



“Don't stand up on unlevel ground”: Care leavers' experiences of out-of-home care

Hannah Greig^{a,*}, Andrew McGrath^a, Rachael Fox^b, Linda Deravin^c

^a Charles Sturt University, Panorama Ave, Bathurst, NSW, 2795, Australia

^b Charles Sturt University, Locked Bag 588, Wagga Wagga, NSW, 2678, Australia

^c University of Southern Queensland, 11 Salisbury Rd, Ipswich, QLD, 4305, Australia

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ABSTRACT

Background: Children and young people in contact with child protection services often experience poorer life outcomes compared to their peers. Limited research exists on the reasons behind this disparity from the perspective of those with direct lived experience.

Objective: To explore and amplify the voices of care leavers (adults formerly in care) and understand their unique experiences and perspectives on the benefits and challenges of being a child or young person in care.

Participants and setting: Seven care leavers aged 19–69 years (three Australian Aboriginal, four non-First Nations), participated in a semi-structured, open-ended interview.

Methods: Founded in exploratory and participatory methodology, interviews were examined using qualitative thematic analysis to identify patterns of meaning connected to the research question.

Findings: Six themes were identified: 1) Care can be good...but it is luck of the draw; 2) Care is conditional; 3) Don't stand up on unlevel ground; 4) OOHC is not my identity (an identity to be hidden, yet a desire to be known); 5) Not my real family or my real home (the desire to belong and be at home); and 6) Kept in the dark - seen but not heard (powerless and uninformed).

Conclusion: Care leaver's stories challenge assumed narratives about Out-Of-Home Care, highlighting how short-term, inconsistent care undermines children's need for stability, participation and meaningful relationships. Findings contribute theoretically by examining intersectionality in care contexts and practically by advocating for relational continuity as well as child-centred, participatory, culturally responsive models of care.

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Australia's child welfare and protection services and practices have a chequered history, with active participation in the severance of familial and cultural ties through the ‘Stolen Generation’ of Aboriginal Children (HREOC, 1997), ‘British Child Migrants’ (Lynch, 2021) and forced adoptions of children of unwed mothers (SCARC, 2012). Reports of abuse of children while in statutory care has triggered decades of inquiries (Davis, 2019; Tune, 2017; Wood, 2008), advocacy and attempts at reform, and yet, evidence still consistently reports failures to achieve positive long-term outcomes for clients of child protection services (Talbot et al., 2024). This is

* Corresponding author.

E-mail addresses: hgreig@csu.edu.au (H. Greig), amcgrath@csu.edu.au (A. McGrath), rfox@csu.edu.au (R. Fox), hos-nursingandmidwifery@unisq.edu.au (L. Deravin).

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particularly true for the children and young people (CYP) who experience Out-of-Home care (OOHC) (JMI, 2024). Out-of-Home care refers to the removal of CYP from parents or carers, into alternate care (foster, kinship or care with a relative, or residential care), who are unable to live with their families, often because of maltreatment, abuse or neglect (AIHW, 2025). To better understand the reasons behind the poor life outcomes of those with a care experience, this article will explore the under-researched perspectives of Australian care leavers, individuals who have aged out of OOHC. It will focus on their lived experiences within child protection systems, shedding light on both the benefits and challenges of being a child in care.

1. Child protection in Australia

In Australia, child welfare and protection is governed individually by the 6 states and 2 territories. Broadly, the role of child protection services is to investigate reports of risk of harm to CYP (which may or may not be substantiated) and to work in collaboration with families to provide a safe environment for the child (AIHW, 2025). Out-of-Home care is considered an intervention of last resort, with reunification of children in care back to their families prioritised (NSW, 1998). Child protection services in Australia provide assistance to approximately 3% of all children, or around 179,000 children each year (AIHW, 2025). The most recent statistics report that at June 2024, approximately 45,000 children were in OOHC, with NSW supporting almost 14,000 and more than 44% being First Nations (AIHW, 2025; NSW Government, 2024). This is a gross disparity, given 6% of Australian children under 17 years are Aboriginal (AIHW, 2022). This is suggested to reflect intersecting socio-political practices of racism, assimilation and systemic over surveillance, compounded by factors such as socio-economic disadvantage which disproportionately impact Aboriginal and Torres Strait Islander peoples (Respectfully hereafter First Nations peoples, unless referring to Aboriginal peoples specifically) (Davis, 2019; HREOC, 1997).

2. The care experience

While many children with a care experience demonstrate resilience despite exposure to adverse childhood experiences (Green et al., 2023), it remains the case that CYP placed in OOHC have generally worse life outcomes than their peers not in care across a wide range of domains including; health, mental health, education, employment, housing and criminal justice involvement (Walsh et al., 2018). Pre-care factors are a known contributor; however these are influenced by a complex interplay of individual, familial and wider societal and systemic risk and protective factors (Walsh et al., 2018). Debate also continues around the adverse impact of the care experience itself (Baldwin et al., 2019; McFarlane, 2017; Staines, 2016).

Similar to other countries, Australian research on the life outcomes and experiences of individuals with a care background is primarily drawn from quantitative studies that rely on administrative data sets, file reviews or structured surveys (For example, the Pathways of Longitudinal Care Study (Cashmore & Wulczyn, 2024). While these studies provide insights for policy and service interventions, the reliance on static data and surveys with predetermined questions limits their ability to deeply explore the contextual, individual, and subjective experiences of those with lived experience of OOHC. This gap may contribute to a detached, bureaucratic child protection system (JMI, 2024), shaped primarily by adult-designed and interpreted research.

There are some qualitative studies, both internationally and in Australia, that explore the experiences of CYP currently in OOHC and those who have aged out of it (Fathallah & Sullivan, 2021; Hayes et al., 2024; Wilson et al., 2020). However, among the few Australian qualitative studies, many are linked projects (analysing the same cohort) and focus on specific aspects of child protection, such as experiences of education or different placement types (Bessell, 2011; Cashmore et al., 2007; Harvey et al., 2017; Kiraly & Humphreys, 2013; Kor, 2019; Lund & Stokes, 2020; McDowall, 2018; Mendis et al., 2015; Moore et al., 2017, 2018; Natalier & Johnson, 2014; O'Neill, 2014; QFCC, 2018; Tilbury et al., 2014; Townsend, 2012; Wise et al., 2010). There remains however, a significant gap in qualitative research that captures the broader lived experiences of individuals with a care background, and the few studies that have investigated this have produced important yet mixed results.

The Australian Institute of Health and Welfare (2019) surveyed over 2400 Australian CYP in OOHC on their views and experiences of care across a range of domains including: sense of security, participation, family, community and leaving care. The findings indicated that the majority of children in OOHC: felt safe and settled in their placements; had their views heard and acted upon; felt connected to and supported by someone who cares for them; and were satisfied with their level of family contact and support to make decisions about their future. However, a key limitation of this study was its design, which constrained the voices of CYP by relying on pre-determined, structured survey questions that left little room for exploration of new insights from the CYP themselves. Additionally, surveys were completed in the presence of a caseworker who cross-checked responses for safety concerns, which may have hindered honest replies.

These design weaknesses may explain the contrasting findings from a study conducted by the Advocate for Children and Young People (2022), where most of the 99 CYP they interviewed felt that they had little or no say in matters that affected them (particularly around place of residence, contact with family, and what school), many reported experiences of feeling unsafe in placements at one time and most suggested that they did not feel supported to succeed in school or adequately prepared and supported for leaving care. These results align with those of other qualitative studies (Bessell, 2011; Cashmore et al., 2007; Crawford et al., 2011; Kiraly & Humphreys, 2013; Kor, 2019; Moore et al., 2017, 2018; QFCC, 2018).

3. Research with the care experienced

Contradictory findings between qualitative studies may not be unexpected given the prioritisation of unique and subjective

experiences, which are bound to differ across individuals and time. What is important is that research about those who are care experienced, which then goes on to inform policy, ideas and knowledge is conducted *with* them. This type of research provides an opportunity for open exploration of their unique views and experiences, facilitating an environment where they can direct or challenge lines of inquiry to areas that they feel are important.

There is growing interest in the importance of genuine research participation of CYP currently in care (Grace et al., 2019; McCafferty & Mercado García, 2025). While affirming the importance of involving CYP currently in OOHC in research, adult care leavers share the unique experience of time passed and an ability to critically reflect on their holistic experience of care from a different developmental lens, a perspective that needs to be better understood. Exploration of these accounts provides an opportunity for a richer and more in depth understanding of the things that matter to them, including what they found beneficial or challenging about the care experience.

4. Aims and research question

Drawing on intersectionality theory (Collins, 2015; Crenshaw & Phillips, 1998), this research aimed to understand how care leavers' individual experiences were shaped by the complex interaction of personal circumstances, marginalised social identities (including; being First Nations, care status and age) and systems of power. Aiming to listen to and explore the under researched expert, subjective experiences of care leavers, we asked 'What are the benefits and challenges of being a child and young person in care?'

5. Method

5.1. Research design

This research employed participatory and exploratory methods of enquiry guided by both critical and contextualist constructionist ontology and epistemology; fostering the co-construction of knowledge and meaning between the researcher and participants, while also taking into consideration the wider influence of cultural, socio-political and interpersonal factors in meaning making (Lincoln et al., 2011; Madill et al., 2000; Mertens, 2007). These approaches to research and knowledge production aim to privilege the voices of those who have historically been excluded and produce knowledge that will challenge dominant discourses.

It was expected that care leaver's perceptions of their care experience would be directly related to individual pre-care and in-care contextualities and would generate multiple perspectives. Hence, it was neither the aim nor the expectation that findings would be empirically generalisable, but that unique and important representations of care leaver's experiences of care would be explored, offering conceptual generalisability (Collins et al., 2024).

5.2. Participants and recruitment

Utilising criterion sampling, the project's First Nations oversight and an OOHC service provider assisted with identifying care leavers with a minimum of three months' experience in OOHC and passing on information about the study to potential participants. Interested participants were invited to contact the first author to arrange a suitable time and location for an interview. Participants included seven care leavers (aged 19–69; 3 females, 4 males; 3 Aboriginal, 4 non-First Nations. Recruitment size reflected data sufficiency (Collins et al., 2024) rather than recruitment limitations. This decision was supported by the richness of the data and the identification of conceptual similarities across cases. Four participants entered care between 0 and 4 years, two were between 5 and 10 years and one was aged 12. Participants had experienced kinship ($n = 2$), foster ($n = 6$), and residential care ($n = 2$), with four having multiple placements. Two participants were from metropolitan locations and five from regional areas. All participants had entered OOHC following reported experiences of trauma, abuse and neglect while in the care of their parents. Time in care ranged between 6 and 18 years. Participants gave written consent, and they were remunerated for their contribution with a \$30 gift card.

5.3. Data collection

Semi-structured interviews were conducted face-to-face and via Zoom for two participants due to their remote location. Interviews were conducted over an eight-week period in 2023. Open ended questions facilitated the studies exploratory focus and enabled us to gain a deep understanding of participant views and experiences of OOHC. The interview questions were primarily focused on participants' general experiences within the contexts of family, health, education, and the criminal justice system. From the outset, participants were encouraged to guide the conversation toward topics they considered personally significant. Interviews were audio recorded, lasted around an hour and were transcribed verbatim by the lead author.

5.4. Data analysis

Given the limited focus on understanding how individuals with a care experience conceptualise and experience OOHC, an inductive and deductive approach to Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2022) was applied. This approach integrated insights gained from the literature review while giving precedence to and staying as close as possible to participants' accounts, emphasising what they considered important. A flexible, recursive application of the six stages of RTA (Braun & Clarke, 2022) was applied. Repeated listening to audio files and reading of transcripts aided familiarity with the data and was the point where initial thoughts and

points of interest were noted. Rather than focusing on the frequency of ideas, we prioritised all elements identified and interpreted as relevant to the research question, acknowledging the active role played by the researchers in the analytic process. Topical data extracts were coded in NVivo 12 with an analytic summary label. A hand drawn thematic map, linking and grouping codes with similar ideas was created to merge or better define ideas, leading to initial candidate themes. An excel spreadsheet was then used to review initial candidate themes against all related codes and data extracts and another review of transcripts identified additional relevant data. Final themes were defined in narrative form and reviewed by the research team to test theme quality (Braun & Clarke, 2022). In recognition of the potential for interpretive bias, alignment with participatory principles and to maximise the validity of findings, final theme descriptions were provided to both participants and the First Nations oversight of this project. While no direct feedback was provided by participants, interpretive rigour was supported by robust discussion with the studies cultural oversight who provided input into the analysis and final interpretation of the findings.

5.5. Ethical considerations

Considering the significant overrepresentation of First Nations children in OOHC, this study was approved by the Australian Institute of Aboriginal and Torres Strait Islander Studies Research Ethics Committee (Protocol No. REC-0157 – approved 26/4/24). In alignment with Indigenous research methodologies (Atkinson, 2002; Tuhiwai-Smith, 2012; Wilson, 2008) and ethical principles (AIATSIS, 2020; NHMRC, 2018).

Prior to an interview, participants were provided informed consent documentation and reminded of their rights to withdraw, confidentiality and the option to have a support person of their choice with them during an interview. Participants were advised that they were not required to answer any questions that they were uncomfortable with. Regular check-ins were conducted throughout the interview to assess willingness to continue. A list of support services was provided in the event of distress.

5.6. Reflexivity, positionality and community engagement

The research prioritised seeking meaningful, early and continuous engagement with First Nations peoples and community support in all aspects of the research, including study development, design and interpretation of findings. Acknowledging that the lead author is non-First Nations, this study was conducted under the cultural guidance of an Aboriginal researcher and in collaboration with a Local Aboriginal Land Council. The project was also overseen by a First Nations advisory group; comprising individuals with personal and intergenerational experience with the Australian child protection system. The lead author engaged with this group through bi-monthly ‘yarning’ art sessions and the group were given art supplies in recognition of their time and expertise.

This study was informed by intersectionality theory (Collins, 2015; Crenshaw & Phillips, 1998), which helped to contextualise participants’ narratives within the broader structures of colonisation, systemic disadvantage, and cultural identity. Critical self-reflection was central to my analysis and interpretation of meaning making. This reflective process intended to expose and challenge any deep-seated individually held assumptions about the social world, constantly being aware of how privileged positioning and colonisation might create personal bias and shape my worldview (Fook & Gardner, 2007).

6. Findings and discussion

What follows is a discussion of the general experiences of the care leavers which centred around six prominent themes which directly relate to the research question: 1) Care can be good... but it's luck of the draw; 2) Care is conditional; 3) Don't stand up on unlevel ground; 4) OOHC is not my identity (an identity to be hidden, yet a desire to be known); 5) Not my real family or my real home (the desire to belong and be at home); and 6) Kept in the dark – seen but not heard (powerless and uninformed). These themes are reinforced by participant quotes (anonymised with a pseudonym) which highlight both commonalities and differences in perspectives.

6.1. Care can be good... but it's luck of the draw

Care leavers offered insights into the benefits of OOHC, however good in-care experiences were often framed as ‘lucky’ exceptions, while negative experiences were perceived as the norm. The necessity of removal from family and home ultimately seemed to overshadow the care experience, suggesting that the very need for care inherently prevented it from being perceived as ‘good’.

While experiences related to care, specifically home, family, health, education and financial matters, varied greatly across participants, most described OOHC as a necessary alternative to remaining with their parents: “*Actually probably bettered my life to be honest*” (Aaron), “*Before then I really didn't feel that I got looked after a lot*” (Tahlia) and from Evelyn, “*My father has an intellectual disability. Therefore, he couldn't care for me... I know that it was unsafe to stay with my birth giver*”. Alyssa held a different view however, expressing scepticism about the benefits of being removed from her home and bringing attention to the injustice of children being punished for the shortcomings of their parents:

“I think that's where it was a little difficult for me when we were removed, cause we knew mum had the problem, but we were kind of removed instead of having the problem removed. So, for us, we didn't really see the point”.

For many participants, being a child in care meant access to services and support that would not otherwise have been available: “*You can actually get a lot of help... you can get lucky enough to get people in your corner that help you achieve it.*” (Aaron). This was particularly evident through the attention given to physical health needs and access to sport and recreational opportunities:

"In care they would make a mandatory check every year... I'd have to go get my teeth checked, I'd have to get my ears checked. I get my eyes checked. I'd get everything checked over. Full body pretty much... which was a good part of it because, I've got cousins who are [not in care], and... they don't get that type of support."

(Jayden)

Consistent with international evidence (Pecora et al., 2006) the financial support provided to some participants when they 'left' care (In NSW this includes Transition to Independent Living and Independent Living Allowances for eligible care leavers (NSW Government, 2025)) was highlighted as an advantage of the care experience: *"that was probably like my biggest benefit from DoCs (Now the Department of Communities and Justice in NSW). So now I can have all this money until I'm 25 to like, set myself up for life"* (Kai). Their struggle to independent living however, suggested that care involves more than financial support:

*"See when I left care, I personally felt like I was f**king booted out of the house. They pushed me along, rushed me along, hurry up, like, just get out... They found me a home... just before 18. And um, it was cool and all. It was exciting and all. But I had no knowledge of what the f**k was going to happen... I had nothing. I didn't know how to live... once I jumped out and got my own home, a lot of my insecurities came, like, cause I'm by myself 24/7 pretty much."*

(Tim)

This finding aligns with the perspectives of care leavers surveyed by McDowall (2020), suggesting that aftercare plans are not as successful in establishing relational needs or facilitating the development of fundamental life skills.

Consistent with other literature, good in-care experiences were associated with authentic care (Fylkesnes et al., 2021), which was linked to participants' experiences of being listened to and understood, having their physical and emotional needs met, and carers' responsibility for the CYP being viewed as more than a job. While prefaced as being uncommon, Alyssa reflected on a positive caseworker relationship, *"She'd always try and put your interests first... she was always on top of anything I needed... she acted more like a friend than someone who controlled everything you did."* (Alyssa).

The importance placed on, *"being part of (foster carer's) family... having a family I can call and contact"* (Kai), highlighted that good experiences were connected to long term commitment, provision of a, *"safe haven"* (Aaron), and a sense of belonging, reflective of other research in this area (Cashmore & Taylor, 2020; Fylkesnes et al., 2021).

Both powerful and underexplored in previous research, was the finding that many participants attributed positive in care experiences to good fortune and deserving of gratitude. This was exemplified in Kai's reflection on his long-term placement, *"I was pretty lucky to be in that one spot"*. Challenging experiences on the other hand were described as a typical and expected part of the care journey.

"Care can be hell, you know. There's two ways it can go, and you've just got to be lucky. It all comes down to luck... that's why I say I'm blessed because I got blessed. I got put with a great family... for at least 12 years."

(Aaron)

The framing of 'good' care, not as a right but as an exception exemplified an internalised deficit discourse which seemed to be shaped by their identities, social positioning and overall systemic disempowerment, which from an intersectional lens, appeared to combine to produce narratives of un-deservingness.

6.2. Care is conditional

The theme 'conditional care' reflects participants' perceptions that their care came with an agenda and limitations, evidenced by stories about the short-term and temporary nature of OOHC arrangements. Their accounts drew attention to the inherently unequal dynamics of care provided outside of OOHC settings, where stability and relational commitment are more typical. Many described experiences where the continuity and quality of their care were contingent upon their good behaviour:

"... six weeks of living there (foster care placement), they ended up kicking my brother out, because they couldn't handle his anger... Eventually, they ended up having too many fights with me... and they sat me down like one afternoon and they said "look, either something has to change or you're gonna have to go.""

(Alyssa)

"I was having very bad behaviours... I was fighting, kicking, screaming, punching, you know, as you do. I was very much wanting to go back home. Acting up much as I could, running away. And a lot of that was too much for a lot of carers."

(Evelyn)

Other contingencies, such as being under the age of 18 when statutory care obligations typically end, the commitment of, and financial support provided to carers, reinforced the belief that no one genuinely cares for CYP in OOHC. This appeared to lead to the perception that they don't truly belong in their homes or families and that care and support are only temporary.

"Then they (foster family) decided they were going on a holiday, but they gonna make sure that we couldn't come, because they're just people that look after kids... I found they didn't care much about me."

(Tahlia)

"...no one cared. My foster agency said you've aged out; we can't help you."

(Evelyn)

"... some carers do just do it for the money. They don't care, what you have to say or what you think. Some of them don't even care what you're feeling..."

(Alyssa)

This finding is concerning given known links between committed, sensitive and inclusive care giving practices in Out-of-Home care and a child's improved socio-emotional behaviours and attachment (Algate, 2006; Cashmore & Taylor, 2020; Turner et al., 2022). One explanation posed by Turner et al. (2023) is that carers' commitment to CYP may be influenced by a core belief that their role is to provide a 'bridging intervention' (Turner et al., 2023) rather than a permanent family for the children in their care.

6.3. Don't stand up on unlevel ground

This theme draws attention to the experience of constant change in OOHC which both discourages and disempowers CYP from putting roots down because their 'ground' is not safe or stable enough to stand up on. The literature has demonstrated the detrimental effects of placement instability (Asif et al., 2024; Konijn et al., 2019), however the drivers behind the experience of learned helplessness (Maier & Seligman, 1976) in response to reduced agency, from the perspectives of those with lived experience, has been less well defined.

Here care leavers described the negative impact of instability due to frequent changes in living arrangements and schools, as well as the constant turnover of individuals in their lives, friends, parental figures, caseworkers, other foster children in their home and respite arrangements.

"Jumping from family to family was hard because I'd never had a figure... like an actual parental figure. Someone there I could always count on. And then jumping through schools... I don't think I've ever had a friend longer than two years... I never actually figured out how to connect with other people... and I learnt my lesson pretty young... don't try and stand up on unlevel ground."

(Tim)

Evelyn described the unpredictability of residential care settings, where multiple workers were responsible for her care. This often left her unsure of who would be picking her up from school and required her to constantly adapt to varying expectations from different carers, highlighting compounded disadvantage due to her care status.

"I've realised that a lot of other children had a set routine. They had the same expectations from both parents. My parenting team had... every single one had different expectations of how to act. How to respond. And I couldn't keep up."

Participants were both unable and unwilling to physically and psychologically 'settle and unpack their bags' as change was inevitable: *"So I was there (temporary placement) purely just waiting for another place to go... I never unpack my bags. Because I never feel like I'm going to stay in a place for very long"* (Evelyn). Evelyn further commented, *"There was no advice... I have never had the stability for anyone to be like, I will teach you how to do this."* Giddens's (1991) theory of ontological security suggests that personal identity and capacity to confront life's challenges are essentially connected to stable relationships and environments. In the context of OOHC, where constant change across environmental and social domains is typical, the development of ontological security becomes more challenging.

Participants' care experiences were marked by instability, making it difficult for them to settle and establish roots in their environment. This lack of stability impacted their capacity to form and maintain relationships, impeded their overall personal development and stifled self-efficacy.

6.4. OOHC is not my identity (an identity to be hidden, yet a desire to be known)

Participants often revealed a desire to be recognised as individuals beyond their care status, providing a glimpse into the felt impact of marginalised identities and social positioning. A clear tension emerged between the need for both individualised care, yet undifferentiated treatment which was especially significant for Aboriginal participants in relation to their cultural identity.

Through their narratives, care leavers expressed a sense of being perpetually labelled as different or inferior due to their circumstances, *"...I was looked at as different... I felt different, because like everyone in the school that I was in was different to me..."* (Aaron). In the case of Aaron, this was exacerbated at school as he had a different surname to his foster parents. Perceived stigmatisation negatively impacted all participant's sense of identity and belonging, affecting their interactions with peers and their overall self-perception.

Participants described an inability to relate to 'normal' children who were not in care: *"I didn't know how to compare myself to other people. Cause I don't think I had many things in common with any of them"* (Tim). The 'abnormality' of their situation appeared to position them as an inferior citizen and was a source of shame. While critiqued for his use of secondary sources, participant's accounts resemble closely the acts of concealment and disidentification associated with those classed as or who personally identify as 'abnormal' in Goffman's stigma theory (Goffman, 1963).

"I feel like well, for myself... other kids as well, but I feel like a lot of kids are ashamed to be in DoCs... because I don't really let people know that I'm in DoCs. Like I make it seem like I live in a normal family..."

(Kai)

This sentiment was echoed in the expressed desire to be heard, known, and understood for who they are, their interests, where they

are from, and who their friends are and not as a child in OOHHC. While it was recognised that CYP in care had additional support needs, participants expressed that these should be delivered subtly and indistinguishably from the help provided to any other child. This was particularly evident within the context of school.

"There's 300 kids in the school. If there's only one person in the school, they shouldn't be singled out... at the time I thought, that's cool... like I'm getting looked after, you know, like these people actually care. When I look back now, I shouldn't have been singled out..."

(Aaron)

"I was the only kid that they would ever do this to, like in primary school... They never understood my home life. They never understood what I was going through. So, if I had a moment in class, teachers would just send me out of class. They wouldn't try to deal with me. But with other kids in class... they would get heeded with sympathy... But with me, it was more, 'oh Jayden's just having a moment'..."

(Jayden)

For Aboriginal participants, the notion of undifferentiated support was further developed in responses that suggested that Aboriginal and non-First Nations children in care should be treated the same:

"I reckon a lot of the things that people get wrong is... they try to treat them a little bit different... At the end of the day, a young black fella just wants to be treated normally. And like, treated like the same as a white person would and like that's, that's just the easy thing eh." (Jayden).

While Tahlia agreed that the *"Indigenous and the non-Indigenous children would've experienced the same thing of being dislocated from family. It doesn't matter, black or white"*, her story of loss of kin, Country and culture came as a result of never understanding her Aboriginal heritage and believing that she was the same as any other child in care.

"But what I'm saying is by being in care... and being without my Aboriginal side... taken away from that... I lost my, who I was as an Aboriginal person. And because as I grew up, I didn't see any difference... So, my Aboriginal side was lost. My Aboriginality, language, culture. Being proud of who you were... it was all gone (Tahlia).

The idea of subtle and undifferentiated support requires a complex individualised approach and a level of 'being understood' which arguably requires enduring and committed relationships across a child's broader ecological contexts (Bronfenbrenner & Morris, 2006) and a recognition that needs will differ across individuals and change over time (Fylkesnes et al., 2021). The need for individualised care and reducing stigma in service delivery is known, however few studies have articulated how young people simultaneously desire both. These findings underscore the significance of an approach that strikes a balance between individualised and undifferentiated care and the critical need for recognition and understanding beyond care status.

6.5. Not my real family or my real home (the desire to belong and be at home)

Participants expressed a deep yearning for a sense of belonging and security to both family, culture and home, often framing this as strong opposition to the alternate care provided by child protection services. This theme aligns with established theories and research highlighting the critical importance of connection and safety, including cultural connection and cultural safety, for CYP in OOHHC (Dixon, 2008; Fylkesnes et al., 2021; Krakouer et al., 2018; Natalier & Johnson, 2014).

For many participants a sense of belonging and security was momentarily found in alternate care, noting that these can be seen as a juxtaposition of opposing concepts. Despite this, the longing for connection to biological family (immediate and extended) was clearly articulated across accounts: *"... just the thought of not having a family... and feeling it, like, just that emptiness. It sucks."* (Tim). This seemed to remain the case, even when not feasible or beneficial, which was particularly evident in Aaron's account:

"...like, you know, I love these people (foster family), but that's my mum, you know what I mean?... I'm grateful that I got pulled out (from biological home). But in a sense I'm not, because I didn't really get to make that relationship with my mother... And like I was trying to reconnect with my mum... running away... Probably wasn't the greatest thing, but to me, all I wanted to do was to know her."

Inevitably, entry into OOHHC creates disconnection from biological family who are unable to provide adequate care. Of significance, and what set this finding apart from much of the existing literature, were the stories from participants that highlighted a continued active facilitation of disconnection from family while in care. Family contact was described as infrequent and dependent on carer/caseworker initiative, priorities and capacity. From an intersectional lens, this drew attention to the compounded disadvantages arising from the interplay of age, care status, gatekeeping and overall systemic power dynamics.

"I have another brother and sister, older than me... and I've never actually met them before... I've asked caseworkers and that, but they promise false truths ... like I asked like over 20 times, and they just didn't get anything done. So, I just sort of brushed it at that point." (Jayden).

"So, I never really built a good connection with my brothers and sisters and all of that... I didn't think the carers really worried about, I guess the relationships that I guess most kids will have with their brothers and sisters and that." (Kai).

This finding mirrors the experiences of parents who had children in care, who reported that barriers to strengthening their relationships included infrequent contact, limited information about their child's daily life, and the impersonal atmosphere of contact visits (Newton et al., 2024). This is concerning given the known benefits of frequent, meaningful contact improving relationships and increasing the likelihood of reunification with biological families (Algate, 2006; Asif et al., 2024).

Care leavers implied, but at times explicitly detailed their resistance to alternate care, reflecting that this was not and could not be their real family. One participant who regularly ran away from his residential care home retold, *"I said, 'mate, I'm not going to stay... they bring me back, I'm going to take off'. I said, 'I want to explore my life. I want to get to know my mum'"* (Aaron). While for Alyssa, the threat of an attempt to replace biological family was salient:

"Another thing with (foster carers) is they did try and get us to call them mum... I was not going on board with that. I said that I had a mum, and I don't want to call anyone else mum, but my mum... I don't want another mother. I don't need one... Like, I don't want to be placed in a home

where they tell you what to do and they're not your parents". (Alyssa).

This resistance was also evident in the accounts of Aboriginal participants, who expressed strong opposition to non-Aboriginal care, reflecting the intergenerational trauma that has resulted from past practices of colonial control and cultural disconnection (O'Donnell et al., 2019). For Tahlia, being placed with non-Aboriginal kin, despite receiving genuine care, negatively affected her broader communal sense of belonging and knowing where she was from in relation to her family, mob, community, land, language and culture.

"I didn't want to leave the home because it was the wrong (non-Aboriginal) nana... So, I didn't really wanna go with them and I hid... I wanted to go with the Aboriginal nana... because she told me things about being Aboriginal and stuff like that." (Tahlia).

For some participants, a sense of belonging and feeling at home could not be found in OOHC. For them, home and belonging encompassed the experience of feeling included, being able to relax, having freedom of choice, and being yourself. Participants stated, *"I didn't feel like I belonged in my own house."* (Evelyn), and *"...you'd have to ask to grab something from the cupboard. You weren't just allowed to grab it. It wasn't like a homey feeling..."* (Alyssa). This concept of home aligns closely with Dupuis and Thorns (1998) conditions for shelter to become a home including; the maintenance of daily routines, control over one's environment, and a secure base for developing personal identity. Tim's comments however, highlighted an apparent invisible barrier to feeling a sense of belonging in care:

*"Cause with a foster family it's... I can't put my finger on it. I've always thought about it... I can't feel like I'm actually connecting with them. Like, they're, yeah, cool, you know them, you might know them for years. They might actually become close. But you can't open up and hang out and actually have like a, you know, like you have a dog or something, and you f**king go bananas as a kid. You have that 'thing'. You don't have that 'thing' with foster parents... what I really struggled with was being alone all the time."* (Tim).

This theme was closely linked to the expressed conditional nature of care and mirrors other qualitative findings with both carers and care leavers (McCormack & Issaakidis, 2018; Turner et al., 2023) suggesting that while carers may become emotionally invested, their commitment to an enduring and long term relationship and the provision of a 'family' to belong to is often not facilitated, prioritised or considered part of their role.

6.6. Kept in the dark - seen but not heard (powerless and uninformed)

Care leavers described the interconnected experiences of CYP in OOHC; being both powerless (seen but not heard) and uninformed (kept in the dark). Adults were depicted as powerful, supervisory decision makers who held all knowledge, while CYP in OOHC were portrayed as lacking choice or control in their own lives. This power differential was most often associated with child protection workers but also adults in general (Fylkesnes et al., 2021). Participant's described boundaries set around relationships with family and friends and a lack of choice in living and school arrangements:

"When I was 15, 16, I was like, I want to go see friends... I was always told that the only thing that I had to do; name, address, has to meet the parents, has to have the phone number, do a background check. Every time I did that, it was no, you haven't given us enough notice." (Evelyn – in a residential care placement)

"...I said I wanted to go home. And (Caseworkers) like, 'You guys aren't going home' ... and I said, 'well, where are my sisters? I wanna go see them', and they told me I wasn't able to see them for at least a week... I didn't want to move to that many schools. It wasn't even my decision. I didn't have a choice"

(Alyssa)

Participant's perceived that placements should be more child focused. Their recommendations included, *"get the kid to meet the family first... like get them to know each other"* (Tim) and *"give the kid like a bit of a tour of the family, the house, how they're liking it"* (Kai) and then, *"listen to them and go, alright, so they're not happy in this placement. Let's try and figure out another placement for them"* (Alyssa). Similar perspectives have been expressed by children in other studies (CCYP, 2019; Fylkesnes et al., 2021).

Participants frequently recounted instances where their efforts to assert power or make choices were disregarded. One example was in attempts to self-place:

"I was running away... I hated (the police), because it, it felt like to me, like, they were trying to ruin my chances of having relationship with my mum... bringing me back, like, to somewhere where I didn't want to be..."

(Aaron)

"... having my own caseworker come to my house and say, 'your (foster) dads not allowed to be here' ... Like they were kicking the bloke out that had bought me five motorbikes. That had let me, well, give me food on the table. There was clothes on my back. I had everything I needed as a kid, and they kicked that bloke out of my house, and he was never allowed to come back"

(Jayden)

In Jayden's case specifically, this power imbalance was regarded as deception by child protection services, resulting in a deep mistrust of the adults entrusted with his care:

"... the worst part about it was the way they did it... they did announced visits to my school, and they would question me and try and manipulate me and try to get me to say if my dad was staying at my house. They tried to manipulate my words... so I was... all my trust was taken out of that system, and I just did not want to trust them ever again in my life."

(Jayden)

This appeared to be amplified by his position as an Aboriginal child who experienced both the reality and fear of the power of non-Aboriginal adult decision makers to place him with non-Aboriginal carers. “*They (Child protection workers) were trying to manipulate me you know, trying to change me. They were trying to do the worst thing possible to get me out of my foster carer's family and try to move me in with white people*”.

The echoing impact of lost connection to Country, culture and kin was unsettling in Tahlia's account: “*It was so wrong. Because I should've grown up knowing at least where I come from. And my mob. And my nana knew that. But when, but by the time I got to meet my mother, my real mother, nana had passed*”. Here, intersectionality exposes how First Nations CYP are positioned where multiple systems of oppression overlap (culture and care status), leading to fundamentally different experiences of care to their non-Indigenous peers.

The perception of questionable practices of child protection workers have also been reported by parents surveyed as part of the NSW Pathways of Care Longitudinal Study (POCLS) (Newton et al., 2024). This experience was shared by Alyssa, who felt that her and her family had been deceived prior to her removal into OOHc.

“...if (DCJ) go to see the kids at school, they're supposed to ring the parents. They didn't let dad know at all. They just showed up... they asked (her younger siblings) questions, like who's living at home? They fed them lollies, they gave them toys, distracted them... so (younger sibling) let it out who was staying with us.... and DoCs, they kind of had a little plan... I think they kind of knew that if I was around that I wouldn't let us be separated, or that I would definitely not be separated from (her youngest siblings). So, they actually got us (her and an older sibling) out of the picture. They had a plan to send us on a camp.”

Poorly timed communication or the absence of information altogether regarding their ever-changing care situation appeared to feed confusion and an inability to reconcile their situation.

*“Like it feels like the weight of the world is pushing on you when you jump from house to house. Because you don't know what the f**k's going to happen. You could walk into a bad family, or a good one, or someone who doesn't even want you... They're enigmas, completely... like the kid knows nothing about em. They know next to everything about that kid... That kid's just been thrown in the short end... It feels, it honestly feels like you surrounded by darkness”*

(Tim)

The predominant narrative of the participants of this study reflected a systemic power imbalance where CYP voices' are marginalised, despite commitments to their involvement in decision-making (DSS, 2021; UN, 2010; UNCRC, 1989). The United Nations Guidelines for the Alternative Care of Children (2010) emphasise that children should be involved in all stages of decision-making regarding their alternative care, in accordance with their developmental abilities. However, the experiences shared by care leavers of this study suggest a prevailing tendency toward paternalism and protective oversight, rather than focusing on the child's needs and preferences.

7. Conclusion and implications

This study used exploratory interviews to gather the perspectives of seven adult care leavers on the benefits and challenges of being a CYP in OOHc. The explicit aim was to disrupt assumed knowledge and gain unique insight into what works and how OOHc can be improved, based on the direct lived experiences of those who have been through it.

What became clear in discussions with participants is that, while OOHc may be a necessary alternative for some, it could provide a poor alternative to the enduring and committed relationships that they desired. Inconsistency in caregiving practices, alongside the reality of and expectation of negative experiences reported by all participants, suggest that the needs of CYP, as well as key tenets of legislated care (safety, welfare, wellbeing, stability, health, personal development and dignity) (NSW, 1998), are still not being met.

While this study identified that the experiences of Aboriginal and non-First Nations participants were largely the same, the gross over-representation of First Nations children in OOHc, compounded with historical and contemporary practices of colonisation, indicates a more complex reality (Davis, 2019). Although participants commonly emphasised the value of equal and ‘normalised’ treatment, the fear of disconnection from family, community, and culture emerged as a uniquely salient concern for Aboriginal care leavers. Central to this finding is recognition of the need to find a balance between an approach to care that is both individualised, yet undifferentiated. One that acknowledges commonalities while remaining responsive to the specific cultural and relational contexts of First Nations CYP. This finding disrupts existing understandings of intersectionality by showing how the overlapping identities of First Nations care leavers create a unique tension between desires for equal treatment and the need for culturally responsive care.

The quality and consistency of care for the participants interviewed was described as ‘luck of the draw’ and contractually tied to whether OOHc funding was available and their good behaviour, a situation that seemed to be worsened within a welfare culture of short-term care arrangements. These conditions significantly hindered participants' self-identity along with their ability to settle and establish in life. Without a consistent, committed parental figure, their personal development and acquisition of essential life skills were compromised. Participants' accounts emphasised that effective care requires ongoing, authentic relationships and sustained commitment from caregivers and those within their broader ecological contexts. Two key areas for improved practice were identified: first, the need to embed relational continuity as a core value, where both carers and professionals are supported to prioritise relational stability alongside physical stability; and second, the need to ensure that ‘good’ care is the standard rather than the exception, through the establishment of quality benchmarks and genuine engagement with CYP's feedback to ensure that their needs are being met.

There was a stark disconnect between the lived experiences of participants while in OOHc and the principles of participatory, child-centred care outlined in international frameworks like the UN Convention on the Rights of the Child (1989) and the UN Guidelines for

the Alternative Care of Children (2010). A paternalistic approach characterised by a lack of transparency and disregard for the child's preferences emerged strongly in the accounts of participants. This appeared to lead to a blanket mistrust and dissatisfaction with child protection services. For Aboriginal participants, the compounded effects of colonisation and cultural disconnection further intensified these challenges. Key to this finding was the call for more child centred (informed and participatory) approaches to care, where children's individual views (particularly regarding family contact (who and how), living arrangements, and caregivers) are taken seriously from the first point of contact with child protection services and beyond. This requires restoration of CYP's agency to promote self-efficacy through the implementation of participatory models of care, whereby CYP are not simply consulted, but informed, involved and influential in decisions made about their care. It is possible that establishing these preferences from the outset, in collaboration with the child, could foster more enduring relationships and better long-term outcomes for the child; a return on investment strategy that may very well reap dividends for the child protection system overall.

There is already growing awareness of the need to shift child protection funding away from OOHC and child protection services (currently consuming 86% of government funds (SCRGSP, 2025; Talbot et al., 2024)), toward early intervention and family support. With precedence given to protection over support, a reactive stance prevails, fostering uninformed decision-making that contributes to the problematic temporary care culture in place. The evidence presented here further supports existing theories that temporary care arrangements undermine the development of CYP's ontological security (Giddens, 1991). A shift from a protection-focused to a support-focused approach may very well foster more healthy and ongoing relationships between children and their parents or care givers. The desire for stability and belonging to family and home that the participants of this study spoke of, suggest that this is a worthwhile change in focus.

It needs to be acknowledged that children's views (around support needs, placement, school, contact with family and friends) may evolve over time as they grow, as is typical for any child. The delivery of support must be attuned to the unique and evolving needs of CYP in care, needs that can only truly be met in an environment where they are known and understood as a child, not just a child in care. An adaptable and individualised approach to care is only achievable within the context of meaningful, connected, and committed relationships. Taken together, these findings advance theoretical understandings of care and belonging in OOHC contexts and offer experience-based directions for more informed, supportive, stable, participatory, and culturally grounded care practices.

7.1. Strengths and limitations

The absence of the perspectives of CYP currently in OOHC is a shortcoming of this study and research more broadly. Future research should address this as a matter of priority. We were limited in our ability to explore nuanced variation across accounts, such as different experiences across placement types, particularly for those in residential care where individual support may be reduced (Degner et al., 2010), and by the inclusion of one participant aged 69 whose experiences may reflect a different era and care system compared to all other participants (aged 19–26). Despite the limitations, data from care leavers was rich with strong alignment across cases, allowing for a deep exploration of what they considered important to the care experience.

CRediT authorship contribution statement

Hannah Greig: Writing – original draft, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Andrew McGrath:** Writing – review & editing, Supervision. **Rachael Fox:** Writing – review & editing, Supervision. **Linda Deravin:** Writing – review & editing, Supervision.

Declaration of competing interest

None.

Data availability

The data that has been used is confidential.

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