No Child Should Grow Up Like This:

Identifying long term outcomes of Forgotten Australians, Child Migrants and the Stolen Generations

A Research Study on Life Outcomes for Children Growing up in 'Care' in the Twentieth Century in Australia

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Preface

The child saving efforts that developed in industrialising countries in the 19th Century – placement of abused, neglected, and dependent children in residential and foster care – have generally been viewed as progressive developments in human history. These new institutions represented the willingness of society to collectively raise children whose parents were either unable or deemed unfit to care for them. Research over the years in multiple countries has shown that many children have been helped by out-of-home care.

However, the late 19th and early 20th Centuries have seen governmental and non-governmental organisations begin to seriously reckon with the dark side of their child saving. Horrific and inexcusable examples of abuse and neglect of children in care have come to light in many countries in Europe and North America. Governments around the world have had to issue apologies for decades-long policies and practices that systematically deprived indigenous communities of their children, and indigenous children of their families and rightful heritage. Charitable organisations have had to come to terms with the distinctly uncharitable treatment they have provided to some of the most vulnerable members of society, in the residential care settings they operated, and the foster homes they supervised. Australian society has been actively engaged in this reckoning for over a decade. The Senate Inquiry into Forgotten Australians who experienced institutional or out-of-home care as children and its Inquiry into the care of former Child Migrants, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, and the current Royal Commission into Institutional responses to Child Sexual Abuse all uncovered troubling examples of the exploitation and abuse of children who were placed in the care of the state or with private child care agencies, leading to apologies from government and the voluntary sector.

No Child Should Grow Up Like This: Identifying Long Term Outcomes of Forgotten Australians, Child Migrants and the Stolen Generations is an invaluable contribution to Australia's effort to account for this disservice done to its children, to try to make amends where possible, and to learn from past mistakes in order to inform current practice. Producing the report would not have been possible without impressive collaboration over several years between the research community, government, the voluntary sector, and representatives of the populations that lived in out-of-home care in Australia during the middle half of the 20th Century. The breadth and depth of the data collected go beyond what previous inquiries in Australia and in other countries have produced. The report's findings bear witness to the wide range and severity of suffering experienced by children in care in Australia during the study period. By describing the kinds of support they did not receive but sorely needed while in care, the study participants provide much food for thought for the current operators of the Australian child welfare system. Similarly, the older adults who shared the challenges they still face due to their experiences in care, and their frustrations with the current array of services, provide guidance to policymakers and practitioners who wish to help ameliorate the continuing suffering of Forgotten Australians, Child Migrants, and the Stolen Generations. *No Child Should Grow Up Like This* should be required reading for those who want to help those still recovering from their experiences in Australia's out-of-home care and to make sure that the crimes of the past are not repeated.

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Foreword

For much of the past two centuries, our eyes, ears and hearts were firmly shut to the abuses inflicted on an unknown number of children who lived in orphanages and other institutions in Australia. With rare exception, those who spoke up about their experiences were ignored, silenced or not believed by governments, churches or the community at large.

The past two decades have seen important, if belated, attempts to recognise how adults were impacted by the experience of being raised in children's institutions and other out-of-home care settings. In 2008, the Australian Government issued a national apology to the Stolen Generation, that is, to Aboriginal and Torres Strait Islander peoples who, as children, were forcibly removed from their families and placed in institutions or other types of out-of-home care.

In 2009, the Australian Government issued another national apology, this time to Forgotten Australians and former Child Migrants, the estimated 500,000 people who, as children, were placed in orphanages and other institutions during the 20th century. The Australian Government also established programs to assist Forgotten Australians and former Child Migrants, including to gain better access to information and to connect with support services.

Subsequently, many State and Territory Governments and organisations that ran institutions issued apologies and some initiated support programs. In 2012, the Australian Government established the Royal Commission into Institutional Responses to Child Sexual Abuse to examine historical abuse in institutions.

In this context, of better understanding the consequences for adults of childhood institutionalisation, the Long-term Outcomes of Forgotten Australians Study was undertaken by the University of New South Wales in association with a range of partners, including the Association of Children's Welfare Agencies, CatholicCare Diocese of Broken Bay, Relationships Australia, Berry Street, Micah Projects, the Alliance for Forgotten Australians, and Families Australia.

This study: 'No child should grow up like this: Identifying Long Term Outcomes of Forgotten Australians, Child Migrants and the Stolen Generations' is the first national research project of its type in Australia and makes a major contribution to understanding the experiences of Forgotten Australians, former Child Migrants and members of the Stolen Generation. It offers important practical messages to policymakers, service delivery organisations and researchers about supports that these adult cohorts are likely to need, particularly in later life.

It shows clearly, for example, the wide range of adverse consequences that arose from a lack of suitable or appropriate screening, training and oversight. A number of case studies cited in the report show that many children and young people undertook inappropriate hard labour, a consequence of which has been early onset ageing, as well as significant levels of physical pain and injury throughout adulthood. Despite these early adversities, some of the participants

recounted their methods of coping with the harsh environments in which they grew up and their varied pathways towards resilience and making sense of their childhood and their place in the world.

If there is an overwhelming message from this study to policymakers, service deliverers and the community, perhaps it is this: listen with renewed care and compassion to those who lived in children's institutions and then – in the sharpest possible contrast to the collectivising spirit that characterised the institutions in which they lived – let each determine what they need from us to have the best possible lives.

The philosopher George Santayana famously wrote 'those who cannot remember the past are condemned to repeat it'. Accepting Santayana's statement, taking time to carefully and honestly learn from past mistakes is vitally important for human advancement. By hearing directly from those who lived in institutions, this study reminds us to keep questioning our goals, motivations, methods, and the likely effects of our decisions, especially when they relate to children experiencing vulnerability.

Dr Brian Babington
Convenor, National Coalition on Child Safety and Wellbeing

Executive summary

This research aimed to explore life experiences of 'care' leavers who have lived in institutions (such as children's Homes and orphanages) or other forms of out-of-home care as children. Participants in this study were drawn from the larger cohort of those who were in care between 1930 and 1989 and includes three sub-cohorts: Forgotten Australians, members of the Stolen Generations, and Child Migrants. Employing a mixture of quantitative and qualitative methods, the research included three components: surveys, interviews, and focus groups.

About 700 people participated in the research. The findings in this report are based on surveys completed by 669 participants, interviews with 92 participants and 20 focus groups attended by 77 participants. Participants were drawn from all States and Territories in Australia (with the exception of the Australian Capital Territory).

In terms of the cohort, 75.9% were Forgotten Australians, 10.0% were Child Migrants, 6.0% identified themselves as members of the Stolen Generations, and 8.1% did not report their group identification.

Led by the University of New South Wales Faculty of Arts and Social Sciences and funded by the Australian Research Council, it was conducted in partnership with the University of Chicago, University of York, the Alliance for Forgotten Australians, Families Australia, the Association of Children's Welfare Agencies, Berry Street, Victoria, Relationships Australia, CatholicCare Diocese of Broken Bay and Micah Projects.

While in care

Entry into care

Australian child welfare interventions have almost always focused on children from poor families where parents were often judged to be inadequate or incapable of raising their children. Such interventions during the twentieth century primarily involved children's removal and placement in substitute care. Almost all participants who were old enough, vividly recall the experience of entering care. Removal from families was abrupt and entry to care often proved abusive from the outset.

Participants entered care at 6.3 years of age on average. The main reasons for entry into care were parents' inability to cope (39.4%), marital problems between parents (36.4%), neglect (27.2%), abandonment (24.6%), domestic violence (24.4%), parental drug and alcohol problems (24.2%), financial difficulties (22.1%), and parental illness (21.2%).

The environment

Participants' experience of neglect and abuse did not appear to differ greatly from setting to setting. In the early years of the study period, most children were placed in large institutions; these were isolated, forbidding and impenetrable settings, poorly maintained and well beyond the reach of the law or other authority. Little change occurred it seems with the shift to the smaller 'family-like' settings of cottage homes and foster care. Neglect and abuse continued unabated in such settings until the end of the study period.

Participants had experienced various types of care: institution (84.8%), foster care (33.0%), juvenile detention or youth correction facility (25.0%), hostel and boarding house (12.1%), and family group homes (11.5%).

Placements

Children often remained in care for an extended period. Some grew up, even from babyhood, in the one children's home or within different settings and care types of the same organisation. Other children were moved from placement to placement, sometimes in response to running away or other challenging behaviours. Some children had multiple entries to care when unsupported and unplanned family reunification attempts broke down.

The average duration in care was 8.6 years. The average number of placements was 4.0 placements (ranging from 1 to 27 placements). While 27.2% had one placement only, 21.8% had 6 or more placements.

Contact with family members

Entry to care often meant severance of family contact. Access visits by parents were discouraged and successful family reunification seldom occurred. Siblings were often separated in care. Many participants never saw their families again, notwithstanding efforts to re-connect after leaving care. Lack of family contact seriously undermined identity formation and disrupted vital relationships and support. Even when reunification was attempted later, this was rarely successful; irreparable damage had been done. For Indigenous participants', loss of kin was exacerbated by loss of language, culture, community and country. Child Migrants had almost no chance of re-connecting with family members. For many participants, loss of family is a major trauma that has brought lifelong grief and loss.

Although 74.5% had siblings who were in care, only 13.6% reported frequent contact with a sibling (fortnightly or more) indicating a high level of sibling separation. 24.5% of survey respondents had no contact with their family while in care (some may have had deceased parents). 57.3% had contact with their mother; 42.2% had some contact with their father. 49% never returned to their family while in care.

Schooling

Education opens doors to life's opportunities, especially those around work and financial stability, health and long-term wellbeing. For most participants in this study, those doors have, for the most part, remained firmly closed. Whilst formal education was generally offered to participants up to the age of around fifteen years, some children clearly found this almost impossible to access due to the discontinuity associated with placement changes. The quality of teaching and curriculum was generally poor and many children left care illiterate and innumerate.

87.2% attended school while in care: 70.3% attended school regularly and 16.9% attended school sometimes. 19.2% obtained a Higher School Certificate (or Leaving Certificate, Matriculation, Senior Certificate, Year 11 or Year 12), 23.8% obtained an Intermediate Certificate (or School Certificate, Junior Certificate, Achievement Certificate, Year 10), and 56.9% did not obtain any school certificate. The average age of leaving school was 15.

85.8% said their schooling was negatively affected by their experience of being in care.

Child labour

Financial sustainability of the large institutions depended upon the labour of their inhabitants, in the tradition of the English workhouses. Children were forced into long hours of hard physical labour from a very young age. Even in cottage and foster homes children performed almost all domestic work. Protracted periods of domestic or industrial labour were embedded forms of punishment. Many participants carry illnesses and injuries through adult life that derive directly from their experience of strenuous and generally un-remunerated labour whilst in care.

81.5% reported that they did some type of work under the age of 13 and the average number of hours of work performed was 16.2 hours per week (median was 14 hours). During their time in care at the age of 13 and above, 86.8% reported that they did some type of work and the average number of hours of work performed was 22.5 hours per week (median was 20 hours). This was mainly unpaid – 5.4% under the age 13 and 21% at the age of 13 and above did paid work while in care.

Abuse and maltreatment

Almost every participant in this study experienced abuse and maltreatment in care. Every type of abuse imaginable has been described, much of it horrific, and on a scale that is extremely confronting to learn about. Emotional, physical and sexual abuse frequently occurred concurrently. Children experienced a high level of abuse from predatory adults. Many too, were abused by peers whose own trauma backgrounds had clearly resulted in disturbed and aberrant behaviours.

96.7% experienced some type of maltreatment while in care, 41% experienced all forms of maltreatment in care. The most prevalent type of abuse by adults was emotional abuse (87.3%), followed by verbal abuse (82%). The most prevalent abuse by peers was bullying (77.6%), followed by verbal abuse (73.7%). Sexual abuse was widespread and 60.3% experienced this form of abuse from someone: 55.3% experienced sexual abuse by adults and 41.8% experienced sexual abuse by peers.

Overall experience

Many participants were in care for a substantial portion of their developmental years. During that time most were seriously neglected and abused. They had little or no contact with parents, siblings or extended family and were isolated from the outside world. They received little education, endured relentless labour each day and had no opportunity for friendships or fun. Their talents were not nurtured and they had no training in the life skills they would need to cope in the world beyond care. Aboriginal children were forbidden to speak their first language. They lacked advocacy and mentorship and were extremely marginalised and disempowered. It is hardly surprising that few participants identified positive elements in their care experience. For most, out-of-home care offered no 'care' in the normative sense of the word.

83% were not satisfied with their care experience. 17% were satisfied with their care experience to some degree.

After leaving care

Transitioning out of care

The level of anxiety and unpreparedness associated with leaving care did not vary according to the participants' living situations when that time came – be it a large institution, cottage home, foster home or even kinship care. The experience of fear and abandonment was profound. No preparation in terms of independent living, skill development or pre-employment training was offered to most care leavers at that time. Almost always, the young person faced this ordeal entirely alone.

At the time of leaving care the average age was 15. 38.5% said that they were worried about leaving care and 67.3% reported that they were not given adequate warning about leaving care. 51% said that they were not prepared at all for living independently at the time. Only 37.2% had a job at the time of leaving care. Participants reported high levels of difficulties and lack of support at the time. 35.1% did not receive any help and 49% reported having had no one to call during the transition.

Education in adulthood

Most participants left care poorly educated. Even the few who completed high school had little support or encouragement to continue with education. Notwithstanding such challenges many participants have shown enormous resilience in successfully pursuing formal qualifications after leaving care.

Despite the challenges associated with their lack of formal schooling, 26% obtained various trade or vocational certificates, 24% obtained at least one post-secondary qualification: diploma/associate degree/advanced diploma (8%), Bachelor's degree (7%), graduate diploma/graduate certificate (5%), Master's degree (3%) and Doctorate (1%).

Employment

Participants often alluded to an employer, a landlord, a neighbour, a relative, a friend's parent perhaps who assisted with employment, housing or advice and mentorship that made stable employment possible. Work was almost always unskilled, at least at first, though some participants then moved on to skilled positions through apprenticeships and further study. Unsurprisingly perhaps, a number of resilient participants have successfully carved out careers in the helping professions. For too many however, serious health and mental health difficulties and addictions have made adult learning and paid employment impossible. For a number, even volunteering is beyond reach.

67% were not in the labour force (neither working nor looking for a job), 7% were unemployed, and 26% were either in full time (14%) or part time (12%) employment. Retirement (48%) and inability to work (35%) were two main reasons for not being in employment.

Convictions

Leaving out-of-home care with little or no social or financial support meant that participants were placed at high risk of criminality. Criminal acts such as 'breaking and entering' and theft often occurred in consort with others who presented as a source of 'belonging'.

In the context of a lack of post care support on the part of the care system, some participants have spent time in prison. Those who did experience periods of imprisonment were sometimes able to break out of that cycle manifesting considerable resilience on their part.

35% had a history of criminal conviction: 17% had a conviction only and 18% had experience of imprisonment.

Income

Many participants in this study have lived their post-care lives in poverty. For those able to sustain long term work, unstable, unskilled employment has meant low incomes for much of their adult lives. In their retirement years, few participants have independent financial resources to draw on. Most retirees and even many younger participants are living on government support of various kinds.

87.6% had annual incomes below $60,000: 75.8% had annual incomes below $40,000 and 11.9% had annual incomes between $40,000 and $59,999. 3% had incomes of $100,000 or more per year. 61% had statutory government payments as their primary source of income.

Within 12 months prior to the survey, 34.2% of survey participants experienced some forms of material hardship. 20% of respondents were unable to pay bills on time, 18.3% missed meals, 18% asked help from welfare/community organisations, 16.8% asked help from friends or family, 15.7% pawned or sold something, 15.7% could not afford heating or cooling in their home, and 11.1% were not able to pay the rent or mortgage on time.

Housing

Only half the study's participants have achieved the Great Australian Dream of home ownership. For many participants their lived adult experience has been associated with insecure and sub-standard housing. Periods of homelessness were common. This in turn has contributed to family disruption and to mental health issues. As this traumatized cohort moves into senior years, considerable apprehension has been expressed by participants about losing independence. Understandably, many who experienced negligence and abuse as children in the care system find the prospect of being re-institutionalized in aged care highly threatening. They are keen to avoid this or at least have access to facilities where their special needs are understood.

51% owned/were buying the dwelling they were living in, 16% lower than the Australian average (67%). The gap was pronounced in relation to homeownership in the 55–64 year age range: the percentage of home ownership was 46.3% for participants in this study and 80% for people in the general community (Martin, Pawson and van den Nouwelant, 2016). 22% were renting privately and 19% were renting in social housing, three times higher than the Australian average (5%). Participants had experienced housing difficulties: 46% had experienced homelessness, 48% lived in public housing, and 60% had temporary housing at some point in their lives.

Relationships and social outcomes

As children, most participants reported feeling sad, lonely, unstimulated and socially isolated; many described adulthood similarly. The majority of participants have struggled

to re-establish positive connections with family and extended family. Many found friendships and intimate relationships confronting and difficult to sustain. However, for some, a stable partnership, sometimes established in late adolescence, proved a lifelong protective factor. Some participants regularly experienced conflicts with neighbours and were living marginalised lives as they moved into their senior years.

33.4% lived on their own. The average score of social support was 4.07 on a 7-point scale. This was lower compared to studies with the general community. 42.7% were married and a further 7.7% were in a de facto relationship.

86.8% believed that their experiences in care affected their relationships with partners in some way. Positive effects included strong attachment to a relationship (30.3%) and strong commitment to a relationship (28.7%). Negative effects included difficulty in trusting (78.9%), difficulty in dealing with conflict and solving problems (67.7%), difficulty in communicating (65.4%), and difficulty in making a commitment (46.3%).

Parenting

For many participants, their own history of childhood trauma, together with a lack of positive role modelling, has made parenting challenging. Many have found it difficult to bond closely with their children; some have experienced the sadness of long-term estrangement. Even more poignant perhaps, is the fact that some participants have lost their own children and grandchildren to the out-of-home care system. Some are kinship caring grandchildren or other family members; this is especially true of Indigenous participants.

The average age of having a first child was 24. 31% of females had their first child at age 18 or under. 68% reported that their experiences of being in care affected their children in some way. Positive effects included: strong desire to be a good parent (72.1%), strong commitment to keeping the family together (68%), and strong attachment to their children (58.3%). Negative effects included difficulties in relationships with extended family (65.2%), difficulties in providing emotional care to their children (63.6%), challenges in parenting children generally (56.3%), providing financially (47%), and educating children (26.7%).

The pattern of intergenerational cycle of child removal was shown in some cases: 13.1% of participants had their children taken into care and 17% of participants reported that their parents had a history of being in care.

Physical and mental health

The participants in this study have aged prematurely and are continuing to decline in health far more rapidly than the majority of Australians in their age group. They manifest a range of disabilities and illness, some related to injuries sustained whilst in care. For Aboriginal participants the risk of Type 2 Diabetes and renal failure is elevated, along with hearing loss and vision impairment. Long term mental health impacts of trauma associated with neglect and abuse in care include flashbacks, anxiety, depression, self-harm, dissociation and suicidality. These impacts often become acute, manifesting in serious mental health crises.

74.3% reported having physical illnesses requiring treatment at some time (68.2% had current physical illnesses). 51% of survey respondents reported having a disability.

Among people with a disability, 72.6% had a permanent disability, and 49% needed ongoing support.

70.2% of respondents reported having mental illnesses requiring treatment at some time (59% had current mental illnesses). Among participants with mental illnesses, 85.9% considered their mental illnesses were related to their experiences in care. 76% reported experiencing flashbacks. 65% reported experiencing suicidal ideations at some point in their lives and 39% had attempted suicide.

Compared to the general community, much higher percentages of care leavers in this study reported 'very high' (38%) or 'high' (21%) levels of psychological distress. The percentage of care leavers with 'very high' levels of psychological distress was 8.52 times greater than the percentage found in a community sample of the Household Income and Household, Income and Labour Dynamics in Australia (HILDA) Survey (2007) and 14.4 times greater than the percentage found in a community sample of the National Survey of Mental Health and Wellbeing data (2007).

Drug and alcohol use

Where levels of trauma in childhood and adolescence are extreme, the risk of addictions developing in adult life is elevated. Many participants described periods when alcohol and other drugs had impacted negatively on their lives. This often contributed to relationship breakdown. However, heroic efforts by some participants had overcome past addictions and enabled them to get on with their lives. That so many participants have been able to avoid or recover from addictions, manifests considerable resilience within this cohort.

14% of survey participants had never drunk alcohol, 24% had drunk alcohol in the past, and 16% were daily drinkers, 17.5% were weekly drinkers and a further 28% were less than weekly or occasional drinkers. 27% of respondents were current tobacco users. 4% were current illicit drug users.

Access to services

Audiology, pathology, optometry, dentistry, physiotherapy, occupational therapy, prosthetics and orthotics are just some of the ancillary health services which participants expressed a need for on an ongoing basis. These are in addition to their primary health care needs for ongoing assessment, review and management of chronic health issues, disabilities and illnesses. Most also require multiple medications and surgeries. Many participants reported that they were in need of ongoing counselling and of specialist psychiatric help. Specialised accommodation and social support are also urgently needed by many in this vulnerable, ageing and marginalised cohort.

Adult care leavers had generally good access to general practitioners; moderate access to specialist, dentist, counselling, physiotherapy, and psychiatry; and limited access to social services.

Barriers to accessing services were their inability to afford the costs involved (69%), lack of information about services (34%), stigma (30%), lack of available services (24%), lack of transport (21%), and work commitments (6%). 69% reported that their care experiences caused them to worry in relation to their contacts with government organisations and authority figures (61%),

health professionals (60%), or police/law enforcement (57%), others in authority (50%), hospitals (40%), justice institutions (38%), child's school and teachers (37%), rehabilitation centres (13%), and nursing homes (12%).

Adult care leavers were worried about their own inability to trust people in authority (87%), inability to be taken seriously by people in authority (66%), abuse (47%), lack of privacy (46%), inability to make their own decisions (41%), care quality (40%), and relationships with staff (35%). 81.4% had tried to access their records: the most searched for items were care records and files (83%) and the most successfully obtained items were birth certificates (54%).

Participation in the Royal Commission

For a number of participants, the opportunity to give evidence at the current Royal Commission into Institutional Responses to Child Sexual Abuse was described as empowering. They experienced support and respect and hoped to make a difference for their peers and for young people growing up in care today.

39% percent participated in the Royal Commission into Institutional Responses to Child Sexual Abuse. Participants rated their experiences on a 10-point scale (1 = not at all and 10 = very much): the opportunity to express their concerns was rated 6.8 and the acknowledgement of their concerns was rated 6.2.

Chapter 1: **Setting the context**

Introduction

Since the late twentieth century, adults who spent their childhoods in care have come forward through Government inquiries and to the courts to recount experiences of neglect, physical, emotional and sexual abuse while in the care of state, and non-government and religious institutions and programs. There has been national concern about the trauma and victimisation they experienced and the significant impacts across their life course.

This report details a national study that explores the in-care and after-care experiences of adults who spent their childhoods in institutions and foster care during the period 1930 to 1989. This includes survivors identified as 'Forgotten Australians', 'Child Migrants' and 'the Stolen Generations' respectively as well as those other individuals who do not identify with these groups.

The research adopts and inclusive approach eliciting the experiences and perceptions of all individuals, who as children, were separated from parents and taken into alternative care. While we adopt the term 'care leavers' throughout the report, we acknowledge that the term 'care' is problematic and has the potential to negate the painful and traumatic experiences of these communities. This is due to the neglectful and negative experiences that the majority of people had while living in institutions and foster care during this time. We use the terms 'care' and 'care leavers' to refer to their situations, that is, raised away from their parents in institutions and foster care, and not the quality of that care.

This research, led by the University of New South Wales Faculty of Arts and Social Sciences, is funded by the Australian Research Council. It was conducted in partnership with the University of Chicago, University of York, the Alliance for Forgotten Australians, the Association of Child Welfare Agencies, Berry Street, Relationships Australia, Catholic Care Diocese of Broken Bay and Micah Projects.

The research accesses a broader population of care leavers than previous Australian investigations by virtue of the fact that it is not defined by membership of specific organisations or by category of care experienced. It includes not only self-identified participants who are accessible through self-help networks but also hard to reach care leavers, including those in remote locations, those who are homeless, as well as those who are not associated with a particular position or organisation.

This research focuses on the total experience of those who spent time in care during the period 1930 – 1989. The study attempts to capture their lived experience in out of home placements, their trajectories in care placements and their current needs and circumstances. The research takes a broad approach to explore a wide range of outcomes including physical and mental health, education, employment, family relationships, social support and identify areas for intervention to promote the wellbeing of these groups. The research adopts a theoretical orientation that explores the moderating and protective factors that care leavers have been able to draw on to maintain their resilience and competence in the face of stress and trauma.

We hope the findings from this research will provide impetus to Federal and State Governments to ameliorate the challenges faced by these vulnerable populations.

There are varying views on the scope and nature of the group identifications referred to in this research. The authors of this report are sensitive to the different identifications among adult care leavers and take the view that acknowledging the overlapping nature of these affiliations as well as recognising them as somewhat distinctive groupings is most in tune with the self-descriptions used by participants in this study: Forgotten Australians, former Child Migrants and members of the Stolen Generations.

'Forgotten Australians' predominantly refer to persons born in Australia who were placed in 'care' in the twentieth century. Stolen Generation survivors are Aboriginal and Torres Strait Islander people that were removed from family under policies that allowed for the forcible removal of Aboriginal and Torres Strait Islander children from the late 1800s to the 1970s (HREOC, 1997). Child Migrants refers to those children who were born in the United Kingdom, removed from families of origin and sent as Child Migrants to Commonwealth countries, including Australia, starting from early in the twentieth century.

Background

State intervention targeting families and assuming control over children can be traced to the early period of white settlement with the establishment of orphanages, industrial schools and boarding out systems. There were significant child welfare concerns in the early period of settlement when major economic, housing, physical and mental health and social control issues dominated (van Krieken, 1991).

Institutionalisation of children began fifteen years after the establishment of the Colony of New South Wales in 1803 and continued through to the 1990s. It is estimated that in Australia during the twentieth century, 500,000 children spent time in institutional care in Australia (Senate Community Affairs References Committee, 2004). In colonial times evangelicals such as Rev. Samuel Marsden and Governor King became concerned about the number of children seemingly neglected and destitute and on the streets of the colony (Ramsland, 2011).

The mid nineteenth century saw the establishment and continuing development of a range of institutions to respond to child welfare needs of this period arising from high rates of illegitimacy, death or incarceration of parents, parental mental illness and disability, and poverty. The first orphanage for girls was established on Norfolk Island in 1802 and for boys in 1817. Financial pressures on institutions and selective policies led to the emergence of boarding out schemes where children were boarded out for the equivalent of $10 per year. However as difficulties were confronted in managing payments and monitoring quality in boarding out children, institutional care re-emerged (Liddell, 1993).

The facilities included large scale institutions (many run by Catholic or Protestant churches), as well as non-government and State government auspiced services. Harrison (2011) notes that detention centres and psychiatric institutions were also sometimes used to provide custody for children and young people where it was determined that

additional control or treatment was required. The conditions experienced by children in these institutions were harsh. They provided inadequate care for orphans, with destitute and offending children being placed together. Some children were accommodated in gaols due to lack of space (Dickey, 1987).

There was a blurring of welfare and offending cases within reformatory institutions. Minors who had committed offences were placed with youth that had not been convicted. Children could be placed in juvenile detention centres despite not having committed a criminal offence. "This became a hall mark of dealing with young people in the juvenile justice system until well into the contemporary period" (Senate Community Affairs References Committee, 2004, pp. 38).

In the latter part of the nineteenth child neglect legislation in NSW and Victoria led to the emergence of reformatory schools and training schools with mounting concerns about the increasing numbers of destitute, neglected and delinquent children in colonies.

The pattern of responding to children and families reflected a rescue and reform tradition, a key feature being reform of poor working class children and their families. Moral evaluations of parents and punitive approaches to children dominated. The nature of responses to children reinforced class needs, the focus being on manual and rural labour for boys and service for girls (van Krieken, 1991).

Care in the twentieth century

During the twentieth century, increasing numbers children were placed in a range of institutions that were run by the States, religious groups and other organisations. Although earlier in the twentieth century there was a preference for foster care ('or boarding out' children with families as it was called then, "the drift of State children back to institutions increased in the 1930s and 1940s because of a lack of foster families. By the 1940s, most young children needing residential care were placed in institutions". (Senate Community Affairs References Committee, 2004, pp. 19). Apart from non-Aboriginal Australian-born children (referred to as the Forgotten Australians) being placed in Homes at an alarming rate, two other groups were also separated from parents and placed in the care of State or non-government organisations, the Stolen Generations and former Child Migrants.

This period was also marked by concern about conditions in institutions triggering a number of public inquiries (approximately 83 inquiries since 1852). In the 1950s the emergence of the work of Bowlby (1953) on maternal deprivation and attachment, and other theories on child development influenced the trend towards closing down of large institutions and the move to small group care and reliance on foster care, and a trend of devaluing residential care. Alternative approaches to institutional care emerged through the latter half of the nineteenth century and early twentieth century as a result of concerns about existing institutions and their dehumanising impact. With the emergence of 'family principle' arguments 'boarding out' of children to 'respectable' working class families was supported (Barbalet, 1983; Picton and Boss, 1981) initiating what might be regarded as a foster care system.

Once placed in care children were often forced to undertake hours of work sometimes to the detriment of schooling. This was 'justified' in moral terms (to instil in them the work ethic, to provide training so they could become 'useful' adult members of society) but also fulfilling the labour demands of cash-strapped charitable institutions. The inmates were not only the charges of the charities, but performed the function of supplying free labour, employed in the everyday functions of the institution itself by undertaking maintenance tasks (cleaning, cooking, assisting with childcare) and by being directly employed in income generating industries (laundries, farms). As the Senate Inquiry noted: "Some non-government institutions appeared to rely upon the labour of children in their care to supplement income. The organisations running these institutions profited from the labour of children through such commercial enterprises as farms or industrial laundries" (Senate Community Affairs References Committee, 2004, pp. 111–112).

Regulatory oversight was provided by Inspectors however as had been evidenced in multiple Inquiries, this did not prevent abuse from occurring in what were poorly maintained settings. Indeed much of the legislation at the time did not actually provide any guidance for dealing with mistreatment or abuse.

The Forgotten Australians

The 'Forgotten Australians' refers to people who were in institutional and foster care in the twentieth century. It is estimated that more than 500,000 Australians have experienced life in an orphanage, Home or other forms of out-of-home care during this period (Senate Community Affairs References Committee, 2004). The report (2004, pp. 2) refers to the 'Forgotten Australians' as the "many thousands of mainly non-indigenous Australian-born children who suffered under institutional care". While they were a heterogeneous group of children in relation to age and specific circumstances, they were invariably from unsupported, poor families. At this time the circumstances of children being placed into 'care' ranged from children being judged to be 'at risk', to children from unsupported poor families whose parents could not care for them.

As noted by Harrison, sheer poverty and war trauma were often reasons. "Many children were in Homes simply by reason of poverty, in an era of almost no community or government support for families in crisis or need; many children had fathers and mothers who had returned traumatised from war service." (Harrison 2011, pp. 3). There were also other motivations, including economic ones, for removing children from parents (for example, children were trained as domestics for the middle class or as farmhands).

While inner city poverty was a milieu in which neglect and abuse of children was located, single parented children were the focus of intervention. In particular, women without husbands who had no financial means of support routinely had to surrender children into care or had children removed. The only choice for single women was to work as there was no single parenting payment available (although there were payments for widows and 'deserted wives'). It was not until the introduction of the Supporting Mothers Benefit in 1973 and other government assistance, particularly for women, that parents became less likely to relinquish children to the State for financial reasons (Senate Community Affairs References Committee, 2004).

Moral reasons such as 'exposure to moral danger' were also used in relation to girls. Overwhelmingly, those reported were located in working class suburbs (see, for example reports from Victoria from 1920 – 1939 in Scott and Swain, 2002, pp. 70).

From the later 1880s through to the mid twentieth century, Governments relied heavily on charitable organisations (mainly religious) to run institutions (Senate Community Affairs References Committee, 2004). Hence many Forgotten Australians experienced congregate care in institutions run by non-government entities.

While there were thousands of adults who shared similar experiences of institutionalised and foster care throughout the twentieth century, the identity or label 'Forgotten Australians' did not appear until the Australian Senate Inquiry into Children in Institutional Care (which culminated in the 'Forgotten Australian's report). While other groups had been recognised or 'named' (such as the Stolen Generations and the Child Migrants) Australian-born, mainly non-Indigenous persons who were placed in institutions and foster care had not been the subject of generalist Inquiry (at least at the Commonwealth level) until the early twenty-first century.

The Senate Inquiry into Children in Institutional Care acknowledges the gap in referring to two previous inquiries – one into the Stolen Generations (HREOC's 'Bringing Them Home' report, 1997) and the other into Child Migrants (The Senate Community Affairs References Committee's 'Lost Innocents' report, 2001) noting that the inquiry into Children in Institutional Care is the third in the "trilogy".

A third report was needed about the plight of the many thousands of mainly non-indigenous Australian-born children who suffered under institutional care. This report is the third part of the trilogy…

It was not so much that these two groups were receiving the recognition and services they deserved, rather that there were many thousands of other Australians who were subjected to similar treatment in care and removal from families and that they also deserved equal recognition and access to services as a result of their childhood experiences. Some refer to themselves as the 'white stolen generation' (Senate Community Affairs References Committee, 2004, pp. 2–3)

The Committee received 440 public submissions and 174 confidential submissions (Senate Community Affairs References Committee, 2004). Many were telling their stories for the first time. The Inquiry further uncovered practices that had been 'swept under the carpet' and gave voice to the children (now adults) that had been 'forgotten'. The Inquiry attempted to bring this deplorable history to light and afford those affected a chance to have their voices heard. As part of the aftermath of the Inquiry, a formal Apology was given by then Prime Minister Rudd and leader of the opposition, Malcolm Turnbull in 2009. The Apology both acknowledged wrongs that were committed and the ongoing legacy of the harm done; that many Forgotten Australians "continue to face a range of complex issues, including mental and physical illness, homelessness, substance abuse, educational and family relationship difficulties, as a result of their

experiences in out-of-home care. A number of initiatives developed by the Australian Government seek to meet the needs of these Australians" (Australian Government, Department of Community Services, n.d). The Prime Minister Rudd referred to institutionalisation of children as an "ugly chapter" in Australia's history.

It should be remembered that those referred to as Forgotten Australians number in the many thousands as child removal policies were widespread across Australia throughout most of the twentieth century. Forgotten Australians are more likely to be on lower incomes, have chronic physical and mental health conditions, experience convictions and homelessness. They face daily challenges as a consequence of separation from parents experienced in childhood, and from abuse. The effects of being placed in institutional care were profound and lifelong as the Alliance for Forgotten Australians (AFA) summarises: "These children suffered from deep and lasting feelings of separation and abandonment. The loss of family, usually including separation from siblings, caused grief, feelings of isolation, guilt, self-blame and confusion about their identity" (2016, pp. 8).

The Child Migrants

Another cohort placed into institutions involved the Child Migrants from the British Isles (and a minority from other parts of British-controlled Europe, such as Malta). The Child Migrants formed a significant population of children in institutional care in Australia, especially in the twentieth century (Murray and Rock, 2003; Hill, 2007) it is estimated that 6,000 – 7,500 Child Migrants

were sent to Australia. Over the entire colonial period, it is estimated that somewhere between 100,000 and 180,000 children were migrated from Britain to the 'colonies' including Australia, from the eighteenth century up until the mid-1960s (Gill, 1997, pp. 73). The migration of children had a long history in the British Empire. Children of convicts were routinely transported up until 1868. The extent of child exportation from Britain is documented in the work 'Lost Children of The Empire' by Bean and Melville (1989) and publicised through the Child Migrants Trust founded by Margaret Humphreys. It is estimated that 10,000 – 12,000 children were exported to Australia during and after the Second World War.

The Child Migrant Scheme was perceived to have mutual benefits for the British Empire and its colony, Australia. The British Government wanted to reduce the 'excessive' number of children in its care by migrating war 'orphans' (many had living parents) from the UK (Sköld, 2013). The Australian Government sought to ensure a white (preferably British-sourced) population in sparsely populated Australia. To this end, the Commonwealth announced a scheme to bring 50,000 Child Migrants to Australia in December 1944 (Gill, 1997). While migration was supposedly 'voluntary' and presented as a 'new start' or 'better life', it is "debatable whether the younger children, at least, were capable of giving informed consent" (Gill 1997, pp. 6). The children were characterised as orphans, though in effect the majority had parents who had relinquished them to the care of institutions and had little knowledge that they were to be shipped to British colonies. While acknowledging that participating agencies

such as Barnardos, The Church of England Children's Society, the Fairbridge Society and others were convinced they were acting in the interests of these children, Bean and Melville (1989) elaborate on motivations that were less beneficent and based on monetary and political drivers.

In the late nineteenth century, for instance it cost about 12 pounds a year to look after a child in an institution in Britain, to send one overseas was a one off payment of 15 pounds. (Bean and Melville, 1989, pp. 5)

Policies underpinning child emigration were grounded in dishonesty and misrepresentation with children led to believe they were being rescued from deprivation, or their parents had died. In many cases, parental consent was not sought despite the law requiring this and parents were often kept in the dark as to where their child was, or actively told untruths such as they had been adopted or fostered (Gill, 1997). One former child migrant likened their experience to that of convicts "taken from our mums and dads and shipped like cargo to Australia" (Pearce cited in Gill, 1997).

The benefits of emigration may also have been exaggerated in a deceptive manner – Australia was depicted as a 'land of oranges and sunshine', where children would ride a horse to school and enjoy 'freedom' (Gill, 1997). The vulnerability of Child Migrants to suboptimal care and exploitation is documented. Some of the institutions did little to educate children, instead enforcing long hours of work and neglecting education. Children were trained for little more than farm work and used as a source of cheap labour. The children were largely seen

as workers in regional and agricultural settings (Gill, 1997, pp. 103). Girls were sent into middle class homes as domestics and boys to farms. Many felt like 'slave labour' to the 'cow cockies' (dairy farmers) that they were assigned to (Gill, 1997). The Fairbridge Schools, for example, were farm schools and it was expected that the children would be trained in agricultural work and leave at legal working age to work on farms (or marry farmers in the case of the girls). It is clear from documented accounts that these children too were subjected to severe neglect, physical and sexual abuse and unprecedented levels of exploitation while in care (Gill, 1997; Daly, 2014; Gill and Baxter, 1979). The practice of child migration from England diminished in the 1960s the last group of shipped children arriving in 1967.

The Stolen Generations

A highly interventionist approach was adopted in the state's treatment of Aboriginal and Torres Strait Islander children and families[1]. From the 1880s there were deliberate attempts to intervene into the rearing of Aboriginal children. The major focus was on removing children from their Aboriginal environments. The forced removal of Aboriginal children from their families and placement in white families and institutions (Aboriginal specific, state, non-government and religious) is widely documented (Read 1982; Haebich, 2000; HREOC, 1997; O'Connor, 1993; van Krieken, 1991). The history of intervention into the lives of Aboriginal people has been brought into question by previous reports (Royal Commission into Aboriginal Deaths in Custody (RCIADIC), 1991; Human Rights and Equal Opportunity Commission (HREOC), 1997; Community Services Commission, 2000).

[1] *The research acknowledges the different uses of the terms Indigenous, Aboriginal etc. and that for the purposes of this report Aboriginal will be used throughout to identify those participants who identified as Stolen Generations survivors and Indigenous.*

It is estimated that during the period 1910–1970, one in three and one in ten Aboriginal and Torres Strait Islander children were forcibly removed from their families and communities equating to 25,000 children forcibly removed from family and culture (HREOC, 1997). The practice of state removal of Aboriginal children was embedded in the context of racist, segregationist and assimilationist policies of that era. Children were separated from parents using compulsion (court orders), and duress through threats of charges of neglect if the removal was not agreed to (HREOC, 1997).

State removal of Aboriginal children and placement into institutions started from as early as 1814, when the first Native Institution at Parramatta was opened by Governor Macquarie in 1814 (Brook and Kohen, 1991; HREOC, 1997). Throughout the 1800s Aboriginal people were forced off their lands and onto missions. By 1890 a policy of removing 'mixed race' children was pursued, in order to assimilate them into the non-Indigenous population (HREOC, 1997). Aboriginal people increasingly came under the control of the various State-based groups. As Chisholm notes:

The establishment of the Aboriginal Protection Board 1883 in NSW which ensued from recognition of the impact of European occupation on Aboriginal people and the unquestioning sense of the superiority of the British culture and Christian religion led to the establishment of a separate system of Aboriginal Child Welfare. (Chisolm, 1985, pp. 13).

In 1909, legislation was enacted in NSW that empowered the Aborigines Protection Board to apprehend and remove children without the endorsement of a magistrate. This was in contrast to decisions about white children. This racist legal exceptionalism only applied to children with Aboriginal 'blood' and did not appear in general child welfare laws of the same time (although in effect because 'neglect' was so broadly defined, child welfare officers also had extended powers to remove children from poor families found in a variety of circumstances). Between 1916 and 1940 one thousand six hundred children were subject to removal decisions by the Aboriginal Child Protection Board in NSW alone (van Krieken, 1991). Other States and Territories had similar Acts. In Queensland, a strong segregationist policy prevailed whereby the two races were to be kept separate physically, to protect 'the Aborigine' "from hopeless contamination and eventual extinction, as well as safeguard the purity of our own blood" (Chief Protector Report, 1919, pp. 7 quoted by Long, 1970, pp. 97). There was also a dormitory system operating in Queensland missions where children were placed in separate dormitories away from their mothers (HREOC, 1997). In the Northern Territory, not only children but all Aboriginal women as well were placed under the control of the Chief Protector unless married and living with a husband 'who is substantially of European origin'. Furthermore, Aboriginal women had no right of guardianship over their own children (HREOC, 1997).

Specific legislation relating to the removal of Aboriginal children and their control and care determined by Aborigines Protection / Welfare Boards and other similar authorities existed in the states and territories until the

1960s when these legislative regimes started to be rescinded. While they existed there were, in effect two laws in operation – one for Aboriginal children and another for all other children. Aboriginal children were targeted/impacted by both; Aboriginal children were placed in non-Aboriginal specific care placements – government, non-government and religious institutions as also adopted and fostered by non-Indigenous families. High numbers of Aboriginal children were determined to be in situations of 'neglect' more often given the conditions of poverty that affected many Aboriginal communities than by 'neglect' of their parents and extended family (these systems of care were invisible to the authorities of the day and continue to be overlooked in the current removal of Aboriginal children and their placement in non-Indigenous care, notwithstanding the Aboriginal Child Placement Principle in each state and territory's child protection legislation and the current focus on kinship care placement). In NSW, for example, while darker-skinned children were more likely to be placed in institutions such as Bomaderry Aboriginal Children's Home, Cootamundra Aboriginal Girls Training Home or Kinchela Aboriginal Boys Training Home, lighter-skinned children were more likely to be placed in mainstream institutions or in foster and adoptive situations (HREOC, 1997).

The policies with regard to coercive intervention with Aboriginal children and families involved the imposition of alien norms and values in 'questionable attempts at assimilation' (van Krieken, 1991, pp. 109). The Senate Standing Committee on Social Welfare echoed its concerns about the continuing traffic in Aboriginal children and placement in non-Aboriginal care:

A major problem has been the reluctance of welfare authorities to accept the basic differences between aboriginal and non-aboriginal societies in terms of family concepts and child care practices, particularly the concept of the extended aboriginal family and the complex system of kinship relationships and obligations that are of fundamental importance in the aboriginal child rearing process (Senate Standing Committee on Social Welfare, 1985, pp. 17).

Haebich elaborates:

…Aboriginal families have been viewed as sites of physical and moral danger and neglect and the rights of parents and children to remain together denied. Official interventions into these families have taken the form of direct action through the forced removal of children from their homes and official campaigns to carve family networks into isolated nuclear family units, as well as officially condoned practices of discrimination and neglect which threatened the very survival of many families and communities (Haebich, 2000, pp. 13–14).

From the mid-1950s specific laws for controlling Aboriginal people began to be repealed. The formal cessation of the policy accompanied by the dismantling of the Aborigines Welfare Board in NSW in 1969 signified the end of policies of 'assimilation', the guise under which the forced removal of aboriginal children was practiced.

Aboriginal opposition to these practices of forced child removal and other assimilationist interventions by the state in the lives of

Aboriginal families has not always been acknowledged (Haebich, 2000; Maynard, 2007). During the 1970s this activism led to the development of the first Aboriginal children's service (starting with the Victorian Aboriginal Children's Care Association (VACCA) and the Aboriginal Children's Service in Redfern. These Aboriginal community controlled organisations sought to re-direct the flow of Aboriginal children who were removed from their families back into the care of Aboriginal communities (HREOC, 1997; McComsey, 2010). These initiatives aligned with greater global recognition in the mid-1970s of the significance of children's connection to culture and community, which in Australia led to Aboriginal and non-Indigenous activism in lobbying for the establishment of the Aboriginal Child Placement Principle, now enshrined in all state and territory child protection legislation (Milne, 1982; Chisholm, 1985; NSW Law Reform Commission, 1997), although questions over its implementation persist (Arney, Iannos, Chong, McDougall and Parkinson, 2015). While access to better education or removal from a situation of poverty may have been advanced as a justification at the time (or even today) the profound effects of cultural loss were ignored.

The trauma associated with the severance of parental and family relationships, the added alienation from culture, dispossession and the attempted erasure of Aboriginality, has had a severe and lasting impact on the Stolen Generations and their descendants. The legacies of the policies that created the Stolen Generations continue to be felt by Aboriginal communities across Australia. Currently Aboriginal children continue to be disproportionately represented in the care system nationally (Australian Institute of Health and Welfare, 2016).

The experience of care

The phenomenon of housing large numbers of children in institutional care was not unique to Australia, but was widespread in Britain, Europe, North America and other parts of the world (Perry, Sigal, Boucher, and Paré, 2006). The effect of placing large numbers of children in under-resourced and overcrowded Homes with few staff (Commission of Inquiry, 1999) meant children's needs were severely neglected. Various Inquiries including the Forde Inquiry documented statutory breaches of laws and regulations relating to food, clothing, education, and in disciplinary and corporal punishment practices. Staff were often completely untrained and poorly paid (or not paid at all). Poor supervision, extended working hours and segregated sections of institutions led to the creation of an abusive environment because caregivers had "almost unlimited power over children" (Commission of Inquiry, 1999, pp. vii)

There was little understanding of children's emotional needs until the 1960s, nor much understanding of the lasting effect of harsh, emotional, physical and psychological treatment (Commission of Inquiry 1999). Moreover, the 'institutional culture' that characterised the Homes created a "depersonalising and punitive living environment in which nobody of *any age* could thrive" (Musgrove, 2013; Penglase, 2005, pp. 50), that is the institutional environment in itself was traumatic, damaging and harmful.

The history of this period is surprisingly sparse as records were not kept, or were hard to locate (Murray, 2008; 2015). However, those who were in the institutions and foster care have produced a large body of work that depicts their lived experience – just a few

of the available accounts include *The Lost Children: Thirteen Australians Taken from Their Aboriginal Families Tell of the Struggle to Find Their Natural Parents* (Edwards and Read, 1989); *Shadow Child: a memoir of the Stolen Generation* (Fraser, 1998); *Back on the Block: Bill Simon's Story* (Simon, Montgomerie and Toscano, 2009); *Orphaned by the Colour of My Skin: A Stolen Generation Story* (Terszak, 2007); *Girl 43* (Giles, 2014); *Who Am I?* (Taylor, 2011); *Left Unsaid* (O'Byrne, 2009); *A Bloody Long Letter* (Stirling, 2015); *The Long Way Home* (Shayler, 1999); *A Place Like Home* (Todd, 1987); *A Beautiful Boy* (Leary with Shayler, 2016); and *Intimate Expression* (Dodt, 2012). Penglase (2005) explored the history of the child institutions in Australia in Orphans of the Living. In *The Scars Remain* Musgrove (2013) weaves together historical perspectives and testimony of care survivors to construct a history of placing Australian children in institutions. Smith's PhD thesis (2015) focused on the search for identity in *Nobody's Children*. This growing body of work coming from those who experienced the effects of being in institutional placement and other forms of care has added significantly to our knowledge of practices of out-of-home care in twentieth century and their impact on those who spent their childhoods in care.

Records have gradually been made more available, though there are many records that no longer survive. However there has been an impetus, driven by some of the Inquiries, to consolidate records and make these available to survivors to assist in tracing the past and understanding more about what decisions were made by the State.

Inquiries

Another significant source of information about institutional and out-of-home care generally has emerged from the many Inquiries into the operation of institutions. In Australia, there have been several significant Commonwealth and State Inquiries into child removal policies and institutional care of children. A significant early Inquiry was the New South Wales Royal Commission into Public Charities (NSW, 1873–1874) focused on the working and management of public charities that ran institutions for children. Following the Inquiry's' findings and the adoption of the socially reformist boarding-out model, there was a move toward de-institutionalisation in the 1880s. Closure of and reduction of the number of asylums occurred at this time, especially in NSW, however institutions did not disappear altogether.

There were a number of Inquiries into institutional care in the earlier twentieth century – for example the inquiry that produced the McCulloch Report in NSW (1934) and the Ross Report in 1956, the latter following a major British investigation that criticised Australian children's institutions (van Krieken, 1991; Daly, 2014).

In the latter half of the twentieth century, and more recently, there have been a number of significant Inquiries that have had an impact on adult care leavers and current child protection practices. The Inquiry into Children in Institutional Care (Senate Community Affairs References Committee, 2004; 2005) focused on Australian-born children who were placed into care and the unsafe, improper and unlawful care or treatment of children in institutions. This produced the Forgotten

Australians report, which recommended compensation for victims, files to be opened to investigate prevalence of abuse, a Royal Commission to investigate criminal sexual assault, and funding for specialist services.

The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (HREOC, 1997) investigated the removal of Aboriginal children from families during the assimilationist period 1910–1975; made many recommendations including provision of compensation, a formal apology and measures for guarantees against repetition in the *Bringing Them Home* report and a subsequent review on implementation (Australian Senate, 2000).

The Inquiry into Child Migration (Senate Community Affairs References Committee, 2001) focused on the practice of migrating children to Australia in the early part of the twentieth century and especially following WWII. Its report Lost Innocents contained a number of recommendations.

There have also been a number of State-based inquiries notably the Commission of Inquiry into Abuse of Children in Queensland Institutions (1998–1999) which covered the period 1911–1999. Chaired by Leneen Forde the Inquiry heard from over 300 people. One of the key recommendations was that a statement be made by government and responsible religious authorities acknowledging the significant harm done to some children in Queensland institutions and further that principles of compensation be established (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999, pp. xix). This resulted in Queensland's redress scheme. More recently, the Victorian Parliament conducted an Inquiry into the Handling of Child Abuse by Religious and Other or Organisations (resulting in the

'Betrayal of Trust' Report, 2014). It received 578 submissions. A number of recommendations were made some of which were translated into legislative and policy change.

Currently national concern about children's victimisation through sexual abuse while in 'care' has culminated in the Australian Government's Royal Commission into Institutional responses to Child Sexual Abuse, particularly in relation to organisations with responsibility for children in their care. While serving as a mechanism for gathering evidence the hearings provide a voice for those who have experienced maltreatment in systems designed for their care and protection. To date, the Commission has held over 5,900 private sessions with individuals and referred 1,700 matters to the authorities including police. In addition to its core reports and comprehensive recommendations, the Royal Commission has also commissioned policy-focused research reports addressing specific issues and making policy recommendations (http://www.childabuseroyalcommission.gov.au/). The Commission has attempted to improve redress for adults who were abused by recommending a national redress scheme and the removal of legal barriers for civil claims that persist in some jurisdictions in its Redress and Civil Litigation Report (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015)

In addition, the Minister for Social Services announced a national redress scheme for victims of sexual abuse on 4 November 2016. The announcement stated that:

The Government will establish a best practice Commonwealth Redress Scheme and invite other governments and institutions to "opt-in" to the Commonwealth scheme on the "responsible entity pays" basis recommended by the Royal Commission…

The Commonwealth scheme is expected to be established by 2018 and will offer a direct personal response for those survivors who seek it, options to receive psychological counselling and a monetary payment (comprising a maximum payment of $150,000) to acknowledge the wrongdoing inflicted upon them (Minister for Social Services and Attorney-General, 2016).

There has also been a proliferation of inquiries internationally. Since the 1990s, abuse and neglect in institutions and in foster homes have been the subject of Inquiries and truth commissions in at least nine countries: Australia, Canada, Ireland, Norway, Iceland, Britain, Sweden, Denmark, and Germany (Sköld, 2013, p.6; Daly, 2014; Murray, 2015). Major recent Inquiries include: Independent Inquiry into Child Sexual Abuse (UK, commenced in 2015), the Inquiry into Historical Institutional Abuse in Northern Ireland (Northern Ireland, commenced 2014), the Scottish Child Abuse Inquiry (Scotland, commenced 2015) and the Truth and Reconciliation Commission of Canada (2015).

Inquiries into institutional abuse have achieved significant outcomes not the least of which are:

• Acknowledgement that wrongs were committed. A politics of regret and apology has become accepted in (mainly) Anglo and social democratic societies. Formal Apologies from representatives of Government or perpetrator institutions have occurred as part of a general attempt at redress.

• Apologies and redress have also been part of Inquiry outcomes. For example, the Stolen Generations were given a belated formal Apology on February 13, 2008 (just over a decade after the HREOC 'Bringing Them Home' report had recommended this be done by Commonwealth and State and Territory Governments) and the Forgotten Australians and former Child Migrants on 16 November 2009. Redress schemes have been operating in Queensland and Western Australia, and now there are calls for national scheme for victims of childhood sexual abuse from the Royal Commission for a national scheme for victims of child sexual abuse.

• Recognition of (or rather, a construction of) a group identity – e.g. 'The Forgotten Australians' have been identified as a group as a result of an Inquiry. This can bestow an identity and way of talking about those that suffered as an entity. Similar recognition has been given to Aboriginal people who were forcibly removed from families (the Stolen Generations) and children sent from England to Commonwealth countries (the Child Migrants).

• Bearing witness: A marked characteristic of contemporary Inquiries is to directly hear from/bear witness to the testimonies of victims/survivors in 'private sessions', 'national confidential forums', and other similar forums where victims are able to address the Commissioners/members of the Committee of Inquiry directly in person.

• Greater resources have been allocated to child protection and safeguarding children and establishment of Children and Young Persons Commissioners/ Guardian (Ainsworth and Hansen, 2006).

Effects of being in out-of-home care experienced in adulthood

There are three main sources of evidence about the impacts of being in care – individual accounts, reports of Inquiries and academic research. As noted earlier the impact of being in 'care' has been portrayed in autobiographical such as books and memoirs accounts. These document experiences of abuse and also provide personal stories of facing the challenges of a fractured upbringing, and coping in adult life. Inquiries have documented widespread practices within many 'care' institutions that were psychologically and physically abusive or that constituted neglect (Commission to Inquire into Child Abuse, 2009; Commission of Inquiry into Abuse of Children in Queensland Institutions, 2009; Law Commission of Canada, 2000). Personal submissions to the Australian Parliament's Senate Inquiry into children in institutional care and its report, Forgotten Australians: A Report on Australians who Experienced Institutional or Out-of-Home Care as Children (Senate Community Affairs References Committee, 2004) and various State investigations (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999; Ombudsman Tasmania, 2006) are further sources of information. Individual accounts of orphanage life have, 'in the main, been significantly negative' (Senate Community Affairs References Committee, 2004). Moreover, the lack of adequate record keeping or archiving of care records has compounded the disorientation experienced by many (Murray, 2008; Swain, 2007).

There is a wide literature about the effects on children of separation and of being placed in out-of-home care, especially institutions.

Bowlby's (1953; 1969) study of institutional care for children resulting in theorising about the deleterious effects of maternal deprivation have been influential. Emphasising the primacy of children's attachment and early experience and its impact on later development he characterises attachment as:

"the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms emotional distress and personality disturbance including anxiety, anger, depression and emotional detachment to which unwilling separation and loss gives rise." (Bowlby cited in Fernandez, 1996, pp. 52).

Children separated from parents to enter care are perceived to experience poor attachment, a sense of mistrust and a defensive detachment (Gunnar, 2001; Gerdes, Hoza, Arnold, Pelham, Swanson, Wigal and Jensen, 2007). The effects of never having or of losing an attuned caregiver can have profound effects: loss of a "trusted caregiver's nurture can be as painful as death" (Coyd and Walter, 2016, pp. 92). Rutter's (1972) reappraisal of perspectives on maternal deprivation concluded that insufficiency of care following separation may be more significantly associated with long term disturbance than the fact of separation. Adcock (1980) suggests that separation from attachment figures engenders in children acute fear, rejection and self-blame, further exacerbated when children experience instability in care.

Several studies have suggested that young people in care systems present a higher level of emotional and behavioural problems than

those in the general population (Clausen, Landsverk, Ganger, Chadwick and Litrownik, 1998; Tarren-Sweeney and Hazell, 2006; Meltzer, Gatward, Corbin, Goodman and Ford, 2003). Evidence of psychological concerns in the clinical range also comes from studies of mental health service utilisation (Burns, Phillips, Wagner, Barth, Kolko, Campbell and Landsverk, 2004; Stahmer, Leslie, Hurlburt, Barth, Webb, Landsverk and Zhang, 2005).

There are many studies on the effects of disrupted care trajectories on children, such as the effects of the deprivation of stable, consistent relationships that foster emotional learning and social bonds (Gunnar, 2001; Rutter, Quinton and Hill, 1990; Rubin, Dwyer, Booth-LaForce, Kim, Burgess and Rose-Krasnor, 2004). Retrospective accounts from care leavers allude to the high level of disruption and dislocation experienced while in care resulting from movements between children's Homes, foster families and placement breakdowns leading to abrupt endings to caregiver and social relationships. The experience of a higher number of placements has been correlated with perceptions that the experience was 'mainly negative' (Duncalf, 2010, pp. 15). Length of time in care has been correlated with persistent socioemotional problems (Fries and Pollak, 2004; Ames, 1997; O'Connor, Rutter, Beckett, Keaveney, Kreppner and ERA Study Team, 2000).

In addition, evidence indicates physical needs may be neglected or they may be exposed to physical or sexual abuse. *The Lost Innocents Report* (Senate Community Affairs Reference Committee, 2001) identified eight categories of abuse experienced by care leavers while they were in care: physical assault; depersonalisation;

psychological abuse; abusive work practices; lack of education; inadequate food and clothing; and a lack of aftercare (pp. 72 – 73). CLAN (2008) found that 83.2% of survey respondents reported being 'hit, smacked or whacked' while in care (2008, pp. 7) and 44.5% had experienced sexual abuse while in care. In addition, trauma, identified as acts of commission and omission, is pervasive in experiences of growing up in suboptimal 'care'. Experiencing abuse compounds the trauma already suffered leading to an extreme lack of trust, impaired ability to form relationships, and vulnerabilities to self-harm and drug and alcohol abuse (Friedman, Marshal, Guadamuz, Wei, Wong, Saewyc and Stall, 2011).

Relevant to this research are also studies that not only focus on childhood, but attempt to describe the overall effects of being in care into adulthood. Consistent findings reported in overseas and Australian research point to the challenges of adults leaving care. Evidence from reviewing studies undertaken overseas (Biehal, Clayden, Stein and Wade, 1995; Courtney and Dworksy, 2006; Daly and Gilligan, 2010; Stein and Carey, 1986) and in Australia (Cashmore and Paxman, 1996; Mendes and Moslehuddin, 2004; McDowall, 2008, 2009) indicate that young adults discharged from care experience considerable material disadvantage, marginalisation and social exclusion. Their life chances are reduced by neglect of their education while in care and they are at high risk of poor physical and mental health, suicidality, housing instability, homelessness, unemployment, premature parenthood and involvement in the criminal justice system (Fernandez and Atwool, 2013). Studies suggest that those who were in care may have poorer outcomes over a range of indicators including: mental

health, substance abuse and eating disorders (Friedman et al., 2011 cited in Coyd and Walter, 2016), and other personality disorders (Guest, 2012; Rutter and Quinton, 1984), lower emotional and mental wellbeing generally (Broad, 2005; Clough, 1982; Buchanan, 1999; Cocker and Scott, 2006); involvement in the criminal justice system (McFarlane, 2008; CLAN, 2008; Narey, 2007; Robson, 2008), lower educational attainment (Connelly, Forrest, Furnivall, Siebert, Smith and Seagaves, 2008; Jackson and Sachdev, 2001; Townsend, 2012), higher housing instability and homelessness (Dixon, 2008; Robson, 2008), and higher rates of chronic health conditions and morbidity (Kendall-Tackett, 2002). It is surmised, based on scant evidence, that care leavers are prone to higher rates of mortality (including a greater proportion of deaths from suicide) compared to the general population; however there is little data available on this, apart from anecdotal accounts and a small study conducted by O'Brien, McDowall and Bailiff (unpublished). However, given Forgotten Australians tend to be part of populations that are characterised by poorer health and socio-economic outcomes, it may be concluded that this population as a whole could have compromised life expectancy.

While the empirical literature identifies detrimental impacts of being placed in institutional care settings on care leavers over their life course, there are a handful of studies that attempt to show otherwise. This may be because the familial environment that the child was removed from may have been detrimental to the child's wellbeing and safety and that the institutional environment "was better than what had been available to them in their family of origin" (Murray, 2008, pp. 238) or that the standard of care delivered enhanced the child's wellbeing.

A small number of United States researchers have reported that children who were in institutions such as orphanages may perform better in relation to social and economic variables, such as educational attainment and income, than their peers from the general population – for example see Myers and Rittner's (2001) study of the alumni of 94 residents of a Florida Methodist children's Home, which found average or above average social and economic success. Similarly McKenzie's (1997) study of 1589 individuals who were in care in the United States found average or better than average outcomes in the arenas of educational attainment, employment and median income (although he did find a higher than average divorce rate (McKenzie, 1997). A UK study by Duncalf (2010) found a higher than expected positivity from care leavers about the care they received. This survey of 310 care leavers in the UK found that 33.7% rated their experience in care as 'mainly positive', and the author qualified that "these experiences are seriously underrepresented in literature and research" (Duncalf, 2010, pp. 14). Another key finding was that experiences of those in residential care were more likely to be rated as 'mainly positive' than those in foster care, which challenges the notion that residential care is 'worse' than the supposed 'family-like' environment of foster care situations. While this study measured a range of outcomes it did not compare these with the general population for example, rates of educational attainment.

It should be noted that Myers and Rittner's, as well as Duncalf's studies are based on medium sized samples and that Myers and Rittner's is based on the alumni of a single institution. McKenzie's (1997) study of 1,500 participants reported higher than average levels of educational attainment and income in the

orphanage alumni compared with the general population. The study included the alumni of nine orphanages, largely drawn from newsletter mailing lists (which he admits may indicate a more favourable view towards the institution as well as those who were more successful).

Trauma and resilience

While much of the literature has focused on the detrimental effects of institutionalisation on children across the life course, emergent literature identifies resilience factors. Why do some care leavers manage to have better outcomes than others? What factors either exogenous or endogenous influence outcomes? Resilience has been described as a dynamic process that leads to adaptation in the face of adversity (Lepore and Revenson, 2006). It refers to positive patterns of functioning or development during or following exposure to cumulative risk, negative life events or adversity (Masten, 2006). Resilience is the ability to return to a previous state after experiencing a stressor likened by Lepore and Revenson (2006) to a tree being blown by the wind returning to its upright position without snapping. Rather than conceptualising resilience as a 'return to normal' or to a previous position, these authors view resilience is as a reconfiguration process (Lepore and Revenson, 2006) akin to the concept of post traumatic growth. This is an adaptation to what has occurred and involves strategies of coping, which then reconfigure the individual's understanding of themselves with regards to what occurred in the past, and what they do in the present. A key predictor of resilience (relatively good adaptation) is a "close relationship with a caring and competent adult" (Masten, 2006, pp. 6) – something that many care leavers lack. Despite the lack of a caring competent adult in childhood there may be other protective factors in life that

contribute to positive adaption (Gilligan, 2001; Liedenberg and Ungar, 2009; Ungar, 2012).

As Perry, Sigal, Boucher and Paré (2006) discuss, various factors may mitigate the impact of adverse events on child development. Academic or athletic competence, the presence of an interested caring adult during adolescence, and the presence of a stable mate in early adulthood can contribute to positive adaptation in adulthood (Rutter and Quinton, 1984; Rutter, Quinton and Hill, 1990). Tizard (1977) has shown the quality of care and factors such as caregivers to children ratios can minimise potential developmental impacts.

Masten (2006) also includes connections to prosocial and competent peers, as well as various individual qualities, such as learning and problem-solving skills (intelligence), self-regulation skills, positive view of self, positive outlook on life and qualities, such as social, academic or sporting ability. The social context the person is embedded in is also identified as a factor. In this regard Masten (2006) identifies socioeconomic advantages, as well as quality of education and opportunity to develop skills and talents.

Being in an environment that is protective or positive in some way may assist. Those who are 'embedded' in a positive social environment may be better at coping with trauma (Lepore and Revenson, 2006, pp. 32). Rutter's work (1999) on risk and protective factors affecting individuals' development suggests that, although the effects of negative events may be significant, cumulative protective factors may have disproportionate positive effects. This prompts optimism as to the valuable role formal support services and systems can play in enhancing protective factors to diminish the traumatic impact of care leavers' early experiences and enhance resilience.

Rutter, Quinton and Hill (1990) found that about 20% of care leavers showed signs of later positive psychosocial functioning. Despite adversities, some children have been known to maintain their competence under challenge (Fernandez, 2009; Gilligan, 2001; Liedenberg and Ungar, 2009; Ungar, 2012) and are also able to locate and use resources in stressful circumstances (Masten, 2006).

Children who grow up in an environment that is loving and responsive to their basic needs are likely to form a positive self-image, a general sense of trust in others, and positive expectations about the future (Ahmann, 2002; Masten and Coatsworth, 1998 cited in Lepore and Revenson, 2006). Children who have experienced abuse in the family home prior to removal and then after removal in an institutional setting, are particularly vulnerable. In particular, a sense of trust can be lacking. Therefore, failure to respond 'resiliently' or 'positively adapt' can be depicted as an individual failing rather than as a response to structural inequality and disadvantage. Acknowledging that individuals are embedded in larger social structures where needs of the most vulnerable are often compromised. Walsh notes:

It is not enough to bolster the resilience of at-risk children and families so that they can 'beat the odds'; we must also strive to change the odds against them (Walsh, 1998 cited in Seccombe, 2002, pp. 287–8).

In summary, it is well established from research that care leavers experience a range of poorer outcomes in adult life generally. While a minority of studies based on limited sample sizes show no or less intensity of detrimental effects, the vast majority of research findings indicate that outcomes are poor across a range of domains, although protective factors can mitigate this.

This section has sought to provide historical context for the study by giving an overview of child welfare practices over the nineteenth and twentieth centuries. In addition, it had examined some of the literature that documents the effects of being placed in institutional settings has over the long term, which show the effects are both profound and long-lasting.

Report structure

Chapter 2 outlines aims and methodology of the study. Thereafter, the report follows a broadly chronological structure, examining the lived experiences of adult care leavers. Chapter 3 focuses on entry into care, circumstances surrounding entry into care and the reasons for entry. Chapter 4 explores experiences in placements, including the regime of the institution, the placement trajectories, contact with family of origin while in care, schooling, child labour, abuse and maltreatment, religiosity, running away, and racial discrimination. Chapter 5 explores the transition from placement settings into independence. Chapter 6 examines the long-term outcomes in adult life in a number of domains: education, employment, financial situation, involvement with the justice system, relationships with family and community, health and wellbeing, and coping and resilience. It also explores contact with services and barriers to accessing these. Chapter 7 takes a broader focus on public responses, including the apologies, inquiries (including the current Royal Commission into Institutional Responses into Child Sexual Abuse), and forms of redress. Finally, key findings and their implications are presented in Chapter 8, followed by recommendations in Chapter 9.

Chapter 2: **Methodology**

Aims

This research aimed to explore life experiences of 'care' leavers who have lived in institutions (such as children's Homes and orphanages) or other forms of out-of-home care as children. Participants in this study were drawn from the larger cohort of those who were in care between 1930 and 1989 and included three sub-cohorts: Forgotten Australians, former Child Migrants and members of the Stolen Generations. The specific aims of this research were to:

1. Explore patterns of older care leavers' experiences and life trajectories in care and post care;

2. Identify their current unmet needs and ways to support them;

3. Identify factors in their past or present experiences that tend to be protective or accentuate risks;

4. Assess ways in which support from professionals, families and friends help them to achieve positive outcomes;

5. Apply learnings to contemporary out-of-home care and after care to enhance favourable life outcomes and transition services.

"For many children who have spent time in institutions, their experiences were characterised by neglect, maltreatment, deprivation and loss of identity, making the transition into adulthood especially challenging... This study directly addresses the need for the community to gather a store of knowledge that can be drawn upon; knowledge which can be used to shape the care experience in a way that enriches the good outcomes and reduces the negative outcomes." – Address of Justice McClellan on the occasion of the launch of the research February, 2015.

Study design

The research employed a mixture of quantitative and qualitative methods. It included three components: surveys, interviews, and focus groups. Quantitative surveys were conducted to collect information from a broad sample and qualitative semi-structured interviews and focus groups were conducted to gather in-depth and contextualised information. Both quantitative and qualitative methods were used to triangulate findings and to bring together strengths of both methods (Bryman, 2016). The mixed methods design was chosen as the most appropriate to develop a more comprehensive understanding of the complexity of human lives (Doyle, Brady and Byrne, 2009; Sandelowski, 2000). This study used a convergent parallel design (Creswell and Plano, 2011) in that quantitative and qualitative research components were run simultaneously with equal priority. Quantitative and qualitative data were analysed separately and then results were merged and compared to validate findings from quantitative and qualitative data and to gain broader and deeper understanding of lived experiences of care leavers in this study. The study was launched at a public event in February 2015 by Justice McClellan, Chair of the Royal Commission into Institutional Responses to Child Sexual Abuse and formally commenced soon thereafter. From the development of the project to reporting of findings, this research benefited from the active involvement of partner organisations with extensive experience of working with adult care leavers. Some of the research partners were care leavers themselves. Regular meetings were held with the research partners. The research partners were involved in promoting the

study, refinement of research instruments, the recruitment and data collection process, and reviewing the draft research report and development of recommendations from the findings. To complement the expertise and input of the researchers and partners, the project also included a Critical Reference Group (CRG) with representation from researchers, policy makers, and representatives of care leaver organisations. The CRG was involved in development of some of the research instruments, reviewing the draft research report, including development of recommendations from the findings. Approximately 25% of the membership of CRG was Aboriginal and Torres Strait Islander representatives of key Aboriginal Community Controlled organisations and Aboriginal scholars. The designated Aboriginal subgroup of CRG oversaw all elements of the research that related to Aboriginal and Torres Islander peoples and communities. Finally, a number of study participants were consulted during the report writing phase. These participants had expressed interest in larger policy issues and indicated that they wished to have closer involvement in the research. Participants in this group were drawn from the three cohort groups and across different States and Territories. All were asked to act in their individual capacity rather than as representatives of any agency or group. This involvement of study participants enhances the credibility of research findings (Bryman, 2016) and, in addition, is intended to facilitate a participatory approach model of engagement whereby those involved in the study could contribute to report writing and recommendations in particular and participate in the policy agenda that would potentially affect them.

Participants

The target population of this study was 'care leavers' who have lived in child welfare institutions and other substitute care as children during the period of 1930–1989. This included Forgotten Australians, former Child Migrants and members of the Stolen Generations, as well as younger adult Aboriginal persons taken into 'care' after 1955. This study used diverse sampling strategies including purposive and opportunity sampling. There was no comprehensive list of individuals who had been in care in Australia and therefore it was not possible to use any probability sampling strategies. The research project aimed to recruit 'hard-to-reach' care survivors as well as 'self-identified' participants who were contactable through existing networks. A media campaign and launch was used to publicise the study. Although there were many organisations that support care leavers, it was believed that a considerable proportion were not in contact with these organisations. Therefore, a broad approach was taken including promoting the study in the media and some selected advertising. Major recruitment was also achieved through research partners and their service network (in particular the Find and Connect services in each State and Territory and other specialised services such as Tuart Place in Western Australia), Child Migrant organisations, and national peak bodies such as CLAN (Care Leavers Australia Network) the Alliance for Forgotten Australians, Families Australia and Aboriginal and Torres Strait Islander national peak bodies were contacted. Also contacted were previous care providers (e.g., NGOs/statutory welfare organisations).

In addition, organisations with specific reach into difficult to access populations were used to target potential participants who do not usually identify as having been in care.

Finally, a number of administrators, service providers and advocates who work with adult care leavers participated in the study as specialist participants.

Surveys

Individuals involved in this study participated in surveys through an invitation posted on the project webpage or volunteered by contacting researchers or partner organisations, having seen promotional material in service settings.

The total number of survey participants was 669. In terms of the cohort, 75.9% were Forgotten Australians, 10.0% were Child Migrants, 6.0% identified themselves as members of the Stolen Generations, and 8.1% did not report their group identification (Table 1).

Table 1: **Group identification**

	Frequency	%
Forgotten Australians	508	75.9
Child Migrants	67	10.0
Stolen Generations	40	6.0
Did not identify	54	8.1

Note. n = 669.

The mean age of survey participants was 61.7 where the youngest participant was 27 years old and the oldest participant was 100 years old (see Table 2 for age distribution). More than half (57.4%) were female. On average, female participants were 3.2 years younger than male participants. Nearly half of respondents were married (42.7%) or in a de facto relationship (7.7%) at the time of the study. In terms of Aboriginal/Torres Strait Islander status, 86% were non-Aboriginal, 7.8% were Aboriginal/Torres Strait Islander,

and 6.3% did not know their Aboriginal/ Torres Strait Islander status. Note that 48% of Aboriginal/Torres Strait Islander participants identified themselves as members of the Stolen Generations. Also only 59% of members of the Stolen Generations identified themselves as Aboriginal persons. There could be various reasons for this discrepancy. The forced removal of Aboriginal children from their families continued until 1970 and some Aboriginal participants entered into

care after the cessation of the practice. Some members of the Stolen Generations may not identify as Aboriginal or Torres Strait Islander. It is also possible that participants did not understand or share the meanings of these terms. Participants were from all Australian States and Territories although the majority were from the most populous states, New South Wales (35.3%), Queensland (28.9%), and Victoria (18.6%). Table 2 provides the demographic details mentioned above.

Table 2: **Demographics**

	n	Frequency	%		*n*	Frequency	%
Age group	645			**Relationship status**	653		
Under 45		40	6.2	Married		279	42.7
45–49		48	7.4	De facto		50	7.7
50–54		73	11.3	Never married single		99	15.2
55–59		118	18.0	Separated		43	6.6
60–64		105	18.3	Widowed		50	7.7
65–69		103	16.0	Divorced		132	20.2
70–74		85	13.2	**State or Territory**	651		
75 or older		75	11.6	ACT		14	2.2
Gender	658			NSW		230	35.3
Female		378	57.4	NT		7	1.1
Male		280	42.6	QLD		188	28.9
Aboriginal status	655			SA		22	3.4
Aboriginal Torres Strait Islander		51	7.8	TAS		11	1.7
				VIC		121	18.6
Non-Indigenous		563	86.0	WA		57	8.8
Don't know		41	6.3	Other		1	0.2

Interviews and focus groups

The survey included an invitation to undertake an interview, and respondents indicated whether they would like to participate in focus groups or interviews in addition to doing the survey. Half of the survey respondents (50.5%) indicated they would be willing to undertake an interview, 22.4% indicated a focus group. Others contacted the researchers directly, or were introduced to the researchers by a specialist service during a field visit, without having completed the survey first (some completed a survey subsequently).

Purposive sampling was used to select who would be contacted to participate in interviews or focus groups. Participants were chosen to reflect the diversity of care leavers and to capture a range of experiences. The selection criteria included gender, age, Indigenous status, education, region, and experiences during and after care (both negative and positive). Given the small number of Aboriginal and Torres Strait Islander participants who participated in the survey, those participants who indicated their willingness to undertake an interview or focus group were all invited to make sure their experiences are well represented in the study. Some logistical considerations such as location within a capital city were used to maximise efficiency in conducting focus groups and interviews; however, persons in remote and rural areas or in overseas locations were also interviewed through telephone or a video link up. Some persons encountered during fieldwork were also interviewed without having completed the survey previously.

Interviews

In-depth interviews were conducted with a purposive sample of 92 participants who exemplified different life pathways and outcomes, so as to identify critical points when life course changed, or was set on a particular path (both negatively and positively). The diverse sample of people included members of the different cohorts of care leavers (Stolen Generations, Child Migrants, Forgotten Australians), those both connected and unconnected to support services, those who reported positive or negative outcomes in the survey, and those who were homeless, had mental illness, had addictions, were rural residents, and were in a range of age groups. Slightly more females than males participated in interviews and focus groups.

Interviews took place in a variety of locations throughout Australia as detailed in Table 3 below. This included interview participation every State or Territory except for the Australian Capital Territory (due to a lack of participants from the ACT). Forty-nine were female (53%) and 44 were male (46%); 12 persons identified as Aboriginal or Torres Strait Islander (13%).

Table 3: **Location of interviews**

State/Territory	No.
New South Wales	35
Victoria	23
Queensland	7
Western Australia	8
South Australia	8
Northern Territory	10
Tasmania	1
ACT	0
Total	92

Interviews with specialist informants

A number of interviews with specialist informants were conducted. These specialist informants included officials and employees of professional service delivery organisations, peak bodies, the Royal Commission into Institutional Responses to Child Sexual Abuse, Aboriginal community controlled organisations, and office bearers of care leaver organisations. A total of 15 interviews were conducted in NSW, Victoria and Western Australia.

Focus groups

Seventy-seven persons participated in 20 focus groups in a variety of locations throughout Australia. Forty-five were female (58%), and 32 were male (42%); 10 identified as Aboriginal or Torres Strait Islander (13%).

Table 4: Focus Group locations

State	City
New South Wales	Penrith, Western Sydney Foster Coffs Harbour Sydney Newcastle Central Coast Lismore
Victoria	Melbourne Noble Park
Queensland	Brisbane (session 1) Brisbane (session 2) Southport, Gold Coast
South Australia	Adelaide (session 1) Adelaide (session 2)
Western Australia	Perth (session 1) Perth (session 2) Fremantle (session 1) Fremantle (session 2)
Tasmania	Hobart Launceston

Instruments

Surveys

The survey questionnaire was developed drawing on Australian and international research literature and modified based on feedback from partner investigators and members of the CRG which included Aboriginal people. The questionnaire focused on the individual's circumstances at their entry into care, experience in care (including placements, contact with parents and siblings, maltreatment in care, education, work), experience of leaving care and transitioning into independent living, and outcomes in later life in the domains of further education, employment, health and wellbeing, relationships, parenting, social connectedness, support, engagement and experience with services. Participants were also asked about contemporary policy issues such as their views on the Royal Commission into Institutional Responses to Child Sexual Abuse and on current out-of-home care arrangements. Survey questionnaires were designed for both Aboriginal and non-Aboriginal populations and did not include questions specifically addressed to Aboriginal and Torres Strait Islander peoples.

The questionnaire included two standardised scales: the Kessler Psychological Distress Scale (K10) (Kessler Andrews, Cope, Hiripi, Mroczek, Normand, Walters and Zaslavsky, 2002; 2003) and the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet and Farley, 1988). The K10 scale measures nonspecific psychological distress and was developed for the US National Health Interview Survey. It has 10 items on a 5-point scale. It is increasingly used for clinical and epidemiological purposes and provides

normative data. K10 is current widely used in Australia (Andrew, G. and Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale. Australian and New Zealand Journal of Public Health 2001. 25(6), pp. 494–497), such as the National Survey of Mental Health and Wellbeing (NSMHW) (ABS, 2007) and Household Income and Labour Dynamics in Australia (HILDA) (Wooden, 2009). MSPSS is a measure of subjectively assessed social support on a 7-point scale (12 items). It has three domains of significant other, family, and friends. These standardised measures offered an opportunity for national and international comparison with general population normative data.

The survey questionnaire was designed to include the short form and the long form. The short form had 19 questions about demographics and key information whereas the long form had an additional 110 questions on the themes outlined earlier.

Interviews and focus groups

The interview guide for care leavers broadly focused on the same issues explored in surveys – experience of placement, contact with siblings and family, maltreatment in care, transition into the community, adult life outcomes and perceptions of needed services. In addition, participants were asked about their coping strategies and resilience, significant events post care to the present, and their views on formal Apologies. Participants were also asked about contemporary policy issues such as for their views on the Royal Commission into Institutional Responses to Child Sexual Abuse and on current out-of-home care arrangements. While the surveys were primarily quantitative in nature, the interviews afforded individuals opportunity to present their stories and allowed for greater exploration of how experiences in care and post care affected them, and their coping strategies.

The interview guide for specialist informants focused on the nature of services provided to the study population, types of services utilised, gaps in services, and their perceptions of clients' level of disadvantage, and impact of trauma on clients. They were also asked about the most valued aspects of the service offered, and the adequacy of resourcing. Some broader policy issues were also canvassed, around current child protection and out-of-home care practices, and expectations around the Royal Commission.

The focus group guide had a similar structure as interviews and covered the same themes. Less emphasis however was given to questions about individual experiences, due to focus groups being collective in nature and to ensure individuals did not feel obliged to disclose personal experiences should they choose not to. In actual experience, however, individuals did choose to recount personal experiences and shared these with the group.

The guides used for interviews and focus groups with Aboriginal and Torres Strait Islander peoples were designed to capture unique experiences of Aboriginal and Torres Strait Islander peoples in out-of-home care (e.g., cultural deprivation) and were developed in consultation with Aboriginal members of the CRG.

Data collection

Ethics approvals were obtained from the Human Research Ethics Committees at the University of New South Wales, Relationships Australia (NSW), and Aboriginal Health and Medical Research Council of NSW. The purposes and procedures of the study were clearly explained to all participants and informed consent was obtained prior to their participation. Participants were also informed that they were able to withdraw from the study at any time. Great care was taken to protect privacy and confidentiality. Surveys were completed anonymously and participants in interviews and focus groups were assigned pseudonyms. In case of reporting sensitive information, some minor details were modified to protect identities. No identifiable information was included in any reports or manuscripts emanating from this study. Given the small number of participants in some states and territories, all analyses were conducted at the national level to protect confidentiality. All participants in focus groups and interviews were offered a small payment to cover their travel expenses and to acknowledge their time and effort. Participants were given the contact details of researchers and support services in case of experiencing psychological distress derived from the participation in this study. There was no such incident reported to the research team.

Surveys

Surveys were conducted from December 11, 2014 to March 31, 2016. The survey was delivered in three ways:

- **Online:** Participants visited the project website and clicked on a button to access the survey.

- **On paper:** The survey was made available through mail out, and included a postage paid return envelope.

- **Over the telephone:** The survey could be completed over the phone, by a research staff member administering the survey verbally with a participant.

When participants directly contacted researchers for paper or telephone surveys, they received a long version of the survey. In the case of telephone surveys, a researcher made a telephone call at the time agreed by participants.

When participants completed online surveys, at the end of the short form, they were asked whether they would like to continue the long form online or complete it on paper or over the telephone. When participants opted for the completion on paper or over the telephone, they received the long form by mail and, for the telephone completion, a researcher made a telephone call at the time agreed by participants.

Two thirds ($n = 445$) completed online surveys and one third ($n = 224$) completed paper or telephone surveys. Among them, 65.5% ($n = 438$) completed the long form and 34.5% ($n = 231$) completed the short form.

Interviews and focus groups

Interviews usually ran for 45 minutes to 1 hour 15 minutes; however some went for longer (up to three hours). With the permission of participants, interviews were audio recorded and transcribed.

Focus groups usually involved 4–8 people with the optimum number being 5 persons and typically ran for 1.5 hours. Focus groups were mainly mixed groups involving different cohorts of care leavers. Some focus groups included Aboriginal and non-Aboriginal participants and some focus groups involved Aboriginal participants only (where these were organised through an Aboriginal-specific service). Typically, a UNSW researcher facilitated the focus groups alone. On a few occasions, focus groups were co-facilitated by a partner organisation case worker or other staff member (in particular, Find and Connect service staff were involved in co-facilitation). For groups of Aboriginal care leavers, an Aboriginal co-facilitator attended and co-facilitated. The option was also given to outsource facilitation where culturally appropriate and requested. In total, 20 focus groups were conducted. Focus groups were audio recorded and transcribed with the permission of participants.

Careful thought was given to the location and timing of interviews and focus groups. In conducting focus groups, 'ground rules' were set such as allowing each other to speak and trying to give each person an opportunity to contribute. Where it was found that participants in interviews or focus groups were not in touch with a specialist service, efforts were made to refer persons to services and/or add them to the newsletter list of a specialist service (with their consent).

Data analysis

Surveys

The current study is exploratory in nature and so mainly descriptive statistics were examined. Various statistical analyses were also conducted to explore how individuals with particular demographics, care related and service related characteristics varied in their likelihood of achieving different outcomes. Where available, results were compared to outcomes of community samples using, for example, NSMHW and HILDA. The quantitative survey data was analysed using IBM SPSS Statistics 23 (IBM Corp., 2015).

Interviews and focus groups

Qualitative data from interviews, focus groups and surveys were analysed using NVivo software. The material coded was the transcripts of interviews and focus groups as well as written comments drawn from the open-ended questions of the survey. The coding broadly followed the thematic structure of the interview schedule, that is, focusing on experiences in care, transition from care, life outcomes, and views on specific policy issues. In addition new themes emerged specifically in relation to coping and emotions.

In reporting qualitative data all study participants have been assigned a pseudonym. These were chosen completely at random. Specialist participants (SP) working in Government, non-Government organisations and peak care leaver organisations are referred to as 'SP1, SP2, etc. rather than by a pseudonym.

Findings from quantitative data and qualitative data were integrated within broad themes. Points of convergence were identified to confirm and validate key findings of this study. Points of divergence were also identified and interpreted. These provided the basis for considering implications and suggestions for practice, policy, and future research to promote wellbeing of adult care leavers and to improve the current care system.

Limitations

Because there is no comprehensive list of care leavers in Australia, it was not possible to use probability sampling strategies. Care leavers self-identifed and self-selected to participate in this study. Therefore, the study sample is not representative of all care leavers who lived in child welfare institutions or other forms of institutional care during this period. Self-selection implies that care leavers who had more to tell would have participated in this study and their experiences might have been more negative. However, it is also possible that care leavers in better circumstances were able to survive to tell their stories in that the average age of participants was almost 62 years, and high proportions of care leavers had physical illnesses, mental illnesses, and suicidal ideations. Particularly, with the gender difference in life expectancy, it is likely that older male care leavers in this study were people in better life circumstances. Therefore, it is recommended that findings of this study are interpreted with caution.

Despite extensive efforts made to recruit participants in this study (e.g., media campaign), the number of participants in some states and territories were relatively small. However, demographics of this study indicate that this study captured views of care leavers with diverse backgrounds in terms of gender, age, Aboriginal status, education, region, experiences during and after care (both negative and positive), and involvement with care leaver organisations.

Historically however it had been estimated that between one in three and one in ten Aboriginal children were forcibly removed from families and communities between 1910–1970 (Senate Community Affairs References Committee, 2004). In 2014–2015, 36% of children in out-of-home care were Aboriginal (Australian Institute of Health and Welfare, 2016). In the light of this figure, Aboriginal people seem to be under-represented in this study.

Another limitation is that this study is based on self-report and it may reflect participants' perceptions and recollections. For example, in terms of reasons for their entry into care, it was impossible for researchers to distinguish whether these were facts or what partipants were told by staff, their parents, or their relatives. However, self-report measures are widely used in the social sciences and deemed to be best to capture perceptions, feelings, and interpretations that are core interests of social science research.

Chapter 3: **Entry into care**

Circumstances and reasons

At the time of entry into care, survey participants were on average 6.3 years old (ranging from at birth to 17.6 years). Table 5 illustrates that just over half (52.9%) of respondents were wards of the State, 19.8% were placed voluntarily, and the remainder did not know their status or indicated 'other' status. At the time of entry, police were involved in 26.6% of placements, 47% of placements had no police involvement, and 26.4% did not know about police involvement. Respondents entered care from different parts of Australia and the majority of them spent their childhood in New South Wales (42.5%), Queensland (24.6%), and Victoria (20.0%).

Table 5: **Entry into care**

	n	Frequency	%
Age at entry into care	612		
Under age 1		72	11.8
1–2		74	12.1
3–5		169	27.6
6–10		178	29.1
11–15		110	18.0
16 or older		9	1.5
Status at entry	420		
Voluntary placement		83	19.8
State wardship		222	52.9
Don't know		57	13.6
Other		58	13.8

	n	Frequency	%
Police involvement at entry	421		
Yes		112	26.6
No		198	47.0
Don't know		111	26.4
State or territory in childhood	419		
ACT		1	0.2
NSW		178	42.5
NT		0	0.0
QLD		103	24.6
SA		15	3.6
TAS		8	1.9
VIC		84	20.0
WA		23	5.5
Multiple		7	1.7

Survey results indicated that there were various reasons given for entry into care. The most cited reasons were parents' inability to cope (39.4%), marital problems between parents (36.4%), neglect (27.2%), abandonment (24.6%), domestic violence (24.4%), parental drug and alcohol problems (24.2%), financial difficulties (22.1%), and parental illness (21.2%). Less frequently mentioned reasons included parental death, the effect of war, or maltreatment (Figure 1). Some of respondents provided additional comments about the reason for placement in care and these included Aboriginality, parental imprisonment, single/unmarried mother, own pregnancy, 'being exposed to moral danger', and running away from home. The reasons reported in this study may not necessarily reflect the true circumstances that participants faced during their entry into care. It is possible that participants believed these to be the reasons because these were narrated to them by staff members at institutions, or by parents or other family members at a later time, or found in their case files.

Figure 1: Reasons for placement in care

Note. n = 467.
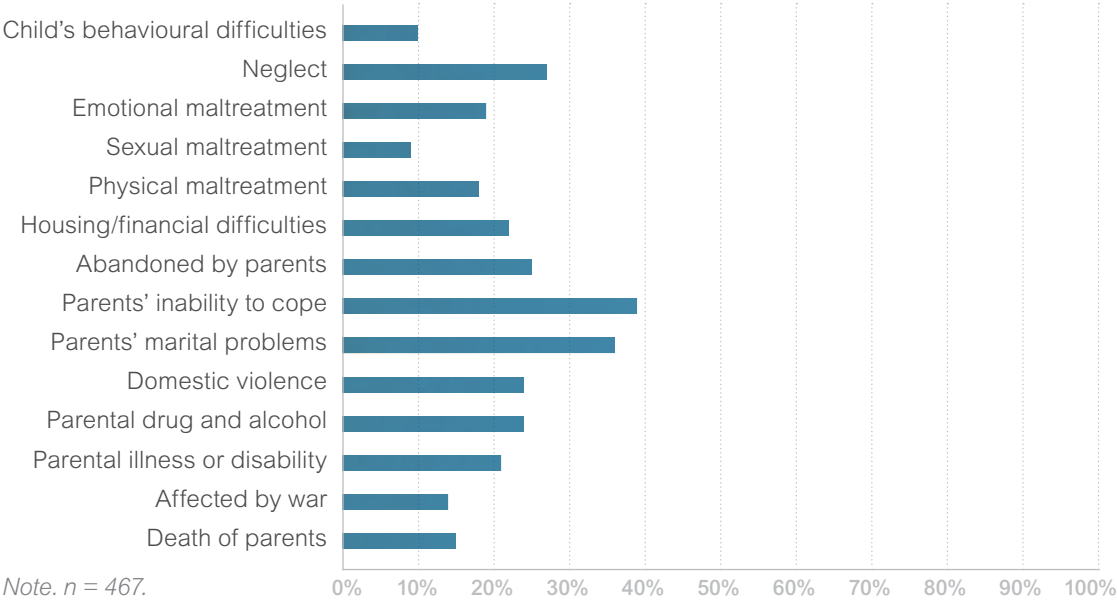
The circumstances which brought children into institutional care in the twentieth century are diverse and complex; ecologically, these range from overarching macro socio-political processes to the dynamics of the family microsystem (Bronfenbrenner, 1979b). Across the sixty-year timeframe (1930–1989) global events impacting on families included economic depression, migration (including unaccompanied child migration, such as that from the United Kingdom to Australia), especially in the years following World War II (Find and Connect, 2016). Poverty, family disruption, unemployment, food and housing shortages, drug and alcohol addiction, domestic violence and mental health issues in parents and children arise more frequently in such contexts (Pleck, 1956). Transgenerational transmission of these problems was a further issue. Lack of community and service system support often exacerbated family difficulties. Australian legislation facilitating universal payments to single parents, for example, was not enacted till the early 1970s (Supporting Mothers Benefit, 1973). Access to effective contraception and safe, legal abortion in Australia occurred at a similar time (across the States following the Menhennit Ruling, Victoria, 1969). This meant that many unplanned and indeed unwanted pregnancies increased pressures on families. Family separation and dislocation were commonplace. These processes were especially manifest in the Stolen Generations' experience of Aboriginal and Torres Strait Islander (ATSI) children who were forcibly removed from their marginalised families and communities and placed in institutional care (HREOC, 1997). Single women ('unmarried mothers') also routinely had their children forcibly removed. Many of the study cohort overall were members of large families, often with several parental dyads.

The findings confirm that such challenges made parenting children extremely difficult. When children were struggling with chronic illness, such as asthma, difficulties intensified. Some parents felt they could not continue; they made the almost certainly painful decision in most instances, to 'voluntarily' place their children in institutional care. Such placements would not be regarded as 'voluntary' today as parents often had no real choice but to seek access to out-of-home care for their children (Lonne, Parton, Thompson and Harries, 2009; Liddell, 1993; Musgrove, 2013).

As noted in Figure 1 some children were neglected and/or abused within their biological families and were statutorily removed, often for the remainder of their childhood (Scott and Swain, 2002; Hanson, 1979). Once the door of the institution closed behind their children, very few parents were supported or encouraged to maintain a relationship or reunify with them.

Neglect and abuse within own family

Study participants elaborated on neglectful care within their families of origin. Some parents clearly could not meet the continuous demands of caring for vulnerable young children at that point in their own lives placing their children at great risk. One participant explained:

"We had been in there (at home) for four days on our own and (our brother), who was only two, had been feeding us with milk and bread from the fridge and stuff like that, and he was changing our nappies and he was only two himself. So… and my younger sister was only a little baby, she was in a cot."– 'Janice'

Many children clearly also recalled instances of direct abuse within their family of origin – of a physical, emotional and/or sexual nature (Scott and Swain, 2002; Hanson, 1979; Tierney, 1963). Often they were being shuttled back and forth between parents who seemingly had no capacity to care for them. For instance, one participant recalled:

"After ringing dad at work and saying, 'There's 40 cents on the counter; can I buy a litre of milk', which was 32 cents a litre…he came home from work, swore black and blue that I will never ring him up, punched me 3 or 4 times until I was down on the ground… then he kicked me 3 or 4 times, pulled off his leather belt and put every possibly thing he could put into it and he counted to 40. I had purple stripes right across my legs, across my arms… he hit 2 or 3 times in the same place, there was drops of blood coming out… he put me in a bath and after being in there for about an hour, you know crying

and shaking and in shock, he said, 'I've had enough of you. I'm taking you to your mother's place'…My mother said 'I can't look after you.' She had an alcoholic boyfriend who was beating her up and somehow she arranged for me to go (into care)." – 'Hector'

Family violence, especially violence toward women, clearly played a major role in the decision to remove children from their family of origin. Indeed, removal of children appears to have constituted the sole family violence response at the time, without the support systems and programs available today. The Family Law Act (1975) was watershed legislation towards the end of the study period. It defined family violence for the first time nationally and gave rise to shelters and refuges for women and children fleeing violent homes. Witnessing episodes of violence and being caught up in them directly were clearly major sources of serious trauma for many children. Trauma in returning soldiers, from WW1 and WW2, the Korean War and the Vietnam War especially, contributed to this (Srinivasa Murthy and Lakshimarayana, 2006). This was highlighted in the comments from one participant:

"My mother was married to a Second World War soldier from the Kokoda trail. When they married he was 22 and they had 4 children within the next I think 8 years. I believe that he was abusive towards my mother and when my mother delivered me she had a fractured rib, a fractured nose and pneumonia and was not in a position to care for me. On the documentation it said that my father had deserted us." – 'Florence'

Women's disempowerment in society overall and in relation to men especially, along with their lack of access to financial, housing and other support outside of intimate relationships, meant that mothers found it difficult to prioritise their children's needs over those of male partners (Charlesworth, 1975). As 'Jodie' explained:

"There was never any conflict between us, but yeah my mum was always 'the men come first'. She had a lot of boyfriends at the time, so I suppose yeah, he didn't want kids. He didn't have any of his own, so yeah. Didn't want kids around, so she was willing to sacrifice that I think." – 'Jodie'

Sometimes children ran away from home when abuse occurred or when their need for nurture was unmet. This often gave rise to institutional placement – either by drawing statutory attention to the child's lack of care and control or by convincing parents that they should 'voluntarily' relinquish the child. Sometimes both impacted the placement decision (Liddell, 1993; Hanson, 1979). Two participants recalled:

"I was walking the streets at night time and that's how I came to police attention. They (parents) took me to Court and had me made a Ward of State. This was after they sent me home from the institution…It was just for being 'uncontrollable'. Not for thieving or anything. I wouldn't go to school." – 'Bill'

"I had run away from home. I was not a bad kid but my father decided that after a few times of running away from home, he didn't

want me back. Which he regretted later on. He didn't know what they were going to do to me. Anyway, I was later a ward of the state in Queensland. I was sent to what they termed in those days, one of the worst child institutions in the country. It was called Westbrook." – 'Chris'

Abuse within the Home could result in running away behaviour that led to placement in the youth justice system on protective grounds (Royal Commission into Institutional Responses to Child Sexual Abuse, 2016; Scott and Swain, 2002; Tierney, 1963). For many young women especially, who had no criminal history, a youth justice placement heralded arrival in a frightening new world entirely unknown to them prior to entry to the care system. One participant, 'Angela', explained:

"(My mother) got with a man that had recently come out of jail… and we found ourselves trapped and he was abusive towards me. He was abusive towards my mother as well. I was shocked because the life I had before, even though it was dysfunctional, there was a lot about it that was quite normal. I ran away from home when I was 14. I had no resources, I had no family, had no friends. I then reported it to the police because my understanding was that if a man abuses a child that it was wrong, and therefore thinking I would get some support. I was really, really wrong [laughs]. They locked me up and let him (abusive stepfather) come and visit, you know? That then started a cycle of back and forth. I was in (and out of) a detention centre." – 'Angela'

Poverty, family disruption, physical illness in parents or children, mental health issues, neglect and/or abuse by those within or close to the family of origin (especially physical and sexual abuse by mothers' male partners) often led to care entry (Hanson, 1979; Tierney, 1963). One of the most pressing material challenges faced by families across the western world over this period was inaccessibility of housing. This was true of the United Kingdom (contributing to the Child Migrant phenomenon) and of Australia in the years post-World War II. Young parents without extended family support were particularly vulnerable to losing children to the care system through lack of access to adequate housing – or to housing perceived to be adequate by the authorities. This was shown through 'Sally's' experience:

"We lived, the four of us, my stepfather, my mother, my brother – in boarding houses and suchlike for three years. For a couple of years we lived in a flat that was like the cellar of the terrace. Then we both were placed in the children's Home." – 'Sally'

For members of the Stolen Generations, statutory assessment of the adequacy of housing almost always applied a Eurocentric lens (HREOC, 1997). One Aboriginal woman who was removed from her family and lived on a mission when she was a child, recounted memories of camping in the bush:

"I can remember as a child, before I was taken (into care), I can remember camping, you know, we were self-sufficient. We didn't want any white man, you know, we could have our language. My grandmother used to have

a hole, dig a fire… the hot ashes, put it under the campers and over it, and then it would be like a hot water bottle." – 'Aunty Eleanor'

She lamented the loss of culture she experienced following her removal. Often the racism that led to children's removal from family was direct and uncompromising (HREOC, 1997). This was also reported by participants in this study:

"They said a black woman couldn't bring up white children – my grandmother was black. That's what led up to all this. They said we were neglected children and the house was in a filthy condition. Both those were lies because my grandmother had a perfectly spotless house." – 'Hannah'

Lack of financial support, especially subsequent to marital breakdown, often led to children's placement in care. This was especially the case when (most often) women and sometimes men were attempting to raise children on their own, with little or no extended family assistance. Without access to government benefits till very late in the study period or to child care that would enable them to work, these parents often found it financially impossible to meet the care needs of their children.

Child welfare legislation at the time provided that children could be charged with being 'neglected' and being in the circumstances of 'no visible means and no settled place of abode'. Later this was changed to 'being in need of care and protection, however under

the older legislation children had criminal records from a very young age (Fogarty, 2008; Tomison, 2001). As 'Janice' explained:

"Now because she [the mother] already had a record and the moment the police found out… we were taken off her and the only way they could take us off her is by charging with no visible needs of support. So we had a criminal record… from the age of 1. I didn't know any of this until I went to get my… certificate and I was told I had a criminal record. They hadn't been expunged… they weren't… and they said, 'oh, you can still have your certificate and stuff, but we found it funny that we had a criminal record at the age of one and a half, nearly two years old.

"This is something that lot of people don't realise; they put today's ideals into yesterday, when things were different back then. If the woman didn't work, she had no visible means of support. She had no right to support herself. If she worked, she had half the wages of the man, and if she was married, she had half the wages of a single woman… and if she had children, she was not allowed to work… we were taken off her and the only way they could take us off her is by charging with no visible means of support. So we had a criminal record." – 'Janice'

For some children living in poverty, non-statutory placement within the extended family (as kinship care) was offered but parents refused this when it involved separation of siblings (Hanson, 1979). This meant the child who could have been placed within the family entered the care system. For some participants,

this was clearly distressing to learn about at a later time:

"(My father) said that my aunty would have to take my brother as well and my aunty said she couldn't. But that was very confusing. Why didn't he let me go with my aunty. It was a family or… it would've been my aunty, my uncle… it would've been more stable and I probably wouldn't have gone into the care system… but my father stopped it." – 'Penny'

Clearly the age and physical capacity of potential kinship carers, as well as their financial limitations impacted on the number of children who could be cared for by relatives. This was evident in one participant's account:

"(My father) took us down to this aunt. She ended up minding my little brother, but my sister and I were put in an orphanage because she obviously couldn't deal with looking after all of us." – 'Therese'

For Child Migrants from the United Kingdom, desperate poverty associated with family breakdown often precipitated entry to care (NSPCC, 2000; Humphreys, 1996). Financial imperatives were implicated in ensuring that relinquishment documents were signed by parents of Child Migrants. It appears that active coercion could also have played a role. For example, 'George' explained:

"I've got the letter where (the institution) coerced her into signing it. I mean, we never saw her much, didn't see her at all actually

and they said… if you agree to let your sons go to Australia you no longer will have to pay the ten shillings a week to keep them. Well 10 shillings a week in England in 19 bloody 50, it would be like a hundred dollars now or more. So that's all looking pretty bloody rosy to the old mother isn't it?" – 'George'

Transfer to out-of-home care in Australia was tantalisingly presented to these migrant children as a once in a lifetime opportunity to enter 'paradise on earth' (House of Commons & Hinchliffe, David & Great Britain, 1998). Child Migrants who had experienced an impoverished home life and grim institutions in post-war United Kingdom rarely hesitated in 'volunteering' (apparently compulsory for acceptance to the Child Migrant program; even very young children had to 'agree' to go). As two participants stated:

"He (the recruiter) said 'but if you want to go to Australia you'll live on a big farm with animals, you can swim all year round even in winter. You get a horse to ride to school on. It never rains over there and there's orchards and everything all around you." – 'George'

"I finished up going through all the procedures through immigration… and the matron knew about the Fairbridge Scheme because a boy, I think a year or 2 before me had gone… So she said it all sounded interesting and asked if I'd like to do that. So I had all the interviews and I had a couple of psychiatric tests and things like that, and immigration interviewed me, and next thing I knew I was off on the boat. I think I turned 14 just before I got on the boat." – 'Eric'

This Child Migrant took a remarkably generous and philosophical view of the international context that led to his transportation to the Antipodes:

"Now, they had good intentions, these people in England in a fashion but if you really look at it in the cold light of day, there was two problems in England, and this had been going on since the late 1800s. They had heaps of illegitimate children… You've got all these kids that for some reason the parents don't want them and the government don't really want them… But the British Empire's expanded and they've got these colonies – Rhodesia, Australia, New Zealand, Canada. Ah-ha! We can solve a problem here. So when liaising with the governments of these various countries they come up with this scheme of child migration. We'll send the boys out there and they will be trained to work as farm labourers for wealthy farmers and the girls will be trained to work as domestics for the wealthy in the city and then the British colonies say 'Hey jeez what a great idea, we're solving all these problems' and that's – they can say what they like – that's what the scheme was." – 'George'

For prospective Child Migrants from the UK, the tonsillectomy (a surgical procedure not without risk and largely avoided today) appears to have been a mandatory element of preparation for departure to the other side of the globe. Presumably that surgery was undertaken to minimise illness and its associated burden for caregivers during the long voyage and upon placement in Australia (Humphreys, 1996). How many

children suffered operative or post-operative complications (or perhaps even died) as result of this potentially dangerous intervention can only be speculated. 'George's' experience is evidence of this:

"What am I going to hospital for? 'Oh you're going to Australia' 'So why'm I going to hospital?' 'You got to have your tonsils out!' 'Why'd you have your tonsils out – cos you're going to Australia'. So that was it, if you were going to Australia they whipped your tonsils out." – 'George'

Physical illness, especially long-term or chronic illness, presented frequently in parents and children. Such vulnerability within this disadvantaged cohort is unsurprising. At times the added stress of caring for a sick child became insurmountable as shown in this participant's account:

"… unfortunately I was born with sort of asthma and eczema badly so I was in and out of hospital from day one up until about six years of age. So in the end my mother left me in the hospital knowing that she couldn't keep me and I could be better off…" – 'Stewart'

Episodic parental mental illness or long term mental health disability appears to have contributed to relinquishment or removal of children. Most often mental illness of mothers was mentioned as a precipitant of institutional placement, Surveys in the late 1990s found between 29 per cent and 35 per cent of mental health services clients were mothers of dependent children under the age of 18

(Cowling,1999; Farrell, Handley, Josephs, Hanke and Hazelton, 1999). It is clear that some fathers too, struggled with very serious mental health issues (Nicholson, Nason, Calabrese and Yando, 1999). A number took their own lives; war related trauma seemed to play an important role in this (Srinivasa Murthy and Lakshimarayana, 2006). For example, 'Trevor' described his experience of war related trauma:

"My dad come back from the war, a bit of a mess. Four brothers and two sisters. He was in and out of hospital and he couldn't work. When he could work, he would work… The last time they brought me home (from third placement in care) I was around thirteen. I was home for a little while and then my dad shot himself." – 'Trevor'

Up to 1970 diagnosis of mental illness and access to treatment remained limited, particularly for families with low income. Children themselves sometimes appeared to present with mental health and related behavioural issues, though the former generally remained unidentified and was not assessed. The incidence of mental health issues in children in out-of-home care has, for some time, been estimated as much higher than that within the general population (Wolkind and Rutter, 1973; Clausen et al., 1998; Rubin, O'Reily, Luan and Localio, 2007). This was without doubt the case throughout the study period, though children were rarely formally assessed and rates were not comprehensively measured until later (Frank, 1980). Behavioural difficulties clearly proved challenging for parents and others to manage

and seemed to contribute to the placement decision in some instances. 'Samantha' recalls she was:

"Totally rebellious, yeah, and really, not only to parents, but then to all authority. I turned myself in to the probation officer, so called, although I wasn't on probation, I had her because my father had dragged me down to the police station and asked that I be put into (institutional care) at some point, and I hadn't done anything but argued with them." – 'Samantha'

Mental health treatment itself remained fairly rudimentary for much of this time, until more effective psychiatric medications and psychotherapeutic interventions became accessible in the 1970s and 1980s. Even then, the 'talking therapies' were not often available to the poor. Women living in poverty especially, experiencing postpartum depression and other serious mental illness, often had no access to diagnosis or treatment, or received interventions since understood to be unhelpful or harmful (Thane, 2011). Little or no attention was paid to contextual contributors to mental illness such as intimate partner violence, drug and alcohol issues, social isolation and poverty. Two respondents recounted circumstances which entailed poor mental health of parents:

"Mum was abusing drugs, alcohol and was living with an abusive man. He did 8 tours (of duty) in Vietnam and actually… (said) to me many years later that it was his pathetic attempt to take his life because

he did not have the balls to do it, not that I am pro suicide. Mum ended up suiciding before I was 5 and a half. We had already been signed over at that point. She was trying to fight him but he was very unsupportive… she showed signs of postnatal depression plus she had a mum who was also a woman that had been in care." – 'Eileen'

"My mother had a nervous breakdown, she had shock treatment and she was in and out of hospital. She had 4 children. I was the second eldest. As a result of my father being out in the navy somewhere and her not being to cope and a few health problems, she collapsed in a big heap and we were shipped off to institutions for the rest of our lives." – 'Carl'

Given the dominant narrative of those years which prescribed the female parent as 'proper' primary caregiver, inability or failure to 'mother' due to poor mental health was a source of shame and blame; it often led to the removal of children by the State (Fernandez, 1996; Thane, 2011; Perkins, 1992). In such situations children were also, at times, removed from home by anxious and unsupported fathers, who might later place the children in care when sole parenting proved very difficult and societal pressure mounted. As one participant explained:

"I don't think my father was terribly sensitive. I think he was working and trying to support the family. She (mother) didn't have any family support around her. So they were a little bit isolated and her father came and

got her when she was pregnant with my brother and we stayed with them for a while. Then my father tried to buy a house so he could be around her. I think it was, you know, post-natal depression, just struggling with family… and then my father… in fact stole us away from my mother. I think he was really railroaded into 'You need to put these children somewhere because you're at work and you can't look after them.' I mean, we were terrorising the neighbourhood… I think he was railroaded into it… because he was a single dad." – 'Therese'

Intellectual disability also made parenting extremely challenging in an era with few resources available to support parents with special needs (Gilberg and Geiger-Karlsson, 1993; Glaun and Brown, 1999; Swain, Goodfellow, Lee, Cameron and Bennett, 2002). This was the case for 'Kim' and her mother:

"I guess I put it logically… she was mentally (functioning below the normal intellectual range) and there would've been no services to help somebody like that. It would be more or less punish them for not being able to provide, which is unfortunate… rather than looking at the bigger picture." – 'Kim'

Drug and alcohol misuse often contributed to dysregulation of feelings and behaviour which undermined parenting. It contributed to placement of some adolescent drug and alcohol users in care. For example, 'Enid' explained:

"I remember my sister was then in high school and she was starting to get into trouble and had some schooling issues… She was starting to get into the drug and alcohol scene and you know smoking and what not. She was living in hostels." – 'Enid'

Entry to care was clearly precipitated by a wide range of systemic and developmental factors as explained by ecological systems theory (Bronfenbrenner, 1979b). Respondents' narratives identify these factors at the macrosystems level of socio-political process (for example, economic depression, international conflict and population movement); and emanating from meso and microsystems of community and family. At the level of the developing child, complex and often co-morbid family stressors such as health and mental health problems, disability, violence, addictions, family poverty and lack of adequate housing clearly increased risk of neglect and abuse. Such factors often conspired to precipitate placement in care.

Experience of being placed in care

For most of these care leavers the lived experience of being placed in out-of-home care remains indelibly imprinted on memory (Mason and Falloon, 1999). The study cohort is no exception. Participants' recollection of being physically removed from home, often with no warning, is revealed. For Aboriginal children such memories are especially poignant (Royal Commission into Institutional Responses to Child Sexual Abuse, 2016; HREOC, 1997). This is conveyed in one participant's response:

"We didn't expect it really. We was all inside the house there having breakfast and then this lady turned up on the doorstep with a policeman. Said you got to come for, you got to come, said to my mother 'we're taking your kids for shopping'. That's what she said. And when we come back from the Islands we come to the [Children's] home. The worst place I ever been to…" – 'Russell'

The disempowerment and loss of control associated with an institutional placement was immediate and enduring for young people as noted by another research participant:

"Once they had it in for you, they got you, and being a ward of the state you were just taken off the street… your parents had nothing to say about it… and you were placed in the reform school, and that was a 6 week period until the superintendent made up his mind whether I had to go to court or go back home. It was a situation… my life has always been in other people's hands." – 'Owen'

This sense of disempowerment characterised the way study participants saw themselves as subject to control by the State or others. Some children in the cohort experienced the shock of being suddenly removed from home by their own parent(s) and abandoned to the ministrations of an alien institution. This was deeply scarring, the ultimate in familial rejection. 'Jodie' recalled:

"She (mother) said we were going for a drive and naturally I thought she was just taking me for a drive out… and then we got somewhere and she just stopped and said, 'I don't love you anymore. I don't want you. Get out of the car' and I was crying and screaming, and she pushed me out of the car and just drove off. About 5 people just come running to me and then took me across the road to [Name] Homes… There was never any conflict between us, but yeah my mum was always 'the men come first'… so she was willing to sacrifice (being a parent) I think." – Jodie'

For some children, parental distress during the involuntary placement was imprinted in their memories. Whilst it has not been possible within the scope of this study to interview the parents of respondents evidence from research participants in this study and previous research indicates removal of their children was a devastating experience for parents (Fernandez, 1996; Lishman, 1978; Thorpe, 1993). This was evident in 'Kim's' response:

"The main thing that I remember was that they came to the grandparents' house and the vision I have is of my mum wanting to commit suicide, wanting to harm herself, because they were taking all of her children.

I don't remember anything negative as far as myself or being distressed, but I remember… honestly, I possibly was distressed. I always remember my mum going to the back of their property and wanting to harm herself, commit suicide, because they were taking her children." – 'Kim'

The first hours, days and weeks inside the institution are vividly recalled, no doubt due to the cataclysmic change of environment and caregiving experienced. Memories of that time are further sharpened by the physical, emotional and even sexual abuse which occurred, in many instances almost immediately. 'Jodie' explained:

"I remember it like it was yesterday. They took me down to this bathroom. It was like in the movies with those big, long shower rooms. The toilets on one side and the open showers. They just stripped me down in front of everyone and threw me into the shower and scrubbed me until it hurt… and I had really long hair and after they got me out of the shower they started combing through my hair; she was just combing it and ripping through the knots and I was screaming. It was terrible… They gave me clothes. All the stuff I had was taken off me… and then I was just, yeah, chucked into a corner and all the kids were staring at me… They were like angry people, you know? There was no compassion. It was just, 'shut up! This is what's happening!'" – 'Jodie'

Protocols around hygiene and conformity to institutional regimes appeared to sanction extreme cruelty toward children at the point of entry to care. Musgrove (2013) alludes to the regimented bathing routines thus:

"Children and their bodies were objects to be managed rather than loved" (2013, pp. 114). This was evident in 'Thelma's' recollection:

"They shaved our head first and then we were sat in a kerosene bath. All our skin peeled off and we were burnt. That was our first day and then the second day I was marched around in a circle on the school quadrangle… because we had our little school inside… we were never allowed out. We were always on the inside. Everybody else lived on the outside." – 'Thelma'

Emotional and physical abuse upon entry to care often had lifelong ramifications. Some recounted developing panic attacks recalling the procedures that took place during the entry into care. For example, one participant explained:

"The door locked behind you, when you arrived there they locked you in a holding room which probably wouldn't be as big as a portable loo you put on construction sites these days. It was a room like that, with no windows, no nothing. Just the light on. Then they leave you in there for hours and then they come and get you, take you to hospital block for you to be assessed which meant examinations internally which I already had one when I was nine years old, which is on my file saying that they checked me for venereal disease, I was like, why would I have venereal disease at that age and it also says in my file that, I can't pronounce the word, that means that she's still a virgin. They examined me internally that many times when they passed me from one place to another, that by the time I got to be an adult I would have major panic attacks if I had to have an internal examination." – 'Simone'

The experience of entry into care was especially confronting in terms of young people's developing sexuality. 'Chrissie' recalled:

"And it was dormitories, and pinafores, and not wearing your own clothes, and lesbianism, before you even knew what lesbianism was, and showering with opened showers, and all the girls, and you having no hair and they having hair and yeah… it wasn't very good." – 'Chrissie'

Being suddenly confronted by huge numbers of children in a large institution after being accustomed to living in a small family home was often traumatic and threatening, as seen in 'Helen's response:

"It was awful. It was a very large institution at the time, I think around 500 kids, when I first went there, so I've been living in a boarding house, sharing one room literally with my mother and my brother and then I was in a dormitory of 50 girls, so it was very traumatic and it was sudden, it was like you know, picked up by the police, taken, that's it, and no ability to have any say in it, really." – 'Helen'

For some babies and very young children, placement occurred at the court premises itself, immediately after judgement. This was described by one participant:

"(The facility) was only very small, only for babies, and the babies were taken just straight away on the court day and taken out the back and they stayed there until they were processed like cattle." – 'Shane'

Almost all participants who were old enough to remember their entry (entries) to care, vividly recall the moment(s) of removal(s) and precisely what happened when they arrived at the placement. This is hardly surprising given the lack of preparation or emotional support available and the abusive reception practices that prevailed. Even cottage homes and foster care proved highly confronting and devoid of any warmth to most participants describing events toward the end of the study period. Learnings from these powerfully presented 'insider' care entry narratives can almost certainly be applied to today's apprehension and placement practices.

The reasons for removal were less clear to some children, especially those who were very young at the time. However, most participants have since been able to piece together something of the family tragedy that separated them from their parents and siblings and brought them into care. Often that separation endured for a long time; for too many participants it remains unresolved. Mental health problems, family violence, drug and alcohol issues, economic depression, war, poverty, family disruption and migration impacted heavily on family wellbeing during the study period. Aboriginal families were clearly at elevated risk of losing their children, with racism and even the eugenics movement of the day playing a major role in that. With no real safety net in place some parents were driven beyond the limits of their resources. They were forced to make the terrible decision to 'voluntarily' place their child(ren) in care. The experiences shared here about why children came into care last century are highly relevant to contemporary policy and practice. Families today, including Aboriginal families, are often challenged by many of the same issues that faced our research participants. Too often, families experience child removal that could have been prevented. There are clearly important messages here that affirm prioritising of early intervention and placement prevention policies and practice.

Chapter 4: **The care environment**

General regime

The majority of survey participants (84.8%) had been in a children's Home or orphanage. Many participants also had experienced various types of care: foster care (33.0%), juvenile detention or youth correction facility (25.0%), hostel or boarding house (12.1%), family group home (11.5%), or other (e.g., residential care, psychiatric hospital, or training institution). Participants were asked to specify the type of institution they were in for the initial and final placement. When they entered into care, approximately 68.3%

of them were placed in a children's Home or orphanage, 7.4% in a juvenile correctional facility, and in foster care (6.2%). Just before they left care, 44.3% of participants were placed in a children's Home or orphanage, 16.5% in foster care, and 10.1% in a juvenile correctional facility. There were some differences between the first and last placements – notably, the percentage of participants in children's Home or orphanage decreased whereas the percentages of participants in foster care and other types increased, as shown in Table 6.

Table 6: **Type of facility: first and last placement**

	Experienced‡ (n = 637)		First placement (n = 420)		Last placement (n = 345)	
	Frequency	%	Frequency	%	Frequency	%
Children's Home/Orphanage	540	84.8	287	68.3	153	44.3
Residential care	47	7.4	5	1.2	10	2.9
Family group home	73	11.5	2	0.5	18	5.2
Foster care	210	33.0	26	6.2	57	16.5
Hostel or boarding house	77	12.1	2	0.5	22	6.4
Psychiatric hospital/Asylum	41	6.4	5	1.2	7	2.0
Training institution	59	9.3	4	1.0	9	2.6
Youth correctional facility	159	25.0	31	7.4	35	10.1
Other	85	13.3	17	4.0	21	6.1
Don't know			6	1.4	3	0.9
Multiple†			35	8.3	10	2.9

Note. ‡ The total exceeds 100 percent because participants were able to choose more than one option.
† Participants were asked to choose only one option for first and last placements; however, a few participants who completed paper surveys chose more than one option.

First and last placements in care differed by gender and age. In general, older care leavers were more likely to be placed in institutions than younger care leavers; however, there was a slight gender difference. At the time of entry into care, 83% of male care leavers in the older cohort were placed in institutions whereas only 55% of female care leavers in the younger cohort were placed in institutions. Similarly, at the time of leaving care, 66% of male care leavers in the older cohort were in institutions whereas only 31% of female care leavers in the younger cohort were in institutions. As Figure 2 illustrates, at the time of leaving care, the percentages of people who were in institutions were similarly lower for both male and female care leavers in the younger cohort.

Figure 2: **First and last placements by age and gender**

Children's Home
Foster care
Youth correctional facility
Other

Note. The sample size varies, n = 338 to 409. The younger cohort is under 65 and the older cohort is 65 years or older.

First placement
Last placement
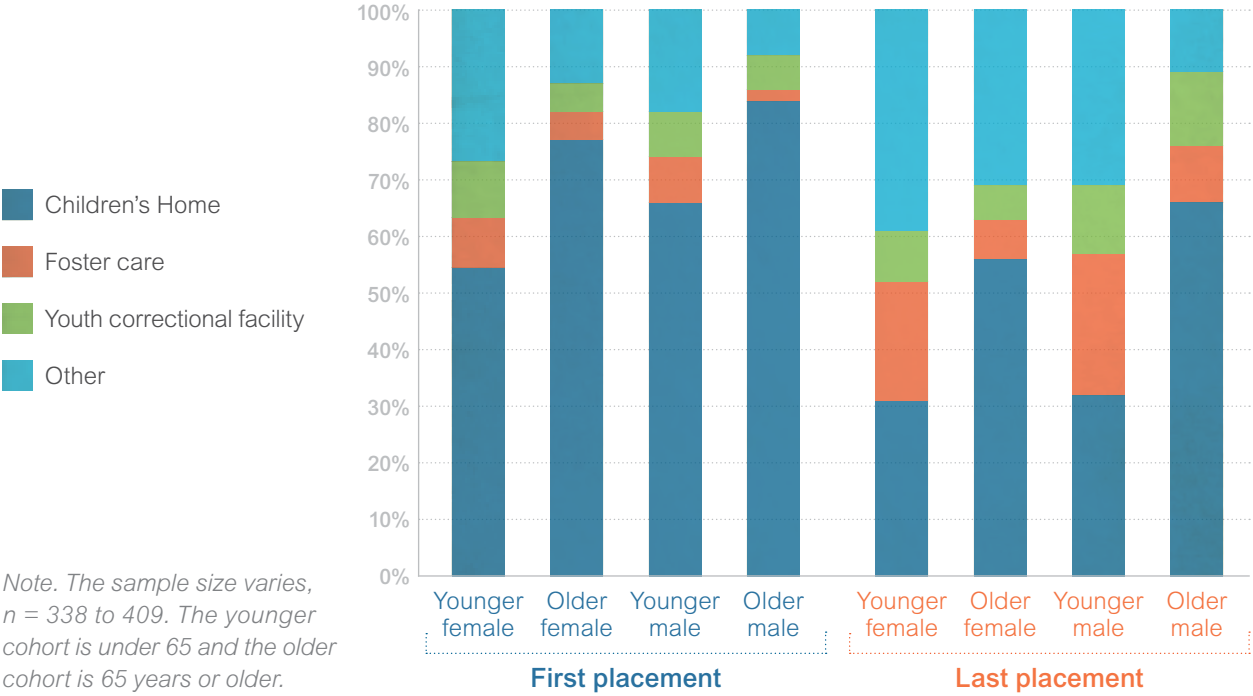
Placements were managed by various organisations and service providers. Given the fact that the majority of care leavers experienced multiple placements, they were asked about the care organisation for their most recent placement. Survey participants reported that the most recent placement was under the auspice of church (48%), government (35%), charity (8%), and other (Figure 3).

Figure 3: **Organisational auspice of the last placement in care**

Don't know
6%

Other
3%

Charity
8%

Government
35%

Church
48%

Note. n = 611.
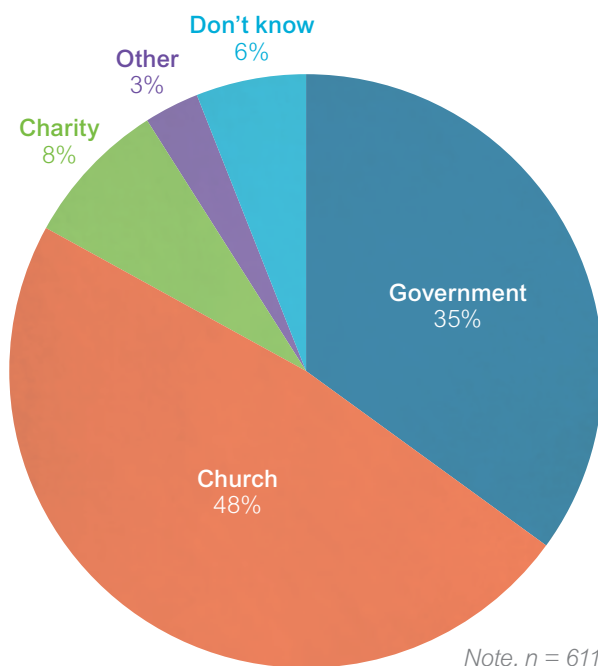
Institutions were often run in a regimented manner. Some were housing hundreds of children therefore employed management strategies that were experienced as 'regimented', highly routinised, and often depersonalising. Children at that time were not seen as individuals with specific needs – rather, a one-size-fits-all approach was used. Children could be referred to by surnames only, or have numbers assigned to them, (in a few instances, were referred to by a number only). Days were organised around a routine – work, mealtime, school, mealtime, work, bed. The regime of these institutions has been described as loveless, desolate and reminiscent of the 'gulag archipelago of Solzhenitsyn, the Homes run "like prisons" (Penglase, 2005, pp. 64). Physical freedom of movement was highly curtailed and separate parts of the building were assigned

to different age groups or functions. Many described not being allowed in certain areas, or only at certain times of day, and a restriction on free movement to the extent that they were marched everywhere. There was little privacy as dormitory style rooms and communal bathrooms were the norm. Children were further incorporated into the running of the institution as they were made to contribute labour to its efficient running and upkeep. This is examined in greater detail below in the sections concerning unpaid work.

The larger institutions were often buildings sometimes perceived by children as intimidating, or 'like a castle'.

Words often used to describe the institutions included 'regimental', 'militaristic' and routine-laden, running like 'clockwork'. One respondent described the Home as a 'gaol' ('Gerry'), another alluded to the militaristic atmosphere and convict-like hard labour:

"…everything was done and based like the navy. They had a thing called the quarter deck, everywhere you went you had to march and the work they used to do – I always say it was very convict stuff. Like we worked at a sand quarry where we'd dig sandstone out." – 'Glenn'

This regimented and militaristic orientation especially pervaded some of the youth detention centres or 'reformatory schools' as they were known then.

Some institutions were highly regimental and used surnames, or in very extreme cases, numbers, to identify children. Many survivors who have written books have described this impersonal process, for example Maree Giles' book Girl 43. An older man who

participated in this study recounted the deep depersonalisation that he suffered:

"When I went in there, I was only a number, and it wasn't until I was 10, 11 years old when I found out, that I had a name." – 'Frank'

Children were required to wear uniforms in many Homes as described by one participant:

"What was it like? Oh, it's hard to explain, but it was a real shock to me, you know. They told me to change my clothes into these khaki shorts and khaki short-sleeve shirts, and they said, 'that's your clothes, you have to change.' I said, 'you've gotta be joking, I'm not wearing that gypsy's outfit'." – 'Harry'

Strict rules and behaviour were required especially in the Homes for 'delinquent' children. 'Simone' explains the system of reward and punishment that was in place at a secure accommodation facility:

"…you went about your business what they told you to do every day. They had 'ToS' – talking or silence – they had different parts throughout the day when you were not allowed to speak. If you spoke, you lost points. As you gain the points you were able to go up a dormitory, and each dormitory you went up, you got a few extra privileges. If you misbehave too much, misbehave meant you rolled your eyes, if you spoke when you shouldn't have spoken, you would get bedroom [duty] for maybe an hour or two hours, stripping and making a bed continuously for that period of time. Another form of punishment was scrubbing cement courtyards with toothbrushes." – 'Simone'

There was some opportunity for play out of doors at rurally located institutions. A man who had been in a rural setting said:

"So they were strict. And ah, but we had a great time, we did a lot of our own things. We built cubbies, we went out into the bush, we rabbited, did all those types of things, so it was a good setting…" – 'Aaron'

The clinical ambience of children's Homes, along with the lack of child appropriate stimulation, shocked some children whose previous family life, despite its difficulties, had been warmer and more enriched as noted by 'Therese':

"Do you know we had no books? There were absolutely no story books whatsoever. We didn't have toys. You know, you had a tiny little locker that was probably a foot wide and there you hung your one or two dresses or school uniform, and the other part had 3 or so shelves where you put your 3 singlets, 3 undies and 3 socks… and that was all you had, so it was totally devoid of anything homely whatever." – 'Therese'

Personal possessions including toys were few or non-existent:

"We had no bikes. We never learnt to ride bikes because we didn't have bikes. He wouldn't allow the children to join Scouts or Girl Guides – nothing like that. The only toys we had were what we made ourselves." – 'Shirley'

Even at the end of the study period when larger institutions were gradually replaced by cottage homes (from the 1970s), attempts to simulate family life often fell short of the ideal (Liddell, 1993). Enforcing those living arrangements on small groups of traumatised children in the care of essentially untrained cottage parents was rarely successful. Adults recruited as parents often appeared to be dealing with complex issues of their own which meant they were psychosocially unsuited to these roles. Some cottage parents perpetrated serious abuse (Senate Community Affairs References Committee, 2004; HREOC, 1997). Entry to out-of-home care in such settings proved a traumatic experience for many children. For example, 'Enid' recalled;

"It was an environment where you've got maybe 8 children that have deep emotional issues all trying to do life together with these cottage parents who were in it for different reasons I guess, but trying to create these family dynamics which were probably far from it in many ways. You've got lots of social and emotional issues that are happening within the household for different reasons, so it was a fairly tense and unsettling." – 'Enid'

However others were desperate to get into a more 'home-like' environment:

"Well I was going to say, the only positive experience I had that was good was the last year I was there. They actually built a cottage down from the Home itself, Cottage #1, and I practically got on my hands and knees to try to get into that place, and I got in there my final year and that was positive." – 'Claude'

Sport provided a way to meet others and socialise as 'Gerry' explained:

"I was always a good type sports person and I involved myself not through any parental guidance I just went off and joined the Footy Club and joined the Tennis Club and I did all those things you know to get the hell out of that environment as much as I could… I think sport of any type because you know you socialise with other people." – 'Gerry'

Sport, swimming and play was a release from the regime of work however not all children had the opportunity; especially those attending schools within institutions were more cut off from the outside world.

Some participants detailed the emphasis on boxing and making children fight against each other that prevailed in some Homes. As 'Andrew' and 'Eddie' described:

"On a Friday night our dorm had a gym night. They had a gym set up with a boxing ring and everything else. I was put into that boxing ring with a kid that was bigger than me. So you could picture what was happening. My mum used to visit on a regular basis, like once every month or every six weeks, and before the visit I would have my ear pulled and [told] 'if any questions are asked about your bruising or your fat lip, it happened on the horse or trampoline', whatever activity. 'It didn't come from us'." – 'Andrew'

"Or if you got in an argument with another inmate they'd take you up to the office and they'd put the boxing gloves on you and the loser would get 4 or 5 strokes with the belt, too. It was just degrading." – 'Eddie'

Others reported the staff placed bets on these fights between children.

Food was often described as being of low standard and unhealthy. Food was described as generally the same day after day, often of poor quality and given out in controlled portions. Both 'Jared' and 'Eric' explained:

"We consistently had what I'd call frog's eyes for breakfast, dinner and tea which is I think it's really called sago." – 'Jared'

"You got a certain portion of food and we were all growing boys and girls and we were all looking for seconds. If anybody left anything, somebody would grab it. Or if there was anything left over you would all be fighting over it. I suppose that was the economics, the way they bought the food." – 'Eric'

People like 'Martha' and 'Shirley' had vivid memories of what they were fed:

"I remember for lunch we'd get one slice of bread folded over, cut in half, with peanut butter, and an apple. Breakfast was a little bowl of porridge and one slice of toast. Sometimes we didn't eat at all." – 'Martha'

"I must talk about the food. It absolutely was like – you wouldn't even feed your dogs what they gave us. It was terrible. That bread and milk – they never threw anything away – we used to get real cheap bread – the cheapest bread that you could get – white bread, and the crusts and things that were on it, they used to save it up for a week and then put it into a big pot with water and a bit of milk and stew it up, and stew it, and stew it, and stew it until it was all stringy and slimy, and then they'd give it you. That was called bread and milk." – 'Shirley'

Participants commented on the quality and demeanour of staff, their lack of warmth and inadequate interpersonal skills. Not all recollections of staff including religion-based staff were negative. This was evident in the responses of some participants:

"Josephite nuns, which there were a few years there and I was very well looked after. I could not under any circumstances put the nuns down. They were dedicated." – 'Alexander'

"Well, some of the Brothers were very very good. As I said, there was only the Headmaster who was bad." – 'Hugo'

After World War II, it was not unusual for war veterans, who were themselves suffering the after effects of trauma from the battlefields to be employed in care institutions. This was described by 'Mark':

"I mean when you take a sergeant major out of the British Army and put him in charge of an orphanage, he was absolutely brutal. Absolutely brutal. I mean he was just terrible. Nothing good happened there, you know?" – 'Mark'

Another participant commented on her experience of a former gaol superintendent:

"The superintendent who ran Parramatta Girls Home during my tenure was a brutal man. He arrived from England where he supervised a prison for hardened criminals. He forgot he was put in charge of Australian children, most of whom had 'run away' from brutal homes. He employed 'like seeks out like' [as policy]. If an officer displayed an ounce of kindness or sympathy she/he didn't last long." – 'Anon'

Participants also observed that they were often placed under the care of untrained, mainly less educated adults who were not selected due to their caring skills. Sometimes the education level of those looking after children was only one rung above the children themselves. Staff were often young (could be as young as 18) and sometimes barely literate. Some participants recalled:

"The lady that was running the… house that I came to, was barely able to read and write. Now, I don't suppose she was paid very much money." – 'John'

"And when I think about it now I weep about it, we were just so bloody ignorant. And the people that brought us up were just a little less ignorant than we were. Most of them worked there because it was a job. They couldn't get any other sort of job so that was it, right." – 'Joe'

Warmth and affection was missing in these environments. Indeed staff were advised to keep distant from the children as noted by one of the study participants:

"What's got to be remembered is that the staff were told, 'don't get close to the children'. Children's Homes were to be like boarding schools. There was a sort of militaristic background to a lot of them, but there was always this glass barrier between you and the staff, and the staff were never to get close. There were never allowed to hug the children, they could never show any bit of love to the children." – 'Ethan'

A participant commented that there was a mixture of people who looked after the children but generally they were persons seeking to earn a living and just performing their duties:

"…you got good cottage parents, you'd get bad cottage parents. On the whole, overall, they were just, they were doing a job. Some of them took more care with the boys and they, how would I put this, they showed more interest in the boys welfare a few did, most of 'em didn't, it was just a job." – 'George'

About a third of the study participants were in foster placements at some time during their childhood. Foster placements could be extremely unpredictable with a variety of experiences reported, from loving and encouraging foster parents to quite mercenary and/or outright abusive carers. Foster parents too could be instrumental taking on children primarily as companions for their own biological children, or undemonstrative. The following comment describes an interaction with a foster parent after leaving care:

"When I was about seventeen, eighteen and working, I bought her a present for her birthday. I always remember it. Even to this day. On the front veranda. I deliberately gave her the present, gave her the card and then I went to grab a hold of her and give her a kiss and a cuddle. She just went like an ice block and just went don't kiss me… So I knew where I stood. There was nothing other than just being an object in the home for my foster brothers." – 'Stewart'

Others reported more favourably on foster parents and experienced being integrated into a family unit, or being exposed to positive attitudes or a work ethic that influenced their later lives.

The lack of screening, training and oversight in the period 1930–1970 in particular had serious implications for the safety of children and the quality of care they received. As one expert informant commented: "You end up getting a particular type of person who likes to actually oversee that incarceration." (SP8).

In this study, only the youngest group of adult care leavers could recall trained staff working in a residential group home setting, that is a 'professionalised' workforce (case workers, residential youth workers). One woman in her 40s recalled a particularly helpful manager of a youth shelter that supported her when she was placed in a house near the youth shelter at age 14:

"He would give me some money or give me some food without telling me off. Sometimes he'd just come and visit me and like yeah, he was probably the only male I'd ever met at that point in my life who wasn't – there was no relations, anything sexual. It was just yeah. He'd come and visit me." – 'Jenna'

The sector had become more professionalised by the 1970s and the focus had moved away from large institutional settings towards foster care placement and smaller residential facilities by this time.

Placement trajectories

On average, survey respondents experienced 4.0 placements while in care (ranging from 1 to 27 placements). As shown in Table 7, 27.2% of survey participants reported that they had only one placement during their time in care, 32% had 2–3 placements, 19% had 4–5 placements, 16.2% had 6–10 placements, and 5.6% had 11 or more placements.

Table 7: **Number of placements**

	n	Frequency	%
Number of placements	394		
1		107	27.2
2–3		126	32.0
4–5		75	19.0
6–10		64	16.2
11 or more		22	5.6

The number of placements differed by age. In general, care leavers in the younger cohort had more placements than care leavers in the older cohort. As shown in Figure 4, the percentage of people who had 11 or more placements was 16% among people under age 55, 3.8% among people between 55 and 64 years old, and 1.3% among people aged 65 or older.

Figure 4:
Number of placements by age

Legend:
- 1
- 2–3
- 4–5
- 6–10
- 11 or more
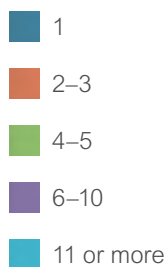
Note. n = 384.
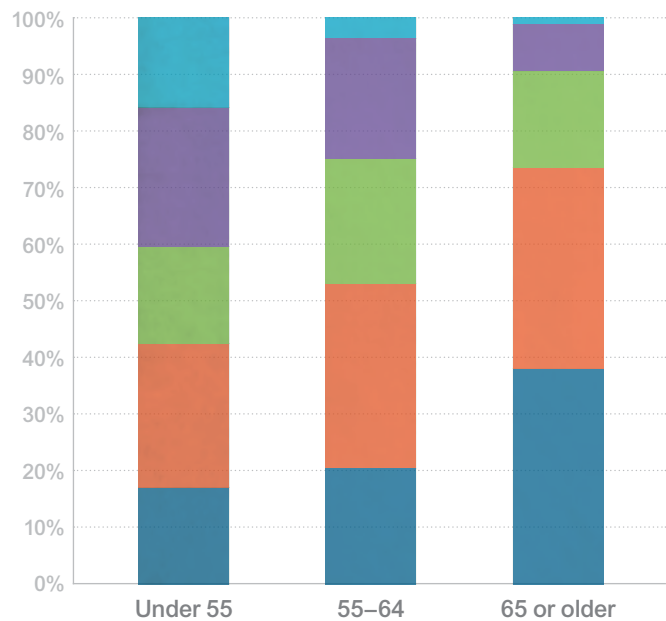
While some participants were in a single institution for a long period, the average experience was one of placement change. Some experienced several or many placement changes. One person reported experiencing 30 different placements:

"I moved every year as a child from the age of 4, 5, to the age of 13. I moved every year into a different family home. And I was then in, another year, nearly a year in another one, but then I was nearly 5 years and another one, so I know about packing my bags." – 'Meryl'

'Hannah' described an extreme experience of instability:

"From 1961 to 1968, they moved me 30 times. Backwards and forwards, backwards and forwards, another place, another place, another place… I was never in the one place long enough to get settled. Never let me settle anywhere." – 'Hannah'

Placements could also be of a short duration:

"I went to something like eight (8) placements over a really short timeframe. You know 2 weeks here, and a month and a half there, you know?" – 'Gus'

Multiple entries to care seem to be the experience of many children in this cohort. This caused further attachment disruption (especially after a substantial period in particular placement), along with more instability and uncertainty. The mental health impacts of placement discontinuity are better understood today, though placement disruption remains a major systemic problem (Fernandez, 2014; Osborn and Delfabbro, 2006; Wulczyn and Chen, 2010).

"Well I was given away by my mum at 20 months old to a foster family which what I remember of them was fantastic. But when I was about 6 or 7, my mum decided she wanted me back so she snatched me back and so her husband put me in (the children's Home)." – 'Marjorie'

Other changes of placement occurred when parents were unmarried or had separated and were in dispute about custody. At times parents were challenging the State about how and where their children should be raised. Often this involved a preference to relocate children interstate as experienced by 'Dawn':

"When I was two I got put into the children's home. And I've since found out that was because my mother was not married to my father; and he went to court to take custody of me and take me back to Victoria. So they put you in there while the court case was on." – 'Dawn'

Placement changes could also be associated with misbehaving or refusing to perform chores or work. 'Laura' said she was sent away ostensibly because she 'wagged work':

"So went to a place called Holy Cross Retreat/ The Magdalen Asylum where naughty girls go and people who have something wrong with them… mentally ill or whatever could live there as well… and stayed there. The nuns ran it. It was a Catholic Retreat. So someone was on patrol all the time… with barbed doors and windows and barbed wire on the fence. Like a jail." – 'Laura'

Other placement changes were experienced as arbitrary and disruptive, such as removal from a foster situation. Often no warning or reason was given for a placement change:

"You would come home from school your bags would be packed, you are going to another home you were told to behave. No reason why you are behaving the way you are is ever looked at. You are going to the next placement… 19 placements in 12 years, 9 schools in 8 years." – 'Eileen'

Placement changes also disrupted schooling, as described by 'Luke':

"But until I went to high school, I had probably never stayed in school longer than 7 or 8 months. I think I was actually quite lucky, my last foster placement was very good and I was there for 5 years." – 'Luke'

Another participant clearly outlined the link between placement changes and his own behavioural issues, and also identified that nothing had really improved within the current system:

"I spent 4 years at the first foster placement, then I was moved to another one for 12 months and then to another one, and you become so confused, and by this time you're only still not even a teenager, and you rebel and you react, and then you become what they call uncontrollable and then you end up in the institution. And then it just escalates from there. Having said that, today the system is still broken because today it's nothing to hear some of the children in care have already had 20 to 30 placements." – 'Luan'

He could see the ongoing effects of this instability through his current work with young people in detention and strongly advocated for changes to child protection and out-of-home care practices.

Those that experienced stable long placements formed attachments to foster siblings and the foster parents. One care leaver currently undertaking further studies posed the question as to whether stability, rather than type of care, was of primary importance and questioning her own presumption that foster care was inherently superior:

"So I sort of went and looked into it a little bit more and I was absolutely horrified to realise that kids in foster care are experiencing so many of the same sorts of issues that

*I experienced in a children's Home…
It has in turn, led me to wonder about things
like placement instability for example, and
compared that to my experience where at
least I was in one Home and I went to one
school. My education wasn't disrupted or
anything. I wonder sometimes if the whole
idea of closing down institutions, you know,
was a bit of a knee-jerk reaction to what
was an awful situation at the time… I think
stability is so important. Even though in my
situation I wasn't happy, at least I knew the
rules. At least I knew what I could depend
on and what I couldn't." – 'Abigail'*

This raises an interesting perspective that
although there were many negative things
about the institution 'Abigail' was in, for her
it had provided consistency, safety and
security enabling her to establish a sense
of self and 'home'.

One of the research participants working
in the child welfare field ruminated on the
continuing trend of placement instability in
contemporary out-of-home care systems:

*"It's still not unusual to hear some kids
who have been on thirty placements…
Sometimes it's actually about the people
not being able to understand. Sometimes
it's actually the fact that we place too many
kids in one situation. We place kids who are
actually inappropriate to be together. Some
of it is very, very difficult behaviour that the
caregivers have no capacity to actually deal
with. And a lack of understanding when
the kid came into care." – SP8*

In a similar vein another participant working
for a service that provides specialised services
to care leavers posed a series of questions:

*"What's needed to keep kids in placement?
To stop it breaking down and them having
to be placed multiple times. Can you imagine
what that must be like? My goodness. And
the other multiple changes that go with it like
school." – SP5*

In summary, it was found in this study,
consistent with others, that incidence of
placement change was high and that stability
was identified by participants as being of
paramount importance. This does not imply
that stability should be favoured over potential
harm to a child in continuing a placement,
but that wherever possible stability should be
considered in decisions relating to the child's
well-being (Jackson, 2002; Wulczyn and
Chen, 2010; McDowall, 2013).

Contact with family members

Ninety-one percent of survey respondents had siblings (either alive or deceased) and the average number of siblings was 4.3 (ranging from 0 to 23 siblings). Among people with siblings, 74.5% had siblings who were in care also (Table 8).

Table 8: **Siblings**

	n	Frequency	%
Have siblings	**433**		
Yes		394	91.0
No		31	7.2
Don't know		8	1.8
Siblings in care	**392**		
Yes		292	74.5
No		83	21.2
Don't know		17	4.3

Nearly a quarter (24.5%) of survey respondents did not have any contact with their family while in care. While 57.3% had some level of contact with their mother, the percentages dropped to 49% for siblings, 42.2% for father, and 32.5% for other relatives. Overall, participants had most contact with their mother; yet, the median of contact with mother is 2 which is equivalent to yearly or less.

In terms of frequency, the most frequent contact was with siblings (13.6% had fortnightly or more contact) as indicated in Figure 5. This seemed partly due to placement in care with their siblings.

Figure 5:
Contact with family while in care

- Never
- Less than yearly
- 2–3 times a year
- Monthly
- Fortnightly or more

Note. The sample size varies, n = 271 to 335.
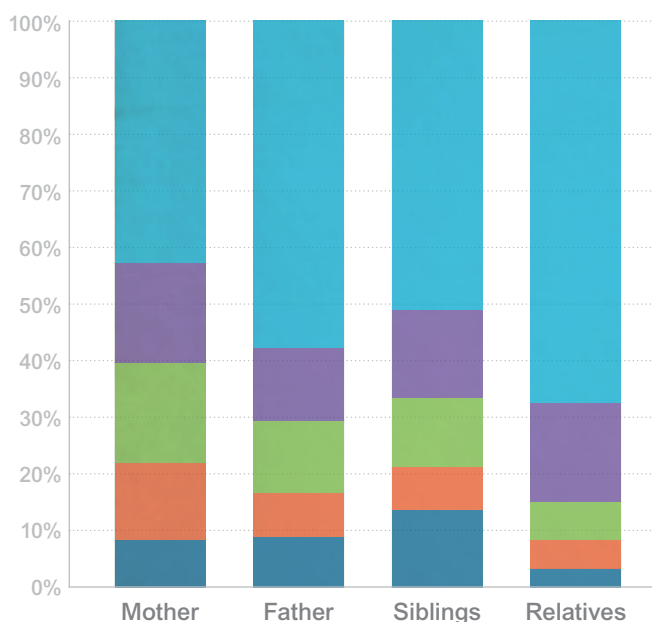
Separation of siblings was widespread: in the 1960s, it was reported that over 60% of children in care had been separated from their siblings, and up to one third were unable to see each other after separation (Find and Connect, n.d.). The practice in large and regimented institutions was to place children according to operational concerns, rather than facilitating ongoing sibling contact. Institutions were sometimes age-specific or single sex and that led to the separation. Some had particular areas or cottages based on age group, and where siblings were different in age, they were placed in the age-specific area.

Siblings could be removed to adoption (and had their names changed), into another institution, or to another State altogether. Separation from siblings caused emotional distress for children. This often occurred brutally quickly and children had little opportunity of seeing a sibling again, or saw them infrequently for example on a picnic day where children from different institutions were gathered together. The practices of the time did not place any value on the maintenance of familial bonds.

Even when in the same institution, siblings placed at a young age were often unaware of each other's familial connections. Some participants in this study reported that they did not realise that another child in the same institution was their sibling until informed of this or when taken out of the institution.

Contact between siblings was often actively discouraged and several participants in this study reported being punished for communicating with a sibling. This was described by a great many participants as something that affected them deeply. Those who were completely separated often became estranged.

One survivor spoke of the emotional distress of being separated from her sister to which the foster carer was sympathetic:

"The second placement was to a foster mother in [suburb]. I didn't get any abuse there. She was very nice, but I did go back to wetting the bed and wanting my sister all the time. That foster mother, and it's written in my files, wanted me returned to the Welfare Department to be with my sister because she said, 'this girl's just crying for her sister and her mother. Try and get them back together.' Eventually, I think that lady was so torn up that she actually said she couldn't keep me anymore and I should be sent back there." – 'Sylvie'

For those who could maintain contact with a sibling, there were opportunities to support each other emotionally and for the older to protect the younger sibling as best they could. Siblings became the main support person for each other, as documented by Margo O'Byrne in her book 'Left Unsaid' which documents the 'triumph of sibling love over parental neglect and institutional care'. She and her brother Michael had a strong bond that helped them survive their childhoods and transition into independent living (O'Byrne, 2009).

In this study sisters 'Bree' and 'Lucy' were supports for each other and live in the same regional town today. They experienced being together, then separation, while in 'care':

"When you asked me earlier… what things helped you through and I think, especially the bond between ['Bree'] and I, but with all of us siblings, you know, that sense of isolation and powerlessness is ameliorated to a smaller extent, but then there's the flipside of that… when you're witnessing atrocities and you're separated… so when we first went

in that Home, ['Bree'] and I were like twins, and we were separated for the first nearly year, which was hugely traumatic." – *'Lucy'*

'Bree' and 'Lucy' both expressed that the support they provided for each other during this period (and later in life) assisted them in managing some of the worst effects of their traumatic childhoods.

On a more positive note, some institutions actively encouraged normal childhood activities and sibling contact, as described by 'Robbie':

"There was some fun stuff in there as well, like we did go to movies, play footy and stuff. They educated us and I got to see my sisters at the dinner table because that's how they set it up. Families on family tables." – *'Robbie'*

Children in foster care may live with and develop ties to children with whom they may or may not have a biological relationship (Children's Bureau, 2013). Adopted or fostered children could form bonds with their fellow adoptees or children of foster parents to the extent that they developed a sibling relationship with them. One former child migrant recalls the bond he developed with the other child placed in the family:

"He was adopted. He was an Aborigine. So I have a half-brother who is Aborigine even though I was born in England. We get along like brothers. He's in the [place name] teaching now, he's got kids… I'm their uncle. We have come from similar backgrounds, in a way, even though I'm from 12,000 miles and he was taken away…" – *'Archie'*

This illustrates the significance of bonds formed through care. For 'Archie', his foster brother felt closer to him than blood relations. The research indicates separation of siblings was widespread and only in a few instances were siblings placed, and kept, together. For children already suffering from the effects of attachment disruption, further separation from siblings would compound familial disconnection. Siblings reconnecting in later life as adults is explored in a later section.

During their time in care, nearly half of survey participants (48.8%) returned to their family at some point regardless of duration (Table 9). Survey participants were also asked about the number of times they returned to family for the duration longer than a month. On average, they returned to their family about 0.9 times while in care (ranging from 0 to 20).

Table 9: Return to family while in care

	n	Frequency	%
Ever returned to family while in care	418		
Yes		204	48.8
No		205	49.0
Don't know		9	2.2

	n	Frequency	%
Number of times returned to family (> month)	373		
0		239	64.1
1		55	14.7
2		28	7.5
3		18	4.8
4		14	3.8
5 or more		19	5.1

Research participants reflected on their stress following a visit from a parent and how this was poorly managed:

"Often times she would come and they wouldn't let her see us, or she would bring a gift for us. It's just all this sadness to go all that time and you thought, 'why doesn't mum want to come and see us? Why won't she come and get us out?' Because it was hard to manage us. We'd be distressed after she left, so it was difficult for them when she left and they thought, 'oh no, we're not going to have to deal with that every day." – 'Lucy'

'Ivy' was placed in a Home with her siblings. She described the effect of having a doll from her mother taken from her and later disbelieving that her parents were her parents:

"I got one letter from my mum when she was well enough to write from hospital. She made a beautiful hand-made ragdoll for my sister and for me. They took us out the back, read us the letter, took photos of us with the dolls and then that was the last I saw of that. It was taken from me and I really grieved about it. So as a child, I shut down. If somebody smashed a toy or took a toy off me, I didn't care. I blocked my feelings. I blocked my memories of my parents even though I was grieving for them. I didn't even recognise them when they picked me up. I didn't believe it was my own parents for months and months and months. I wouldn't bond with my parents because I thought they were strangers who kidnapped me and I'd never see my real parents again." – 'Ivy'

The experience of having no control over a treasured personal possession that represented a link to her mother and the profound hurt experienced might be expected to have engendered detachment and avoidance as a protective mechanism. It is unsurprising that 'Ivy' kept her parents at a distance following being reunited with them in order to protect herself against the pain of another separation.

'Marjorie' had spent most of her life with a foster family who she described as 'fantastic' and explained the extreme disconnection she felt when returned to her biological mother:

"When I went back to mum? About seven. Mind you I didn't know this woman… All I knew was my foster parents." – 'Marjorie'

Going back to parents was not successful for many of the study participants. 'Douglas' explained that when he was returned home on one occasion the damage had already been done:

"I remember about 4 or 5 visits [when I was in the Home]. They did take me back once but that was a disaster. The damage had already been done. I didn't trust them. I didn't like them. I didn't like what was happening around me. I was angry and again upon reflection, I had no chance. There was no chance of us becoming a family unit again. Because of that abandonment, that mistrust and probably possibly more important, that nobody told me what was happening." – 'Douglas'

Lack of trust and wanting to know why he had been abandoned manifested for 'Frank' when he was taken into a meeting with his biological mother:

"Mother Superior said 'you haven't kissed your mother'… I don't know what a mother is, so, I said 'no way' and they said 'yeah, you got to go and kiss your mother' and I said 'no, I don't know this woman' and she said 'don't you wanna ask anything' and then all I could say was 'why?' Not knowing what I meant by why, why am I here, why are you here, or why did you leave me in a Home, I just didn't know the meaning, that's all I could say, 'why?' " – 'Frank'

A parent's new partner could keep the parent away from the children or pose danger to children on home visits as 'Kim' recounted. She and her brother requested that holiday visits to their mother cease due to abuse they suffered:

"My brother and I decided to tell the Home when we went back that we didn't want to go home anymore, which was only my ever regret because we never got to see our mum again, but her de-facto, like I was saying earlier, he was interfering with us anyways, but when we were in the Home and we got sent home, he used to prostitute us in holidays to his mates… you know, beer, cigarettes." – 'Kim'

A parent could place children in care then re-partner and keep later children, compounding a feeling of rejection as described by 'Edmund':

"I still felt I'd been rejected and I still couldn't work out why she could still have three kids and just leave me in a Home at the same time." – 'Edmund'

If a child absconded and headed to the familial home, a parent could send them back to the Home. This is explored in the section on running away. Children were unaware of parental efforts (usually by the mother), to have them restored to get the children out of the Home. This came to light later through records; however at the time children did not realise or were told that their mother did not want them, when in fact attempts were being made to have their children returned. This was the experience in 'Lucy's' case:

"I thought she didn't want us because that's what they told you constantly. I found out after my mum died and my sister got her records, copies of letters after letters of her asking to have her children back. Which was just devastating because you go through your life with this whole notion about your mum; she didn't want you, and you find out that wasn't the truth. She died nearly three years ago. She went to her grave with all her children thinking she didn't want us." – 'Lucy'

There were other such stories as 'Lucy's' which emerged in the data. Poverty and single parenthood were one of the key causes why women lost their children in the period before the single parents pension existed. In summary, contact with parents was not as frequent as one would think and this is also evidenced in the survey data where a little over a fifth reported having fortnightly or monthly contact with their mother and under a fifth with their father. Contact in some instances could involve an encounter with a virtual stranger due to the extended loss of contact with parents. Some parents were simply poor, or sick, and could not care for their children. Children may have been aware of these reasons; however early loss of this attachment still had a severe effect on their relationship with biological parents.

Schooling

The majority of survey participants (87.2%) attended school while in care: 70.3% attended school regularly and 16.9% attended school sometimes. Nearly sixty-one percent of respondents attended government schools and 56.1% attended schools attached to the children's Home or orphanage. Smaller proportions attended Catholic schools or other non-government schools. On average, respondents attended 2.6 schools (0–21 schools). On average, they left school at age 15 (8–28 years old[2]). Prior to 1962 and the introduction of the Wyndham system and extension of high school courses to six years, this was not unusual. The majority of respondents (85.8%) said their schooling was affected by their experience of being in care. Table 10 indicates whether school was attended at all, and if so, what type of school it was.

Table 10: Schooling while in care

	n	Frequency	%
Attending school while in care	**421**		
Yes		296	70.3
Sometimes		71	16.9
No		54	12.8
Types of schools‡	**367**		
School in institution		206	56.1
Government school		223	60.8
Catholic school		96	26.2
Other non-government school		25	6.8
Number of schools	**390**		
0		58	14.9
1		71	18.2
2		113	29.0
3		64	16.4
4		29	7.4
5		17	4.4
6		13	3.3
7 or more		25	6.4

	n	Frequency	%
Age at leaving school	**368**		
Under age 11		7	1.9
12		16	4.3
13		22	6.0
14		86	23.4
15		121	32.9
16		59	16.0
17		37	10.1
18 or older		20	5.4
Schooling affected by care	**379**		
Yes		325	85.8
No		31	8.2
Don't know		23	6.1

Note. ‡ The total exceeds 100 percent because participants were able to choose more than one option.

Only 19.2% obtained a Higher School Certificate (or Leaving Certificate, Matriculation, Senior Certificate, Year 11 or Year 12), 23.8% obtained an Intermediate Certificate (or School Certificate, Junior Certificate, Achievement Certificate, Year 10), and 56.9% did not obtain any school certificate although most of them attended primary and secondary schools, as detailed in Figure 6.

Figure 6: **Level of schooling**

Never attended school 1%
Other 11%
Higher School Certificate 19%
Some Primary School 9%
Finished Primary School only 6%
Intermediate Certificate 24%
Some Secondary School 29%

Note. n = 651.
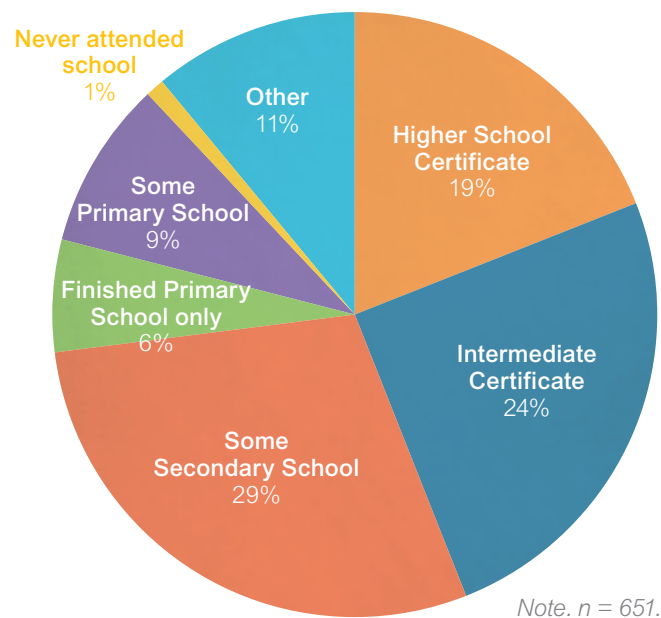
The experience of schooling differed by age. In general, younger care leavers fared better on schooling than older care leavers as detailed in Figure 7. Percentages of people who obtained a Higher School Certificate (or equivalent) are higher among younger care leavers (27.4%, 18.9%, and 14.3%) whereas higher percentages of individuals who did not receive any secondary school education are higher among older care leavers (18.4%, 24.4%, and 36.7%).

Figure 7: Schooling by age

Legend:
- Higher School Certificate
- Intermediate Certificate
- Some Secondary School
- Finished Primary School
- Some Primary School only
- Never attended school
- Other
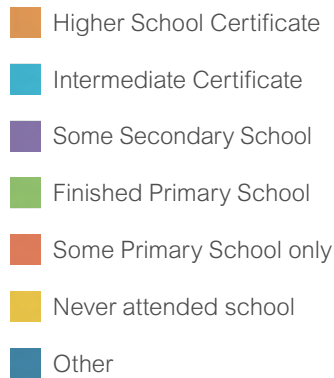
Note. n = 634.
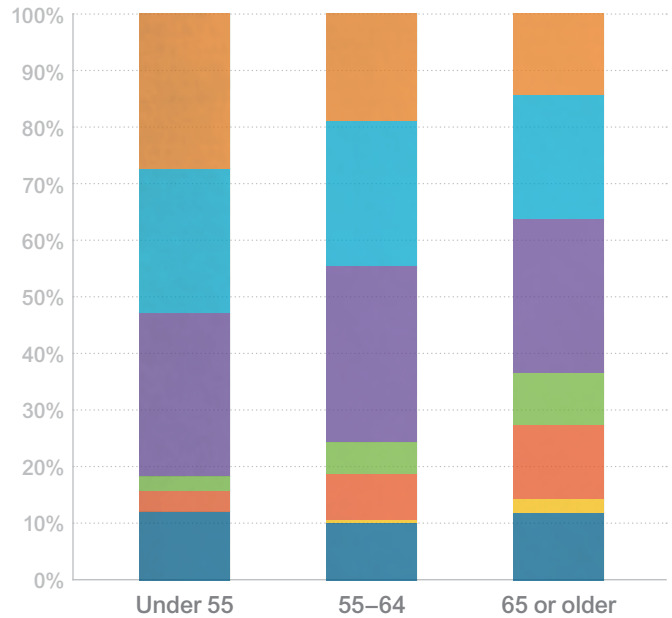
The number of schools attended differed by age. In general, care leavers in the younger cohort attended more schools than did care leavers in the older cohort. As shown in Figure 8, the percentage of people who attended six or more schools was 20.7% among people under age 55, 9.7% among people between 55 and 64 years old, and 4.2% among people aged 65 or older. This could be due to the fact that the younger cohort had more schooling while in care and that they had a higher number of placements which led to school changes.

Figure 8: Number of schools by age

Legend:
- 6 or more
- 4–5
- 3
- 2
- 1
- 0

Note. n = 378.
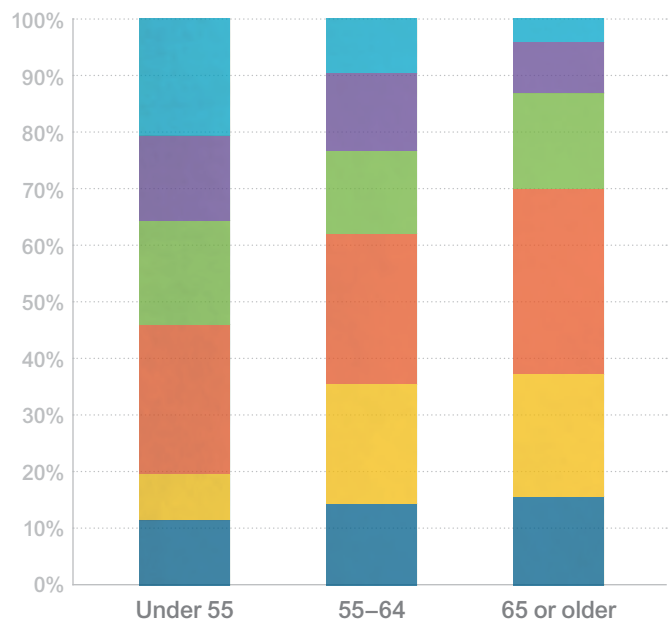
Survey participants were asked about the reasons for not finishing a Higher School Certificate (or equivalent). Almost half of respondents reported that institution did not offer the opportunity (46.7%). Participants also reported that they could not pay attention at school (36.4%), there was a lack of encouragement from institutions (39.6%) and teachers (34.6%), and they had to work (27.8%). Figure 9 displays the reasons for non-completion of the Higher School Certificate (or equivalent).

Figure 9:
Reason for not finishing Higher School Certificate/Leaving Certificate or equivalent

Note. n = 338.
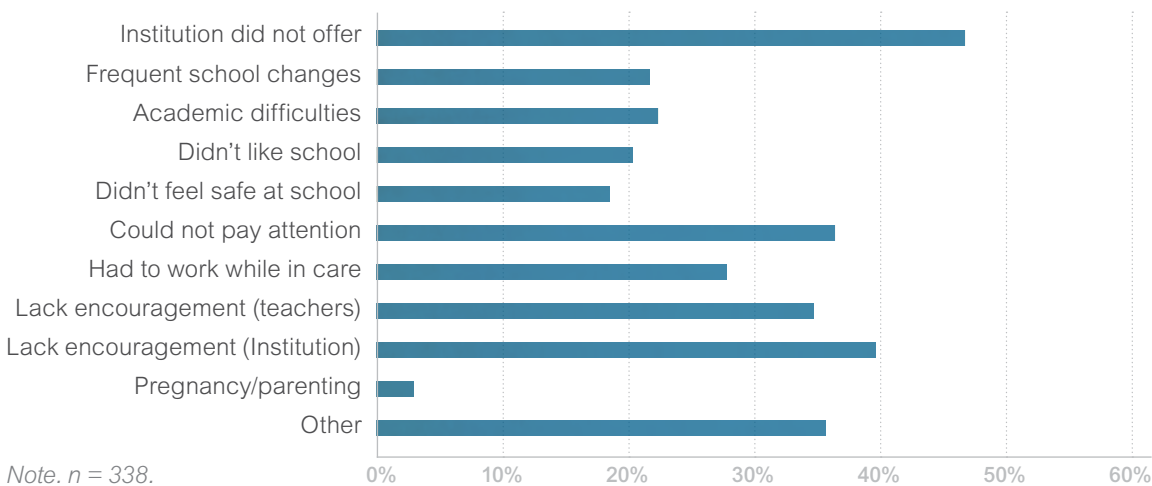
As noted in Figure 10, the major reasons for not completing a Higher School Certificate (or equivalent) differed by age. Higher percentages of people at age 65 or older reported that the institution did not offer an opportunity, or they had to work. Higher percentages of individuals in the younger cohort reported frequent school changes, academic difficulties, disliking school, not feeling safe at school, inability to pay attention at school, lack of encouragement from teachers, or 'other' as reasons. The category 'other' typically included responses relating to having to leave placement or leave school to enter paid work (either voluntarily or under pressure from the institution or foster carer), being expelled from school, or being unable to pay for school expenses.

Figure 10:
Reasons for not completing Higher School Certificate/Leaving Certificate or equivalent by age

Legend:
- Under 55
- 55–64
- 65 or older

Categories (top to bottom):
- Institution did not offer*
- Frequent school changes**
- Academic difficulties*
- Didn't like school*
- Didn't feel safe at school***
- Could not pay attention***
- Had to work while in care*
- Lack encouragement (teachers)*
- Lack encouragement (Institution)
- Pregnancy/parenting
- Other**

X-axis: 0% 10% 20% 30% 40% 50% 60%

*Note. n = 330. * < .05, ** < .01, *** < .001*
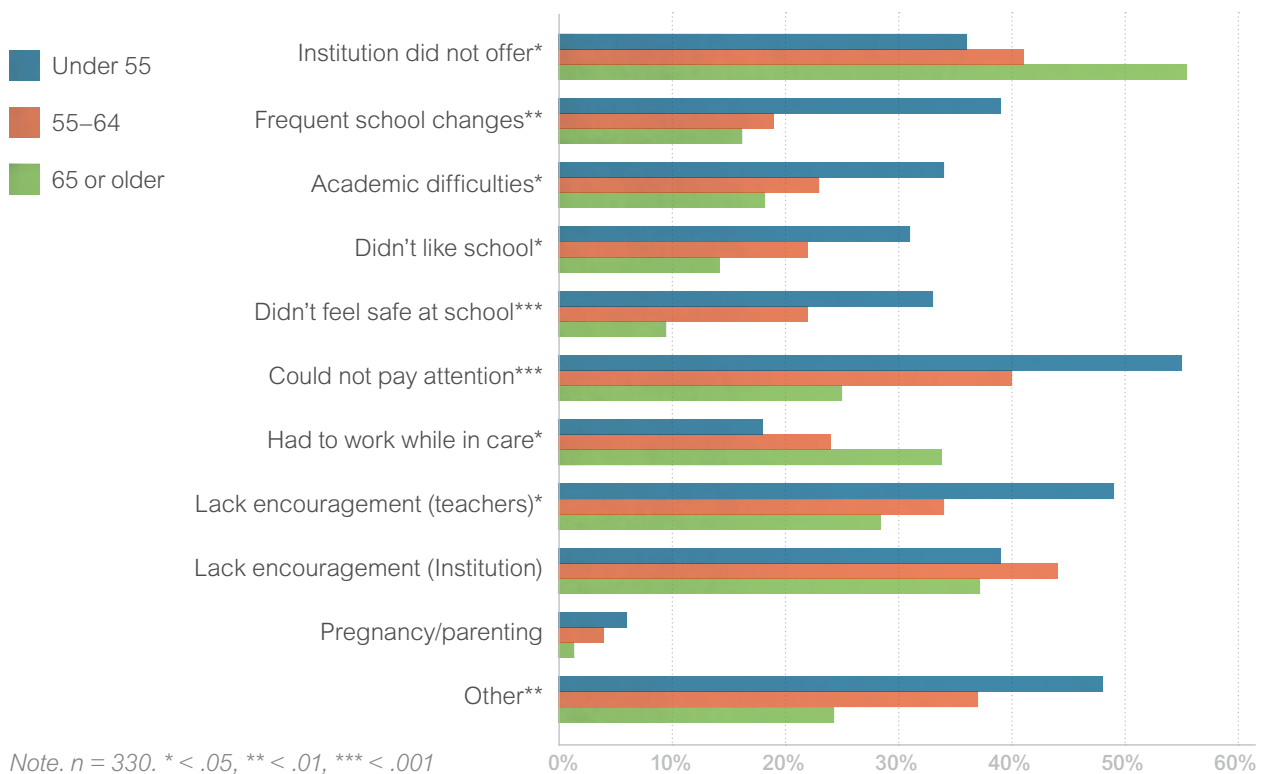
Some institutions had their own in-house school. Having a school internal to the institution limited contact even further with the outside world, as there was no opportunity for movement outside of the institution on a daily basis, or interaction with other children in state schools. State wards were more likely to attend a public school. Schooling was often experienced as basic and vocational or even not seen as education at all: "it wasn't a proper school" ('Doreen'); "the so-called school*"* ('Samantha') where the children were taught by a person who "had left school herself when she was 15, and really had no clue" as 'Samantha' said of an internal school in a Catholic institution.

Children experienced negative and oppressive attitudes from peers and authority based on their in-care status. This experience of stigma further exacerbated the negativity in their schooling experience and their educational outcomes.

Although 'Thelma' excelled at school and was accelerated, she still suffered the stigma of being a state ward:

"But the exclusion… because we were all home bastards. That's what we were all called, home bastards" – 'Thelma'

'Dean' reported that children from the Home were singled out for greater scrutiny and punishment in his school:

"It was difficult because we were home boys. As soon as they found out we were home boys anything went wrong in the school you copped it. It did not matter what it was, you copped it from the headmaster." – 'Dean'

Another participant reported being a 'home kid' meant low or no positive expectations at school:

"We were never permitted to be called by name. We were all called simply "home kid". We were ostracised by both teachers and students. Our school work and/or homework was never checked as we were told that we were only home kids and not expected to do anything in life other than life on government assistance." – 'Anon'

For a minority, the institution was not experienced as wholly negative. In a handful of cases there were educational benefits although not many went past the modern day equivalent of Year 9. One woman who was sent to school in Adelaide while under

the control of the Welfare authority in the NT enjoyed school and was the only Aboriginal girl in her school. However while she identified her schooling in South Australia as generally positive, the attitude of the NT authorities was highly discriminatory:

"[My education was] Really good. I liked school… but it's funny. When I came back to Alice Springs I [viewed] my files and seen what they wrote about me… and it surprised me and it shocked me that they said these things… Very upsetting…"['Clara'] is a very bright girl, but she won't amount to very much", you know?" – 'Clara'

'Clara' later on attributed much of her success in employment to education and her work ethic and ensured her own children valued education also.

Racism that was experienced impacted on schooling, and filtered through into later life and affected self-esteem, as 'Leah' explained:

"But you know, that was sort of the self-fulfilling. Boongs are dumb, interjected beliefs. I know they're not true but the wound of them is still there." – 'Leah'

Another person was denied schooling due to racial discrimination:

"I was not always sent to school as they thought I was too dumb, i.e. being Aboriginal." – 'Anon'

For many participants, unpaid chores could take precedence over homework:

"There was no facilities [sic] or resources at the Home for study or homework as it did not seem to be important as there was always work to do at the Home and that was the priority." – 'Anon'

Unsurprisingly children were affected by separation from parents and institutional environments and this could cause or exacerbate learning difficulties and behavioural problems at school. Separation from parents clearly affected attainment in school as reported by 'Neil':

"I was an anxious, nervous and unhappy child as I had been separated from my mother and was worried a great deal hoping she would get better so we would be together once more. My anxiety interfered with my school work and I was subsequently placed in [a lower class] for slow/backward children." – 'Neil'

Having learning difficulties was reported by a number of persons and directly linked to trauma in childhood:

"There was a lot of trauma from 3–10 and I think my behaviour reflected that, although they couldn't seem to find what was wrong with me so I was charged with being uncontrollable. I didn't relate well to kids at school. I went to 14 different schools – so that's probably why. The classic chicken or the egg scenario – that I know now. But back then, I hated myself." – 'Anon'

Behavioural problems and learning difficulties were common often leading to a premature withdrawal from school. Even though 'Joe' was doing well at school, he relates how he decided to sabotage in his final year:

"So anyway going back to the school business I become a prefect and I was doing quite well at school, I was coming first – I think the worst I ever did was I came fifth in the class. And I had this longing to get to a decent school. So that was ok. And then we got to 11 plus, and the other kid – the brainy kid – was off to a private school and I was left where I was…

"But anyway, so the next year went into sixth class and – this is stupidest thing I've ever done in my life, and I've always regretted it and it's marked my whole life from this point on – I decided I was gonna come last in the class. And it was a revenge. So I just didn't do anything, I didn't – if they did the maths, I didn't do any maths. I didn't do anything. I caused havoc in the class." – 'Joe'

A minority of respondents could recall a teacher who was able to give encouragement and support to a vulnerable young person. "The importance of teachers cannot be over-emphasised" (Gilligan, 2007, pp. 139). Such a person could uncover potential and facilitate advances in educational attainment:

"When I started school I still couldn't talk and be understood. This was because I was being severely abused by both my foster parents and the emotional and psychological effects of that abuse. I was considered really dumb. Fortunately I was left in school. In 1st class I had a wonderful teacher. I found school to be a safe place. By the end of 1st class I had excelled. Some of the other teachers were very surprised." – 'Anon'

An Aboriginal woman who described her schooling as "really good" excelled and became a prefect:

"I loved basketball and I loved sports. I excelled at all sports at school and I went to the public school and I became prefect there… and I was the sports captain. I think there were only two Aboriginal women at the school." – 'Clara'

Stability played an important part in facilitating educational attainment as explained by 'Helen':

"I've been to 13 schools in my primary school years, the learning was very hit and miss, so having stability, going to the same school for 5 years, the high school was a dream, cos I was academically interested in things and I was good at sport and I became the sport captain." – 'Helen'

In terms of going on to matriculation (Year 12) participants reported that this was simply not an option or was rarely encouraged and only occurred when a scholarship or advocate ensured the young person could continue their schooling, or the child was recognised as being bright and had an opportunity to progress, Many intelligent children did not have this opportunity or had behavioural and learning challenges due to trauma they had suffered.

A few participants had managed to gain a scholarship or otherwise make it to Year 12 with some other form of encouragement or assistance. 'Eloise' reported that the Catholic institution where she resided allowed her to stay and this allowed her to continue her education:

"I lived independently in the nunnery for the last year of my school life. I completed Year 12. My aim was to be educated because I figured education would get me out of the situation and my aim was to do nursing." – 'Eloise'

It should be kept in mind that staying in school beyond age 15 was not typical until after 1962, and that the legal leaving age was raised to 17 only in 2010. Therefore it is unsurprising that the older age groups were not offered the option of going further with their schooling. Children were taken out of school and moved into work as soon as they were legally able to join the labour force:

"What education? My education, my educational potential was like my childhood, stolen, I don't know what I could have been. I had no education. I was taken out of school before I turned 14 and was sent to work on a dairy farm." – 'Luan'

'Luan's' experience was by no means singular – many of the males reported being virtually conscripted into farm and other work from age 15.

In general the participants in this study faced many challenges in regards to their education – poor, in-house schooling, often given second priority in favour of unpaid labour within the institutions, behavioural and learning difficulties triggered by trauma, negative attitudes based on stigma, and being forced to leave school at the minimum legal age notwithstanding ability or potential and limited opportunities. Those who did manage to attain a Year 10 or Year 12 education related how scholarships, or a supportive teacher or other person, assisted them to higher levels of educational attainment. Moreover, education was identified as a possible route away from ongoing disadvantage and therefore tenaciously pursued by some.

Child labour

A substantial number of survey participants (*n* = 222) reported on work while in care. Among them, 81.5% reported that they did some type of work under the age of 13. While working hours varied greatly, the average was 16.2 hours per week (0–112 hours[3]), and the median was 14 hours. Among those who reported working under the age of 13, 78.4% did unpaid work whereas only 5.4% did paid work. For their time in care at the age of 13 and above, 86.8% reported that they did some type of work while in care. On average, they worked for 22.5 hours per week (0–112 hours) and the median was 20 hours. Among those who reported working at the age of 13 and above, 75.1% did unpaid work whereas 21% did paid work while in care. Table 11 details the specifics of childhood work such as the hours of work per week and whether the work was paid or unpaid.

Table 11: **Hours of work while in care**

| | Under age 13 (*n* = 222) | | | | | | At age 13 or above (*n* = 205) | | | | | |
| | All work | | Paid work | | Unpaid work | | All work | | Paid work | | Unpaid work | |
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
0 hrs	41	18.5	210	94.6	48	21.6	27	13.2	162	79	51	24.9
1–10 hrs	56	25.2	7	3.2	53	23.9	41	20	15	7.3	40	19.5
11–20 hrs	60	27	2	0.9	60	27	50	24.4	9	4.4	51	24.9
21–30 hrs	40	18	1	0.5	39	17.6	28	13.7	1	0.5	25	12.2
31–40 hrs	13	5.9	0	0	12	5.4	36	17.6	14	6.8	23	11.2
41 or more	12	5.4	2	0.9	10	4.5	23	11.2	4	2	15	7.3

Working hours while in care differed by age. In general, care leavers in the older cohort undertook more work while in care either paid or unpaid. As shown in Figure 11, the percentage of people who did work under the age 13 was 38% among people under age 55, 12% among people between 55 and 64 years old, and 13% among people aged 65 or older. A similar pattern was found for work at age 13 or above (20%, 10%, and 12%, respectively).

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[3] *Three participants reported working hours above 100. This may not necessarily reflect actual working hours. Given the extreme values, medians are also reported.*

Figure 11: **Hours of work in care by age**

Legend:
- 0 hours
- 1–10 hours
- 11–20 hours
- 21–30 hours
- 31–40 hours
- 41 or more

Note. The sample size varies, n = 200 to 218.

Under age 13: Under 55 | 55–64 | 65 or older

At age 13 and above: Under 55 | 55–64 | 65 or older
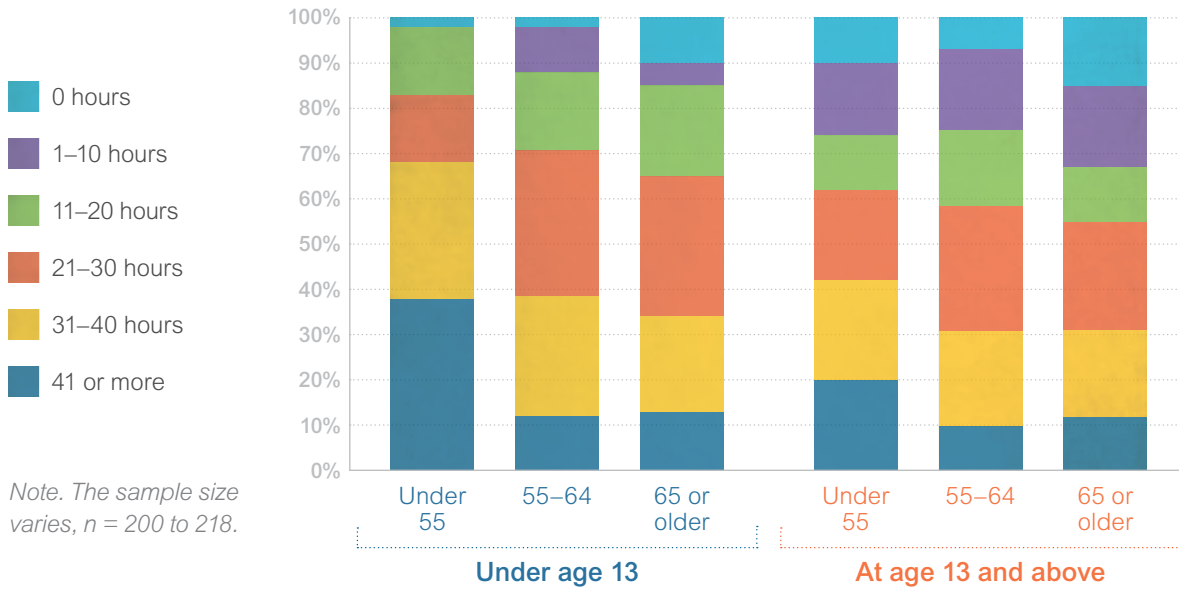
Among respondents who undertook paid work while in care, some were able to keep their earnings from work and they seemed to be able to do so more as they got older. The percentage of respondents who were never able to keep their earnings reduced from 67% under age 13 to 41% at age 13 and above. Figure 12 indicates whether wages were retained for those under age 13 and at age 13 and above.

Figure 12: **Keeping earnings from paid work**

Legend:
- Never
- Rarely
- Sometimes
- Often
- Always

Note. The sample size varies. n = 30 for under age 13 and n = 85 for at age 13 and above.

Under age 13 | At age 13 and above

Figure 13: **Unpaid work**

Nearly all respondents recalled having to spend many hours a week working. The work was mainly household chores required to maintain the running of the institution such as cleaning, cooking, polishing shoes, mopping, gardening, and looking after younger children. Some institutions ran enterprises such as farms or laundries and children would work in these industries unpaid. Work was particularly gendered, with females given many of the domestic chores such as looking after smaller children, cleaning, laundry and cooking, and males outdoor or farm work (Figure 13).

Work was a constant in the life of children in institutions as described by 'Ethan':

"Every morning before school you worked, come home and then you worked again until tea time, and you did that Monday to Friday, and then you worked all day Saturday, and on Sunday you're in church all day praying to God and thanking him for the great life you were living!" – 'Ethan'

This was typical. There was not much recollection of being able to have a lot of time to play – everyone had their chores to do, no matter how young. One woman recalled having to scrub the brass with a toothbrush at what she thought may have been as young as two years of age.

Another female described the constant ironing work that deprived her of the play time and sleep that children need:

"I never really knew from the age of 10 to just be a little girl. I always had chores. From getting up – this is why I enjoy my sleeps now – 4 o'clock in the morning before anybody got up, I had to have so many uniforms ironed, ironed morning, noon and night. Morning before breakfast, after breakfast until going to school. Then lunchtime, iron again until afternoon. Then iron again, at playtime until going to bed." – 'Meg'

Some carried a work ethic through their life, reporting, for instance, they never had trouble working hard, or that they were obsessive cleaners. One woman still cleaned floors on her hands and knees, as she had done in the orphanage.

The farm schools in particular had a regimented work pattern where boys would be rotated between different areas – the bakery, the dairy, etc. Work would often start very early in the morning for those in the dairy. This work would often take precedence over schooling, after the age of 14 or even before. This was described by 'Eddie':

"There was very little bit of schooling only. You either worked in the orchard, you worked in the farm or you worked in the dairy or you worked in the kitchen. And everyone who was there was allocated a job, so you worked. You had to work and that was all there is about it. And if you didn't work, the guys who were there, the so-called wardens, the people who were supposed to be looking after you would come around and belt you." – 'Eddie'

Those who were in rural Homes were made to get up before dawn and milk cows. 'Elliot' was a child migrant who was placed in a Methodist Home on the rural fringes of Sydney:

"… the first week I was there, when I got off the bus there, he told me "work, you". So I was milking cows, getting up at about 4 o'clock, getting the cows in. And that was in the morning. And in the evening and in between times, I used to work in the market garden and afterwards we finished milking I would make a call saying I need to wash up. So I never ate with the kids because I was the oldest there and so I was just on me own all the time. It was very lonely it was." – 'Elliot'

Young people could also be despatched to farms to provide free (or very poorly paid) labour. Typically, these were dairy farms that involved long hours and arduous work. It was not uncommon that the 'wages' were not forthcoming or non-existent. As 'Dan' recalled:

"The only sort of thing we had up there was if you were old enough they used to sell you to the farmers for work. So if you were anything over 16 you could be sent to wherever, ah, as like bloody slave labour until you were 18 to that farmer." – 'Dan'

In some foster care situations children were forced to leave school to work, and paid a large amount of their earnings in board. Participants described these experiences:

"She made me leave and get a job that week. So then I could earn – I earned, looking at child welfare records, I earned $9.35 or something and they gave her $8." – 'Stewart'

"They took all my money that I'd been working for. My money bankbook was in their trust thing. I was left with $10." – 'Martha'

Work could also be used purely as punishment especially for those in juvenile detention. The notorious Westbrook in Queensland was a place where boys were asked to break rocks, and dig holes, only to have to fill them up again.

Some respondents observed that the work assigned seemed to be pointless and merely for the sake of instilling some sort of work ethic:

"We were made to march – what they call PC digging, which every Saturday morning we'd go out into these paddocks. I can't work out

why, and we were made with a mattock to turn the soil over. You had to stay in a straight line and we'd just go up this paddock digging, digging, digging." – 'Jake'

While work skills were learnt, typically the skills were basic. However many used these to gain further employment in the farm sector and in laundries and other service jobs, after they left the institution. Few had the option of schooling beyond the age where work could legally commence.

Work was often hard, and for young children could be physically punishing. The effects of work reportedly manifested later in life; for example people reported back problems, arthritis, and other ailments that they linked back to overwork or injury while working as a child.

In summary, the Homes were under-resourced and a large portion of the institutions were run by religious orders and charities. Children were a source of labour and contributed to the everyday running and maintenance of the Home. They also contributed to caring for others (children looking after other children) and were also involved in producing income for the Institutions (by placing them to work in fee for service enterprises, such as laundries, or placements on farms) (Musgrove, 2013). These economic imperatives could impinge on educational considerations as work came to comprise the central activity of the institutions in many instances. Consistent with the history of institutional care in Australia, expectations were deliberately low, preventing those in care from achieving higher levels of educational attainment than the minimum legal requirement.

Experience of maltreatment

The study explored experiences of abuse and maltreatment in care. Survey results revealed that maltreatment was vastly prevalent in care. The majority of those in care (96.7%) experienced some type of maltreatment while in care and 41% of participants reported to have experienced all forms of maltreatment in care. The most prevalent type of abuse by adults was emotional abuse (87.3%), followed by verbal abuse (82%). The most prevalent abuse by peers was bullying (77.6%), followed by verbal abuse (73.7%). Sexual abuse was widespread and 60.3% experienced this form of abuse from someone: 55.3% experienced sexual abuse by adults and 41.8% experienced sexual abuse by peers. In Figure 14, the experience of maltreatment is differentiated by abuse perpetrated by anyone, by adults and by peers.

Figure 14: **Experience of maltreatment**

Note. The sample size varies, n = 407 to 418.
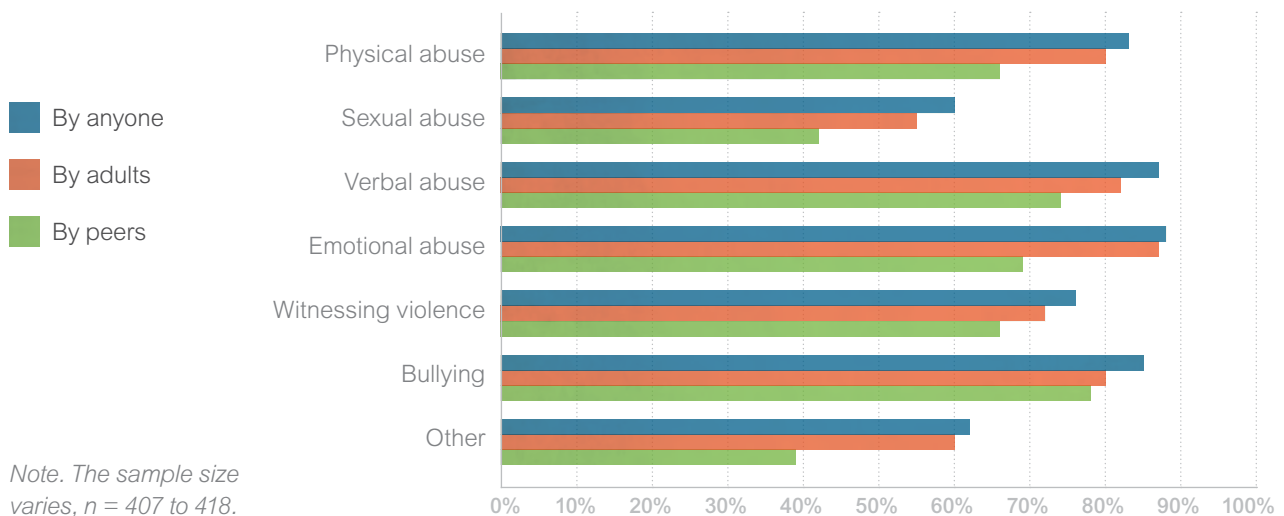
The experience of abuse differed by age as shown in Figure 15. In general, compared to care levers who were 65 or older, higher percentages of people under 65 reported their experience of sexual abuse, emotional abuse, witnessing violence, bullying, and other maltreatment while in care.

Figure 15: **Experience of maltreatment by age**

Under 55
55-64
65 or older

Physical abuse
Sexual abuse**
Verbal abuse
Emotional abuse***
Witnessing violence*
Bullying*
Other**

*Note. The sample size varies, n = 402 to 404. * <.05, ** <.01, *** <.001*

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
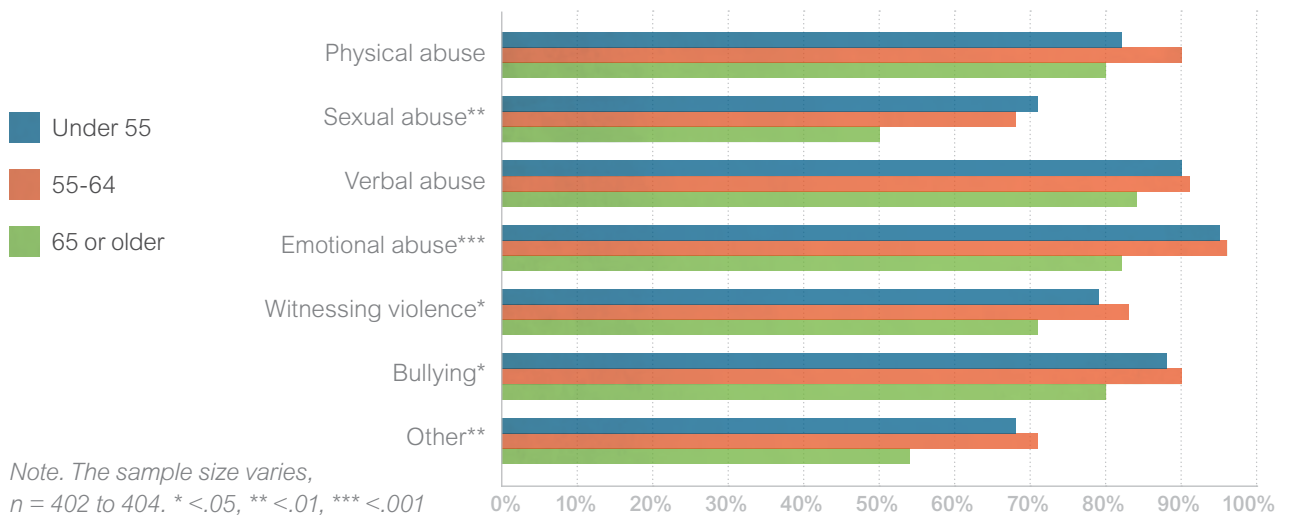
Survey participants provided their own assessment of the impact of maltreatment in care. In general, similar areas were most affected by the experience of abuse at the time and in their present life, although the order of magnitude is different for the two points in time. While in care, the most negatively affected areas were education (3.77), relationships with friends (3.75), and mental health (3.68). In their present life, the most negatively affected areas were mental health (3.50), education (3.29), and relationship with partner (3.26). Figure 16 illustrates this using a 5-point scale.

Figure 16: **Impact of maltreatment in care**

At the time
Present life

Rel. with partner
Rel. with children
Rel. with friends
Education
Employment
Physical health
Mental health
Drug and alcohol
Inv. in the community
Other

*Note. 1 = not at all,
2 = slightly,
3 = moderately,
4 = considerably,
and 5 = enormously.
The sample size varies, n = 150 to 382.*

1   2   3   4   5
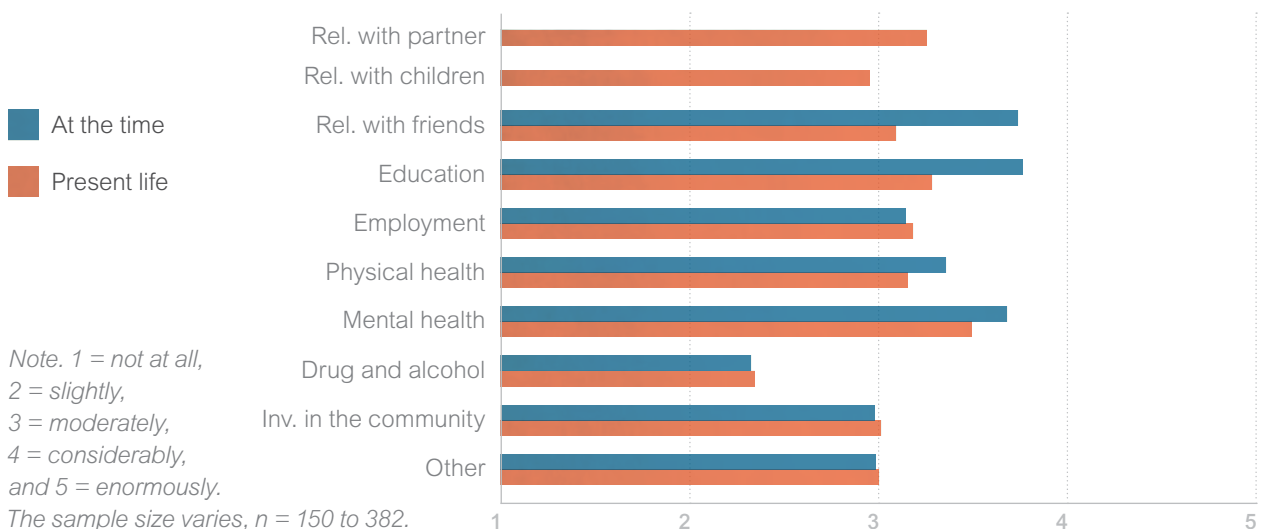
In interviews and focus groups research participants detailed their experience of verbal, physical, emotional and sexual abuse.

Verbal abuse

Verbal abuse is defined as using words to make the child feel worthless, inferior or subhuman (Glaser, 2002). Verbal abuse was widely reported and this took the form of negative statements along the lines of suggesting the child would 'amount to nothing'. A typical account of the types of negative messages conveyed:

"… you're always told – this is a common thing that runs through a lot of orphanages. You are never going to amount to anything. No one wants you and no one knows you're here. No one cares that you're here." –'Mark'

Other participants also absorbed a similar message which was that 'you are unwanted'. Negative messages about their parents such as their mothers were prostitutes or fathers were drunks were reported by participants. This was provided as supporting evidence of their worthlessness.

The impact of such remarks at the time was to exacerbate the alienation and despair experienced by the children. Developmentally, many were still at a stage of psycho-social and cognitive development where it was impossible for them to fully make sense of these cruel taunts (Erickson, Egeland and Pianta, 1989; Erikson, 1950). Most children simply believed such remarks to be true in the most literal sense both because they were consistent with their lived experience of blame, shame and abandonment and because they were

delivered by enormously powerful adults who were in absolute control. This was evident in 'Mary's' recount:

"That was drummed into me as a kid when they said you're useless, you'll never be anything good, your parents don't even want you – that's why you're here. And you're being punished because you're away from home. So in the beginning I thought that this was happening to me – I'm being raped and being whipped and beaten because I was a bad kid." – 'Mary'

Verbal abuse could be from staff in the institutions or from other adults such as school teachers. Verbal abuse was often used to attempt to make the child feel worthless or unwanted. For example, one participant explained:

"I mean we were told quite often that we were there because nobody wanted us. That we were a blight on society, basically. That we were there because we were no good. That's how we were treated. You know, 'if your own parents don't want you, who the hell else is gonna want you?' And we were told that over and over and over again until you believed it." – 'Janice'

Verbal abuse was also received from other children at outside schools, typically labelling them as 'homeys' or 'wardies' (children in care/state wards) as an expression of stigma. As 'Amanda' recalled:

"And the outside school was worse than the inside school because you were the welfare girl and they picked on you." – 'Amanda'

Often verbal abuse – including that by staff – was of a sexualised nature which could be confusing and frightening to young children like 'Shane':

"Sexual comments would cause a lot of confusion, I mean a confused male in my early years and then I saw what it is sort of trying to, try to say, but in some case it was like all come this way, without saying that, just the way they would make their comments would be very, what's the word, the staff members were very clever that being in the system for a very long time and they knew what they were about." – 'Shane'

Verbal shaming and blaming of the victim further exacerbated the terrible impact of sexual abuse in the long and short term (Beitchman, Zucker and Hodd, 1992). This process occurred frequently it seems; for some children it was experienced in both institutional care and in the foster home context. This was highlighted in the experiences recounted by 'Janice':

"Just after he'd finished (raping me)… she (nun) must've seen what was happening because she dragged me out of the room, didn't say anything to Father. She called me a dirty little girl and said some other words I can't remember, and I was crying. She was hitting me across the head, telling me to stop whinging… she was a very, very, very cruel nun." – 'Janice'

"He (sexually abusive foster father) kept needling me saying, 'why'd you leave (home) at 1 minute past 16'… well, that's what I called it, too. I call it 'one minute past 16', and I said, 'you know damn well…' and he feigned that he had no idea, right? And then he called me slut and he called me a whole lot of other terrible names." – 'Janice'

Emotional abuse

Emotional abuse is the denial of care, affection and childhood (including being able to play/ behave like a child) (Burnett, 1993; United Nations, 1989). In addition, restriction of contact with parents, and restriction of contact with siblings, was also experienced as emotionally damaging by care leavers; this was reported by nearly all respondents. With maturity and hindsight, many respondents have developed sharp insights into an almost universal failure on the part of designated caregivers to execute duty of care in relation to their psycho-social welfare (CLAN, 2008; Duncalf, 2010). One participant explained:

"My psychological and emotional welfare was never considered. This was never considered in the institutions. There was a distinctive lack of nurture (and)… culture by the institutions." – 'Neil'

They identified a lack of care in general from staff in the institutions. Consistent and supportive adult others who helped them or were kind were rare, but were clearly recalled by some participants such as 'Simone':

"I can't remember anybody except for one lady in Lynwood Hall, Mrs [name] who was nice to me. She was the only person throughout my whole, how many years was I in care, she's the one person who was nice to me." – 'Simone'

The ordinary rituals of childhood such as celebrating a birthday or even having a toy were not recalled:

"I can't remember having a birthday cake. I can't remember anybody saying to me 'it's your birthday today'. I can't remember anybody coming up to me and asking me 'how are you?'" – 'Simone'

Children were deprived of normal activities and entertainments such as singing, dancing even listening to a radio, or having access to books. If a relative visited and gave them a toy sometimes this would be taken from them. For example, 'Janice' recalled personal items including Christmas presents being removed:

"You would get a Christmas present at Christmas, right, and I remember the first time I was just so… I got a book called, 'Peter Rabbit and Puddle Duck.' I loved it, absolutely loved it! And after an hour Sisters would say to us, 'there is a box on that thing. Everyone needs to return their Christmas present. We're giving it to children who really deserve it'… and I've never forgotten that sentence…never EVER forgotten that sentence." – 'Janice'

Clearly the message here transmitted to this vulnerable child was that the children were undeserving and blameworthy, even evil. This was a message many absorbed and internalised, with major implications for their self-esteem throughout their lives (Musgrove, 2013; Penglase, 2005; Perry et al., 2006). One participant explained:

"They would often make very derogatory statements about 'You rindless (weak) girls' or 'those rindless girls'… they were only little girls. You're a slut or a tart or something like that. There was this preconceived idea that you… the big overriding feeling was that we had done something very bad in order to end up in the Children's Home." – 'Delia'

Siblings placed in care at the same time were, as a rule, separated and siblings would often be punished for trying to talk to each other which deprived children of a familiar person and significant relationship (Buchanan, 1999; Duncalf, 2010; McKenzie, 2003). This was described by a great many participants and something that affected them deeply. For twins like 'Thelma', separations were especially traumatic and were seemingly cruelly orchestrated at times:

"Then you've got my twin sister, with what they did to us in the orphanage… they broke her. They broke our twin-ship bond with torture, abuse, bashings, drugs, shock therapy. She broke, and I'll never forget the day (when this happened), and they won… they changed her." – 'Thelma'

Loss of legal identity through name changes were not uncommon (Harrison, 2011). Child migrants had their names changed on arrival (Humphreys, 1996). Children who had the same name as another child might be referred to by their middle name. 'Bob' recalled:

"In our party there were 4 of us that came out, 3 boys and a girl. The day after we arrive, we arrived on March 8th, 1950, the following day those kids were all given different names, different birthdays. One was sent to Adelaide, one was sent to Melbourne, one was sent to Brisbane and one stayed in Sydney." – 'Bob'

This made it much harder for parents to locate children, and later in life for care leavers to trace siblings and other biological family members. Where there was some form of relationship between siblings that were allowed to communicate, some drew a lot

of emotional comfort from this, and siblings could offer support to each other or protect each other.

It was not only siblings who were discouraged from seeing each other. There were also instances of children being discouraged from making friends with other children:

"You can talk but you could not make friends. The moment you made friends the sisters saw it they would separate you." – 'Cecil'

Identification of abuse for what it was – be that physical, emotional and/or sexual abuse – and understanding its implications was impossible when that was all they knew as a way of life. There was neither opportunity to share the enormous burden of trauma, grief and loss nor help to make sense of it (CLAN, 2008; Coyd and Walter, 2016; Harrison, 2011). This has clearly intensified long term emotional impacts. 'Ralph' explained:

"As a child I didn't know what 'abuse' was. Simply life. Talking discouraged – mainly not allowed. No one to turn to. Just stuffed feelings down." – 'Ralph'

For some Aboriginal respondents, anger endures about so much of their childhood and family life being stolen, not only through removal from family but through horrendous abuse (Atkinson, 2002; HREOC, 1997). An Aboriginal participant recounted:

"But I mean that's Stolen Generation. They stole my childhood. Basically stole my childhood with a lot of the physical, mental and sexual abuse that was going on. So that really destroyed my life for a long time." – 'Robbie'

Physical abuse

Physical abuse was rife and reported by nearly every respondent. This took the form of beatings with canes, other objects, infections resulting from injuries including burns, sometimes to an extent that required medical treatment, and in a few instances, hospitalisation. 'Sylvie' recalled her experience of physical abuse:

"She used to stand me in a corner and say, 'I'm gonna ask you questions and you must answer me with anything, but a yes or no', and she's say, 'is your name Sylvie?' and I'd say, 'yes.' So if I'd answered with a 'yes', then I'd get poked in the belly with the end of a broomstick, you know? And I didn't know how else you could answer a question like that, so… she had all of the questions like this so she could keep belting me… beltings across my bare bum with a hairbrush. That hairbrush became my enemy. Went to school with blisters on my backside. I couldn't sit for days. Locked in cupboards." – 'Sylvie'

Being hit was reported by many care leavers and this happened with regularity in many institutions. If a child ran away and was returned to the same institution they would often suffer physical abuse as a result. 'Michael' recalled:

"They whipped me. When I tried to escape, they stood me in a concrete cell for four days and whipped me so many hours in four days." – 'Michael'

Where the physical abuse occurred in a foster placement, the child was warned not to tell anyone especially the welfare officers if they visited. The fear of retribution acted as a gag on abused children.

"If I had cuts on my head, splits in my hair, you know, bruises on me or something, she would just say, 'oh, she's so accident prone.' If welfare officer's visited at home, she would make sure she was hanging the washing up if that's where I was being interviewed, and she'd say to me, 'welfare officer's coming today. You say anything, remember I will get to you before they get to you. Always remember that.'" – 'Sylvie'

In addition many reported they did not complain as they expected that their complaint would not be believed, nothing would be done to stop the abuse, or they would experience retribution from the abusive person, should they complain or even protest directly.

Lack of capacity for empathy or remorse matched with extraordinary repertoires of sadistic behaviours (some potentially life threatening) were clearly manifest in many individuals entrusted to provide nurture and support to these traumatised children whose families were unable to care for them. Disturbed adults, some of whom experienced abuse themselves as children., appear to have been drawn to a child welfare sub-culture that encouraged and condoned extreme cruelty. There were also staff members who were ex-military and suffering what would today be recognised as post-traumatic stress disorder. Some of the Aboriginal welfare officers (at least in New South Wales and the Northern Territory) had been patrol officers

in New Guinea, and brought this background of colonial administration into their role in Australia in exerting control over Aboriginal people and communities.

The data suggests that this was the case nationally, within institutions and in foster and kinship care. This is consistent with earlier Australian research (HREOC 'Bringing them Home' Report, 1997 Senate Community Affairs References Committee, 2004); it is also reflective of international evidence related to the study period across the Western world (Cuddeback, 2004; Duncalf, 2010; Robson, 2008). One participant 'Barbara' described:

"…cruelty at every point, she drowned me… I touched a tomato that some kid had put me up to doing, and they put me in the bag and stitched up the top of the sack bag, took me down to the river, and threw me in on a rope." – 'Barbara'

In institutions especially, many staff embedded within the abusive and neglectful subculture legitimised almost unimaginable child abuse; this finding being consistent with local and international evidence (Buchanan, 1999; Senate Community Affairs References Committee, 2004; Duncalf, 2010; Daly, 2014; Robson, 2008; Commission to Inquire into Child Abuse, 2009). Participants gave accounts of many abusive practices:

"I get memories of what patterns were like… that was the other thing, they used to lock you down in the dungeon, this is in the orphanage, down in the dungeons, down in the dirt, right down in the lower bits, close the doors, lock you in there, under the steps and they'd hang me on the hooks, they'd

have those big wooden hooks for hanging your coat outside those old-fashioned places, and old homes and they'd hang me on the hooks out there, on my clothing, just for being naughty." – 'Barbara'

"It was just for the stupidest littlest thing that they picked up the stick instead of reasoning with you and saying don't do that again, or even giving you four cuts of the hand, there was never this, it was just the stick that was wrapped around your body. And you danced and you cried and you begged but until they got tired that's the only time they stopped." – 'Meg'

The level of brutality and irrationality that seemingly underpinned much cruelty reported by respondents is astonishing to contemporary observers; it is however, consistent with earlier Australian Inquiries (Commission of Inquiry into Abuse of Children, 1999; Ombudsman Tasmania, 2006) and with those from comparable systems overseas, notably in Ireland (Commission to Inquire into Child Abuse, 2009). Abuse was described by many participants:

"They used to use the whip, the cane, because we were left handed; it was the sign of the devil… There was never any kindness. I remember the nuns. You're lining up before prayers in the morning and they looked at our shoes to see if they were polished and they never gave us any polish, you'd have the cuts, they'd cane you on the hand." – 'Beatrice'

"That (indicating deep scarring on leg) was from the Salvation Army. The Major belted me with a piece of wood. It aches all the time (sixty years later). If I get a rash on it, there's

a good chance it'll break out again because it's right down on the bone… They put a… rag on my leg and gave me a pair of crutches for 6 months… (I am sure) they don't regret… making me hobble from one boys home to another which was nearly 2-3 miles away… (to) church services." – 'Bill'

"Her favourite punishment was, you take your shoes and socks off and she'd hit you at the bottom of your feet. And to this day I can't bear to have the bottom of my feet touched. It's not because it's… people say it's because I'm ticklish. It's not. It hurts me. Anyone touches me there it hurts. She [Sister …] would get you to… you had a desk up there and a slate and it had to be in a specific order, and your bible had to be on the right side, and if it wasn't she would open up the lid and you had to place your hands down there and she'd slam the lid down on your hands. I ended up… you can tell… my fingers were broken." – 'Janice'

It is clear that many of the injuries inflicted on children in care at this time warranted medical intervention. This step was rarely taken within the culture of secrecy that existed as described by 'Janice':

"Father […] called me to stay back and I stayed back, and he said I'd been faking it and he belted the crap out of me and I fell over the front pew. I hit my side and that's where I damaged my kidney and my spleen. I went out of the chapel and Father […] and Sister […] were there, and both of them pushed me down the stairs and I fell down the stairs as well." – 'Janice'

Generally, even very serious injuries were managed within the system (Commission of Inquiry into Abuse of Children, 1999; Ombudsman Tasmania, 2006). When admissions to hospital did occur, care was taken to fabricate the aetiology of the presenting medical condition. This was evident in 'Edmund's' experience:

"I got flogged for that with their little leather strap about that thick, by that, by that, up and down me arms, and all me wrists just swelled up, and I ended up in hospital. I was in the infirmary for a couple of weeks with that because I couldn't move my hands." – 'Edmund'

The physiological impact of abuse was lifelong in many instances and at times the physical impact had profound socio-emotional implications as seen in 'Mary's' explanation:

"My other brother, he was abused bad. He was kicked in the testicles and he can't have children." – 'Mary'

Even teachers from outside schools were prevented from challenging the conspiracy of silence regarding injuries from abuse in care. 'Gerald' commented:

"But some of the floggings were so bad and I couldn't sit down at school, but the teachers never… there were a couple of good teachers. One was a Greek lady… She was a really nice lady, but she tried to get to the bottom of it, figuratively speaking, but the headmaster used to cut her off, 'he's from the home we don't interfere'." – 'Gerald'

Perhaps the most insidious elements of the culture of violence dominating out-of-home care during the study period were its relentlessness and unpredictability. These understandably gave rise to high levels of hypervigilance and mistrust on the part of the children (Buchanan, 1999; Perry et al, 2006). Some participants explained:

"I was always (in) fear of being not being disciplined but by being struck by (them); basically they could do whatever they wanted to do. You was always aware of very wary of, I mean boys are boys, and so on and the position they were in. I was always very wary of being struck, or being hit whatever the case may be by these people. I guess it was basically a nervous experience for the want of better words; those days were always being in fear of something happening." – 'Larry'

"We lived in fear of the beatings from the house parents. It was far more than the abuse, because it's like every moment of your day – day and night – you weren't safe. You never knew what life brought; you were going to cop a flogging for no reason or not. We would get flogged anyway." – 'Glenn'

"Now the worst fear wasn't the whipping. The pain after a while, I could stand. It was the fear of not knowing when it was going to happen again. For hours afterwards, I'd stand there shivering with fear because I never knew." – 'Michael'

There is strong evidence that this burden of fear is carried throughout life (Commission of Inquiry into Abuse of Children, 1999; Duncalf, 2010; Ombudsman Tasmania, 2006; Robson, 2008). This study's findings support

that. A childhood spent almost entirely in fear of aggression has cast long shadows over the years that followed placement in care for many of this study's respondents:

"At the time, I do remember I was scared almost all of the time. Always afraid and that's certainly a legacy that's carried with me for life. I think, you know, afraid of getting punished and needing to be really sure what the rules were so that we wouldn't get into trouble." – 'Mary'

"I know I was beaten, but I… I know that every time someone put their hand up I'd protect myself. It took me a long time not to do that after I left. To not put my arm up. But even my daughter, as an adult, as a young teenager would put her hand up and I'd automatically put my hand up to protect myself. It takes a long time…" – 'Jeanne'

"Then when I came home I went to a Catholic school. I think my capacity to learn had been grossly affected. Having, you know, from as a small child, people smacking me, picking at my ears, coming from behind… I didn't find school a safe environment. Again, it was that guard you have and when you couldn't do something the fear of the punishment it was… it inhibited me. I left school at 15." – 'Florence'

Even when a blood relationship between carer and child existed, as in kinship care, levels of abuse and humiliation could be extreme; this is also consistent with international findings from that period (Cuddeback, 2004). One participant recalled:

"(My aunt) used to just stand there; we were physically beaten with a number of instruments. She would just stand there, and we weren't allowed to move when she was yelling and screaming and she would just well up the spit in her mouth, and stand face to face and directly spit and say, "You're your mother's child, from the gutter." And spit would run down and we weren't allowed to take it off. And we were hit with shoes, heels of shoes, and we were beaten with cords, sticks. Very much degraded." – 'Jeanne'

For some respondents, physical abuse had far-reaching impacts and proved life changing; understandably, it often resulted in loss of religious belief. For some, the pain of this loss, as with many other losses, remains profound (Coyd and Walter, 2016). This was evident in 'Andrew's' response:

"Because I was an RC, Roman Catholic, (I was sent) out to St Augustine's…I've stated this before that a lot of people think the sexual abuse is the worst. I say that the physical abuse, which turned into the mental abuse… the beatings which were constant, were equal part to the sexual… and I've never forgotten that and I lost my total faith in the Christian Church. I'm not a Christian. I don't believe in the bible. I don't believe in God, Jesus. It had a massive, massive effect on my life." – 'Andrew'

The cumulative impact of trauma experienced at home prior to placement no doubt exacerbated some children's experience of abuse in care.

From the 1960s, child welfare departments gradually became fully established and child protection legislation defined abuse more specifically; this related to children up to the age of 18, rather than only infants as had been the case earlier (Liddell, 1993; Swain and Scott, 2002). The data suggests that an increased level of staff wariness appeared to develop then regarding potential legal implications if complaints were made about perpetration of violence towards children. However, high levels of abuse, perhaps manifesting somewhat more devious strategies, clearly continued.

By this time, children living in care moved about more openly in mainstream society, at local schools, at work and attending recreational activities. Outside the hitherto cloistered subculture of violence in out-of-home care, adults occasionally became concerned about treatment of the children. It would appear however that few attempted to intervene. If members of the community did make overtures to the institutions or to the government departments administering child welfare, they were generally repulsed by an impenetrable wall of silence and denial. In one instance, a respondent explained:

"I'd turn up to work and have black eyes and everything. I got close to my boss. She sort of figured it out that things were going bad." – 'Martha'

In the 1970s, government child welfare departments began to investigate allegations of violence in institutions. An Aboriginal participant recounted an instance of positive intervention by a social worker who was investigating the institution. Following physical abuse, a respondent recounted how she had 'flipped' and thrown shoes at the windows, breaking them. A social worker who was investigating the Home happened to be outside. 'Thelma' recalled:

"(The social worker) kept saying to me, 'did you break the window? Did you break the window?' I said no twice, but on the third time I went, 'Yes!' And then I waited for it [punishment] and then nothing happened, and he goes, 'it's alright!' and I'm still like this… and then I think he must've realised, so he got down on his knee and then he was like that… and as soon as he got my eye contact he said straight out, 'She will never hurt you again!'" – 'Thelma'

Such investigations revealed, at least in part, the serious harms impacting on children within the care system of that time. They signalled an end to large institutions and the major shift to cottage homes and foster care which developed as the preferred approach from the 1970s. By the late 1980s cottage homes were being phased out and foster care became the predominant form of out-of-home care.

Witnessing violence

Witnessing violence was common, such as watching another child being beaten sometimes serving as 'an example' to others. The powerlessness felt especially in relation to watching others being physically abused, including their own siblings, was described as worse than experiencing abuse themselves. Many respondents recalled witnessing violence:

"But I think for me, the biggest thing was not it happening to me but watching other people because you couldn't help them. So that's what I found difficult. My brother was only three and they were strapping him every day for wetting his bed." – 'Karen'

"The hardest thing – you were made to witness the punishment of your siblings. So they would get everyone around to witness. My younger sisters were punished for accidently breaking a toy and so we were all – all the children in the cottage had to stand around and weren't allowed to move. You weren't allowed to say anything. You were not allowed to avert your eyes and they were beating. Just beating and beating." – 'Lucy'

"The nuns who 'cared' for us were not sexually abusive but they were certainly quick to use their hands. Watching my 3-year-old brother rolling around on the bathroom floor, being beaten by a nun because he didn't want to wear a nappy to bed is a memory that has never left me." – 'Anon'

Even if a child did not personally experience physical abuse as one care leaver remarked witnessing it has a severe impact on them:

"I can remember one of my great fears I had – some of these kids ran away from this place, right – and you'd hear the cops would bring them in in the middle of the night and you'd hear the screams as they beat the crap out of the them. They were real bastards." – 'Joe'

At times children were incited to join with staff in the abuse of their peers. There is little doubt that this practice would result in lifelong trauma for both perpetrators and victims. As 'Jake' recalled:

"What it involved was somebody had a grudge against you, they could say I just want to fight him. So the officer would say okay, and then you were put into what they call the toilet block, and made to fight. And then if you did something wrong the officer would say well… go into the toilets and start cleaning toilets for me. As you went in there they'd be fighting kids waiting for you. I mean we're talking seventeen year olds, sixteen. They'd just thump the daylights out of you, yeah, and the officer would just stand back and let it go." – 'Jake'

Forcing one sibling to listen to another screaming in response to abuse is reminiscent of vicarious torture techniques employed with suspected terrorists in adult prisons, such

as that revealed at Abu Graib a decade ago (Arnold, 2004). This terrorising strategy was used to effectively control children in care. 'Thelma' explained:

"(They used) bashings of either one or the other in front of one another. Then they used… I call it torture because it's different… they would take one in and they would make that person scream or bloody hell murder, but you couldn't see it… so that was worse… and the reason for that (abusive treatment) is because we were defying, defying, defying, defying." – 'Thelma'

Witnessing the death of a peer through violent abuse is surely one of the most extreme forms of secondary trauma imaginable. One respondent recalled her experience of this:

"I saw a girl killed… kicked and killed. I'd never ever faced it. She was holding my hand when it happened and she was bleeding, like vomiting up blood, and she was dying and I was only 6. She died… I had PTSD." – 'Monica'

At times large groups of children were gathered together and forced to witness life-threatening violence toward a peer or peers; they were rendered powerless in the face of this; such experiences clearly have lifelong ramifications

in terms of vicarious trauma – especially fear and self-blame. As 'Meg' recalled:

"(Another child) is trying to get her hands away from her throat; she (worker) has her around her throat up on her toe and shaking the shit out of her and she's saying 'anybody that says anything that happens down here, I'll kill you' and we stood there, 70 of us, and she could have killed that girl on the spot and you were just so frightened of them that you did not speak out, you did not try to save her. You did not try to… lift a finger. We all knew the graveyards were there." – 'Meg'

It is impossible to know how many of the children in care during the study period became disfigured or disabled for life or who actually died from injuries inflicted upon them. In Victoria, a recent search for possible unmarked graves took place on the site of the former Ballarat Children's Home. It would appear that this search has proven inconclusive thus far; concerns have however, also been raised that other institutions might be associated with unreported deaths (The Age, 2015).

The level of anxiety and distress around this issue is intensified by the fact that similar concerns overseas have been substantiated in institutional settings, notably several in Ireland. Those discoveries have given rise to what is now described as the 'Irish Holocaust' (McKittrick, 2014).

Sexual abuse

Among survey participants, 55% reported being sexually abused as a child, by an adult. The perpetrator was typically an adult carer. Forty-two per cent reported sexual abuse from a peer (typically an older child). One participant said he would be surprised if there was a children's Home without sexual abuse rife within it. Others who were not abused themselves often reported being aware other children were, or found out later that sexual abuse was going on in the institution where they were placed. There was little difference noted in the various settings with those in foster care reporting sexual abuse as frequently as those in institutions.

Sexual abuse included a spectrum of abuse including sexual assault, inappropriate touching, and voyeurism. This occurred both in the family home, and in the context of institution. It involved both staff and older children perpetrating sexual abuse on younger children. Accounts of sexual abuse were very common in both genders. In religious institutions these males were usually heavily protected by positions of power and esteem. At times they appeared to be operating in consort with religious colleagues as detailed by a research participant:

"He [priest] raped me on the couch and then he turned me over and he said that, 'it was the only way he could see… little girls who had been left in Homes like that had evil, and it was the only way to see if the evil was coming out of me.' It was the only way he could do it. So he raped me and I was screaming and yelling… and Sister […] came in and dragged me out… Just after he'd finished and seen, saw what was…

she must've seen what was happening because she dragged me out of the room, didn't say anything to Father… she got my toothbrush and made me lie on the floor with my legs open and she took the toothbrush and made me… and I was turned around… and she cleaned me inside of my vagina. Made me get into the bath on my fours and did it to my rectum as well, and she said, 'this is what happens to dirty, little, filthy kids that do what they do', and that happened 3 times. Father […] raped me 3 times. Sister […] raped me 3 times. So you can't tell me she didn't know what was going on [voice breaking] and each time…and she kept doing it until I bled…each time. Yeah, so you can't tell me she didn't know what was going on because she's the one that took me there. She's the one that came in at the end of it, so she knew what was happening… but she was a very, very, very cruel nun… I was eight when all of this happened." – 'Janice'

Abuse occurred not only in institutional settings but very often in foster homes. Any attempt to reveal what was happening or to protest was severely punished as shown in 'Rosalie's' recollections:

"I do remember the sexual abuse. I do remember the foster mother washing, and pushing a full cake of soap into my mouth. So not only was I sexually abused but I was physically abused for repeating – I mean where did those words come from? I wasn't even at school so I could only presume I was repeating, you know, sexual words that the foster father was saying and she had to stop me from that." – 'Rosalie'

Typically children were silenced, did not report abuse or were threatened and punished if they attempted to tell someone. 'Maxine' explained:

"I didn't know what to do, and they told us to shut our mouth or we'll never ever get released from the home. They had us over a barrel." – 'Maxine'

Sometimes close personal associations between staff members, including those in foster and cottage parenting couples and their networks, elevated risk and facilitated a conspiracy of silence around sexual abuse. It also further exacerbated harsh punishment for speaking out, as explained by 'Eileen':

"They are clever people, they know how to manipulate the system and then like Mr […] This sister was a caseworker and when I told her what he was doing, I got locked in the room for a month. Told I was a filthy little liar, the devil was going to take my soul and I was to sit in the room and pray. I sat there and planned how I was going to kill the prick." – 'Eileen'

Some institutions were thought to be better managed and able to deal with sexual abuse allegations by removing the perpetrator. However there were differing views on this and as it transpired persons in situations who did not think there was sexual abuse later found out that a perpetrator or perpetrators had been identified by peers and/or persons had been convicted.

Unwanted pregnancies resulted from sexual abuse and forced adoptions followed, as described by 'Eva':

"Well if they fell pregnant in there it was one of the officer's, so it was immediately adoption. You know, you can't have the baby. They took the baby straight away from you." – 'Eva'

There were also reports of systematic abuse by paedophile rings and the making of pornographic material. A number of persons in the study mentioned this including referring to convicted paedophiles who acted in concert with others. There was a widely held view among participants that institutions in particular attracted paedophiles, especially church-run institutions. One respondent suggested:

"Paedophiles have… and personally I think this goes back for at least 100 or 200 years… but they've been gravitating towards orphanages and Boys Homes and so on because of the protection that is offered by the church to those people." – 'Theo'

Teachers employed from outside the institutions were also reported to be perpetrators, as described by 'Roland':

"So he said to me, 'I'll get you tonight.' Right? So he tried to rape me at the […] Boys Home. So second day at […] I went to school. They had inkwells in the bench. I picked up the inkwell and I threw it at him. He took me to the head teacher's office and he pulled my pants down and gave me 12 lashes with the strap. He then put me in the corner of the class with my pants down. I had to get up, stand in the corner like that." – 'Roland'

Others from the general community (including professionals) who came in contact with the children were also often abusive. Some participants recalled:

"Well I was raped by a doctor… that's why I won't go to a doctor anymore. Nurses I consider just to be enablers… because there was one there… and just a few other things, like I cannot live in a house where I don't know where the keys are, windows have to be open." – 'Harriet'

"I think there were 15 or more and because the gardener got me pretty early in the stage where I went into the back of the church that was on our campus and then I was told to give him an oral which I did because I was only 9 years old." – 'Ted'

Often, there was no-one to tell as oversight was weak to non-existent especially for children who were not wards of the state. Typically, where children attempted to report the abuse they were not believed. There were various accounts of disbelief along the lines of 'the priests/nuns would never do that'. This was evident in the recollection of some respondents:

"I was raped by a priest, only to be flogged by the nuns and told that I was the one that was at fault…there was nothing nice about an orphanage." – 'Eliza'

"They were the people in charge. So, having gone there and then being abused by a police officer, you can't go to the police. They're not going to believe you, these people aren't going to believe you, so who is? Even my own siblings didn't believe me when I went to them when it first happened." – 'Terry'

Sometimes families were aware that their child was victim to sexual abuse and either chose not to intervene or felt powerless to do so. Respondents understandably felt betrayed by this as shown in 'Daphne's' recount:

"You know I only just found out the other day probably about seven months ago that my – my mother and father are dead now – that they knew that I was getting sexually assaulted in the homes and my sister knew that took me in, I was wild, but yeah they KNEW. And they DIDN'T DO ANYTHING ABOUT IT [raises voice, upset]. You know!" – 'Daphne'

The government could turn a blind eye as well as 'Michael' explained:

"But the parents – several of those who'd taken their children out of the home wrote letters to the Minister, a woman minister of the day, complaining about the abuse of their children who'd been in that home and she never answered them. She should go to prison along with him, I would say." – 'Michael'

There was also punishment meted out to those who did try to tell someone about the abuse or complain about a perpetrator as seen in 'Mark's comments:

"One particularly guy called […]. Very, very famous and he was very, very sick. I saw him actually sodomising kids, you know, I complained about him and I got flogged for that." – 'Mark'

Often the powerful positions held by the abusers meant no one else would stand up for the child:

"I told the nuns, I told everybody, but none of them [inaudible 00:05:29] because they told me I was a compulsive liar and a troublemaker and that's the way they branded me. That's why […] could do anything he liked to me and anyone else could because nobody believed me…" – 'Hannah'

In some instances the institution did deal with the situation. Staff members were asked to leave or were sacked but matters were rarely referred to police, from what informants knew.

Participants (especially males) related that older children would sexually abuse younger children and this in turn affected those who became perpetrators themselves in some instances. Some respondents recalled:

"Older girls that wanted you to, they'd stand on top of the toilets and you'd masturbate them, and if you didn't do that they would hit you across the head or they'd want you to do things orally to them and that kind of thing… 'cause they're finding their sexuality and that kind of stuff, and here we are as little children and we had to do what we were told…" – 'Sylvie'

"As a part of being in a gang, to belong you had to be able to sodomise younger boys. That's how it was. If you weren't, it would happen to you. So I witnessed that seven years I was there and unfortunately, it really stuck. As a result, I'm thinking of writing a book for myself you know. The abuse and then the accused because that's where it led, you know, into my adult, teenage years. It's nothing I'm proud of." – 'Mark'

Children who ran away from institutions or care settings were often escaping abuse of one type or another. Even toward the end of the study period, an ongoing lack of oversight meant that those children who regularly ran away from the Homes were at elevated risk of falling victim to paedophilia:

"That was what led to me escaping from [institution] and I was in [institution] for not even two months. But when that stuff started happening, I escaped from the boys' home. When they tried to take me back into there, the police, I was chucking tantrums and that. Going ballistic, I was." – 'Tommy'

"I mean back in the 1970s these sexual abusers, I mean they could park at the front of the children's home and no one questioned them, so and they knew that kids were coming out and running away regularly, so you know, these sexual offenders knew what they were after." – 'Shane'

One man reported escaping through barbed wire as it was 'getting too dangerous', referring to the well-known convicted paedophile Donald Bruce Henderson.

Victims of abuse related that it was their view that the most vulnerable children, especially those without a protector figure or parent/relative who visited them, were often targeted as 'Barbara' explained:

"I just went within myself. I haven't told you it all. [upset]. And I was there, I think the people that could stand up for me like I didn't see my mother often and they used to check that because on visiting day a 'daddy' would come and visit you and they'd take you upstairs to the dining room and then they'd

drug you and have sex with you whatever, and if you wet your pants or anything like that, they'd strip the bed and you'd lay on the wire of the bed. And I was just absolutely terrified and everything. I can't sort of hold it together." – *'Barbara'*

Despite concerns about this type of behaviour participants felt it was rare that any adult would follow up their concerns. Sexual abuse has particularly detrimental effects on adult survivors (Swanton, Plunket, O'Toole, Shrimpton, Parkinson and Gates, 2003). One victim/survivor explained the long-term difficulties in dealing with the trauma she suffered:

"The sexual abuse took decades to get your head around. Being that you always felt that you were responsible in some way which was totally irrational…" – *'Florence'*

Another commented on the pervasiveness of sexual abuse in institutions:

"…sexual abuse was as common as bricks in a wall (laughs), if someone said they were not in any way sexually active, especially in the governments children's homes, I'm sorry I just have to say that's the perfect children's home, I've never heard of it" – *'Shane'*

Abuse occurred in foster care settings as well. Children were often too frightened to tell someone and in any case there was not often an independent person (such as a welfare officer) to tell. It would appear that some fostering arrangements were informally negotiated and therefore unmonitored, which could put children at even greater risk.

"I was put in foster care by my grandfather and I was there for… from the time I was 5 up until I was 11… and it was a private arrangement, but the person I was living with was considered my guardian, so I've learnt since then that it was like a special guardianship arrangement, which my grandfather had organised. I lived there up until I was 12. The whole time I was there I was sexually abused by my guardian's son-in-law who was also living there in the same house." – *'Wendy'*

The regulated foster home, as a private dwelling in the general community, was no less susceptible to abuse than the institution. Clearly, some foster carers exhibited gross predatory behaviour and at times collaborated with like others:

"He (foster mother's brother) sexually abused me. He would sit me on his lap because my foster mother would go, 'sit on Uncle's lap, go on', and then I'd sit down and I'd have a dress on, so he'd pull my pants to the side and then he'd open his fly, so I'd have to sit on him, on his penis. Yeah, so I had 5 years of suffering with this lady." – *'Sylvie'*

Children who experienced sexual abuse in various care settings described having lost faith in the integrity of any designated caregiver:

"So then when you couldn't trust the superintendent, and you couldn't trust the school teachers, and you couldn't trust the parents." – 'Roland'

Given the lack of oversight, serial abusers had little to curb their activities until the advent of stricter screening and greater oversight. One participant described his experience of this:

"Yeah, I was a made a ward of the state three days before my third birthday. (and placed in foster care)… Even though they sent an inspector out, his comments were that the house was clean and tidy, and we were left there for years. I don't understand why, when the inspector was sent out because of my sister's sexual tendencies and very disruptive behaviour at 5 years old, where that comes from… yeah, so then I always wondered why I didn't tell of the sexual abuse until years after. I had sexual abuse for over a decade, seven perpetrators…always wondered why… I knew I was a sitting duck, but why didn't I tell?" – 'Cynthia'

Cynthia's helplessness manifests the gross systemic failure in Australian child welfare; this was a system that recruited paedophiles and then condoned and camouflaged their activities.

Only a few institutions managed to actually deal with perpetrators through removal (often simply dismissing them). However as we now know through the Royal Commission into Institutional Responses to Child Sexual Abuse the churches' response to the problem was simply to move the predator to another location.

"They would relocate them here and they get into trouble here, and then they'd be relocated to WA and so on. I mean, when you've got 24 on average priests and brothers in the one spot, you can pretty much bet that a third of them are paedophiles, a third of them are violent sadists of one sort or another and the last third are probably turning a blind eye. Nobody says, 'boo'." – 'Theo'

As one respondent sagely points out, it has long been common knowledge that the level of risk for paedophilia is always elevated where children are gathered together:

"I'm nearly 80… wherever there is an organisation, be it scouts or schools or anywhere where (children) come together, it is fertile ground for that sort of behaviour. It is what I call the human condition. It's part of human nature. You may not agree with it, but it's there and always has been and it always will be there." – 'Harvey'

This participant's comment reflects they were reconciled to the inevitability of abuse.

Neglect

Child neglect may be defined as failure at an individual or systemic level to adequately provide protection and nurture. It is a universal feature of the out-of-home care experiences described to researchers. This is evident at emotional, social, cultural, intellectual and physical levels. Over the years, it has frequently been suggested that for children in care, a lack of bonding and attachment and exposure to other non-normative socio-emotional experiences through relationships with few consistent caregivers are the primary causes of developmental gaps and delays (Rutter, 2000; Smyke and Zeanah, 2000; Widom, 2000). However, there appears to be more complexity underpinning the severe neglect described by this study's respondents; causes are also more likely o be interactive and cumulative rather than independent or sequential. The ecological-developmental lens (Bronfenbrenner, 1979b) once again sharpens our focus on these phenomena and their potential impacts.

Firstly, it should be acknowledged that undemonstrative parenting was privileged at a macrosystems (cultural) level, across the western world, during those years. This was reflected at the meso (community) and microsystems (family, school etc.) levels by strong discipline, especially (but not only) by men. Those principles, enduring from the Victorian era, were still considered by many to be a cornerstone of responsible parenting. Notwithstanding this, it seems that expression of warmth or nurture in almost any direct or indirect form was conspicuously absent from out-of-home care settings described by this study's respondents. This is consistent with existing local and international evidence (Commission to Inquire into Child Abuse, 2009; Senate Community Affairs References Committee, 2004; Musgrove 2013). This study's findings are consistent with that and are highlighted in 'Shane's' response:

"You had to grow up quickly, you know it was very little love, it was very little understanding, in fact, there was no love…children were just, especially how I felt, like cattle, that's how I can sort of express my own feelings while I was there. It's probably the best way to describe it." – 'Shane'

As mentioned elsewhere, it is likely that many of those drawn to caregiving roles in institutions, cottages or foster homes may have suffered neglect and abuse themselves as children. Such a background was not often ameliorated by professional training during the study period. They may have been modelled neglectful caregiving which, in turn, they replicated toward children in care. Staff members raised in abusive and neglectful homes, or who were in care themselves, may have received little physical or other forms of affection. Some of the Aboriginal welfare officers at least in NSW and the NT had been patrol officers in New Guinea, their training being in colonial administration. There is a body of Australian evidence that many staff employed in child welfare at that time seemed to have no real warmth to share (National Library of Australia, 2012; Senate Community Affairs References Committee, 2004). The exceptions to this were rare and clearly proved astonishing to children such as 'Kim':

"The positive thing I saw was how much this man (foster father) loved his wife. The love was something I've never seen… never seen." – 'Kim'

More typically, hostility and alienation was noted in caregivers' own relationships; this usually set the emotional tone within the setting:

"There were husband and wives that'd go in to our unit… They didn't communicate to us, like they were pre-arranged marriages I put it down to; because there was no love there. You could see there was no love there." – 'Noel'

There was little or no comfort or reassurance for these children; there were no bedtime stories or kisses goodnight, no hugs or cuddles or other manifestations of affection. Rare exceptions appear to have been warmth and nurture expressed by older children toward their younger peers (and perhaps reciprocated at times), when this was permitted:

"The bigger girls always had a little girl to look after and I was always very maternal and loved little people anyways, so that was no effort. There was always a nun in charge of the orphanage. To me she was a bit of a role model and me being my nature, which was 'don't pick on me', I always managed to have a nice relationship with whoever the person was who was in charge, and I looked after the little people. I think that was my saving grace in fact." – 'Mary'

It is possible too, that in a context dominated by mistrust, hostility and abuse of every kind, those who chose not to be part of that culture would have found it difficult to be accepted by the staff group or to be part of their religious community had they openly expressed positive emotion toward the children 'Meg' explained that there was:

"No one you could trust, not the home. There were other nuns that were good but they didn't intervene. One nun reckons she did and she was told to mind her own business. When she found out about my leg being scalded at the age of 11… She was the only one that I've been able to get [a] face to face apology [from]." – 'Meg'

Some staff may also have been anxious about affectionate overtures being misinterpreted as sexual advances. In the latter part of the study period more statutory controls around abuse were in place; this too may have been a constraint to demonstration of warmth and affection.

Socially, children in care were seriously deprived. Siblings were separated and even when placed together often were not identified to one another. The latter practice especially, was a source of enormous distress when the truth finally became clear – often many years later. That lack of transparency and enforced isolation seriously undermined identity formation and deprived many children of vital socio-emotional support. Children frequently had no real idea who they were or from where they came (Senate Community Affairs References Committee, 2004; Humphreys, 1996). Those living with disabilities were especially disadvantaged by the severing of family ties:

"The 2 girls just above me they went to a retardation centre. [My brother] and I went to the Reception Centre [for two years], and the 3 younger sisters, they went to the Orphanage." – 'Kim'

Contact with biological or extended families during placements in care was rare. This was apparently not encouraged or facilitated by the authorities (Senate Community Affairs References Committee, 2004; Liddell, 1993; HREOC, 1997). As noted earlier parents of this study's respondents experiencing mental and physical health problems, disabilities, addictions, violence, housing issues, geographical disadvantage (often living at considerable distance from the homes where their children were placed or even interstate or overseas), found it very difficult to visit. Most parents would have also found visiting enormously emotionally difficult, especially when abuse in care was revealed to them by their children as is described by this respondent:

"Then Sunday morning come and visiting day and everyone is so happy because we are getting visitors and they bring lollies and that. Some of us seen them (parents) some did not, and I told my mum, my mum sort of said we have got to tell someone. Dad went, 'What are you talking about?' I told him and he said 'You let a man do what?' You let a man, like I was to blame and I pointed it out to him and he said 'who, where is he, where is the white bastard', he went ballistic. He went over and I know for a fact it is not in my files and you are not going to find anything like that in the files. He broke the officer's nose." – 'Ted'

The pain associated with visits to the institutions no doubt contributed to the finality of many family separations. Parents knew that once the child became institutionalised, they were relatively powerless to assert their rights under the law (Fogarty, 2008; Mason and Falloon 1999; Thorpe, 1993). The destiny of their child was now in the hands of the State. It was noted earlier in this report that many children had no contact at all with their biological parents subsequent to placement in care. Children's adult role models from then on were often disturbed and dangerous individuals; they had almost no access to mentorship or guidance, instrumental to developing resilience during or when leaving care (Masten, 2006). Contact with foster parents' friends and neighbours could often prove abusive.

Social contact between children in care and peers in the community outside of the Homes, at the mesosystems level (Bronfenbrenner, 1979b) was not the norm. The children had little chance of forming friendships in the community even when they attended local schools. Small miracles did occur; these did manifest remarkable resilience (Masten, 2006), but they were rare exceptions, within a dominant culture of marginalisation:

"I was going to High School. Of course you're mixing with the normal society and that is challenging because you had your little brown suitcase and you'd get off the bus and… yeah that was pretty taxing, but I made really great friends with a girl there and I used to go for week-ends to their family over a period of probably two years, and then they ended up fostering me and I lived with them until I was… I think I might've been 14 when I moved in there and… then I got married when I was 19, so I lived… and I still, well one has died… they had a son and a daughter, who I'm still very close with, and their mum, who I call 'mum'." – 'Kim'

Most children grew up with no involvement in local sporting or other recreational activities. They often did not even learn to swim – a vital life skill in Australia. Scouting and Guiding, offered rarely, usually took place within the institutions. These activities could also prove a context for abuse in some instances:

"They made me a Queen's Scout and I got sent to Gembrook for a Jamboree, and I said, 'how am I a Queen's Scout?' Because a Queen's Scout has to be able to do one specific thing, you have to be able to save somebody fully-clothed, ok? I don't think I passed that bloody test because I can't bloody swim, alright? So when I got there, so were the paedophiles." – 'George'

Children were discouraged from forming friendships with one another even inside the Homes (Senate Community Affairs References Committee, 2004). One can only assume that this related to apprehensions around rebellion if the children formed close bonds. When children did connect, the relationship frequently could not be maintained for long as young people were often moved around within the care system. Very occasionally it seems, a special bond survived, notwithstanding the culture of isolation and individual vulnerabilities; this too, was a remarkable manifestation of resilience (Masten 2006). One respondent explained:

"There was one girl and I remember the moment we looked at each other we just absolutely adored each other… and we became friends. She has died, she died of heroin addiction a few years ago. I remember always trying to save her." – 'Sally'

An apparent determination to discourage friendships and sibling relationships may have also given rise to the privileging of hard physical work over fun and play that is the right of every child (United Nations Convention on the Rights of the Child, 1989). This labour was often rationalised as providing 'training' to children, so as to give the child the opportunity to develop into a 'useful and reputable citizen' (Victorian Children's Welfare and Reformatory Schools Department 1934 cited in Find and Connect, n.d.). For many children, especially those in large institutions, the harsh regime of physical labour was demoralising and often resulting in despair and suicidal thoughts as recounted by this participant:

"Children need love, caring and nurturing not knowing where next meal is coming from. And 8 hours scrubbing toilets with toothbrushes that could have been given to us for oral hygiene rather than punishment; this is mild to what I had received still neglect, abuse and it's wrong. No child should ever have to suffer in silence and thinking of ways to end their life as just living daily was too much." – 'Anon'

The issue of cognitive development has been addressed elsewhere in relation to shortfalls in formal education. It should be noted also that the institutions and later, foster care, also did very little to informally stimulate young minds (Musgrove, 2013; Goddard, 2000). At the meal table there were no facilitated conversations about the child's day or about local and world events; there were few books to read for recreation and no chance to explore new ideas, vital to the healthy intellectual development of a young mind. Many

respondents are intensely angered at their lack of formal and informal learning during formative years (Buchanan, 1999). This was borne out in this study.

Culturally, it seems, out-of-home care was something of a void. Internationally, it has long been argued that institutions, with rare exceptions, tend to be bereft of culture (Mercer, 2015).

There were few opportunities to learn art, music or dance or to celebrate other talents. The children were almost never taken to concerts or the theatre or even to the movies. For one child, her love of music became a secret means of 'flight' from anticipated abuse:

"There was a female (staff member) and she used to come around to the bedroom at night (to sexually abuse children) and I remember… hoping to get through that I got one of those… you'll remember, those radio transmitters that you used to plug in on the metal things to get the radio going I would always put one of those under my pillow because I had a great love of music… and that's what got me through these scenarios. You know, good ol' Tom Jones, 'the green, green grass is home, not that the green, green grass was good by the time Mum got this other fellow." – 'Kim'

Physical neglect is all pervasive in this study's narratives. Perhaps the most confronting evidence of this related to medical neglect and lack of attention to illness or injuries, alluded to elsewhere. It seems that for this child her serious medical condition was not only neglected; it provided yet another vehicle for emotional abuse:

"They're looking for a dead animal and I said to Sister […] 'please they're looking for a dead animal – the stink is coming from my leg – will you take this plaster off?' 'I'll take it off when I'm good and ready' she says… So anyway she ended up taking it off and it was just a black hole. I couldn't cry. All I could think of was they always told me I'd end up losing my legs and I'd be there for the rest of my life. That was going to be my life. So you can imagine the nightmares I had for years after. And she just laughed in my face and said 'it won't be long before you lose your rotten leg.'" – 'Meg'

Other maltreatment

Other maltreatment often included inadequate clothing, public humiliation, exposure to excessive cold, inadequate food, and using food as a punishment such as representing the same uneaten food to a child over days, or at worst, solitary confinement in a locked space. Forced unpaid labour is dealt with in a separate section.

Clothing was of a uniform variety and often inadequate and therefore by the end of the week, unclean.

"You never had good clothes." – 'Mark'

Clothes could be ill fitting and impersonal. However clothing was often used an outward signifier, at least, that 'care' was being given. When inspectors visited, children had to wear their best outfits in order to give a good impression.

Food was of poor quality and predictable. The data in this domain is consistent with earlier research findings from Australia and overseas (National Library of Australia, 2012; Robson, 2008). Sometimes, food was inadequate. Notwithstanding this, children were often reminded of their good fortune in receiving the food on offer; they were forced to express gratitude to their carers, and, within religious institutions, to the Almighty.

Punishments around opposition to food consumption were frequently reported in this study as is alluded to elsewhere.

This is consistent with local and international evidence (National Library of Australia, 2012; Senate Community Affairs References Committee, 2004; Commission to Inquire into Child Abuse, 2009). Punishments in this domain could be extraordinarily abusive, even for very young children. Typically, if a meal went uneaten it would be re-presented to the child, sometimes for days. Many respondents recalled instances of such punishments:

"We'd have to have the same food. If we didn't eat it for that meal, it'd come back to us for the next meal, and the next meal, and the next, and all of that." – 'Abigail'

"I had to sit there and eat it and I wasn't allowed leave. I was still there at some ungodly hour and my sister ended up eating it for me because she had to do the early morning, get the tables ready for early morning, and I was still sitting there… I kind of took it like 'you've gotta learn your lessons by'… ok, 'greedy'… the punishment certainly didn't fit the crime by no means, but what I took away from all that was that I'm just gonna stick to the rule because the punishment is pretty bad." – 'Kim'

"But she got punished for sucking her thumb. I'm talking about a child of three or four. So she was very thin. She couldn't eat. They would make her sit at the table and get up. That same food would be put for three days. I remember one time this happened, she was sat at the same food for three days running and she couldn't eat it because of course it was emotional stuff." – 'Lucy'

There was little privacy in the institutions. There was also a lack of privacy due to the communal nature of spaces, and overcrowding.

"Got such a shock the first time I had to have a bath because it was just a great big tiled room with a square bath in the middle of the room. Shower cubicles with no doors. I wasn't used to that lack of privacy. It really shocked me." – 'Ivy'

"Even the showers were one big block. I think there were thirty-six showers in that and we never had a wardrobe. We had a wooden peg in the change room with your number on it. It was all that was on the peg was the towel. So when you stripped off, you put those in and then the shower number was next door to it. Then we all lined up, had to drop our towels off near the wall and all be naked all around the side. It was one lot in. One brother controlled the water and you had to face him. There was no privacy." – 'Stan'

Participants reported being embarrassed and felt their privacy was invaded. Being forced to strip naked in the full gaze of staff was a form of humiliation many respondents recalled with great distress. For most, the watchful eyes of staff members during bathing rituals were experienced as sexually intimidating. Voyeurism was another aspect of abuse as many some described being watched by staff members while bathing. Once again this finding is consistent with earlier and current evidence (Commission to Inquire into Child Abuse, 2009; Senate Community Affairs References Committee, 2004; HREOC, 1997).

Impact of serious trauma experienced prior to care entry, as a result of removal from family and/or during care was manifest in a range of physiological and psychological responses described by respondents. One of the most common behavioural manifestations reported was bedwetting. Bedwetting and staff responses to this are dominant features of earlier care leaver narratives in Australia and internationally (Commission to Inquire into Child Abuse, 2009; Senate Community Affairs References Committee, 2004; HREOC, 1997). Bedwetting was almost invariably punished with cruel humiliation, even of preschool children:

"You know, it was really hard and any time (my sister) wet her bed… they used to hang the sheets out for everyone on display, you know, and just… so it showed everyone so and so wet the bed, and that made them more nervous, so they continued wetting the bed! So it was really a vicious cycle." – 'Joan'

"She would have been four or five. She wet the bed. She was made to get up when it was still dark, strip the bed off and walk down to the laundry which seemed like miles. So out in the freezing cold and wash those sheets. It could have been three or four in the morning. Toddlers. It's just mental. Absolutely mental." – 'Lucy'

Public humiliation in relation to bedwetting seems to have been virtually ubiquitous at this time as recalled by 'Janice':

"This nun came up and stripped the beds first thing the next morning and I'd wet the bed, and we were dragged into the bathroom and whipped in front of the other kids with a stick and then showered, and then we were told to come down to the dining room and if your name was called to the platform… because there was a big stage, the dining room was a big hall and the only thing you ever owned was a toilet bag and a stool, your place on the stool, and you knew that was always gonna be your place…" – 'Janice'

Children made to remove their bedding in public, and sometimes in the middle of the night:

"She used to lock me up because I used to wet the bed, and get me up at 4 in the morning to wash the sheets." – 'Mary'

Punishment included solitary confinement. For children, this was particularly inhumane and frightening and was often for a minor infraction. Anger in response to such criminality, still not brought to account, is understandably enduring:

"It is a criminal offence to take children at the age of 10 and lock them in an isolation room that the windows all boarded up, there's a hole in the door like we call a doggy door that your meals are passed through and there's a mattress on the floor and a metal potty and you're locked in there for 24 hours at the age of 10 years old because you rolled your eyes?" – 'Simone'

At times, isolation inflicted upon the children as punishment was so extreme it is more evocative of fiction than reality, perhaps Dickens' Oliver Twist or David Copperfield; children were banished overnight, for days and even weeks or months at a time:

"I spent over 3 months in solitary confinement on bread and water." – 'Eliza'

Various forms of punishment were used such as making a child stand on the landing or in a corner for hours, sometimes in the middle of winter.

"But the worst punishments that I had was, and that was really bad in wintertime, a few times talking in bed after the lights went out and I was made to stand (in a corridor). You went up one flight of stairs and there's a landing and then you went up a second flight and on a couple of occasions I stand on that landing with just pyjamas on and… bloody cold in winter and you had to stand in the dark all night on your own. That was your punishment." – 'George'

Sometimes children were given cigarettes:

"They were giving me smokes when I was eight to calm me down, and that's why I can't stop smoking now." – 'Bernie'

Other treatment with possible adverse health effects mentioned by participants was due to working out of doors with no sun protection, getting sunburnt and developing skin cancers later in life.

There were also some examples of children being given pharmaceuticals for conditions or to reduce challenging behaviours, and even being used as 'guinea pigs' in drug trials.

"…there was also a bloody well drug treatment that [they] used to test drugs out." – 'Frank'

Spontaneity, laughter or talking back would also be discouraged or attract punishment. Regimented days filled with chores were the norm.

Basic care, that is provision of adequate food, clothing and shelter, was felt by some to be 'substandard' in nature, and by others as adequate insofar as basic physical needs were met in that they were kept clean, housed and fed. For a minority, institutions represented a higher standard of care and living than their familial home, in cases where the parent(s) were abusive and/or neglectful.

System abuse

System abuse refers to decision-making experienced as arbitrary or cruel, and as a failure to act in exercising a duty of care (such as failure to believe and respond to suspected abuse of a child). Findings in this domain are consistent with international evidence relating to systemic abuse during this period, conspicuously that of the findings of the Commission to Inquire into Child Abuse (2009) in Ireland.

Abdication of duty of care to adequately nurture children removed from home and to protect them from further abuse and neglect is evident in participant accounts; this example is especially chilling:

"If people wanted to take a child home for the week-end they could… and my sister had a man who wanted to take a child home, so she would go to his place (and be abused)… my 3 sisters were all sexually abused." – 'Delia'

"There was a reformatory in South Australia run by the South Australian Government, and the kids were taken out to make pornographic movies… and there was another Reformatory in South Australia where the girls used to prostitute themselves of night time, and both institutions were run by the South Australian Child Welfare Department." – 'Ethan'

It is confronting to have this study affirm yet again that government and non-government organisations, statutorily charged with the task of safeguarding children were responsible for this level of malpractice across the country. These findings strongly reinforce what has been learned from international evidence

(Commission to Inquire into Child Abuse, 2009) and from Australian inquiries in the past (Ombudsman Tasmania, 2006; Senate Community Affairs References Committee, 2004; Commission of Inquiry into Abuse of Children, 1999) and currently, the Royal Commission into Institutional Responses to Child Sexual Abuse.

As noted earlier, children were confronted with disbelief and ridicule in response to their disclosure of sexual and/or physical abuse; this was an embedded norm in both government and church run institutions; this too is consistent with international and Australian evidence (Buchanan, 1999; Commission to Inquire into Child Abuse, 2009):

"I told the nuns, I told everybody, but none of them (believed me)… and even though I went up to the convent… no clothes on, bleeding from what those three men did, and had to go up in the church and ask God for forgiveness for my sins. That's when I menaced the matron with a breadknife. That's when they stuck me in […] House. So, this is all bullshit. This is what they did to cover it up. They are arseholes, liars. Excuse my language." – 'Hannah'

Systemic abuse extended to changing a child's legal identity to prevent parents finding the child, not passing on correspondence from parents or other family members to the child, preventing visits from parents or other family members, or telling the child deliberate untruths such as that their parent was deceased (Atkinson, 2002; Senate Community Affairs References Committee, 2004; Humphreys, 1996; House of Commons and Hinchliffe, David & Great Britain, 1998):

"And then they told me mother was dead and I met her when I was 16, and I was told she was dead (which was untrue!) I didn't meet her again until my children were teenagers." – 'Amanda'

Another dimension of systems abuse was the cultural abuse inflicted on Aboriginal children who were systematically denied their cultural identity through suppressing of language and denial of contact with siblings and with family and community.

Loss of identity was also an issue facing Child Migrant children (Senate Community Affairs References Committee, 2001; Humphreys, 1996). Tracing siblings and parents/children was made virtually impossible for some. For many, knowledge about identity, when finally acquired, came too late as elderly parents had already died or were no longer able to communicate (Humphreys, 1996; Immigration Museum of Victoria, 2012).

The long term socio-emotional ramifications of systemic abuse are impossible to quantify (Perry et al, 2006). Disempowerment and public humiliation of those in care confronting disclosures of such abuse was not only the norm; its expression was extreme. Children were also continuously lied to about a whole range of important issues; these related to details about their families especially. Lifelong mistrust of authority, difficulty in achieving and maintaining work and intimate relationships in adulthood and high levels of unresolved frustration and anger are just a few of the outcomes of systemic abuse for the study cohort. This is consistent with local and international evidence regarding long term impact of systemic abuse in care

(Royal Commission into Institutional Responses to Child Sexual Abuse, 2016; Coyd and Walter, 2016; Commission to Inquire into Child Abuse, 2009; Senate Community Affairs References Committee, 2004).

In summary, the maltreatment experienced by respondents in this study as children in out-of-home care can only be described as horrific. There was clearly total abdication of duty-of-care by many entrusted with the protection and nurture of vulnerable and traumatised children. Gross neglect and abuse at every level has been shared in interviews and focus groups with the researchers. This is tragically in evidence across the ecological-developmental continuum from the microsystems of institution, foster and kinship home to the macrosystems of culture and administrative governance. Infants, children and adolescents were equally impacted it seems. The impacts on the children at the time were traumatising in the extreme. That neglect and abuse has created a lifelong burden of fear, anxiety, sadness, loss, mistrust and hypervigilance and physical illness and disability. In addition, premature death may have resulted however there are few studies on mortality of care leavers.

The resilience manifest in the study's respondents in meeting such challenges is humbling to witness. However, the abuse and neglect they experienced as children has impeded the development and maintenance of family and other relationships; it has constrained learning and work. It has also meant that very serious health and mental health problems are pervasive in adult life.

Religion

Religion was imposed on children and this took the form of being required to go to church, read the bible, and other practices. Though not unique to these children concern arises around threats of a religious nature that were used also to instil fear.

Illnesses or conditions could be treated as 'possession' rather than as a medical condition requiring treatment:

"…so if you were epileptic, like I was as a child, then you were deemed possessed. So not only did they do exorcism, but they had the kids belt the shit out of me where I had a broken spine." – 'Eliza'

"They used to use the whip, the cane because we were left handed; it was the sign of the devil." – 'Beatrice'

Aboriginal people who were part of the Stolen Generations experienced forced removal from families and a repression of culture and dispossession, and the imposition of a monotheistic religion that differed from traditional Aboriginal forms of spirituality:

"And the bible men tried to take it [i.e. traditional beliefs], cos you got to read the bible. And with our culture, we don't need a church, we don't need a building, you know?" – 'Aunty Eleanor'

Church-run institutions were perceived by participants as a mechanism to indoctrinate a 'captive audience' of children. One participant observed organised religion resisted moving out of the care sector because of this:

"The churches said, 'no! We're keeping the institutions open… because we can control the kids and indoctrinate them'." – 'Ethan'

Even as children, some contrasted the biblical precepts they were taught with the actual behaviours of the members of the religious order whose care they were in:

"It was a Methodist church Home… I couldn't understand why we went to Sunday school, said our prayers every morning and night and then we were punished all the time for silly little things. I didn't understand how that was following the bible's word and I really thought there was something wrong." – 'Laura'

They could not reconcile the brutality they experienced with the tenets of Christianity:

"If you don't conform, that's what they called it, this is what you'll get, this what you will expect, so when we tell you to jump, 'how high', and they were cruel, I couldn't understand how they were men of God. " – 'Cliff'

Some questioned at the time the demand for unquestioning faith:

"When I went into the orphanage the nuns told me they wanted to save my soul. I wanted to know what they wanted to save it for, and they would never tell me. They told me all this other stuff but it didn't make sense to me. Today when I'm teaching, I want to free the minds. I want them to be able to think for themselves, critical thinking, I want them to ask the questions, not just accept." – 'Douglas'

The State also acted as moral guardian. It was not uncommon for girls who were becoming sexually active to be removed as they were deemed to be 'exposed to moral danger'.

Some of these girls and young women were sent to places such as Parramatta Girls Home. So too did the Churches impose a particular morality on girls and young women, making them feel 'besmirched'. 'Samantha' wryly noted that as girls they were always "washing, washing, washing" sins away, as well as clothes in laundries.

With regard to sexual abuse, many felt church-run institutions were "a huge hunting ground" ('Eileen') for sexual predators. Another commented that the church protected abusers:

"So did God say you shall take this vulnerable young child and sexually abuse him? Come on!" – 'Luan'

Notwithstanding the negative experiences of many, some children received what they described as good care and support from religious institutions. One woman who was placed into care felt supported by the nuns, and later as a young adult was allowed to reside in the convent while she completed her education and nursing training:

"I think the Catholic Church did a really good thing by me they let me stay and get educated and supported me through that. So that was actually quite good." – 'Eloise'

One male care leaver also identified more positive support from religious order brothers who encouraged them in music, sporting and other activities.

Running away

Running away was a common occurrence and a number of interview and focus group participants reported absconding. Sometimes this was to escape from abuse:

"I ran away a lot, and you don't trust… you're trying to run away from the perpetrators, trying to find somebody to help me, but you didn't know where to go, you know?" – *'Wendy'*

Despite strained relationships with parents and possible abuse at home, children who absconded would head for their family home:

"But the only place I'd ever go to, that was home." – *'Theo'*

'Andrew' had a similar experience to 'Bill' of returning to the familial home only to be told he had to return to the Boys' Home by a parent:

"I wanted to be with mum and that was being denied… and look, I ran away from the Boys' Home on several occasions, too, and I ended up at mum's place, all the way to [suburb in Melbourne]. In saying that, I then ran away from my mother because she then said, 'I have to take you back'. I don't want to go back. I have to, the police will come. So I ran away from the person I loved and wanted to be with." – *'Andrew'*

"I wasn't there very long. About six months. Every second day I was escaping. Heading back home. My Dad… My Dad would hand me back to the police and the police would take me back [to the Boys' Home]." – *'Bill'*

Often the absconding child had little idea where to go and lived rough, stealing food to eat. A former Child Migrant recounted running away with a friend at age ten and a half:

"Jumped on trains, on buses, never paid, lived in haystacks, bombed out houses, ate by going to the markets, pinching fruit and bread and anything we could get our hands on; these were the days when milk was delivered in the bottles in the dark of the morning so when lots of people went out to get their milk it wasn't there cos we'd pinched it." – *'George'*

"I'd climbed in somebody's window and taken a half-eaten leg of lamb that was on the plate because I was starving… and a tin of tomato or sardines out of the cupboard. You know, they wanted to lock me up for that. I didn't hurt anybody, I didn't break anything, I didn't damage anything, but they didn't listen and they didn't care. Not once did they say, 'Now… what's the reason behind you running away?' I can tell you the truth, I didn't run away. I just walked away in disgust and disappointment with… 'how can this be?' I kept questioning, 'how can this be… how can this possibly be?'" – *'Carl'*

Police usually brought absconding children back to the institution. They would often be subject to physical abuse as a result of running away.

"So you were locked in your room overnight. Then I ended up running away from there. Handed myself back down. They took me back and they just flogged the daylights out of me because I'd run away." – *'Jake'*

In some instances after multiple episodes of running away they would be sent to a locked facility:

"I ran away 19 times until she refused to have me back and so they sent me to… Ormond Training School for Girls. I didn't go to Parramatta because I was too young. So the next step was to Ormond. The judge said so you couldn't get out." – 'Simone'

"Apparently with my record of running away there was nowhere else to put me so they put me in a place where they thought I could not get out but I eventually did get out because they had barbed wire on top of the fence but I got out from the inside of the place through a window just chipped away till I knew I could get it open and then just got out into the yard and over the fence and took 2 other girls with me. We only lasted being out about 2 hours or so then back in isolation." – 'Victoria'

'Douglas' used running away as a means of coping:

"What I learnt in the institutions was how to not want to be where I was. How to run. How to escape. And when I left the institutions and I entered society all I wanted to do was not be where I was. That's what I'd learnt, as a child. Having that feeling of wanting to be somewhere else because I didn't want to be where I was creates anxiety, it creates fear, it creates anger. And that was my life." – 'Douglas'

This may be suggestive that 'Douglas' (and others) may have felt they did not have a place to call home, to be able to settle, or to build a life, but they had to run away, or escape. Finding 'home' and belonging, and settling in general was an ontological issue for many care leavers who reported never feeling like they really belonged anywhere. Running became a pattern also for 'Chrissie' until she had her own daughter:

"So she [the foster parent] put me in the home again… I was never, never been home… Even home, never felt like a home, I never stopped running really, until I had her [her daughter]." – 'Chrissie'

Running away was also 'running towards' something, an indistinct or imagined destination where they would find what was lacking. Sometimes it was an undefined haven children were running toward:

"I'd run away from home again. What I was running away from was to try and find some love in the world. Like I didn't know it at the time of course but that was what I was doing." – 'Michael'

Running away in these accounts was related to escaping abuse and neglect but interpreted as an act of defiance and wrongful behaviour requiring punishment. It was related to profound issues of identity and an expression of a lack of connection to either family or place.

Attempted cultural genocide

As noted earlier, significant numbers of children were forcibly removed from Aboriginal families. This was in the context of the assimilationist and racist policies of the time (HREOC, 1997). Aboriginal participants in the research described the assimilationist practices they were subject to including denial of any Aboriginality, punishment for identifying in any way as Aboriginal, sometimes parents or relatives denying this heritage, and being under the control of the 'welfare' into adulthood (especially for those in the Northern Territory).

The assimilationist policies of the time mandated the removal of children deemed to be 'mixed race' and suitable for assimilation (HREOC, 1997) into the dominant White culture:

"We were taken to Neerkol because they said a black woman couldn't bring up white children – my grandmother was black. That's what led up to all this." – 'Hannah'

The perception of losing something, of having attempts made at stripping culture and heritage, was evident to those who had been forcibly removed from their families:

"You always have it your heart, your culture, but they took a lot of that away from me at the time." – 'Aunty Eleanor'

Aboriginal respondents suffered racial discrimination and suppression of language and culture within the institution. For members of the Stolen Generations this took the form of being forbidden to speak their own language. Such attempts have been described as 'programming' children to think white.

As evidenced here, and in earlier research (Senate Community Affairs References Committee, 2004; HREOC,1997), children from Aboriginal or CALD backgrounds were cruelly punished for speaking languages other than English or for expressing their culture of origin in other ways (Atkinson, 2002). Both 'Thelma' and 'Russell' described such punishment:

"Well you had many different languages. It's not just one Aboriginal language, like not just one Aboriginal country, so because we were taken away from it and it was bashed out of us… they called it 'bashing the black out of you' and they literally did that." – 'Thelma'

"[If you spoke language] You'd get a big – you'd get put in a corner with no food. You'd get in trouble– you'd get ah, no blanket, no mattress, just sleep as you are. And the clothes you go on your back. Like they won't give you another clothes til you learn not speak language." – 'Russell'

This participant later contrasted this placement with another placement which was run by the Lutherans who did not try to prevent the children from speaking Aboriginal languages.

Others reported experiences of being forced into being 'white' – attempts to expunge their Aboriginality:

"They tried to turn us into white… My mother was clean, you know, we knew how to be clean. We were the most… me and my sister. They said, 'sit down, we're gonna wash you up straight away!' You know, but that's… because in the Home they made us scrub and things like that… you know what I mean, but they got this all wrong. They took us away and they split us up." – 'Von'

"The stigma was wicked. Same with the Aboriginal. You had to keep it to yourself 'cause White Australia policy, we want them bred out. And that's where the abuse came in too 'cause when I was being washed they were trying to get rid of my genitals I'm sure because of 'we're going to breed them out' " – 'Rick'

However while one Aboriginal man remembered some positive experiences from the institution, cultural deprivation had long-lasting effects:

"Did fun things, you know, like camping. Taking us out there but they did lack the cultural side. I didn't see any Aboriginality and culture or anything in there. It was always the white man way and that was it which made a big impact on me later on." – 'Robbie'

'Thelma' explained that she had little identification with her Aboriginality and, like Robbie, did not have any opportunity to learn about or celebrate her cultural heritage, as she said "you were not allowed to be Aboriginal, anywhere… it was taken away from us and we had to forcefully be raised white" ('Thelma'). 'Thelma' described an encounter with another Aboriginal girl in an institution that made a deep impression on her and helped her build resilience:

"I walked around the side of this building and there was this Aboriginal older girl and she was sitting down on the ground leaning against the wall, and she just goes, 'hey sister, hey sister! Come here!' And I'm looking and thinking, 'you're not my sister.' You know?

She's like, 'come here!' So I went over and she said, 'sit down,' and then she told me all this stuff. She started saying, you know, explaining 'you're one of us'. Yeah, I know that, but what? You're not my sister. Then she explained it and she goes to me what they were going to do. She told me everything that was going to happen and she told me no matter what, stay strong… survive it, get out. I don't know who she was, but I can tell you now that girl prepared me… But she gave me something in my mind that I could always say over and over: I'm gonna survive, I'm gonna survive, I'm gonna survive. And it wasn't so much survive, it was more like 'they're not gonna win', sort of thing?" – 'Thelma'

In summary, the older Aboriginal participants experienced removal as part of attempted cultural genocide under" an enforced assimilation regime pre-1960s, where children were forcibly removed from parents under a range of racially-specific legal powers. Typically they were placed in religion-auspiced institutions. Sanctions and punishments were typically placed on expression of Aboriginal culture and language and Christianity was often imposed in contradistinction to traditional Aboriginal spiritual beliefs and practices. The younger participants in this study had experienced institutional settings but also reported on foster placements, as this became the dominant practice. Cultural deprivation they experienced was clearly detrimental as we know from the 'Bringing Them Home' report (HREOC, 1997). The experience of loss of cultural identity was keenly felt.

Overall experience while in care

On average, survey participants stayed in care for 8.6 years (ranging from 3 weeks to 22 years[4]). See Table 12.

Overall, the vast majority of survey participants (83%) were not satisfied with their care experience to a varying degree whereas less than a fifth of respondents were satisfied with their care experience to a varying degree (17%). See Figure 17.

Table 12: **Duration in care**

	n	Frequency	%
Duration in care	**616**		
Under 1 year		27	4.4
1–2 years		56	9.1
3–5 years		123	20.0
6–10 years		186	30.2
11–15 years		163	26.5
16 years or longer		61	9.9

Figure 17: **Overall rating of care experience**

Note. n = 620.

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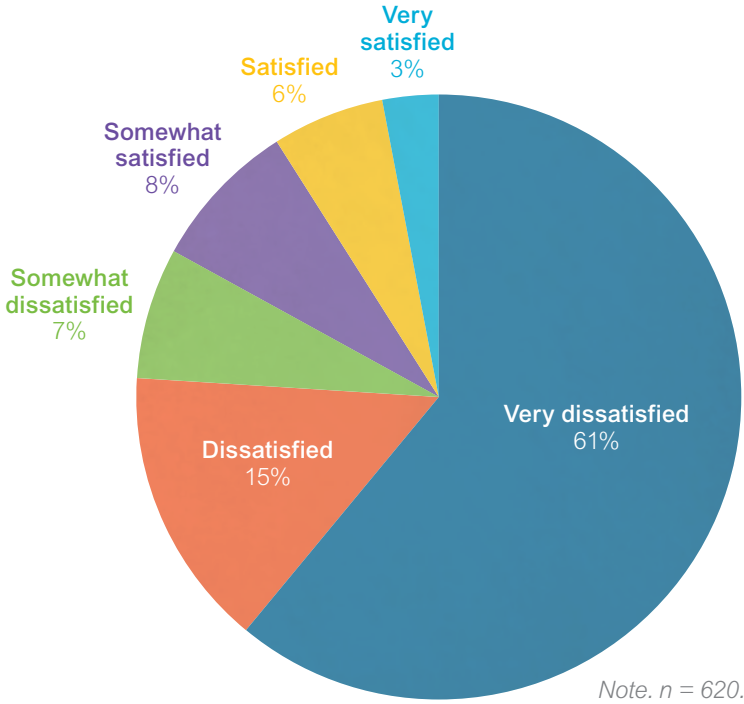
[4] *One respondent continued staying at the convent as an adult until 31 years old. Therefore, the maximum age in care was set to the next highest value in the data (age 22).*

When they were asked about specific aspects of the care experience, their satisfaction was still low (equivalent to 'dissatisfied'). While they were more dissatisfied with emotional care, vocational training, and relationship with care givers/staff, they were less dissatisfied with food and lodging, health, schooling, and supervision. See Figure 18.

Figure 18: Satisfaction with different aspects of care experience
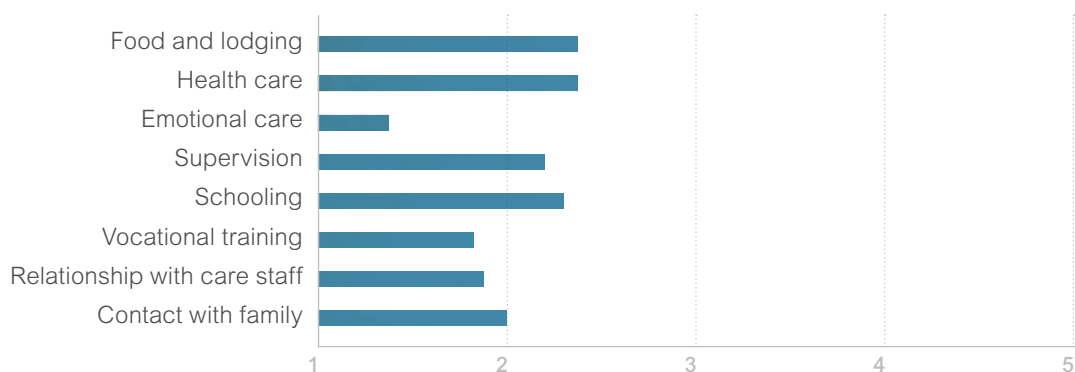
Note. 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, and 5 = very satisfied.
The sample size varies, n = 348 to 401.

Although smaller in percentage, some participants mentioned positive experiences while in care and this was due to various factors such as experiencing abuse in the family home (the institution was safer) the level of care provided (the institution provided a higher level of satisfaction of material needs than the family home) or that the institution provided a warm environment (typical of smaller, progressively-run institutions). Seventeen per cent were satisfied with their experience to some degree but only 3% were very satisfied. By contrast, the overwhelming message from the vast majority participants was that their experiences were almost uniformly negative (83% were dissatisfied to varying degrees and 61% were very dissatisfied).

Survey participants were asked whether there was anyone helpful to them while in care. About 44% of survey respondents reported that they did not have anyone helpful while in care. Nonetheless, the most helpful people were reported to be friends in care (2.84), friends not in care (2.56), and other people (2.61). This can be seen in Figure 19.

Figure 19: **Helpfulness of people in care**
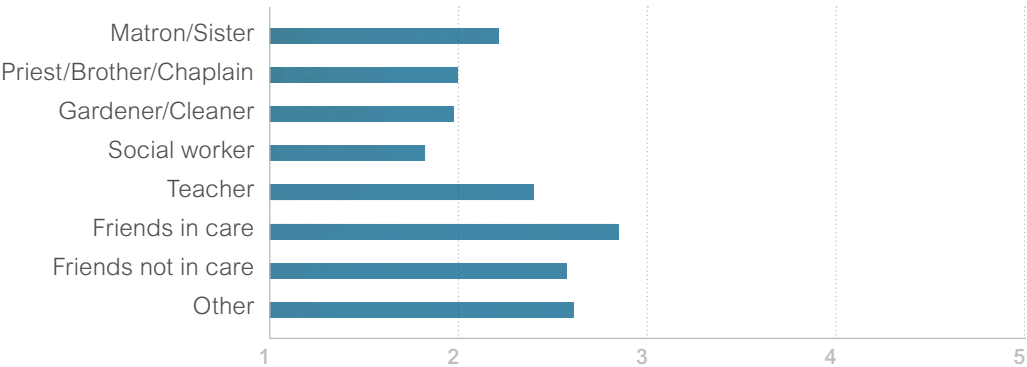
Note. 1 = very unhelpful, 2 = unhelpful, 3 = neutral, 4 = helpful, and 5 = very helpful.
The sample size varies, n = 90 to 253.

These responses paint a bleak picture of the care system of the study period. The vast majority of survey participants (83%) were not satisfied with their care experience and there was a generally low level of satisfaction with all the elements of care, as well as the level of helpfulness of people in the care environment. In short, it appears not much 'care' was experienced by the vast majority of respondents, either physically or psychologically.

Chapter 5: **Transitioning out of care**

Leaving care

The data in Table 13 indicates that at the time of leaving care, survey participants were 15.2 years old on average (ranging from 3 weeks to 22 years[5]). Approximately 38.5% of respondents said that they were worried about leaving care and about two thirds (67.3%) reported that they were not given adequate warning about leaving care. At the time of leaving care, about 62% of respondents did not have a job. Nearly half of respondents (51%) said that they were not prepared at all for living independently at the time. The average score of preparedness was 3.1 on a 10-point scale (1 = not at all and 10 = very well prepared).

Table 13: **Preparedness for transitioning out of care**

	n	Frequency	%
Age at leaving care	**396**		
Under age 12		40	10.1
12		13	3.3
13		25	6.3
14		37	9.3
15		64	16.2
16		70	17.7
17		63	15.9
18 or older		84	21.2
Worried about leaving care	**416**		
Yes		160	38.5
No		206	49.5
Don't know		50	12.0

	n	Frequency	%
Given warning about leaving care	**401**		
Yes		81	20.2
No		270	67.3
Don't know		50	12.5
Having a job when leaving care	**401**		
Yes		149	37.2
No		248	61.8
Don't know		4	1.0

After leaving care, respondents spent their first night at various places. The most frequently mentioned places were the family home (29.9%), a relative's home (10%), or boarding house (9.6%). About 6% of those leaving care had no place to live and 18% stayed in 'other' places. Only 5% reported having their 'own place' upon leaving care. Figure 20 indicates their destination on the first night after leaving care.

[5] One respondent continued staying at the convent as an adult until 31 years old. Therefore, the maximum age in care was set to the next highest value in the data (age 22).

Figure 20: First night after leaving care

Own place 5%
Other 18%
Non-related family's home 6%
Farm 5%
Nowhere to live 6%
Shelter/ emergency place 1%
Boarding house 10%
Hotel/hostel 3%
Relative's home 18%
Friend's home 6%
Family home 30%

Note. n = 408.
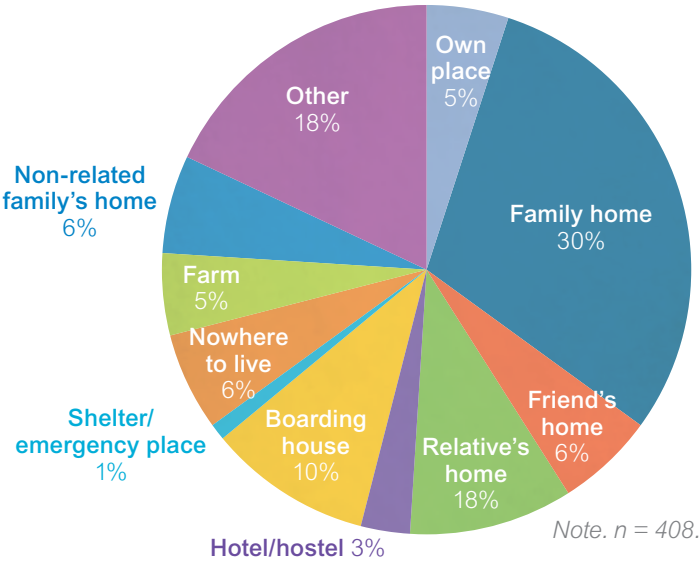
Many survey participants experienced difficulties in all areas during the transition from care to independent living arrangements. Figure 21 details the level of difficulty using a 5-point scale, and shows a high level of difficulty reported in general.

The most difficult areas were accessing continuing education (4.2), fitting into community (4.2), getting social services (4.1), finding friends (4.0), and keeping in touch with family (3.9). Participants also had difficulties in all practical areas of independent living.

Figure 21: Difficulties during transition

Note. 1 = very easy,
2 = slightly easy,
3 = neutral,
4 = slightly difficult,
and 5 = very difficult.

Overall difficulties
Getting social services
Fitting into the community
Finding friends
Keeping in touch with family
Using public transport/driving
Getting health insurance
Getting health care
Continuing education
Finding a job
Banking
Meeting daily expenses
Paying rent
Finding a place to live
Cooking/shopping

Circumstances at the time of leaving care differed by gender and age (Figure 22). The percentage of having a job at the time of leaving care was lowest among female care leavers in the younger cohort (24%) and highest among male care leavers in the older cohort (56%). Relatedly, female care leavers in the younger cohort reported more difficulties at the time of leaving care than did male care leavers in the older cohort.

Figure 22: **Circumstances at leaving care by gender and age.**

■ % with a job

╱ Difficulties

Note. 1 = very easy, 2 = slightly easy, 3 = neutral, 4 = slightly difficult, and 5 = very difficult. The sample size varies, n = 360 to 385. The younger cohort is under 65 and the older cohort is 65 years or older.
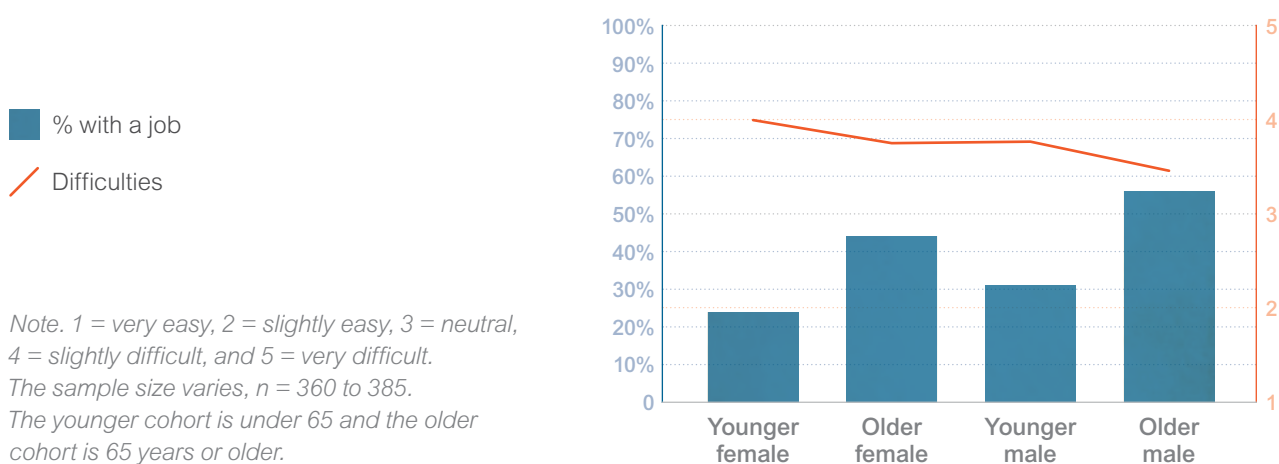
Survey participants reported having had limited support during the transition time. During this time, 35.1% did not receive any help from the institution. The most supported areas were employment (17.7%), housing (15.2%), and re-connection with their family (10.1%). Less than 10% of participants received support related to education, health care, finance, or social services. Figure 23 indicates the areas where help was given – overall a low percentage (under 20%) reported receiving help in these areas. Twenty-seven percent reported they had received help in regards to 'other' areas. Most partcipants who chose the 'other' category indicated that they did not receive any help. Some reported that they received help in the form of 'checking' on things, a railway ticket, or clothes.

Figure 23: **Help received during transition**

Chart categories (top to bottom): Cooking/shopping, Housing, Finance, Employment, Education, Health care, Transportation, Personal problems, Re-connecting with family, Getting social services, Other. X-axis: 0% to 100%.
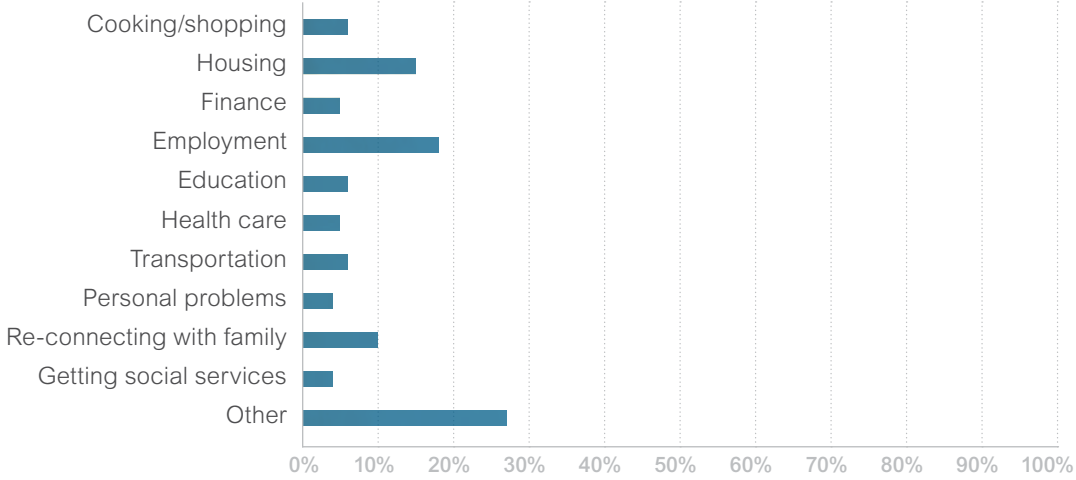
Lack of support during the transition time was also apparent in their responses about sources of support. Almost half of survey participants (49%) reported having had no one to call during the transition. Just above 10% of people indicated they were able to call parents or their siblings. Less than 10% of people said that they were able to call other people for help. Figure 24 indicates the person(s) that care leavers felt they could ask for help during this time.

Figure 24: **Someone to call during transition**

Chart categories (top to bottom): No one, Parents, Brothers/sisters, Grandparents, Other relatives, Spouse/partner, Friends in care, Other friends, Care staff, Foster/adoptive parents, Foster/adoptive siblings, Teachers, Support workers/counsellors, Other. X-axis: 0% to 100%.
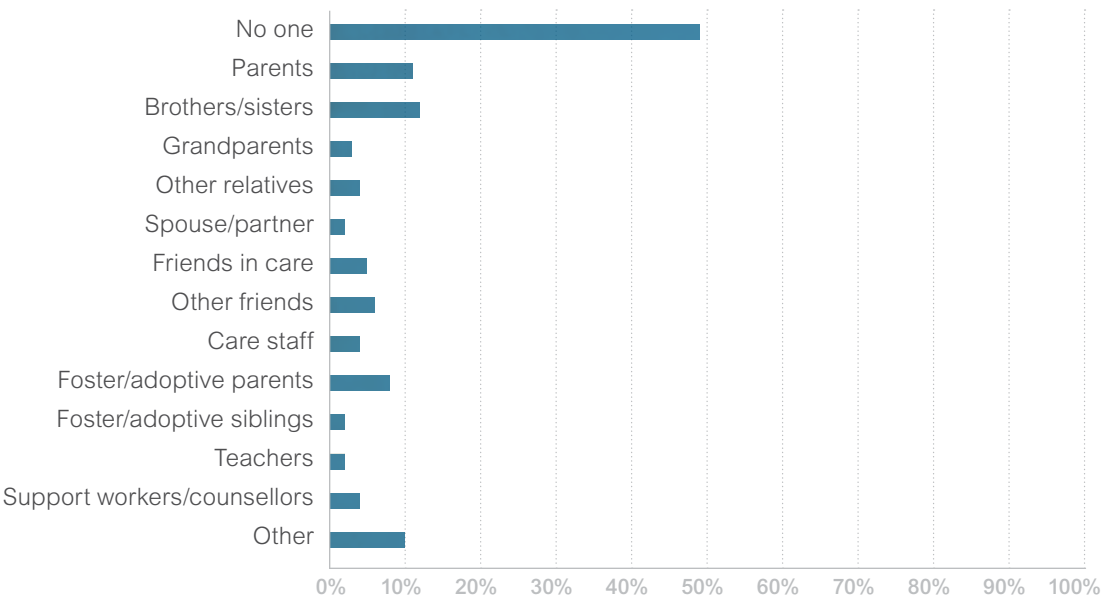
Aftercare as a concept was not central to practice until the 1970s. The States in general did provide limited after care in the form of a limited number of welfare officers who occasionally visited young adults; however this contact ceased at age 18. Non-State wards were rarely given any form of after care, although participants reported some institutions would allow them back to stay during holiday periods, and in rare instances, supported them beyond the age they were expected to leave: one participant reported being housed in a convent while she finished Year 12.

Ordinarily the policy in operation at the time was that once the child reached a certain age they would be asked to leave the institution. This could be as young as 15 (legal working age), or at 18 years of age. Many participants described the process as "being shown the door". They were given basic supplies such as clothes or a small amount of money but after they left there was little to no follow-up care. For many the prospect of living independently was a daunting one. Few felt they were psychologically prepared for life outside the institution and had few life skills. Participants reported being unsure how to negotiate basic everyday tasks such as opening a bank account, using a telephone or catching a bus.

Despite these challenges, finding work was generally not problematic. Unlike the present, participants reported that when they left the institution they were either already working, had a job lined up, or had no difficulty in gaining employment. Jobs were easy to come by and it was possible to move between jobs easily due to labour shortages following WWII and government policy geared towards full employment. Participants in this study reported they could quit a job (for example after they had an altercation with a supervisor or boss, or they didn't like the work) and pick up a new job easily. In addition to the demand for labour, care leavers were habituated to working in the institutions, and could start paid work from the age of 14 or 15. This situation is different from what has been observed within current care leavers. In a recent review of outcomes experienced by young people transitioning from care McDowall (2016) reported that only 25% of a sample of 369 had found employment on leaving care while 60% were dependent on Centrelink support.

The first few months were often a difficult time for those leaving institutions as they had little after-care or support. While little support was provided by the institution or State, some care leavers were assisted by particular adults who showed them kindness, assisted with negotiating independent living or with education or training. An example is a farmer assisting a care leaver to obtain a driver's license. Another employer (also a farmer) assisted in obtaining literacy materials for the young care leaver. The care leavers mentioned the people by name and were grateful for assistance they received.

Where a care leaver had an older sibling they sometimes lived with the older sibling for a period after leaving care. Sometimes however these relationships were fraught because the siblings had not had much previous contact or a prior relationship. Peers would also live together, sometimes in boarding houses, or set up their own privately rented flats.

Notwithstanding long periods of parent-child alienation initiated at entry to care, a surprising number of adolescents and young adults were ultimately reunified with their biological parents upon leaving. Little or no assessment or support accompanied those complex processes (Scott and Swain, 2002; Liddell, 1993). Rather, it appears that family reunification post-institutional care represented yet another aspect of systemic failure. The State assumed no real responsibility for ensuring the wellbeing of children leaving care. Similarly, little or no support was offered to the families of these young people who were, in most instances, ill-equipped to receive their children. Following the placement of children in out-of-home care it seems that very few family-focused interventions occurred that might have strengthened parental capacity to provide safe and secure care. Understandably many of the reunification attempts of that period broke down, often very swiftly (Liddell, 1993).

After being in such a regimented environment, the move out of the institution, alone, with little money, few life skills and lower than average education was unsurprisingly very daunting for many care leavers. The shock of being independent and not really knowing what one was to do, or how to act, in the 'outside' world could be challenging and even intimidating. Participants when asked what their first three months after leaving care were like, responded:

"Scary… afraid… alone! Insecurity! I was scared… and the first time I've ever lived in a city!" – 'Penny'

"It was freeing, and yet it was a bit scary because you thought, oh, what do we do now?" – 'Kristine'

Finding accommodation was the first challenge facing young people:

"I was then given a 5 pound note, a train ticket to Spencer Street… I walked up to Nicholson Street… Carlton; saw a room for let for 12 and 6 a week… He said, 'you have to pay a month in advance.' That was the 5 pound gone. I was then walking down Bourke Street and saw a sign outside the footpath, they wanted paperboys. So that night I started selling newspapers outside of Young and Jackson's." – 'Roland'

Boarding houses were often a transitional form of housing for care leavers. Young people were allocated to boarding houses in the major cities by the welfare Department. Those who were able to live independently sometimes shared with other care leavers and established their own apartments in the major cities.

With the lack of preparation and limited support upon leaving care, a number of persons experienced periods of homelessness:

"When I left I lived in a park at Central with Aborigines. Then when I was seventeen, because I just wanted to be free from what had happened, what was happening, had happened in the orphanage – I just wanted to be free. So I just roamed around and seventeen, they put me in jail for vagrancy." – 'Nola'

Lack of basic knowledge such as how to travel on public transport indicates how poorly young people were prepared for surviving on their own:

"I didn't even know how to catch a train when I got out, which is quite funny because I was invited to a wedding and I didn't even know how to get there [laughing]. You know, because you didn't know those things." – 'Kathy'

Despite these challenges in the post-War period of the 'long boom' there were labour shortages so work was readily available. Care leavers, accustomed to being under the yoke of authority as children, could rebel with few consequences. Several described suddenly quitting a job after an altercation with an employer. One man described throwing a pail of milk over his boss after he laughed at the boss's wife trying to tie up a cow. In another job he had another altercation:

"I was working for him on the farm, he used to give me Sunday off. And I was just going out the door, hitchhiked a ride into town to play cricket, and he said 'you're not going today, you're gunna get the cows and milk them'. And I said 'you milk them yourself!'. They had three or four house cows. He said 'alright… I'm sacking you'. And I said 'alright, go and get – fix me pay up', and I walked into town and I got another job." – 'Elliot'

'Elliot' did farm work for some years as dairying was "all he knew" from the Home (and this was indeed the goal of the Child Migrants scheme – to provide cheap farm labour). While there was a surfeit of jobs available, basic skills needed in the workplace were foreign to many care leavers. A man easily found work in a hardware shop but explained he was unprepared with basic life skills as these were not taught:

"When the shop was very busy and the phone would ring, they yelled out, 'Answer the phone!' So pick up the phone and I didn't know what to say. I'd never used a phone before. We never used bank accounts. We'd never gone in and purchased clothes." – SP2

Sometimes employment included accommodation such as living on a farm or in nurses' quarters. Vocational training could offer not only secure income but a familiar residential environment. A significant number of young women went into nursing. Indeed many former institutionalised children specifically chose places of employment that offered accommodation. Others chose institutions "which replicated their previous environment" (Gill 1997, pp. 26) and joined the Army.

A number of men mentioned joining the armed forces:

"I was literally kicked out, I wasn't given any opportunity to find a decent place for myself, the Department never found a place for me, so I found my place and that placement didn't last long, so that's why I eventually straight went to the Royal Australian Army, not long after I had left care." – 'Shane'

Other assistance provided included transitioning into some form of training or schooling however this did not occur very often, the usual pattern was to enter into employment, usually of a low paid or low skilled nature.

Lack of financial literacy also resulted in care leavers being exploited and having a large part of their wages taken for rent or board.

Lack of documentation was a barrier for accessing government support.

"When I first went to Centrelink I remember saying to them 'I don't have a birth certificate.' Because we didn't even know how to apply for one. Didn't know how to fill out paperwork." – 'Harriet'

Another person did not know how to access social security payments and was virtually destitute and unable to feed herself, until she found assistance with how to negotiate the system.

Managing money – specifically budgeting could pose its challenges. This was another life skill not adequately taught to prepare young people for transitioning to independence. A sister and brother who established their own home in rental accommodation said they lived in a 'boom to bust' cycle because they did not understand how to manage their finances.

"So there was no saving skills, I had none and so we lived boom to bust, we had fabulous parties and then we had nothing [laughs]." – 'Helen'

While there was no shortage of employment on offer, managing pay packets could be a struggle with poor financial literacy:

"Well, to be quite truthful it is the hardest thing you've gotta do. To learn… to start off, about monetary things, prices. So when I first got me pay, my pay was gone in one day. Because I didn't have any control. I still need to get control of my budgeting." – 'Bill'

Overall, these accounts of financial difficulties and limited opportunities to move into well-paid work augmented data indicating relatively low incomes overall. Unfortunately on reviewing findings from research with those currently transitioning it seems little overall has improved for care leavers (McDowall, 2016; Mendes and Snow, 2016).

Chapter 6:
Long term effects of out-of-home care

Care leavers in surveys reported on their current wellbeing as shown in Figure 25. The highest rated domain (above 'somewhat good') was personal safety (4.1). The most poorly rated domains (close to 'somewhat poor') were financial situation (3.1) and coping with stress (3.1). Other domains were rated in between or neutral: relationships with friends (3.8), life in general (3.7), physical health (3.5), mental health (3.5), relationship family (3.4), and receiving services (3.4).

Figure 25: **Current wellbeing**
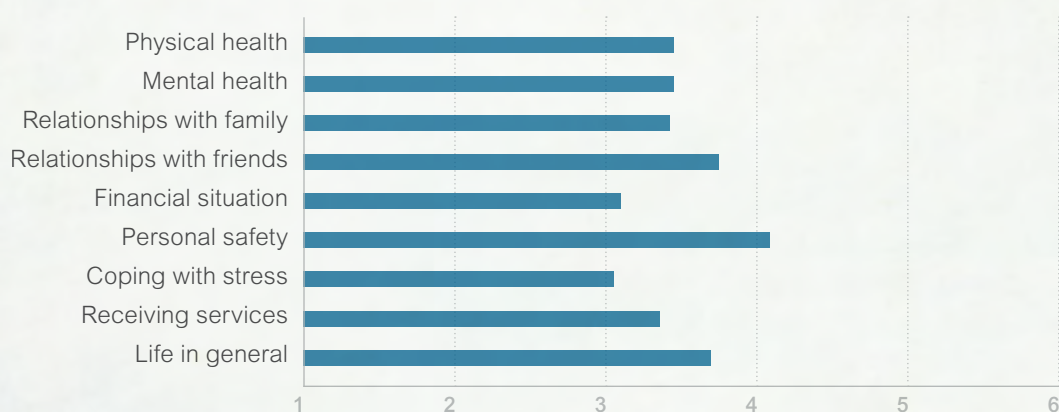
Note. 1 = very poor, 2 = poor, 3 = somewhat poor, 4 = somewhat good, 5 = good, and 6 = very good.
The sample size varies, n = 574 to 620.

Current wellbeing reported by care leavers differed by gender and age (Figure 26). In general, care leavers in the older cohort reported higher levels of current wellbeing than did care leavers in the younger cohort.

For all domains, male care leavers in the older cohort reported the highest levels of wellbeing and female care leavers in the younger cohort reported the lowest levels of wellbeing.

Figure 26: **Current wellbeing by gender and age**
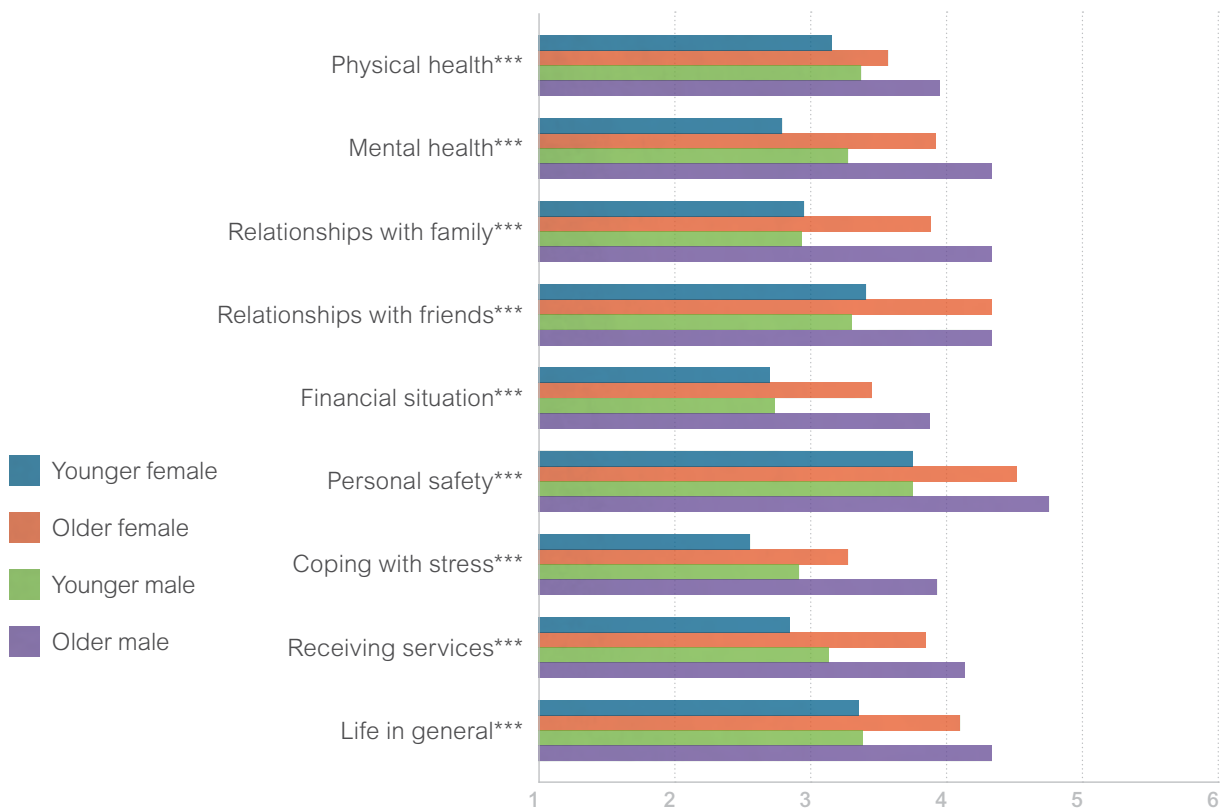
Note. 1 = very poor, 2 = poor, 3 = somewhat poor, 4 = somewhat good, 5 = good, and 6 = very good. *** < .001.
The sample size varies, n = 562 to 605. The younger cohort is under 65 and the older cohort is 65 years or older.

Education

Although over one third of survey participants (38%) did not obtain any educational qualifications during their time in care, many participants achieved educational qualifications later in life. With regard to the highest educational attainment, about 26% obtained various trade or vocational certificates and 12% achieved Year 11 or 12 (equivalent to a Higher School Certificate). Furthermore, 24% were able to obtain at least one post-secondary qualification: diploma/associate degree/advanced diploma (8%), Bachelor's degree (7%), graduate diploma/graduate certificate (5%), Master's degree (3%) and Doctorate (1%). Figure 27 shows the proportions of highest educational attainment.

Figure 27: **Highest educational qualification**

Doctorate
1%

Masters
3%

Graduate Diploma
5%

Bachelors
7%

Diploma
8%

No qualification
38%

Year 11/12
12%

Certificate
26%

Note. n = 651.
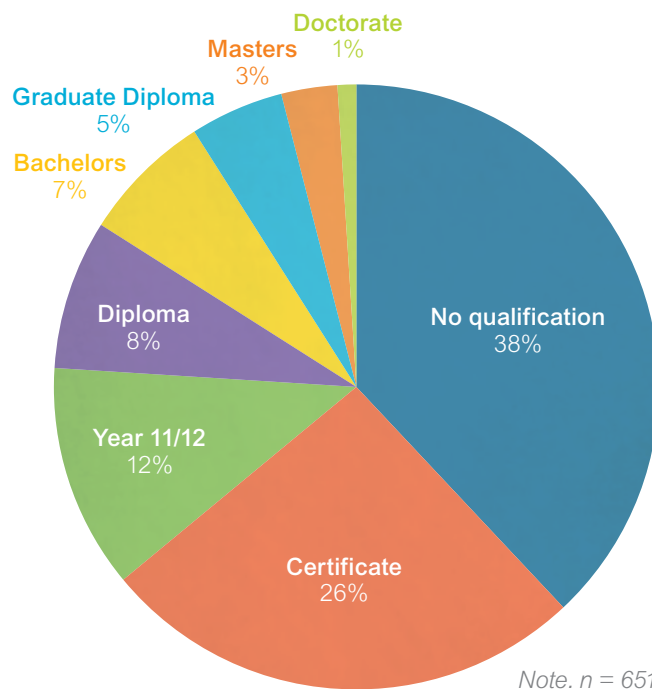
When their schooling status was compared with their highest educational qualification, it was clear that some participants were able to overcome the lack of schooling and achieved higher educational qualifications. As expected, higher proportion of people with a Higher School Certificate (36%) obtained a Bachelor's or higher degree. Despite the challenges of lacking formal schooling, 12% of individuals without any school certificate were able to obtain a Bachelor's or higher degree, as depicted in Figure 28. This shows resilience of care leavers who were deprived of opportunities for education while in care.

Figure 28:
Highest qualification by schooling

■ Bachelors or higher
■ Year 11/12/Diploma
■ Certificate
■ No qualification

Note. n = 651. A Higher School Certificate is equivalent to Leaving Certificate, Matriculation, Senior Certificate; Year 11 or Year 12, an Intermediate Certificate is equivalent to School Certificate, Junior Certificate, Achievement Certificate, Year 10; and no school certificate means Year 9 or below.
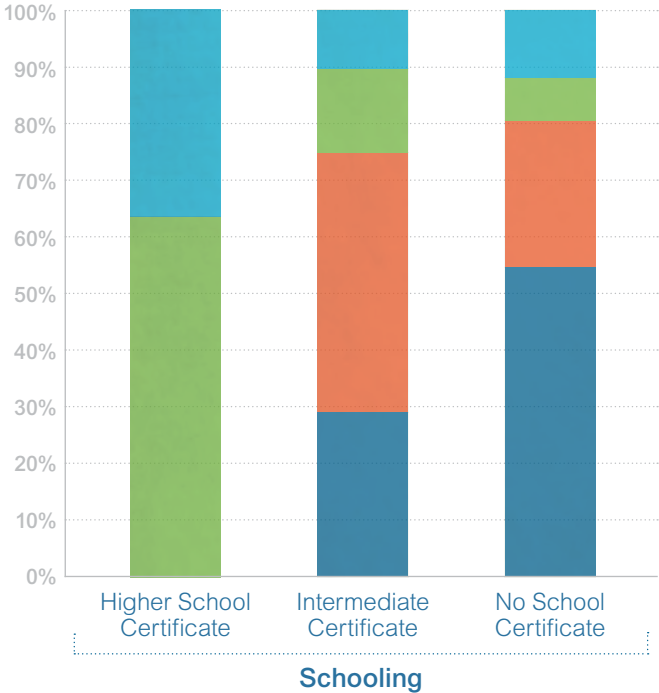
Educational attainment differed by gender and age. As depicted in Figure 29, overall, the highest educated care leavers were younger females whereas the lowest educated care leavers were older males. For example, 21% of females in the younger cohort had a Bachelor or higher degree whereas this number dropped to 16% for older females, 13% for younger males, and 11% for older males. Relatedly, the percentage of individuals without any education or training qualification was highest among older males (47%) and lowest among younger females (30%).

Figure 29: **Educational attainment by gender and age**

Legend:
- Doctorate
- Masters
- Graduate Diploma
- Bachelors
- Diploma
- Year 11/12
- Certificate
- No qualification

Note. n = 634. The younger cohort is under 65 and the older cohort is 65 years or older.
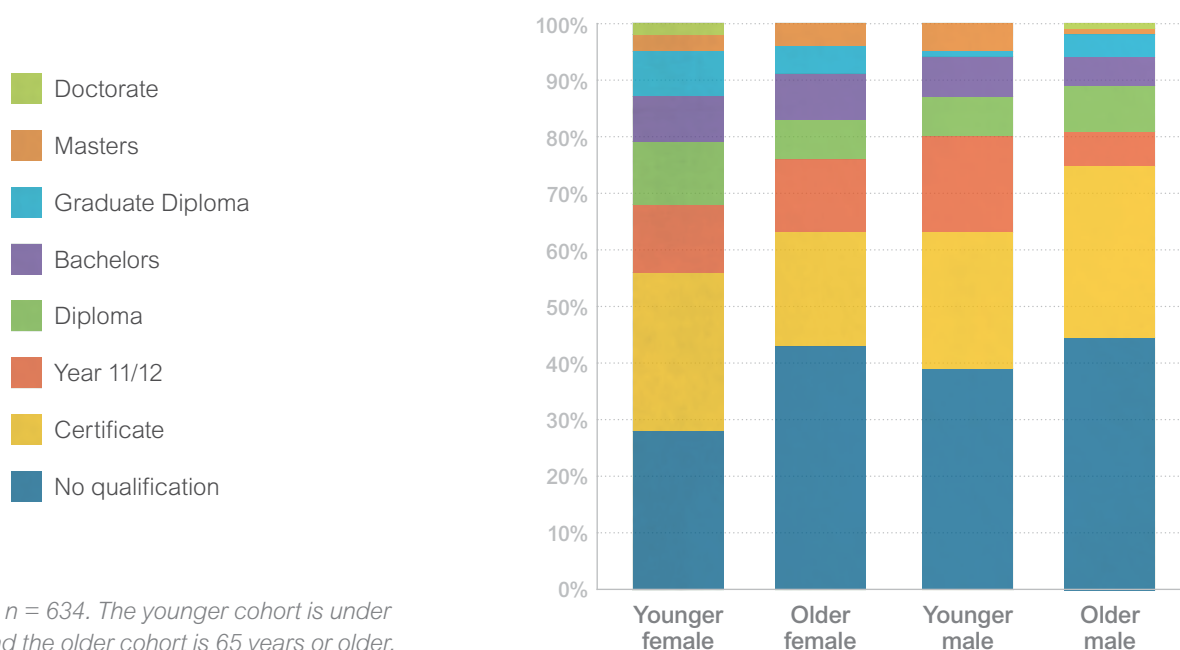
As the data illustrates, participants who had lower levels of education to start with, especially older male participants were less likely to attain higher levels of education as adults. A lack of literacy skills were self-reported, especially by the older participants in the study. The data for younger participants indicated they had better educational outcomes but this should be seen in the context of the increase in accessibility and expansion of the vocational and tertiary education systems in the period 1975–1985. The role of mature age entry pathways and the growing new Universities such as the former technical institutions have provided increased opportunity for participants to return to education as adults.

One path into higher education was through mature-age entry channels. A participant who had followed this route after her children left home became a senior health professional:

"I got in at [Name] Hospital as a mature-aged entrant. I got Distinctions, etc., etc. Love it. Worked for 30-odd years, nursed, nursed, nursed, and I became a Director of Nursing." – 'Audrey'

For 'Audrey' education led to a long lasting and rewarding job. 'Audrey' clearly found much satisfaction in her work, suggesting not only was assisting others rewarding, but that one's position at work can act as an important source of identity, status and may be a resilience factor.

Technical colleges were another route where care leavers, sometimes encouraged by an employer, could gain access to further education and certification. One participant recalled:

"I said, 'well, I come past, and my uncle was in some sort of printing, and I'd like to try my hand in it'. He said, 'come back on Monday morning and we'll sort things out and see what we can do.' Then I didn't have any technical scholarship things, 'cause coming out of the orphanage, so I go to Caulfield and do 3 years in 1, and it was that printer, he taught me how to do things…" – 'Hugo'

Vocational training linked to employment facilitated Hugo's further education and support received from his employer may also have been a key factor.

Similarly another participant who entered the workforce at 17 landed a role in the emergent area of information technology. This offered opportunity for advancement and further education:

"I started out in the filing room there and then worked up to actually running the computer room. I was the computer operator… and then trained into getting a degree… I was with the company for 6 years…" – 'Kim'

Like 'Audrey', 'Kim' too entered nursing and the health professions and indicated that she was held in esteem by managers.

'Eric', who started out in a trade, joined the fire brigade in his 30s. Through his workplace he had increasing access to further education and training and his workplace facilitated this. Eric said he "enjoyed doing reading, writing, a bit of mathematics" and also did well in some University subjects, but struggled with others. Despite attaining key technical skills and specialist knowledge, he recounted how his lack of early education had hindered his progress:

"So as far as education goes, I got to the point where… you know, becoming a fire investigator and doing reports, you know going to the coroner and things like that… so, it took me a long time. Most people finish high school, go to university and things like that. I suppose I had a lifetime of university or learning, and I'm still learning." – 'Eric'

After a difficult period of social isolation, another participant decided to enter university as a mature age student. He was able to access a place in a regional university and after persistently pursuing his studies, he received personal and institutional support to continue further at university:

"But someone in the university rang me before I actually completed my undergrad and said like 'you've done pretty well, would you like to go and do your Honours?' I said 'what's that?' And they explained it to me and said 'if you go and do that we're prepared to offer you some tuition work as well'." – 'Douglas'

This source of income, and personal support, contributed to his further pursuit of study. A female Aboriginal participant, after leaving an abusive relationship, found that tertiary education was part of her healing process. Her degree allowed her to enter roles where she could assist others in the community services area:

"Then I went to uni and got my social welfare degree. In that time was how I healed myself. I cried at every session. Domestic violence, sexual assault, drugs, alcohol, like la-la-la-la. These are all the things that I've lived, and now they're telling me that that's society, that's what you do. I think that's where I come to terms with my past. Then as I said, to make the decision and then that's where all my work career will be around, Aboriginal women and children." – 'Nancy'

'Nancy', like several other female participants in this study, had joined the community services sector and focused on using her experience and knowledge to assist others.

Despite the lack of opportunities for schooling offered while in care, many care leavers pursued further training and education after transitioning from care. Sometimes this was later in life rather than soon after completing the HSC or equivalent , which is consistent with findings that care leavers enter higher education at a later age than non-care leavers (Jackson and Cameron, 2012). Overall, younger care leavers and women achieved better educational outcomes. The workplace sometimes provided access to further education and training. Vocational training, technical colleges, and mature age entry were important pathways identified by care leavers. Some reported receiving personal and institutional support for education. Education provided care leavers with opportunities for lasting and rewarding jobs. For some participants in this study, education was also a healing process, allowing them to better understand social phenomena. Access to higher education, and mentoring and financial support, can improve outcomes for care leavers (Jurczyszyn and Tilbury, 2012).

Employment

Care leavers were asked about their current employment status. Figure 30 shows that two thirds of survey participants (67%) were not in the labour force (neither working nor looking for a job), 7% were unemployed (not working but looking for a job), and about 26% were either in full time (14%) or part time (12%) employment.

Figure 30: **Employment status**

Full time
14%

Part time
12%

Unemployed
7%

Not in the
labour force
67%

Note. n = 424.
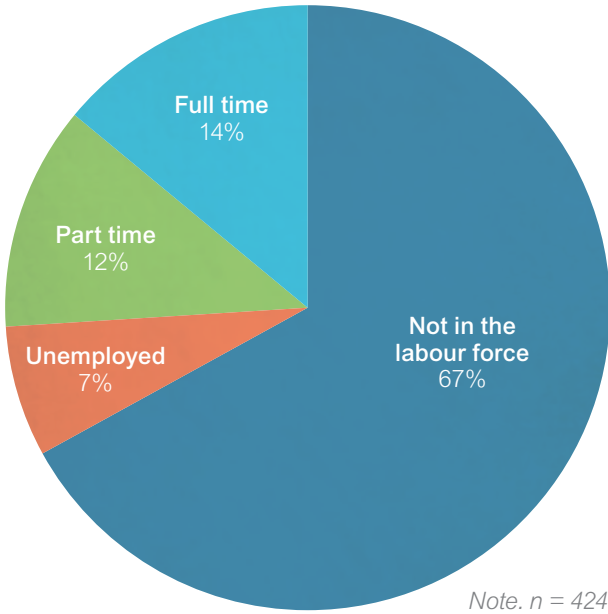
As expected, employment status differed by age (Figure 31). The majority (90%) of care leavers aged 65 or older were not in the labour force. Even among younger care leavers, however, high percentages of people were not in employment. Among care leavers who were under 55 years old, only 40% were in either full time (21%) or part time (18%) employment and 60% were either unemployed (19%) or not in the labour force (41%).

Figure 31: **Employment status by age**

Legend:
- Not in the labour force
- Unemployed
- Part time
- Full time

Note. n = 409.
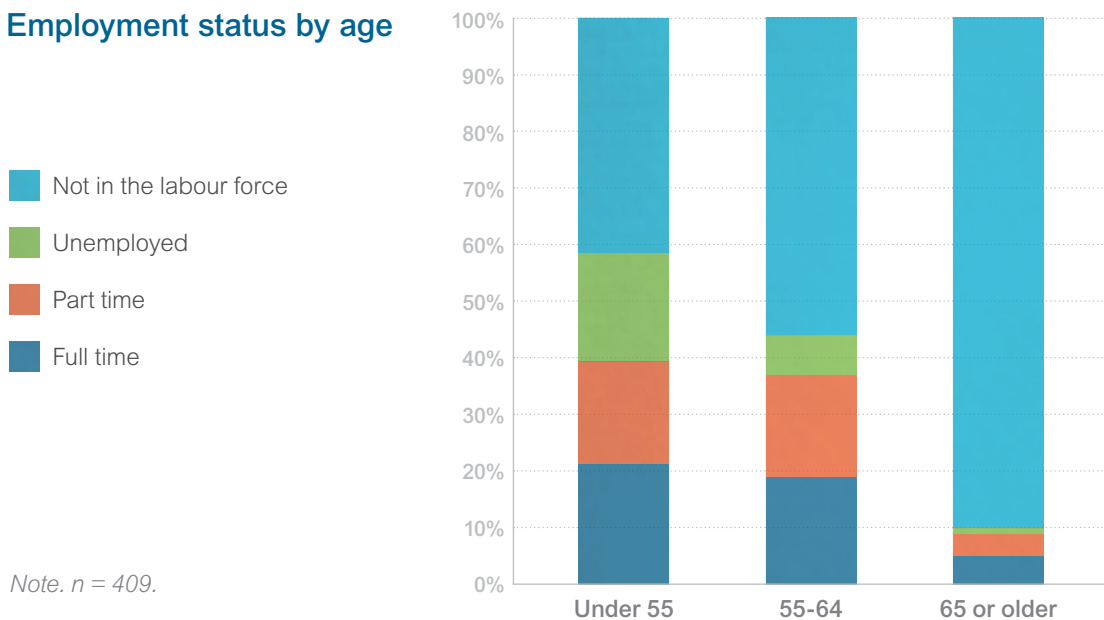
Participants who were not in employment were asked about the reason for this. As Figure 32 below shows, the main reasons stated were retirement (48%) and inability to work (35%). Other reasons included voluntary work, caring duties, inability to find a job, home duties, and full time study. It should be noted here that the average age of participants was 61 years so many were either not working (due to disability or other reasons) or retired.

Figure 32: **Reasons for not being employed**

Voluntary work 3%
Full time study 1%
Caring duties 2%
Home duties 1%
Unable to find a job 2%
Other 8%
Retired 48%
Can't work 35%

Note. n = 323.
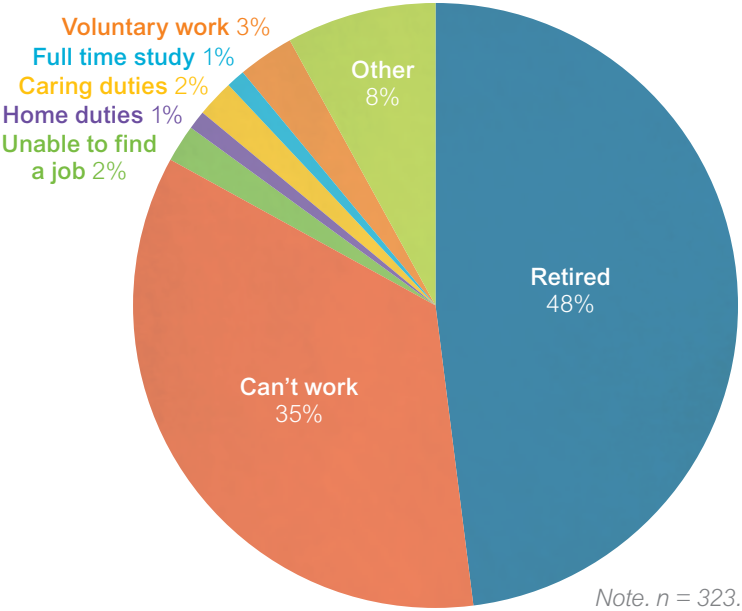
Participants were asked about the last job that they had. Figure 33 gives an indication of the frequent words mentioned by survey respondents. Occupations most frequently mentioned as the most recent job held were driver, manager, cleaner, assistant, teacher, carer and nurse. Self-employment was also frequent.

Figure 33: **Last job held**

Initially those leaving care often worked in roles which were familiar to them from the institutions for example in farming or childcare/nursing. Later in life some entered professional roles; however, this was following a return to education to acquire further qualifications. On leaving care, as previously discussed there was no shortage of work available in the post war period. Sometimes care leavers could reject an employer if that person was perceived to be authoritarian.

Lack of maths and literacy skills affected employment opportunities. In a minority of instances participants related that their employer assisted them, for example, with literacy. For some, with advice from a 'mate' at work and access to government employment, it was possible to enter into 'good' jobs. 'Claude' described his experience of receiving assistance from colleagues:

"I decided to have a go at the PMG's [Post Master General] Department's entrance exam. Well I did the exam, they sit in and watch you do the exam, well I didn't have a clue on the maths because there's no maths knowledge at all, and some of the answers I wouldn't have a clue… and out of 20 people I was 19th, so I got in, but then I had help from other blokes who had been in the job. They showed me how to do things in the PMG, otherwise I wouldn't have got through it, and after I got out of that I got into the depots and, you know, you get people to help you all the time. There were a lot of people that helped me to, you know, get through." – 'Claude'

For 'Claude', workmates were an important source of support. Employment could be a source of further education such as acquiring skills involving literacy and writing. Lack of education was less of a barrier in the 1940s–1960s as on the job training was available. One person learned technical skills on the job which usually would require specialist technical training. He took pride in being able to master technical processes without having any formal education at all.

Lack of education meant people worked in stressful and demanding occupations with lower pay. Work could be burdensome, cause further injuries and was unrelenting as people struggled for financial security. One participant commented:

"A lady said to me how did it affect my life? It made my life very hard. I'm OK now because I'm retired now but I had to work really hard, I had to take shitty jobs, I'm talking picking up other people's shit and cleaning the toilets out, working on the roads and welding." – 'Cliff'

One woman reflected on care leavers' work ethic, linking it to the enforced child labour they experienced in the institutions:

"All of us people seem to be fantastic at work. We know a work ethic and we can work, you know? That's only because that's what we were taken for mainly. Even in the homes we were taken for – we were taken to be work slogs." – 'Chrissy'

Certainly the institutions sought to instil a work ethic and prepare young persons for a lifetime of work, usually in low-paid occupations such as farming or as domestics. There were low expectations on the part of institutions and welfare officers for the children in their care:

"The welfare went up to the school and I remember this high school teacher saying, Ms […, her name was – saying ['Lola'] will not be able to do anything in her life, only job she'll be able to do is to work in a factory. And you know what? I've never stepped foot in a factory [Laughs]. I proved her wrong." – 'Lola'

Children in institutions were not encouraged to aim high or given the necessary education to secure well-paying jobs – 'Lola' was clearly pleased to have confounded these prejudices.

Despite low levels of education, several people had set up their own business and wanted to take on a position of control. Work could provide a pathway out of disadvantage and into a position of autonomy:

"I learned to read and write by taking signs off the street and writing it down a hundred times. I ended up working in 4 companies and started off on the ground floor and ended up as the manager! I managed [company 1] for 10 years. I then transferred from [company 1] and worked as a buyer. I went from there to [company 2]. I was poached from there to go to another company, with no education

for goodness sake! I went in as a cleaner and came out as a manager." – 'Roland'

While assuming positions of authority there were instances of acting out the authoritarianism experienced in the institution with employees. A participant described his 'brutal' approach as a manager in the workplace:

"I became somebody that wanted to be the one in charge. So, I took jobs on and became foremans and managers and things like that… because I was still carrying a lot of my past with me and I hadn't done any healing at this time – up to the age of 31 – I was quite an abusive sort of guy, because I was very – like that. I was shut off from my emotions, so therefore I didn't have any compassion or understanding of others. Either you did it or, "boom", you're out. So, I was pretty brutal in the way I treated people. No respect for anybody. How could you when you got none for yourself?" – 'Terry'

'Terry' later wrote a self-help book where he discussed his own coming to terms with abuse he suffered as a child.

For some men, the armed forces provided employment, housing and a familiar institutional environment. 'Luan' managed to move away from petty crime through joining the army. However while the army was a route away from possible offending and gaol, it was a double

edged sword as time in Vietnam contributed to his PTSD. It was not easy however and 'Luan' was aware of facing an uphill struggle before reaching a position of relative success:

"I rose above all that [his background] and I ended up working for a multinational security company and for 16 years I was a manager. So, but that wasn't handed to me on a silver platter." – 'Luan'

Men who chose institutional employers such as the army found somewhere to transition out of care into, but also experienced a continuation of abuse as 'Ivan' described:

"I reckon I was abused more in the army than the boy's homes. The abuse I copped in the army would stun you." – 'Ivan'

On leaving care, girls often entered the caring professions, for example aged care, childcare, or nursing. A participant who took this path reflected on her trauma-informed approach and listening skills based on her clinical education and life experience:

"My job is caring and sharing. I am working in a trauma involved care model and I think one of the reasons I do what I do and can deescalate violent situations is because I can put myself in peoples place and just go like you are feeling like shit, this is happening, no one is listening to you, I will listen to you.'" – 'Eloise')

A number of women in particular entered professional roles in community services later in life and used their own experiences to inform their work with at risk young people:

"So I worked in this unit… we took kids who had been expelled from State schools. Had them assessed because a lot of them had ADHD, had them assessed by the hospital and 90% didn't have that at all, you know? They just had behavioural problems, you know, and anger problems. We were working with a lot of psychological problems with the parents, the home environment and the whole thing… and our success in that unit was 98%." – 'Janice'

Two Aboriginal women had chosen careers in community services helping those they identified with most. 'Nancy' explained her motivations:

"That's why I chose to work with Aboriginal women and children to go try and get over that for myself. Also like the women that are coming through now, or as I said, I've been in the welfare field for 30 plus years, 33–4 now. I think more Aboriginal women I can help while I'm here, the better." – 'Nancy'

As 'Nancy' described, studying social work then working in this field had a therapeutic effect on her. Mature age educational pathways and availability of Aboriginal-identified positions facilitated entry into the professional workforce for these women.

Another male care leaver had gravitated towards the child protection field and then moved into housing support services:

"So I started volunteering with the department of child protection – which is what it's called now – from that day I never actually done anything else but work within social services. And so I've been an executive manager of a very large organisation, and I made a decision 3 years ago to take on a CEO role. And so I currently run my own organisation, and so we provide homelessness, emergency relief, mental health support, public tenancy support, short stay accommodation…" – 'Gus'

'Gus' mentioned one of his foster carers as 'instilling the work ethic' in him and the persistence or "never give up" attitude he absorbed assisted him to go to university and into community services (Gilligan and Arnan-Sabatés, 2016). A number of study participants mentioned they were in caring occupations, some directly working with community service agencies with at-risk families and other vulnerable persons.

'Eliza' who did not have any ongoing paid role in any of the organisations she volunteered at expressed the sentiment that more care leavers should take on support worker positions. This was echoed by others who wanted people who had 'walked in my shoes', rather than professionals who may have little understanding through experience of what they had suffered.

A relatively high proportion of the participants reported a criminal conviction and its impact on employment prospects. Vincent described how this was the case for him:

"I worked for [trucking company] for two and a half years as a casual, they wanted me to go permanent so I had to reapply, they found out I had a criminal record and suddenly just realised that I was untrustworthy. [laughs]" – 'Vincent'

For those with no family contacts work could provide a social life which they would not otherwise have had. One woman described the supportive role that her career as a teacher provided to her.

"The greatest support system I ever had was my full-time job in the NSW Department of Education and Training. And I could never have known how important it was for giving me I guess support in my life." – 'Meryl'

Learning of new competencies is a resilience promoting factor (Newman and Blackburn, 2002; Rutter, Giller and Hagall, 1998). Work can provide individuals with a sense of identity and social support as 'Meryl' reported. For care leavers, with a reduced sense of identity, work may have provided some of this.

"For a long time my work gave me identity then Campbell Newman [former Premier of Queensland] made many of us redundant in QLD and my identity was lost, causing me to realise how fragile my identity still is from

a time as a small child when I had no name, no connections, no one to turn to, and was truly lost." – 'Anon'

Another single woman saw work as central to identity and wanted to keep working – to maintain that part of herself, the connection with others, and because she was financially impelled to:

"I think if I wasn't working I would shrivel up. I would feel extremely isolated again and that's something I very much need to avoid… I'm fit; I'm good at what I do. I like what I do. I wouldn't do it if I didn't… and I don't feel like retiring… financially I can't afford to. I still have a mortgage and because I'm still a single parent… I don't have any money to fall back on… I don't have any family to fall back on, so you know there's just me really. If I had a partner and we had a combined income I'd be in a different situation. I literally live from one fortnight to the next. I have to live very frugally." – 'Therese'

'Therese' had worked in many different jobs "from waitressing, to being a postie, to nursing" and enjoyed working on people-centred roles where she counselled and assisted others.

Work could also be a way of screening out the past. Although being in employment is often taken as a sign of functionality it could also mask the effects of trauma if taken as the only yardstick of 'success', "judge success just by

having a fucking job? That's not success" as 'Jenna' explained. Work allowed her to 'forget', however took away a lot of her time:

"I'm a workaholic, you know, so from what I can see I know some people will go 'oh but she's got a job'. Yeah, I can work ninety hours a week. I have missed out on so much of my kids' life. I've missed out on so much of just life." – 'Jenna'

She defined success as something other than merely holding down a job; she wanted to further her education, and spend more time with her children. Work was in fact dominating too much of her life and although she was 'functional' at work she felt like she was not okay.

In summary, work provided a route out of institutional care and into financial independence. Participants in this study were able to access work readily. However, lack of education and life skills due to their experiences in institutional care meant some were confined to lower paid employment, at least in their initial working lives.

Financial situation

Income

Overall, care leavers in this study had relatively low incomes and this could be due to the fact many participants were not employed at the time of survey. As shown in Figure 34, the majority of survey participants (87.6%) had annual incomes below $60,000: 75.8% had annual incomes below $40,000 and 11.9% had annual incomes between $40,000 and $59,999. Nevertheless, about 3% of care leavers were able to earn high incomes of $100,000 or more per year. The median income in all jobs in 2015 was $1000 per week ($52,000 per annum) (ABS, 2016) and the average equivalised disposable household income in 2013–14 was $998 per week ($51,896 per annum) (ABS, 2015). Although these figures are not directly comparable to incomes of participants, they provide a point of reference.

Figure 34: **Current annual income**

Note. n = 396.
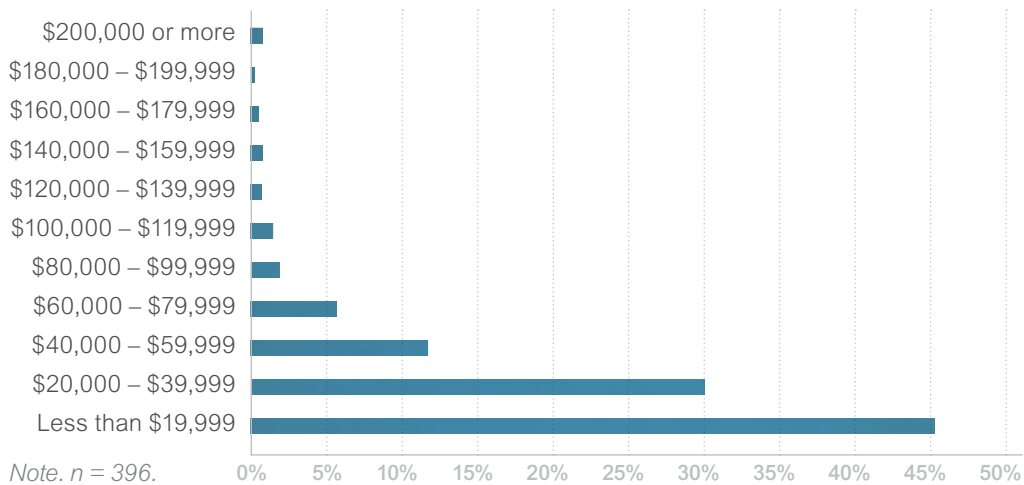
There was a gender difference in income. In general, male care leavers had higher levels of income than female care leavers, as shown in Figure 35.

Figure 35: **Income by gender**

Female
Male

Note. n = 391.

As illustrated in Figure 36, only 22% of survey participants had employment as their primary source of income and almost two thirds of participants (61%) had statutory government payments as their primary source of income.

Figure 36: **Primary source of income**

Note. n = 647.
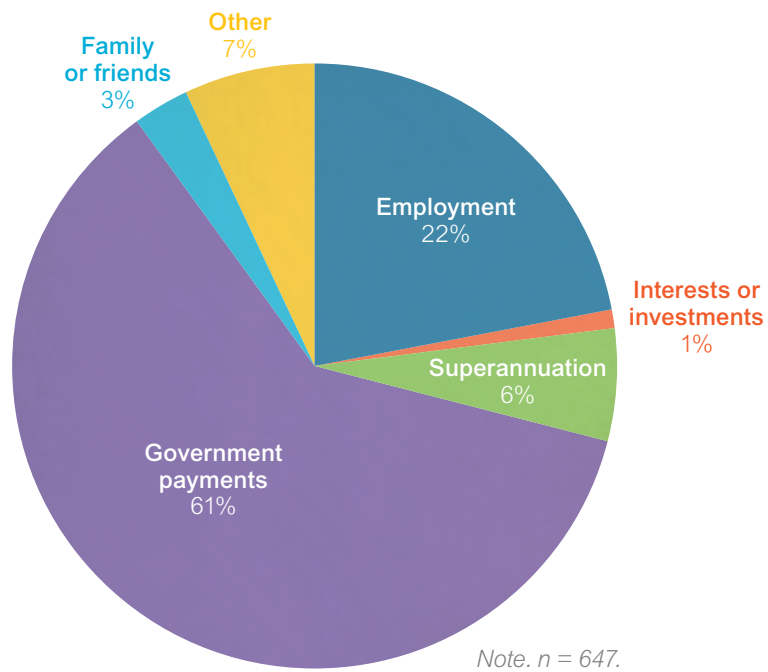
The main source of income differed by age. Figure 37 indicates the percentage of people who received income mainly from their employment was higher among younger care leavers (39.1% and 29%) than among care leavers aged 65 or older (8%). Higher percentages of care leavers aged 65 or older relied on government payments (72%), superannuation (11.9%), or other sources.

Figure 37:
Primary source of income by age

Legend:
- Employment
- Interests or investments
- Superannuation
- Government payments
- Family or friends
- Other

Note. n = 409.
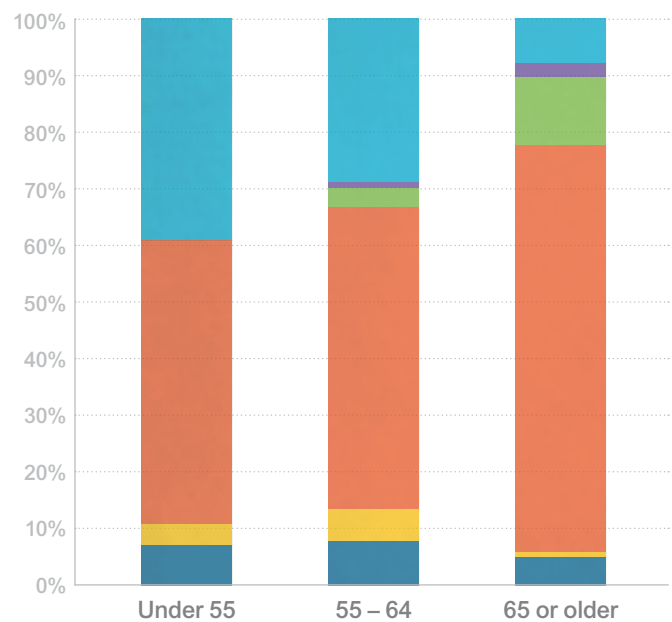
The research explored with participants' their experience of financial stress in the past year. Given the low levels of income, a substantial proportion of care leavers in this study experienced material hardships. Within 12 months prior to the survey, 34.2% of survey participants experienced some forms of material hardship due to a shortage of money and about 2.5% of them experienced all forms of material hardship posed. Because of a shortage of money, 20% of respondents were unable to pay bills on time, 18.3% missed meals, 18% asked help from welfare/community organisations, 16.8% asked help from friends or family, 15.7% pawned or sold

something, 15.7% could not afford heating or cooling in their home, and 11.1% were not able to pay the rent or mortgage on time. These numbers are much higher than percentages found in studies with community samples. For example, in regards to the general Australian population, Bray (2001) reported 16.1% experienced hardship in bill paying, 4.2% pawned or sold off items, 2.7% missed meals, 2.2% were unable to afford heating or cooling in the home, 9.9% asked help from friends or family, and 3.5% sought financial assistance from welfare/community organisations. See Figure 38 for comparison.

Figure 38: **Material hardships**

Note. n = 645.
Community sample
is from Bray (2001).
† This item was not
included in Bray (2001).
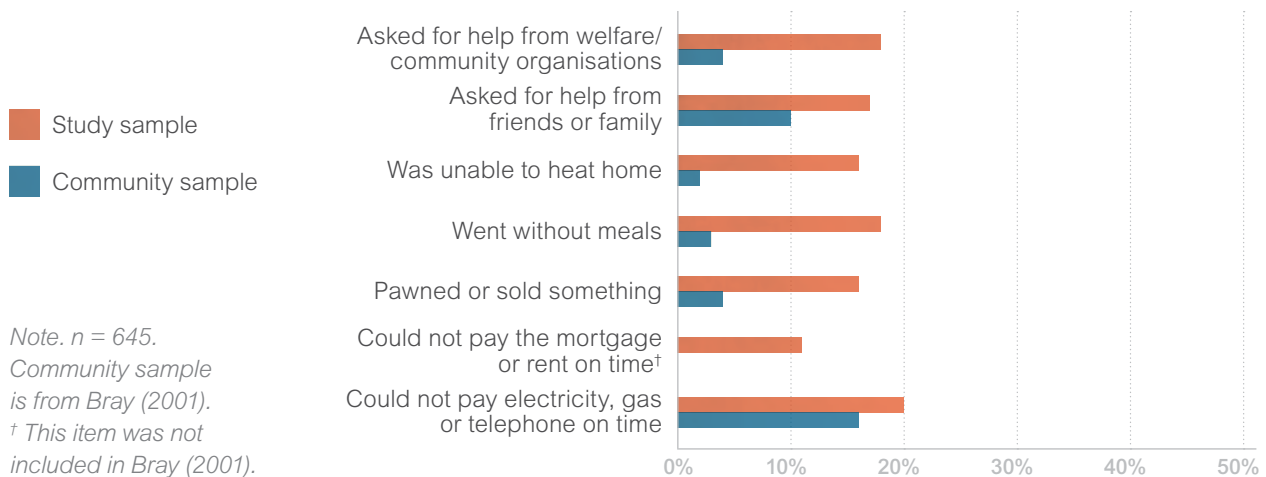
The experience of material hardships differed by age. Overall, younger care leavers in this study experienced higher levels of material hardship. Forty-five percent of care leavers under 55 experienced some forms of material

hardship whereas 38.5% of care leavers between ages 50 and 64 and 24% of care leavers aged 65 or older experienced material hardships.

Due to lower incomes, care leavers struggled with living costs relating to housing and health care (especially dental health). Forty-eight percent reported that they had lived in public housing 'at some time in their lives' indicating low income (given the eligibility requirements). Items such as cars were sometimes being paid off rather than owned outright. When asked for the reasons that services were not accessed, 68.6% nominated 'cost' as a reason. For example, despite being eligible for Medicare rebates, up-front costs of seeing a specialist were not always affordable. These issues will be further discussed in later sections of housing and access to services.

Care leavers often suffering from chronic ongoing health conditions were reliant on government payments (such as Disability Support Payment) and struggled in meeting everyday living costs:

"We definitely need more help with our lives and maybe concessions and things like that, electricity and gas and everything, for what you get for the pension, you're battling all the time." – 'Cliff'

Underemployment, low income combined with housing costs and other living expenses left little spare money:

"I'm working 12 hours a week. I earn $500/week. I'm paying $400 a week… and I've been doing that for 3 years. I don't have the resources there." – 'Florence'

Lack of financial literacy may also contribute to later lower earnings and level of financial management skills:

"The one thing nobody ever taught me to do was how to save money." – 'Alma'

This may have contributed to later problems in managing money. There were a few instances of persons having to declare themselves bankrupt, losing savings due to poor investment decisions or failed businesses, which had consequences such as having to sell their home or other assets and move back into rental accommodation.

There were a number of exceptions where an individual had managed to transition into higher-paid employment by excelling in education due to encouragement and/or material assistance such as through a scholarship, or had partnered with someone in a highly paid profession.

In summation, lack of resources was felt to have curtailed options. As one participant suggested:

"I think there were times in my life where I didn't have certain choices because I didn't have enough money. The reason why I didn't have enough money does stem back to being in care, you know." – 'Abigail'

The combination of a difficult and fractured upbringing, lack of education, and experience of trauma compromised employment prospects, and lack of financial literacy, all combined to produce lower incomes amongst this adult care leaver cohort. This effect on net wealth is also evident in housing tenure, which is explored in the next section.

Housing

As Figure 39 indicates, over half of survey participants (51%) owned or were buying the dwelling they were living in, 22% were renting privately (14% with public assistance and 8% without public assistance), 19% were in public housing, and the rest were in other forms of housing (e.g., hotel, nursing home, prison). Participants were more likely to be renting in social housing and less likely to be in home ownership compared to the general community. At the 2013–14 Survey of Income and Housing, two-thirds of Australians (67%) owned/were buying the dwelling they were living in, 26% were renting in the private rental sector, and 5% in social housing (public and community housing) (Martin, Pawson and van den Nouwelant, 2016). The gap was pronounced in relation to homeownership in the 55–64 year age range: the percentage of home ownership was 46.3% for participants in this study and 80% for people in the general community (Martin et al., 2016).

Figure 39: **Current accommodation**

Prison 0.6%
Nursing home 0.3%
Hostel/hotel/boarding house 1%
Other 6%
Public housing rental 19%
Own home purchased 51%
Private rental with assistance 14%
Private rental 8%

Note. n = 646.
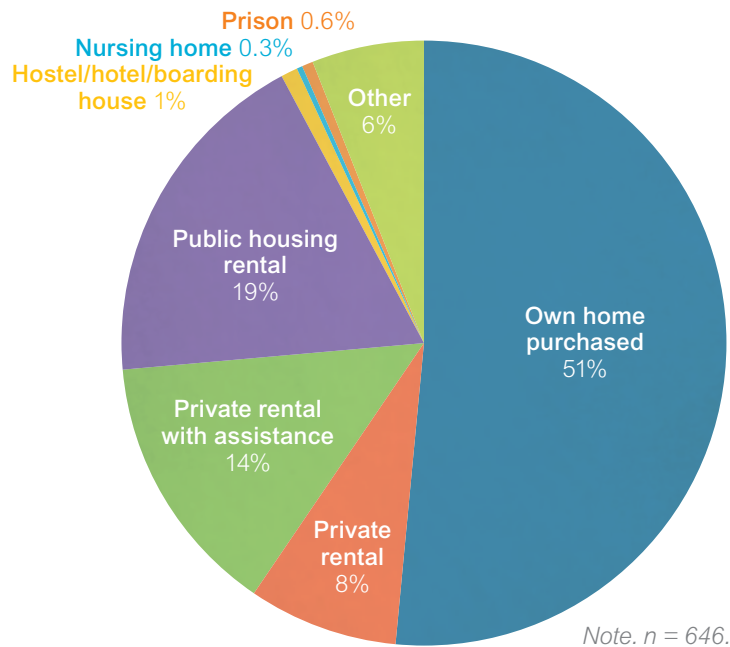
As Figure 40 shows, current housing status differed by age. A higher percentage of people aged 65 or older (67%) owned a residential property than did younger care leavers (32% and 46%) whereas a lower percentage of individuals aged 65 or older (10%) were privately renting either with or without public assistance than did younger care leavers (36% and 26%).

Figure 40:
Current accommodation by age

- Other
- Prison
- Nursing home
- Hostel/hotel/boarding house
- Public housing rental
- Private rental with assistance
- Private rental
- Own home purchased

Note. n = 409.
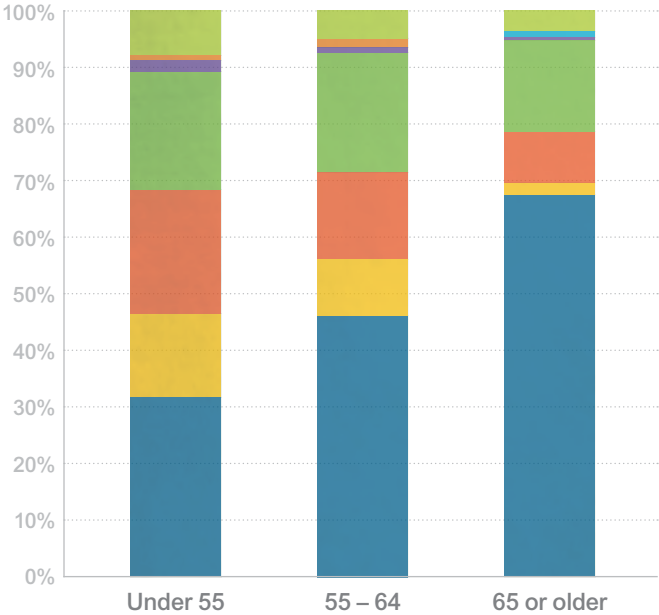
High proportions of survey respondents had experienced housing difficulties. Figure 41 indicates that at some point in their lives, 46% had experienced homelessness, 48% lived in public housing, and 60% had temporary housing. Nonetheless, almost 64% had an experience of being a homeowner at some point in their lives.

Figure 41: Housing history
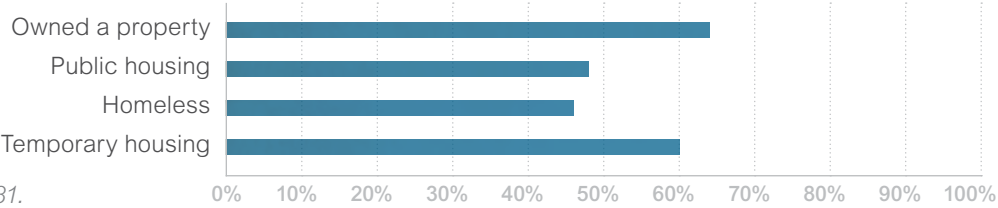
Note. The sample size varies, n = 244 to 431.

Where home ownership was achieved, the location was more likely to be in a suburban, urban fringe or regional location. Less than ten persons out of nearly a hundred participants interviewed lived in what could be described as 'middle class' or 'affluent' areas. Clearly, lifetime average incomes lower than the Australian average affects the ability to enter into a mortgage and/or secure good quality housing. Therefore the housing data is another indicator of the significant disadvantage facing adult care leavers who participated in this study.

Involvement with the justice system

The research explored whether participants had involvement with the justice system as adults. Survey participants were asked whether they had been to gaol or had been convicted (without going to gaol). As Figure 42 below indicates, nearly two thirds of care leavers in this study did not have any involvement with the justice system and a third (35%) had criminal records. Among care leavers with criminal records, 17% had convictions only and 18% had experience of imprisonment.

Figure 42: **Conviction and imprisonment**

Yes, been in prison 18%

Yes, convicted only 17%

No 65%

Note. n = 415.
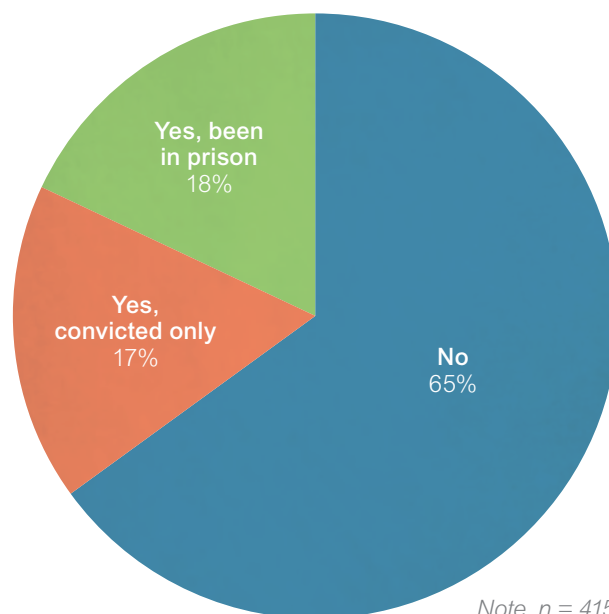
This is not dissimilar to other studies of care leavers that have found that care leavers may offend at disproportionally high rates. For example, one study found involvement in the justice system (of some kind – not necessarily being incarcerated) was the case for nearly 50% of care leavers (however this was a small sample size of 62) (Centre for Excellence in Child and Family Welfare, 2005). The Australian Institute for Health and Welfare (2016) study of 30,402 young people found that in 2014–15, 5.5% of those aged 10–17 who were in the child protection system were also under youth justice supervision in the same year (although not necessarily at the same time), compared with just 0.4% of the general population aged 10–17. Indigenous young people in the child protection system were more than twice as likely to be under youth justice supervision as non-Indigenous young people (10.4% compared with 4.3%) (AIHW, 2016, pp. vi).

Given the lack of education and life skills and lack of support provided during the transition into independent living, many care leavers in this study faced challenges in their early years and these led them to contact with the justice system. Overall, in this study, it was found that male care leavers had a higher percentage of a criminal history than did female care leavers (45% vs 24%). Among male participants, 27% had a history of imprisonment and 20% had a history of conviction without imprisonment. Among female participants, 9% had been in prison and 15% had been convicted without imprisonment.

The finding of this study aligns with current data on inmates in gaols, which is based on larger sample sizes. Particularly, a significant proportion of those in the juvenile justice and adult corrections systems were placed in 'care' at some point. The Wood Inquiry, in relation to juvenile detention, found that 28% of male and 39% of female detainees, and 21% of males and 36% of females subject to community orders had a history of being placed in care (Wood, 2008, pp. 556). This was corroborated by a University study which found that 30% of female prisoners in NSW were placed in out-of-home care before the age of 16 (University of New South Wales/University of Sydney, n.d.). Amongst the adult prison population, Wood (2008) found that 28% of males in gaol had been in a child welfare institution.

Those who had been in care were well aware of the association between being in care and having a disproportionate likelihood of serving a gaol term and the cost this imposes, as study participants remarked:

"If you abuse the adults and all of that, they're grown men and all of that, they will then wreak whatever back on the community." – 'Andrew'

"Almost half the prisoners in NSW grew up in care and that costs a fortune.." – 'Luke'

"… 90% of women in jail have some kind of institution background.." – 'Susan'

'Luke' and 'Susan's' figures are perhaps an overestimate in that the Wood Inquiry found the rate to be 39% (2008). Yet, these comments show care leavers' beliefs about the connection between care experiences and involvement with the justice system. Another participant who was in the Westbrook juvenile detention centre in Queensland mentioned the following statistics about the incarceration rates in adult gaols among his peers at Westbrook:

"Out of 60 guys in… the Schwarten inquiry, right, 42 doing life.." – 'Dan'

A participant who had been in a Home reflected on a peer who had gone on to commit child sex offences:

"Samantha Knight disappeared in the Cross and a guy Anthony Guider was the one who murdered her. He was in a flat above her place… He was a strange character even as a kid so I do not know whether it was the home or he was that sort of person or he was heading down the track in any case." – 'Derek'

Guider was gaoled for numerous child sex offences in addition to the Knight manslaughter. Guider claimed to have himself been sexually abused by his mother and while in a boy's Home (Sydney Morning Herald, 2002). A former inmate of gaol reflected on the prevalence of serious offenders amongst former residents in boy's Homes:

"I said [to the Royal Commission] I can name 32 people that went through the boys' homes with me… and real bad ones like Anita Cobby, the nurse that got killed – the Murphys and that all brought up in boys' homes.." – 'Bernie'

Participants who had experienced incarceration were aware of the high prevalence of persons in gaol with similar care backgrounds to themselves:

"You always run into them in gaol. I'd say 80% of people that are in gaol are from boys' homes and from broken homes. 80% easy." – 'Bernie'

A similar story was recounted by 'Glenn' who said "if there was thirty boys in a yard at Goulburn jail, I probably knew twenty-five of them from the institutions". An investigation by the ABC that found 35 violent deaths in Australia could be linked to men who were former inmates of the Institution for Boys, Tamworth (Thompson, 2011). One of the risk factors known to increase the likelihood of offending is having been in out-of-home care. Lack of any parental guidance (or any parental presence at all) was cited as a contributing factor by participants such as 'Cliff':

"It was enough to let me know what it was like, I never, ever [wanted to] go back to jail. I never ever did… [but] you haven't got parents as such to guide you a little bit and that's very hard." – 'Cliff'

One person had a large number of offences related to financing his drug use and had been in and out of gaol, all for drug-related offences. Another person's offending was correlated with his alcohol use, and was re-incarcerated when he broke his abstinence. 'Oscar' explained:

"Well I was. I was sober for about 2008 to 2013. I fell off the wagon and ended straight back up in jail.." – 'Oscar'

'Oscar' was well aware of the link between his alcohol use and behaviours that resulted in gaol time and could see his long history of offences paralleled his drinking periods. Post-release, he had joined support groups which he found useful in relation to his previous alcohol abuse and previous lack of impulse control.

There were a number of participants in the study who had been to gaol for extended periods, serving sentences for violent offences, including armed robbery, grievous bodily harm and murder. They were well aware of the influence that upbringing, anger and lack of impulse control had in their offending and the need for control of this. For instance, as one participant noted:

"I had to [change]. I've changed where I don't intend to harm another person in my life, and that's basically from my own training and my own discipline that I have to change.." – 'Bernie'

Some had been involved in criminal activity but as they served more time in gaol decided to 'turn their life around' and not return, taking steps to avoid risk factors such as substance abuse and consorting with other criminals. Moving away from the city and establishing more 'normal' life in a regional area was another method of escape from possible involvement in crime. 'Oscar' formerly a self-described 'raging alcoholic' who linked his offending strongly to his drinking, had accessed a specialist service following release from gaol. He explained:

"It was a turning point for me. It really was because there was no one out there. Like I said before. There was no one out there I could talk to, no one. I could sit down and I could talk to [name of staff member] Just like I'm talking to you. Really openly and she would just take it in and she [staff member] give me a bit of advice, things like that." – 'Oscar'

'Oscar' had also adopted a healthier lifestyle in a coastal location and enjoyed exercise and a healthy diet.

Some others had been involved in lower-level offending and had what they described as 'lucky escapes' or had 'come close several times', evading detection and possible conviction for activities such as breaking and entering or drug trafficking.

Relationships and social outcomes

This section explores the nature of relationships formed with others in the adult lives of care leavers – with partners, family members and friends, as well as involvement in community and experiencing a sense of belonging.

About one third of survey respondents (33.4%) lived on their own and just above half of them lived with a partner. The levels of social support that adult care leavers had were measured by MSPSS (Multidimensional Scale of Perceived Social Support). The average of perceived social support was 4.68 for significant other, 3.56 for family, and 3.88 for friend domain on a 7-point scale. The average score on the total support scale was 4.07. Table 14 provides details. Although characteristics of samples are different, compared to studies with community samples, care leavers in this study had lower levels of perceived social support. For example, an Australian study with university students had an average score of 5.21 for men and 5.65 for women (Anderson and Kidd, 2014) and a US study with pregnant women, adolescents, and medical residents reported average scores of 6.01, 5.60, and 5.85 respectively (Zimet et al, 1988).

Table 14: **Social support**

	n	Frequency	%	Mean	*SD*	Range
Whom you live with‡	**431**					
No one		144	33.4			
Partner		224	52.0			
Children		69	16.0			
Grandchildren		10	2.3			
Parents		4	0.9			
Other		37	8.6			
MSPSS†						
Significant other	401			4.68	2.07	(1–7)
Family	400			3.56	2.14	(1–7)
Friends	397			3.88	1.94	(1–7)
Total	396			4.03	1.78	(1–7)

Note. ‡ The total exceeds 100 percent because participants were able to choose more than one option.
† Multidimensional Scale of Perceived Social Support. SD refers to standard deviation.

As indicated in Figure 43, on average, survey participants reported having contact with their partner fortnightly or more (4.7) and contact with their children and friends almost monthly (4.3 and 4.2 respectively). Their contact with other family members such as siblings, parents, and aunts and uncles, seemed to be much less frequent (1.6–2.8).

Figure 43: **Frequency of contact**
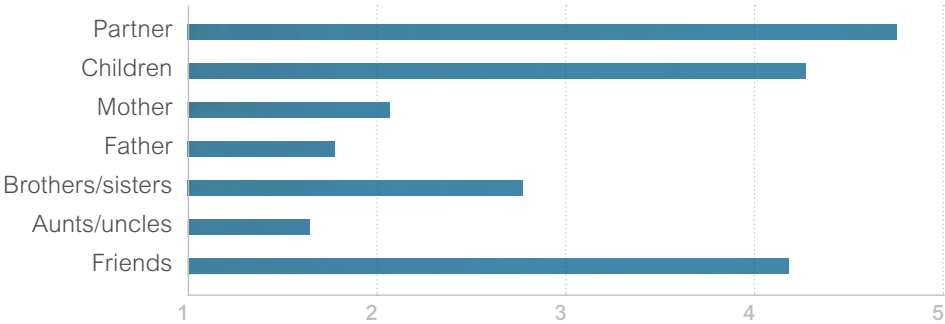
Note. 1 = never, 2 = less than yearly, 3 = 2 – 3 times a year, 4 = monthly, and 5 = fortnightly or more. The sample size varies, n = 90 to 361.

On average, Figure 44 shows that survey participants reported feeling close to their partner (4.1), children (3.7), and friends (3.4) in that order. On average, they felt less close to other family members (mother, father, siblings, aunts, and uncles).

Figure 44: **Closeness to others**
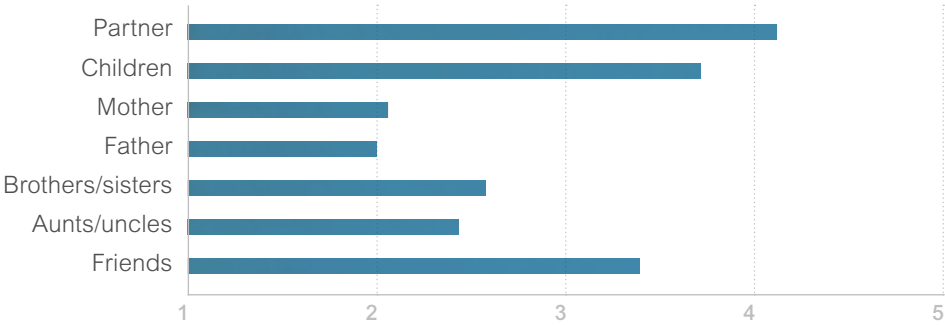
Note. 1 = very distant, 2 = slightly distant, 3 = neutral, 4 = slightly close, and 5 = very close. The sample size varies, n = 100 to 357.

Relationship with family of origin

Disrupted attachment to a biological parent or parents was the experience of the vast majority of participants. Participants used words like 'stranger' sometimes to describe an encounter with a parent. Gardner's research (2004) indicated where a care leaver did have contact with a biological parent this could be conflicted, ambivalent, superficial, distant, although for some, closeness had developed later in life. She also found that those who had regular contact with their biological parent while in care were more likely to later include this parent in a depiction of 'family' (Gardner, 2004). For those who did not depict a biological parent as part of their 'family' there were a number of categories of reaction including non-nurturance, abuse, disconnection and outrage at perceived abandonment (Gardner, 2004). These feelings were evident in the research participants' accounts.

For example although social rituals were observed, there was little sense of connection, even upon the death of a biological parent. This sentiment was expressed by 'Larry':

"When my mother passed away in 2010, it didn't upset me one little bit, sure it's sad, when anyone dies, but I wasn't, I could go to the funeral, I didn't feel any attachment, I didn't feel there was a need, to me as I say it was sad, I certainly don't blame myself for, or, feel compelled, to go to the funeral. I grew up away from my family." – 'Larry'

Ambivalence characterised other adult relationships with biological parents as described by 'Scott':

"Yeah, I've known her for about 30 years. We're not particularly close. I'm not particularly fond of her to be honest." – 'Scott'

However even where there had been no or scant level of contact in earlier years, participants did report creating positive relationships with a biological parent later in life and also felt genetic identification (or 'ID' as the participant called it), with them:

"It took me thirty odd years to find her. When I met her, I could see the ID in me without a question of a doubt. She had this sort of gutsy determination and that. She was a fighter because she'd gone through six men, sort of scenarios and you know, she was a belittled woman. It wasn't until I came along and I found her that her life changed for the next ten years. I gave her a bit of quality of family life." – 'Stewart'

Another participant described a superficial relationship with her mother. She had met her mother when she was younger which helped her to solve part of the puzzle of her identity, but she found her mother "hardened over the years" and affection was missing:

"There was no hugs, no love… and there wasn't too much of anything, but at least I met her… I don't feel love for her but I feel like 'poor thing', you know." – 'Laura'

With the help of counselling, 'Laura' had accepted that the relationship with her mother would never be close but she was still in contact with her mother twice a year at the time of the study.

An Aboriginal participant, who was fostered in a non-Aboriginal family, An Aboriginal participant, who was fostered in a non-Aboriginal family, reported meeting his biological mother affirmed his identity and have him the opportunity to meet extended family. It also raised questions whether he was forcibly removed from his family or voluntarily placed in care:

"It just bought some relief, you know, that I've met my mother and I've got my identity. I know who my family is now. That was the only thing. But later on, from then just thinking about it – just having doubts." – 'Nick'

'Nick' had a good relationship with his foster parents and referred to them as 'mum' and 'dad throughout, and referred to his biological parents as 'father' and 'mother' or 'real mother', indicating the importance of both caregiver attachment, and biological ties to individuals.

Reconnection with biological parents could simply be disappointing. A participant who met both biological parents did not establish an ongoing relationship with either and explained:

"I met him, but he told me blankly that he didn't want children, didn't want to know about it and that was that. So I just drove away. I never… I don't even know where he is now. And my mum… I asked her for answers and you know, tried to get her to explain and ask 'do you think what you did wasn't going to leave a scar?' You know, there's a bit of hurt and hate there. I did try to work it through with her, but she

just blames the rest of the world. Tells me she did no wrong. Tell me I'm stupid, puts me down. I thought, I don't need this, so no, I don't see any of them anymore." – 'Jodie'

This participant naturally felt some resentment at abandonment and wanted acknowledgement that this had caused harm; however, she did not obtain this acknowledgment from her biological mother, leaving little room to move forward and develop a meaningful relationship.

There was also the disconnection related to distance. While the Australian-born children could reconnect with parents or other relatives later in life, for the Child Migrants, immigration cut off all possibility of visits. Letters were the only way they could communicate with those they left behind in the UK. It was only later with the advent of better access to records, affordable international communication and the Child Migrants Trust Fund that former Child Migrants were able to track down their British biological family members and visit in person. This was the experience of 'Meg' who recalled:

"So I was there, I got letters. I went and saw her when she was in her 80s, that's the fastest I could find her, I saw her for three weeks, I had to go there as a friend of the family, not as a daughter." – 'Meg'

Despite this proviso of not being acknowledged 'as a daughter' (a condition imposed by her mother's husband), 'Meg' took an attitude of compassion toward her elderly mother as "when you go through institutions you have a lot of compassion". Also, she had found out her mother was single and cared for her until she was three months old, but then had to work, so put her into care.

Another participant had a similar experience of disavowal from his biological father and refused to disclose (to his wife) that he had an 'illegitimate' son:

"We went and he sat in the chair and I was introduced, and he ['Aaron's brother'] told him who I was, and he knew who I was, but he… wouldn't recognise me. He just sat there. And the reason he couldn't, 'cause his wife didn't know I was his illegitimate child. So we just sat there and I've never ever bothered to contact him again." – 'Aaron'

For 'Aaron' this failure to recognise him as a son was reason enough to disconnect from his biological father permanently. For some, re-connecting with family meant biological parents having to revisit past events that made them uncomfortable or issues that they did not want to face or acknowledge. Another former child migrant who met his biological father later in life simply stated "I did meet my father, but I didn't know him" ('Eric'); another example of the disconnectedness wrought by time and distance.

A participant explained the effect disrupted attachment had had not only her relationship with her parents as an adult but on her entire sense of identity:

"She's still alive. I did keep in contact the same amount of time with my father, and it's not all this lovey-dovey business… it's wonderful to find out about all this, but you have no connection, you know? What people don't understand is when children are taken away, whether it's today or in the past, you don't just lose your mum and dad. You lose your aunts, your uncles, your identity." – 'Janice'

Foster parents, even those who participants did not feel they 'belonged' to, could create a secure and nurturing environment. It is not clear how many participants had maintained ongoing relationships with foster carers. 'Marjorie' was removed from her foster parents and she resented that this had occurred:

"But I remember her as being really loving… actually, her and her husband. So I was quite spoiled. I had a reunion with them, oh a few years back now… They would have had me for life… See, I woke up in a loving caring home with the only parents I ever knew, and went to bed that night in a different town with people I'd never met." – 'Marjorie'

'Marjorie' was restored to her biological mother. A year and a half later she was placed in a children's Home. She was very pleased when she met her foster parents again later in life, by chance and her opinion was that she should have been left in the foster care situation.

Siblings who had been placed together and were allowed to maintain contact for at least some, if not all, of the time in care could give each other support. This continued on throughout life for some participants and had at least one person who had shared their childhood experiences. One respondent described this:

"Then I'd get on the phone with ['Bree'] and she'd say, 'come home!' She was the only one in the world that understood me. I still have this great sense of loneliness and not being understood." – 'Lucy'

Estrangement from siblings due to separation was reported by many participants. Despite their best efforts to be reconnected, the elapse of time and growing up in different environments had created an insurmountable distance:

"When we arrived at the orphanage we were systematically separated, gender separation, that in itself has created lifelong issues. I have five sisters that I don't have the capacity to get to know, simply because we are siblings so we didn't go through that natural process of getting to know each other… It's easier, I find it easier to get to know a stranger today than it is to get to know one of my sisters." – 'Douglas'

Participants reported having major differences with siblings both in life outcomes and in temperament, and in their attitudes to their time in care. One participant described quite a conflictual relationship with her sister:

"She said, 'I don't live in the past like that.' I don't live in the past, either, but you have to acknowledge it and then move forward, but she's never acknowledged it and so in her opinion, it's not happened… it hasn't happened to her. It's like she's in denial and she's not going to be reminded of it… and she's very nasty. Like she's got this nasty attitude, both of them have. They hate me. I've never put them down or said anything to them. I understand and they still want me to be the scapegoat for some unknown reason." – 'Monica'

This disconnectedness was the rule rather than the exception. As a specialist informant working with adult care leavers commented:

"They often will talk about not knowing their siblings. They'll talk about not having a relationship with their siblings when they

did find out. And they'll talk about being in the same institutions as their siblings and not even being aware. So there were a lot of insidious, dehumanising behaviours which makes it very difficult for people to put those bits together in later life." – SP8

Another specialist participant also made these observations:

"Reunification – family reunifications for Child Migrants and Stolen Generations I think are rarely successful. It's just incredibly fraught and a very big ask to get two sets of people whose only connection is biological who haven't had very much to do with each other or if anything through childhood. Then in adulthood to expect them to meet and suddenly be a happy family as ongoing system and contact is unlikely. In reality I haven't seen that very often at all." – SP4

However, whether relationships with family members were ongoing or not, establishing contact with family members and finding out more about the family history was valued by participants.

In summary the level of attachment – and disputed attachment – to both adults and siblings seemed to be a predictor of frequency of contact as adults, in particular some siblings who were placed in care together had bonds of some type; however, those who rarely saw biological parents of siblings rarely reported having developed a strong rapport later in life. While finding biological family was felt to be important and necessary by many participants, and they had actively searched out estranged parents or siblings, ongoing relationships tended to be distant, ambivalent, conflicted, superficial, or completely non-existent.

Relationship with partners

Almost half of survey participants had a partner either in a married (42.7%) or de facto (7.7%) relationship. Survey participants reported that the average duration of their first relationship was 20.5 years (ranging from 5 days to 66 years) whereas the average duration of their longest relationship was 24.3 years (ranging from 2 month to 66 years). The majority of survey participants (86.8%) believed that their experiences in care affected their relationships with partners in some way. As indicated in Figure 45, positive effects included strong attachment to a relationship (30.3%) and strong commitment to a relationship (28.7%). They also reported that their care experiences negatively influenced their relationships with partners by creating difficulty in trusting (78.9%), difficulty in dealing with conflict and solving problems (67.7%), difficulty in communicating (65.4%), and difficulty in making a commitment (46.3%). Overall, there was greater consensus among participants on the barriers than on positive effects.

Figure 45: **Effects of care experience on relationships**

Note. n = 356.
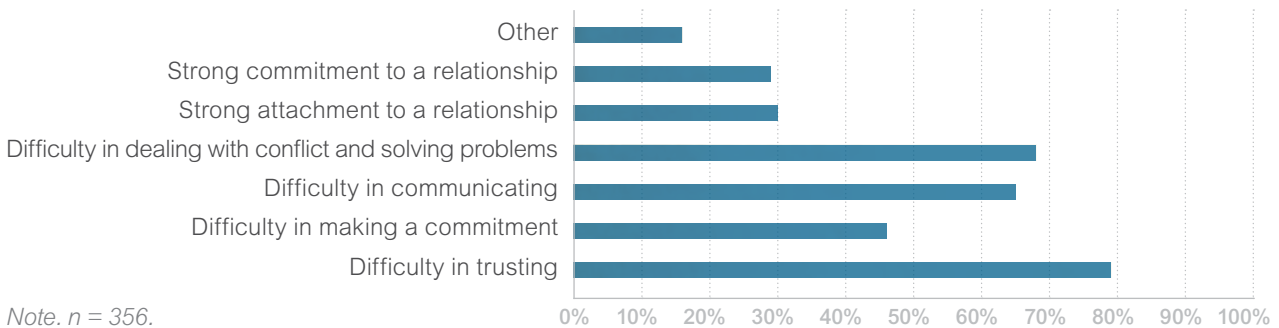
Trust

Issues of trust, or more precisely an inability to trust, was frequently mentioned by many participants. As one care leaver remarked, 'without safety there's no trust' ('Terry'). The lack of a safe place in childhood, and the abuse by adults and others, provoked an ongoing wariness and lack of trust given that the reality experienced supported the validity of this reaction.

"I don't trust anybody much now. Cos I dunno if they're going to use me or you know. It's very hard. They took our trust away." – 'Tanya'

"I can't trust things. I can't trust what people say. I can't trust what people do. The safety and everything and my belief just got shattered." – 'Terry'

The experience of having nowhere to turn to, and no protective intervention by those who supposedly had a 'duty of care' was psychologically damaging for many care leavers who concluded there is no place or person of safety. This has affected many aspects of their lives including the ability to ask for assistance or help, and developing ongoing relationships with others. Not trusting others is an adaptive mechanism in childhood and often has a lifelong persistence as illustrated by comments from several research participants.

"And even now at 56 years old I don't trust anybody, not a single soul in the world." – 'Nina'

This led to self-isolation – evading exposure to potentially harmful others by becoming a 'loner'. This may include choosing jobs where contact with others is minimal:

"So, I can live inside my own head out on the road. I don't have to worry about you or flaming anybody else. I can forget the whole world exists. And just – but – don't let anybody get too close to you, 'cause you will get shafted." – 'Dan'

'Dan' had suffered severe physical and other forms of abuse in a boy's detention centre as a child and young adult. He eschewed the specialist service where the focus group took place, like many adult care leavers who are unconnected with any support services. As he explained, *"like even this joint, I don't come here, I don't like coming here this is the f'kn second time I've come here because I don't trust these do-gooder bastards because every do-gooder I've come across has winded up flaming well having an agenda or their own." – 'Dan'*.

Similar reactions evident were to withdraw from social events, avoid in-laws and choose locations in remote and rural areas or behind security gates. 'Hannah' described:

"I don't have a life. I live behind closed electronic gates. I don't have people come into my home except to help me with stuff like this. I don't have friends. I do not have any friends, because I don't trust people." – 'Hannah'

Some autonomy or a modicum of safety is gained, based on exclusion of others as seen in 'Scott's response:

"Oh yeah, I always thought someone was either going to fuck me over or gonna leave and it's just a matter of time. Then the closer they were and the more I liked them, the bigger the risk and the harder it's going to be, to take." – 'Scott'

This comment shows that it is not just risk of harm that is avoided but also risk of being let down. This avoidance of intimacy was attributed to being abused and abandoned by people who were supposed to care for them.

'Kevin', a self-defined 'sceptic', explained:

"I'm very critical of people. Um, I will trust people, but I will also have a Plan B in my head." – 'Kevin'

Those who were attempting to trust others were unable to completely do so or had to learn to do so, over a long period of time:

"Well I don't know what trust is but I had to learn that this person is not going to do to me what that woman did or that man did to me. I had to learn to do that…" – 'Dawn'

Those who were in long-term relationships sometimes found it difficult to trust their partner/spouse:

"Yeah, I don't trust many people. I don't, honestly. I think I only trust probably one or two people. Even when you don't trust your wife – it's very strange." – 'Jake'

Some, like 'Eileen', experienced trust through their own children:

"My children taught me to trust." – 'Eileen'

Counsellors and others working with care leavers recognise the challenge that trusting posed to their clients and the ongoing issues this could cause:

"A lot of the time trust is a really big issue. People just expect to be abused, expect to be abandoned, so they will constantly jump to the wrong conclusions about what's going to happen and bring situations on themselves that maybe they could avoid if they had learned more productive methods of managing relationships in their lives, generally." – SP12

"I mean we're talking about fundamental abandonment issues. That's really hard to overcome. That takes a lot of learning." – SP5

Due to the lack of role models in their own lives where one or both parents were absent, or parental conflict or violence was a contributory factor in placement into care in the first instance, care leavers often had difficulty in forming or maintaining relationships. For those who had formed relationships at a young age often this was due to pregnancy and/or entering a relationship with the first person who showed any interest in them. Sometimes the choice of partner was to their detriment as the partner was physically and/or emotionally abusive:

"I was confined into this place because my first husband used to tie me up in the house and I couldn't leave and couldn't look after the kids properly. He used to beat the kids a lot. He sexually abused them as well. It was pretty horrible, but I mean I was only 14 when that all started and he got me pregnant. So it was a pretty horrible situation." – 'Sandra'

Another woman reflected on her choice of partner:

"Well, if you make good choices, but, you know making good choices is different when you don't have any role models. I think you think sometimes dominance can look like protection, you know?" – 'Kathy'

Given early childhood experience of abuse, many saw abusive relationships as 'the norm' and it was only later in life through counselling or some other intervention that they may have recognised the relationship as intolerable.

A participant reflected on the needs or problems of their spouse being greater than their own and, in effect, having to take on a care-giving role:

"May I just suggest one thing? My salvation, if you wanna put it that way, the thing that saved me was my wife. Because she had more problems than I did!… I got out of me and into her. For the first time I had somebody else to worry about. Now maybe that's the key." – 'Harvey'

However entering into relationships could also result in suffering abuse and becoming stuck in a 'rescuer' role as participants explained:

"So as I said all my life I've had abuse by men. I've just left one – fifteen years ago in Melbourne, he abused me too. He used to bring me to […] and use me up because I was a rescuer. He'd been in institutions and he'd been abused too as a child. So I thought I'd come in there and save him because it went back to my childhood saving. It kept on and on and on. He took advantage of me for my good heart then." – 'Lauren'

Well that's important because I met up with a lot of bad women who really fitted the bill of my foster mother. But then when I met a couple of bloody good women, I couldn't believe it. They'd been sexually abused by their fathers. Then I became the rescuer for them and I thought well, how do you win? [Laughs] It's a tough call." – 'Stewart'

Many care leavers share a deep mistrust in others. Sometimes their partner and close family were some of the few people they trusted; however sometimes they reported not even trusting their long-term partner, including with information about their past:

"Well I've been married to this husband for twenty years and I've never told him anything." – 'Chrissy'

A strong and enduring relationship with a partner could significantly contribute to the well-being of the care leaver and has been posited as a factor engendering greater resilience (Rutter, 1985). Some reported having a supportive partner who assisted them in coping with the trauma of their childhood over the life course, and was tolerant of some of the behaviours linked to childhood trauma (even if they could not fully understand it). Support of a partner was identified in various ways indicating its impact such as 'saved my life', 'my rock' as seen in 'Jason's comment:

"I've been married two or three times sort of thing, once, living with three women and used them as a crutch and fortunately the last one has been sympathetic to the core so to speak." – 'Jason'

A few acknowledged their partner as a caring figure.

"So maybe I was lucky there, but… and my wife isn't an outgoing type, socialite person. She's really quiet and a really good mothering type person, maybe too mothering [laughing]. I probably could've been more communicative…" – 'Eric'

In-laws were also sometimes a source of support for young couples. For example the loving family of a partner could be a role model for those who were deprived of this in their own lives and often they spoke of not only their partner being supportive but their in-laws being supportive as well.

There were some instances of care leavers forming relationships with each other and the small number of persons in this situation had had a long-term relationship with the other care leaver over many years.

Many had issues maintaining long-term relationships. Both 'Stan' and 'Daphne' commented on this:

"I've never had a strong relationship. I'm a recovering alcoholic. I've been sober now for twenty-two years and it's now that I've been able to have relationships but I was incapable. I was too feral. I just didn't want any." – 'Stan'

"I have a problem with relationships, that if somebody really gets close to you, I can't, I don't allow it. This has been the longest partner I've ever been with really." – 'Daphne'

Analysis of survey data indicated that there was no significant gender difference between women and men when it came to being in relationships. Some care leavers had decided either deliberately or by default not to have partners or children, partially due to the fear that they would be inadequate partners and/or parents. Again, analysis of survey data indicated there was no significant gender difference in those making this choice.

"No children. No ex-wife, haven't been married." – 'Craig'

"Well, I can never have a relationship with a woman. I've got a beautiful daughter, I've got apparently 2, apparently I've got 3 daughters, but there's only one I know. Because relationships didn't last that long, I didn't know how to stick around and I was a raging alcoholic." – 'Oscar')

One single woman explained she now preferred to avoid all intimate relationships:

"I don't want them to love me. I like who I am. This is my freedom. No one's going to take that from me now." – 'Martha'

Some people left relationships where they felt their partner used their background as a weapon against them:

"I just walked out because it was too savage. Just treating me like I was nothing because she knew I was in a home, come from an orphanage." – 'Jake'

Those who had long term relatively successful relationships saw choice of partner as contributing to the outcome:

"It's a big thing picking the right partner. I was lucky." – 'Elliot'

Others, such as 'Abigail', had treated various relationships as learning experiences and found greater happiness later in their lives:

"Coming out of care and not really knowing – you almost don't know how to feel for another person or express any emotion. And it had never been shown to me either, but I also had a really strong need for affection, etc, etc. So you know, I made some bad choices as a young person and you know, had a marriage that lasted five minutes really. I know that when that broke up, he said that he really – he did not like the way that I let him walk all over me basically. And I sort of processed

that I guess, and then went on and had another marriage which, you know, was about sixteen years, we lasted. My children were the result of that so you know, there are no regrets. But again, there was a learning process – giving this power to another person and so forth. So funnily enough now – my third marriage and very, very successful and a very happy marriage. It's wonderful. I really know how so much of that stemmed from my childhood experience. It just really messes with your emotions." – 'Abigail'

There was awareness amongst many if not all participants that some aspects of relationships were challenging for them due to a lack of positive role models. One person who had authored a self-help book for care leavers reflected:

"I've learnt how to build relationships and how to, firstly, have a relationship with myself, and then to have relationships with other people. I've had to give myself time to grow up again." – 'Terry'

Relationship with children

Early pregnancy and parenthood

On average, survey participants in this study were 24.1 years old (14 – 61 years old) when they had the first child. There was a gender difference in the age of first becoming a parent – among survey participants with children, 31% of female care leavers had their first child at age 18 or under whereas 8% male care leavers had their first child at age 18 or under. However, males may have been less aware of a pregnancy. Care leavers were less educated, more vulnerable and lacked life skills so one surmises pregnancy rates were higher than the general population and occurred at below the average age and previous research support this (Quinton, Rutter and Lidell, 1984). During the period where contraception was not readily available and abortion was illegal, some care leavers became a parent at a young age. This was not unusual – for example, in 1963, most commonly, women were giving birth to their first child in their early twenties, although births to teenage married women were also quite common, representing the third most common age (Hayes, Weston, Qu, and Gray, 2010). Many in this study reported having their first child before the age of 20, sometimes very shortly after leaving the institution.

'Laura' fell pregnant soon after she moved out of the institution, at age 16:

"Then I moved into a girl's hostel when I got out and I found love straight away and had a baby boy." – 'Laura'

The first child was removed from her. However she felt better equipped when she had her second child and kept her.

Another participant 'Jodie' also had children young:

"I left school at 14 and 9 months and then I got a job and then I sort of had some money and started renting a property, got a boyfriend. Yeah, I had children young. We planned on getting engaged and married, but that never happened. Yeah we had a beautiful daughter out of it." – 'Jodie'

Young themselves and straight out of care, participants who became young parents like 'Harriet' often felt a bit out of their depth:

"I was pregnant with [daughter's name]. I had just gotten married. Basically I had no idea what I was doing…I knew that I had to feed them, you know, make sure they got to school and all the rest of it, but anything else there was nothing there." – 'Harriet'

'Harriet' reports a lack of feeling for her child at that time and this was reported by other care leavers as well, that experienced 'emotional numbing' due to their own lack of affective bonds with a biological parent or any other consistent caring adult.

In some instances where a care leaver was very young their first child was removed and adopted out or otherwise placed in care. One participant recalls being rejected as marriage material by the mother of the young man she got pregnant to. She was left to have the baby with no support and had to struggle to keep her child;

"Then they tried to steal her from me, so I had to put her between my breasts and hold on to her… and then I had, well 4 doctors, the nurses and the matron fighting over to get my baby out to forcefully adopt her out, and I bit the matron… to keep my baby." – 'Thelma'

Another participant who got pregnant while she was at the Home had her child removed:

"I fell pregnant, asked the home for help… 'sure', they said. Put me in a private room… I had my son, didn't even see him… heard him cry, then he was gone… I was single. Found him after 45 years." – Anon'

This disturbing event was a result of the moralism that prevailed up until the late 1960s where unmarried mothers were pressured to surrender their newborn babies under the practice of forced adoption (Higgins, Kenny, Sweid and Ockenden, 2014).

Parenting

Table 15 indicates the majority of survey participants (84.9%) had children. The average number of children was 3.0 (0–10 children). Nearly one third of respondents said that they were worried about having their children taken into care and 13.1% of them had actually had their children taken into care. More than two thirds of participants (68%) reported that their experiences of being in care affected their children in some way.

Table 15: **Children and parenting**

	n	Frequency	%
Have children	**417**		
Yes		354	84.9
No		58	13.9
Don't know		5	1.2
Age at having 1st child	**342**		
Under 18		44	12.9
18–19		57	16.7
20–24		100	29.2
25–29		80	23.4
30–34		34	9.9
35 or older		27	7.9

	n	Frequency	%
Worrying about children taken into care	**349**		
Yes		117	33.5
No		232	66.5
Any children taken into care	**350**		
Yes		46	13.1
No		304	86.9
Own care experience affected children	**344**		
Yes		234	68.0
No		73	21.2
Don't know		37	10.8

Figure 46 shows the perceived effects of care experiences on their children. Positive effects included strong desire to be a good parent (72.1%), strong commitment to keeping the family together (68%), and strong attachment to their children (58.3%). Negative effects included difficulties in relationships with extended family (65.2%), difficulties in providing emotional care to their children (63.6%), challenges in parenting children generally (56.3%), providing financially (47%), and educating children (26.7%). Overall, more participants agreed on positive effects than they did on negative effects.

Figure 46: **Effects of care on parenting own children**
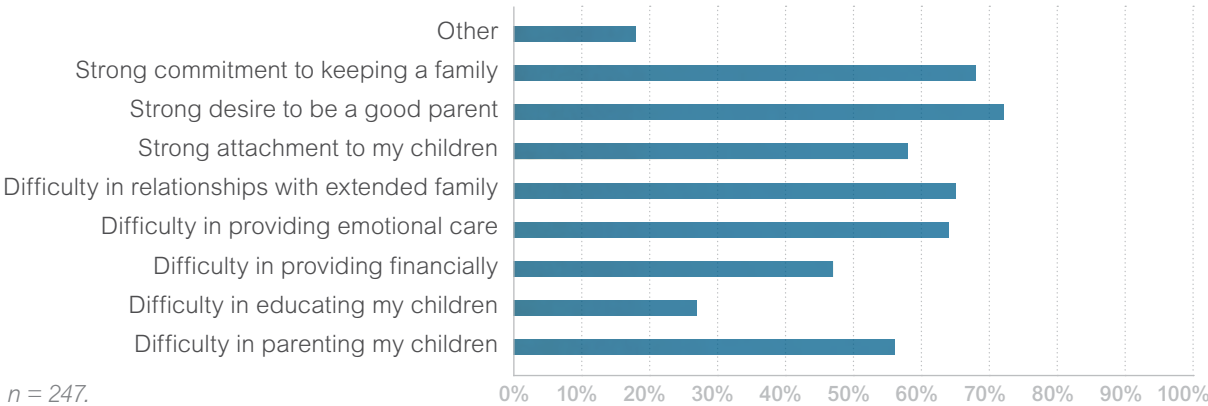
Note. n = 247.

Previous studies have shown that those who were in institutional care tended to have higher rates of parenting difficulties. Quinton et al (1984) found that just over a third (35%) had experienced some form of transient or permanent parenting breakdown with at least one of their children, compared to parents in the comparison group who had not themselves been in care. However they also found diverse outcomes because one third of care leaver parents had good parenting outcomes, and some parents in the comparison group had parenting difficulties (although of a less severe nature than the care leave group) (Quinton et al 1984).

Nearly all care leavers had severely disrupted attachment to their own parents, and did not have many other role models, apart from the in loco parentis adults, some of whom may have been impersonal, distant or abusive towards them. The implications for their own parenting were significant. Typically care leavers reported that their own parenting style

suffered because of the lack of emotional care experienced in their own lives. Some care leavers had great difficulty showing affection to their children. They reported that they were unable to show their children warmth or sympathy. Parenting was complex and summed up by 'Wendy' as a source of resilience and anxiety:

"My daughter… I got pregnant when I was 19. I was a single mother. Yeah, pretty much from that time on I seemed to have gained some sort of resilience for her sake, and it was sort of like her and me against the world, that sort of thing…and at last I had a family, or at last I had somebody I could trust, but in saying that, because I had this fear of actually being like my mother… 'cause my mother left when I was 2½… I felt that I was somehow going to end up being like her as a mother. So even though I absolutely adored my daughter, and she was amazing and all the rest of it, on the other hand I feared her as well. I feared how I was going to treat her because I had this sort of thing where I thought I was going to be like my mother… and I couldn't shake it. So I sort of was a distant parent, but at the same time I was a loving parent." – 'Wendy'

Some participants also reported being strict with their children, sometimes to the point of using physical discipline, replicating the patterns of disciplinary punishment they had experienced as children. Other typical responses from participants who were parents were over-protectiveness and hypervigilance in their parenting. One participant explained:

"With my own children I became hyper-vigilant to protect them and keep them safe, to let them know they were loved. My hyper-vigilance also took away their trust in the world and created anxiety." – 'Anon'

Participants reported not allowing their children to sleep over at friends' houses, or stay with strangers.

A social worker who works with those involved with the Royal Commission into Institutional Responses to Child Sexual Abuse commented on the effects that sexual abuse in particular had on parenting:

"Makes them very overprotective of their particular girl, female children. Very wary about relationships – that they're getting involved and going out in the world. Sometimes in a crippling kind of way, crippling overprotective. That creates all kinds of problems then as well, you know, children feel they are being stifled and don't really understand it's an excessive care because often they will have no idea what's kind of gone on behind it, what's informing their parent's behaviour." – SP12

Care leavers were extremely alert to perceived threats to children from adults. This meant sometimes care leavers kept their children close by and may not have allowed them as much freedom as other children.

For some who had drug or alcohol problems, becoming a parent reduced this behaviour as they took on the responsibilities of parenthood. For others, long periods of substance abuse, in particular alcoholism, affected children. Often care leavers reported conflicted relationships with their children.

Intergenerational patterns were observed in relation to children being taken into care as some reported that their children had parenting issues of their own, sometimes to the extent that their grandchildren had been placed into

out-of-home care or into their care. Among survey participants, 17.4% reported that their parents had a history of being in care.

In regards to education, many attempted to give their children a better education than they had access to. This was particularly the case where the care leaver themselves valued education highly as later-life education assisted them overcome some of their own challenges and secure better employment. Such parents focused on making sure their children had access to a better education. As 'Larry' explained:

"I missed a lot of schooling and so on and worked and had to work to survive, and so on and my daughter she's currently doing her HSC and going to university next year. I mean we, I've told her from personal experience that the most important thing she can do with her life is her schooling and we really encourage her and are very strict about her going to school so the mistakes that I've made throughout my life, and as much as I still make mistakes I try to [make sure that] that she doesn't make them." – 'Larry'

Some care leavers could not cope with the responsibilities of parenthood; relationships could be placed under pressure. While some male participants reported leaving a relationship soon after becoming a father, over the longer term the survey data indicated little difference in terms of contact with children between genders.

A small number of care leavers actively avoided having children because they felt they could not cope with parenthood or that there was a chance they would not be good parents. One participant commented:

"I've never had children because they said in those days that abused children abuse their children and to me that was like a horrible curse." – 'Samantha'

'Samantha' became a significant adult to many young people through her work with disadvantaged youth.

Many care leavers did not disclose their past to their own children, or only did so later in life sometimes as a result of media attention related to children in care. Quite a few felt that their children did not need to know or could not understand, and they only felt comfortable speaking about their experiences with the researchers, others who had been in care, or a trusted counsellor, rather than family members.

Where children did know about their past they were sometimes portrayed as unforgiving or were felt not to have adequate understanding, accusing them of 'living in the past' or telling them to 'get over it'. This was particularly hurtful and rifts often developed in the parent-child relationship.

Many participants were aware of being deprived of a model of effective parenting. Some of them sought advice, developed parenting skills over time, or had a supportive partner who provided the necessary nurturing to their children. One participant commented:

"There is no memory of ever having any good parenting. All I ever got is abuse and neglect or shaming – something like that. As for how to do it properly or better, I've had to find models – people – in the helping profession and places like that." – 'Terry'

Social contact and community involvement

After leaving care, Figure 47 details that over half of survey participants (52%) maintained contact with friends who were in care with them. A smaller percentage of people maintained contact with other people: foster or adoptive parents (16%), support workers (15%), foster or adoptive siblings (12%), care staff (11%), and others (24%).

Figure 47: **Contact with people in care**

Note. n = 229.
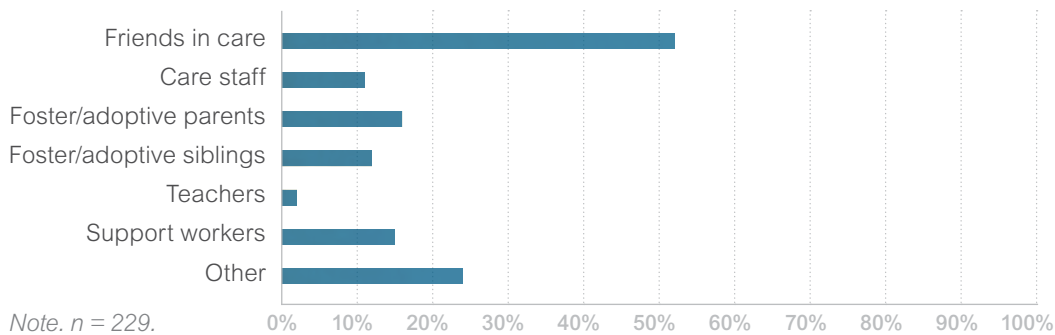
As illustrated in Figure 48, about 35% of survey participants did not have any religion and nearly half had Christian faiths (23% Catholic, 15% Protestant, and 9% other Christian). A further 18% had different religions or spirituality. Overall, the importance of religion was reported to be 3.4 on a 10-point scale (1= not important at all, 10 = extremely important).

Figure 48: **Religion**

Note. n = 408.
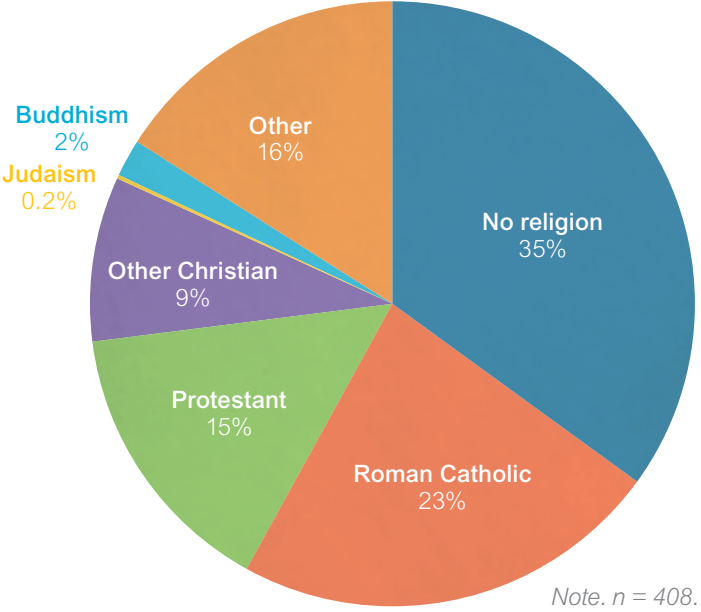
In interviews, a significant number of persons described themselves as 'atheist' and commonly resented having religion 'drummed into' them.

Physical and mental health

It is well documented that early life trauma has a profound and long lasting effect and is implicated in a wide variety of mental and physical health impacts (Vermetten and Speigel 2014; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards and Marks, 1998). Participants were asked a series of questions about physical and mental health. These included questions about disabilities, health conditions, injuries, anxiety, and general well-being. In addition to specific questions exploring these health issues a standardised measure, the Kessler Psychological Distress Scale (K–10) (Kessler et al., 2002) was used in the survey to estimate mental health outcomes. Although there has been no systematic study previously in Australia, it is suspected that care leavers suffer higher rates of morbidity and premature mortality,

as well as a higher incidence of mental disorder stemming from the trauma some experienced in childhood. Even if no severe abuse was experienced, loss of attachment to a parent or lack of any consistent adult caregiver is likely to have had serious impacts. The data reveals that symptoms associated with PTSD (disassociation, flashbacks, anxiety, emotional numbing) were prevalent and some concomitant substance abuse seemed evident amongst the participants in the study. This was not only reported as self-assessment but reported as diagnosed amongst those who were seeing a clinician or counsellor.

Figure 49 illustrates overall physical and mental health outcomes. Although it is sometimes artificial to totally separate physical and mental health symptoms we will attempt to delineate these in the following sections.

Figure 49: **Physical and mental health outcomes**
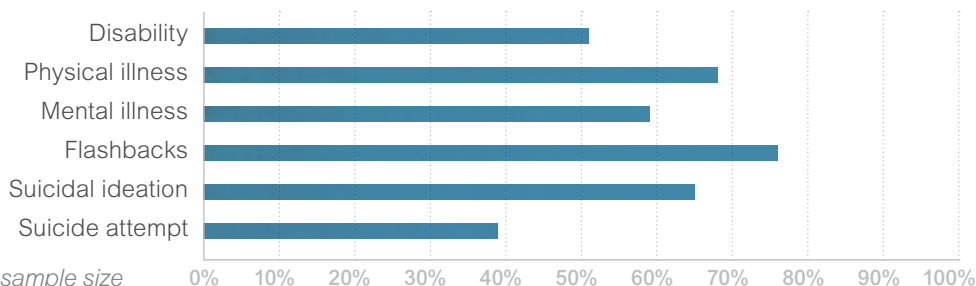
Note. The sample size varies, n = 392 to 412.

Physical health

Just over half (51%) of survey respondents reported having a disability (Table 16). Among people with a disability, 72.6% had a permanent disability, 49% needed ongoing support, and 25% had an intellectual or neurological impairment. Almost 74.3% of respondents reported having physical illnesses requiring on-going treatment at some time (68.2% had current physical illnesses) and they rated the level of its interference with daily activities as 6.4 on a 10-point scale. Around 46.7% considered their physical illnesses were related to their experiences in care.

Table 16: **Physical health**

	n	Frequency	%		n	Frequency	%
Disability	411			**Physical illnesses**	412		
Yes		209	50.9	Yes		281	68.2
No		185	45.0	Never had		106	25.7
Don't wish to discuss		17	4.1	No longer have		25	6.1
Type of disability‡	208			**Physical illnesses related to care**	289		
Requires ongoing support		102	49.0	Yes		135	46.7
Permanent		151	72.6	No		94	32.5
Reduced mobility and self-care management		56	26.9	Don't know		60	20.8
Intellectual/neurological impairment		52	25.0				
Other		14	6.7				

Note. ‡ The total exceeds 100 percent because participants were able to choose more than one option.

Physical health was affected by childhood injuries, physical abuse, hard physical work, and possibly by poor nutrition. The notable ailments reported were: poor dental health, arthritis and other joint pain, back pain stemming from old injuries or excessively heavy physical work, and scars (from burns, wounds). Some care leavers were dealing with ongoing chronic conditions. For example two participants described current health problems:

"My arthritis is very early onset, and my specialist has said it's from the beltings I've had. I've got no cartilage there. I'm 64 years old; my mind sometimes feels like its 30, my body feels like its 80." – 'Sylvie'

"I think that's caused from getting on my hands and knees and scrubbing all those concrete floors and those steps… I think it was that, and I've got arthritis in my knees now. I've had housemaid's knees since I was 16." – 'Shirley'

Back pain was reported and was linked to heavy lifting and carrying in childhood, where immature bodies were subject to long hours of strenuous work. Sciatic nerve pain was reported and linked to injury during childhood, or exacerbated due to a workplace accident. Osteoporosis can result from poor nutrition and the food provided in some of the Homes may have been lacking in nutritional value. Ill-fitting shoes caused tendon and foot problems for at least one participant in the study. Working outside with no sun protection was reported as contributing to later skin conditions (skin cancers, sun damage). Sexual and physical abuse had caused specific injuries, and led to conditions requiring surgery later in life.

Poor dental condition seems to be common among adult care leavers:

"Well when I organised a reunion for our girls 10 or 12 years ago, one of the first questions was 'you still got your own teeth?' Everyone was looking at our teeth." – 'Susan'

Others reported missing teeth (which affected their self-confidence), inability to afford dentures, and inability to chew hard food.

Treatment of conditions presented an obstacle to those on low incomes (which was the majority of the cohort). Access to specialists was expensive and participants spoke of having difficulty paying for specialists and dental work. Some had to choose or prioritise one treatment over another. A specialist informant commented that services provided some money for this noting "if you've got bad teeth and a hip, you choose" (SP10) because the funding may not cover the total cost.

Another obstacle to accessing health care was the fear of the institutional hospital environment:

"I had appendicitis and I was in the hospital, and I freaked out. They put me in this room that reminded me a bit of [the Home], and it took everything in me not to run. I just wanted to rip out everything and go." – 'Angela'

Such concerns may prevent people from going to a doctor or into hospital when they need to, potentially contributing to poorer health outcomes if conditions are left untreated.

Not knowing family medical history is another risk factor. For example participants reported finding out about familial medical conditions only when they developed them, or after reconnecting with a family member later in life. Lack of records and information meant there was often a lack of knowledge about family health history. When a doctor inquired about pre-existing conditions in the family many care leavers could not answer this as they did not know.

In general, health was perceived to be poorer than the general population by many care leavers, who reported on their physical condition. One health professional respondent commented on the overall sense of less than optimal physical health among her peers:

"Having a massive get together with children from children's homes, as far as the physical health, is when you go through the whole group of people and I'm looking at them and my assessment is everyone looks ill, and I'm looking at them as a nurse. Everyone looks really ill. They all look ill and to look at a group of people and think they all look ill, and that's coming from a nursing perspective." – Kim'

A common perception amongst workers in specialist services was that clients of services were prematurely ageing:

"Our population would be +55, average. And many of them, even if they're only 55, look as though they're older. We had a recent death early this week of a guy who was only 52. When I met him in Warrnambool last year, he looked about 70. So there's an aging process that is early onset really." – SP9

No specific study has been carried out on the rates of morbidity and mortality amongst the care leaver population but a reasonable hypothesis is that it is at a higher rate than the general population. Certainly there is anecdotal evidence of premature death amongst care leavers but there have only been limited attempts to research mortality rates to date in Australia (see reference to O'Brien, McDowall and Bailiff's analysis in the section on physical health).

In regards to Aboriginal and Torres Strait Islanders who experienced institutional care, there is research showing that mortality and morbidity rates were extremely high, compared with Aboriginal people who were non-Stolen Generation, and the general Australian population. For example, the 43 of the 99 people whose deaths in custody were investigated in the Royal Commission into Aboriginal Deaths in Custody had been separated from their natural families as children (Creative Spirits, n.d; The Australian, 1994). This is evident at all stages of life (childhood, adolescence and adulthood). The health of those children who were removed from family were at a disadvantage compared with the general child population. Acknowledging all adolescents indulge in risk-taking, it is noted that institutionalised children will do so "to a much greater extent … because they have not been able to develop a sense of self-worth" (Anderson submission cited in HREOC, 1997). Finally, Aboriginal adults suffered "high levels of chronic illness and high rates of premature death" (Swan and Fagan, 1991, pp. 12).

Mental health

Exposure to traumatic stressors are viewed as contributing factors to a variety of psychological problems (Rice, 1999). A high proportion of survey participants experienced psychological distress and mental illnesses as shown in Table 17. In total 70.2% of respondents reported having mental illnesses requiring on-going treatment at some time (59% had current mental illnesses). Among participants with mental illnesses, 85.9% considered their mental illnesses were related to their experiences in care. In the past, 37.8% of respondents were hospitalised for mental illnesses (11% of them in the past 5 years) and they rated the level of its interference with daily activities as 6.55 on a 10-point scale. Over three quarters (76%) of participants reported experiencing flashbacks with varying frequency.

Table 17: Mental health

	n	Frequency	%
Mental illnesses	**412**		
Yes		243	59.0
Never had		123	29.9
No longer have		46	11.2
Mental illnesses related to care	**269**		
Yes		231	85.9
No		18	6.7
Don't know		20	7.4
Hospitalisation for mental illness	**310**		
Yes, in the past 5 years		34	11.0
Yes, but not in the past 5 years		83	26.8
No		193	62.3

	n	Frequency	%
Flashbacks	**412**		
Yes		313	76.0
No		58	14.1
Not sure		31	7.5
Don't wish to discuss		10	2.4
Frequency of flashbacks	**310**		
Several times a day		26	8.4
Daily		51	16.5
Weekly		65	21.0
Monthly		56	18.1
Less than monthly		112	36.1

A standardised measure, K10 psychological distress, allowed the comparison between care leavers in this study and community samples. Figure 50 compares the study sample with community samples (2007 HILDA and 2007 NSMHWB). Much higher percentages of care leavers in this study reported 'very high' (38%) or 'high' (21%) levels of distress. The percentage of people in a 'low' distress category was much smaller (25%) and the percentage in a 'moderate' category was similar (17%)[4]. The percentage of care leavers in the 'very high' distress category was 8.5 times greater than the percentage found in a community sample of HILDA (2007) and 14.4 times greater than the percentage found in a community sample of NSMHWB (2007).

Figure 50: **Comparison of K10 psychological distress categories with community samples**

Legend:
- Very high
- High
- Moderate
- Low
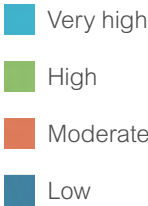
Note. HILDA refers to Household Income and Labour Dynamics Australia and NSMHWB refers to National Survey of Mental Health and Wellbeing. Source: Wooden, M. (2009).
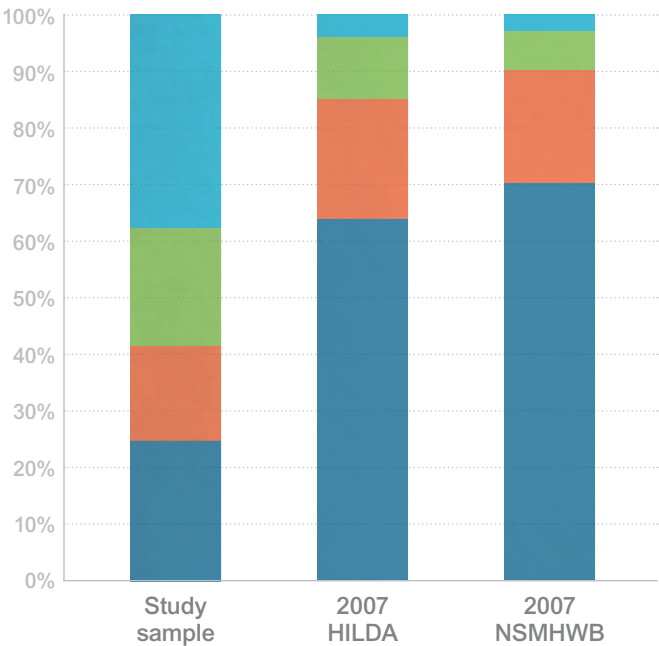
[4] Following the ABS (2012), K10 scores are grouped into four categories: Low (10–15), Moderate (16–21), High (22–29), and Very High (30–50). See details from http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08

Mental health related conditions differed by gender and age. Figure 51 illustrates care leavers with the highest percentages of mental illness and flashbacks were females in the younger cohort whereas the lowest percentages of mental illness and flashbacks were found among male care leavers in the older cohort.

Figure 51: Mental health by gender and age

- Younger female
- Older female
- Younger male
- Older male

Note. The sample size varies, n = 361 to 399. *** < .001. The younger cohort is under age 65 and the older cohort is 65 years or older.
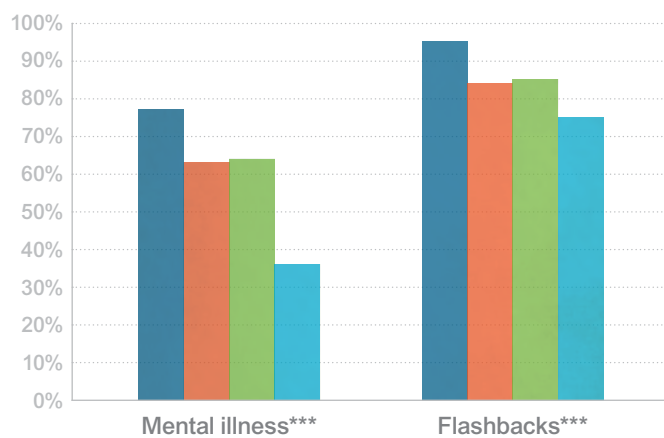
The levels of psychological distress also differed by gender and age, as displayed in Figure 52. Compared to other care leavers male care leavers in the older cohort had the lowest levels of psychological distress.

Figure 52: K-10 psychological distress by gender and age

- Very high
- High
- Moderate
- Low

Note. n = 384. The younger cohort is under 65 and the older cohort is 65 years or older.
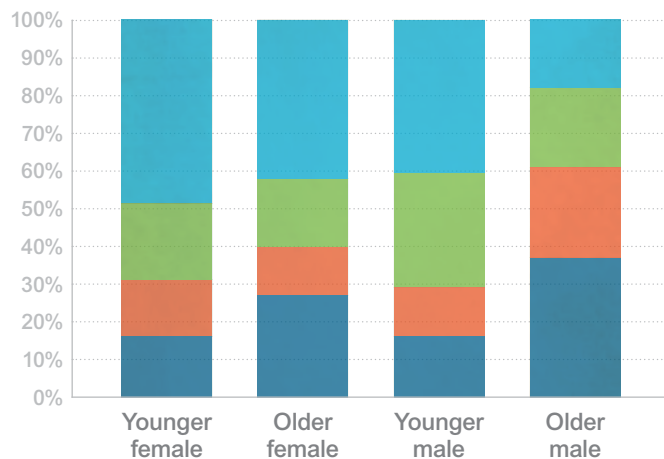
Studies have shown an over-representation of care leavers in the mental health system (Clausen et al., 1998; Guest, 2012). Many in this study reported that they suffered trauma in the form of abuse and other maltreatment (Coyd and Walter, 2016). As Guest explains:

Trauma is a powerful and an unbelievable experience that can cause the individual to shut down emotionally as a protection which alters the normal mourning process and internal and unconscious mental functioning. It becomes 'a perversion of loss' that can be damaging to attachments and the ability to interact with others (Lemma and Levy, 2004). Disassociation or shutting down emotionally is a psychological defence against trauma that initially protects; however it may lead to psychic numbing – diminished capacity or inclination to feel. The separation of a portion of the mind from the whole can lead to fragmenting of the self, and when associated with violence this can affect one's capability for vitality, agency and empathy (Guest, 2012).

Trauma suffered by many in this study are outside the realm of childhood experience triggering fear, helplessness and particular ways of coping. The following section provides accounts of mental distress from participants.

Dissociation

Children who were not able to escape situations of abuse reported dissociation as a reaction to trauma and a protective mechanism. As a means of coping some children tended to disassociate when experiencing traumatic situations such as being locked in a dark place alone. One way of responding to a traumatic experience is to detach from it (depersonalisation/derealisation). This response during and after trauma are adaptive (Vermetten and Speigel, 2014) and provide an immediate way of lessening the impact of a traumatic experience by distancing from the experience (Spiegel, Lewis-Fernandez, Lanius, Vermetten, Simeon and Friedman, 2013, pp. 313).

'Rosie' described this peri-traumatic derealisation process in a poem about when she was locked in a dark place alone while in care:

"I stayed inside that cupboard for a very long time; snakes came sliding down the wall, maybe 8 or 9,

I closed my eyes and pushed myself to a place [voice shaking] where I could go. It wasn't dark and didn't smell of things that crawled so slow.

This place I saw had lots of light with flowers all around, and thick green blanket grass was laying on the ground.

No doors or buildings anywhere to lock or hide away, just open space with clean fresh air to dance around and play.

When she let me out of there I shivered and I shook, but I kept my place where I could go whenever things were crook." – 'Rosie'

A similar strategy was used by an Aboriginal woman in the face of physical abuse:

"I kept getting flogged and kept getting belted. I still kept getting heaps of headaches. But physical things I can handle. I learnt how to disappear into my own little field of yellow flowers at times. You could never feel the actual blows and the actual things happening." – 'Hannah'

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) was often self-reported by participants, when asked about their mental health. Many participants reported experiencing symptoms of post-traumatic stress disorder, including fear and helplessness, flashbacks and sleeplessness. Stress from traumatic life events is associated with a variety of psycho social illnesses besides post-traumatic stress disorder. Anxiety and depression are two of the most common reported by participants. As 'Monica' recounted:

"I had PTSD. I had no idea what was wrong with me, and people used to tell me, 'oh, you're so negative, so judgemental' and this and that, but no wonder. I mean, you don't know any different, do you?" – 'Monica'

Those who experienced trauma as children (and possibly again, in adulthood) have come to realise that PTSD was an underlying condition through counselling and interaction with mental health professionals:

"I went and had counselling and I said I don't understand what is happening and she said you've got post-traumatic stress disorder, you've got this, you've got that. Oh my god. I was patting myself on the back thinking I had survived. Well I haven't survived at all. I've gone through life thinking I've survived." – 'Simone'

Participants who undertook the survey were asked about what triggered their flashbacks. Figure 53 indicates common precipitators of flashbacks. Often, a media story about a child who had been abused or maltreated was one of the most common triggers. This was followed by meeting up with peers from care which brought back feelings of fear and anxiety. Similarly to media stories, any content in films or books that reminded them of unpleasant experiences could be a trigger.

Figure 53: **Triggers for flashbacks**

Horizontal bar chart showing triggers for flashbacks (frequencies):
- Media coverage: ~128
- Meeting with peers from care: ~37
- Movies, TV shows, theatre, books: ~35
- Family gathering: ~31
- Smells: ~29
- Royal Commission: ~27
- Abused or neglected children: ~24
- Dreams, nightmares: ~19
- Particular behaviours: ~14
- Music, song: ~13
- Authority figures: ~13
- Memories: ~11
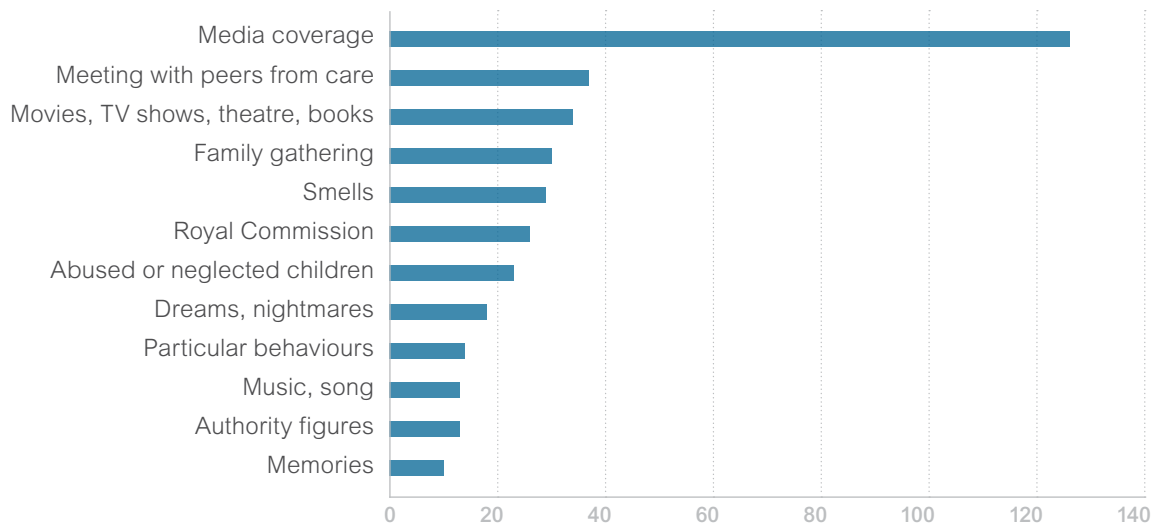
Note. Numbers are frequencies of triggers cited by survey participants in response to an open-ended question eliciting their experience. Multiple triggers could be cited.

Participants were aware of what the triggers were and recognised the pattern in their reactions:

"P. T. S. – Post Traumatic Stress Disorder, I think I have it, and there are certain triggers that upset me. And I go, 'fair enough, that's natural'. Because if I'd gone through all that stuff and I went 'oh look, I'm in perfect condition', I'd be lying through my teeth." – 'Kevin'

Participants who had been to psychologists or psychiatrists, or had educated themselves about PTSD, were able to understand the mechanisms of PTSD as a 'fight or flight' reaction to trauma which then leads to prolonged sensitivity and reaction to triggers (Pitman, 1989)

"Your subconscious has been relieving that fear so you're on fight or flight mode. Your brain's there and that's why you're having those attacks." – 'Michael'

Anxiety disorders

The regimentation of persons and possessions, and the rules applied to environments (with respect to the neatness and cleanliness thereof) combined with experiencing trauma instilled in some participants' behaviours that were self-described as obsessive compulsive disorders. Two participants highlighted this:

"But used to have this nurse who I really liked… 'Now who's got the tidiest draw and that?' So I won't get into that, but I still reckon that's why a lot of us are OCD these days, ok?" – 'Cynthia'

"I stayed up for three days running, just cleaning, making my house right, because it makes my head right, but then my whole work life really been in hospitality and service to others, and that's how I grew up, serving others pretty much." – 'Chrissy'

Depression

Another mental health concern reported by participants was depression. Physical or sexual abuse and failing to develop an early attachment bond between child and parent are risk factors for developing depression (Rieger, 2008). Participants described major depressive episodes characterised by low energy levels and fatigue. Participants described their experience of depression:

"Yeah, I was in a pretty bad way, actually. I would sit in the kitchen in this corner with my – I think my back was to the fridge – and then my feet were up on the rubbish bin or something, but I would just sit there in this catatonic state all day. I don't know how my children coped with it. I was just so depressed." – 'Kristine'

"You just did not discuss depression and all that. I did not know about it. When I was living on the farm I just wondered why all of a sudden I was so tired because all I wanted to do was sleep. Now I realise it was plain old depression." – 'Victoria'

Depression was described as being accompanied by substance use, and then anger:

"You know, I was depressed and then I got angry on top of that. My whole family suffered for it, absolutely suffered for it, you know? I couldn't talk to anybody, I became really sullen, I drank a lot more, I was smoking heaps of pot, you know?" – 'Gus'

Negative self-talk, lack of self-esteem and feelings of worthlessness were evident in participants' accounts of their feelings:

"I don't put it onto them. I kind of just put it all on myself. Just write copious amounts of how much I hate myself." – 'Jenna'

"You know, I never feel like I achieve anything, I never feel like I'm doing anything right, I never feel like I've accomplished anything. I feel like I'm a failure. And right, heaps of people say to me all the time, 'Oh you've done so well, you're a real success story.' I sorta look at them and I think, 'So why do I feel like a failure?' [laughs] Why do I feel like a failure, why do I feel like one?" – 'Gus'

When asked about the main impact on his psychological wellbeing, 'Kevin' linked depression to the messages he received as a child:

"Psychologically, I'd definitely say it's depression. If it wasn't enough that I got suppressed when I was with my foster parents, having, I guess, all that's coming to me is, missiles of negativity thrown at you. Or being bombarded with negativity." – 'Kevin'

This 'bombardment' had long-term effects on 'Kevin's self-esteem. Part of 'Kevin's' methods for coping had been a deep effort of self-education into psychology. This was also evident in others who had come to understand, almost clinically, the effects of trauma.

Quite a number of people disclosed, in interviews and to each other in focus groups, that they had been prescribed, or were currently prescribed, anti-depressant medication.

"I was used to having extreme moods. Talking about money for the new sports centre I just got physical about it. Just stupid, I am much calmer now and am on anti-depressants and am a lot better. I have certainly mellowed with age which is good." – 'Victoria'

Suicidal ideation and attempt

When asked about suicidal ideation and attempt, 379 persons responded to this question. Sixty-five percent of them ($n = 266$) reported experiencing suicidal ideations at some point in their lives. Among respondents with suicidal ideation, 57% have attempted suicide, which was equivalent to 39% of people who answered the questions related to suicide.

Rates of suicidal ideation differed by gender and age. As Figure 54 shows, female care leavers in the younger cohort had the highest rates of suicidal ideations and attempts whereas male care leavers in the older cohort had the lowest rates. Alarmingly, 86% of female care leavers in the younger cohort ($n = 90$) reported having had suicidal ideations whereas 51.4% of male care leavers in the older cohort ($n = 54$) reported having had suicidal ideations. Similarly, younger female care leavers and older male care leavers were groups with the highest and lowest rate of suicide attempts respectively.

Figure 54: **Suicidal ideation and attempt by gender and age**

Legend:
- Younger female
- Older female
- Younger male
- Older male
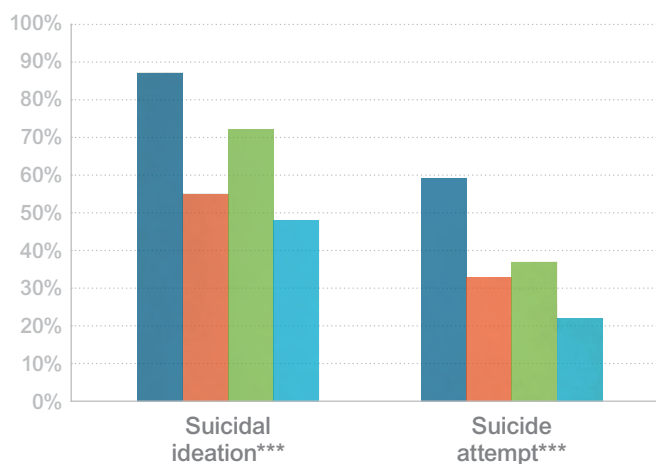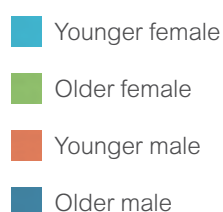
*Note. The sample size varies, n = 370 to 379. *** < .001 The younger cohort is under 65 and the older cohort is 65 years or older.*

This study indicates a higher than average rate of suicide ideation and attempt. This accords with the study by CLAN (2008) that found rates for ideation and attempt significantly higher than that of the general population. In addition to the literature about care leavers specifically, suicide ideation and attempts and a history of child sexual abuse are also correlated. Molnar, Berkman and Buka (2001) examined suicidal behaviour and sexual abuse in a National Comorbidity Survey and found that the frequency of suicide attempts was greater for both men and women who had experienced child sexual abuse.

Females are also more likely to consider suicide and commit suicide following a history of sexual abuse compared to those that have not experienced this (Nelson, Higginson and Grant-Workley, 1994; Romans, Martin, Anderson, Herbison and Mullen, 1995). A study by Ackard and Neumark-Sztainer (2002) of 80,000 teenagers in Minnesota found that girls were more likely to have experienced suicidal ideation and attempts than boys and that this frequency was associated with child abuse, especially sexual abuse. As many in this study reported experiencing abuse, including sexual abuse, the prevalence of suicidal ideation might well be linked to their experience of abuse and is consistent with literature on sexual abuse (Crosson-Tower, 2008; Paolucci, Genuis and Violato, 2001).

It is also believed there is a higher than average rate of suicide among adult care leavers (for example this is the view of a participant who is an office holder in a Child Migrant association):

"We have lost some of our guys to suicide over the years. But I mean not denigrating that, but that does happen in society of course outside of institutions. So it would be interesting to know the statistics. I would be interested in that but I would be surprised again, if it wasn't higher for people who were in care." – SP1

Analysis undertaken on Fairbridge Child Migrants by O'Brien, McDowall and Bailiff (unpublished) indicated that former inmates died at a younger age than would be expected for a comparable cohort of the Australian population.

The decrease in life expectancy appeared to be approximately one year for females and four years for males. However the study did not indicate that length of stay impacted upon the likelihood of dying. It was therefore concluded that without further evidence it cannot be stated that this decreased life expectancy is solely as a result of an individual's stay at Fairbridge. The study had limitations, as the length of stay and gender were the only variables available.

As a result of childhood trauma and ongoing PTSD, or depression, a significant number of participants experienced suicide ideations, some to the extent of planning it:

"Yeah, every fortnight. I used to walk around with dollar coins and two dollar coins and I was going to jump in the river. That's how bad it got me… I just get these negative feelings… that I shouldn't be here." – 'Bill'

"The nightmares started again. Fifteen years ago I tried to kill myself for probably about the third time. I should have died but I didn't. Then I ended up in the mental health system in Western Australia and eventually a psychiatrist said you're suffering from post-traumatic stress disorder because of what they'd done to you as a child." – 'Michael'

'Sally' reported that whenever she seriously considered suicide responsibilities to others would present a reason not to proceed:

"Certainly in my younger years, I was… suicidal, in fact I very nearly committed suicide… I sort of got up, to check and I got razors and stuff and I was going to do it and then my dog barked at me and I thought 'oh fuck' – excuse the French – I forgot to find someone to look after you [the dog], I've got to do that first!' and then of course the moment passes." – 'Sally'

Those who were parents reported their responsibilities towards their children prevented them from committing suicide, despite suffering from severe suicidal depression:

"If it hadn't been for the fact that I was a mother and had children, I would have suicided." – 'Lucy'

'Edmund' reported having made attempts but refrained, thinking of the effect their suicide would have on others:

"Because I used to have very, dark thoughts all the time. And I've often talked, wrote about killing myself quite often. I've even tried it a few times. But now I'm to the stage where why do that, because you've got to – it's a mess for someone else to clean up. And you don't want anybody else cleaning up your messes." – 'Edmund'

Several women also reported that they had thought about it, as well as the consequences for significant others as well as an imagined truck driver who they imagined would be traumatised.

'Angela' also reported having suicidal ideation in her youth but then made changes in her life including ceasing substance abuse that ended the suicidal thoughts:

"When I was 20 everyone was dying around me. It didn't bother me… I made it like a story, like they were characters in books… then the reality actually hit me and at 20, 21, I just went, 'this is wrong. Everything about this is absolutely wrong and I think that I was no longer able to go into that killing myself mode. Something changed in my mind and I couldn't do it, and I tried, but obviously I was meant to live… and I changed my life… got myself a job in a factory. So I went from earning a lot of money to getting next to nothing working in a factory, and basically dealt with the drug addiction." – 'Angela'

As people got older, they had received assistance, including clinical attention, and moved away from suicidal thoughts and acts.

'Leah', a participant who had found various therapeutic approaches helpful for her, reflected on the inner process of experiencing negative thoughts but moving away from this:

"I think I turned it in and that developed into quite a toxic critic that really wanted to kill me and I didn't want to be here. But I'm not in that space anymore. I want to live now. I don't want to drink myself to death or hang myself or anything anymore." – 'Leah'

Anti-social personality disorder

Anti-social personality disorder is a "pervasive pattern of disregard for and violation of the rights of others occurring since age 15…" (American Psychiatric Association, 2000, pp. 706). Risk factors include being subjected to abuse or neglect during childhood and unstable, violent or chaotic family life during childhood (Widom, 1989). The behaviours associated with this are a failure to conform to social norms, including laws, repeated fights or assaults, reckless disregard for the safety of self and others, and traits of impulsivity or failure to plan ahead, irritability, irresponsibility, and lack of remorse (De Brito and Hodgins, 2009). Some participants in this research had been convicted of offences involving violence. As 'Bernie' explained:

"They say I've got an antisocial personality disorder, which I did do because I shut everyone off and I didn't let anyone in my circle. Anyone that tried to help me I pushed them away because I didn't know what they were up to." – 'Bernie'

Severe anti-social personality disorder is associated with doing harm and being implicated in crime. As seen in the section on involvement with the criminal justice system, those who are in juvenile detention are much more likely to have been in out-of-home care as children than the general population (Wood, 2008).

Psychotic disorders

Psychosis was not reported as often as PTSD, anxiety and mood disorders. However, this may be more prevalent among hard to reach populations who did not participate in the study in large numbers: those who were in gaol, homeless, or socially isolated. Psychosis can be typified as involving delusions or hallucinations or, in a broader definition, disorganised behaviour (Rieger, 2008). It could be situational such as after a long period of social isolation. One participant went into a hermit-like state in an isolated bush setting:

"There were funny things starting to happen in my head. And it struck me that if I didn't start to actually talk to people and be a part of something and I was going to get very sick. And I was underweight then, I was quite sick. I was suffering malnutrition and a few other things so I actually came out, I walked out of there in late 1999." – 'Douglas'

Another participant identified periodical mental illness involving psychosis:

"When I'm depressed I can develop the psychosis. With the psychosis can come paranoia and noises and stuff that aren't there. If you weren't careful, it could blow out to be a full-blown schizophrenia. It could develop into anything." – 'Tommy'

Drug and alcohol use

In regards to alcohol, 14% of survey participants had never consumed alcohol, 24% had consumed alcohol in the past, 16% were daily drinkers, 17.5% were weekly drinkers and a further 28% were less than weekly or occasional drinkers. Twenty-seven percent of respondents were current tobacco users (24% of daily smokers) and 49% were previous smokers. A very small proportion of respondents (4%) were current illicit drug users although 29% of participants were past users, as illustrated in Figure 55.

Figure 55: **Drug and alcohol use**
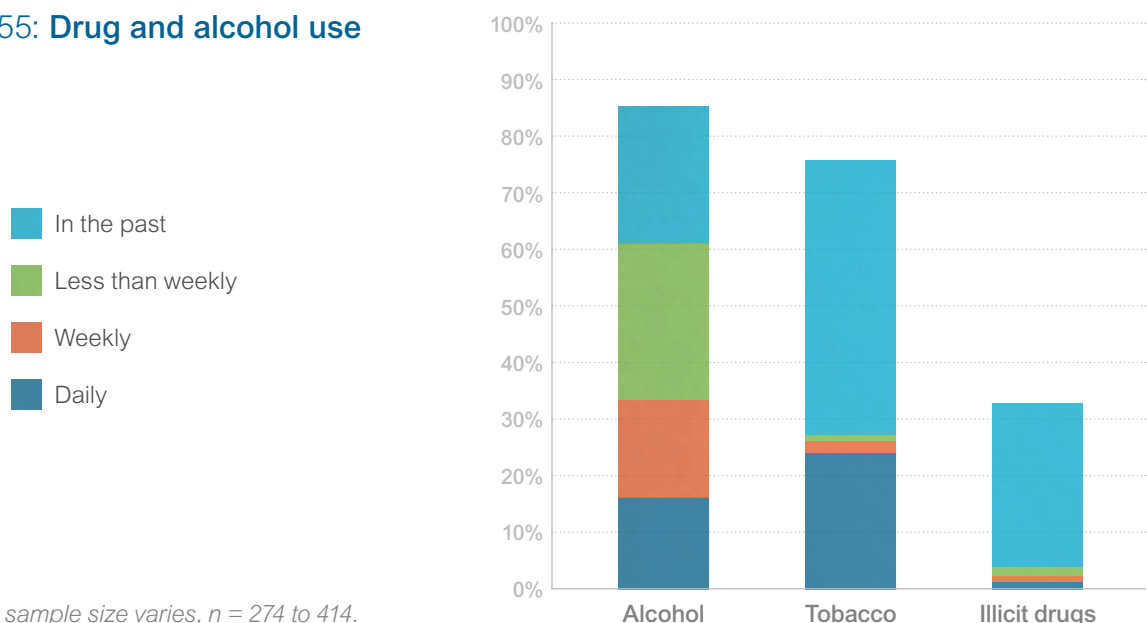
Note. The sample size varies, n = 274 to 414.

A total 194 participants responded to the question about the negative effects of drug and alcohol (Figure 56). Of these, 44% reported no negative effects of drug and alcohol. Others reported that drug and alcohol negatively influenced their relationships (43%), health (41%), and work (26%).

Figure 56: **Negative effects of drug and alcohol use**
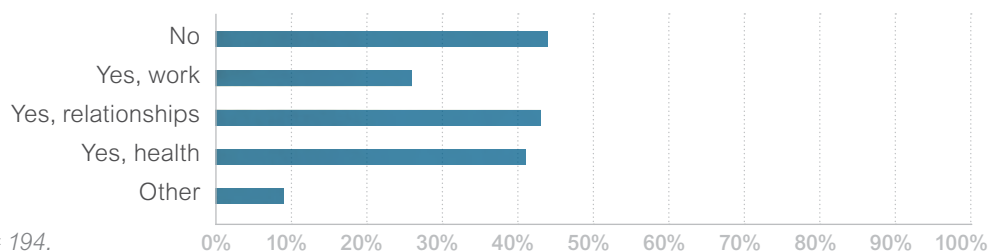
Note. n = 194.

Studies indicate that care leavers are more likely to engage in substance abuse (Guest, 2012). Addiction in general was an issue for some participants, and, alcoholism was the most frequently mentioned. Heroin was the drug of choice for a minority of care leavers, and another small number reported a period of poly drug use (cocaine, LSD, amphetamine and marijuana). One participant described his use of illicit drugs and alcohol:

"As for coping, I have a very addictive personality. I didn't realise that for a long time. I guess it started with sex, then marijuana every day for years, then cocaine for several years. That was way too expensive to be addictive to. And then alcohol, just needing to get wasted and to basically pass out, so you just don't have to deal with it. So there are many more good days now than bad days, and it's gotten progressively better over the years." – 'Scott'

Substance abuse often masked the memories and trauma caused by sexual and physical abuse. When asked if he had had any issues with drugs, a participant replied:

"Oh yeah, I loved it… To kill the pain. Kill the pain, yeah." – 'Douglas'

"Fearing abandonment is a really big issue for a lot of people and no capacity to talk or to resolve or to be heard in terms of what they had been through has caused people to shut down in terms of their emotions. I think that's what leads to the drug and alcohol problems and other kind of psychological impacts that really make everyday life really difficult for a lot of people." – SP12

Substance use was also a factor in offending. A relatively high 17% of participants reported having been to gaol at some point. Alcoholism and violence could lead to a gaol sentence

or a return to gaol. This was highlighted in 'Glenn's comments:

"When I got out I was straight off the bat drinking. I used to drink and then when I'd get drunk, all I'd ever want to do was hurt people. I was hurting so I wanted other people to hurt. I didn't realise that at the time. Today I can sit here and I can understand why I behaved the way I did, you know?" – 'Glenn'

Circumstances such as working in certain industries within a male environment also contributed to alcohol abuse, as did living in regional and remote Australia where drinking was reported as common in male-dominated work environments and socially acceptable. Substance abuse particularly alcohol use smoothed over the memory of trauma and emotional pain:

"For me, I think my major coping strategy in the early days, and I guess because I joined the navy… didn't really help very much… was alcohol. Mainly alcohol and that didn't really work out very well for me. I gave up alcohol completely for about 5 years at the age of 23. That improved my life massively having done that." – 'Luke'

One man described a type of death drive within himself:

"You know, I've drunk like a fish, you know, I've taken all matter of drugs. You know, I smoke like a chimney. I had an inherent, ummm, not a wish to die but not a wish… there's nothing really quite strong within me. You know, you hear people say, 'Oh no, I gave up smoking because I wanted to live.' You know, but I have this thing inside me

where I think, 'no, no, keep smoking right because then you'll die right and suddenly you'll be okay.' [laughs]" – 'Gus'

Some had reached a turning point where they had decided to or events precipitated them into giving up their substance of choice after many years of using. For 'Owen', it was the experience of telling his story to the Royal Commission and having the truth of his experience acknowledged that preceded cessation of drug use:

"… from the age of 13 I started using heroin, and I had that right up to last year. After I gave my story to the Royal Commission, I felt like somebody had lifted a tank off my shoulders… Yeah, and I just gave it up!" – 'Owen'

Following a traffic accident that caused him serious injury 'Robbie' stopped drinking alcohol:

"I lived off a bottle all my life and that's honestly the truth why I lived. Now I'm starting to enjoy my life. I'm still adjusting to single life, you know. It's just at a point now where everything's – I'm not looking through wine coloured glasses. I'm looking through clear glasses. I'm quite adventurous at the moment. It's good. I go to TAFE. Doing community services at the moment. I want to get my diploma in two years to become a counsellor and help others." – 'Robbie'

Robbie had newfound enthusiasm for life and presented as healthy, optimistic and open to new experiences. Others had overcome their addiction while serving a gaol term.

A number of persons including 'Nina' had engaged with Alcoholics Anonymous (AA) and found it helpful:

"I've joined a number of 12 step groups and that was just a lifesaver for me. I joined Al-Anon, then adult children of alcoholics ." – 'Nina'

One participant rejected AA as he found the talk of a 'higher power' was too religious and for him and this had negative connotations.

Seeking help and support services

The extent and nature of assistance sought by participants and the sources of support available to them were explored in the study. In difficult times for various reasons, survey participants indicated that they intended to seek help mostly from their partners although this differed by the reason for seeking help: illness (50%), financial emergency (43%), emotional upset (43%), advice (41%), other crises (38%), and needing accommodation (23%). Support workers and friends were the second most frequently mentioned sources of help in times of difficulties. Participants intended to seek help from support workers for emotional upset (29%), advice (26%), and other crises (24%). They intended to seek help from friends for advice (32%), emotional upset (25%), and other crises (22%). Although smaller in proportions, some participants indicated they would seek help from their children, other family members, neighbours, and emergency services for various difficulties. See Figure 57 for details.

Figure 57: **Seeking help in difficult times**

Note. The sample size varies, n = 164 to 364.
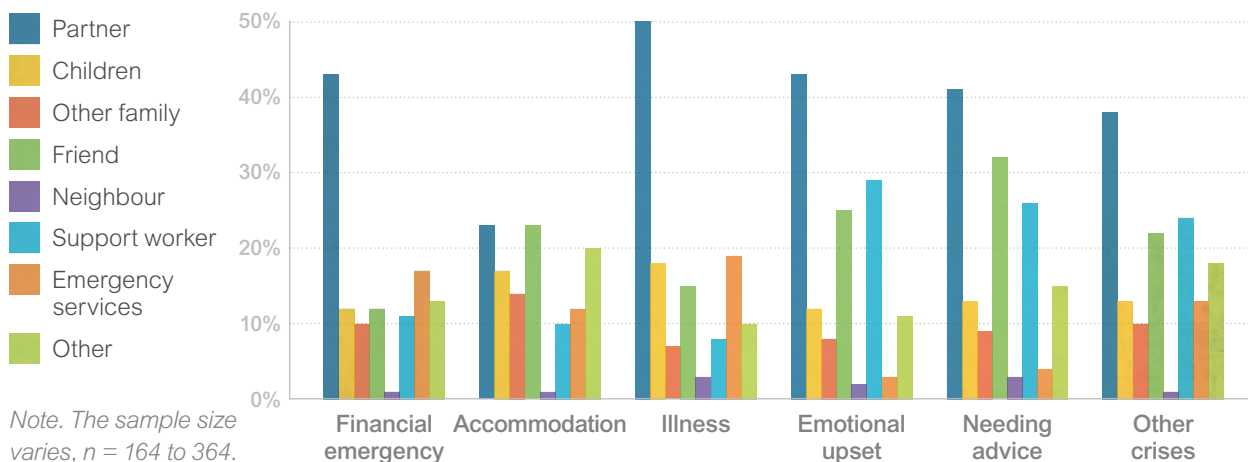
Survey results indicated that, about 74% of care leavers received help from various sources in managing difficulties related to their experiences in care (Figure 58). The most frequently mentioned source of help was organisations for care leavers (33%) and counselling (33%). This was followed by partner (28%), friends (18%), children (14%), support groups (13%), government inquiries (10%) and other sources (other family members, social workers, religion, and other non-profit organisations).

Figure 58: **Help in dealing with care effects**

Note. n = 383
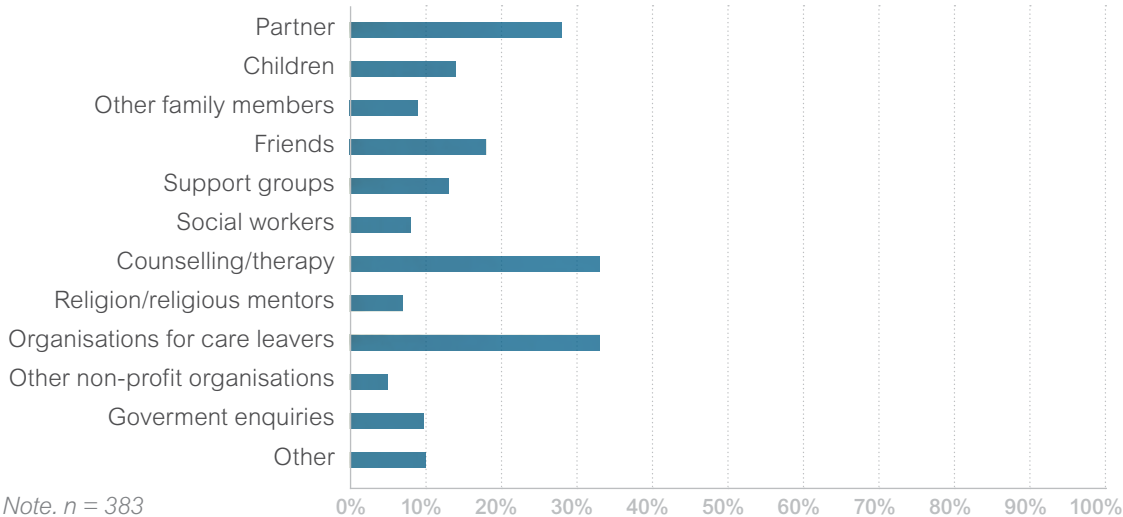
Almost half of survey respondents (47%) reported being active in organisations that promote wellbeing of care leavers. Participants reported having been active in Care Leavers Australia Network (*n* = 69), Lotus Place (*n* = 59), Find and Connect (*n* = 48), Alliance for Forgotten Australians (*n* = 36), Open Place (*n* = 28), and Wattle Place (*n* = 27). Other organisations included Adults Surviving Child Abuse, Broken Rites Australia, Brolga Place (NT), Child Migrant Trust, CREATE Foundation, Elm Place (SA), Lanterns (WA), Link Up, Origins Inc. (NSW), Relationships Australia Find and Connect (TAS), National Stolen Generations Alliance, Tuart Place (WA).

Affiliation with these networks and involvement in these organisations afforded participants supportive relationships and a sense of belonging and social embeddedness. Concepts of 'self' are based on the individuals' place in a web of relationships,

and typically family is at the centre of this web of relationships. Where an individual has been brought up in the absence of a familial environment, in an institution, where severe attachment disruption has occurred, the sense of self can be profoundly imbued with a sense of 'not belonging'. *Nobody's children* (Smith, 2015) attempts to discuss this sense of belonging (or rather, not belonging) and search for identity in relation to children who have experienced institutional care in Australia. As Smith writes, 'failure to achieve belonging may lead to feelings of social isolation, loneliness and despair, affecting how one views oneself and one's sense of self' (citing Baumeister and Leary, 1995, in Smith, 2015, pp. 62).

Personal coping

There were diversity of outcomes for participants in the study who experienced a range of adversities while growing up in institutions and other types of care. In making the difficult transition from care and confronting ongoing challenges in their lives participants recounted their methods for coping and their varied pathways towards resilience.

An important achievement for some care leavers has been to create testimony by documenting their experiences, and positing their own journey as one of survival – thereby strengthening a sense of self through narration. For example, book titles reflect this trauma and search – the self-explanatory title *Who Am I?* by Robert Bernard Taylor (2010), *Girl 43* by Maree Giles (2014) reflecting the depersonalisation experienced in Parramatta Girls' Home, and *The Long Way Home* by Kate Shayler (1999).

Survivor narratives

Participants reported self-education as part of their efforts to cope with the effects of their traumatic childhoods:

"He'd become a Drug and Alcohol Counsellor, and he used to bring me books to read on parenting and boundaries, so I used to read them. Well that's part of your education. So I'm trying to better myself and understand…" – 'Andrew'

Humour was another coping mechanism where people could see the absurdity or funny side to the world, a way of defusing tension or a way of relating to other people and making themselves liked. This was highlighted by a number of participants who commented on humour:

"The thing with me and the thing that's saved me I think I've got a wild sense of humour, I always had a bit of a live wire as they call it." – 'Meg'

"I love humour, I love laughing and if you get serious about things there's lots to laugh about 'cause life's just so funny especially the unknown and I love a good giggle. God I love it." – 'Rick'

"I laugh. Luckily I've got a bit of a side to me that's a bit of a clown because if I didn't have that sort of jovial aspect to my nature, I'd go mad for sure." – 'Tommy'

Figure 59: **Survivor narratives** *(some of the contributions to this research project)*

Defensive humour – one person who had been born with a disability and was placed in care from infancy used humour defensively, to 'get in first before anyone else can', as 'Kevin' explained:

"I used to jokingly tell people I was so negative I could flatten a car battery with one look. And I used to say the problem's terminal. Just to really throw them. OK. And my humour was – if you think my humour's bad now… people would actually walk across the road away from me. Because it was really bad, because we all want to be something. And if your identity is in humour, that puts you in that area, with the class clown and all that sort of thing, some people find their identity in anger, some people in drugs, we all choose different survival mechanisms. Mine was humour." – 'Kevin'

Humour as a type of coping mechanism can help people through the aftermath of traumatic experiences (Besser, Weinberg, Zeigler-Hill, Ataria and Neria, 2015). Benign humour (affiliative and self-enhancing humour) may help with emotional regulation and coping (Besser et al, 2015). On the other hand, injurious humour is generally associated with negative outcomes (Besser, Luyten and Blatt, 2011). It can create psychological distance to potential sources of hurt (the common expression 'you've got to laugh' springs to mind), alters affect, and may diffuse tensions. Humour plays a role in resilience, providing an internal resource when faced with adversity (Fonagy, Steele, Steele, Higgitt, & Target, 1994; Martin, 2001).

In summary, participants described humour as part of their range of coping mechanisms.

Access to services

Figure 60 presents care leavers' ability to access services at the time of need. The pattern of accessing services was elicited through a 5-point scale: 1 representing 'never' and 5 denoting 'always'. When adult care leavers needed services from general practitioners, they were able to access services easily (4.5). In terms of physical and mental health related services they received these between 'most of the time' and 'sometimes': specialist (3.7), dentist (3.7), counselling (3.4), physiotherapy (3.3), and psychiatry (3.0). Although smaller proportions of participants expressed their need for services, respondents reported difficulties in accessing social services such as drug and alcohol services, geriatric services, income support, disability services, food services, and assistance from veterans' affairs.

Figure 60: **Access to services when needed**

Note. 1 = never, 2 = rarely, 3 = sometimes, 4 = most of the time, and 5 = always. The sample size varies, n = 49 to 401.

Access to services differed by age (Figure 61). Compared to younger cohorts, care leavers aged 65 or older had better access to general practitioners, dentists, specialists, and physiotherapy. There was no significant age difference in access to other services.

Figure 61: **Access to services by age**

Under 55

55 – 64

65 or older

Note. 1 = never, 2 = rarely, 3 = sometimes, 4 = most of the time, and 5 = always. *** < .001. The sample size varies, n = 48 to 393.
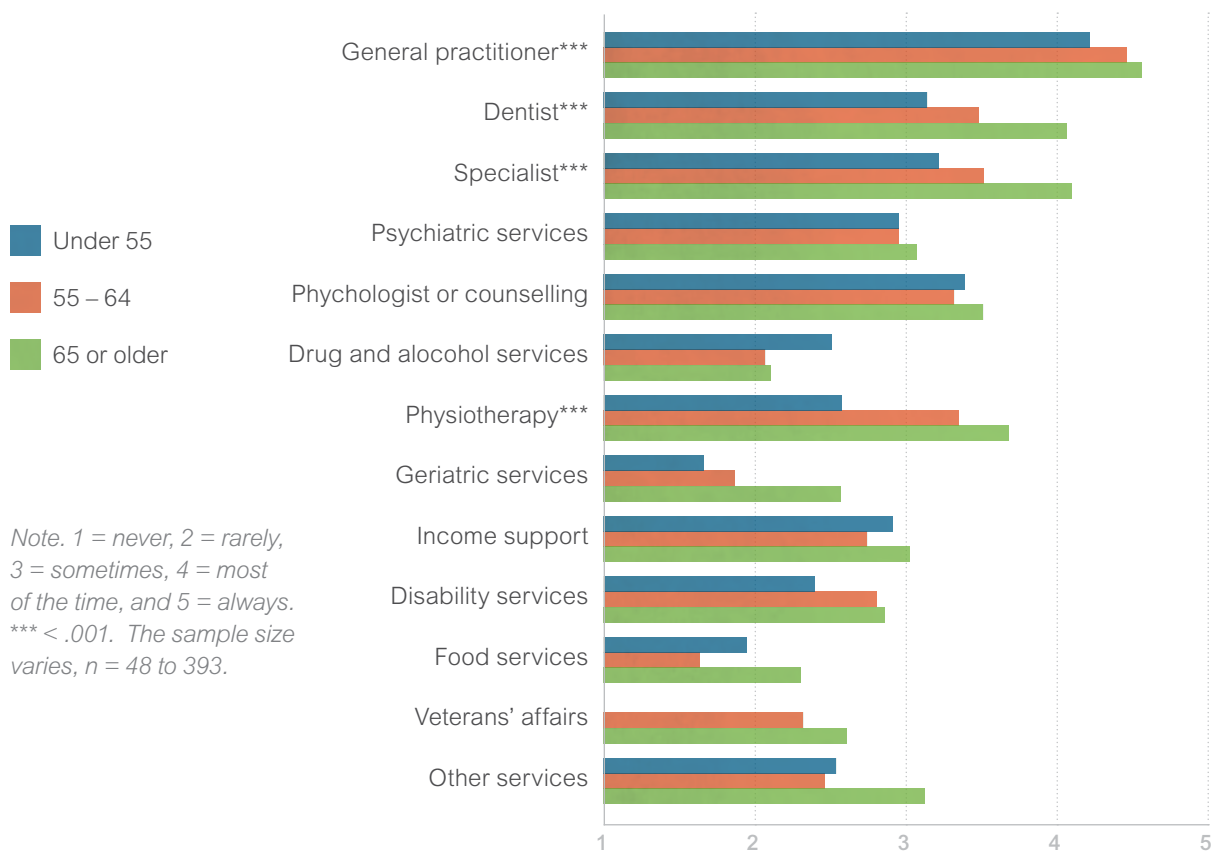
There was some concern expressed by expert informants about the quality of services, and responsiveness to the level of need:

"However, we are acutely aware that in the broader sense, therapeutic systems by psychologists, psychiatrists or counsellors – there is a quality and nature. Unless a person is trained in trauma informed care, they can be inadequate in terms of outcomes. So it is a fact that victim survivors have to find good services and the person that suits their particular needs." – SP7

"Yeah, well personally I'm biased but I think that's where counselling helps because it provides a space for those kind of reflections and helps people put pieces together. And to understand. It doesn't change. It doesn't make things not happen but I think the understanding can be very helpful." – SP12

"We really need to help survivors live in the world today. In their families, in society and the anger and the hurt that they carry – we can never wipe it out. We do have to reduce it from being a twelve out of ten to a two out of ten so they can live as normal as possible a life." – SP3

"Or trust. There's a lack of trust. I mean we're talking about fundamental abandonment issues. That's really hard to overcome. That takes a lot of learning. I'm not saying it can't be done but that just takes time. You often have to kind of – it's experiential learning. That's where the role of a trusted counsellor can come in. That might be the only healthy relationship you've ever had. You can re-author yourself through a positive relationship with your counsellor. Learn how to be in a relationship, test that relationship. It's hard work though. It's hard work for a counsellor and a client to do. Not easy." – SP5

"That actually these people live one day, 365 times a year. I see it constantly in terms of working around the table with them. It is ground-hog day. There is no capacity to move forward and I've spoken individually to some of these people and say, 'What would make it better for you? What would make you better?' And almost all of them say, 'I want my childhood back'. And I'm saying that's an impossibility. So what's next? They get stuck on that notion and I think they relive that notion around that. So I think they still feel they're regarded as a problem rather than a victim." – SP8

The 'rationing' of counselling sessions was an ongoing concern:

"I could be wrong on this but for some reason I seem to think that we're entitled to eighteen visits a year. That was reduced down to twelve and then I think it went to ten." – SP1

The particular contribution of support groups and the peer support they offered was elaborated by a service provider and endorsed by participants.

"That's one of the strengths of our support group. People can come together. They've had something in common as children. They don't necessarily need to talk about it. They know and they can go to the zoo or they can go to the Horsham Botanical Gardens and have a picnic and a barbecue. Then come back next month and say, "Gosh that was funny when so and so put their foot in the water and sank up to their knee", you know? That sort of stuff – those are the really simple social connections that we think have been really beneficial." – SP9

"I think we have a tendency to rely a lot on therapeutic, when sometimes less clinical forms might be more helpful." – SP6

Two participants reflected on the supportive bonds they felt in their peer support group:

"We're all together; we're safe when we're together." – 'Beatrice'

"… I have more feelings for these people that I've met in the last 12 months than I have for most of the people I've known because we've been through similar." – 'Meg'

"… 'Cause we know we've got each other's backs completely and we call each other a family, we are siblings." – 'Beatrice'

A small number of participants were sceptical of the ability of professional counsellors to empathise with their needs because they lacked first hand experiences. This was evident in the responses from a number of participants:

"They employ these people who are social workers; who have no idea of what actually has happened to us…only of our stories, so they don't have any lived experience... I believe that people who have lived the experience have the better qualification." – 'Sandra'

"Why aren't we recognised? What I don't understand is why aren't we doing the work? Instead of getting counsellor sitting in there saying you're not qualified, I'm probably more qualified than you are." – 'Eliza'

"I've never had counselling. I fight my own battles. Because I look at it this way, not unless they've actually been in a situation and been in these places, they really can't get to you, they really can't help you." – 'Meg'

"And in terms of therapeutical help, I don't see a psychologist or a counsellor because I just don't feel like they have a clue of where we come from and what we've put up with." – 'Bree'

These participant observations have implications particularly for those who have had counselling and experienced no benefit due to perceived lack of empathy or understanding of their feelings and needs.

The turnover of counsellors and clinicians posed concerns particularly when generic counselling services were involved.

"I always get a different one… and he said, 'tell me about your life', and I went, 'have you heard of Forgotten Australians?' and he went, 'no, what is that'" – 'Sylvie'

Service providers reiterated the importance of holistic casework services tailored to individual needs. As one service provider staff member explained:

"My own view just based on experiences of clients I've worked with and observations in relation to that has been that often casework type services have been of more assistance to people than specifically counselling or just counselling. I think specialist trauma counselling can be really helpful for a lot of people but I think sometimes it can be quite ineffective if people don't have stable housing in place, if they don't have other – to assist with finances or generally getting their life together as well." – SP13

There were mixed responses in relation to the utilisation of specialists and particular providers. Financial constraints were highlighted in addition to approaches that were valued and those that were less helpful. This was evident in a number of respondents' comments:

"You go to them because you've had a horrible childhood and you want to deal with that and the second appointment they've got a script for you." – 'Luke'

"Never ever go anywhere near a psychiatrist, they're hopeless, they've never been trained to deal with raw human emotions and all they do is give drugs to people to the eyeballs and try and sedate them." – 'Nina'

"No. If you can find me a bulk-billing psychiatrist, I'm there. So yeah, I pay like the gap and I get it back from Medicare and Wattle Place have paid the rest. Even though I work a lot of hours, I get ripped off a lot. I work for really bad people and yeah, the same with my anti-depressants, it's like $112 a month. Wattle Place paid for that." – 'Jenna'

"So now I'm under a certain psychiatrist who I'm talking to several years later. I'm still under her and I think I'm very fortunate that I have her, that I'm able to cope like I can today.

But I also believe that it's also from telling my story and being able to work on things that I have to work on. What I can do about the past to act on it, what I can't to let go of it because I've done my best so I can move on and you know, have the best quality of life that I can now." – 'Rosalie'

"Most of the services that are being provided by non-governmental agencies, they're being provided by church agencies. Most of us aren't going to go to them." – 'Luke'

Helpful interventions identified included groups with an educational focus.

"One thing that was beneficial that we did do for a time here at Lotus was we had group therapy, and in that group therapy we actually went through 'healthy relationships', setting healthy boundaries and those are things we never learned." – 'Nina'

In addition to informational support these groups afforded participants a sense of belonging through shared communication and companionship.

Barriers

The biggest barrier to accessing services was reported to be participants' inability to afford the costs involved (69%). About one third of survey participants also reported that lack of information about services (34%) and stigma (30%) were barriers. Other barriers included little or no availability of services (24%), lack of transport (21%), and work commitments (6%). Figure 62 illustrates the barriers.

Figure 62: **Reasons for not obtaining services**

Costs
Transport
No services available in the area
Not aware of services
Stigma
Inability to get time off from work
Other

Note. n = 280.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
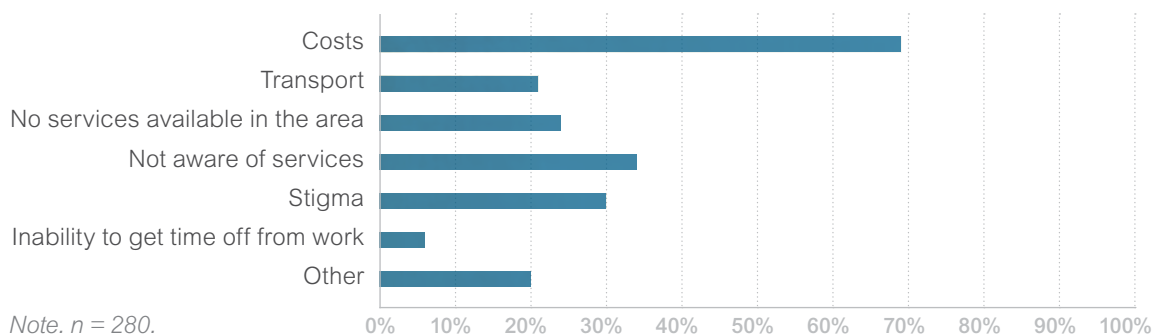
An area of particular concern was access to affordable dental care. Dental care is not covered by Medicare and as such out of reach financially for many care leavers in this study. In order to access financially out of reach dental care, those on the lowest incomes were reliant on the dental hospitals. This was the case for 'Chrissy':

"I have had to wait, I had to wait nearly a whole year before they gave me my dentures and going out in public was so embarrassing,

that was really hard and demeaning, I wanted to get away for a year." – 'Chrissy'

Lack of access was not the only problem faced by care leavers – some were afraid of dentists due to previous negative experiences they had as children with dentists in the Homes.

Dealing with authority figures

More than two thirds of survey participants (69%) reported that their care experiences caused them to worry in relation to their contacts with government organisations and authority figures (Figure 63). About 60% of them expressed their worries in relation to their contacts with welfare services (61%), health professionals (e.g., general practitioners, specialists, dentists) (60%), or police/law enforcement (57%). Although smaller in percentages, they reported that their experience in care caused them to worry about their contacts with others in authority (50%), hospitals (40%), justice institutions (38%), child's school and teachers (37%), rehabilitation centres (13%), and nursing homes (12%).

Figure 63: **Perceived impact of care experiences on interactions with systems**

Note. n = 306.
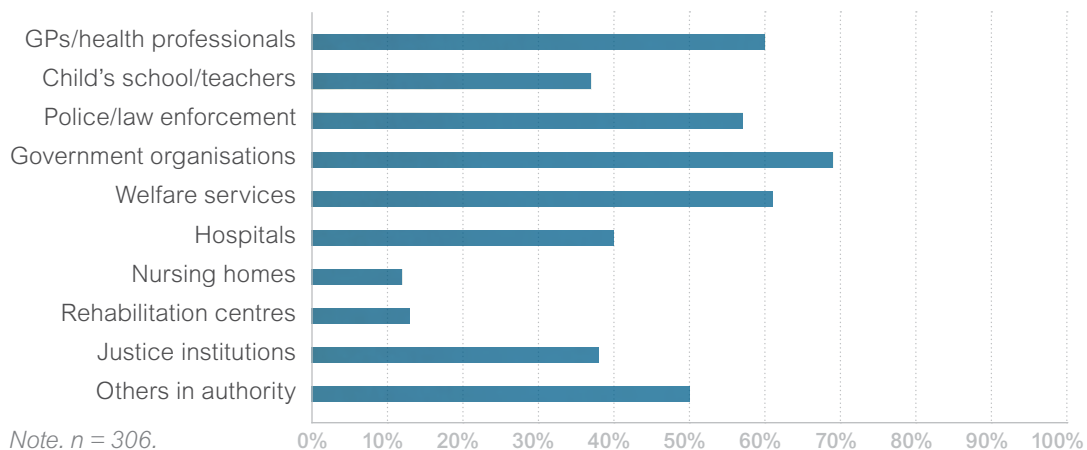
The research further explored with participants their current and future concerns about engaging with potential services they might need. Figure 64 portrays some of the worries expressed by participants n the survey. In relation to their contacts with authority figures, participants were worried about various issues. The majority (87%) were worried about their own inability to trust people in authority and about two thirds of them were worried about being able to be taken seriously by people in authority (66%). Just below half of them were worried about abuse (47%) and lack of privacy (46%). Although smaller in percentage, respondents were also worried about their inability to make their own decisions (41%), care quality (40%), and relationships with staff (35%).

Figure 64: **Worries experienced today**

Horizontal bar chart showing worries experienced today (n = 330):
- Ability to trust people: ~87%
- Being taken seriously: ~67%
- Relationships with staff: ~35%
- Care quality: ~41%
- Privacy: ~47%
- Ability to make own decisions: ~42%
- Abuse: ~48%
- Other: ~20%

Note. n = 330.
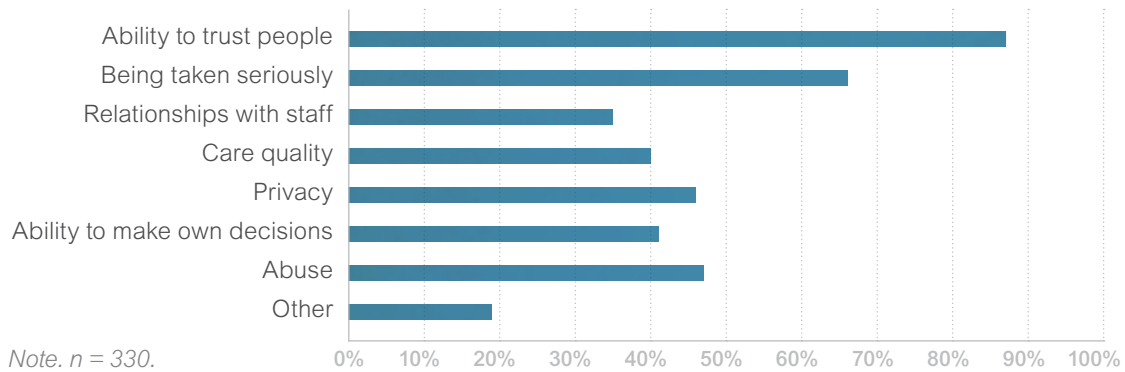
Care leavers worried about interactions with authority figures of various types. This could affect seeking necessary treatment:

"I'm supposed to have my gallbladder removed. I have gallstones and I've gallstones for 3 years. I won't allow them to remove them unless I'm awake… so yeah, you tell me what doctor is gunna do that?" – 'Harriet'

As care leavers age, many expressed misgivings about aged care options (or their perceptions of these). Respondents' home environments were usually the only places where they had experienced any sense of agency and authority. One specialist informant reiterates this:

"Nobody has talked to me personally about it, but people a lot of the time can't get beyond – they want to stay at home. They don't want to have to leave home to go to one of these places. Now if they could imagine that there would be a place that wouldn't be quite as awful and restricting as they imagine, then maybe that would be another matter. But I think it's really difficult as I say, because trust is a big issue." – SP12

The prospect of having to leave their home and be placed in what they perceive as another institution prompted severe reactions of fear and avoidance.

"I was accreditation officer and having to go and, I've shut-down many a hell-hole and that sort of thing comes back from, you know, I just couldn't believe walking into an adult home and seeing the abuse from the staff! Oh my god, I used to go home and crying because it was like going back to a children's home and these were adults doing the most horrendous thing (in aged care)" – 'Kim'

In relation to facing the prospect of entering an aged care facility, a pattern emerged in comments from participants where many people proclaimed they would rather 'kill themselves' before going back into 'an institution' (see the section on aged care). The intensity of negative feelings provoked by the prospect of losing control and being helpless in an institutional environment is captured in this participant's comment:

"I've told my kids I want a bullet first. There is no way I'm going into a nursing home

and if I have to, I'll take my own life before I go into a nursing home. I'm not going to be institutionalised ever again." – 'Cynthia'

This message was reiterated by many others: 'Everyone I know is going to top themselves'; 'put a hose pipe in the car window', 'jump off a bridge', 'I'd rather be put to sleep', 'put me down like a wounded animal', 'I have a death plan to euthanise myself' were just some of the comments made that reflect this disquiet. This is indicative of serious concern if not suicidal ideation amongst ageing adult care leavers in confronting the prospect of what they perceive as re-institutionalisation.

Given the level of health care needs and sometimes difficulty of affording some specialists, and in particular dental care, many supported the idea of a priority access card that has been referred to variously by participants as a 'Gold Card' or 'Priority Access' card. 'Sylvie' listed services she thought should be covered:

"A medical card that can cover the cost of hospital funds, psychological services, psychiatry, podiatry, physiotherapy, dental, optical, and any specialised services… because a lot of us have arthritis and things like that as a result of the work they did." – 'Sylvie'

'Rosalie' summed up the justification for such a status or card being available to care leavers:

"It is accepted and known that Forgotten Australians suffer, you know, we have a lot more health problems than the general population and yet we aren't considered at all. Not at all for anything, you know? Including the health card. Young people have a health card. The young care leavers but we don't." – 'Rosalie'

Recently, the Alliance for Forgotten Australians has been exploring the issue of aged care for adult care leavers between ages 50–80. The spokesperson of the Alliance for Forgotten Australians Caroline Carroll has called for Forgotten Australians to be treated as a priority group: "Give us some respect and dignity in the latter days of our lives" (Carroll quoted by Knopf, 9 news, 2016). Part of responding to the needs of this group is considering appropriate forms of aged care for a group that wants to avoid what they see as potential re-institutionalisation.

Access to care records

Those placed in institutions were removed from the familial relationship, becoming in effect 'nobody's children' (Smith, 2015). Some Child Migrants even had their names changed (it is alleged, to stop parents finding them in the future). This, often complete dislocation from familial place or being unclaimed by parents (Penglase 2005, pp. 15) had profound effects on sense of identity and belonging. Access to personal records is an important issue those who grew up in care. "For adult care leavers, they can be central, or at least a starting point, to understanding aspects of their childhood,

finding family and making sense of who they were as a child, and who they have become" (Murray, 2015: pp. 136). Approaches to records vary across countries (see Murray, 2015 for an international comparison of policies and best practices in UK, Australia, Canada, Ireland and New Zealand).

Many study participants had engaged in a search for information about their origin (through obtaining institutional records, tracking down parents and relatives, and visiting places of birth or country).

The majority of respondents (81.4%) had tried to access their records. As depicted in Figure 65, the most searched for items were care records and files (83%). Other items searched for were records about their parents (63%), birth certificates (63%), court documents (61%), photos (59%), health records (55%), school records (54%), and records about siblings (50%). The most successfully obtained items were birth certificates (54%). Other obtained items included care records (42%), records about parents (31%), court documents (27%), records about siblings (26%), photos (25%), school records (18%), and health records (14%).

Figure 65: **Accessing records**

Note. n = 335
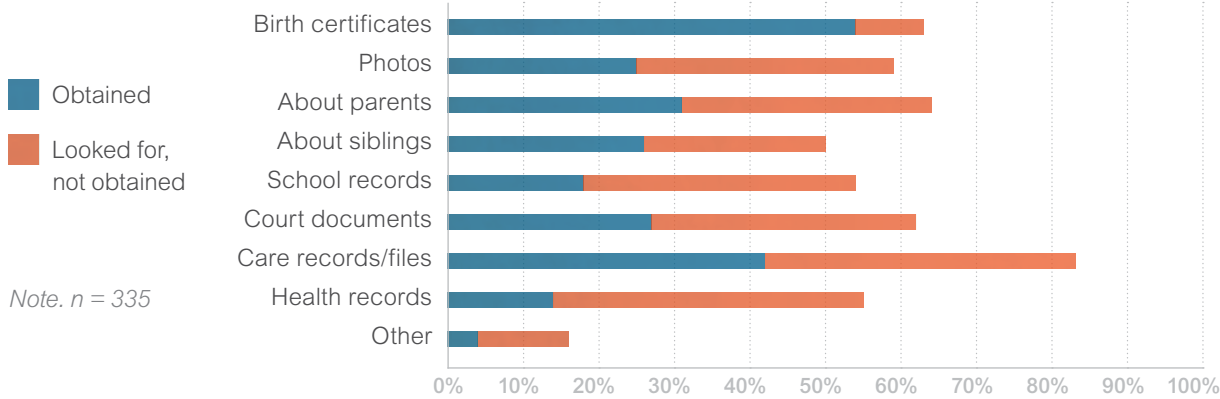
Among participants who tried to access their records, about 78% received help from various sources (Figure 66). The most frequently mentioned source of help was organisations for care leavers (43%). This was followed by support workers (17%),

child welfare departments (12%), other non-profit organisations (8%), and other sources (specialised record finding services, legal professionals, biological family, foster/adoptive family, care staff, and institutions).

Figure 66: **Help with accessing records**

Help with accessing records (horizontal bar chart):

Category	Value
No one	~22%
Support workers	~18%
Institutions	~6%
Care staff	~6%
Foster/adoptive family	~1%
Biological family	~6%
Legal professionals	~3%
Child welfare department	~13%
Specialised record finding services	~7%
Organisations for care leavers	~44%
Other non-profit organisations	~8%
Other	~21%

Note. n = 328
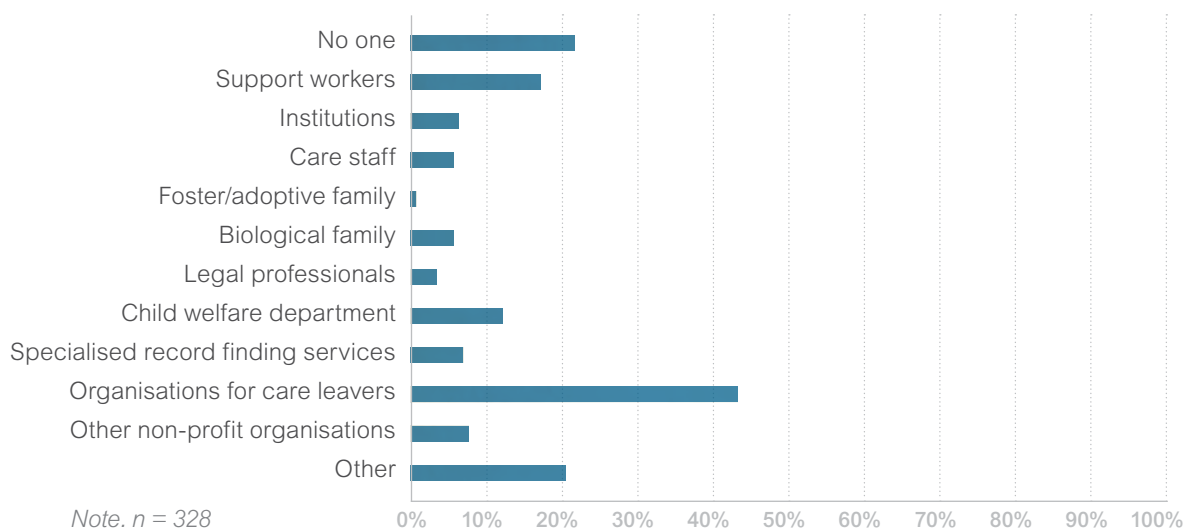
Records are key to the process of establishing a sense of identity because they contain useful information and sometimes can provide answers to unanswered questions. This was evident in 'Aaron's response:

We found out that my mother was still alive after we were married. We didn't know that. We just had no information, and if you asked for information in those days, they wouldn't give it to you. It's not on until Freedom of Information came out and ah, you were able to get a record of your family." – 'Aaron'

File information can reveal original surnames and the existence of siblings as experienced by 'Rosie':

"I was one of 4 children, but I didn't know that because I didn't know my surname. I thought surname was the one I had at that time, but I found out when I was 17 that I wasn't who I thought I was… and I went to get my, what is it called? Birth certificate, in Sydney…

and I just sat there and waited and waited and then they said, 'well, there is no such person and technically you don't exist, and that was because I wasn't who I thought I was. I lived that whole part of my life thinking I was someone that I wasn't." – 'Rosie'

Records contained statements that were perceived as unfair and prejudiced. Children were routinely described with terms such as 'mentally dull' and comments such as 'she won't amount to much', 'this child is rude' were recorded. These comments were upsetting. So were omissions and stigmatising outright untruths in records where an incident had occurred and this had not been recorded, or there was a cover-up (for example of a pregnancy of a young person while in care).

Continual frustration in the response to requested records was common. Sometimes, different records would be forthcoming while others would be withheld. Despite the Freedom of Information legislation, navigating the

bureaucratic maze was frustrating for people trying to access all the information held about them. 'Janice' articulated this frustration:

"And they said, 'well we didn't know you wanted those. You have to specify what you want,' and I'm thinking if it's under my name, why isn't it there?" – 'Janice'

'Janice' had already applied several times for records and obtained different material each time which she indicated was frustrating and showed no consistency in responding to request.

'Jake' had read his own files at an earlier time and these were comprehensive but he was not allowed to copy any of the files and take them with him. So later he applied for his files but what he got was not the voluminous records he remembered:

"Six pages file. I said you got to be joking. That's not a file. He goes well this is what they sent up, six pages up. I mean Lotus Place paid for it all. To get all these files and that but I said that's not the file. How can you tell me fifteen years as a ward of the state, in and out of homes to ten different homes and they give you six pieces of paper? There's not even any schooling, nothing to do with – there's nothing there." – 'Jake'

Redaction of detail is another issue that was frustrating to care leavers. Some participants expressed disappointment with missing details or redaction of names of parents or siblings:

"That's to your file… but they redact the name of your parents and you get… it's like a CIA document… it's redacted. That means the government, under privacy laws, won't allow

them to see the names of your parents on that document sitting there." – 'Scott'

"If it's your file, they'll block anything to do with your siblings. In fact, there was a Royal Commission yesterday or the day before, a couple of younger people from CREATE were saying that… to get info about your siblings, you're blocked from the files, they won't show you. Only relating to you, they won't give you anything else." – 'Craig'

Files were suspected to have been deliberately destroyed or 'lost' by some respondents:

"All those records too, 1974 we had a huge flood so yeah anything that needs to be hid, was in the flood." – 'Greg'

"You'll find that the problems with Royal Commissions is that when they started them, you can imagine how many records are going to be set on fire, there's no bloody records. They should've gotten the records first and then held the Royal Commission." – 'Ethan'

Gaining access to records is important for those trying to find out more about their own personal histories. Lack of funded support to do so and hefty fees for provision of documents were cited as barriers. For those that did gain access, redaction was resented. Some disliked comments made about them in their records and believed some comments to be false. Privacy concerns also featured, with a care leavers' advocate expressing that original records should be returned to the person on request rather than being publicly available and the property of a third party. It was clear from respondents that access and management of records continues to be a frustrating and difficult process.

Chapter 7: **Public responses to abuse**

The surveys, interviews and focus groups also explored the issue of public responses to abuse in institutions. These included the various formal Apologies, and Commissions of Inquiry, and outcomes of such Inquiries. Many participants had been personally involved in at least one inquiry or a public Apology; many had strong views on these and the link between words and action (or the lack thereof). This indicates that responses not only have to be public, but effect practical change to provide redress. This section reports on findings from quantitative and qualitative data on survivors' experiences of redress processes.

Formal apologies

An apology is the acknowledgment of responsibility for an act that is inappropriate in some way and an expression of regret and remorse along with an intention to refrain from similar actions in the future (Gill, 2000). In order for an apology to be even partially effective it must be heartfelt – otherwise it is a mere empty gesture, a mouthing of 'sorry'. The sincerity of the apologiser is an element of what makes an apology valid. There have been a number of formal Apologies made in the wake of various Inquiries. These have been from the Commonwealth (apology to the Stolen Generations, to the Forgotten Australians and Child Migrants, Forced Adoptions) and also from State Governments (for a NSW case study, see Hil, Rose and Smith, 2010). In addition, some of the organisations that ran the institutions have also offered formal Apologies.

Information on apologies is also available at the Find and Connect website (http://findandconnect.gov.au).

Participants commented on their perceptions of the apologies:

"We were invited to the Premier's office because the Premier wanted to personally apologise. So we went into the Jubilee Room… Baird read this apology. He started crying. I thought, 'Shit this guy is fair dinkum'." – SP2)

"I went to it and thought it was beautiful. I like Malcolm Turnbull better than Kevin Rudd. He had a bit of a cry when he was talking. He actually showed emotion." – 'Monica'

"And the Apology itself from Kevin Rudd and Malcolm Turnbull it was from the heart their speeches, and whatever they said they meant and it was so moving… there wasn't a dry eye in the house. I get goose bumps just thinking about it. Did it change the way we feel? Probably not." – 'Veronica'

The apologies acknowledged their existence, experience, and suffering.

"Having that piece of paper kind of says, 'well, you do exist, and we've written this letter.' It kind of recognises you're a person, you know?" – 'Rosie'

Aboriginal participants also reflected their expectations, and the emotional impact of the Apology to the Stolen Generations:

"I was here working in the office when I heard about that. We saw it on the computer. We watched it. I was working. We were all crying. I was crying. Happy to see that somebody finally got recognition… but some people and some organisations want some kind of compensation or reparation for some things. That's not going to happen." – 'Clara'

Another Aboriginal participant, when asked if the Apology had changed anything, said:

"No. It was just a big wind. Blowing. Like that." – 'Russell'

He also contrasted it unfavourably with Gough Whitlam's gesture of 'returning' land to the Gurindji people (which occurred on their land) and opined that the then Prime Minister Kevin Rudd should have "come outside" Parliament House and faced the people. Expectations that Apologies need to not only be sincere but be conducted in an appropriate location for those receiving the Apology were conveyed.

Participants had expectations that apologies would be followed up by some type of meaningful action. Where these hopes were disappointed, this reduced the power of the apology. A number of participants' comments reflected this theme of the apologies being 'hollow':

"But there's no action to follow… and for me it's hollow. It's just a bog hoo-hah for the government to be seen to be doing something, but really they're doing nothing for us." – 'Sandra'

"Why I think the 'sorry' to forgotten Australians is just a five letter word is that there was very little action to back this up… 'Sorry' doesn't change what happened, it's the actions to help us now have a chance at a somewhat normal life is what makes their sorry real." – 'Jenna'

The underlying theme here was that for 'sorry' to be 'real', apologies must lead to practical outcomes, not merely be public pronouncements. Participants keenly felt the need for practical justice.

Redress and compensation

In this study, participants reported being beneficiaries of compensation payments following individual (or class) actions in a legal context. They had also benefited from redress schemes (for example, from the scheme set up following the Commission of Inquiry into Abuse of Children in Queensland).

Although related, compensation and redress are slightly different in nature. Compensation is taken to mean a payment of money following a civil claim by a person or persons through the adversarial court system. The outcome involves (usually) the award of a monetary payment to at least partly compensate the person for pain and suffering that they have endured at the hands of another entity (whether a person, institution, or the state). Redress schemes usually also involve monetary payment; however, these have typically taken the form of a less adversarial process whereby a Government has set up a fund that makes compensation payments to persons who apply and meet certain thresholds. Such schemes may have 'tiers' of payments. Such schemes can be paid for through a special fund based on contributions from the parties that have caused the harm (institutions, the state). 'Redress' is also a broader concept which can be inclusive of other forms of action apart from monetary compensation – for example, in the form of a formalised Apology, service provision, and other forms of support.

The Royal Commission had recommended a national redress scheme; however, not many people interviewed were certain that this would eventuate. In addition complexities were identified arising out of Australia's Federal government system.

"Well the big issue is redress and what they're going to do about redress. I think it's terrible to see it being turned into a political football. The Commission made really clear, good recommendations about what they felt was important and needed to be provided. It didn't help then to turn it back to the states. It really does need to be a national scheme. There needs to be a national recognition of this problem. It's a bit like the divide and conquer policy. If you live here, you get this and if you live there, you might get that. Too bad that you were from Western Australia or somewhere, you know?" – SP10

In terms of what should constitute such a scheme, in addition to monetary payment, material support in the form of services was seen as desirable, and in particular, ongoing (not time limited) access to free or affordable counselling, health, housing and education for care leavers. This was felt to be the baseline required, facilitated through some type of 'priority' or 'gold card' status accorded to adult care leavers in accessing services.

Another issue of concern raised by participants is that the recommendations of the Royal Commission into Institutional Responses to Sexual Abuse focuses on those who were sexually abused. They drew attention to the fact that many children suffered years of pain, physical and emotional abuse, neglect and degradation, sexual exploitation, and hard labour noting that the proposed scheme would exclude those who suffered other forms of abuse.

Individual compensation payments, while not always the best solution (or even desired by some care leavers, who felt they did not want to accept 'dirty money'), can also facilitate greater choice. This was illustrated by several care leavers who had used financial payments

to buy a house or a motorhome, to travel, or to do something they had wanted to do but could not afford.

Activism around such issues is ongoing and policy suggestions have long been advocated by care leavers' organisations. One participant remarked:

"The imperative is started by, or the impetus is started by those with lived experience, you know, going 'we need reparation, we need recognition.' So I kind of think to myself you can't sit around and wait for the broader society to go, 'Oh, I think we need to do something about it.' It's gonna be led by survivors and it has been, and it's gonna be carried by survivors until you have a broader understanding and acceptance and sense of responsibility." – 'Lucy'

On November 4, 2016 the Minister for Social Services announced a Commonwealth Redress Scheme for survivors of institutional child sexual abuse. The Minister for Social Services the Hon. Christian Porter MP's media release stated that the scheme "will offer a direct personal response for those survivors who seek it, options to receive psychological counselling and a monetary payment (comprising a maximum payment of $150,000) to acknowledge the wrongdoing inflicted upon them" (Branids and Porter, 2016), inviting states, territories and other non-government institutions to join the scheme. Other governments and institutions were encouraged to "opt-in" to the Commonwealth scheme on the "responsible entity pays" basis. The government stated that it would form an Independent Advisory Council that would include specialists, including survivor groups, legal and psychological experts, to provide advice on the implementation of the scheme. (Brandis and Porter, 2016).

The Royal Commission into Institutional Responses to Child Sexual Abuse

Thirty-nine percent of survey respondents (*n* = 159) participated in the Royal Commission into Institutional Responses to Child Sexual Abuse. In the main, their perceptions were positive. The rating about the 'feeling that they had the opportunity to express their concerns' was 6.8 on a 10-point scale (1 = not at all and 10 = very much). The rating about the 'feeling that there was acknowledgement of their concerns' was 6.2 on a 10-point scale (1 = not at all and 10 = very much).

Questions about their experience of participating in the Royal Commission elicited many responses. Many reported relief, and that they had felt listened to.

"After I gave my story to the Royal Commission, I felt like somebody had lifted a tank off my shoulders." – 'Owen'

"I think the best thing that can come out of this Inquiry is if we can create a situation where those of us that have been involved are not afraid to talk about it." – 'John'

"Even though it was really hard, I felt that I was able to finally get out of my system all those things that had happened all over those years…explaining that I'd been to police, that I'd been to Welfare, I'd been to nuns, and nobody would believe me. By going to the Royal Commission I felt… you had a voice. For the first time I felt like I was being believed." – Janice'

"I believed the people that I spoke to understood. There was not a judgement or a barrier. Acknowledged okay, this is happening. Let's see what we can do." – 'Nola'

Participants explained their motivations for appearing as being in the interests of improved current child welfare practices:

"To get my experience out there and hope that any child in the future does not have to have happen to them what happened to me." – 'Anon'

Expectations of participants were at once high, and permeated by cynicism. Participants were sceptical that recommendations of the Commission would be implemented.

"If that redress scheme doesn't eventuate, then many people – probably the majority of people would consider the Royal Commission an absolute failure. I mean I would hate to think that would ever eventuate." – SP1

The insistence by survivors and the recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse that there should be a Commonwealth scheme, has provided impetus for action to be taken on this. At the time of writing, as noted, a Commonwealth Redress Scheme had been announced and is expected to be established by 2018. As the participant mentioned above, due to the responsibility for child protection lying with the States and Territories, the Scheme may not be as mandatory as some had hoped for, due to its 'opt-in' nature. It is hoped all States and Territories will eventually opt in, and non-Government organisations will follow through.

Chapter 8: **Discussion of key findings**

Introduction

Findings from this study reflect a predictably grim picture. Most participants have a lived experience of extreme neglect and abuse and degradation in institutional and other forms out-of-home care. For many, the experiences were cumulative and reinforced the disadvantage and trauma some were exposed to within the family of origin, prior to removal. Even when considerable trauma had been experienced at home, the pain of separation was almost always keenly felt. For most participants, family disruption continued beyond the out-of-home care environment and across the life course. Abuse and neglect often commenced from the point of entry to care and continued throughout, with little or no respite. This was usually true even when changes of placement, or placement type, occurred. Leaving care, often after years of institutionalisation, was generally a frightening and deeply demoralising process. For many participants, that exit was recalled as especially traumatic, the ultimate abandonment by a deeply flawed child welfare system.

The data collected in the course of this research is rich and extensive. It derives from multiple sources across metropolitan, regional and rural Australia and from Forgotten Australians, former Child Migrants and members of the Stolen Generations. Here, we draw implications from key findings with the view to making recommendations for policy and service development. Whilst the range of findings addressed is far from exhaustive, those discussed here reflect major themes identified in the data.

Entry to care

Reasons

From the earliest days of colonisation, Australian child welfare policy drew heavily on English values and traditions; local laws were closely modelled on English legislation. Laws enacted in England relating to the welfare of the child had a strong orientation to 'child rescue' from the 1870s (Swain and Hillel, 2010). Australia maintained that tradition in developing its own 'rescue' policies and practices from the 1880s (Swain, 2014). Some would argue that we essentially remain loyal to that 'rescue' tradition to this day, notwithstanding its long acknowledged limitations (Fernandez, 1996; Scott and O'Neil, 1996).

A rigid, harsh and task focused approach to child rearing predominated at every class level throughout the Victorian and Edwardian eras and well into the mid twentieth century (Greenleaf, 1978; Evans, 1973; Kennedy, 1971). Indicators of good parenting and good children included cleanliness ('next to Godliness') modesty and subservience (being 'seen and not heard'), command of basic literacy and numeracy ('the 3Rs'), and adherence to Christian traditions (being 'God-fearing'). From early colonial times child welfare interventions have focused on children from poor families where parents were often judged to be inadequate or incapable of raising their children. Such interventions were directed at parents who were perceived to have failed and were dominated by moral evaluations and regulation of working class parents' and children's behaviour.

Some loving parents were unable to meet community expectations around child rearing due to pressures such as poverty, health and mental health problems (in some instances war related), inadequate housing, drug and alcohol addiction, family violence, relationship breakdown (Gabler and Otto, 1964; Otto, 1963). They had no real option but to 'voluntarily' place their child/ren in care as a way of coping with temporary crises (Musgrove, 2013; Child Welfare Act (Victoria), 1954). Large families and Aboriginal communities were especially at risk (Find and Connect, 2016). Most often, removal resulted in long-term institutionalisation and identity confusion for the children along with lifelong family disruption (Horrocks and Goddard, 2006).

The reasons participants in this study were separated from their primary caregivers and placed in care can be understood at the microsystems level of individual or family vulnerability (Bronfenbrenner, 1979a). Blaming of parents and children in such circumstances was pervasive during the study period and these patterns clearly endure. Separation of parent and child then, as is the case today, ultimately derived from structural parameters, especially poverty and disadvantage (Pelton, 1989, 2015; Campling and Dominelli, 2002; Bywaters, Brady, Sparks and Bos, 2016) and from macrosystemic processes specific to the time (Bronfenbrenner, 1979a). Parental vulnerability was commonly reported, especially disempowered and emotionally fragile mothers who had little access to effective contraception or safe abortion. Similarly financial or housing security were generally not available through welfare policy until the latter half of the twentieth century. Fathers too, could manifest vulnerability when confronted with unrealistic expectations to 'provide' (Allen and Daly, 2007). The family as a unit experienced vulnerability as the result of phenomena such as economic depression, war, population movement, refugee experience, patriarchy and housing shortages (Dickey, 1987; Gabler and Otto, 1964). Lack of health and welfare programs meant there was no service system safety net to address need in times of family crisis. This often resulted in parents being unable to cope or led to child abuse and neglect; placement in care was the only real option available to parents or to child welfare organisations (government and non-government alike) called in to assess wellbeing or risk.

Throughout the study period it seems that little policy or programmatic attention was paid to family preservation and family support. There also was no demonstrable evidence of a serious interest in family reunification (Jamrozik and Sweeney, 1996). It would seem that 'demonising' of both parents and children meant that removal and reform was much privileged over primary prevention, preservation or reunification. It could be argued that prioritising service delivery thus continues to cast its shadow on today's policy, planning and service delivery in child protection and out-of-home care (Fernandez, 2016a).

Removal

Until the post-WW2 research of Anna Freud (1951), John Bowlby (1953), and others, followed by Margaret Mahler and her peers in the UK and USA, very little was understood about the social and psychological dimensions of child development and parenting. This was especially true of the processes of attachment, separation and loss in the early years of life or even later in childhood and during adolescence (Robertson and Robertson, 1989; Bowlby 1973, 1953; Mahler, Pine and Bergman, 1973; Ainsworth, 1973).

Almost without exception, all participants in this study who were capable of doing so, vividly recall the moment(s) of removal(s) from home. Sometimes removals were multiple, yet participants recounted each episode to the researchers with astonishing clarity and in great detail. It would seem that preparation, support or even conversation with the parent(s) around the decision to place a child or children in care in advance of the removal intervention was rare. The philosophy of the time placed absolute authority and power in the decision-maker – be this a government department or non-government organisation. Most participants recalled their parents were deeply shocked, with many reduced to abject despair at suddenly losing custody of their children. Even the biological parent initiating a so-called 'voluntary' placement received little or no support in this crisis; they were also heavily discouraged, and/or effectively prevented through distance and expense, from visiting their child from that point onward. When asked to describe the removal process, participants described violent scenes within the home, as parents fought desperately to keep their children. Intense parental distress was witnessed by many children, exacerbating the trauma associated with the separation process per se. Immediate and frightening separation from siblings was another source of trauma and loss for many. Often those relationships were never restored; Aboriginal communities have been especially impacted by this. Not only were Aboriginal parents and children torn apart, often forever; children lost their extended kin network and an identity grounded in country, ethnicity, culture, subculture and language (Edwards and Read, 1989; Gilbert, 1993; HREOC, 1997; Walsh, 1998). The children themselves were virtually never consulted or informed about what was about to transpire. This would seem consistent with the lack of agency afforded children in society generally during the study period (Greenleaf, 1978). The immediate pain of family disruption was clearly deeply traumatising for children and usually for parents; sadness and loss has generally endured ever since. Once again, some would suggest that too little has changed in this regard.

Entry to placement

Upon arrival at the care placement abusive cleansing and de-personalisation rituals were frequently inflicted upon new arrivals (Find and Connect, 2016; Musgrove, 2013; Daly, 2014; Penglase, 2005). Such practices almost always constituted initiation to the dysfunctional subculture of the institution, cottage or foster home. For those with no prior experience of violence or abuse, the trauma experienced at entry to care was profound. For those who brought with them from home the burden of heavy trauma, initiation to abuse in care immediately dispelled any hope of safe refuge, warmth or affection. For all participants in this study, the overall impact has been profound. This is consistent with earlier research and other investigations. Forde noted that "for individuals, their childhood experiences, the separation from their parents and siblings and their placement in orphanages and detention centres have deeply scarred them and had an immeasurable impact on the rest of their lives" (Commission of Inquiry, 1999). There are clearly vital lessons to be learned from the study's participants about the importance of appropriately supporting children and young people and their parents/caregivers during entry to out-of-home care.

The care environment

Neglect

Child neglect was endemic in out-of-home care during the study period. It was rare indeed, it seems for any child to be reassured, held, hugged or cuddled and that remained the pattern throughout their time in care. The large children's Homes or orphanages of this era, along with many cottage homes, foster and even kinship care in the later years of the study period, apparently manifested the worst excesses of Victorian and Edwardian parenting. Along with cruel physical punishments and abuse, any form of positive expressed emotion was seemingly taboo. Staff members it seems, be they young or old, male or female, religious or secular, senior or junior, educated or uneducated, experienced or inexperienced, presented with a pattern of behaviour that was painfully similar from one setting to the next. From participant descriptions, staff almost universally presented as cold, aloof and forbidding. Very few participants reported evidence of kindness, encouragement, positive regard, respect, nurture, warmth or any form of physical affection that was not the sinister companion to sexual abuse (Golding, 2005; Penglase, 2005). Emotional neglect of this nature exacerbated attachment disruption experienced upon removal from home (Perry et al., 2006; Gunnar, 2001) It undermined self-esteem and positive identity formation. It led to emotional isolation, anxiety, depression and even despair for many children during their years in care. In adult life such emotional neglect has clearly been a major contributor to serious mental health difficulties and for many, lifelong psychiatric disabilities that have constrained community participation and seriously undermined wellbeing (Sigal, Rossignol and Perry, 1999).

Other forms of neglect that have had long term deleterious impacts on participants include those of a social, cultural, intellectual or physical nature. In order to grow up as well integrated members of society it is vital that children be offered ample opportunities for play, especially through interaction with peers. They need to develop trusted friendships in their communities which can model positive behaviours, offer social support and enable them to manage intimacy in relationships (Erikson, 1950; Peterson, 2014; Fernandez, 2016b). They require opportunities to develop socially, culturally, intellectually, physically, emotionally and spiritually. Most study participants experienced a marginalised childhood devoid of fun or play. Aboriginal children were deprived of the opportunity to identify with and understand their culture. They had no chance to know their country and communities and could not speak their language without being severely punished. This is consistent with earlier evidence (HREOC, 1997). For participants overall, the daily regimen of drudgery and hard physical labour supplanted any real chance for normative developmental growth and transition. Intellectual, social, and moral development were all seriously constrained.

Maltreatment in care

Removal of the child from his/her primary caregiver(s) was almost always seen to be in the best interests of both that child and society as a whole. The child was deemed to be in urgent need of rescue from 'the bad parent'. Society needed to then reform that child so that s/he could contribute as a 'solid citizen', eschewing the perceived laxity, weakness and even the criminality evident in some family 'roots'. Often the latter 'deficits'

were interpreted genetically, a perspective possibly associated with the eugenics movement, especially popular in the earlier years of the study period (Jones, 2007). In the case of Aboriginal children especially, their race, ethnicity and family lineage were deemed at best highly suspect, at times these were described directly as toxic (Creative Spirits, 2016). A strong focus on 'integration' was in evidence for much of the study period with severe punishments in situ for speaking Aboriginal languages or identifying with culture or community in any way. This cultural abuse and racism were consistent with the misguided values and policies driving the practices of removal of Aboriginal children and their placement in institutions or with white families during the tragic Stolen Generations era; those years parallel much of the study period (Creative Spirits, 2016; Parry, 2007; HREOC, 1997; Atkinson, 2002).

Every child entering care was seemingly considered somehow less worthy than her/his peers in the mainstream community, be this through culture, creed, disability, family history, or behaviour (Creative Spirits, 2016). Misguided thinking around reform and restraint provided an obvious rationale for the style of 'caregiving' evident in most of the Homes, and legitimised a cruel regime of child labour. This was intertwined with an abhorrent repertoire of punishments embedded in the culture of every institution described to the researchers. It also gave license to the harsh parenting practices, neglect and abuse of many foster and kinship parents hidden from view and effectively unsupervised within the community (Daly, 2014; Senate Community Affairs Committee, 2004). For Aboriginal children placed in 'white' foster homes, outside their ethnic group,

culture and community and often far away from country, alienation and vulnerabilities intensified (HREOC, 1997).

Every category of abuse imaginable has been described to the researchers. Physical, emotional and sexual abuse co-existed. They have heard evidence of emotional, social, sexual and physical abuse on a scale that is extremely difficult to contemplate. Sexual abuse was clearly enormously damaging. Most participants (97%) experienced some type of maltreatment while 41% reported multiple types of maltreatment. The findings indicated 87% experienced emotional abuse followed by verbal abuse (82%). Eighty-two per cent reported experiencing physical abuse by adults and 67% mentioned physical abuse by peers. Sexual abuse was widespread and over 60% experienced this form of abuse from someone during their time in out-of-home care: 55.3% experienced sexual abuse by adults and 41.8% experienced sexual abuse by peers. Many more, if not sexually abused themselves, were aware of sexual abuse occurring in the institution.

Abuse occurred in foster care settings as well. Children were often too frightened to tell someone, and in any case there was not often an independent person (such as a welfare officer) to tell. Given the lack of oversight, serial abusers had little curb on their activities until the advent of stricter screening and greater oversight. Only a few institutions managed to actually deal with perpetrators through removal (often simply dismissing them); however as we now know through the Royal Commission into Institutional responses to Child Sexual Abuse (in progress), churches' response to the problem was simply to move the predator to another area.

It seems inconceivable now that there was so little knowledge about the possibility that children could be preyed upon and such weak oversight from government or presence of regulatory frameworks. Impacts of other forms of abuse, especially physical and emotional abuse, were clearly evident. They have left indelible marks on participants including lifelong fear, mistrust, low self- esteem and hypervigilance. The percentage of care leavers with 'very high' levels of psychological distress was 8.52 times greater than the percentage found in a community sample of Household, Income and Labour Dynamics in Australia (HILDA) (2007) and 14.4 times greater than the percentage found in a community sample of National Survey of Mental Health and Wellbeing (2007).

Abuse also resulted in horrendous injuries leading to chronic physical illness, serious mental health problems and a wide range of disabilities. The level of abusive behaviour inflicted on participants growing up in cottage homes or in foster or kinship care seems little different in quality or extent from that experienced by large cohorts of children in institutions. That finding is especially confronting, particularly when the abuse occurred late in the study period. To 'spare the rod' was to 'spoil the child', the latter clearly a dangerous practice to be avoided at all costs, whatever the setting. Until the 1980s it would seem that philosophy persisted, virtually unchallenged (Senate Community Affairs Committee, 2004).

System failure

The savage abuse and serious neglect described by participants in this study would appear to derive directly from authority figures invested with uncontained power and control. Some staff clearly took absolute advantage of the opportunity the powerful roles afforded

them, to prey on vulnerable and traumatised children. These were children locked away from family and society, with no voice, protection or advocate to support them in a system that promoted a culture of silence. Any child who did not have some contact with family members could be targeted. It would seem that individuals whose own childhood years were possibly dogged by neglect and abuse, either within their families of origin or growing up in institutional care themselves were drawn to this area of employment in disproportionate numbers seeking access to vulnerable children (Musgrove, 2013). Even when staff were not physically aggressive toward their charges, there were few accounts from participants of receiving any real warmth, or even basic respect. They did not challenge the status quo. Others were perhaps afraid to stray from subcultural norms by behaving differently from their peers, let alone by drawing official attention to rampant abuse (Minto, Hornsey, Gillespie, Healy, and Jetten, 2016; Royal Commission into Institutional Responses to Child Sexual Abuse, 2016; Senate Community Affairs References Committee, 2004). This inflicted untold harm on vulnerable and traumatised children. That harm continues to impact harshly on the lives of victims and will permeate generations to come.

However, as is the case when abusive individuals are recruited to out-of-home care today, those individuals alone cannot be held totally responsible for the damage they perpetrate. Failing systems and those who administer these must also be held to account. This holds true today as it did in the study period. The study period was in an era where psycho-social screening of recruits, referee reports and police checks were for

the most part not mandatory. Orientation processes, professional qualifications, training programs, practice standards, supervision, oversight and quality assurance were either negligible or non-existent. Parochialism and 'incestuous' recruitment practices along with dysfunctional 'collegiality', lack of transparency and 'cover-ups' were clearly rife, especially in more geographically isolated institutions and communities. There was effectively little or no oversight or accountability for individuals or for organisations until very late in the study period (Musgrove, 2013; Senate Community Affairs References Committee, 2004). Even then, quality assurance practices seem to have been inconsistent and limited in scope. Sexual offenders were still often moved from one institution to another rather than being reported to police or even dismissed (Royal Commission into Institutional Responses to Child Sexual Abuse, in progress). This meant that participants often encountered these offenders repeatedly, even with placement changes.

Notwithstanding the limited understanding of the time, there was no real evidence of theory – for example, contemporary knowledge of parenting or behaviour management driving practice. This did not seem to change noticeably across the period targeted for data collection. For example, it was generally recognised by late in the study period that young people who have experienced stable placements providing good quality care are more likely to have positive outcomes than those who have experienced further movement and disruption. Stability has the potential to promote resilience by providing the young person with a warm and sustained relationship with a carer, a compensatory secure attachment which may in itself reduce the likelihood of placement breakdown (Rutter et al., 1998; Schofield and Beek, 2009; Sinclair, Baker, Wilson and Gibbs, 2005).

Yet little of this knowledge appears to have been applied. Participants were frequently moved from placement to placement till the end of the 1980s. Once again, it can be argued we have still to apply many learnings about the vital role of placement stability in achieving good outcomes for young people in care, including those from the present study (Fernandez, 2009, 2016a; McDowall, 2013, 2016).

It would be fanciful to suggest that systemic problems such as instability of placement, inadequate screening or poor training and supervision no longer exist. We are reminded frequently in the contemporary media and through various inquiries that this is not the case (ABC, Four Corners, July 25, October 14, and November 14, 2016; Victorian Commissioner for Children and Young People, 2014; Wood, 2008).

It is indeed important that we learn from the failures of the past and apply those learnings to today's practice. This has been the message delivered in strongest possible terms by almost every participant in this study. The study's participants are 'insiders' with lived experience of out-of-home care; they are confronted each day with the terrible social, emotional and physical impacts of multiple failures in a flawed child welfare system. Their tragic experience of trauma and the resilience they manifest in the face of this does indeed make each an 'expert informant' whose voice must be heard.

Education

It is the right of every child in Australia – and in fact the right of every child living in the world today – to receive an education that will prepare them appropriately for adult life. It is somewhat ironic that 1989, the year which marks the end of this study's data collection

period, coincides with the proclamation of the United Nations Convention on the Rights of the Child (1989). The Convention emphasises the child's right to learn, formally and informally, so that s/he is adequately prepared to take their place in adult society and achieve optimum wellbeing. There is large body of evidence affirming the reality that education opens doors to life's opportunities, especially those around work and financial stability. Education also supports long-term health, mental health and socio-emotional wellbeing (Gilligan, 2007; Fernandez, 2008; Harvey, McNamara, and Andrewartha, 2016). For most participants in this study, those doors have, for the most part, remained firmly closed.

Whilst formal education was generally offered to participants up to the age of around fifteen years, some children clearly found this almost impossible to access due to the discontinuity associated with placement changes. It has long been recognised that stability can provide continuity of care in young people's lives, which may give them security and contribute to positive educational and career outcomes (Jackson and Martin, 1998; Jackson, 2002; Jackson and Cameron, 2012). Especially where schooling was integrated into large institutions the subculture of neglect and abuse that characterised the Home overall was manifest within the school. Physical, emotional and sexual abuse frequently occurred within the classroom. Humiliations were often extreme. The quality of teaching and learning is reported as poor in most instances, with outdated teaching methods such as rote learning and impoverished curricula the norm (Connelly and Furnival, 2013; Jackson and Sachdev, 2001; Goddard, 2000). Aboriginal participants report that their culture and languages

were banned; manifesting any identification with one's Aboriginal identity was severely punished in this integrationist era (Creative Spirits, 2016). In mainstream schools 'homies' were frequently bullied and ostracised. Little mixing with peers out of school hours was allowed. Children's intellectual or other talents were left un-nurtured and self-esteem was often destroyed. Many participants left care without basic life skills and competencies such as literacy and numeracy. Even the most competent children were rarely offered the opportunity to complete secondary education, including those who left out-of-home care at the end of the study period. This is clearly another area for redress.

Child labour

Australian 'orphanages' were largely modelled on the children's institutions developed in England and Ireland during the 19th century (Swain, 2014; Swain and Hillel, 2010; NSPCC, 2000). Almost without exception, the financial sustainability of these institutions, often housing hundreds of children, depended upon the labour of their inhabitants. Charitable, religious and government institutions alike were established on that financial basis, along the lines of the English workhouses. This form of financial structuring meant that children were forced to work, at the same or similar physical capacity of adults from a very young age. Such arrangements would have been in direct contravention of the UN Convention on the Rights of the Child (1989). The practices did actually breach child labour laws in place. The Official Year Book of the Commonwealth of Australia, 1901–1907 (Commonwealth Bureau of Statistics, 1908) quotes from the Conciliation and Arbitration Act, 1904 which determined that if: "On the whole the

conditions of labour are satisfactory, and opportunity is assured that a proper period shall be devoted to elementary education, and that the early years of toil shall not exhaust the worker before the attainment of full growth". Each of these conditions was seemingly breached in Australian out-of-home care at that time. However, the large institutions – and later, cottage, foster and kinship homes – were effectively unregulated for much of the study period. They were, therefore, not held to account, even in relation to the minimalist sanctions of the day.

Children – no matter how exhausted or ill – were wakened before dawn to draw water, light fires and milk cows. They carried out back-breaking work in the fields and endured horrendous conditions in the 'Magdalen' laundries and other industrial settings (Senate Community Affairs References Committee, 2004). All domestic work in the institutions, and much of that in cottage and even foster homes, was completed by child labourers under cruel and oppressive staff supervision. Domestic work included cooking, cleaning, washing, ironing gardening and much more. Protracted periods of domestic or industrial labour were embedded forms of punishment. Participants in this study have shared extreme examples of this and their narratives are consistent with earlier evidence (HREOC, 1997; Humphries, 1996; Senate Community Affairs References Committee, 2004). No doubt this cruel system of punishment was a practice of convenience in the large institutions as it increased income from commercial enterprises, such as farming, horticulture and laundering. This approach remained in place in relation to domestic labour it seems, even when cottage homes and foster care became the predominant

forms of care towards the end of the study period. Children were poorly, or almost never, remunerated in any way for the work they undertook. Chronic illnesses, injuries and permanent disabilities are still experienced by this study's participants as a legacy of their engagement in child labour whilst living in out-of-home care (Senate Community Affairs References Committee, 2004). The legal implications of these Dickensian practices and their shocking legacy have been raised by participants and by advocacy groups. It surely behoves a just society to offer redress for the industrial abuse of these vulnerable children whilst the State stood in loco parentis.

Leaving care

Process

No participant in this study presented a narrative of their time in care that was devoid of pathos. Each is a story that evokes great sadness, almost always accompanied by anger and betrayal. Paradoxically however, some of the most poignant moments in participants' descriptions of their life in care focused on the leaving experience. The level of pain associated with leaving care did not vary according to the participants' living situations when that time came – be it a large institution, cottage home, foster home or even kinship care. Whichever type of care was being experienced when the State relinquished its responsibility for the young person, the experience of fear and abandonment was profound (Penglase, 2005).

Living in care was clearly often intolerable, an experience that unsurprisingly gave rise to both 'fight and flight' (Scott and Swain, 2002; Tierney, 1963). We have learned of brave

challenges to authority and astonishing bids for freedom by those bold enough to attempt this. However, for even the most resilient fifteen year olds, to suddenly find themselves on a bus or train with little more than the clothes on their back and possibly the address of a homeless shelter was terrifying. No preparation in terms of independent living skill development or pre-employment training was offered to most care leavers at that time. No one was available to support the vulnerable and traumatised teenager as s/he re-entered the community. Almost always the young person faced this ordeal totally alone. It is hardly surprising that most floundered, at least initially (Senate Community Affairs References Committee, 2004). Many have never recovered and should be acknowledged for what they endured. There are, once again, many important learnings in this area to be applied to today's young people in 'care' and to care leavers (Dixon, 2008; Arnau-Sabates and Gilligan, 2015; McDowall, 2016).

Outcomes

We do learn of astonishing resilience on the part of some participants at the time of leaving care. This is consistent with earlier evidence (Mendes and Snow, 2016; Gilligan, 2006). However, the irresponsible systemic abandonment of care leavers practiced during the study period has had predictably tragic consequences for most. Homelessness, poverty, mental illness, sexual abuse, violence, prostitution, criminality and imprisonment often ensued, sometimes almost immediately (CLAN, 2008; CFECFW, 2005). Many care leavers too, were understandably drawn back to their families of origin with, at best, mixed outcomes. The vulnerabilities in participants' families had not been addressed during their time in care and often there had

been no direct contact with family for many years (Senate Community Affairs References Committee 2004; HREOC, 1997; Edwards and Read, 1989; Mason and Falloon, 1999). The likelihood of successful reunification was slim indeed. Mostly these attempts were unassisted and proved fruitless, resulting in cumulative trauma and abandonment for the young person; this further elevated socio-emotional risk. The generally doomed attempts at reunification no doubt resulted in great pain also for parents. In most instances parents were highly vulnerable themselves, often living in poverty, with other children to care for, dealing with family violence, health problems and mental health or disability issues (Scott and Swain, 2002; Glaun and Brown, 1999; Tierney, 1963). They were usually in no positon to support children released from care with complex needs who had, by that time, tragically often become strangers to them. For Child Migrants whose families lived oceans away (House of Commons & Hinchliffe, David & Great Britain, 1998; Humphreys, 1996) and for many Aboriginal children dislocated from communities and culture, reunification was challenging (HREOC, 1997; Atkinson, 2002; Edwards and Read, 1989; Landsman and Boel-Studt, 2011).

What seemed to most often make a positive difference and build resilience at the time of leaving care was serendipitous connection with a 'guardian angel'; this phenomenon has been identified in earlier research (Mendes and Snow, 2016; Fernandez, 2006; Masten, 2006). Participants alluded to a carer, an employer, a landlord, a neighbour, a relative, a friend's parent perhaps who might offer work, housing or simply warmth, kindness, good advice and mentorship. For some, it was even a peer or teenage partner (and maybe their family) who offered support. Developmentally

and eco-systemically this is consistent with what generally promotes bio-psycho-social wellbeing; it is an intrinsic need of every child in mid-adolescence (Farmer, Moyers and Lipscombe, 2004; Fernandez and Barth, 2010; Masten, 2006; Gilligan 2001, 2007; Bronfenbrenner, 1979b; Wade and Dixon, 2006). Where such connection, protection and guidance is absent the young person is inevitably placed at risk; even the most resilient is vulnerable to negative consequences.

Protracted periods of homelessness and various forms of institutionalisation, especially in mental health facilities, youth justice or prisons, have been described by many participants as the impacts of care leaving; this is consistent with existing evidence (Hil and Brannigan, 2011; Mendes and Snow, 2016; McNamara, 2015; McFarlane, 2008; Senate Community Affairs References Committee, 2004). For far too many of this study's participants those consequences have been ongoing for much of their adult lives. Once again, it seems clear that the appalling abdication of responsibility by a child welfare system which had assumed the role of parent to these vulnerable young people must be redressed.

Care leaving policies and practices in Australia today are generally deemed inadequate (Mendes and Snow, 2016). Much can be learned and indeed applied from the reflections of this study's participants regarding the management of care leaving. Participants suggest far more extensive preparation programs, a later age for leaving care (at least 21 years, but preferably older), issues raised by current care leavers, housing provision and socio-emotional support (McDowall, 2016). Many see education, at least to the end of secondary school and preferably to the point of tertiary qualification or completed apprenticeship, as the critical pre-cursor to long term wellbeing post care (Harvey, McNamara and Andrewartha, 2016; Connelly et al., 2008; Commonwealth of Australia, 2009). A lived experience of adult life since leaving care with little formal education or other support in place, convinces participants of this.

Adult impacts

Health

Physical injuries experienced by participants were often severe. These were rarely addressed appropriately at the time, exacerbating their long-term impacts. Unset broken bones and muscular-skeletal damage, hearing loss and neurological impacts (of untreated ear infections and savage blows to the head) and serious trauma to internal organs (especially from being kicked and punched by physically powerful adults and sometimes as result of violent sexual assault) have resulted in ongoing medical problems. Seventy per cent of participants in this study reported physical illness; 51% reported having a disability. Chronic pain and illness, the need for regular specialist medical attention and seemingly endless hospitalisations have been frequently described by participants. Reparative surgeries (rarely completely successful) and a wide range of permanent disabilities, especially mobility issues, are lifelong companions for many participants in this study; premature ageing would appear common in this research cohort. This seems consistent with earlier findings (Senate Community Affairs References Committee, 2004). In managing the lifelong physical legacy of abuse experienced as a child of

the State, abandoned to the charge of often disturbed and dangerous adults participants have drawn on the seemingly enormous reserves of resilience. Levels of resilience on that scale should never be required of any individual in a just society.

Mental health

The adult mental health impacts of trauma experienced as a result of a childhood in 'care' have almost without exception proved the most profound impediments to lifelong wellbeing. In relation to the Kessler Psychological Distress Scale (K10) completed by participants when the very high distress category was compared, the percentage found in this study was 8.52 times greater than the percentage found in HILDA (2007) and 14.4 times greater than the percentage found in NSMHWB (2007).

70.2% of respondents reported having mental illnesses requiring treatment at some time. 59% had a current mental illness. Among participants with mental illnesses, 86% considered their mental illnesses were related to their experiences in care. 72% reported experiencing flashbacks. 65% reported experiencing suicidal ideations at some point in their lives and 39% had attempted suicide. Ongoing anxiety, depression, flashbacks, dissociation, phobias, mistrust and paranoia, instability of mood, suicidality and self-harm, poor impulse control and hypervigilance are some of the disturbed mental health phenomena described by participants to the researchers. Flashbacks and dissociation are common to those who have Post-Traumatic Stress Disorder within which a dissociative subtype has been identified (Speigel et al 2013, pp. 313).

Many participants described having tried to end their lives and have been hospitalised in a psychiatric facility, often on numerous occasions. For many of the Aboriginal participants the experience of multiple losses and disrupted identity has had a deleterious impact on their own mental health and in many instances that of their children and grandchildren (Creative Spirts, 2016; HREOC, 1997). Living with serious mental health problems, often co-morbidly, and for the most part effectively untreated, has much constrained adult wellbeing of Forgotten Australians. It has frequently prevented the establishment and maintenance of long term adult relationships; it has given rise to violence towards intimate partners and others; in many instances it has greatly compromised parenting, impaired ability to engage with partners and children, and led to permanent estrangement from children; it has resulted in a wide range of addictions including those to alcohol, drugs and gambling. For many participants, mental health difficulties have made adult learning and paid employment impossible. For a number, even volunteering is beyond reach. The mental health impacts of trauma experienced in care have led to extreme levels of marginalisation, disempowerment and social isolation for many participants and their peers (Mendes and Snow, 2016; Hil and Brannigan, 2011; Senate Community Affairs References Committee, 2004). Social isolation for Aboriginal participants, who have struggled to locate and re-connect with their families and communities, has often been extreme (Gilbert, 1993; HREOC, 1997). Over time there are many instances where family reunification has been successful. Some individuals have been able to re-connect and re-build relationships with their immediate and extended families

without assistance from services or other individuals. The Link Up services have been an invaluable support to members of the Stolen Generations and their families in supporting these reunions. For many former Child Migrants, also dislocated from kin on the other side of the world, developing a clear identity has been challenging. Social support networks have also often been difficult to establish after leaving care (Humphries, 1996). Whilst this can clearly never be fully redressed, these impacts of childhood trauma must be acknowledged and compensation offered. The shared experience of Forgotten Australians applies also to mental health and well being of today's care leavers. These young people are clearly an at-risk cohort in need of ongoing specialised support (Mendes and Snow, 2016; McNamara, 2013; McDowall, 2013; Gilligan and Arnau-Sabatés, 2016).

Education

Very few participants left care with an adequate education. For many, the most rudimentary competencies in literacy and numeracy were lacking. That deficit in formal preparation, together with health and mental health issues and financial disadvantage, has made participation in adult learning enormously difficult; this finding too, is consistent with existing research (Harvey, McNamara and Andrewartha, 2015; Goddard, 2000; Courtney, Dworsky, Brown, Cary, Love and Vorheis, 2011; Pecora, Kessler, O'Brien, Roller, Williams and Hiripi, 2006). The number of participants who moved on to successfully complete post-school training or study is proportionally very small. Twenty-six per cent obtained various trade or vocational certificates, 24% obtained at least one post-secondary qualification: diploma/associate

degree/advanced diploma (8%), Bachelor's degree (7%), graduate diploma/graduate certificate (5%), Master's degree (3%) and Doctorate (1%).

Those few who did continue to further study unsurprisingly appear to have been drawn to the helping professions; for example, completing teaching or nursing qualifications. Denial of access to formal and even informal learning has clearly constrained wellbeing and been a major contributor to adult poverty for the study cohots (McNamara, Harvey and Andrewartha, in press). This is understandably one of the most powerful resentments expressed by participants in this study. Its lifelong impacts on past and current care leavers must clearly be acknowledged and addressed. For children in care today much needs to be done to address educational disadvantage. Most still experience exclusion from the good learning outcomes that are the birthright of every Australian child in the 21st century (McNamara, in press; Townsend, 2012; Sebba, Berridge, Luke, Fletcher, Bell, Strand, Thomas, Sinclair and O'Higgins, 2015).

Employment

It is hardly surprising that access to fulfilling paid work has eluded many of this study's participants. Lack of education and training, social, economic and geographic disadvantage have impeded this. Perhaps most importantly, lifelong mental health issues arising from childhood trauma have significantly constrained employment opportunities. Amazing levels of resilience have been noted, with some participants working continuously throughout their adult lives (Penglase, 2005). Where long records of employment have been maintained

however, this has frequently meant a lifetime of unskilled, arduous, and often casual work, such as heavy cleaning or repetitive jobs on the factory floor. Lack of educational qualifications along with other socio-emotional challenges have much constrained opportunities for accessing rewarding work.

A lifetime of unemployment has predictably been the reality for far too many of this study's participants; this is an all too common experience for Forgotten Australians (Senate Community Affairs References Committee, 2004). Long-term unemployment has meant financial hardship and in many instances, grinding poverty. Such poverty has undermined family relationships and mental health and contributed to housing problems. Aboriginal care leavers are even greater risk of long term unemployment and its attendant problems (ABS, 2016). Poverty related to unemployment or to insecure lowly paid employment has severely curtailed any opportunity for personal development, recreation or travel. In short, without rewarding paid employment, participants have been denied many of life's most important opportunities for long term wellbeing. It is impossible to estimate the value of what has been lost in terms of quality of life. Yet society must indeed place a respectful value upon this in determining redress and assessing ongoing need for support.

Overall, care leavers in this study had relatively low incomes and this could be due to the fact many participants were not employed at the time of survey (expectable given 48% were retired). The majority of survey participants (87.6%) had annual incomes below $60,000 and, among them, 76% had annual incomes below $40,000.

Service needs

Health

It cannot be overstated that a far better developed health safety net is urgently needed to support the increasing frailty, illness and disability within this vulnerable and ageing cohort; this has been argued convincingly by advocacy groups (Alliance for Forgotten Australians, 2016; CLAN, 2008). Audiology, pathology, optometry, dentistry, physiotherapy, occupational therapy, prosthetics and orthotics are just some of the ancillary health services which participants need on an ongoing basis. These are in addition to their primary health care needs for ongoing assessment, review and management of chronic health issues, disabilities and illnesses. Most also require multiple medications and surgeries. For Aboriginal participants the risk of Type 2 Diabetes and renal failure is elevated (Diabetes Australia, 2015; Shaw and Tanamas, 2012), along with hearing loss and vision impairment (Creative Spirits, 2016). Many participants described a lifetime of (often unproductive) help-seeking within the health system directly related to injuries sustained during their years in care. Some participants have suggested that a 'Gold Card' similar to that available to war veterans should be issued to survivors of out-of-home care. They believed that this would not only acknowledge the lifelong health disadvantage and special needs of Forgotten Australians as an identified cohort; it would also improve access to much needed services and remove the requirement to have to tell the story of systemic childhood abuse and harm.

Mental Health

Long term mental health impacts of trauma associated with abuse in care included flashbacks, anxiety, depression, self-harm, dissociation and suicidality (McNamara, 2013; Buchanan, 1999). These impacts are often acute, manifesting in mental health crises. Many participants reported that they were in urgent need of ongoing counselling and of specialist psychiatric help. Some have been able to access the public mental health access provisions currently in place but frequently reported that these were inadequate or inappropriate. Such impacts are especially powerful for Aboriginal participants whose profound losses have impacted on their own lifelong mental health and those of subsequent generations. For members of the Stolen Generations, culturally competent services are essential (Creative Spirits, 2016). Services for former Child Migrants must be sensitively attuned to the unique trauma that arises from their experience of separation, loss and in most cases, abuse and neglect (Humphries, 1996). Short term or discontinuous services with a range of providers (over which participants report having no real choice or control) can clearly result in cumulative trauma for this vulnerable cohort. More specialist permanent mental health services for all Forgotten Australians are clearly urgently required. This is especially the case in outer suburban, regional and rural areas where a substantial proportion of this cohort has sought affordable housing.

Family and social networks and recreational support

As children, most participants reported feeling sad, lonely, unstimulated and socially isolated; many described adulthood similarly. The majority of participants have struggled to re-establish positive connections with family and extended family. Many found friendships and intimate relationships confronting and difficult to sustain; this is consistent with existing research findings (Senate Community Affairs References Committee, 2004). The demands of parenting without positive role models, or a nurturing experience of caregiving in their own childhood to draw upon, were predictably challenging. Some participants have tragically experienced the removal of their own children on protective grounds or have been forced to place them in care. In some instances participants were subject to the practice of forced adoption as they gave birth to a child while in care experiencing the grief and loss and possible retraumatisation that subsequent life events may trigger (Kenny, Higgins, Soloff, and Sweid, 2012). Others, especially Aboriginal and Torres Strait Islander participants, are currently providing kinship care for grandchildren or the children of other relatives, either formally or informally. This is clearly enormously courageous combined as it is with a legacy of trauma from their own childhood.

On the other hand, many participants have expressed great sadness to the researchers regarding estrangement from their adult children and grandchildren. Some also resented loss of religious faith as a result of their abuse. They felt this has robbed them of spirituality and a supportive spiritual

community. Many participants described an adult life with very little creative fulfilment. Others however, have become more in touch with their strengths and talents later in life and have tried to nurture and develop these through recreational groups or community education. This too, manifests great resilience (Ungar, 2012; Gilligan, 2001, 2007; Perry et al., 2006). For many, however, such gifts will never be identified and participants' self-esteem and capacity for fulfilment never realised without specialised and targeted support. Existing programs targeting the social, emotional, intellectual and recreational needs of Forgotten Australians are highly sought after and cannot meet demand. More services are urgently needed, especially in regional and rural areas.

Housing

The post war period was an era of substantial expansion in Australian manufacturing, low unemployment rates, the post WW2 'baby boom' and the removal of rent controls. When many study participants became young parents in those decades, up to 75% of Australians owned their own home; this was a key indicator of adult achievement (ABS, 1979; George Johnston: *My Brother Jack*, 1964). However among study participants there was a lower than average rate of home ownership and a higher than average rate of social housing rental. Just over half (51%) owned/were buying the dwelling they were living in, 16% lower than the Australian average of 67%. The gap was pronounced in relation to homeownership in the 55–64 year age range: the percentage of home ownership was 46.3% for participants in this study and 80% for people in the general community (Martin, Pawson and van den Nouwelant, 2016).

Twenty-two per cent were renting privately. Nineteen per cent were renting in social housing, which is three times higher than the Australian average (5%) (Martin et al, 2016).

Failure to achieve that seemingly universal aspiration was possibly thus experienced as a more powerful indicator of exclusion than might be the case today. Many participants reported episodes of homelessness, evictions and multiple changes of address as a result of financial disadvantage and housing shortages. These narratives are far from the 'Australian Dream'. This has clearly contributed at times to their own families breaking down, and even in children being removed from their care. Housing needs clearly are complex and specialised as people age and become more vulnerable (Aged Care Act, 2013). Marginalisation from appropriate housing is also a problem for ageing Aboriginal care leavers, whose socio-emotional and cultural identity is embedded in country, family, culture and community. To be placed in aged care far from those supports would repeat the pattern of earlier disruptions and disempowerment during the Stolen Generations era. This is likely to trigger cumulative trauma (Creative Spirits, 2016).

Some participants described fear of violence and aggression in their localities and/or conflict with neighbours. When ageing combines with a history of trauma, poverty, disempowerment and marginalisation solutions need to be even more specialised. Forgotten Australians have experienced global disenfranchisement throughout their lives as sequelae to placement in care as children. They need access to specialised, secure and supportive housing, especially in the later years of their lives. Young people

leaving care today are also a special needs cohort in relation to housing, for whom specific provisions need to be far better developed (McDowall, 2016; McNamara, 2015; Stein, 2012; Wade and Dixon, 2006). Aboriginal young people leaving care are at higher than average risk of homelessness. Like their elders, they need specialised support (Mendes and Snow, 2016).

Aged care

One of the greatest fears expressed by older participants in this study is an anticipation of placement in aged care institutions or settings. From 2010, the Australian Government has classed care leavers as a special needs group (codified within the Aged Care Act, 2013). The Commonwealth Department of Health and Ageing is apparently developing an information package to raise the awareness of Forgotten Australians, Former Child Migrants and members of the Stolen Generations by aged care service providers. For most participants however, entry to aged care represents a return to the vulnerability, fear and disempowerment they experienced as children in care. Many participants raised this issue with the researchers. Forced entry to generalist aged care is clearly a horrific prospect. Some suggest that specialist aged care facilities be developed specifically for Forgotten Australians. This seems well worth pursuing; not to do so would appear to place this highly vulnerable cohort at risk of being re-traumatised. Once again, that hardly seems defensible for a just and affluent society in the 21st century. It should be noted too that Aboriginal care leavers are often experiencing extreme financial disadvantage. This means that many cannot meet their living expenses on Commonwealth Government aged care packages and require special assistance (McComsey, 2016).

Summary

Based on the findings of this study, it is difficult to locate a single entitlement listed in the United Nations Convention on the Rights of the Child (1989) that was afforded children in Australia's out-of-home care system during the twentieth century. It seems that most participants in this study were denied almost all rights to protection, nurture, learning, health and wellbeing. Instead, they experienced neglect, abuse and great trauma. This has clearly had lifelong health and wellbeing impacts. For this study's participants, chronic illness, disability, relationship breakdown, homelessness, social isolation, anxiety and depression are common. Lack of a clear identity and a secure sense of belonging are also too frequently the lived experience of participants. Other impacts, for most, include marginalisation from study and work opportunities; this has almost always resulted in financial hardship and often a lifetime of poverty. These findings consistently confirm earlier research. This study however, also addresses important knowledge gaps in this research domain. It identifies not only further tragic evidence of sexual and physical abuse; it reveals in stark relief the endemic neglect and socio-emotional deprivation which prevailed in every type of out-of-home care setting across the study period. Notwithstanding the level of trauma experienced, most participants in this study manifest astonishing levels of resilience and resourcefulness. They exhibit great warmth, hope and humour and have clearly reflected deeply on their childhood experiences. The study's participants generously shared important learnings from their own lived experience that can be directly applied to the needs of children and young people in out-of-home care today and will be careleavers in the future. They also have much wisdom to impart regarding the increasingly urgent service needs of Forgotten Australians in general, as a vulnerable and ageing cohort. Overall the findings of this study are unequivocal. As a just society, we must move urgently to better meet the needs of Forgotten Australians, former Child Migrants and members of the Stolen Generations.

Chapter 9: **Recommendations**

The Discussion section summarised major trends emerging from this research. It contained within it implicit direction for the nature of interventions needed to respond to the pressing needs of Forgotten Australians, former Child Migrants and members of the Stolen Generations.

In relation to redress participants emphasised both symbolic and material aspects. The key elements identified are: recognition and validation of abuse and of past wrongs, a formal Apology, investigation and punishment of perpetrators, a financial compensation payment scheme, and the provision of free and ongoing services (health care including dental, housing, counselling, access to education) on an individualised basis.

While some States have offered a redress scheme for some care leavers there has been no national consistent approach, resulting in lack of uniformity in eligibility or outcomes for victims/survivors and a sense of inequities.

A redress scheme will reduce the necessity to pursue monetary compensation through an adversarial court process. A redress scheme would reduce civil litigation and open access to redress for those who have not been willing or able to go down the litigation path.

Care leavers face complex issues and require access to affordable legal advice from lawyers specialising in civil claims in particular. Care leavers may also require advice on other issues such as financial matters, wills and family disputes. Although many qualify for Legal Aid, going forward with a matter such as a civil claim can be daunting and financially out of reach unless referred to a specialised law firm that can offer representation on an affordable or 'no win, no fee' basis. The take-up of legal services offered by Find and Connect services and through the KnowMore legal service attached to the Royal Commission evidences that this is a pressing and ongoing need.

The limitation periods (codified in Statute of Limitations legislation) that exist in particular States are an insurmountable barrier for care leavers to mounting a legal action based on personal injury. Further there is great variation between legislation in States and Territories. Further, limitation periods should be altered or repealed to allow survivors to go forward with legal action which can then be tested in a court of law. We support the recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse that the limitation period in the case of criminal child abuse should be abolished (as it has been suggested in Victoria), and further, that the removal of limitation periods should apply retrospectively.

Adult care leavers are to be recognised as a special needs group. Previously it has been suggested that care leavers require a card or equivalent indicating their status to facilitate their access to the services they require. Current basic needs for adequate health and dental care, and safe, secure and affordable housing, should be addressed. In addition, counselling and other support services also need to be made available on an ongoing and free of cost.

Those who have been in institutional care are not always currently recognised as a cohort with specific requirements (they are in some fields, such as in aged care). Recognising the status of care leavers is the first step towards improving access to services that they need to make their lives easier. This has been posited as a 'box on a form', a 'priority status' or 'gold card' in respect of access to services.

Services are currently provided and offer specialised support to adult care leavers through the Find and Connect service network. However funding cycles are uncertain and there has been at least two areas where under-resourcing has affected service delivery – assistance with getting records and access to counselling sessions that are free of charge and unlimited.

While there has been an acknowledgement of the trauma and suffering undergone by those who were placed in care by government and the need for rehabilitative intervention, much needs to be done to train professionals such as doctors, counsellors, aged care professionals and others about the existence of, and requirements of this large cohort of older care leavers. Working with complex trauma and client anger present challenges for practitioners, requiring significant expertise and increased risks associated with vicarious trauma and professional 'burn out'.

Aged care is a source of anxiety for many older adult care leavers who fear being re-institutionalised. Some thought needs to be given to appropriate support and facilities for the cohort who may require physical care in old age.

The following recommendations draw on findings from this study, and the expressed views of care leavers, service providers and specialists in the field. However we also refer readers to the Royal Commission into Institutional responses to Child Sexual Abuse Redress and Civil Litigation Report, while making the qualification that these recommendations could be relevant to care leavers who were the victim of all forms of abuse, not just sexual abuse.

The following recommendations are proposed herein.

Recommendations in relation to adults who were in care 1930–1989

- That as a way of continuing the formal apology process and recognition of past injustices, there be a public education campaign about the experiences of Forgotten Australians, former Child Migrants, and the Stolen Generations, that includes the ways in which broader society was complicit in supporting the poor care delivered. That survivors be included in the development of any resources that are used for this public education campaign.

- That the national scheme of Redress announced by the Social Services Minister, Christian Porter (on 4 November, 2016) (Brandis and Porter, 2016) is welcomed as a scheme of national reach. Further that participation in the proposed scheme should be compulsory for all States, Territories, Government and non-Government institutions, charities, and churches that were responsible for the abuse of children in their care rather than on an opt-in basis (McIlroy and Browne, 2016). Further, that the scheme be available to all those who suffered any type of abuse while in the care of the State, rather than be limited to those who were the victim of sexual abuse.

- That the national redress scheme include the following elements:
  » direct personal response
  » counselling and psychological care (with individuals being able to determine whether they want these supports)
  » monetary payments.

- That in line with the Royal Commission into Institutional Responses to Child Sexual Abuse (2015) recommendations, the redress scheme be funded by contributions from the Commonwealth and State and Territory Governments and the Churches and agencies proportionately. That the components and process of any scheme be trauma-informed. Further, that a board be established to administer the scheme, consider claims and award monetary compensation where it is satisfied that it is reasonably likely that abuse occurred and that the processes established in assessing claims be non-adversarial in nature.

- That, in line with the Royal Commission into Institutional Responses to Child Sexual Abuse (2015) recommendations, State and Territory Governments remove limitation periods for claims pertaining to **all** forms of criminal child abuse (including sexual abuse) and that removal of limitation periods should apply retrospectively to allow claims for damages brought by a person where that claim is founded on the personal injury of the person resulting from abuse of the person in an institutional context when the person is or was a child.

- That Forgotten Australians, former Child Migrants, and the Stolen Generations are recognised as a special needs group and as a consequence are able to access legal advice and referral to affordable legal representation where required. This may be through a specialist community legal service similar other specialist services such as the Women's Legal Services and the Intellectual Disability Rights service that has the specific brief and intimate knowledge of the needs of Forgotten Australians, former Child Migrants, and the Stolen Generations. That such service could advise on legal claims related to harm experienced, as well as other legal matters of a general nature, in recognition of the difficulty this group has in accessing (and affording) mainstream legal services.

- That memorials and plaques and their maintenance be funded to acknowledge the sites of former institutions and the experiences of care leavers, and that in consultation with care leavers these sites be handed over and developed to meet the healing needs of the former residents.

- That the recommendations from the Human Rights and Equal Opportunity report, 'Bringing Them Home' pertaining to the Stolen Generations, and the Senate Inquiry reports, 'Lost Innocents' pertaining to Child Migrants and the 'Forgotten Australians' report pertaining to Forgotten Australians, be revisited and contemporised, with a view to addressing to the fullest extent the recommendations of these Inquiries. That close attention is paid to the ongoing funding support needed to continue to implement recommended services and policies to respond to the needs of Forgotten Australians, former Child Migrants, and the Stolen Generations for care, support and acknowledgement.

- That Forgotten Australians, former Child Migrants, and the Stolen Generations are recognised as a special needs group, to facilitate free or low cost access to health, education and the aged care services in recognition of the significant trauma they

experienced. That comprehensive and ongoing support be tailored to the needs and circumstances of these distinctive populations.

- That Governments explicitly recognise Forgotten Australians, former Child Migrants, and the Stolen Generations as a vulnerable group with specific needs, and to that end, procedures for the collection of data on people who have been in care be included on forms used to elicit client information such as Medicare and Centrelink forms and admission forms to social housing, prisons, physical and mental health services and aged care facilities.

- That health outcome data for Forgotten Australians and former Child Migrants be collected in a similar manner to other identified groups such as Australian Defence Force veterans and Aboriginal and Torres Strait Islander people.

- That adequate and ongoing funding be provided to specialist services such as the Find and Connect services, Stolen Generations Survivor organisations, Link Up, Social and Emotional Wellbeing Services, and other services providing support to adult care leavers to assist them to access individual and tailored assistance plans in relation to health, housing, finding records and ongoing access to trauma-informed counselling services with a view to enhancing their emotional and social wellbeing.

- That the challenges all adult care leavers confront in obtaining identity documents and care records are acknowledged and services and funding assistance are provided to facilitate access to records.

- That State and Territory Governments, in consultation with Forgotten Australians, former Child Migrants, and the Stolen Generations, undertake a comprehensive review of how records relating to care leavers are managed and accessed, with a view to:

  » removing any barriers that inhibit care leavers and, their descendants from accessing records related to their family and history, including any fees that may apply when individuals apply for records from government agencies, such as the Registry of Births, Deaths and Marriages

  » ensuring that appropriate mechanisms are in place for care leavers to correct, alter or supplement records relating to their removal

  » ensuring that care leavers maintain the right to decide whether their records are to be expunged

  » allocating additional funding to the relevant government Aboriginal and non-Indigenous Family Records Units so they can provide increased assistance to those accessing records and better promote their services.

  » ensuring the express wishes of care leavers not to have their records accessed by subsequent generations be adhered to.

- That there should be representation of Forgotten Australians, former Child Migrants, and the Stolen Generations in the development of Australian Government and State and Territory Government social policies relating to, or affecting them.

- That trauma informed training for medical and allied health professionals, community services workers, social workers, lawyers and others working with care leavers place

emphasis on awareness about the needs of adult care leavers, and specialised knowledge on the particular psychological effects of institutional abuse on their life course. This training needs to focus on culturally safe practices when working with Stolen Generations survivors and other Aboriginal and Torres Strait Islander care leavers. Where practicable suitably trained people with a lived experience of childhood institutionalisation be engaged to conduct training and awareness raising in the aged care sector. That attention be paid to the role of professional supervision in supporting and resourcing practitioners in managing the demands of working with traumatised care leavers.

- That professionals delivering aged care services and assessors involved in My Aged Care, Aged Care Assessment Teams (ACAT), Regional Assessment Services (RAS) and other assessment and service delivery providers, undertake mandatory training in working with care leavers to enhance holistic assessment and care planning, and case management. This training needs to include specific cultural awareness and cultural safety training for those services working with Stolen Generations survivors and other Aboriginal and Torres Strait Islander care leavers and their families and carers.

- That non-institutional forms of aged care be explored to support ageing needs of this cohort in place to minimise disruption to living arrangements of Forgotten Australians, former Child Migrants, and the Stolen Generations, or where a high level of care is necessary, prompting a move

to residential care settings, that these settings do not replicate oppressive aspects they were exposed as children. Further, that the expertise of Find and Connect service providers and Aboriginal and non-Indigenous care leavers' organisations be used in developing appropriate models of aged care provision which respond to the specific needs of Aboriginal and non-Indigenous care leavers.

- That as a matter of priority, a review of federally funded home care packages be undertaken to identify the number of Forgotten Australians, former Child Migrants, and the Stolen Generations who are accessing these, whether their ACAT assessment has adequately determined their level of need and whether there are problems specific to them, and the experiences of the services they are receiving through their home care packages.

- That specialist Aboriginal specific services be supported such as healing centres and child sexual assault units, in addition to ongoing support to existing services such as Link-Up and the Bringing Them Home Social and Emotional Wellbeing specialist staff to enable their continuation and expansion. That resources be allocated to collective healing initiatives developed by Stolen Generations survivors and other Aboriginal and Torres Strait Islander care leavers to support their healing journeys.

- That culturally appropriate support be made available to Aboriginal and Torres Strait Islander adult care leavers to ameliorate their economic and social disadvantage.

- That Governments and Tertiary institutions create options for alternative entry pathways to higher education courses for Forgotten Australians, former Child Migrants, and the Stolen Generations to enable them to gain higher educational credentials which translate to enhanced employment outcomes. Further, that adult care leavers are recognised as a special needs group with respect to outreach services for disadvantaged and marginalised groups and equity based scholarships, and that HELP/HECS be waived. That care leavers are included in the six disadvantaged groups identified in Australian Governments plan for equity in higher education.

- That Governments create options for entry into VET pathways to gaining formal qualifications applicable to their current employment positions and that fees are waived.

- That some consideration be given to Tertiary educational pathways for the children of care leavers.

Recommendations in relation to current out-of-home care

A pervasive message adult care leaves articulated in this research is that children currently in contemporary care systems should not be subject to the neglectful and abusive care practices they experienced and they hoped that children in the future did not have similar experiences to them. Many had not been involved in decisions affecting their lives, felt unprotected and without recourse to mechanisms to address their concerns. In this context this report proposes the following recommendations in relation to current out-of-home care policy and practice.

In relation to contemporary out-of-home care the following recommendations are supported:

- That the aims and aspirations of the National Framework for Protecting Children (2009–2020) to provide universal and targeted support services for all families to prevent abuse and neglect and entry to care be implemented and supported with appropriate funding.

- That services for out-of-home are part of a designed service system that gives priority to early intervention and family preservation.

- That when children and young people are separated from their families and placed in out-of-home care they are afforded environments that enhance their developmental life outcomes and safeguard them.

- That in addition to regulatory mechanisms in place to monitor care quality and care givers an educational campaign be implemented to effect a culture change in out-of-home care service delivery to ensure a high value is placed on the safety of children and young people.

- That there is provision of a uniform and high standard of care for all children and young people across jurisdictions who have been removed from their families across Australia.

- That this care is consistent with the Convention of the Rights of the Child, is subject to accreditation and a quality improvement program, and monitored by independent oversight at the State or Federal level.

- That this care is consistent with the UN Declaration on the Rights of Indigenous Peoples, in particular Articles 7, 14, 17, 21 and 22.

- That existing child welfare legislation and policies and proposed new child welfare legislation be guided by child development principles and child centred perspectives.

- That the principle of child/youth participation in the planning and decision making that affects their lives be honoured in all child protection and out-of-home care work.

- That the out-of-home care service system comprise a range of service types that provide care that is matched to the needs of the child or young person. That practices within these services will be imbued with the ten child safe principles identified by the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA, 2016).

- That service types for all out-of-home care placements including foster care, kinship care, group homes, and residential care promote principles of child permanency, ensuring all children receive adequacy of

care planning for such to occur. While all forms of care should be trauma informed, and flexible, children with high levels of complex need be provided with care from within a Therapeutic Care model.

- That care include careful and informed case planning for permanency and stability for the child – possibly to return home or, alternatively, to stay in care at least until 21. This will include facilitating meaningful contact with their siblings when they are removed from their parents' care and appropriate contact with biological parents and extended family while in placement.

- That consideration is given to arranging care so that children do not have to experience a change of school when they enter care. If their care arrangements do require a change of school assistance be provided to them in making this transition. That national evidence based guidelines supporting children and young people's engagement at school developed for carers, foster care agencies and Education Departments are implemented. Where mainstream or Special Education Unit Services are deemed to be unsuitable for these children special education funding will follow the child to enable purchase of appropriate educational services. Further that State Governments be required to publish their reporting on out-of-home care inclusion data.

- That children and young people have access to public health facilities and services as a priority. In particular that they have access to mental health assessment and treatment facilities.

- That child welfare and health services coordinate with criminal justice systems in developing partnership models to respond to emotional and behavioural problems to curb escalation of these behaviours in order to prevent youth involvement in the Criminal Justice system.

- That Aboriginal communities are empowered to participate fully in all areas of child and family welfare, including the establishment of accountability and oversight mechanisms administered by Aboriginal people to monitor the safety, welfare and wellbeing of Aboriginal children throughout the child protection system

- That the importance of empowering and supporting Aboriginal communities in assuming responsibility for child placement decision making and delivery of out-of-home care services is acknowledged in formal processes such as in the search for family prior to placement and in ongoing planning for the child.

- That Aboriginal communities and their organisations are empowered to design, develop and deliver the services and supports needed to assist Aboriginal children and families, with a commitment to supporting the ongoing evaluation, assessment and continuous improvement of Aboriginal led solutions towards the long term shared goal of addressing the ongoing overrepresentation of Aboriginal children and young people in out-of-home care.

- That Governments commit to empowering Aboriginal communities to engage in the child welfare system with significantly greater self-determination, as a necessary foundation for an effective service system for Aboriginal children, families and communities.

- That all States and Territories support all young people in their transition from care to independent living consistent with policies and standards articulated by the UN Committee on the Rights of the Child (Geneva 2005) by addressing their needs in relation to:
  » Health care
  » Housing
  » Education
  » Employment
  » Family engagement and social support
  » Living skills
  » Continuing professional support.

And that such support be extended until the age of 25.

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The research team

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Elizabeth Fernandez (PhD), Professor of Social Work, School of Social Sciences, University of New South Wales, Australia teaches courses in Life Span & Health, Child and Family Welfare and Professional Supervision. Her research focuses on child and family poverty, pathways and outcomes for children in care, early intervention and family support, reunification of separated children and outcomes of care leavers. She has led several Australian Research Council funded studies focusing on these themes, and most recently serves as the Principal Researcher on a national study of the 'Long-term outcomes of Forgotten Australians'. She has been a research advisor to major research projects in child welfare and undertaken consultative roles to the Government and Non-Government Sector and the Judiciary. Her recent books include Theoretical and Empirical Insights into Child and Family Poverty (Fernandez et al, 2015); Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Children (Fernandez, 2013). She is Associate Editor of *Journal of Child and Family Studies* and serves on the Editorial Boards of *Child and Family Social Work*, *Children and Youth Services Review*, *Children Australia*. She is a Board Member of the International Society for Child Indicators (ISCI), Founding and Executive Board Member of the International Association for Outcome Based Evaluation and Research on Family and Children's Services (IAOBERfcs) and Chairs the Scientific Committee of the Association of Children's Welfare Agencies (ACWA) Biennial National Conferences and its Research Forum.

Dr. Jung-Sook Lee

Jung-Sook Lee is a senior lecturer in Social Work at the School of Social Sciences, Faculty of Arts and Social Sciences, UNSW. Her research focuses on the wellbeing of vulnerable children and their families. She conducts research in the areas of risk and resilience factors in child development, families with financial hardships, education of children in out-of-home care, long-term outcomes of care leavers, young people with complex support needs, intergenerational social mobility, social and cultural capital, and social justice. Jung-Sook authored a much-cited article "Parent involvement, cultural capital and the achievement gap among elementary school children." She is currently a chief investigator of two ARC funded projects: 'Long Term Outcomes of Forgotten Australians' and 'Lost in Transition: Young People with Complex Support Needs'. She has extensive experience in quantitative research and analyses of large complex data. Jung-Sook has been teaching courses on research methods, human behaviour, and diversity for many years.

Dr. Hazel Blunden

Dr. Hazel Blunden is a Research Associate at the University of New South Wales in the Faculty of Arts and Social Sciences, working on an ARC funded project, Long Term Outcomes of Forgotten Australians. Dr. Blunden currently co-convenes a Masters course at UNSW. Hazel was Senior Research Assistant at the Urban Research Centre at Western Sydney University where she project managed many research projects including: an Evaluation of the NSW Boarding Houses Act 2012 (a five year, Category II project), the WorkFast Pilot Programme evaluation, a study on work disincentives among community housing tenants, an evaluation of a Housing First program in Parramatta, and a needs analysis of homelessness services across four Western Sydney LGAs. She also co-ordinated/lectured on two courses, Geographies of Social Difference and Economies of Cities and Regions. Hazel Blunden is the author and co-author of reports, articles and book chapters on housing policy issues including negative gearing of investment properties and homelessness.

Dr. Patricia McNamara

Patricia McNamara PhD practiced for many years as a social worker and family therapist in child and family welfare and mental health. She later worked for a long period as a senior teaching and research academic at La Trobe University. Patricia now holds honorary positions at La Trobe University, where she is a member of the University Human Research Ethics Committee, and at the University of Melbourne, where she assists with teaching and chairs doctoral progress panels. Her current research interests include therapeutic fostering and residential care, primary education during out-of-home care and long term outcomes of care. She is an academic member of the Australian Therapeutic Residential Care Alliance and is active in the International Foster Care Research Network. For ten years Patricia served as a foundation Board Member of the International Association for Outcome Based Evaluation and Research in Family and Children's Services (iaOBERfcs). She is on the editorial Board of Residential Treatment for Children and Youth. Patricia is a Graduate of the Institute of Company Directors and a non-executive Director of Mackillop Family Services.

Szilvia Kovacs

Szilvia Kovacs has a master's degree in social policy. She is a Research Assistant at the School of Social Sciences, University of New South Wales since September 2013. Previously she has worked as a researcher for over ten years in the Hungarian child protection system and in the following out-of-home care areas: 0-3 years old children in residential settings; recruiting foster carers; services for teenage parents; Roma children in out-of-home care; child sexual abuse prevention; young people in the criminal justice system. Her current research interests are focused around teenage pregnancy and young parents in out-of-home care.

Paul-Auguste Cornefert

Paul-Auguste Cornefert is a researcher in the School of Social Sciences, University of New South Wales working on a number of projects. He is primarily involved in research on birth fathers of adopted children, which forms the basis of his current PhD research. Currently he is also assisting in a research project at UNSW investigating 'Forgotten Australians' and identifying the long term outcomes for people who lived in institutional and other forms of out of home care. Previous research also includes Immunogenetics at Westmead Hospital, Sydney and Ageing at UNSW.

Notes

Notes