



This research explored 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
- Child Migrants.

The research included three components:

- surveys
- interviews
- focus groups.

The findings 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 those who completed surveys,

- **75.9%** were Forgotten Australians
- **10.0%** were Child Migrants
- **6.0%** identified themselves as members of the Stolen Generations
- **8.1%** did not report their group identification.

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# Research Highlights

## WHILE IN CARE

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### Entry into 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%)**
- parental illness **(21.2%)**.

### The placement environment:

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 inadequately monitored.

Participants had experienced various types of care:

- institution **(84.8%)**
- foster care **(33.0%)**
- juvenile detention/youth correction facility **(25.0%)**
- hostel and boarding house **(12.1%)**
- family group homes **(11.5%)**.

### Placements:

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 separation from family and culture and 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.**

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). 24.5% of survey respondents had no contact with their family while in care.

## WHILE IN CARE (CONTINUED)

### Schooling:

The quality of schooling 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)
- **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:

Children were involved in strenuous physical labour from a very young age.

**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 engaged in some type of work and the average number of hours of work performed was 22.5 hours per week (median was 20 hours).

### Abuse and maltreatment:

Almost every participant in this study experienced abuse and maltreatment in care.

**Emotional, physical and sexual abuse frequently occurred concurrently.**

Children experienced a high level of abuse from predatory adults, and many were abused by peers. 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 adults and peers:**

- **55.3%** experienced sexual abuse by adults
- **41.8%** experienced sexual abuse by peers.

### Overall experience:

Overall experiences in 'care' were rated very poorly. 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:

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
- **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.**

## Education in adulthood:

Most participants left care poorly educated. Many participants have displayed 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%**)
  - Bachelors degree (**7%**)
  - Graduate diploma/graduate certificate (**5%**)
  - Masters degree (**3%**)
  - Doctorate (**1%**).

## Employment:

Work was almost always unskilled, at least at first, though some participants then moved on to skilled positions through apprenticeships and further study.

**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.

- **67%** were not in the labour force
- **7%** were unemployed
- **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 current employment.**



## AFTER LEAVING CARE (CONTINUED)

### Housing:

For many participants their lived adult experience has been associated with insecure and sub-standard housing, and homelessness.

As they move 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-institutionalised 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
- 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.
- **22%** were renting privately
- **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**
- **60% had temporary housing at some point in their lives.**

### Relationships and social outcomes:

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. 33.4% lived on their own.

This was lower compared to studies with the general community.

- **42.7%** were married
- a further **7.7%** were in a de facto relationship.

86.8% believed that their experiences in care affected their relationships with partners and their own children.



## Physical and mental health:

**The participants manifested a range of disabilities and illness, some related to injuries sustained whilst in care.**

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 became 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
- **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
- **39%** had attempted suicide.

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 of Australia (2007) and 14.4 times greater than the percentage found in a community sample of National Survey of Mental Health and Wellbeing (2007).

## 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 group.

Adult care leavers had generally good access to general practitioners; moderate access to specialists, dentists, 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%**)
- work commitments (**6%**).



## Participation in the Royal Commission:

A number of participants described the opportunity to give evidence at the current Royal Commission into Institutional Responses to Child Sexual Abuse as empowering.

Participants rated their experiences of participation 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.

They experienced support and respect and hoped their participation would make a difference for their peers, and for young people growing up in care today.

## Acknowledgment:

Special tribute is due to the research participants – Forgotten Australians, former Child Migrants and members of the Stolen Generations – who gave generously of their time in sharing their feelings, perceptions and views with researchers to assist in the process of knowledge building, providing valuable insights into their lived experience, and compelling evidence to underpin policy and service development and improvements to the child welfare system.

We hope this monograph does justice to their aspirations for better outcomes and services for their peers and for children and young people currently in care.

**A copy of the full report can  
be requested: [lofa@unsw.edu.au](mailto:lofa@unsw.edu.au)**