

# Forgotten Australians and the housing system

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July 2020



A research report prepared by  
The Australian Alliance for Social Enterprise

## Acknowledgements

The authors would like to acknowledge and thank the people from organisations which work to provide support for Forgotten Australians and who assisted with this study. We also extend thanks to Diana O’Neil and Megan Corlis (formerly Helping Hand Aged Care) and Daniel Aitchison and Chelsey Potter (AnglicareSA) for helping us with this work. This study was funded through a UniSA occasional grant (UniSA AHURI research centre).

### Acknowledgement of Country

The Australian Alliance for Social Enterprise acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the land on which we conducted this research. We pay our respects to ancestors and Elders, past, present and future. The Australian Alliance for Social Enterprise is committed to honouring Australian Aboriginal and Torres Strait Islander peoples’ unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society.

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TAASE Report 1-7/2020

### Suggested citation

Coram, V., Tually, S, Cornell, V., Zufferey, C. and Lovell, F. (2020) *Forgotten Australians and the housing system*, The Australian Alliance for Social Enterprise, University of South Australia, Adelaide.

Cover photo from: Alliance for Forgotten Australians (2014) ‘Who are the Forgotten Australians?’ (viewed 19 June 2020), <https://www.youtube.com/watch?v=FVD-bJcFbEk>.

## Acronyms

AAG	Australian Association of Gerontology
AFA	Alliance for Forgotten Australians
AIHW	Australian Institute of Health and Welfare
BNL	By-Name List
CLAN	Care Leavers Australia Network
LOFA	Long-term Outcomes of Forgotten Australians
NDIS	National Disability Insurance Scheme
RACF	Residential Aged Care Facility
SCARC	Senate Community Affairs References Committee
SHS	Specialist Homelessness Services

## Terminology

### **An important note on terminology**

#### *Forgotten Australians*

For convenience and ease of reading, this report makes use of shorthand terminology to describe people who spent time in institutional care as children before 1990. The term ‘Forgotten Australians’ was originally used in a Senate Community Affairs Reference Committee report released in 2004 (see section 2.1). The term is used here with recognition and understanding that some people who experienced institutional care in childhood prefer not to be described in this way and/or do not identify themselves as ‘Forgotten Australians’. The alternative term ‘care leavers’ is also used, particularly in an international context, with recognition that this may be viewed as inappropriate by people whose childhood experiences did not embody any element of being or feeling cared for. Use of the term ‘care leaver’ should not be taken as implying that people who spent time in institutional settings as children before 1990 all received treatment that could reasonably be described as caring.

#### *Aged care and residential aged care*

The term ‘aged care’ in this report encompasses not only residential aged care, but also supports that assist people to age-in-place, such as in-home care. When care in a residential facility is referred to, the term ‘residential aged care’ is used. These venues are referred to as residential aged care facilities (RACFs).

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## Executive Summary

This report outlines the findings of a rapid review of the evidence base relating to the interaction of Forgotten Australians (people who spent time in institutional care as children prior to 1990) with the housing system. The review was guided by the following research questions:

1. What are the impacts of experiencing institutional care in childhood that may affect how people interact with the housing system?
2. What evidence exists about how people who experienced institutional care in childhood interact with the housing system?
3. Are there gaps in the evidence base which may undermine the capacity of the housing system to address the specific needs that people who experienced institutional care in childhood may have?

The review comprised an analysis of existing literature and consultation with relevant stakeholders.

### Key findings

The review found that there are significant gaps in the evidence base relating to Forgotten Australians' housing experiences and outcomes. The existing evidence demonstrates that the trauma, neglect and abuse experienced by many Forgotten Australians in childhood institutional care has lasting effects. Such effects include disability, physical and mental health issues, financial disadvantage and relationship problems. The evidence is relatively robust in this area.

The ongoing effects of childhood institutional care described above make it more likely that Forgotten Australians will experience sub-optimal housing outcomes throughout their lives, but the evidence here is more limited. It appears that during midlife Forgotten Australians are at greater risk of rental stress, housing insecurity and homelessness, while in older age they are more likely to need intensive, specialised housing and aged care supports.

The literature analysis and stakeholder consultation indicated there are barriers to Forgotten Australians accessing the supports they need. These barriers include lack of awareness and understanding of people's specific needs, inadequate training of service provider staff, limited capacity to tailor services to individual needs and an avoidance of services by Forgotten Australians due to distrust and fears about 're-institutionalisation'.

Further research on how Forgotten Australians experience the housing and aged care systems is required to extend the existing evidence base and inform policy and practice improvements. This report offers some preliminary recommendations for additional research and also for possible service improvements in the shorter term (marked \* below).

### Recommendations

**Recommendation 1:** Further research, including qualitative analysis of the lived experience of Forgotten Australians, should be undertaken in the following areas:

- The housing trajectories of Forgotten Australians from leaving care into midlife and older age.
- The ways in which childhood experiences of institutional care have affected housing outcomes and experiences.
- How well existing models, services and supports, including specialist homelessness services (SHSs), in-home care and residential aged care facilities (RACFs), address the housing needs of Forgotten Australians.
- How services and supports could be improved to produce better housing outcomes for Forgotten Australians in midlife and older age.

**Recommendation 2:** A co-design process to develop and inform residential and community-based aged care models should be undertaken with Forgotten Australians and service providers.

**\*Recommendation 3:** Individuals should be given an opportunity to identify themselves as having institutional care experience in their childhood when accessing housing and aged care services and supports, and these data should be reported through the Australian Institute for Health and Welfare (AIHW).

**Recommendation 4:** A national training and capacity-building strategy for the aged care sector should be developed through consultation with Forgotten Australians and service providers, including the following elements:

- Forgotten Australians awareness training.
- Trauma-informed care training.
- Addressing skills gaps, including specialist skills to provide intensive, tailored supports for Forgotten Australians.

**Recommendation 5:** A national training and capacity-building strategy for the housing sector and other relevant agencies should be developed based on the aged care sector strategy.

**Recommendation 6:** A state-by-state advocacy service should be established to support Forgotten Australians in their interactions with the housing and aged care systems.

**\*Recommendation 7:** More flexible practices to address the specific needs of individual Forgotten Australians should be implemented by in-home care providers and RACFs as follows:

- With appropriate safeguards, rostering staff to allow individuals to interact with a smaller number of carers.
- Enhanced tailoring of care (e.g. accommodating food preferences, minimising regimented routines, addressing individuals by name, respecting privacy and allowing individuals control over their living spaces).

# 1. Introduction

This report is the output of a rapid review of existing evidence on the housing needs of Forgotten Australians. The review aimed to identify gaps in the evidence on the interaction of Forgotten Australians with the housing system, an area which is not adequately understood. This lack of understanding is likely to undermine the service system's capacity to meet the specific needs of Forgotten Australians.

'Forgotten Australians' is a term used to denote the estimated 500,000 children placed in institutional care in Australia between the 1920s and the 1980s, now aged from their 30s to 90s (SCARC 2004; see note on terminology below). The cohort of people who spent time in institutional care during childhood is large and diverse, with varying experiences and preferences. However, many children placed in institutional care were subject to social isolation and neglect, and in many cases emotional, physical and sexual abuse. As a result, spending time in institutional care as a child is associated with a range of negative social, economic and health outcomes in adulthood. This range includes being disproportionately affected by housing insecurity, including homelessness and reliance on temporary housing, throughout adult life. Forgotten Australians also have specific needs and concerns in relation to aged care (see note on terminology below), which is becoming a more acute issue as this group ages. Evidence relating to the lifelong impacts of a childhood in institutional care under past regimes is outlined in Chapter 2.

From the 1970s onwards, family-based care models began to largely replace institutional models. People who were placed in non-institutional out-of-home care settings before the 1990s, and anyone placed in out-of-home care since the 1990s, are not considered in this report, although they have their own particular housing needs in the post-care period and later adulthood (see section 2.5).

This rapid evidence review was guided by the following research questions:

1. What are the impacts of experiencing institutional care in childhood that may affect how people interact with the housing system?
2. What evidence exists on how people who experienced institutional care in childhood interact with the housing system?
3. Are there gaps in the evidence base which may undermine the capacity of the housing system to address the specific needs of people who experienced institutional care in childhood?

The review comprised two main components:

1. Analysis of existing literature.
2. Consultation with relevant stakeholders.

Chapter 2 of this report sets out the results of the analysis of existing literature. Chapter 3 outlines the stakeholder consultation process and key findings. Chapter 4 discusses the results of both components, considering the consolidated evidence base and possible avenues for policy and practice improvement. Chapter 5 summarises this discussion and makes recommendations for future research, policy and practice.



## 2. Current evidence on Forgotten Australians and housing

### 2.1 Background

During the 1990s, public awareness of what happened to children placed in institutional care in Australia during earlier decades gradually increased. In the late 1990s and early 2000s, three key inquiries were held addressing the experiences of the following groups:

- Stolen Generations – Aboriginal and Torres Strait Islander children forcibly removed from their families and placed in other care settings from the late 1800s to the 1970s.
- Former Child Migrants – children who emigrated to Australia alone from the United Kingdom and Malta under a government migration scheme from the 1940s to the 1970s.
- Forgotten Australians – children who experienced institutional or out-of-home care from the 1920s to the 1980s, which may include some who are also Former Child Migrants or from the Stolen Generations.

As will be discussed in section 2.2, children placed in institutional care were often subject to emotional, physical and sexual abuse. Even in the ‘better-run’ institutions, children were usually socially isolated, cut-off from family and deprived of love and affection. These factors mean spending time in institutional care as a child is associated with a range of impacts in adulthood, some of them lifelong. Such impacts include disability, mental health problems, physical illness, substance abuse issues and social exclusion. Forgotten Australians tend to have poorer education and income levels than the general population. They are often left with a distrust of authority and avoid accessing medical and other services. Evidence relating to the long-term impacts of institutionalisation as a child is outlined in more detail below.

The Senate Community Affairs Reference Committee report on Forgotten Australians, released in 2004, found abundant evidence of abuse and other forms of maltreatment, and lifelong impacts from their childhood experiences for many people. The report provided a detailed analysis of institutional care frameworks in Australia, why children were placed in care and how they were treated once in care. It contained a range of recommendations, including in relation to acknowledging and apologising for abuse and maltreatment, providing redress and reparation, facilitating the access of care leavers to their personal records and providing support services (including appropriate aged care).

In 2009, then Prime Minister Kevin Rudd made a formal apology on behalf of the Australian Government to Forgotten Australians and Former Child Migrants who experienced abuse or neglect while in the care of the state (or state-sanctioned institutions). The apology recognised the ongoing impact of their childhood experiences for many people who had been in institutional care. Redress schemes were established by some states but a national redress scheme for victims of institutional abuse as recommended in the 2004 Senate report (SCARC 2004, pp. 226-27) has not been fully implemented.<sup>1</sup> Australian research into long-term outcomes for Forgotten Australians notes that:

Apologies have been made and a service system is slowly developing. However, the level of need remains great and current responses are clearly inadequate (Fernandez et al. 2017, p. 176).

From the 1990s, there has been growing recognition that alternative care models were preferable to institutionalisation. There remain approximately 40,000 children in out-of-home care in Australia but it is largely viewed as an option of last resort and the vast majority of these children are in home-based (foster or kinship) care rather than in residential institutions (Fernandez & Atwool 2013). Supports for families experiencing difficult circumstances are stronger than in the past, helping parents and children to stay together wherever

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<sup>1</sup> The National Redress Scheme established in 2018 is targeted at people who experienced institutional childhood sexual abuse (Department of Social Services 2020). As at 1 July 2020 380 non-government organisations had joined the scheme or indicated their intention to join the scheme, but there remained six institutions with claims lodged against them who had not joined (Doran 2020).

possible. Aboriginal children, however, remain over-represented in out-of-home care situations in Australia, partly due to entrenched social disadvantage and exclusion (Fernandez & Atwool 2013). Intergenerational trauma through the impact of Stolen Generations and the continuing high numbers of Aboriginal children in out-of-home care is a major concern (Funston & Herring 2016).

## 2.2 Experiences of institutional care

There is considerable evidence that a significant number of children in institutional care settings during the twentieth century experienced varying degrees of sexual abuse, physical abuse, maltreatment and neglect. For many, this compounded the damage of being separated from their families, and in some cases the trauma experienced in home environments before their removal into care.

In Australia, children were placed in institutional care settings for a variety of reasons: poverty, parental separation, domestic and family violence, child neglect and parental mental illness (Fernandez et al. 2016, ch. 3). Only a small minority were actually orphans (CLAN 2011, p. 13). Some children were removed from their families while others were placed into care by their families, sometimes simply because their parents felt they were unable to cope. Before the 1970s, there were few supports available for families in crisis situations, including parents experiencing trauma from their wartime experiences (CLAN 2008, p. 3). The main organisations running institutions were the state governments, the Catholic Church, the Church of England and the Salvation Army (CLAN 2011, p. 11).

In 2006 the Care Leavers Australia Network (CLAN) surveyed 291 of its members on their experience in care and afterwards. They found that abuse was widespread (CLAN 2008) Forty-four percent of respondents reported being sexually abused in care. A larger-scale Australian study of people who lived in institutions between 1930 and 1989—the Long-term Outcomes of Forgotten Australians (LOFA) study—found that 97% had experienced some form of maltreatment during their time in care, while 41% had experienced *all* forms of recognised maltreatment (Fernandez & Lee 2017; Fernandez et al. 2017). Sexual abuse was commonplace, with 60% reporting personal experience while in care (Fernandez & Lee 2017; Fernandez et al. 2017).

Even seemingly higher-quality, better-run institutions tended to be depersonalising and alienating, with limitations placed on residents' individual agency and autonomy. This was particularly the case when the subjects of institutionalisation were children, with clear power disparities between the 'carers' and the 'cared for'. Forgotten Australians have reported being compelled to undergo 'cleansing' processes and rituals designed to remake them as individuals, including de-lousing, hair-cutting or shaving, issuing of new clothes, confiscation of personal items, and being given new names or 'numbered', upon their arrival at institutions (Ebbels 2011, p. 9; Fernandez et al. 2017, p. 189). Such practices have been described as the 'ritual destruction' of an individual's identity and a process of 'othering', the effects of which can persist long after the institution has been left behind (Wilson 2014, p. 89).

Once inside institutions, children were cut-off from everyday life outside—often literally locked in behind high fences and barbed wire—and lived according to strict routines with little personal space or privacy (Ebbels 2011, pp. 8-9). They were expected to conform to strict institutional rules rather than developing their own identities, and drugs were sometimes used to control children and suppress undesirable expressions of individuality (Ebbels 2011, p. 14). In the worst institutions, pervasive cultures of violence left children constantly on edge and hypervigilant, living in the shadow of ever-present threat (Fernandez & Lee 2017, p. 432).

Detailed descriptions of children's experiences in institutional care in twentieth century Australia reflect their powerlessness and the often punitive conditions which made it all but impossible for them to thrive (see, for example, Penglase 2005; Musgrove 2013). In many institutions, children received little respect, kindness, affection or nurturing from staff, and were not permitted to speak freely or assert themselves. These conditions meant there was no recourse for children suffering sexual, physical or emotional abuse. Researchers have found that 'In this system, children had no voice, no reliable way of laying complaints and, as a result, their abuse was rendered invisible' (Fernandez et al. 2017, p. 190).

Not all care leavers report a negative childhood experience in institutional settings. A 2010 survey of care leavers in the UK found that a third reported a 'mainly positive' experience of being in care (47% said they had a 'mainly negative' experience and 20% said 'indifferent/neither of the above') (Duncalf 2010, p. 14). In the US it has been argued, based on socioeconomic measures and care leavers' own accounts, that the harm done to children who grew up in orphanages has been over-stated (McKenzie 2003). In Australian research, around a fifth of Forgotten Australians interviewed gave mainly positive accounts of their time in care, with some noting that it had given them a better chance of successful life outcomes than they would have had growing up in difficult family circumstances (Murphy 2010, p. 308). In the LOFA study, 17% of respondents reported being satisfied with their care experience to some degree (Fernandez et al. 2016, pp. 123-25).

Some people experienced adverse circumstances while in institutional care as children, but did not report lasting physical, psychological or social effects (see, for example, Raman & Forbes 2008). Forgotten Australians are not a homogenous group of people: their childhood experiences and their responses to these experiences are highly diverse. However, it is fair to say that only a minority of children placed in institutional care in twentieth century Australia emerged unscathed into adulthood. This report largely relates to the group of Forgotten Australians who experience heightened support needs in adulthood as a direct or indirect result of their childhood institutionalisation.

### 2.3 Long-term impacts of institutional care

The longer-term impacts of a childhood in care—across the life course—are under-researched both in Australia and overseas (Murray & Malone 2008; Duncalf 2010; Fernandez et al. 2017, p. 177). The relative lack of attention paid to the lifelong effects of growing up in care, and care leavers' continuing unmet needs for services and support, is part of the reason why this group has been described as 'Forgotten Australians'. There is considerable evidence that abuse, maltreatment and neglect experienced in childhood has lasting effects for many sufferers and support services are required across the life course (Murray & Malone 2008). Growing up in an institutional setting, even without abuse, 'is a non-normative individual experience that impacts periods of developmental sensitivity—infancy, childhood and adolescence—with potential to influence life outcomes' (Fernandez et al. 2017, p. 178).

Most research into the long-term impacts of institutional care in childhood reports poorer outcomes for care leavers on a range of measures (Buckingham & Daniolos 2013; Fernandez & Lee 2017). Physical and mental health in adulthood are often significantly affected by having spent time in care as a child. At the time of the LOFA study survey, 51% of care leavers had a disability, 68% had physical illnesses requiring ongoing treatment<sup>2</sup> and 59% had mental illnesses requiring ongoing treatment (Fernandez et al. 2017, p. 185). Notably, 86% of those suffering from mental illness viewed it as related to their time in care. The levels of mental distress reported by the Forgotten Australians surveyed were considerably higher than the levels reported in the general community (Fernandez et al. 2017, p. 186). Depression and Post-Traumatic Stress Disorder (PTSD) are the most common mental health problems for care leavers, with Reactive Attachment Disorder (making it hard for sufferers to form healthy relationships) also noted (Buckingham & Daniolos 2013).

American research has found significantly more psychosocial dysfunction and chronic illness among middle-aged adults who were institutionalised in early childhood compared with a randomly selected community sample (Sigal et al. 2003). Mental health issues are associated with a multitude of other negative outcomes, including difficulty establishing and sustaining relationships, parenting challenges, social isolation, reduced ability to maintain paid employment, and addiction problems. These associations are borne out in the Forgotten Australians cohort (Fernandez et al. 2017, p. 191).

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<sup>2</sup> The relatively high rates of disability and physical illness are attributed in the LOFA study to physical injuries sustained in childhood, including broken bones, trauma to internal organs, and neurological impacts from untreated ear infections or blows to the head. These injuries were often inadequately addressed at the time and have produced ongoing medical issues.

In addition to experiencing health issues arising from their childhood experiences, many Forgotten Australians also have sub-optimal social and economic outcomes which are directly or indirectly related to their time in institutional care. More than three-quarters of people in this group report being unemployed at some point during their working lives (CLAN 2011, p. 24). Forgotten Australians tended to have compromised educational opportunities as children due to being in care, which meant they started their working lives with lower skill and qualification levels than their same-age peers (Fernandez et al. 2016, pp. 75-82). In some institutions, children spent most of their time undertaking menial physical labour rather than educational activities (Hil, Penglase & Smith 2008). Physical and mental health issues associated with Forgotten Australians' childhood experiences may also have limited their career options and progression in adulthood. Over a third of the participants in the LOFA study had experienced material hardship of some kind in the 12 months preceding the study (Fernandez et al. 2016, p. 12).

A 2010 survey of care leavers in the UK found that a lack of general support, problems securing accommodation and feelings of isolation were pressing issues identified as affecting young people transitioning out of care as well as continuing to be of concern for older care leavers (Duncalf 2010, p. 30). Many care leavers have difficulty forming and maintaining relationships as a result of their childhood experiences, leaving them less likely to have informal support systems and making their need for generalist support services all the more pressing (Raman & Forbes 2008). Eighty-seven percent of Forgotten Australians report that their experiences in care have affected their relationships with partners, and 64% say their experiences make it hard for them to provide emotional support for their children (Fernandez et al. 2016, p. 13).

The Alliance for Forgotten Australians argues that the constellation of disadvantages experienced by care leavers throughout their lives should be seen as a social inclusion issue (AFA 2010, p. 5). Forgotten Australians generally experience higher levels of social isolation than the general population. For example, they are less likely than average to say they would be able to raise \$2,000 in an emergency (an important indicator of financial resilience), or to turn to people outside their households for help (CLAN 2011, p. 24). Care leavers report long-term struggles with developing a sense of self-worth and a coherent identity while knowing little about their own family backgrounds and experiencing a lack of emotional support and social inclusion during childhood (see Murphy 2010; AFA 2016; Colbridge, Hassett & Sisley 2017; Ferguson 2018).

## 2.4 Long-term impacts of maltreatment

Childhood institutionalisation is likely to increase the risk of negative outcomes in later life and is inseparable from the deeper effects of the neglect and abuse suffered by many children in institutions. A range of studies has found strong associations between experiencing maltreatment in childhood (across institutional, home and other care settings) and negative impacts on mental, physical and social wellbeing in later life.

Experiencing emotional, physical or sexual abuse as a child has been linked to increased rates of mental illness and interpersonal problems in adulthood, even after controlling for other forms of disadvantage (Mullen et al. 1996). Australian research has found that child maltreatment is responsible for a substantial proportion of psychosocial illness. Thirty-three percent of the disease burden associated with self-harm among females is attributable to child maltreatment, while the figures are 31% for anxiety disorders and 23% for depressive disorders (figures range from 16-24% for males) (Moore et al. 2015).

In the US, adults who experienced maltreatment as children have been found to be at greater risk of diabetes, lung disease, malnutrition and vision problems (Widom et al. 2012), as well as major depressive disorder and comorbid psychiatric conditions (Widom, DuMont & Czaja 2007). A meta-analysis of studies on the link between child abuse and physical health in adulthood found abuse resulted in increased risks to physical health, particularly neurological and musculoskeletal problems, on par with the increased risk of mental health issues following childhood maltreatment (Wegman & Stelter 2009). US research has also found that childhood experiences of maltreatment are associated with significantly poorer outcomes across a range of

socioeconomic indicators in adulthood, including employment status, income and health care coverage (Zielinski 2009).

Responses to the childhood experiences of Forgotten Australians have often focused on sexual abuse allegations, but physical abuse and emotional neglect have also had lasting effects (see Penglase 2005; Gaffney 2008; Golding 2018). Penglase asserts that ‘all children in the institutional care of 20th century Australia suffered emotional deprivation and neglect to an extreme degree, regardless of whether they were criminally assaulted or sexually molested’ (2004, p. 33). Emotional and physical abuse may be harder to define or differentiate from what was seen as acceptable treatment and discipline of children in the mid-twentieth century (see Daly 2014, p. 189). The traumas experienced by many children in institutional care in the twentieth century, however, should not be viewed as ‘historical aberrations or mere products of place and time’, but as resulting from the systemic failures of government and other organisations to uphold their duties of care towards vulnerable children (Gaffney 2008, p. 39).

A meta-analysis of studies into the long-term impacts of child maltreatment which did *not* involve sexual abuse found links with a range of mental health problems, substance abuse issues and risky sexual behaviour in adulthood, and recommended that all forms of child maltreatment should be considered significant risks to health (Norman 2012). Research into the long-term impacts of child maltreatment in high-income countries has found links with poor mental health, substance abuse, risky sexual behaviour, obesity and criminality in adulthood, with neglect causing as much damage as physical and sexual abuse despite receiving less attention (Gilbert et al. 2009).

There is evidence that emotional abuse has insidious effects and may be a ‘core component’ of child abuse more generally (Wright 2007). Being separated from family is a traumatising experience for children, and it was made worse by many institutions withholding information about their background from children and failing to help children maintain relationships with family members while in care (Fernandez et al. 2016, pp. 70-74). Not surprisingly, children had persistent feelings of abandonment and loss. The 2006 CLAN survey asked Forgotten Australians how they felt about having been in care. Fifty-six percent of respondents said they felt forgotten, while just under half said they felt abandonment, loneliness or loss (CLAN 2008, p. 13).

Experiencing multiple forms of childhood maltreatment is associated with negative life outcomes. The LOFA study researchers note that Forgotten Australians have often experienced different types of trauma over sustained periods, predisposing them to a wide range of negative impacts in later life (Fernandez & Less 2017, p. 450). Psychological consequences are worse when maltreatment is of multiple types and repeated. German researchers have found that experiencing sexual abuse in combination with other forms of maltreatment as a child (such as physical abuse, emotional abuse, neglect and exposure to domestic violence) is associated with especially poor short-term outcomes in relation to psychopathology, level of functioning, and quality of life (Witt et al. 2016; see also Finkelhor, Ormrod & Turner 2007). Other research has found that suffering multiple forms of maltreatment in childhood results in poorer mental health outcomes in adulthood (Edwards et al. 2003), and is correlated with more severe abuse, which not surprisingly is linked with compounded trauma symptoms in adulthood (Clemmons et al. 2007).

One of the legacies for many people who experienced abuse, maltreatment and neglect as children in institutional care is an abiding distrust of power, authority and all forms of bureaucracy (AFA 2016). Forgotten Australians are often reluctant to access support services, including health care, because they do not trust those services or believe that providers understand their needs (Ebbels 2011, p. 22). The institutions where care leavers experienced maltreatment presented themselves as ‘helping’ organisations. In addition to feeling distrustful, care leavers are also likely to avoid situations that remind them of traumatic experiences, causing disruption to their everyday lives and worsening social exclusion (Wolfe et al. 2003).

Eighty-seven percent of Forgotten Australians in the LOFA study reported worrying about being unable to trust people and 66% about not being taken seriously (Fernandez et al. 2017, p. 187). Nearly 70% said their

experiences in care made them anxious about having contact with government agencies; over 60% also worried about contact with welfare services and health professionals (Fernandez et al. 2017, p. 186). The Alliance for Forgotten Australians notes that for care leavers, 'their day-to-day interactions with organisations tend to be strongly influenced by their fear of abuse of power, their own sense of inadequacy and their anger and hurt' (AFA 2010, p. 3). Care leavers have often experienced a welfare system that is oppressive, punitive and prone to blaming people for being needy (see, for example, Wilson 2014).

## 2.5 Housing on release from institutional care

In addition to the long-term challenges outlined above, Forgotten Australians are disproportionately affected by insecure housing issues, including homelessness and reliance on temporary housing, throughout their lives. However, there is only limited research on housing outcomes, particularly over the long-term, for people who experienced institutional care as children. Housing issues for this group would generally begin with them leaving care as young adults with few accommodation options. While conditions for many children in institutional care were intolerable, transitioning out of these institutions and into adult life could also be highly problematic.

Forgotten Australians were generally turned out into the community at a young age, usually with no warning, and expected to provide for themselves. The average age of being released from care was just 15 (Fernandez et al. 2016, p. 126). Young care leavers often had little support, no money, nowhere to stay, inadequate education and limited employment options. This could be a frightening and risky period when many care leavers ended up living on the streets and turning to crime or sex work to survive. In the LOFA study, more than half of respondents said they were not at all prepared to live independently at the time they were released from care (Fernandez et al. 2017, p.184). In CLAN surveys, more than a fifth of Forgotten Australians report spending their first night out of care with strangers, on the streets or alone (CLAN 2011, p. 19).

Young people released from care since the 1990s have generally received a higher level of support. The transition from care settings to adult life in the community for this group, and the support necessary to help them achieve good outcomes, is relatively well-researched. Practical considerations such as housing and employment are a particular focus of the support provided, possibly to the detriment of attention to mental health and wellbeing (Sims-Schouten and Hayden 2017).

People leaving care since the 1990s may have had more positive housing experiences than other young people in difficult circumstances, due to care leavers receiving greater support during their transition to independence (Simon 2008). However, a NSW study comparing the situation of young people who had recently transitioned out of care with their same-age peers more broadly found the care leavers were much more likely to have experienced transience and temporary accommodation (Cashmore & Paxman 2007). Young people leaving care settings have been identified as one of the groups who are hard to reach for housing service providers, and their input into the design of policy frameworks and service delivery in this area is crucial (Brafield & Eckersley 2008).

The Australian Institute of Health and Welfare (AIHW) identifies people leaving care (which includes young adults exiting out-of-home care and people discharged from health care settings such as psychiatric institutions) as particularly vulnerable to homelessness and a key client group for Specialist Homelessness Services (SHS) (AIHW 2019). This cohort does not specifically include Forgotten Australians, but the data do give an indication of the housing challenges that arise for people leaving care settings. Notably, housing outcomes for this group of clients are poor, with the proportion known to be homeless *increasing* from 24% to 35% at the end of SHS support (AIHW 2019). Australian research on pathways from out-of-home care for young people identified a number of factors that made a volatile transition more likely: having experienced abuse before or while in care, leaving care at a younger age, and being discharged into unsuitable accommodation (Johnson et al. 2010). Access to professional support, strong social networks, addressing substance abuse and mental health issues, and finding work were associated with more successful transitions.

Qualitative research with people who left Catholic institutions in Victoria between the 1940s and the 1980s found that when adult care leavers did secure accommodation, their homes often took on great emotional significance, symbolising normality and stability, though they did also encounter difficulties establishing domestic routines without the strict rules and regulations of the institutional setting they had been accustomed to (Murray et al. 2009). These Forgotten Australians ‘remembered learning to live in their own domestic sphere as a critical part of the process of finding stability, security and a sense of belonging’ (Murray et al. 2009, p. 98). The role housing can play in this area is vital because feelings of belonging and connectedness can be difficult to establish for young people leaving care. Their development of a sense of self and identity has often been disrupted by instability and discontinuity in their circumstances and living arrangements (Ward 2011).

## 2.6 Housing for Forgotten Australians in mid-life

There is a body of research examining the housing needs of young adults who have recently left care, and the support efforts which target these needs (see section 2.5). There is also growing recognition of the particular needs of Forgotten Australians as they age and may begin to require aged care services (see section 2.7). However, the mid-life housing outcomes and needs of people who grew up in institutional care is an under-researched area. Comprehensive data on mid-life housing outcomes for Forgotten Australians are not available. In the AIHW’s reports on SHS clients, people who were institutionalised as children would be incorporated in other high needs, vulnerable or priority categories, such as among Indigenous people, people with disability and people with mental health issues, rather than specifically identified.

The limited research undertaken has found that Forgotten Australians are more likely to have experienced insecure and unstable housing and re-institutionalisation across their lives than others. The LOFA study found reports of insecure and low-quality housing, chronic homelessness and admission to mental health facilities and prisons among Forgotten Australians were common (Fernandez et al. 2016, p. 12; Fernandez et al. 2017, p. 190). **Forty-six percent of participants had been homeless at some point in their lives, 48% had relied on public housing and 60% had lived in temporary accommodation** (Fernandez et al. 2016, p. 12; Fernandez et al. 2017, p. 185). The **rate of home ownership amongst Forgotten Australians** in the study was **16 percentage points lower than for the population as a whole**, while Forgotten Australians were three times more likely to be occupying social housing (Fernandez et al. 2016, p. 235).

The 2006 CLAN survey also suggested that housing was an area of ongoing concern for Forgotten Australians, with significant proportions having lived on the streets at some time in their lives and/or been reliant on public housing (CLAN 2008, p. 10). At the time of being surveyed, 56% of respondents were dependent on government support to live, highlighting potential for housing affordability issues and financial stress generally (CLAN 2008, p. 13). Despite these indicators, the needs of Forgotten Australians tend not to be explicitly addressed in policy frameworks targeting insecure housing and homelessness. There is a failure to recognise that factors linked to childhood institutionalisation—including financial and employment problems, educational deficits, mental health issues, substance abuse and being an ex-offender—compromise care leavers’ access to secure and affordable housing (Marian 2009). Around a third of care leavers report having been in trouble with the law, nearly a fifth had spent time in jail, and a history of child institutionalisation is common among the prison population (Ebbels 2011, p. 20).

The 2004 Senate report briefly addressed the issue of Forgotten Australians experiencing persistent problems accessing affordable housing and acknowledged the need for housing support services targeting care leavers as a distinct group (SCARC 2004, p. 319). The report recommended that the Supported Accommodation Assistance Program (subsumed within SHSs) recognise the specific needs of Forgotten Australians, collect data on their usage of the program, and disseminate information about the program to care leaver advocacy groups. Such recommendations appear not to have been fully implemented. The LOFA researchers identified ‘specialised accommodation and social support’ services as urgently required to assist Forgotten Australians (Fernandez et al. 2016, p. 14). However, it remains unclear how effectively the particular needs and concerns of Forgotten Australians, particularly in mid-life, are being addressed by housing service and support providers.

## 2.7 Housing for older Forgotten Australians

Advocates are increasingly concerned about how Forgotten Australians will be housed as they age. A significant number of Forgotten Australians belong to the 'Baby Boomer' generation and were placed in institutional care during the post-war period of the late 1940s to 1960s. These people are now in or approaching their 70s. Some are starting to require aged care services, including in-home support, retirement living options and higher-dependency facilities such as residential care. For Forgotten Australians whose childhood experiences have left them with a distrust of authority and abiding fear of institutionalisation, the prospect of being absorbed into Australia's aged care system, particularly entering residential aged care, can be terrifying.

The ongoing effects of having been institutionalised, and in many cases abused as children, mean Forgotten Australians also have specific needs as they age. The 2004 Senate report explicitly recognised this and noted that Australia's aged care system was not meeting these needs effectively. The report observed that many Forgotten Australians remained suspicious of 'institutional-type' facilities and recommended the development of alternative models specifically targeting this group (SCARC 2004, pp. 317-18). Researchers and advocates have noted that many Forgotten Australians have a deep fear of being re-institutionalised and, potentially, re-victimised (AFA 2016, p. 15; Fernandez et al. 2017, pp. 191-92; Fernandez & Lee 2017, p. 454; AFA 2019).

Advocates also emphasise that standard aged care models are not appropriate for older Forgotten Australians (see, for example, AFA 2010; AFA 2019) and the mainstream aged care system as it currently stands is ill-equipped to provide the support the group requires. A recent report by the Australian Association of Gerontology (AAG) noted the need for:

- a greater understanding of trauma-informed approaches to help support particular groups in aged care settings;
- lived experience perspectives in the aged care workforce; and
- specialist skills to move beyond defensive behaviours and take a person-centred view (AAG 2020).

Forgotten Australians' need for care as they age may be greater than in the general population because the prevalence of relationship and financial difficulties amongst the Forgotten Australian group leaves them with fewer options for meeting their support needs. Forgotten Australians' need for *specialised* aged care is greater due to their higher rates of disability, physical illness and mental health issues. Consequently many Forgotten Australians require dedicated, independent services targeted to their specific needs (Penglase 2004).

Notably, for many older Forgotten Australians entering a residential aged care facility (RACF) represents returning to the helplessness, vulnerability and disempowerment they experienced as children (Fernandez & Lee 2017, p. 454). This is far from an irrational fear because as people age they often do lose their independence and have to rely more on others for support. They are also more vulnerable to abuses of power.

Basic features of residential facilities such as strict routines, communal eating with limited choice of food, and reduced privacy, can remind Forgotten Australians of their childhood experiences of institutionalisation. Some may have kept their trauma hidden and not dealt with it, with re-institutionalisation likely to bring it back to the surface (AFA 2010, p. 4). There are residential aged care facilities that are operated by religious or other care organisations which have been implicated in the past mistreatment of children in institutional care: 'very many care leavers would never return for assistance, of any type, to the agency that provided their childhood care' (Penglase 2004, p. 36; see also AFA 2019, p. 10).

Navigating the complexities of the aged care system in Australia is challenging for anyone, let alone people who carry a deep-seated distrust of bureaucracy and authority, and experience anxiety dealing with organisations. The Alliance for Forgotten Australians notes that 'service delivery agencies can seem faceless and hostile to people who don't expect to be heard or treated fairly' (AFA 2016, p. 13). Moreover, Forgotten Australians are more likely to have literacy or numeracy issues as a result of missing out on educational opportunities when



they were young, and they do not all have access to a computer or the internet, making it hard for many of them to access information about their aged care options (AFA 2019, p. 5).

Forgotten Australians themselves say that remaining in their own home as they age is their preferred option, while going into an RACF is a last resort, partly due to fears about re-institutionalisation (CLAN 2011, pp. 42-44). The Alliance for Forgotten Australians reports that some care leavers have chosen to end their lives, and will continue to prefer this option, rather than enter residential aged care (AFA 2019, p. 2).

In the years following the 2004 Senate inquiry into Forgotten Australians, the Australian Government made some limited progress towards addressing the specific aged care requirements of this group. For example, care leavers have been identified as a special needs group in the *Aged Care Act 2013* and their requirements placed on the agenda of relevant ministerial committees (see AFA 2010, p. 4). The Commonwealth Department of Health now provides educative materials to help aged care workers develop their awareness of the needs of Forgotten Australians who have experienced past trauma, and their capacity to effectively address them (Department of Health 2016). However, advocacy groups argue that more needs to be done to promote and disseminate this package (AFA 2019, p. 7), and improved training in other support areas such as housing.

## 2.8 Aged care models for Forgotten Australians

In its 2010 submission to the Productivity Commission's Inquiry into Caring for Older Australians, the Alliance for Forgotten Australians detailed what would be required to meet the aged care needs of older care leavers. **Independent living in their own homes, with supports in place, for as long as possible was the preferred option.** This raises a number of questions about how such supports are being respectfully framed and delivered, and by whom? When residential care is necessary, key elements of the model should include:

- An integrated and holistic approach to meeting the needs of care leavers.
- Purpose-built, supported facilities with a community orientation in place of residential care.
- Private accommodation offering a degree of independence and autonomy where possible.
- Counselling support to address past experiences and the possibility of renewed trauma from 're-institutionalisation'.
- Access to high quality health care.
- Thorough training in the needs of older care leavers for all staff.
- Treating residents with respect and referring to them by name.
- Avoiding unnecessary bureaucracy and institutional overtones.
- Including open space and avoiding locked fences and gates (AFA 2010).

The Alliance for Forgotten Australians submission further noted the importance of affordable, quality aged care for older care leavers and that their transition to residential facilities be supported sensitively. The submission acknowledged that the proposed model may be costly but argued that Forgotten Australians, whose governments failed to protect them as children, have a right to be sensitively cared for in their later years. Additionally, alternative aged care *models*—including to support community living/ageing in place—should be developed or **co-designed in consultation with Forgotten Australians themselves.**

The LOFA study also put a spotlight on aged care for Forgotten Australians, recommending investigation of non-institutional forms of care and that when residential care was necessary it should be tailored to the needs of this group rather than embodying aspects of the institutional environments they were traumatised by as children (Fernandez et al. 2016, p. 242). The study also recommended that in-home aged care packages funded by the Australian Government should be reviewed to determine how many were being accessed by Forgotten Australians, and to ensure their level of need had been appropriately assessed.

## 2.9 Conclusion: current evidence on Forgotten Australians and housing

This chapter has reviewed the existing evidence base relevant to Forgotten Australians' interaction with the housing system, with a particular focus on the long-term impacts of childhood institutionalisation, and the specific housing needs of Forgotten Australians as they age. The following chapter builds on this evidence base by outlining the perspectives of practitioners who work directly with Forgotten Australians. It further investigates what we know about how Forgotten Australians experience the housing system and the shortcomings in current service provision. It begins to point the way towards further research required to inform improvements to how effectively the housing needs of Forgotten Australians are addressed by policymakers and service providers.

## 3. Extending the Forgotten Australians and housing evidence base

### 3.1 The evidence gap

The analysis of the existing evidence base on Forgotten Australians and the housing system in Chapter 2 suggests there are a number of gaps which need to be addressed. Notably, there is limited research on:

- How factors such as physical and mental health, disability, education and income levels, relationship issues and distrust of authority and service providers affect housing outcomes for Forgotten Australians.
- The nature of Forgotten Australians' interaction with the housing system in mid-life.
- Whether the aged care and housing sectors are well-positioned to address the needs of Forgotten Australians.

The evidence gap begins with a lack of information around the extent to which Forgotten Australians are more likely than the average Australian to experience, or have experienced, housing insecurity and related housing problems. Forgotten Australians are not identified as a client group of interest in the AIHW data on SHS. People leaving care are identified as a separate category (and a national priority homelessness cohort in the National Housing and Homelessness Agreement), but this only covers people who have recently transitioned out of care. The care arrangements in question here are health care settings (such as hospitals, rehabilitation centres and psychiatric facilities) and (largely non-institutional) out-of-home care settings from which young adults are exiting (AIHW 2019).

The Adelaide Zero Project collects information on rough sleepers in the Adelaide inner city to compile its By-Name List (BNL). These data provide some clues as to how many people experiencing rough sleeping homelessness have spent time in institutions. In 2019, 16 of 98 actively homeless individuals indicated they had experienced out-of-home care, including foster care and institutional care, in childhood, with Aboriginal people overrepresented in this cohort (Tually & Goodwin-Smith 2020). A number of these people reported experiencing institutionalisation (in care or detention contexts) as adults in addition to their childhood experiences.

More detailed data on whether people experiencing homelessness have childhood institutional care in their backgrounds are required. Service agencies in the housing and aged care sectors do not always seek to elicit this information from clients, making it hard to assess the number of people accessing support who belong to the Forgotten Australians cohort. There are good reasons for this (see further discussion in section 3.3.1) but it does make it more difficult to assess and effectively address the housing needs of a group likely to be more vulnerable to housing insecurity, inappropriateness and inadequacy than the general population.

### 3.2 Stakeholder consultation

Stakeholder perspectives are missing from much of the discussion of Forgotten Australians and how their childhood institutionalisation shapes their housing needs and experiences. While some survey work has been undertaken with Forgotten Australians, there is very little qualitative research on their lived experience of the housing system or their concerns about accessing aged care services. Both practitioners who work with Forgotten Australians and Forgotten Australians themselves can offer valuable insights into these areas.

To investigate the feasibility of gathering more evidence on the interaction of Forgotten Australians and the housing system, this review undertook preliminary scoping work with key stakeholders to canvas their thinking and the state of current practice in supporting Forgotten Australians. Participants in this part of the review were practitioners from community services sector organisations and advocacy groups who had experience working with Forgotten Australians. With two exceptions, the practitioners' work was not targeted specifically at Forgotten Australians, but they were represented incidentally in the practitioners' client groups. Stakeholders from eight different organisations based in South Australia and Victoria provided input.

The views of Forgotten Australians themselves were not canvassed as part of the stakeholder consultation. This decision was made by the research team given that this study was deliberately framed as a rapid scoping of evidence to determine if housing is a key concern and area of challenge for the group, as articulated within the literature and by service providers and advocates. We also took this approach recognising the challenges around self-identification among this group, research ethics considerations and also recognising and valuing the time needed to build relationships and trust with people. However, the researchers consider the views of Forgotten Australians about their own housing experiences to be a crucial element of broadening the evidence base in this area.

Human research ethics approval was sought and granted by the Negligible Risk Research process within UniSA Business prior to commencement of any interviews with stakeholders in their professional capacities.

Stakeholder consultation focused on the following key issues related to the research questions identified in Chapter 1:

- How are housing experiences and outcomes for Forgotten Australians affected by the long-term impacts of their childhood institutionalisation?
- Do policymakers and service providers have sufficient knowledge about the specific needs of Forgotten Australians in relation to housing?
- Are there areas where an improved understanding of Forgotten Australians' interaction with the housing system can be helpful?

The question guide used in the stakeholder interviews, which were conducted by phone and Zoom during the COVID-19 pandemic in the first half of 2020, can be found in the Appendix to this report. The consultation process sought to investigate practitioners' experience of working with Forgotten Australians, what they saw as the particular housing needs of this group, and how visible the group and its needs are in terms of housing policy and practice currently. Practitioners were asked to comment on barriers to achieving positive housing outcomes for Forgotten Australians and whether lack of understanding or awareness of their needs was an obstacle. Practitioners were also asked to identify opportunities for improving the knowledge and evidence base in relation to Forgotten Australians and the housing system. The potential for tools and approaches used in other housing contexts to facilitate improved housing outcomes for Forgotten Australians was canvassed during stakeholder consultation. Such approaches include the real time data systems (By-Name Lists) underpinning end homelessness campaigns in some places nationally (Adelaide for example).

### 3.3 Stakeholder perspectives

A number of key themes emerged from the stakeholder consultation.

#### 3.3.1 Terminology, visibility, diversity

Stakeholders from the two organisations working specifically with Forgotten Australians unsurprisingly had a clear understanding of who the cohort is and the contested terms that could be used to describe it. For stakeholders from housing and aged care sector organisations, on the other hand, the term 'Forgotten Australians' generally had little meaning, even with the qualifier that it referred to 'the 500,000 Australians who experienced institutional care during their childhoods between the 1920s and 1980s, also known as care-leavers'.

Several stakeholders who were approached to provide input claimed they did not work with people from this cohort, although it was highly likely that they did. In one of these cases, probing quickly revealed that the stakeholder had many clients who had disclosed traumatic experiences in childhood institutional care that continued to affect their day-to-day support needs. There appear to be several related issues around terminology, visibility and diversity of the cohort in play here.

Despite the 2004 SCARC report and 2009 formal apology to Forgotten Australians and Former Child Migrants, neither the term 'Forgotten Australians' nor the nature of the cohort appears to have developed deep

penetration in public awareness. Most Australians are familiar with the term 'Stolen Generations', and many also with 'Former Child Migrants'. 'Forgotten Australians', by contrast, is a much larger but also fuzzier category. It is something of an umbrella term, encompassing the Stolen Generations and Former Child Migrants as well as people who experienced a range of other forms of childhood institutionalisation. The name itself gives few clues about who it might be referring to; it is not self-explanatory. Nor is the term 'care-leavers' particularly informative or well-recognised, and it is frequently used to refer to young adults who have recently transitioned out of contemporary forms of out-of-home care (mostly non-institutional). It appears the Forgotten Australians remain largely forgotten.

It's not something that I hear referred to by other service agencies. If I explain to other stakeholders who the group are, sometimes they'll say 'oh, okay, I know about that group' but they're not identified as being a specific vulnerable group...the wider community don't understand who Forgotten Australians are...when I explain who they are, people are like 'oh right, of course, of course', but the actual term, I don't think other service providers or agencies are aware of the term. (Stakeholder, from support provider targeting Forgotten Australians)

Despite all of the Senate inquiries, the reports and the Royal Commission, people don't know about Forgotten Australians...And the other thing that gets caught up in all of that is people don't identify as Forgotten Australians. A lot of them don't talk about what happened to them, they don't have a label, they're not part of identity politics syndrome. The way we suggest aged care providers approach it is to say 'did you grow up in an orphanage?'...they call themselves various things. Forgotten Australians, all of the labels, are very contested. (Stakeholder, from advocacy group representing Forgotten Australians)

Forgotten Australians is not a term that is well developed in either the disability or community housing sector from a data collection perspective. I suspect data will be difficult, as will cohort identification. (Stakeholder, from generalist support provider)

The power and resonance that comes with naming a phenomenon is not present in the case of the Forgotten Australians. However, this is of course not the only factor underpinning the group's relative lack of visibility. The trauma associated with many people's time in childhood institutional care means many are reluctant to disclose their experiences even many years later.

Generally speaking, females seem to be more comfortable disclosing this information than males. In most instances I believe we get some information about childhood neglect and abuse but the person never discloses everything that has occurred as it is too painful to disclose. (Stakeholder, from generalist support provider)

Their childhood trauma is something they can't address or even speak about, and so we don't properly understand this link to their resulting behaviours that we can see, which are most often self-destructive, and so understanding what's behind the mental illness, substance misuse, fear, transience and all other deemed causal elements remains unknown. None of our data or systems are able to tell us if people we house or support fit this category and so we just don't know. (Stakeholder, from generalist support provider)

It is important to note that not all people in institutional care as children had the same experiences or the same lasting effects, and they have very different support needs in adulthood. Many have no greater need for supports in mid-life and older age than the average member of the community. Regardless of whether they have heightened support needs or not, some Forgotten Australians wish to embrace their childhood experiences as part of their identity while others prefer not to think or talk about them at all. Individual preference will determine whether a person embraces a 'label' such as Forgotten Australian and whether they choose to disclose their childhood experiences to service providers.

Because the Forgotten Australians cohort is so broad and so large, and people's experiences of institutional care so variable, it is very difficult for service providers who do not specifically target Forgotten Australians to identify them and address their needs in a tailored way: nor is it clear when or if individuals wish to be identified as Forgotten Australians and treated accordingly. Many prefer to 'fly under the radar' and avoid drawing attention to their childhood experiences, perhaps as a way to cope with traumatic memories. Others might have experienced institutionalisation but not view themselves as traumatised. These people may already have a form of 'survivor's guilt' that could be exacerbated if they felt they were being given special treatment that they felt was not warranted.

### 3.3.2 Significant support needs related to childhood trauma

Participants from the agencies targeting Forgotten Australians stated unequivocally that many in the group had heightened support needs, and that these were directly related to their childhood experiences. Once they were clear on the nature of the cohort under consideration, stakeholders from generalist service providers reported that in their experience working with people who they knew had experienced childhood institutional care, the effects of these childhood experiences were both significant and lasting.

Stakeholders said the ongoing effects of trauma were the key concern when supporting Forgotten Australians. One common and noticeable effect was a tendency for people to become 'dysregulated', especially when stressed, frustrated or feeling like they were not being heard. This could manifest in agitation and inappropriate responses towards others, including staff at agencies such as Centrelink and housing providers. Similarly, it was noted that anti-social behaviours in settings such as social housing could often be related back to past trauma experiences. These behaviours could be hard for others to understand without any knowledge of the individual's past experiences of trauma and how these continued to affect them. Even those who experienced the trauma may find it difficult to rationalise and understand how this continues to affect their feelings and behaviours.

The effects of childhood trauma can impact you throughout your life. So some of the clients can be quite dysregulated in how they present. If they were to present to a Housing SA office and something happened during their meeting with Housing SA, they may need that additional support, someone to be there to advocate on their behalf about what their needs are as well. There's a lot of different things that can trigger people who've experienced childhood trauma, and it's different for each person, and trauma presents differently for each person. (Stakeholder, from support provider targeting Forgotten Australians)

People find it hard to draw the links and articulate the pervasive feelings they have about their [past] environments and spending their lives managing that trauma. (Stakeholder, from generalist support provider)

A participant from an agency targeting Forgotten Australians explained that an identity card had been developed which people could carry with them and present as required, including to service providers. The text read as follows:

I am a Forgotten Australian, please listen to me, believe me, recognise me, do not judge me. Trauma changes people...I am a survivor of Australia's past child welfare system. I experienced depravity, neglect, physical, emotional and sexual abuse, denial of basic human rights. Childhood trauma changes development, my childhood is part of who I am. Please remember this when we are together.

Yet, the support needs of Forgotten Australians are not always distinctive and this could be another reason why generalist service providers tend not to deliver tailored support to this group. People who have not experienced childhood institutionalisation are also affected by disability, mental and physical health issues, relationship breakdown, limited education and work opportunities, substance abuse problems and financial disadvantage. Some have also been deeply affected by trauma, perhaps as victims of sexual abuse, family and domestic violence or other criminal activity. However, what is distinctive about the experience of people institutionalised in childhood is that their trauma was inflicted directly or indirectly by the state, under the guise of promoting child welfare. The implications of this are discussed further in Chapter 4.

### 3.3.3 Housing support needs

As discussed in section 3.1, there are little to no data on the housing experiences of Forgotten Australians as a specific cohort. In its data on clients who access SHS, the AIHW (2019) identifies the following client groups of interest: clients who have experienced family and domestic violence, young people presenting alone, children on care and protection orders, Indigenous clients, clients exiting custodial arrangements, older clients, clients with disability, clients with a current mental health issue, clients with problematic drug and/or alcohol use, clients who are current or former members of the Australian Defence Force and clients leaving care. However, as noted in section 3.1, the latter category explicitly covers young people who have recently left out-of-home care and people being discharged from health care facilities, not those who experienced institutional care in childhood many years ago.

The evidence discussed in Chapter 2 suggests that Forgotten Australians are likely to be over-represented in a number of the SHS client groups specified by the AIHW, including Indigenous clients, older clients, clients with disability and clients with a current mental health issue. With Forgotten Australians at greater risk of experiencing financial disadvantage (often due to their limited education compromising their job opportunities), they are also likely to be over-represented on public housing client lists. However, it is worth remembering again that Forgotten Australians are a large and diverse group, making it difficult to generalise about their likely experience of the housing system. More data are required in this area in order to draw more substantive conclusions.

Each Forgotten Australian's situation is different. So we have Forgotten Australians who own properties, we have Forgotten Australians who have lived in housing trust homes their whole lives, and then the gamut in between, where some are paying off mortgages, some are renting, so a really big variety of what the housing situation is. We have homeless clients as well. So right through the whole gamut of housing. (Stakeholder, from support provider targeting Forgotten Australians)

They're older, their health is poor, they're on very low incomes, many of them have had no education or very basic education. So they've never had highly paid jobs, they won't have any or much superannuation, very many are on the disability support pension...They're borderline poverty-stricken. So all it takes is one crisis in a person's life, a family crisis, a falling out with somebody, an accident with one of the children, and the whole house of cards just disintegrates. So it's very fraught, many, not all again, but many are living on the edge really, they're in survival mode and that's about all. (Stakeholder, from advocacy group representing Forgotten Australians)

Many tenants in social and affordable housing will recognise themselves as Forgotten Australians. Community Housing Providers and government housing agencies will be a key source of housing for many. (Stakeholder, from generalist support provider)

Qualitative data on the lived experience of Forgotten Australians in this area are also vital. Stakeholders reported that when Forgotten Australians experienced housing issues, there were often significant barriers to these being effectively addressed. The logistics and engagement with bureaucratic processes required to access support could cause significant problems for Forgotten Australians. Literacy problems, low education and lack of access to technology could all make it harder for some people in this group to navigate the system. However, stakeholders said the most problematic issue was the reluctance many Forgotten Australians felt to engage with government agencies or providers in the community services sector. For some Forgotten Australians, this was akin to placing themselves in a position of disempowerment and lack of control, echoing their childhood situations.

That goes back to the childhood in an institution where they had very limited choice, no authority, no power, no freedoms, and so to feel again that you are going to an institution, like a government organisation, and you are not being listened to, you have no power and no authority, can take people right back to the childhood memories. (Stakeholder, from support provider targeting Forgotten Australians)

Government and community sector organisations (some of which continue to be service providers) were the perpetrators of the neglect and abuse suffered by many Forgotten Australians as children in institutional care. Not surprisingly, they may find it difficult to trust that these types of organisations have their best interests at heart and will help rather than harm them. One stakeholder reported clients refusing housing with faith-based providers due to their experiences in church-run institutions as children.

There's deep mistrust of anything bureaucratic, of anything that reeks of government, officialdom...inevitably there's a mistrust of services, no matter how good that service is...They don't like bureaucrats, they don't like offices, some of them are ashamed because they can't read and write, or their language skills or communication are quite poor. And they might appear to be dishevelled or living on the streets. And again, that's not all people, but there are all kinds of barriers around their health and wellbeing, their self-esteem, their self-confidence, that they encounter when dealing with bureaucracies of any kind. (Stakeholder, from advocacy group representing Forgotten Australians)

Often there is a reluctance to trust others which can impact on a whole range of things including accessing medical support when needed, maintaining friendships and relationships, accepting support within the home

and a definite reluctance to access residential aged care services even when needed...Government departments are definitely places they wish to avoid at all costs. (Stakeholder, from generalist support provider)

Centrelink, housing authorities and aged care services were cited as the agencies with which Forgotten Australians had the most contact, with banks and post offices also noted by stakeholders. It should be noted that not all Forgotten Australians find interacting with these agencies challenging, and nor do they uniformly receive poor service. One stakeholder reported that in her experience Forgotten Australians were desperate to receive some attention and engagement from support providers, particularly around housing.

It's mixed. We do get reports of people who've received very good service from Centrelink, but by the same token, many people are terrified of Centrelink...There are services that do terrific jobs...and they're really responsive to people. And they're trying very hard to learn more about and engage with Forgotten Australians. (Stakeholder, from advocacy group representing Forgotten Australians)

Notwithstanding the reluctance of some Forgotten Australians to engage with bureaucratic organisations, stakeholders noted that an agency such as a public housing authority would be better placed to address the needs of the cohort than real estate agents and landlords in the private rental market. It was also observed that lower income Forgotten Australians forced into the private rental market may find themselves having to move far from the services they needed to access in order to find an affordable home.

We see clients being evicted from their homes because they haven't been able to pay their bills or there's not an understanding from real estate agents around what trauma is...[the] private rental market doesn't have the same level of understanding as Housing SA does. Some Housing SA workers will understand this group of clients...and they understand how they may not be able to pay rent sometimes, they may not be able to do certain things...Housing SA [is] working on a regular basis with more vulnerable people so they have a better understanding. (Stakeholder, from support provider targeting Forgotten Australians)

Privacy can be an issue for Forgotten Australians, whose experience living with many others during childhood can leave them preferring to live in less crowded settings. Their capacity to form healthy relationships with others may also have been compromised. One stakeholder noted that the group home model still widely used for clients living with disability may be unsuitable for those who had also experienced institutional care. Congregate models of living for older people, such as retirement villages, may also raise issues for Forgotten Australians.

A lot of Forgotten Australians don't want to live communally, they don't necessarily want to share houses because they often have very negative experiences [living] with other people. It may be hard for some of them to relate to other people in a constructive, trustful manner. (Stakeholder, from advocacy group representing Forgotten Australians)

Large numbers of people living with disability will have experienced institutional or foster care during this period [the 1920s to 1980s]. Many still do. There continue to be people in Australia living in large congregate care situations and the dominant model under NDIS for people with high support needs continues to be group homes and shared living. It's changing but slowly. (Stakeholder, generalist support provider)

The past trauma that contributes to the difficulty many Forgotten Australians experience in accessing high quality, secure housing also makes this goal vitally important. This group grew up without living spaces they could call their own, or where they could feel comfortable and safe. A home can be a source of much-needed security, stability and comfort; a space for healing.

For them to feel safe in a space which is their space, which they can manage and control, is incredibly important...to have that stability and that safety and security and continuity and consistency is very important for Forgotten Australians...we can see that with our clients generally, those that know they've got secure housing can then focus their energy on other things. (Stakeholder, from support provider targeting Forgotten Australians)

Appropriate housing is also critical for Forgotten Australians, as with other groups who may be experiencing various forms of disadvantage, because it is inextricably linked with people's wellbeing more broadly. Stable, secure housing provides a foundation for maximising outcomes across all aspects of people's lives.



Housing and nutrition are really important for people. And they're interlinked, housing, nutrition, independence, self-confidence, an ability to lead their own life rather than communal living. That's so important. (Stakeholder, from advocacy group representing Forgotten Australians)

### 3.3.4 Distinctive support needs in older age

Another important benefit of high quality housing is that it can facilitate ageing in place and underpin appropriate in-home supports as people grow older, potentially avoiding or delaying transition to an RACF. In-home care service delivery tends to be based on the assumption that people are in stable, secure housing, but this is not always the case (Cornell 2018; 2019; AAG 2020). The AAG report advocated closer links and dialogue between the aged care and housing sectors to better address the needs of Forgotten Australians.

As members of the Forgotten Australians cohort age, their housing needs shift. As with other members of the population, they become more likely to require in-home supports to remain in their existing housing, may wish to move to homes that better suit their changing needs, or must confront the possibility of moving into an RACF. All of these scenarios can raise particular issues for Forgotten Australians as a result of the lasting effects of their childhood experiences in institutional care.

Several stakeholders reported that as with other groups who have experienced trauma and/or significant disadvantage during their lives, many Forgotten Australians 'aged prematurely'. They often began to exhibit the additional support needs associated with ageing at a younger age than the general population. This means any issues associated with ageing for Forgotten Australians are of pressing concern. With half a million Forgotten Australians, many who are members of the Baby Boomer generation (born from 1945-1964) now in or approaching their 60s and 70s, a significant number of people are affected by these issues.

The clients becoming an older age means they're looking at alternative accommodation. So aged care has now become the big issue of the last five years. (Stakeholder, from support provider targeting Forgotten Australians)

It's that transition into [residential] aged care which we are most concerned about...they're at that age where due to the abuse they've suffered, they are ageing prematurely... it's really a tsunami of people who are in that cohort who are entering the system. And the system is quite ill-prepared for them. (Stakeholder, from advocacy group representing Forgotten Australians)

Stakeholders commonly reported that many Forgotten Australians had an existential fear of entering an RACF. There is enormous potential for the institutional setting of many RACFs to bring back childhood memories. Residents may experience a loss of privacy and autonomy, with staff members entering their rooms at will, and an expectation that they will follow set daily routines and adhere to timetables. They may not be permitted to leave the facility. Simple things like being required to eat particular foods, being summoned to meals by a bell, doors being kept open or closed, and having to switch lights on or off at particular times can make people with traumatic past experience in institutional settings very uncomfortable. Living in an RACF may also raise the actual or perceived risk of experiencing neglect or abuse.

They're actually going to need to rely on a care worker to support them and they'll be vulnerable again. (Stakeholder, from support provider targeting Forgotten Australians)

That fear of being re-institutionalised fills people with terror. And we know of people who've committed suicide as an alternative to that. (Stakeholder, from advocacy group representing Forgotten Australians)

Generally speaking I believe that residential aged care is an absolute last resort for these customers—this means they may continue to live in a home environment without the appropriate level of support that they need. (Stakeholder, from generalist support provider)

While in-home care was seen as a vastly preferable option for most Forgotten Australians, it was not without its problems. Some Forgotten Australians may see their home as a safe space and be uncomfortable about outsiders entering to perform certain activities, including of a personal nature such as assisting them with showering. This would particularly be the case if they had multiple different support workers visiting them on rotation.

To have a stranger enter their space is very significant and what we hope will come out of some of the training with aged care services and working in that aged care space is looking for consistency and familiarity, which will build trust with these clients...If that Forgotten Australian can have the same person or the same two people coming into their home on a regular basis providing the service, they will build up a trust with those people. (Stakeholder, from support provider targeting Forgotten Australians)

A feeling of their privacy being invaded, people touching their things or asking difficult questions. It's pretty fraught. We know people prefer to stay in their home, that is the ideal solution, but there's downsides with that as well...Forgotten Australians can take years to trust somebody. And if they've got a new worker every couple of months, that's never going to happen. (Stakeholder, from advocacy group representing Forgotten Australians)

The aged care sector appears to have a somewhat greater awareness of the specific needs of Forgotten Australians than the housing sector. This may be partly because care-leavers have been identified as a special needs group under s.11 of the *Aged Care Act 2013* (Commonwealth of Australia 2017) since 2009. Challenges with respect to Forgotten Australians' access to aged care supports were also recognised in the *Legislated Review of Aged Care Report* (Department of Health 2017, pp. 163-64). However, there remains a need for improved understanding, training and supports to ensure the needs of Forgotten Australians are met as they age.

### 3.3.5 Possible improvements to existing understandings and supports

In relation to housing, aged care and other areas, stakeholders reported that much more could be done to better address the specific needs of Forgotten Australians. Raising the visibility of the group and making them heard would be a first step towards helping service providers become more aware of their needs and better able to support them effectively.

I feel like the clients would love to be seen more, because they weren't seen as children. And they didn't have a voice as children...I feel definitely the client group would love to be acknowledged more and to have services like Housing SA acknowledging who this group of clients are...If the group can be acknowledged more and there's a greater awareness of who the group is, and specifically on housing there definitely is a need for more support. (Stakeholder, from support provider targeting Forgotten Australians)

Many Forgotten Australians have intersecting issues and complex needs and may not be embraced as clients by providers who prefer to operate in the transactional rather than relational space. There is also a geographical element. As two stakeholders noted, Forgotten Australians frequently live in outer-metropolitan, regional and rural areas which are not well-served by providers.

Trauma-informed practice was identified as one way forward in terms of improving the supports offered to Forgotten Australians. Stakeholders noted how important it was for practitioners to understand people's individual needs and experiences, and tailor supports accordingly, as part of a trauma-informed approach.

So if Centrelink, Housing SA, [residential] aged care facilities, could all be trained in trauma-informed approaches...[that] would be ideal because you can have people supporting them that understand that this person experienced childhood trauma and that it is still a part of their life today. (Stakeholder, from support provider targeting Forgotten Australians)

The shortcomings of existing service provision were highlighted by one stakeholder's anecdote about Forgotten Australians taking matters into their own hands and supporting each other.

We know one of our members in Western Australia, he's in his 70s and he's a survivor of the Ballarat institutions, he actually, and this isn't uncommon among Forgotten Australians who are a little bit more able-bodied or want to do something for their people, they actually go out on the streets and take in homeless people or bring them food or help link them into the services. It's ad hoc, it's informal, it's unfunded...they're responding to an unmet need. (Stakeholder, from advocacy group representing Forgotten Australians)

While it should not be necessary for individuals to fill holes in the system in this way, it does raise the possibility of more structured (and funded) peer support programs. These already operate to some extent but usually on

an informal basis. They could help to overcome the reluctance of some Forgotten Australians to seek support from what may appear to be faceless bureaucracies where workers have little understanding of their lived experience.

People are more likely to trust another Forgotten Australian. Very much our members are telling us we need to use the lived experience of Forgotten Australians in order to support others...Because they have the same experience and they do, to a larger extent, trust one another. (Stakeholder, from advocacy group representing Forgotten Australians)

Stakeholders did note that some generalist aged care providers were making efforts to better address the needs of Forgotten Australians, though there was no mention of this occurring in the housing sector. Educating aged care providers was considered vital.

There needs to be national education strategies for aged care providers. People who work in aged care, medicos, a whole range of people, about who the Forgotten Australians are and why they might experience what appear to be disproportionate levels of trauma as they enter [residential] aged care or as they experience an aged care assessment team or as they have someone coming into their homes to deliver a service. (Stakeholder, from advocacy group representing Forgotten Australians)

As noted in section 2.7, in 2016 the Commonwealth Department of Health developed educative materials to help aged care workers build their awareness and understanding of the needs of Forgotten Australians. However, it was not made compulsory for workers across the sector to participate in the training program.

It boils down to making this a part of the curriculum for anybody who works in the aged care sector...we tried to make that aged care package, the viewing of that compulsory. But the aged care sector fought back very hard on that. There's a lot of pushback for anything that takes time, takes people's attention. (Stakeholder, from advocacy group representing Forgotten Australians)

This has left state and territory governments, or sometimes local government and individual providers, to develop their own approaches to educating and informing aged care workers about the needs of Forgotten Australians. For example, aged care providers in Victoria regularly commission the Alliance for Forgotten Australians to deliver workshops to their staff. In South Australia, Helping Hand Aged Care is developing an initiative known as 'Real Care the Second Time Around' to improve access to aged care services and the quality of services for Forgotten Australians (Helping Hand 2019). Helping Hand is working in partnership with Relationships Australia, Flinders University and Forgotten Australians themselves to co-design this initiative. One of the outputs will be a training package on trauma-informed care for workers providing in-home care and care in RACF settings.

These initiatives are welcome, but the approach remains piecemeal and stakeholders said a national strategy with universal coverage would be far more effective.

It's a patchwork of responses, it's not coherent. (Stakeholder, from advocacy group representing Forgotten Australians)

For it to be as effective as it can be, that training needs to be received by as many people as possible. (Stakeholder, from support provider targeting Forgotten Australians)

Regardless of the types of programs and strategies deployed to meet the specific housing and aged care support needs of Forgotten Australians, stakeholders agreed that significant additional resources are needed.

There should be more funding for service providers for case management and coordination to support these customers (maybe like the dementia supplement). (Stakeholder, from generalist support provider)

We've got a network of services around Australia for Forgotten Australians which are funded at various levels by state and Commonwealth governments. But the states in some areas like South Australia put in very little, if anything. And therefore the capacity for the providers to provide brokerage or to link people with other parts of the service system is quite limited. (Stakeholder, from advocacy group representing Forgotten Australians)

Some possible improvements in day-to-day practice may themselves cost little and be relatively easy to implement but are unlikely to happen without substantial awareness-raising and educative efforts. For example,

RACFs could have a smaller number of carers working with clients who have trouble building trust, avoid asking confronting questions during intake processes and be more flexible about eating times and the food served.

There are some things that could be done around tailoring the support, whether that's in-home or in a [residential] aged care facility, to that individual. So understanding that individual's story. And particularly the intake process...The intake process is something that *could* be changed. They also could, if it's possible, get that consistency of the same workers working with the same clients. (Stakeholder, from support provider targeting Forgotten Australians)

### 3.3.6 Need for more data

All stakeholders noted that inadequate data were available even to identify Forgotten Australians among service provider clients, let alone accurately assess their needs. There was similarly a lack of information or evaluation to ascertain how effectively these needs were being met.

General agreement was seen among our study respondents about the need for more data to inform efforts to improve the capacity of service providers to address the specific needs of Forgotten Australians. Housing was identified as an area in which only very limited data were available and further research would be highly valued.

There hasn't been a lot done in this area. Like I'm not aware of many housing studies or approaches to innovative housing that have been done in Australia over the last few years...it's certainly a gap. And then the issue of aged care is also a big gap for us. It's the evidence base, when we say that we've got the stats from the LOFA study, well that's a few years old now and it was quite a small sample. That's all we've got. (Stakeholder, from advocacy group representing Forgotten Australians)

Research specifically into housing would be great. So the LOFA study is excellent and covers off a whole range of things but if you actually did a research project specifically on housing and then honed into what that looks like because obviously with the age that the clients are becoming, they're now re-entering, or looking to re-enter, institutional care, which often they tell us they're very fearful of and they want to avoid. So that's kind of been the new housing issue of the last five to ten years as people are getting older. (Stakeholder, from support provider targeting Forgotten Australians)

## 3.4 Conclusion: extending the Forgotten Australians and housing evidence base

Our stakeholder consultation confirms many of the findings of the literature review set out in Chapter 2, generating a richer picture of how Forgotten Australians experience the housing system during mid-life and as they age. Key themes emerging from the stakeholder consultation include issues around identifying Forgotten Australians among broader client groups, the challenges some Forgotten Australians experience interacting with government and community sector agencies, a common fear of re-institutionalisation in RACFs, and the importance of both better training for service provider staff and trauma-informed practice. The need for more data about the cohort to inform improved supports in the housing and aged care areas was a pervasive issue which is discussed further in the next chapter.

## 4. Discussion

The findings of the stakeholder consultation described in Chapter 3 are well-aligned with the existing, albeit limited, evidence base on the housing experiences and outcomes of Forgotten Australians. Practitioners working directly with Forgotten Australians in South Australia and Victoria confirmed the abundant evidence which shows that experiencing institutional care in childhood has left many people with lasting trauma that continues to deeply affect their lives into late adulthood. Anecdotal evidence from stakeholders suggested that these continuing effects contribute to Forgotten Australians being over-represented in cohorts experiencing homelessness and insecure accommodation, their reliance on social housing, high rates of rental stress and limited suitable living options as they age.

In considering the findings it is important to reiterate two prominent themes running through the consultation:

- the need for more data around how Forgotten Australians interact with the housing system; and
- the importance of recognising that Forgotten Australians are a diverse group with varying experiences and preferences.

With these important considerations in mind, this chapter turns to the implications of the findings of the literature review and stakeholder consultation for practice, policy and research.

### 4.1 Specific housing support needs

The literature review highlighted a number of ways the childhood experiences of Forgotten Australians continue to affect their daily lives and these were reinforced by stakeholder feedback. Spending time in institutional care as children meant many Forgotten Australians received only limited education, which has contributed to literacy issues and reduced job opportunities for some. This in turn has led to financial disadvantage, putting them at heightened risk of housing stress and insecurity, including homelessness.

Emotional and physical neglect and abuse suffered in institutional care has left a large number of Forgotten Australians living with disability and/or physical and mental health issues in adulthood. These factors can also compromise job opportunities and contribute to financial pressure, again exacerbating the risk of sub-optimal housing outcomes. Difficulties forming and maintaining close personal relationships also affect some Forgotten Australians, making family breakdown another contributor to poorer housing outcomes.

The literature suggests, and stakeholders confirmed, that the lasting effects of childhood institutionalisation have the potential to significantly compromise housing experiences and outcomes for Forgotten Australians. This is particularly regrettable because housing can play an important role in giving Forgotten Australians a sense of security and stability and a safe place to heal. The scoping exercise demonstrated that Forgotten Australians are likely to be over-represented among people who would benefit from housing services and support, including SHS, social housing, and tailored aged care supports. Furthermore, in many cases Forgotten Australians' heightened need for housing support is directly or indirectly attributable to their childhood experiences.

Our scoping exercise identified the following significant barriers to Forgotten Australians receiving the housing services and support they need:

1. The lack of visibility of Forgotten Australians as a group, and no specific data around their service needs.
2. Issues Forgotten Australians may have with accessing supports, either general (e.g. reluctance to engage with bureaucracy) or more specifically related to aged care (e.g. fear of being 're-institutionalised' in an RACF).
3. Inadequate training on Forgotten Australians provided to frontline staff in housing and aged care service delivery.

These barriers are discussed further in the remainder of the chapter. The need for more resources, financial, informational and otherwise, in the housing and aged care service sectors to better meet the support needs of Forgotten Australians (and other groups) goes without saying and is not discussed in detail here. However, it is important to note that the disadvantage experienced by Forgotten Australians has often resulted directly from actions taken or sanctioned by the Commonwealth and state and territory governments. This accountability brings with it a particular obligation for governments to now do what they can to address the disadvantage their actions caused. This issue is addressed further in the next section.

## 4.2 Lack of visibility and data limitations

Feedback from stakeholders indicated that Forgotten Australians have a visibility problem that must be resolved before their support needs can be more effectively addressed. The relative lack of visibility of Forgotten Australians as a whole, particularly in comparison to the Stolen Generations and Former Child Migrants, means they may not be on the radar of the general public or service providers. At the service provider level, this problem has three dimensions:

- contested terminology/labelling;
- lack of data collected on whether individuals are survivors of childhood institutional care; and
- the overlap of disadvantage experienced by many Forgotten Australians with that of other people in need of support.

These issues mean service providers are less likely to specifically identify Forgotten Australians in their client groups and therefore less likely to be aware of, or effectively respond, to their needs.

Insights offered by stakeholders suggest there is great value in knowing when a client is a survivor of childhood institutional care as it helps service providers better understand their needs and tailor supports accordingly. While in some ways the most effective supports for, say, a Forgotten Australian living with disability, might be the same as those for another person living with disability, in other ways they may be subtly different. For example, as one stakeholder noted, someone who grew up in institutional care may be particularly sensitive to protecting their privacy and find living in a group situation more challenging than might otherwise have been the case. Similarly, in an RACF, being served a particular food might be a matter of indifference to most residents but trigger traumatic childhood memories for a Forgotten Australian.

Past experiences of neglect, trauma or abuse are not limited to Forgotten Australians, and nor are the lasting consequences. The nature of the institutional settings in which the harm done to Forgotten Australian took place, however, adds nuances to the legacies left behind. As noted earlier, one of the distinctive elements of the experience of people institutionalised in childhood is that their trauma was inflicted directly or indirectly by the state. To make matters worse, it was carried out under the pretext of doing what was best for the children affected. This constitutes a betrayal that demands reparation and redress. It requires:

- investigation, acknowledgement, acceptance of responsibility and apology, which occurred to some degree at a national level in the 2000s;
- truth-telling about the past, both publicly and through a service like Find and Connect which facilitates Forgotten Australians' access to their childhood records;
- financial compensation, a matter which has not yet been adequately dealt with; and
- recognition of the precise nature of the harm done, and mitigation of this harm, including through the provision of adequate supports which address the needs created by this harm.

The reparative duty owed by the state to people it harmed is not discharged by isolated, one-off responses such as the Senate inquiry or the national apology. The duty is ongoing for as long as the harm continues to manifest.

Many Forgotten Australians remain deeply affected by their childhood experiences, and many want this explicitly recognised, including by service providers. These individuals may embrace 'labels' such as Forgotten

Australian or care-leaver as a way of naming their experiences and asserting how these experiences have shaped their identities. This group is also more likely to disclose details of their past experiences to service providers. Others prefer to 'put their past behind them' and are less likely to make disclosures or have evidently not been subject to any lasting effects that impact on their present support needs.

The difficulty identifying who is a Forgotten Australian with heightened support needs as a result of their childhood experiences presents challenges in terms of both data collection (for needs and scale) and tailored service provision. Service providers could ask new clients at intake whether they had experienced institutional care in childhood, but some may choose not to acknowledge their pasts and this decision must be respected. However, those who do wish to identify themselves as survivors of childhood institutional care should be given the opportunity to do so. This opportunity is currently not routinely available. For example, there is no reference to childhood institutional care in the National Screening and Assessment Form used for aged care intake (AAG 2020).

It is probably not possible to capture comprehensive data about how Forgotten Australians access services and supports. However, there are some improvements that could be made in this area:

1. Service providers could include a non-intrusive optional question about childhood experience of institutional care at intake to capture those Forgotten Australians who wish to disclose their backgrounds.
2. Improved training for frontline workers could assist them to detect indicators that someone may have experienced harm in institutional care as a child (e.g. expressing challenging behaviours) and respond sensitively to the possible effects of this, without needing to acknowledge that they are doing so.
3. In future research projects, qualitative data could be collected from Forgotten Australians who wish to disclose their backgrounds to partially compensate for the lack of comprehensive quantitative datasets.

### 4.3 Issues with accessing supports

#### 4.3.1 Reluctance to engage with service providers

Despite often having heightened need for supports and services, many Forgotten Australians face specific barriers to accessing them which are associated with their childhood experiences in institutional care. The literature review suggested, and stakeholders confirmed, that a deep-seated distrust of authority and a reluctance to engage with bureaucracy can discourage some Forgotten Australians from accessing the services they need. This distrust and avoidance extend beyond government agencies to community sector organisations, particularly those that are faith-based. For many Forgotten Australians, having government and not-for-profit agencies responsible for their welfare resulted in them suffering neglect, abuse and trauma. Not surprisingly, they may prefer to avoid relying on these same organisations for any further 'care', support or assistance as they age.

Counselling and psychological therapies are obvious strategies for assisting people with managing trauma and anxieties, but there are other responses that could be considered:

1. Brokerage and advocacy services, including so supports can be tailored to individual need.
2. Peer support approaches.
3. Improved training for service providers, to inform the development of less bureaucratic and more personalised interfaces with systems and service points (see section 4.4 for further discussion).

Organisations such as the Commonwealth Government-funded Find and Connect service providers in each state (e.g. Elm Place in South Australia and Open Place in Victoria, both run by Relationships Australia) already perform some brokerage and advocacy with Forgotten Australians. This can include identifying useful services, assisting with access and navigation of online services, and accompanying people to appointments with other agencies. However, these services tend to be limited and dependent on funding availability. Similarly, some peer support programs for Forgotten Australians already exist, but they are usually ad hoc and informal. There

may be an expanded role to be played by brokerage/advocacy services and peer support in assisting Forgotten Australians to access the housing supports they need.

### 4.3.2 Need for tailored ageing supports

For Forgotten Australians, ageing creates new anxieties about reliving their childhood experiences of being trapped in dependence on others for survival, stripped of personal identity and autonomy. Fears that age and frailty can render people vulnerable to neglect and abuse are far from unreasonable, as has become evident from the hearings of the Royal Commission into Aged Care Quality and Safety, which commenced in late 2018 (see Royal Commission into Aged Care Quality and Safety 2019). Forgotten Australians have already experienced neglect and worse at the hands of ‘the system’ and in institutional settings not dissimilar to some RACFs. Many have been left deeply fearful of repeating this experience and being re-traumatised. Stakeholders from organisations targeting Forgotten Australians confirmed that aged care was not only the most significant housing-related issue affecting the group, but probably the most concerning issue overall and likely to increase as the cohort ages.

There is no avoiding the reality that some Forgotten Australians, as with older people more generally, will need to move into RACFs at some point before the end of their lives. In-home care models cannot accommodate all of those with very high-dependency needs. These models also tend to bring their own challenges for Forgotten Australians, as stakeholders noted. Advocacy groups have made submissions to the Royal Commission and it is hoped that there will be substantial reforms across the aged care sector in the medium term, though it is not clear whether the specific needs of Forgotten Australians will be addressed. There are some small changes that could be considered to better support the needs of Forgotten Australians as they age and these need not await major sector reform:

1. Alongside appropriate client and staff safeguards, rostering staff to reduce the number of different workers individuals receiving in-home care or RACF care interact with, allowing for trust and rapport to be developed with carers.
2. Modifying aged care intake processes to elicit high quality information about an individual’s support needs, while avoiding intrusive questioning or expecting other family members to be present.
3. Flexible practices in RACFs to provide more tailored and sensitive care to Forgotten Australians (e.g. catering to food aversions, avoiding over-regimentation of routines, giving residents as much privacy and control as possible over their living spaces).
4. Improved training for aged care workers and providers (see section 4.4).

## 4.4 Training for service providers

The stakeholder consultation process suggested that some agencies interacting regularly with Forgotten Australians are only vaguely aware that the group exists or how it is defined. Stakeholders themselves, particularly those from organisations targeting Forgotten Australians, confirmed that many other agencies, including government, community and private sector organisations which count Forgotten Australians among their clients, have little understanding of the group. This suggests a pressing need for improved training and educative programs for service providers with significant numbers of Forgotten Australians in their client groups, including aged care providers, public housing authorities, other housing providers and Centrelink.

Ensuring service providers have some level of understanding about who Forgotten Australians are, and how their childhood experiences may affect the supports they need and how those supports are best delivered, will help with some of the possible service improvements suggested above, including more personalised interfaces with systems and service points, and more responsive, flexible practices in aged care. Training and materials aimed at service providers should be co-developed with Forgotten Australians themselves, taking a trauma-informed approach. These resources should be regularly updated to ensure they reflect current good practice in this area. Seeking input from Forgotten Australians on the details of service improvements would also be helpful.



As noted in Chapter 3, there is some excellent work underway in the aged care sector in this area already, but coverage is patchy. Stakeholder feedback suggests a national strategy would be preferable to a piecemeal approach, and it should include a basic training component that is compulsory for aged care workers at least. To reach staff in sectors and organisations which interact with Forgotten Australians less frequently, such as banks and post offices, a broader public awareness campaign may be helpful. The Alliance for Forgotten Australians is currently making a short film about the group which it is hoped may contribute in this area.

As an increasing number of Forgotten Australians begin to require aged care supports, it is timely to revisit public awareness of the group, and to build capacity to address their needs in the aged care and other service sectors. Consideration could be given to the following:

1. Developing a national training and capacity-building strategy for aged care workers in consultation with Forgotten Australians and service providers. This should include:
  - Forgotten Australians awareness training for all staff;
  - education in trauma-informed care for all staff;
  - education in how trauma-informed care can be applied in supporting Forgotten Australians in RACFs and to age-in-place as applicable;
  - identifying and addressing skills gaps, where specialist skills are required to provide intensive, tailored supports for Forgotten Australians.
2. Building on the aged care training and capacity-building strategy to develop resource materials for frontline workers in the housing and homelessness sector.
3. Developing a broader public awareness campaign about the existence of Forgotten Australians as a group and the lasting impacts of their childhood experiences.
4. Co-designing appropriate residential and community-based aged care (housing/accommodation) models with Forgotten Australians.

#### 4.5 Future research directions

The improvements suggested in this chapter would benefit from being informed by further research. Stakeholders agreed that it would be very helpful to have more information on the housing experiences and outcomes of Forgotten Australians, as well as the supports they value most. This rapid evidence review found only very limited qualitative work on the lived experience of Forgotten Australians, or care leavers in an international context, in relation to housing. This is a significant gap given the importance of housing to individuals' overall wellbeing, and the substantial impact that the effects of childhood institutional care can potentially have on housing outcomes in later life. It is also timely to conduct more in-depth investigation of Forgotten Australians' housing experiences and preferences as they age to inform improvements to policy and practice in a rapidly evolving space.

Our investigations lead us to the development of a number of possible further lines of inquiry for/about Forgotten Australians and the housing, aged care and support systems:

1. What have the housing trajectories of Forgotten Australians been from leaving care into midlife and older age?
2. How have childhood experiences in institutional care affected housing outcomes and experiences for Forgotten Australians?
3. How well do existing services and supports (including SHSs) address the housing needs of Forgotten Australians?
4. How could services and supports be improved to optimise housing outcomes for Forgotten Australians?
5. How well do existing aged care models, particularly in-home care and RACFs, meet the needs of Forgotten Australians?

## 5. Conclusion

This rapid review addressed three research questions:

1. What are the impacts of experiencing institutional care in childhood that may affect how people interact with the housing system?
2. What evidence exists on how people who experienced institutional care in childhood interact with the housing system?
3. Are there gaps in the evidence base which may undermine the capacity of the housing system to address the specific needs of people who experienced institutional care in childhood?

The review comprised two components:

- Analysis of existing literature.
- Consultation with relevant stakeholders.

The review demonstrated the need for more research regarding the interaction of Forgotten Australians with the housing system. The existing evidence suggests that the lasting effects of childhood institutional care make it more likely Forgotten Australians will experience sub-optimal housing outcomes throughout their lives, including:

- High levels of housing insecurity and homelessness.
- Reliance on social housing.
- High levels of rental stress.
- Poor foundations for ageing-in place.
- Aged care supports that are not appropriately tailored to their needs (including in-home supports and RACFs).

However, further investigation of the scope of these problems and the policy and practice changes that would best address them is required.

Evidence from the analysis of existing literature showed that a substantial proportion of Forgotten Australians experienced trauma, neglect and abuse during their time in institutional care. It also demonstrated that the effects of these experiences, including disability, physical and mental health issues, financial disadvantage and relationship problems can last a lifetime. These complex, intersecting factors undermine the capacity of many Forgotten Australians to achieve positive housing outcomes. The legacy of their childhood experiences means they are more likely to need intensive, specialised housing and aged care supports. However, the literature analysis suggested that there may be particular barriers to Forgotten Australians accessing the supports they require, and stakeholder consultation confirmed this.

The literature analysis and stakeholder consultation identified a range of issues which affect whether Forgotten Australians can access the housing and aged care supports they require, including:

- Inadequate resourcing of services.
- Lack of outreach by services to Forgotten Australians.
- Lack of data capture as to whether someone has institutional care in their past and how this affects their support needs.
- Lack of awareness and understanding of Forgotten Australians among most service provider staff.
- Inadequate training and specialist skills to address the particular needs of Forgotten Australians among service provider staff.
- Inadequate tailoring of services to individual Forgotten Australians.
- Reluctance of some Forgotten Australians to engage with bureaucratic organisations, especially government agencies and faith-based providers.

- Anxiety felt by some Forgotten Australians with respect to receiving aged care supports in their homes.
- Fear of 're-institutionalisation' in RACFs.

While there are some improvements to service provision that could be made based on the existing evidence, the review also identified a number of areas where further research could help to inform policy and practice changes. Recommendations addressing short-term service improvements and expanding the evidence base to inform medium- to long-term policy and practice improvements are set out below. Changes that could be implemented prior to further research are marked \*.

## Recommendations

**Recommendation 1:** Further research, including qualitative analysis of the lived experience of Forgotten Australians, should be undertaken in the following areas:

- The housing trajectories of Forgotten Australians from leaving care into midlife and older age.
- The ways in which childhood experiences of institutional care have affected housing outcomes and experiences.
- How well existing models, services and supports, including SHSs, in-home care and RACFs, address the housing needs of Forgotten Australians.
- How services and supports could be improved to produce better housing outcomes for Forgotten Australians in midlife and older age.

**Recommendation 2:** A co-design process to develop and inform residential and community-based aged care models should be undertaken with Forgotten Australians and service providers.

**\*Recommendation 3:** Individuals should be given an opportunity to identify themselves as having institutional care experience in their childhood when accessing housing and aged care services and supports, and these data should be reported through the AIHW.

**Recommendation 4:** A national training and capacity-building strategy for the aged care sector should be developed through consultation with Forgotten Australians and service providers, including the following elements:

- Forgotten Australians awareness training.
- Trauma-informed care training.
- Addressing skills gaps, including specialist skills to provide intensive, tailored supports for Forgotten Australians.

**Recommendation 5:** A national training and capacity-building strategy for the housing sector and other relevant agencies should be developed based on the aged care sector strategy.

**Recommendation 6:** A state-by-state advocacy service should be established to support Forgotten Australians in their interactions with the housing and aged care systems.

**\*Recommendation 7:** More flexible practices to address the specific needs of individual Forgotten Australians should be implemented by in-home care providers and RACFs as follows:

- With appropriate safeguards, rostering staff to allow individuals to interact with a smaller number of carers.
- Enhanced tailoring of care (e.g. accommodating food preferences, minimising regimented routines, addressing individuals by name, respecting privacy and allowing individuals control over their living spaces).

Some relatively small changes to policy and practice have the potential to deliver improved service quality and outcomes for some Forgotten Australians. More substantial systemic changes could be informed by further research and co-development processes undertaken with Forgotten Australians themselves. It is vital to ensure that Forgotten Australians who experience heightened support needs as a result of childhood neglect, trauma

and abuse sanctioned by Australian governments have these needs recognised and addressed. This is a key element of the societal-wide redress response required to acknowledge and ameliorate the harm done by past practices of the Australian child welfare system.

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## Appendix: Research instrument

Question areas for stakeholders:

1. Can you tell me a bit about your organisation and your role?
2. Are you familiar with the term 'Forgotten Australians'? Do you work with people from this group?
3. How do you identify if someone is a Forgotten Australian?
4. Do you have knowledge of how housing issues affect Forgotten Australians?
5. In your experience do you think Forgotten Australians are more likely than others to be affected by insecure housing? If so, what factors do you think drive this? (E.g. higher rates of mental/physical health issues, disability, relationship breakdown, financial disadvantage.)
6. Do you have any other comments on how the childhood experiences of Forgotten Australians shape their housing support needs?
7. What do you see as the particular housing needs of Forgotten Australians at different stages of the life course?
8. In your experience, how comfortable are Forgotten Australians with accessing support services and interacting with bureaucratic organisations?
9. In your view, how well do the standard models of seniors housing (such as retirement villages and residential aged care) suit Forgotten Australians?
10. Do you think that housing can or does play a role in helping Forgotten Australians feel more of a sense of security, stability and connectedness?
11. In your view, are the housing support needs of Forgotten Australians being adequately addressed? If not, what improvements can be made?
12. In your view, is there sufficient knowledge, awareness and visibility around the housing needs of Forgotten Australians? If not, what other information would be helpful for policymakers and service providers?