

This parent also described being ineligible for some support services due to her child being placed under a short-term order prior to his removal. She reported being informed that some family support services were not available to parents with children who were on orders.

Some participants described the removal as a "breakthrough", making them recognise the harm they experienced also affected their children. As one respondent stated:

> *I needed the kids to get taken to understand what I was actually doing. Because, if I hadn't had the kids get taken, I would not have ever come to the mindset that I understood what I was doing was wrong.*
> *(Parent 013)*

It is notable that this parent had referred to her own victimisation in domestic and family violence as contributing to her children's harm. This parent, although a victim, was still holding herself accountable for exposing the children to the harm perpetrated by her partner. Several parents who experienced substance addictions also referred to the child removal event as a difficult but necessary step in acknowledging the impact of their addiction on their capacity to care for children.

5.4 Aftermath of Removal: Alone and Judged

Participants frequently pointed out that the process was punitive rather than recognising their strengths or their trauma. Parents reported that the aftermath of their child's removal was a very difficult time, made worse by their isolation from support. As one participant described the time immediately after her children were removed:

> *That was it, alone in an empty, cold, dark house, nobody. And that should not happen, regardless. It especially shouldn't happen when there isn't a reason for removal. And we hear a lot of stories like that. But even in those of us who have not met the standard for parenting, there's no excuse for that. There should be somebody there.*
> *(Parent 002)*

Participants frequently pointed out that they felt the process was punitive rather than recognising their strengths or their trauma.

Several participants identified that the trauma and distress caused by the removal led to an escalation in their own challenges, such as increased depression and increased substance misuse. For example, several participants discussed using drugs as a response to the shame and grief of their children's removal. One parent described her response in the following way:

> *I was self-sabotaging a lot, so I'd be like, "Oh, I'm going to get myself into trouble if I do it." And so, I'd go and do it just because I was sabotaging because I hated myself for losing them. And then, I was just on repeat all the time. And I'd try to stop myself and I'd just do it more, and then I'd get worse and worse. And then I said to them, "Can you stop asking me for the test?"*
> *(Parent 007)*

The removal of children is a highly distressing experience, leading to a sense of grief and loss. For parents who are themselves survivors of abuse, the child protection removal process can retrigger and deepen trauma in several ways by raising memories of the parent's experiences of harm as children or in their past and current intimate relationships. Many parents reported feeling they had failed or were inadequate. As one parent stated:

> *Everything was always my fault. I actually never held anybody else accountable. ...And, because I felt so ashamed, I felt like I deserved it.*
> *(Parent 005)*

For most participants in this study, the removal of a child was a low point in their lives often leading to a loss of confidence in themselves as parents.

Although child protection legislation affirms that family relationships should be maintained, including when children are in OOHC, most parents in the study perceived there was a lack of support for them and their relationship with their children. When reflecting on her own journey as a parent of children in OOHC, one participant stated:

> *It's been a long, hard journey. It's been hard, very, very traumatising and accusing, to the point where no one just wants to help you do anything, no one just wants to do anything because it's a government agency. You know what I'm saying? No one wants to know about it.*
> *(Parent 009)*

This parent, like many in the study, reported feeling retraumatised and stigmatised following the removal of her children. Most felt there was little support to manage or address the many issues that led to the child's removal.

5.5 Damage to the Parent-Child Bond

The Child Protection Act *1999* (Qld) holds that children and parents should be supported to reunify and even where a long-term order exists, the child should be supported to maintain "ongoing positive, trusting and nurturing relationships with persons of significance to the child, including the child's parents, siblings, extended family members and carers (s.5ba). Yet many participants report that the removal process and the lack of support for family relationships during the children's journeys through OOHC disrupted the family relationships.

Damage to the parent-child bond was an important theme. This concern was raised by many participants but was most profound for parents of newborns when bonding is of critical importance for the new baby and the parent. As one parent stated:

> *I'm trying. I had to do a lot of repair when she came home because... [child] was taken at 3 months old. I had to really just put walls up in my heart and go, [child's] gone now. Because I could not cope with the pain of not having my baby. So, I was just like, well [child's] their baby now.*
> *(Parent 002).*

Parents also observed that siblings' relationships were also disrupted when children were placed in OOHC. A parent described the relationships among her four children following reunification, who had been placed separately, in the following way:

> *They're like four only children, so there's no cooperation, there's no teamwork, they are adversarial towards each other.*
> *(Parent 002)*

This observation highlights the ramifications of child removal for family relationships. This has implications for the type of whole-of-family support needed after reunification.

Many participants reported significant practical and emotional difficulties around contact visits. Concerns included experiences of practical barriers, such as the difficulty of travel to the contact visit location, the unsuitability of the contact environment for fostering meaningful parent-child relationships, and discomfort in being observed and judged on their parenting skills in an artificial environment. As one participant described their experiences of contact visits:

> *It started with one visit in the office maybe once a week and then it was for an hour or two, if I was lucky… they were making me get supervised, which I didn't understand that either. They were treating me like I'd done something. That's what I mean, I didn't understand why I was being supervised because I looked after my kids. And I got bashed in front of them. I shouldn't be punished because I got bashed in front of my kids.*
> *(Parent 007)*

Many participants found the contact visits to be a challenging experience for both themselves and their children. Parents felt they were unsupported in managing these challenges due to the lack of publicly available support services for parents of children in OOHC.

5.6 Ambivalent Relationships with Carers

Parents reported diverse relationships with carers. Many parents reported mixed emotions about the carers, and this affected their opportunities to collaborate with them. On the one hand, some participants expressed positive views of carers, particularly where the carers had endorsed their identity and role as parents. Carers' efforts to keep parents updated reinforces the parent's importance to the children's life and helps to maintain meaningful relationships between parents and children. Some participants also expressed gratitude when carers provided a positive experience for their child. For example, one parent stated:

> *My children are very well looked after, and they are very absolutely loved. And just seeing that and hearing that from their own voice, it's great. I'm very happy where they are, and they are too.*
> *(Parent 003).*

But even for parents with positive experiences, there was discomfort with the care-giver's relationship with the child, especially where the parents felt their role had been erased. For example, parents expressed concern about children referring to foster carers as "mum" or "dad".

Most parents in this study reported that they had no, or minimal, contact with the children's carer. This relationship was largely non-existent, even where the plan was for the child to be reunified. As one parent commented:

> *She [the carer] has a separate phone given to her by Child Protection for parents to contact, but it's very rarely on or charged. I've got her email now, so that's a bit easier because she's a [professional] sitting at a computer. So, more often than not, I'll get a response. But now that [child] is home more, we've got all [child's] stuff back from the carer a few weeks ago. And it's me packing [child's] weekend bag now instead of the other way around. There's not a lot of cause for communication, unless [the child] is sick.*
> *(Parent 006)*

The absence of contact between parents and carers limited parents' understanding of children's OOHC experiences. A key issue for some parents was the large gaps of knowledge about what had happened in the life of the child. Parents also report they want to understand and know about the differences in the way the carers looked after their children compared to the parents' approach. Parents reported this could contribute to a loss of confidence in their own caregiving and tension with the children upon being reunified.

5.7 Holistic and Trauma-Informed Approach

Several themes emerge from this study about how to better support parents' capacity to provide a safe and caring environment for their children at each stage of the child protection process. First, practical support to parents is needed to create safe and secure home environments. A priority on secure and appropriate housing for parents and their families is a fundamental issue in achieving children's safety and wellbeing. Practical support is vital for enabling parents to address the myriad of challenges they face such as those of parenting large families and managing health challenges for themselves and their children. Support in the form of in-home practical help including with child-care and household duties could significantly reduce the burden on them, potentially creating real opportunities to prevent child removal.

Second, parents highlighted the urgent advocacy needed at State and Commonwealth levels to prevent the loss of social welfare benefits, such as the Centrelink Parenting Payment, and housing that can accompany the removal of children. These losses can compromise parents' ability to provide a safe and suitable home environment for their children, which may stall reunification efforts.

Third, formal services should provide trauma-informed support to parents. This would help parents address the multiple forms of harm that have accumulated over many parents' lifetimes including during the child removal process. For many participants, the removal of their children was a low point in lives already impacted by extreme disadvantage and cumulative trauma (Suomi et al., 2023b). Many parents highlighted the added burden of navigating the statutory child protection system, including the Children's Court, at a time of immense trauma. A participant recommended that parents be offered an independent parent advocate whose role would include systems navigation:

> *Hopefully, [it] would be someone like a social worker, got basic psychology and counselling backgrounds who can do that, cup of tea, get you off the ground, hugs or not or whatever, and then also, "Right, here's your information. This is next. I'm going to call you tomorrow. Are you safe for me to leave you? Tomorrow, right, what is our next step? Do you want to talk about feelings? Do you want to put some plans?" and can do all of that. Can go with you to court, can make appointments for you.*
> *(Parent 002)*

Participant calls for family and trauma aware support is consistent with family inclusive approaches to promoting the safety and wellbeing of children (Cocks et al., 2024).

Several factors can improve families' journeys through, and out, of the system. Independent legal representation is vital for the protection of parents' rights and for ensuring that parents and child protection workers are clear about the nature of the concerns and accountable to how these concerns will be addressed in the interests of children's safety and family reunification.

Several parents described being refused legal representation, reporting that their case had been assessed as "able" by legal services in the community. However, access to legal representation is about more than the merit of the case. It is also about ensuring parents' rights are protected and enabling parents to hear and understand what is happening. Many parents reported procedural unfairness, such as being subject to untrue accusations or feeling pressured to agree to specific outcomes. For example, one parent stated:

> *I got told if I didn't agree to the 2-year order that they'd put it on anyway.*
> *(Parent 001)*

For many participants in this study, the legal processes associated with child removal were traumatising. Participants perceived themselves to be powerless in the adversarial process where the power rested with the child protection authority. This made it difficult for participants to accept the court-ordered outcomes and to establish a working relationship with the child protection authority.

Building parents' support system is another important factor in helping parents navigate the OOHC system. As a participant remarked:

> *Obviously, support with family, and if you have friends, that's huge for everybody. Like I came back to earlier, the people who have succeeded are the ones that have got someone at least in their corner.*
> *(Parent 002)*

This participant also advocated for:

> *Collaborative relationships between parents, carers, workers. I think that is such a key to begin with. I don't think there's enough done to support carers to do that, or parents to do that.*
> *(Parent 002)*

As noted, many participants reported that the removal of children contributed to their loss of access to services and to the support of family and friends. There are few services dedicated to holistic support for parents with children in OOHC (Healy et al., 2023a). This can further undermine parents' opportunities to address the multiple personal and practical challenges for achieving the reunification of their families.

5.8 Conclusion

This chapter has highlighted the cumulative challenges facing parents with children in OOHC. Participants in this study lived with substantial disadvantage and trauma. Participants reported that the removal of their children was a low point in their lives and was often associated with the withdrawal of resources, services, and a reduction of support from family and friends. Often, this undermined participants' identities as parents and their opportunities to maintain relationships with their children. Drawing on this analysis of parents' experiences, the findings call for practical and trauma informed approaches for affirming parents and family relationships both prior to and during children's journeys through OOHC.

6. Carers' voices

This chapter reports on the characteristics and experiences of the 119 carers in the study. The decision to become a carer was frequently driven by the aspiration to provide children with a nurturing home environment where they can make a difference in the lives of these children (De Maeyer et al., 2014; Geiger et al., 2013; Haysom et al., 2025; Rodger et al., 2006), a decision commonly underpinned by humanitarian, social justice, or faith-based values and principles (Gouveia et al., 2021; Haysom et al., 2025).

Key messages

Carers reported they are both intrinsically motivated and rewarded through the perceived difference they can make for the children in their care and the love and joy the children bring to their lives.

Carers reported they need to be supported, involved in decision-making, and acknowledged and respected for their caring role to ensure placement stability for the children in their care.

Positive progress in the children's emotional, social, and academic development was commonly reported by carers who continued to provide a stable placement for the children in their care.

Reunification steps need to be clearly communicated to carers, and both carers and children need the opportunity to say good-bye. Where possible, a transition process between the carer and the parents should be encouraged.

The Department and Child Support Agency need to ensure the carer is a good match to the needs of the child, feels respected, and has the support they need to minimise placement breakdowns due to carers feeling overwhelmed and undervalued.

Carers need support to navigate the challenges associated with supporting children with complex needs to reduce carers' feeling overwhelmed, stressed and socially isolated.

Support systems need to be better integrated, where providers outside of their own sectors work together to simplify the process and provide support in a timely way to lessen the burden placed on carers to coordinate services across sectors while also managing complex needs and behaviours.

Carers need support to navigate fractured and hostile relationships with parents, and to be involved in the decisions about the child's level of contact with the parents, so they feel valued and prepared. Reform is required regarding how parents are engaged and how stakeholders can work together to reduce the invisible load placed on carers.

Aboriginal and Torres Strait Islander carers need to feel supported to build and maintain relationships with parents in ways that are culturally safe. There is a need to recognise the cultural load these carers carry as they balance their cultural obligations with the demands of Western society.

Stakeholders need to work together to implement processes that minimise the effect that worker churn has on carers.

Resources and support that carers and children are entitled to need to be proactively offered so carers don't have the additional load of needing to advocate for these resources and support.

Carers need three forms of practical support: additional financial support for children with complex needs; short-term formal respite; and transport support to manage children's contact with their parents and siblings.

TOTAL CARERS INTERVIEWED

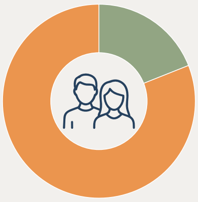
119

from **106** carer households caring for **211** study-children

AVERAGE: 2 children
RANGE: 1–8 children

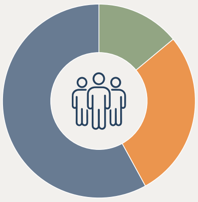
SEX

●	Male	19%
●	Female	81%



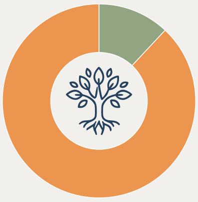
AGE *at W1 interview*

●	21–39 years	14%
●	40–49 years	28%
●	50+ years	58%



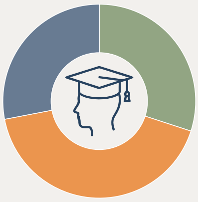
CULTURAL IDENTITY

●	Aboriginal and/or Torres Strait Islander	12%
●	Non-Indigenous	88%



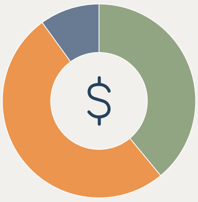
EDUCATION LEVEL

●	Grade 12/some high school	30%
●	Diploma, certificate, trade	42%
●	University degree(s)	28%



INCOME SOURCE

●	Centrelink/carer payment/pension	39%
●	Working full/part-time	51%
●	Partners' income	10%

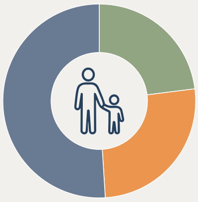


CARE TYPE

●	Foster care	68%
●	Kinship care	32%

YEARS AS A CARER

●	0–2 years	23%
●	3–4 years	26%
●	5+ years	51%



CHARACTERISTICS OF CARER HOUSEHOLDS

On average, five people in a carer household (range 2–16 people)

On average, two study children in the household (range 1–8 study children)

On average, 2 children (under 18 years) in their care in the household (range 1–12 children)

67% of carer households have at least one study child with a diagnosed and/or suspected disability

76% of carer households have at least one study child with social and emotional wellbeing challenges

65% of study children stayed with the same carer over the three waves of data (Jul 2021 – Sep 2024)

6.1 Background

Carers play a pivotal role in the experiences and outcomes of children in out-of-home care, including facilitating and providing opportunities for children to connect with their parents and other family members. But the role can be complex and stressful. Carers are required to navigate complex systems, liaise with birth families, CSOs, agency practitioners, and other support systems (e.g., schools, allied health) (Cole & Eamon, 2007, McKeough et al., 2017, Morgan & Baron, 2011) whilst also dealing with challenging behaviours and complex needs of children in their care. They are not provided the support they need to build and maintain children's connection to family (Collings et al., 2018; Collings & Wright, 2022a, 2022b) and cope with the turbulent relationships and sometimes strong emotional responses (Chateauneuf et al., 2018; Järvinen & Luckow, 2020) that these interactions involve.

The ability of foster and kinship carers to look after children in care is often linked to their own levels of support. Carers receive practical and emotional support from both formal and informal support systems (Cooley et al., 2019; Piel et al., 2017). Formal support typically includes support from a CSO, financial assistance, support from a practitioner from a community-based foster and kinship care agency, and training related to the role (McHugh & Valentine, 2011). Smart and colleagues (2022) highlighted the variance and inconsistency in the levels of support carers in different Australian jurisdictions or care types were eligible for. Kinship carers often have fewer financial resources and have less access to formal support and training compared to foster carers (McHugh & Valentine, 2011; Smart et al., 2022). Informal support typically includes friends, neighbours, colleagues, family, and other social connections that provide both emotional and practical support to carers (Scannapieco, 2000).

Carers who do not receive adequate support may experience stress and burnout (Harding et al., 2018; 2020, Sharda, 2022) and may decide to leave the role. This has clear consequences for the children who experience placement breakdown, increasing the likelihood of child mental health problems (Akister et al., 2010; Richardson & Lelliott, 2003), self-harming (Beck, 2006), and poor academic performance (O'Sullivan & Westerman, 2007). The shortage of carers highlights the urgent need to better support and value foster and kinship carers, reducing the risk of them leaving this important caring role (Piel et al., 2017). Smart and colleagues (2022) identified several practices that were associated with carer satisfaction in their role: carer voice and involvement in decision making; intensive support for carers of children with complex needs and challenging behaviours; ongoing and accessible training for carers tailored to their individual needs; and cultural support. Empirical research shows that training and support for carers typically focuses predominantly on the child with limited focus given to the carers' role in supporting the child's emotional, physical, and cultural development, the children's connection to family, and the carer's relationship with the parents (Person, 2019).

6.2 Benefits of Being a Carer

Carers in this study report that the benefit of being a carer was child-centric, focused on the safety and happiness of the children in their care. Carers were intrinsically motivated by the altruistic belief that they were making a difference in the lives of the children in their care. These findings reflect other studies, which identified foster parents as intrinsically motivated by altruistic ideas (Haysom et al., 2025; MacGregor et al., 2006). Most carers in the study report positive behavioural and emotional changes in the children in their care over time.

> *It's just been really rewarding just to see the journey. So I look back through my notes sometimes of some of the incidents I've had to report and some of the behaviours we were seeing and how we were feeling at the time, and it's just [child's] come such a long way and we're so proud of [them] and [their] journey and [their] growth and [their] outlook now.*
> *(Foster Carer 051, Wave 1)*

Carers expressed how much they enjoyed having children in their home. They highlighted how much they appreciated spending time with the children and the affection they received from the children. They reported that they found their caring role to be intrinsically rewarding despite occasionally feeling drained or overwhelmed by the demands of caregiving.

> *You get a lot of love back from the kids too. You get a lot of love back out of the kids. You see them more settled and, I don't know, I just like doing it*
> *(Foster Carer 017, Wave 1).*

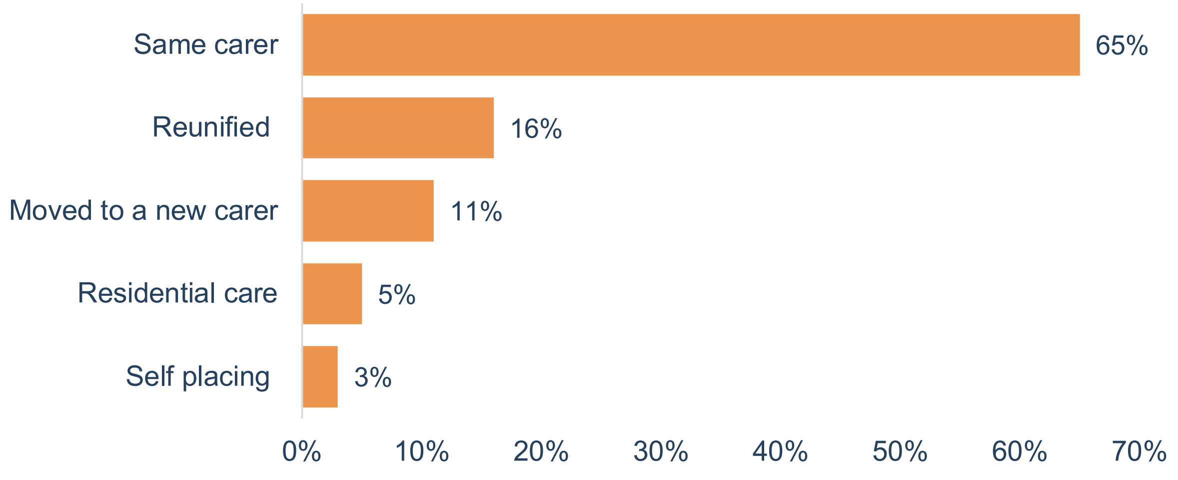
> *It's hard work but it's rewarding, I would not part with either of my [foster children] ...it can be quite draining at times...because they're long-term [foster children], they're my [children] and yeah, it's worth it.*
> *(Foster Carer 017, Wave 3)*

A few carers described other benefits associated with caring for the children, such as developing relationships with the child's parents and family and other foster or kinship carers.

6.3 Placement Stability

Placement stability is generally defined as continuity in care arrangements (e.g., living with the same carers). Two-thirds of the children in the study remained with the same foster or kinship carer over the study period (2021–2024), as shown in Figure 4. These children have been classified as sustaining a stable placement during the research period.

Figure 4: Placement Journey Over Time (3 Waves)



Carers who maintained continuous care of the same children from 2021–2024 commonly reported positive progress in the children's emotional, social, and academic development. These findings are consistent with existing empirical evidence, where placement stability is associated with a range of health, educational, and social outcomes (Jones, et al., 2011).

> *We are so proud of them. They are doing amazing. Yeah. Every year we sit back and look at how far they've come. School and emotional...there's a really strong bond and like [child] says to me, 'you know what Dad, sometimes I forget you're not our real parents'. Then I'm like 'but we are buddy. We are.'*
> *(Foster Carer 023, Wave 3)*

Similarly, carers commonly reported that the children were receiving formal support from allied health professionals and teachers, which contributed to the improvements they were observing in the children's social-emotional wellbeing.

> *Everything is going really well...They've got extra support at the school...they've got more little friends there now. They're closer with their teachers...going to counselling...[They're] opening up and [they're] working through some stuff.*
> *(Foster Carer 011, Wave 3)*

However, despite consistency in the placement, not all carers reported they received adequate formal support they felt they needed from Child Safety (e.g., cultural support; support related to facilitating family contact; support related to applying for National Insurance Disability Scheme [NDIS] funding or allied health services; general support of their role and experience as carers; and two-way communication). One carer described it as:

> *...a tough gig; sometimes it's easier to deal with the children and their behaviours and their escalations than it is to deal with the Child Safety.*
> *(Foster Carer 053, Wave 3)*

Other carers explained that the significant change observed in the children over time was due to the carer's efforts, as many were not getting the support they needed from Child Safety. One carer reflected:

> *We could've been in a lot [of] different places and spaces if the Department supported [us].*
> *(Foster Carer 050, Wave 3)*

In addition to needing more formal support from Child Safety, carers emphasised the importance of CSOs listening to children describing where they feel safe. Carers reported supports more stable placements and better long-term outcomes. Having good formal support from Child Safety and their agency practitioners helped carers advocate for the children in their care and feel supported in their role as carers.

> *They're doing so much better in their lives and in their health and in their choices and behaviour, that I don't have to - they're showing how being placed in a safe position has helped them. The kids are showing that. I think that's what helps us a lot is that we we're listened to. Our CSO really spoke to the kids and were able to have mostly adult conversations with the kiddos, and they were able to explain how they feel living with me. I think it really worked out well...I think we had a really good experience with the system - and really good experience and got really lucky with our CSOs and being listened to and our needs being met.*
> *(Kinship Carer 024, Wave 3)*

Carers also emphasised the need to improve communication between Child Safety and the carers, but more importantly, carers strongly advocated for the need for their role to be acknowledged, to be treated with respect, and have more say in the day-to-day decisions that affect the child (e.g., haircuts, short 1-week holidays) and decisions that impact the development and wellbeing of the child (e.g., allied health services, choice of school, or educational support).

> *I think carers probably at times need some more recognition for the hard work that they do. We should be respected enough. That this is what I need, this is what the child needs, can you please just sign this*

> *piece of paper and acknowledge that we're all people and we all need some recognition. Like I say, I don't mean a pat on the back. I just mean recognition for what we do, that, you know, we're part of the system, we're an important part of the system.*
> *(Foster Carer 017, Wave 3)*

6.4 Reunification

Reunification is an important transition point for the child in OOHC. Carers in the study identified that this is also a significant point in their role. For some carers, the reunification plan was communicated and implemented well. However, despite being well implemented and the carers supporting reunification, when reunification happened, carers often experienced a sense of loss. This is not surprising as many carers viewed these children as part of their family. Sometimes, parents encouraged continued contact with the carer, which helped ease their sense of loss. There were also benefits for the children and parents in that it buffered the transition and offered ongoing support. Post reunification, carers could be viewed as an extended care team who can provide additional support to the parents (MacAlistar, 2022). Carers also reported that the transition is helped when they know the children were safe and happy.

> *They started with every second weekend and then, over the school holidays, they stayed for 2 weeks…[the reunification process] was really comforting because the parents would call me while their kids were there… Our CSO was really open with us and letting us know what was happening and everything and how the kids were. They let me know if anyone got sick or anything, so I could help when they came back…Our CSO really helped with the reunification progress…It's always hard because you get those bonds with the kids…but with the contact it's [easier]. It doesn't hurt as much because we always know that they're safe and loved…at the end of the day, reunification is the goal. And the children deserve to be with the parents and the parents deserve to have their kids. We're just here to help the parents until they're ready.*
> *(Foster Carer 034, Wave 2)*

The process of reunification was not always handled well. Carers described examples where the child went for a visit to the parent or went to school or daycare and just never came back to the carer's home, sometimes leaving their precious mementos behind. Carers and children in these circumstances were not given the opportunity to say goodbye and were left without a sense of closure. Carers described other examples where the carer was aware that the reunification process was initiated, however there was little communication to the carer about what was happening or when. Managing the reunification process well is imperative for a smooth transition for the child and carer, sustaining the carer workforce and reducing the risk of carers leaving the role.

> *He was reunified with his father, but Child Safety didn't tell me, he went to his father on a visit and never came back…Yeah, I just couldn't believe the way it was done, that's all…It was very, very hard…I was actually going to write an official letter to the CSO. The way she done it and all that because it was really, really wrong. I nearly stopped caring for kids, I nearly gave up the whole thing after that.*
> *(Foster Carer 007, Wave 2)*

Carers reported they need support from Child Safety and their foster or kinship agency, and need these supports to acknowledge the effect reunification has on them.

> *72 hours after reunification, not even on the day, our support agency, you didn't even ring us and go, are you guys all right, how did you go today dropping the boys off? We heard from no one. There was absolutely no support. There was no – there was just nothing, nothing. It was like we just - the last three years of our lives devoted to these boys just didn't exist, didn't matter. And we didn't matter.*
> *(Foster Carer 070, Wave 3)*

6.5 Placement Breakdown

Placement breakdown is a common occurrence for children in OOHC and often results in children experiencing multiple OOHC placements. Almost two-fifths (19%) of the children in the study experienced placement breakdown over the study period. Placement breakdowns were either initiated by the carer or due to circumstances out of carer’s control. Carers who relinquished care described feeling unsafe or that they feared for the safety of other children in their household because of the aggressive and violent behaviour of the study child. They also described feeling overwhelmed trying to cope with the complex needs of the child placed in their care and the support the children needed, either because they had multiple children with complex needs. Some carers described that placement had broken down due to carer circumstances (e.g., being elderly, having health conditions, working full time, being single). These findings reflect other studies, which found that one of the greatest stressors for carers was managing challenging behaviours and that this stress was compounded by the need to interact with Child Safety and the family (McKeough et al., 2017).

> *...it had been on my mind...for months, and I tried to persevere. I just kept telling myself, “If this was my child, I couldn’t give up. You’ve just got to deal with whatever is thrown at you.” And then [while on holiday], while the [children] were at respite...I just felt...like a weight lifted off me...When I was driving back, I had that dread, I don’t want to go back to my life and then pick the [children] up...So, I had to end the placement with [Child] and [Child]. I was absolutely miserable. It was just too overwhelming for me to handle by myself, even though I was getting help. So, [child] had an NDIS worker, [child] had a play therapist every fortnight. It was just too much, and [child] started getting a bit more physical...So the people that had the [children] for respite ended up taking the [children] on as a full-time placement.*
>
> *(Foster Carer 106, Wave 2)*

There were two main reasons for the placement breakdown that were not within the control of the carer. First, children ran away or took steps to self-place, often with extended family members. Second, children made accusations against the carer or members of the household, which necessitated a standard of care assessment and associated investigation.

Carers provided examples where this process was not handled well. For example, two carers described how other children living in the household were removed immediately while the investigation took place. These foster children were placed with other foster carers or respite carers during the investigation. Another carer described how her biological son (under 18 years) had been falsely accused, and she had to choose to either send her son to their grandparents or have the foster childrenremoved while the investigation was undertaken. In all three examples, the investigation resulted in unfounded claims, but the process impacted the carers and children involved, leaving the carers feeling like their rights and the wellbeing of the other children living in the house were not considered.

> *...we relinquished care because, prior to that incident that weekend of [child] running around [city] and we had the police looking for her...It wasn’t a decision that was made lightly because we’ve had [child] in our care for 4 years and we treated [them] like a [our own child]...[They] made allegations, false allegations against us...The way we were treated, the way it was handled...We were able to get a practice review done of the team and this whole harm investigation and how it’s handled...Our rights were taken away...We had other children in our care...that have, I think, suffered majorly...We never even got to say goodbye to them...We have now been told those children have been placed two or three times...You can see why hundreds of carers leave.*
>
> *(Foster Carer 027, Wave 2)*

6.6 Navigating the Complex Needs of the Children in Care

Children in care often have complex needs and challenging behaviours (Sharda, 2022). Many of the carers in the study described the children in their care as having complex needs and challenging behaviours. Carers reported that they were asked to care for these children without knowing the reason they came into care or the behavioural challenges or disability they may have, which left them feeling under-prepared. Some carers also expressed how caring for children with complex needs left them feeling overwhelmed and stressed. For some, these feelings stemmed from feeling time-poor and needing to navigate the various systems to obtain support for the child. Taking children to various appointments regularly, meant that carers who are employed needed to access their recreational leave, which could impact their physical and mental health if they have no leave to take for recreational purposes.

> *It's completely overwhelming being a carer and having three special needs kids. And trying to navigate through all the Department of Child Services...to get counselling or appointments, it takes forever...Trying to cope with three traumatised kids was completely overwhelming. It was completely overwhelming. That's been hard and it's been a big strain on our relationship and our family.*
> *(Kinship Carer 035, Wave 1)*

A few carers felt overwhelmed because they felt emotionally and/or physically abused by the children they were looking after and ill-equipped to cope with the presenting behaviours, despite attending training sessions offered by their agency. Many of the carers were feeling socially isolated as a result of these behaviours, and in some cases, carers struggled to cope, leading to placement breakdown.

> *The hardest part for me at the moment is dealing with four children who are all complex and high needs...and coping with all the letters of the alphabet and the medication and the tantrums and the mood changes. It's very, very difficult. And being abused on the daily is hard...the lack of sleep. I don't have a partner because no one will literally stay with me because it's too hard. It's just too hard to manage these children.*
> *(Kinship Carer 078, Wave 1)*

Carers reported not receiving adequate training to support children with complex needs. Carers looking after children with complex support needs associated with trauma, mental health, challenging behaviours, and disability reported needing training that focused on child development, child attachment, and a child's unique support needs.

6.7 Navigating Fragmented and Complex Support Systems

Carers reported they experienced the child protection system as complex and encountered a lot of paperwork and lengthy approval processes to access support and resources, such as respite and childcare. The administrative burden was particularly noted for employed carers, who felt overwhelmed trying to navigate the system whilst also working.

Obtaining approvals for children, where guardianship was still with the parents, was also described as a challenge for carers. These difficulties were perceived to be primarily due to fractured relationships between Child Safety and the parents. Carers were also careful not to anger parents in case they withdrew consent for travel or medications. Carers expressed the need for their CSO and Agency worker to act as a guide to help them navigate the complexity of the Child Safety system.

> *You are co-parenting with a government department. Co-parenting is hard. But doing it with a government department, with many changing faces, just adds a level of complexity that's really - I think that would be one of the most difficult things that we do.*
> *(Kinship Carer 022, Wave 1)*

Carers felt that the child protection system was poorly integrated with other formal support systems, such as health, education, and disability support. This poor integration resulted in significant delays for children, who already have poorer outcomes than their peers, receiving the required assessments and support they need to thrive. Delays in referral to services may impede the effectiveness of interventions. Early identification may "increase stability of placements and educational functioning and enhance opportunities for reparative experiences" (Chambers et al., 2010, p. 514).

> *Nearly 2 years to get behaviour management plans in place. If they were in place 12 months ago, maybe [child] would never have been suspended…It's a lot of waiting…and you've got traumatised kids and what are you supposed to do in the meantime if no one's providing you with support on how to manage those behaviours.*
>
> *(Kinship Carer 035, Wave 1)*

Poor integration of formal support systems also placed a burden on carers to navigate the system, leaving them feeling helpless and ill-equipped to support the children in their care. Carers often had to convince Child Safety that the child needed a particular support, and then were required to undertake significant coordination efforts to identify, access, and manage appointments. The stress of coordination was compounded when a lack of service integration left carers feeling like no sector wanted to take responsibility for supporting the child, as described by this carer:

> *We have been pushing for a while now to try to get [child] help…I think the Department has sort of pushed it back on the school and the school was saying, 'We should be looking outside, for a specialist'…so they send us to the GP. The GP will say, 'Hang on, actually, you just need to go and get the [at school],' and it's been a lot of pushing it off onto somebody else.*
>
> *(Foster Carer 046, Wave 1)*

Delays in children receiving required assessments and support were identified as a significant source of stress for carers and, in some cases, contributed to the shrinking of the carers' informal support networks. These findings reflect other studies, which identify complex behaviours as a major stressor for carers (McKeough et al., 2017; Butler & McGinnis, 2021) and a source of friction between the carer and others in their informal networks, particularly family (Mallette et al., 2020; Thompson et al., 2016). This, in concert with difficulties in accessing support from other sectors (e.g., disability and education) due to cost and lengthy waitlists, compounded the difficulties they experienced and reinforced their need for training to manage such behaviours and needs.

6.8 Navigating the Emotional Terrain of Building Relationships with Parents

As discussed in the previous chapter, children in foster and kinship care have the right to have a relationship with their parents. Maintaining family relationships is critical for maintaining children's sense of identity, including cultural identity and community links (Luu et al., 2018). First Nations researchers emphasise the importance of family relationships for maintaining children's connection to kin and cultural heritage (Bamblett & Lewis, 2006; Krakouer et al., 2018). Given the importance of building relationships with parents, understanding the impact on carers in implementing this in practice is imperative.

Carers in the study reported having the responsibility for managing contact with parents, but they felt they lacked skills and received no training on how to manage these complex relationships. Carers reported receiving little or no support to help process their emotional responses arising from their contact with parents. More than half of the carers described their relationship with parents as poor or non-existent. Threat-based emotions (e.g., anger, frustration, fear, and distress) emerged frequently and were commonly linked to their decision to limit or withdraw from these relationships. This emotional strain can heighten carers' sensitivity to perceived threats and prompt defensive behaviours, including emotional distancing. Carers indicated that one of the main sources of conflict arises because they were not consistently included in decisions regarding contact arrangements. As a result, many feel undervalued, ill-equipped, and burdened by the responsibility of arranging contact—adding to the invisible load they carry in their caregiving role.

> *I don't really have a relationship with [child's] mum for reasons around [their] mother's behaviour. And yeah, I understand that it would be in the best interest to have those connections, but [their] mother is not really interested, and, in part, neither am I, because I worry for my safety, basically. My emotional, it's not just my physical safety. It's my mental health, having to worry about a person like that. So, I do realise it's important for [the mother] to maintain those connections, but it can also be very difficult. Yeah, and I'm not particularly supported to have that relationship with her.*
> *(Foster Carer 002, Wave 1)*

6.9 Caring for Aboriginal and Torres Strait Islander Children

Despite the legislated requirement for First Nations children to have Cultural Support Plans (CSPs, see Department of Families, Seniors, Disability Services and Child Safety, 2019), few carers in the study could say what was in the plan. Many carers reported challenges accessing support from Child Safety to help keep children connected to culture. Therefore, carers need training about the child's culture and how to support the child in connecting with their culture.

> *It would be nice... if there were more Aboriginal people there, because I've only dealt with the Department with white Australians... they're still good... but I just think they're still not maybe giving me enough information on [child's] heritage or where I could go or what I could do for [child].*
> *(Foster Carer 004, Wave 1)*

There is an added burden for Aboriginal and Torres Strait Islander carers in the form of a cultural load (balancing cultural obligations with the demands of Western society). Aboriginal and Torres Strait Islander carers in the study reported that they are not feeling supported to build and maintain relationships with parents in ways that are culturally safe.

> *I built a relationship with my kids' mum. I'm proving that through that relationship I can treat her like my sister. I have become a part of their family. I now get invited to everything. It's just the Department. A white man says that I can't do that because they need boundaries. And I go, 'Well, there's no drinking, there's no smoking, and I can make reasonable assessments around safety. I should be able to do this because they're family'. And black people, we adopt everybody and that's how we go. We are kin to everybody.*
> *(Foster Carer 050, Wave 1)*

6.10 Caseworker Stability

Carers shared that having a supportive CSO, one who was available, listened, provided guidance, and assisted with approvals, reduced the pressures associated with caregiving responsibilities. Although most carers could recall being supported by 'good workers' within Child Safety or their Agency, many experienced disruptions to these relationships due to worker turnover and burnout, resulting in the carer having to rebuild relationships, help the new worker to orient to the child and the care circumstances, and adjust to a worker who may have a different approach.

> *The only thing that is frustrating and that I'm not agreeable with, but, again, it's out of my control and it's not something Child Safety control too, would be the turnover of caseworkers...because then the new caseworker comes in and has a different perspective and...it's like, 'Girl, we have the train rolling, jump on board. Let's go'.*
> *(Foster Carer 048, Wave 1)*

Staff turnover creates adverse work cultures and additional stress for the workforce (Griffiths & Royse, 2017), which in turn impacts the carer who relies on the support of their CSO.

6.11 Resources and Practical Support

The ability of foster and kinship carers to look after the children in their care is inextricably linked to their own levels of support, including formal support provided by their interactions with multiple levels of the child protection system and informal support from friends, family and community members (Piel et al., 2017). Informal supports offer both emotional and practical support and are particularly important to kinship carers who may have less access to formal supports (Scannapieco, 2000). Informal social support bolsters the practical resources available (e.g., transport, childcare) and helps alleviate carer stress (Gleeson et al., 2016) and is positively related to carer wellbeing (Sharda et al., 2019; Sharda, 2022).

Nearly all carers discussed how important informal support was for helping them navigate the everyday challenges associated with caring for children with complex needs. There were three key sources of informal support: family, friends, community members, and other carers, that carers drew on for practical and emotional support. All three sources offered practical support, such as child minding, school drop-off and pickups, and emotional support, such as parenting advice. Emotional advice from other carers was valued more highly because carers could offer advice from firsthand experience and were aware of the need for confidentiality that friends and family may not understand.

> *I have a foster carer friend who has become a really great friend of mine. So having her, she's a great support. Because with the confidentiality, it's hard. You can't just talk to everybody about the situation and the children. But being another foster carer, she knows the confidentiality and she just understands.*
> *(Foster Carer 074, Wave 1)*

Carers reported that resources were not proactively offered unless there was a crisis or if a carer knew (through experience or advice from other carers) to ask for these resources. Once carers learn what support and resources they can get, they feel better equipped to advocate for these resources and support. However, for some carers, the constant need to ask for support meant that their engagement with formal support systems became somewhat adversarial, particularly when they needed to escalate matters by contacting the team leader or manager or other service providers to help get a response to their request.

> *But, it's like they try and avoid telling you that you can get support because they don't want to give it. And once you know that you can get those supports and you can just turn around and go, 'I'm not doing this. If you want this to happen, then that's what you need to do,' life is a lot easier.*
> *(Foster Carer 018, Wave 1)*

The findings highlighted three practical formal supports carers needed: additional financial support for children with complex needs; short-term formal respite; and transport support to manage contact with the child's parents and siblings.

Carers shared that the financial resources provided to care for children with complex needs were inadequate. This resulted in children missing out on things like home modifications or health assessments because they were not directly linked to the Child Safety's case plan. The greatest gap was noted for those caring for children with complex health needs, where the Complex Support Needs Allowance didn't cover the cost of daily medical supplies such as catheters and gloves. This meant the carer carried the financial burden, placing further strains on the household budget, particularly when there were multiple family members and children in care within the home.

Carers reported a gap in short-term formal respite options, which, if offered, would provide them the opportunity for self-care and connection with their informal networks. Many carers found the formal respite approval processes challenging. Carers suggested that agencies could host a pool of approved babysitters or youth workers to help with this support.

The need for transport support was raised by several carers, particularly relevant to those carers responsible for managing contact with birth families. A lack of transport support resulted in children in care having less contact with their families in instances where they lived in households with multiple children or households that had limited access to vehicles.

> *I have four of my own children with their own extracurriculars and sometimes that can get in the way of me making plans for [child in care] to meet up with [their] brothers…If we had a youth worker that picked them both up from school and took them for a play and then we pick them up from there, so some of that burden was taken off us. Whereas, at the moment, that expectation is with us…Sometimes that's a bit hard.*
> *(Foster Carer 002, Wave 1)*

Carers also expressed the need for formal emotional support and stressed the importance of not talking about this in front of the children in care. They felt that CSOs need to identify appropriate times to check-in with the carer where they have the freedom to express their struggles and frustrations in a safe space. Carers also described that they wanted more connections with other carers. Like Smart et al.'s (2022) findings, the carers in the study suggested training could serve the dual role of building knowledge and providing the opportunity to build peer networks with other carers. Carers who were employed and living in regional areas called for a flexible online delivery of the training and social connection groups. Investing in carer training and their social and professional networks will improve their wellbeing and overall satisfaction with their caregiving role (McKeough et al., 2017, Mihalo et al., 2016, Randle et al., 2018, Whenan et al., 2009).

6.12 Conclusion

While most carers found their role to be intrinsically rewarding, many carers reported feeling overwhelmed, emotionally exhausted, and undervalued. They reported difficulties in navigating complex, fragmented, and siloed support systems, making it challenging to access the support services children required. Carers were frequently excluded from key decision-making processes, with both their wellbeing and that of the child overlooked. Carers felt ill-equipped and under-resourced to adequately support children with complex needs. High turnover among caseworkers further disrupted relationships and added to carers' workload. Additionally, the responsibilities of building relationships and facilitating contact with parents placed further emotional and logistical strain on carers. Amid an ongoing carer shortage, it is imperative that support for carers is strengthened and that the critical role they play in the lives of vulnerable children is recognised.

When carers received the support they needed from Child Safety and their foster or kinship agency, they were able to advocate for the needs of the children in their care, get access to the professional services the children needed, and feel supported in their role as carers. These factors contributed to more stable placements, improved outcomes for the children, and reduced the workload and stress of the carers.

In addition to needing support for their caring role, carers also need support related to reunification. Carers told us that reunification works well when the plans are communicated with the child and carer, and where the child, parent(s), and carer(s) are involved in the decisions and reunification plans. Building positive relationships between the carer and parents prior to, during, and post reunification improves the transition for the child and offers ongoing support for the parents. The impact of reunification on the carers should not be forgotten, and Child Safety and the foster and kinship agency need to check-in and support carers post-reunification.

7. Developing and Maintaining Cultural Identity and Connection

This chapter explores the importance and practical application of the Aboriginal and Torres Strait Islander Child Protection Principle (ATSICPP). Drawing on the lived experiences of 15 Aboriginal and Torres Strait Islander Elders and community leaders, foster and kinship care support workers, family wellbeing workers, and family participation program workers, this aspect of the research sought to understand how these key stakeholders contribute to the meaningful implementation of the ATSICPP and the challenges they encounter.

Key Messages

Ongoing and lasting impacts from previous and current government policies and practices shape how carers provide and receive support.

Competing priorities amongst carers, child protection agency workers, foster and kinship care agency staff, teachers, and all other practitioners supporting children in OOHC, impede the implementation of meaningful Cultural Support Plans used to support Aboriginal and Torres Strait Islander children subject to an intervention to develop and retain their connection to family, community, and cultural supports (DFSDSCS, 2019).

Determining who holds the rightful authority and responsibility for fostering cultural identity and connection is complex and can create tension between the desires of key stakeholders to reconnect children with their culture.

There is an imperative to adhere to cultural protocols and ensure that those with legitimate cultural authority are guiding the development of cultural identity and connection building opportunities for children in OOHC.

17
Aboriginal and Torres Strait Islander key stakeholders

6
foster and kinship care program workers

6
policy professionals

1
elder

2
other
(family wellbeing program worker, family participation program worker)

73%
<55 years of age

87%
female

46%
with <5 years' experience working in child protection

40%
with >10 years' experience working in child protection

7.1 Background

Aboriginal and Torres Strait Islander children are significantly overrepresented in Australia's OOHC system, highlighting serious concerns about the cultural safety and efficacy of current practices in fostering cultural identity and connections (Australian Institute of Health and Welfare, 2024). In response, the ATSICPP was established and formally adopted by all Australian jurisdictions in 1984 (Tilbury & Lewis, 2021) to ensure Aboriginal and Torres Strait Islander children maintain strong ties to family, community, Country, and culture (Arney et al., 2015; Oscar, 2020; SNAICC, 2017). The ATSICPP, emphasising partnership, prevention, participation, placement, and connection, aims to reduce overrepresentation by prioritising placements within kinship and community networks and promoting self-determination (SNAICC, 2017). Queensland is the only Australian jurisdiction to fully enshrine all five elements of the ATSICPP (Tilbury & Lewis, 2021). Within Queensland, Cultural Support Plans (CSPs) are a key tool used to operationalise the connection element of the ATSICPP, developed in collaboration with families, communities, and young people during case planning (Department of Families, Seniors, Disability Services and Child Safety, 2019).

Existing research suggests that there are differing perspectives amongst foster and kinship carers and non-Indigenous key stakeholders about providing the safest and most beneficial care for children in OOHC. This can pose challenges in understanding and practicing in accordance with cultural protocols can hinder the effective implementation of the ATSICPP (Irizarry et al., 2016). Baidawi and colleagues' (2017) study, conducted in Victoria, identified several barriers to completing CSPs, including limited resources for Aboriginal and Torres Strait Islander Community Controlled Organisations, difficulty accessing information, and young people's disinterest in engaging with culture.

7.2 Ongoing and Lasting Impacts of Government Policies and Practices

The ongoing and lasting impacts of government policies and practices continue to significantly affect the lives of Aboriginal and Torres Strait Islander peoples across various aspects, including health and wellbeing and engagement with services. Despite these challenges, this study highlights the strength and resilience of Aboriginal and Torres Strait Islander peoples, families, and communities. It also emphasises the crucial role of key stakeholders in supporting Aboriginal and Torres Strait Islander children to develop and maintain cultural identity and connection, even while living in OOHC.

Key stakeholders in this study agree that past government actions, like the removal of Aboriginal and Torres Strait Islander children from their families (the Stolen Generations), have had significant and long-lasting effects on Aboriginal and Torres Strait Islander peoples today. They describe that this history has caused a lot of pain, distrust, and disconnection that continues to affect key stakeholders involved supporting children in OOHC. The participants in this study shared their diverse experiences of cultural identity and connection. Some had been immersed in their culture from a young age, while others began their cultural journey more recently, often within the last decade. Acknowledging the enduring impacts of past policies, input from key stakeholders also highlights recent, self-determined efforts to foster cultural safety, fully implement the ATSICPP, and introduce delegated authority, empowering Aboriginal and Torres Strait Islander communities in decision-making processes.

Key stakeholders shared the impact of historical government policies and practices on how Aboriginal and Torres Strait Islander peoples engage with their services. Key stakeholders shared their concerns relating to the historical role of churches and mainstream organisations in the Stolen Generations. This has resulted in stigma that continues to impact public perception and the organisation's ability to engage with the community. Key Stakeholder 12, working in a mainstream church-based organisation, spoke of the mistrust creating barriers to building relationships with the community, in turn impacting the organisation's ability to support Aboriginal and Torres Strait Islander children in OOHC to develop and maintain cultural identity and connection:

> *I think being a church organisation, I have noticed has been a blockage in the past. We look at Stolen Generations and what the churches contributed throughout the Stolen Generations. I do think sometimes, when I walk out in the community and I say, this is who I am, and this is who I work for, there is a bit of an eyebrow raise from some people sometimes. Especially, I guess, being associated as Child Safety as well. So, we're still a church organisation operating in community and we've still got your kids.*
>
> *Yeah, so being a church organisation has definitely been a blockage in … building relationship, which impacts … participation, so we might not get a seat at the table. And connection as well. If we're trying to connect young people into our community, it can, yeah, sometimes be a bit tricky.*
> *(Key Stakeholder 012)*

The above quote highlights the need for carers, child protection agency workers, foster and kinship care agency staff, teachers and all other practitioners supporting children in OOHC to be mindful of the ongoing legacy of government policies and practices, and how that impacts the engagement of Aboriginal and Torres Strait Islander carers, children, and their families. This mistrust directly hinders the implementation of the ATSICPP's principles of partnership and connection, a sentiment shared by many key stakeholders.

Another key stakeholder shared their experience of growing up, reflecting on the ongoing impacts of past government policies and practices. This sentiment, deeply rooted in personal and intergenerational trauma, is echoed in the experiences of many participants. As one key stakeholder observed, the effects of colonisation are evident across generations. This key stakeholder shared:

> *I think it's really complex and I think whilst I grew up with my family, if I reflect on my mum's cultural identity, it wasn't strong and the reasons it wasn't strong was multifaceted and all as a result of colonisation … Whilst not in the foster care*

> *system my mum ... if she could pass as Māori or anything else she would - for various reasons and it's very complex...Mob carry the burden of decision, not of their consequences. And now there's that ongoing factor of then, how that impacts on future generations when the current generation didn't get an opportunity to connect with culture.*
> *(Key Stakeholder 005)*

This reflection exemplifies the experiences of several key stakeholders, highlighting the enduring consequences of colonisation and government policies that aimed to sever the connections of Aboriginal and Torres Strait Islander peoples from kin, community, Country, and culture. This key finding highlights the ongoing and significant impact of historical and contemporary government policies on the lives of Aboriginal and Torres Strait Islander peoples, families, and communities, while emphasising the resilience of Aboriginal and Torres Strait Islander peoples and the importance of culturally safe and appropriate support in overcoming these challenges.

Key stakeholders also acknowledged recent efforts to foster cultural safety within Child Safety, fully implement the ATSICPP, and introduce delegated authority to create spaces for empowerment of Aboriginal and Torres Strait Islander peoples in decision making processes. At the time of yarning with key stakeholders, these changes were relatively recent, and the full impact was not yet discussed.

7.3 Competing priorities impede the meaningful Cultural Support Plans

The immediate demands of child protection, such as responding to urgent safety risks, often overshadow the goal of developing and implementing meaningful cultural support plans. This creates significant challenges for Aboriginal and Torres Strait Islander key stakeholders, who carry the cultural responsibility of ensuring that children in OOHC have the opportunity to maintain their cultural identity and connection.

7.3.1 Workload and Demands

Many key stakeholders indicated that current child protection practices fail to adequately acknowledge and respect Aboriginal and Torres Strait Islander worldviews, and ways of Knowing Being and Doing. Many also expressed concerns about the current role and function of Cultural Practice Advisors. These key stakeholders perceive these roles to be under-resourced and undervalued, leading to significant pressures and limited capacity to effectively support Aboriginal and Torres Strait Islander children and families. One key stakeholder stated:

> *Our cultural practice advisors are often one Aboriginal or Torres Strait Islander person in a service centre, and they're expected to do all of the cultural stuff with all of the kids, as well as bring all of the departmental staff along on their cultural journey.*
> *(Key Stakeholder 15, policy professional, SEQ, 55+ years)*

This excerpt echoes the perspectives of many key stakeholders, who share that Aboriginal and Torres Strait Islander staff with the Child Safety carry a significant colonial load due to many non-Indigenous staff not taking (or having) the time, and not prioritising building connections with community leaders and Elders who can also support the development of CSPs, and cultural identity and connection building processes. Key stakeholders working in non-Indigenous organisations spoke of dedicated teams and programs to develop and maintain cultural identity and connection for children in OOHC. In contrast, key stakeholders working in Aboriginal and Torres Strait Islander Community-Controlled Organisations revealed limited resources, time and support for cultural identity and connection building, as their primary role was as case managers to foster and kinship carers, with no other staff employed to specifically focus on cultural identity and connection building. This aligns with the experiences of other key stakeholders, who also emphasised workers within Child Safety experienced constrained capacity and competing interests.

Further compounding these challenges are significant differences in worldviews. Many key stakeholders observed that Child Safety's approach is often dominated by a Western, bureaucratic, and risk-adverse perspective, frequently failing to adequately consider and prioritise Aboriginal and Torres Strait Islander ways of knowing, being, and doing. This disconnect is perceived to impede children's opportunities for meaningful cultural identity and connection. Concerns were also raised regarding the impact of frequent staff turnover within Child Safety and the high caseloads carried by CSOs. These factors further limit the capacity for effective cultural support and contribute to communication challenges. Key stakeholders shared that this hindered the development of strong and trusting relationships with children, families, and communities.

7.3.2 Different Worldviews

Key stakeholders shared similar perceptions, that the extent to which CSOs prioritise cultural considerations in their practice often reflects their own individual attitudes and beliefs. This highlights a critical gap in the current system. Key stakeholders identified that there is a lack of clear mechanisms to ensure that all staff working with Aboriginal and Torres Strait Islander children possess the necessary cultural knowledge and understanding to effectively develop and implement CSPs. One key stakeholder commented:

> *Those [activities] should always be prioritised ... Our children and our young people should be given the opportunity to go to Sorry Business and not have that as a barrier, because I know that can be a barrier sometimes too as well. It's like, "Oh, the Aunty has passed away". ... I have experienced this in terms of when I was working in the Department. There'd be questions of "Oh, but how is that [an Aunty]? ... That's not that mum's sister. Like, how is that their Aunty?" It's just like, oh my gosh. Like we shouldn't have to say, "Well, it's Mum's cousin, but ...".*
> *(Key Stakeholder 004)*

Key stakeholders emphasised the crucial role of leadership in creating an organisational culture that prioritises cultural support. Inconsistency in the quality of cultural support is not solely attributable to individual staff attitudes but also reflected variations in management styles across different Child Safety Service Centres. This highlights the need for a system-wide approach that ensures consistent and high-quality cultural support for all Aboriginal and Torres Strait Islander children in OOHC.

7.3.3 Lack of Shared Goals

Many shared the view that the extent to which CSOs prioritise cultural considerations is strongly shaped by their own individual attitudes and beliefs. There were no clear mechanisms to ensure all staff working with Aboriginal and Torres Strait Islander children possess the cultural knowledge and understanding necessary to develop and implement effective CSPs. Many key stakeholders emphasised the role of leadership in creating an authorising environment that prioritises cultural support. Inconsistency in cultural support is due to the management style of individual service centres, not solely on individual staff. Key stakeholders perceive a lack of support for carers from Child Safety to develop and maintain cultural identity and connection for children in OOHC. Key stakeholders suggested that the success of cultural support depends on the dedication of the CSO and Child Safety Service Centres. Many key stakeholders reported that the approach to developing CSPs and developing and maintaining cultural identity and connection varies significantly across the Child Safety Service Centres. They explained that strengthening these processes are further dependent on both the CSO or Child Safety Service Centres shifting practice from largely superficial to being participatory.

7.4 Navigating Cultural Authority and Responsibility

Determining who holds the rightful authority and responsibility for fostering cultural identity and connection for Aboriginal and Torres Strait Islander children in OOHC presents significant challenges. These complexities create tension between the desire of key stakeholders and others involved in the care of the child in OOHC. There are differences in views on how to best reconnect children with their culture, and the imperative to adhere to cultural protocols and ensure that those with legitimate cultural authority are guiding cultural identity and connection building opportunities for children in OOHC.

Aboriginal cultural protocols and Torres Strait Islander cultural protocols are paramount in determining who possesses the cultural authority and responsibility for fostering cultural identity and connection of each child in OOHC. Some key stakeholders expressed concern regarding Child Safety's lack of acknowledgement, recognition, and respect for cultural authorities and traditional child-rearing practices. One key stakeholder shared that cultural authority is community specific and not held by any single individual external to the family. This key stakeholder shared:

> *In the parents' case, that's cultural authority. As an Aboriginal person, I've got my country here. I'm [First Nations Identity] and [Clan name of Language Group], and may be around, but I can't dictate or determine what that family [from a different Nation/language group] need to be doing with their young ones. It's not my authority. I'd get speared in the left thigh for making that [decision], you know what I mean.*
> *(Key Stakeholder 013)*

All key stakeholders in this study identify as Aboriginal and Torres Strait Islander peoples; however, they made it clear that they do not have the authority to dictate cultural practices for another family or child. By highlighting the community-based nature of cultural authority, they reinforce the challenges of navigating who holds the rightful responsibility for cultural connection.

Key stakeholders working in an Aboriginal and Torres Strait Islander community-controlled organisation identified tensions between carers' desires to connect children to culture and recognising that their gender impacts their ability to share elements of culture. In describing the situation of one of the kinship carers they support, a foster and kinship care practitioner commented:

> *[Aboriginal kinship carer] taken on that role too of sharing his culture with that child [Torres Strait Islander]. But [they] really doesn't want to do that, because [they're a different gender], and the two different identities play different roles of teaching the children. So, [kinship carer]is trying to [their oldest children] to be around, with the [grandparent] helping the child in care around culture and all that.*
> *(Key Stakeholder 007)*

Many key stakeholders feel that children are missing out on important cultural identity and connection building opportunities due to misunderstanding or ignorance of cultural protocols by Child Safety, exacerbated by lack of cultural knowledge and failure to consider, or misinterpretations of, Aboriginal and Torres Strait Islander child rearing practices.

7.5 Conclusion

This chapter demonstrates the importance of ATSICPP and highlights some of the challenges in implementation. Not only are there ongoing and lasting impacts of various government policies and practices, but competing priorities often impede the implementation of meaningful CSPs.

The findings suggest that urgent and significant improvements are needed to overcome systemic and practical barriers, thereby strengthening children's opportunities to develop a cultural identity and connection. These include determining who holds the rightful authority and responsibility for fostering cultural identity and connection, alongside an imperative to adhere to cultural protocols and ensure that those with legitimate cultural authority are guiding cultural identity and connection building opportunities for children in OOHC.

8. Implications for Policy and Practice

This study sought to elevate the voices of the children, parents, and carers affected by and involved with the OOHC system in Queensland, Australia. Their experiences demonstrate that too often the OOHC system is currently not meeting the social and emotional wellbeing needs of children or their families. The findings highlight that there are many stakeholders invested in and engaging with children and young people who reside in or interact with OOHC who, despite having the child's best interests at heart, are unable to individually meet their social and emotional wellbeing needs. Each stakeholder seeks to address these issues and challenges from very different frameworks and lenses, many of which may appear to be in contradiction with each other.

The findings suggest that families need more and earlier support to address many of the factors that contribute to the crises that often result in the removal of children from their parents. There needs to be more support for those providing care and support for these children to develop and maintain relationships and connections with their families. There needs to be greater awareness across the sector of the importance of family connection, but also recognition of the vast array of stakeholders engaged in children's lives, including educators, healthcare providers, and communities. Significant investment is needed to support families to overcome systemic barriers and strengthen opportunities for children to develop cultural connection and identity, particularly for Aboriginal and Torres Strait Islander children and families given the disproportionate representation in OOHC.

The social and emotional wellbeing of children in OOHC is not determined by life events alone, but by the stability and availability of multi-level support. This includes strong, positive, and stable relationships, coordinated services, accessible resources, and cultural connections. There is an imperative for all to ensure all children and young people are able to thrive. This is not an issue that can—or should—be solely addressed by the child protection sector. The recommendations below outline opportunities for social policy leaders, non-government organisations providing family and OOHC support services, schools and early childhood education providers, the police and legal system, Aboriginal and Torres Strait Islander controlled organisations and agencies, and communities to work together to better understand, address, and improve the OOHC system.

8.1 Prioritise Children's Relationships and Connections

There is a greater awareness across the OOHC sector of the importance of supporting relationships with family, but there is little guidance or coordination in how carers and other stakeholders can support these connections, or how to help children manage transitions and closures. Building these relationships will improve the reunification process where the carer can continue to be involved in the child's life. This will also help the carer identify and support the parents during the initial phase of reunification.

8.1.1 Recognise the Role and Importance of Parents for Children's Social and Emotional Wellbeing

Children's relationships with their parents are important to children's wellbeing. Child protection authorities reunite most children with their families. Even where children are in long-term care, most will maintain contact with their families upon leaving OOHC. Currently, there is limited support for parents and children to maintain meaningful contact nor to address parents' capacities to sustain their relationships with children in OOHC. Family support services for parents in OOHC mostly focuses on reunification efforts and for these to occur during the first two years of children's journeys through OOHC. While reunification efforts are important, often parents experience little support to address the emotional and practical challenges contributing to child protection concerns and this can compromise their ability to participate in contact visits with children. Consequently, children may experience a decrease in connection with family over time.

Children may find family contact stressful for various reasons, such as carers' concerns or parents' lack of information about their children's care arrangements (Bullen et al., 2017; Kiraly & Humphreys, 2016). A child's developmental stage can also shape their experience of contact; for instance, younger children may feel anxious in unfamiliar environments. To support children's best interests, greater attention should be given to ensuring that carers and parents understand and respond appropriately to children's developmental stages and emotional needs during family contact.

To support children's social and emotional wellbeing, it is recommended that child protection and family support agencies invest in specialised services providing practical and emotional support at all points of their journey as parents of children in OOHC. It is in children's interests that child protection and family support services need to support the parent-child bond while children are in OOHC. This includes more co-designing family-friendly child-centred contact environments. Providing training and support to parents in how to build a relationship with their child's carer and how this is in the best interest of their child's wellbeing. A relationship is two-way, so it is important that both the parents and the carer have the training and support to navigate these relationships.

Carer training should include what is considered a developmentally normal response to meeting with their parents, so that they can support this contact rather than see the contact as harmful. The Department should consider whether they can employ parents with lived experiences who have navigated relationships with the carers well as mentors for other parents. This could include creating a video resource of good news stories that parents could access as part of the training. Children's wellbeing should be prioritised, and the Department needs to put mechanisms in place to provide therapeutic support for the children to ensure they are supported using trauma-informed approaches before and after visitation and transition periods.

8.1.2 Recognise the Importance of Siblings

The findings highlight the need to recognise the importance of siblings to children's sense of belonging and connection when in OOHC. Children saw their siblings as important supporters, teachers and friends. Children who are not co-placed with siblings desire further opportunities and support to connect with their siblings. This was particularly noted for Aboriginal and Torres Strait Islander children, who highlighted the key role siblings can play in helping to keep them connected to culture.

To facilitate sibling connection when children are not co-placed, it is recommended that carers are provided with more practical support to manage the logistics of coordinating sibling time. This should include youth work and transport support to ensure children do not miss out on time with siblings due to the availability of transport and/or carers' competing demands. Support to help coordinate suitable times for siblings to spend together is particularly important when the child has multiple siblings living in different locations and with different caregivers. Practitioners and carers also need to work together to identify safe mechanisms for children to connect organically (e.g., phone calls to share exciting news) with their siblings rather than waiting for approved contact times.

For many children, the importance of sibling connection extended beyond biological siblings to also include other children in the carer household including other children in OOHC and/or the carers' own children. Changes in these connections (e.g., another child in the household being reunified) had significant impacts on children, particularly when sudden and unplanned, and were a source of often unrecognised grief and loss.

The grief and loss experienced by children when other children in the household leave the placement needs to be better recognised and responded to by practitioners and carers. It is recommended that carers receive training on how to support children during such transitions. In concert, it is also recommended that carer households are provided with more timely information about when children will be leaving the household so that supports can be put in place for all children involved. Where possible, this should include plans for maintaining contact between children.

8.1.3 Recognise the Role of Family Memories and Mementos for Identity and Belonging

Even when living away from them, children identify family—particularly parents and siblings—as central actors in their favourite memories. Supporting children to reminisce as a symbolic way of retaining connection with family can support children's reconceptualisation of family relationships while in OOHC (Graham & Truscott, 2019). Children also identified objects (e.g., toys/gifts) and mementos that linked them to and reminded them of family members they were not living with. These were treasured objects, which the literature recognises as being important to children's sense of identity, security, belonging and continuity of self (Watson et al., 2020). When placement moves are sudden and unplanned with the carer and child, there is a risk that such important mementos may be left behind at the previous placement.

It is recommended that that carers and practitioners are supported and encouraged to recognise the value children ascribe to objects linked to their family and to develop the skills required to provide children with opportunities to share stories about their lives and family members. Much greater consideration of how to ensure children's belongings, particularly treasured mementos, are kept safe and returned to the children during placement moves is needed, given the importance of these mementos to their sense of identity and belonging. Training for frontline workers and carers is needed to ensure the wellbeing of the children is supported during transitions, specifically taking care to preserve family memories and mementos during transitions.

8.1.4 Recognise the Importance of the Child's Relationship with their Carers' and their Families

Children's sense of belonging is enhanced when they build caring relationships with their carer and extended family when in OOHC. When children are reunified, it is important to recognise the importance of the relationships they have developed with the carers and children should be given the opportunity to remain connected with the people they view as significant. Carers' knowledge of and connection to children are also a useful and underutilised resource that can support parents and children during the initial stages of reunification.

It is recommended that there is greater investment in supporting carers and parents to build collaborative relationships while children are in OOHC, with the view of sustaining these relationships after reunification occurs. In practice, this could be providing training to carers on practical ways to build relationships with parents. Carers should be provided on-going access to support to discuss strategies and the opportunity to de-brief when these relationships become challenging. In addition to being provided formal support, informal support groups with other carers could help carers share what works well. In addition to providing support to the carers, the Department needs to provide support and training to parents about the important role of the carer in the child's life, how to navigate ongoing relationships with the carer and their family after reunification and the benefits for the child and the reunification process. The Department could get carers and families where this has worked well to be informal mentors or share their 'good news' stories for other parents and carers to access as a resource. Ensuring this continuity of relationship with the carer and the carer's family will not only enable the child to maintain connection with a broader network of supportive adults but will also provide additional support to parents during the initial phase of reunification, enhancing the likelihood of a successful transition back to family.

8.1.5 Recognise the Role and Importance of Carers

Carers often feel undervalued and excluded from key decision-making processes. For example, carers are often not being included in decisions related to contact arrangements with the parents, yet carers are often expected to manage parent contact. Similarly, carers are often not involved in the reunification process. Reunification works well when the plans are communicated with the carer and where the child, carer and parents are involved in the decisions and reunification plans. Building positive relationships between the carer and parents prior to, during and post-reunification improves the transition for the child and offers ongoing support for the parents. Carers are also excluded from important decisions related to the health, education, and wellbeing of the child, which undermines their important caring role.

The report highlights the need to better acknowledge the important role that carers play in the lives of children who interact with the OOHC system. This involves recognising that carers are part of the wraparound support system for children and thus need to be involved in key decisions including supporting the transition of children during the reunification process. Carers need to be proactively offered the financial, practical, and emotional support they need, especially when providing care for children with complex needs. This may involve specialised training for carers with a focus on trauma-informed care and practical strategies to support children's social and emotional wellbeing. The impact of reunification on the carers should not be forgotten, and Child Safety and the foster and kinship agency need to check-in and support carers post-reunification. Further, it is imperative that frontline workers are trained to acknowledge the important role of carers and include carers in decisions related to contact, reunification, and other important decisions related to the health, education, and wellbeing of the child. This includes training frontline workers to communicate the important role of the carer to school staff even when they legally may not have the same rights as the parents, they need to be included in decisions and recognised for the important role they play.

8.2 Improve Integration of Services Across Sectors

Positive interpersonal relationships with formal and informal supports help carers in their caring role. However, many of the agencies operate in silos. More work needs to be done to embed inter-agency collaboration to ensure appropriate information is shared and support provided to improve children's social and emotional wellbeing.

8.2.1 Ensure Effective Inter-agency Collaboration and Communication

There is an urgent need to embed inter-agency collaboration and communication in the range of health and human services impacting the lives of children, young people and families impacted by the OOHC system. This includes ensuring equitable and timely access to appropriate and safe housing, education, and health and mental health services. Further, change is required to ensure that children in OOHC are not disadvantaged by the complex and bureaucratic systems that carers need to navigate to support children with disability and complex needs. Fighting the system to advocate for the child's needs places an unnecessary burden on carers.

The report calls for effective coordination between carers, families, schools, health services, and OOHC providers to ensure holistic, coordinated and consistent support. The Department, agency and other sectors need to work together to simplify the process so that carers can get timely support for the children, especially children with disability and complex needs, and lessen the 'invisible workload' undertaken by carers in coordinating the services across sectors. Practically, this may mean implementing formal coordination roles that advocate for the services for the child across government systems so that children's health and wellbeing are central and alleviating some of the burden placed on carers to advocate for these children often with limited information about the child, limited authority, and limited experience of that to which the child is entitled.

8.2.2 Ensure Trauma-informed Practice Across all Sectors

Children and parents involved with the child protection system experience much higher levels of emotional trauma than found in the general population (Burrow et al., 2024; Suomi et al., 2023a; Trew et al., 2022). This trauma is linked to harms and stressors experienced prior to and during the journey through OOHC. Trauma-informed practice involves recognising that high prevalence of trauma among parents and children and families involved with OOHC and working ways that acknowledge trauma and seek to prevent re-traumatisation (Substance Abuse and Mental Health Services Administration, 2014).

It is recommended that child protection and family support agencies ensure service providers are trained in, and supported to provide, trauma-informed care and support. In practical terms this means prioritising the emotional and physical safety of parents and children, demonstrating transparency and consistency in communication and decision-making and supporting strength-based practice (Substance Abuse and Mental Health Services Administration, 2014). This is also a call to extend training to the education sector, where children in care spend a significant proportion of their day, and the allied health sector that supports these children. All teachers and allied health practitioners need to be trained in trauma-informed approaches.

8.2.3 Ensure the Role of Socioeconomic Disadvantage is Recognised

Socioeconomic disadvantage is a strong predictor of children's poor social and emotional wellbeing. Most children who enter OOHC come from families experiencing deep and persistent socioeconomic deprivation (Bywaters et al., 2016; Healy et al., 2024b). Findings from this study show that children in OOHC have substantially lower social and emotional wellbeing than their peers from the most socioeconomically disadvantaged families who remain in parental care. This suggests that the effects of removal and OOHC experiences, combined with poverty, place children in OOHC among the most vulnerable groups in the child population. Importantly, the socioeconomic disadvantage often continues to be a reality for many children while in care. Many carers, particularly kinship carers, live with financial stress, which limits their capacity to provide stable, consistent, and emotionally supportive care. Persistent poverty also affects other aspects of the children's OOHC experience, including the quality and frequency of family contacts and the process of reunification. Despite this, poverty is often under-recognised in child protection responses, treated often as a background condition, rather than an important factor influencing children's social and emotional wellbeing. Supporting the social and emotional wellbeing of children in OOHC requires an explicit, coordinated approach to identifying and addressing socioeconomic disadvantage as part of everyday casework and care planning.

To promote the social and emotional wellbeing of children experiencing socioeconomic disadvantage, it is recommended that poverty be considered as an important determinant of child wellbeing within child protection and OOHC policy and practice frameworks. This includes embedding poverty-aware practices into child protection assessments, care and reunification planning, and decision-making processes, ensuring that practitioners are equipped to understand how socioeconomic disadvantage shapes family functioning, child development, and placement stability, and to respond with sensitivity and practical solutions. Services supporting vulnerable families and children in OOHC must also be adequately resourced to address poverty-related needs, including food and housing insecurity, limited transport access, etc. A coordinated approach involving housing, education, health, and social services is essential. Recognising poverty as one of the central child wellbeing issues is critical to breaking cycles of disadvantage and creating the conditions in which children's social and emotional wellbeing can be sustained and strengthened over time.

8.2.4 Ensure Legal Representation of all Families Involved with Child Protection Systems

Many parents whose children are in OOHC do not have access to legal representation during key legal decision-making about children's guardianship and journey's through OOHC.   This lack of legal representation diminishes parents' opportunities to contribute meaningfully to upholding their rights and those of their children (Tobis, 2013). Parents' capacity to work towards reunification is affected by perceptions of lack of procedural fairness, confusion about the reasons for their child's removal, and uncertainty about their own accountability and that of the child protection authority to achieve reunification. It is recommended that child protection authorities advocate for parents to be provided with independent legal representation at each point where decisions are made concerning the guardianship and custody of children.

8.2.5 Ensure an Enhanced Personalised Case Planning Process

Most children in OOHC experience persistently poor social and emotional wellbeing that remains stable over time, as demonstrated in this study. However, some children experienced improvement in their social and emotional wellbeing. These positive changes were not associated with the absence of adversity, but rather with the consistency, quality, and responsiveness of the support they received. Carer narratives highlighted that social and emotional wellbeing improvements were possible when children were provided with stable, relationally attuned, and context-sensitive support that accounted for their history, health and mental health needs, cultural identity, and developmental stage. Despite this, OOHC systems often rely on standardised assessment tools and procedural benchmarks, without ensuring that individual children's needs are translated into tailored, coordinated, and flexible responses. One-size-fits-all approaches risk overlooking opportunities to nurture children's recovery and development.

To better support the social and emotional wellbeing of children in care, it is recommended to enhance existing case planning processes by ensuring they are more personalised, targeted, and responsive to each child's individual needs. This can be achieved by co-developing case plans with carers, relevant professionals (e.g., psychologists, educators), and, where appropriate, the children themselves. Regular review of these plans is also essential. Supporting children in this way would align with child-centred and trauma-informed principles and reflect best practices for creating supportive care environment.

8.3 Provide Support for Families Before, During and After Removal

The provision of both universal and targeted services is urgently needed to provide support to vulnerable families before reaching crisis point. Many parents involved with the child protection system face a range of stressors impacting their capacity to nurture children's safety and wellbeing. These challenges often include poverty, significant health and mental challenges, elevated rates of disability and large family size.

8.3.1 Provide Practical and Emotional Supports

Practical and emotional supports can bolster parents' capacity to provide safety and enriching environments for their children. Practical support in the form of in-home practical help including with child-care and household duties could significantly reduce the burden on them, potentially creating real opportunities to prevent child removal. Emotional support to assist parents to address the myriad psycho-social factors such as exposure to family violence and mental health issues, can also strengthen parents' opportunities to maintain meaningful connection with their children and to expedite family reunification.

The report acknowledges that selected family support agencies can allocate up to 5% of funds to access short-term, and targeted supports for families aligned with their case-plan. However, parents in this study did not perceive the support they received to be adequate. This is the parents who participated in this study were reliant on low incomes and experienced most experienced a range of complex needs such as parenting large families, children experiencing behavioural or developmental challenges, and parents living with mental health issues or disabilities. The report found that short-term targeted brokerage was helpful but insufficient to address their needs.

It is recommended that family support agencies work with parents prior to removal to provide multi-level practical and emotional support contributing to child safety and wellbeing concerns. Practical support should include house-cleaning, and in-home parenting help to reduce the significant burden on struggling families. Intensive emotional support addressing the psycho-social factors including linking families to domestic and family violence prevention services and to specialised mental health care is likely to increase children's safety and wellbeing. We recommend that the brokerage funds are increased, are more widely available and extended beyond short-term and targeted responses. Brokerage of longer-term support for families experiencing complex and enduring challenges will enhance these families' capacities to maintain a safe and nurturing environment for their children.

8.3.2 Provide Ameliorating Support to Address the Impact of Social Disadvantage on Children's Safety and Wellbeing

Most families involved with the OOHC system experience significant social disadvantage. Poverty, alongside other factors such as parental mental illness or substance misuse, contributes to family stressors that affect parents' capacities to provide a safe and nurturing environment for their children (Canfield et al., 2017; Doidge et al., 2017). Families living in poverty can experience substantial challenges in providing nutrition, access to health and medical services and engaging with child-care and schools. Children's removal can worsen the family's circumstances as parents often lose access to parenting payments and other formal supports. This can, in turn, compromise their ability to engage in reunification efforts.

It is recommended that family support work include attention to ameliorating the impact of poverty on a family's capacity to provide care and safety for their children. This includes working with State and Commonwealth agencies to ensure families' access to nutrition, health and human services, and to resources needed to participate in child-care and school. Child protection authorities collaborate with the Commonwealth to ensure that families do not lose access to parenting benefits while family reunification efforts are active.

8.3.3 Provide Access to Safe, Affordable, and Family-appropriate Housing

Housing insecurity was identified by parents as jeopardising children's safety and as a barrier to family reunification. While appreciative of housing support, parents also identified that crisis housing, such as in hotels, was often not family appropriate. To promote children's safety and family wellbeing, child protection and housing agencies should collaborate to ensure that families have access to safe, affordable and family-appropriate housing.

It is recommended that child protection authorities work with housing agencies at State and Commonwealth levels to ensure that parents do not lose access to public and social housing as a result of their children's removal. Housing stability is an important foundation for family contact and reunification. Even in circumstances where child removal is long-term, parents' access to stable housing can enable them to engage in health and other support needed to address safety concerns and to maintain meaningful relationships with children.

8.3.4 Provide Access to Disability Services, Health and Mental Health Services

Carers and parents reported high levels of disabilities, complex health and mental health needs of children in their care. Delays in children receiving required assessments and support to address complex behaviours and support needs were identified as a significant source of stress for carers and parents, in some cases, contributed to the shrinking of the carers' informal support networks. The stress on carers, parents and children was compounded by difficulties in accessing support from other sectors (e.g., disability, health and mental health), due to cost and lengthy waitlists, compounded the difficulties they experienced

It is recommended that relevant departments and agencies need to ensure that additional resources need to be allocated to reduce waiting times and improve access to specialised health and mental health services for children in OOHC.

8.4 Strengthening Practice through Aboriginal and Torres Strait Islander Ways of Knowing, Being and Doing

Aboriginal and Torres Strait Islander children and families continue to be over-represented in the child protection system. This overrepresentation often results in limited opportunities for children and young people to develop and maintain cultural identity and connections whilst placed with foster or kinship carers, and during contact with family. To address these ongoing challenges, greater efforts are needed to uphold and embed Aboriginal and Torres Strait Islander ways of knowing, being, and doing across the OOHC sector.

8.4.1 Strengthen Support and Resources for Aboriginal and Torres Strait Islander Carers and Children

Aboriginal and Torres Strait Islander carers and practitioners play a crucial role in developing and maintaining cultural identity and connection for Aboriginal and Torres Strait Islander children in OOHC. However, their capacity to do so is often constrained by systemic pressures, including limited resources, high caseloads for stakeholders, and a lack of dedicated cultural support roles. These challenges are compounded by the ongoing impacts of past government policies and practices, which continue to shape how carers and stakeholders engage with cultural support. By strengthening support for carers and practitioners, conditions can be created for children to more meaningfully connection with their culture, kin, community and Country. The following recommendations outline practical steps to strengthen this support, breaking the cycle of reactive crisis management and enable proactive, culturally responsive care.

It is recommended that child protection authorities reduce caseloads for Aboriginal and Torres Strait Islander child protection workers, including those working in ATSICCOs and non-government organisations. This can be achieved through targeted workforce planning and recruitment strategies. Further to this, dedicated cultural support roles should be funded within care teams, separate from case management, to focus solely on cultural identity and connection. It would be beneficial to establish cultural wellbeing teams in each region, led by ATSICCOs and Aboriginal and Torres Strait Islander practitioners, to support carers, children, and their families. The child protection agency must provide flexible funding for carers to access cultural activities, mentoring and travel for cultural events to ensure that children and their carers have the ability to attend family and community events in their community, and on Country.

8.4.2 Strengthen Centring Aboriginal and Torres Strait Islander Ways of Knowing, Being, and Doing into Everyday Practice

Embedding Aboriginal and Torres Strait Islander worldviews into everyday practice is necessary for transforming the child protection system into one that is culturally safe, responsive and respectful. This shift requires more than procedural change, it requires a transformation of values, beliefs, and practices across all levels of care. The legacy of colonisation and past government policies continues to shape how services are delivered and received, often marginalising Aboriginal and Torres Strait Islander knowledge systems. By centring Aboriginal and Torres Strait Islander Ways of Knowing, Being, and Doing within all levels of child protection and primary care systems outside of the child protection system, not only is cultural authority honoured, but also environments where children can thrive in connection with their identity, kin, community and Country are created. The following recommendations outlined an intentional and community-led approach to support this transformation.

To embed Aboriginal and Torres Strait Islander Ways of Knowing, Being, and Doing into everyday practice, it is recommended that a two-stage cultural learning pathway is implemented for all Child Protection Agency and OOHC staff, including those working in ATSICCOs and non-government organisations. The first stage should involve cultural safety and responsiveness training, led by Aboriginal and Torres Strait Islander facilitators, and from the perspectives of Indigenous peoples. Dr Irihapeti Ramsden's model and journey to cultural safety should be drawn upon to support practitioners in critically reflecting on their own values, beliefs, and assumptions and how these impact their practice (Ramsden, 2002). The second stage should provide localised cultural education on protocols, lore, and traditions. This training must be place-based and co-designed with community leaders and Elders to ensure relevance and authenticity.

To reinforce this learning, critical reflection tools should be embedded into supervision and case planning processes. Practice guides that incorporate Aboriginal and Torres Strait Islander worldviews should be developed in collaboration with community leaders and Elders. Child Safety Service Centres must work to establish cultural practice advisor roles focused solely on supporting staff to apply cultural knowledge in their daily work, and work alongside families to ensure cultural authority is respected and the family's own ways of knowing, being and doing are meaningfully incorporated into care planning. It is imperative that those appointed to these roles are genuinely connected to, and have strong understandings of, the communities in which they work.

8.4.3 Strengthen Tailored, Specific, and Well-resourced Cultural Support Plans

CSPs are essential tools for safeguarding and nurturing a child's cultural identity and connection. When developed thoughtfully and collaboratively, CSPs can serve as living documents that reflect the child's cultural journey and ensure meaningful engagement with their kin, community, culture and Country. However, when CSPs are generic, under-resourced, or disconnected from cultural authority, they risk reinforcing the very disconnection they aim to prevent. The ongoing impacts of colonisation and systemic oversight mean that many carers and practitioners struggle to navigate cultural protocols and responsibilities. By investing in tailored, well-resourced CSPs, it is recommended to support carers and stakeholders in their efforts to uphold cultural identity, ensuring that children are not only safe, but culturally strong. The recommendations below provide a roadmap for achieving this.

We recommend that, in alignment with the ATSICPP, CSPs must be co-designed with children, their extended families, and relevant community members (as identified by their family), ensuring that cultural authority is respected throughout the process. Each CSP should include a clear funding and accountability framework that outlines who is responsible for funding, resourcing, and facilitating each cultural activity. To maintain accountability and ensure responsiveness to the child's evolving needs, quarterly review meetings should be scheduled with all stakeholders. A range of cultural activities, such as language classes, dance, art, and Return to Country trips should be developed to support carers and case workers in planning meaningful engagement. CSPs must also be flexible enough to accommodate significant but less predictable events, such as Sorry Business, and celebratory occasions, with contingency funding made available. To support collaboration and transparency, CSPs should be digitised, on a platform accessible by all stakeholders, allowing for real-time updates and shared across the care team.

8.5 Embed Evidence-informed Policy and Practice

The social and emotional wellbeing of children in OOHC is fundamental to their overall wellbeing, development, healing, and long-term outcomes (Anthony et al., 2019; Bericat, 2014). Evidence-informed policy and practice are crucial for ensuring decisions are grounded in the best available knowledge, leading to more effective and efficient outcomes. Integrating research findings with professional expertise and stakeholder input fosters accountability, continuous improvement, and the development of interventions that are both relevant and impactful.

8.5.1 Embed Ongoing Monitoring and Responsiveness to Social and Emotional Wellbeing

Evidence from this project shows that most children in OOHC experience social and emotional wellbeing concerns, and for many, these difficulties remain stable or worsen over time while in care. Despite this, there is currently no consistent, system-wide approach to assessing or tracking social and emotional wellbeing in a way that informs and facilitates individualised care planning and support. This absence of structured assessment can result in missed opportunities for early intervention and limits the capacity of carers and professionals to understand and respond to each child's needs in a timely and effective way.

The SDQ offers one option for assessing the social and wellbeing of children in OOHC. It is currently one of the most widely used tools for assessing the social and emotional wellbeing of children. It benefits from being validated, brief, accessible, easy to administer, and supported by extensive normative data. For example, in England, the SDQ is a mandatory tool used to assess the emotional and behavioural health of children in care. Since 2009, all British local authorities have been required to administer the SDQ annually to the main carers of all children aged 4–16 who have been looked after for at least one year (City of York Council, 2025).

The SDQ is also a key part of the standard Quality Assurance Framework (QAF) for OOHC across NSW. Carers are asked to complete the SDQ at key intervals (4–6 weeks after a placement begins and then at six-month intervals) to monitor emotional and behavioural wellbeing and inform ongoing casework and planning (NSW Department of Communities and Justice, 2024). While not legislated as compulsory, the use of the SDQ is effectively embedded as a standard and expected practice across NSW OOHC services.

There is evidence that the SDQ is a reliable tool for children in OOHC and Aboriginal and/or Torres Strait Islander children in Australia (Williamson et al., 2014), some studies have raised concerns about the SDQ's age-related validity and potential limitations for certain vulnerable subpopulations, including socioeconomically disadvantaged, culturally diverse, and neurodiverse children (Hall et al., 2019; Kersten et al., 2017). Moreover, as the SDQ was originally developed primarily as a screening tool for the general population, its items may not fully capture the unique experiences and needs of children in OOHC.

Overall, it is recommended that a standardised tool, such as the SDQ is implemented and complemented by a tool that specifically focusses on cultural safety and connection e.g., What Matters 2 Youth survey developed by the School of Public Health at The University of Queensland, to assess and monitor the social and emotional wellbeing of children in OOHC. This tool should be administered upon a child's entry into OOHC and at regular intervals, and its findings should be directly linked to each child's individualised case plan and progress tracking. Given the complex and trauma-informed needs of children in OOHC, the use of the SDQ could be complemented or enhanced by supplementary tools or measures that address cultural responsiveness and trauma-specific factors. Regular, standardised social and emotional wellbeing assessment would benefit all children in OOHC by enabling early identification of concerns, ongoing monitoring of their social and emotional wellbeing over time, and timely adjustment of support to ensure that care remains responsive to the evolving needs of each child. The process must be culturally appropriate, particularly for Aboriginal and/or Torres Strait Islander children, and, where possible, include the voices of children and their trusted adults (e.g. carers, parents, teachers, caseworkers) to ensure assessments reflect lived experience and inform meaningful support. Embedding social and emotional wellbeing monitoring into routine practice will help ensure that care remains responsive, coordinated, and attuned to the unique needs of each child in OOHC.

8.5.2 Embed Decision-making Grounded in Best Available Knowledge

We recommend that the Department and family support agencies continue to build a collaborative research program with universities and independent researchers to support the development and integration of high-quality evidence in policy and practice. Attention should be given to the diversification of research methods including data linkage, longitudinal quantitative and qualitative studies, qualitative including interviews and ethnographic approaches. Research deploying these diverse methods can help to build a comprehensive understanding of the characteristics and needs of children and families involved with child protection services and to develop understanding of best practices. Co-designed projects with parents, carers and children are also important for lived experience insights into best practice in family support and child protection. Research partnerships with Aboriginal and Torres Strait Islander researchers and community-controlled agencies is vital to building culturally responsive practice. Policy makers and practitioners should be encouraged to contribute to, and utilise, research evidence in their practice. This can be achieved in a range of ways including through collaborative research and research secondments between the child protection and family support agencies and universities.

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