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Diminishing their voice through choice? How 'self-placing' in out-of-home care affects children and young people's participation in decision-making

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ABSTRACT

In liberal welfare states, legislation acknowledges the State's responsibilities to uphold specific rights when meeting the care and protection needs of children and young people (CYP) placed in out-of-home care (OOHC). In Queensland (Australia), where this study was conducted, the State's child protection legislation was recently amended to reinforce CYP's right to participate in decisions about their lives whilst in OOHC. Whilst most CYP in OOHC stay in approved foster/kinship or residential placements, there are some who leave approved OOHC placements to stay in unapproved locations (e.g. family/friend's houses or the streets). The term 'self-placing' signifies this phenomenon in Queensland, although this terminology is contested. Those who self-place are disconnected from support and experience increased vulnerability including homelessness and criminalisation, as well as barriers to education, income support, and health care. This paper draws on interview data from 11 CYP with experiences of self-placing in OOHC. We report specifically on the: reasons they left approved placements; extent to which their voices were considered by formal systems; and practices that enabled them to feel they had a voice in the decisions that impact on them. Implications of these findings for enhancing the safety, connection, and wellbeing of this cohort are discussed.

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Participation; children and young people; out-of-home care; self-placing

Introduction

The United Nations Convention on the Rights of the Child (UNCRC) stipulates that children and young people (CYP) should be cared for by family unless their safety and wellbeing cannot be secured. The State may remove CYP and place them in out-of-home care (OOHC) as a mechanism for meeting their care and protection needs. Whilst most CYP in OOHC stay in approved foster, kinship, or residential care placements, there is a small group who leave their approved OOHC placements to stay in unapproved locations (e.g. family/friend's houses or living on the streets). In Queensland (Australia), where the study was conducted, the term 'self-placing' is used to signify this phenomenon, although this terminology is contested (Commission for Children and Young People [CCYP], 2021). CYP who self-place remain under the care of the State, despite staying in unapproved locations.

Whilst CYP are in OOHC, the statutory child protection authority regularly makes decisions about their lives, including where and with whom they live; the nature and frequency of contact with family

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and others; and the types of health and social services that are provided (Wilson et al., 2020; Woodman et al., 2023). These decisions have significant and long-lasting implications for CYP's connection, wellbeing, identity, and safety (Wilson et al., 2020). Despite the gravity of such decisions, CYP in OOHC routinely report low levels of participation in decisions about their lives (Nylund, 2020).

Arguably, CYP in OOHC who self-place face additional barriers to participation, due to their disconnection from formal supports and increased vulnerability (Bowden & Lambie, 2015). We report on a qualitative study exploring the experiences of CYP in OOHC who self-place. We particularly consider the extent to which they feel involved in decisions about their lives and what facilitates and inhibits their participation. We draw on Shier's (2001) five-level 'Pathway to Participation' model in our conceptualisation of 'voice' and 'choice'. We use 'voice' as an umbrella term for the extent to which CYP's views on decisions are considered, reflective of Shier's first three levels of participation. We use 'choice' when referring to CYP's involvement and influence in decision-making – akin to Shier's final two levels.

Children and young people's right to participation in child protection

Increasingly, CYP are recognised as social actors who are experts in their own lives, capable of contributing to decisions, rather than being passive objects or 'adults-in-the-making' (James, 2007; Stoecklin, 2013). The UNCoRC holds that CYP have a right to information, to express their views on matters that impact their lives, and for their views to be given due weight in accordance with their age and maturity. Evidence suggests that participation in decision-making has social, psychological, and emotional benefits, building problem-solving capacity, self-esteem, and a sense of belonging (Stafford et al., 2021). Child protection research shows that involving CYP aids more accurate and responsive decisions that enhance safety and wellbeing (Woodman et al., 2023).

Legislative framework for participation in child protection in Queensland (Australia)

Like most jurisdictions in the Global North, CYP's right to participate in decision-making processes is enshrined in all Australian state and territory child protection legislation. In Queensland, where this study was conducted, the guiding legislation is the *Child Protection Act 1999* (Qld). Whilst the requirement to obtain CYP's views was existing, in 2022 the Act was amended to reinforce their rights and to strengthen their voices in decisions that affect them. The Act also contains a Charter of Rights for CYP in care, which reiterates their right to: be consulted about, and take part in making decisions affecting their life; be given information about decisions about their future; make a complaint if their rights are not being upheld.

The challenge of participation in a complex and risk-averse context

Despite the benefits of CYP's participation in child protection processes, internationally, authors note that it is difficult to achieve meaningfully in practice (McCafferty & Mercado Garcia, 2023; Woodman et al., 2023). This lack of participation leaves CYP feeling disempowered, uninformed, and scared about the choices adults make about their lives (Toros, 2021; van Bijleveld et al., 2015), and even cynical about future invitations to participate (Cashmore, 2011). Literature from across the Global North identifies 'persistent systemic, cultural and practice-operational barriers are preventing children to have a voice, rendering many ... invisible and unheard' (Stafford et al., 2021, p. 2).

The legalistic and bureaucratic nature of child protection in many liberal welfare states privileges a 'protectionist' approach to practice, in which practitioners are positioned as the 'adult expert' charged with ensuring decisions are made in CYP's 'best interests' (McCafferty et al., 2021). Nylund (2020) discusses *adulthood* – where adults exert power over CYP due to a belief they are not capable – and *protectionism* – the notion that CYP are vulnerable and in need of protection – as particular barriers to participation, which negatively impact on CYP's ability to exercise self-determination (Stafford et al., 2021). In the increasingly complex and risk adverse environment of child

protection, McCafferty et al. (2021) argue that practitioners make increasingly protectionist and interventionist decisions, thus reducing opportunities for CYP's views to shape decisions.

The vulnerability of CYP in OOHC increases when they leave formal placements to stay in unapproved locations, as these arrangements are often temporary, and insecure (Bowden & Lambie, 2015). Further, those who self-place are disconnected from support, at increased risk of homelessness and exploitation, have increased contact with the justice system, disengage from education, face barriers to mental and physical health care, and experience ongoing trauma and crisis (Bowden & Lambie, 2015). It is plausible that this increased risk borne by both the CYP and the child protection authority, may result in increasingly protectionist and interventionist practices. The authors of this paper were unable to locate any literature that explores participation in child protection processes from the perspective of CYP who are self-placing. This paper seeks to address this gap by answering the research question: 'what are CYP's experiences of participation in child protection decisions and processes whilst self-placing away from approved OOHC placements?'

Method

We report on a subset of qualitative data from a study exploring the needs of, and responses to, CYP in OOHC who self-place in Queensland (Australia). We sought to privilege the perspectives of CYP, upholding their right to express their views on matters that impact their lives. This project received ethical clearance from the University of Queensland's Human Research Ethics Committee (2022/HE000699) and approval from the Director General of Queensland's child protection authority.

Recruitment

A purposive sample of CYP with an experience of being in OOHC in Queensland and self-placing were recruited. To reduce risk of harm, only CYP currently or recently supported by a specialist service funded by the Queensland Government to support CYP in OOHC who self-place were eligible. Practitioners within the specialist service distributed recruitment material to CYP and where relevant their guardian. Members of our research team also spent time at the three service locations to discuss the project with interested CYP and as an attempt to ensure those with negative views of the service felt able to participate. CYP were able to contact the research team directly to discuss their interest. However, the majority elected to use a 'consent to contact form', which gave their consent for the research team to either contact them or a trusted support person to discuss their participation.

Participants

Eleven CYP participated in the study. In accordance with the ethical clearance, the 7 participants under 18-years required guardian consent *and* the young person's assent. Queensland's child protection authority provided this consent. The 4 participants who were 18-years-old provided their own consent.

Participants were aged between 13 and 18 years. They reported being in OOHC for between 3–17 years. Most participants were female ($n = 9$) and non-Indigenous ($n = 7$). Each participant was given a pseudonym, which is used to refer to them throughout this paper. Participant pseudonyms and demographics are outlined in Table 1.

Data collection

A one-off, semi-structured interview was conducted with each participant between August and December 2022. Interviews explored participants' experiences of self-placing, as well as their needs and any provided supports. Interviews lasted between 24 and 113 min ($\bar{x} = 51$ mins) and

Table 1. Participant pseudonyms and characteristics.

Pseudonym	Age (years)	Gender	Aboriginal and/or Torres Strait Islander Status	Reported time in OOHC (years)
Arya	16	F	Non-Indigenous	4
Grace	16	F	Non-Indigenous	7
Eli	18	M	Non-Indigenous	3
Francine	15	F	Aboriginal	11
Catriona	18	F	Non-Indigenous	3
Rhianna	13	F	Aboriginal	4
Tameika	18	F	Non-Indigenous	13
Billie	17	F	Non-Indigenous	5
Decca	18	F	Non-Indigenous	11
Evelyn	17	F	Aboriginal	17
Tomas	16	M	Aboriginal	16

were conducted at a safe location of their choosing, such as their home or a library. Ten of the 11 participants consented to their interview being audio-recorded. Detailed field notes were taken for the remaining interview.

Data analysis

Interview recordings were professionally transcribed verbatim, de-identified and uploaded into the qualitative data management programme, NVivo. Our thematic analysis was guided by Braun and Clarke's (2013) widely accepted approach. We familiarised ourselves with the data, each inductively coding at least 3 transcripts. We then collaboratively established an initial coding frame, which was subsequently applied to all transcripts. This process involved discussing the production of new codes and resolving any discrepancies. Authors A and B then looked for patterns of meaning across the data associated with the research foci of this paper. Candidate themes were discussed with the other authors and a final list of themes agreed upon. Similarities and differences between the themes were explored throughout the analysis process.

Results

Four themes related to CYP's experiences of voice and choice in decisions about their lives when self-placing were identified.

When self-placing, the notion of 'choice' is complex

Participants offered varying reasons for leaving approved OOHC arrangements to stay elsewhere, with most sharing examples of when they had actively chosen to leave, and instances where they felt forced to self-place due to the choices of others.

Self-placing as a mechanism for exercising agency

Underpinning all descriptions of entering self-placing arrangements was a perception that approved OOHC placements were not meeting the needs of CYP. Several participants felt that the placement matching process failed to adequately consider their need for connection with family, friends, partners, school, and/or employment. For many, self-placing was perceived as a mechanism for exercising their personal agency in response to this lack of voice and choice within the OOHC system. Rhianna's statement, 'I'm choosing where to live, I have a choice. And my choice matters', exemplifies this perception.

Further, interviewees discussed how they self-placed in response to the features of the OOHC placements they were given and had no say in – factors such as location, homeliness/ suitability of the

physical space, who they were placed with, qualities of workers, house rules, and the availability of transport support. For example, Eli recounted:

they'd sent me around five [residential care] houses in three months, and by the fifth house, because they just kept declining in quality ... I'd had enough of it, so I packed my bags and I left.

For others, like Tameika, the decision to self-place was motivated by a desire for a 'normal' life and to avoid placement instability:

I self-placed because I knew that my foster care placements don't hold up well and I didn't want to mess around and go to all these other places ... I felt that self-placing, going to live in normal people houses with none of the mandates that these people have, it might be the closest to normal you might get.

Tameika's comments highlight how the rules of approved placements can make CYP feel 'othered' compared to their peers who are not in OOHC.

Self-placing as a 'constrained' or 'forced' choice

Participants also emphasised their lack of choice in some instances of self-placing, describing situations where the decision to close their OOHC placement was made by either the child protection authority or the carer – mainly residential care providers. They described this as being 'kicked out' or 'forced to leave'. Several participants explained that their approved OOHC placements had been closed due to their behaviour, namely anti-social behaviour, or repeated unapproved absence. Participants' motivations for being frequently absent from placement varied. For example, several participants, including Grace and Catriona, both reported how their choice to spend extended periods of time at partner's and friends' houses resulted in placement closure. Participants also described specific negative experiences in approved placement contexts (e.g. bullying, or exposure to violence/self-harm), which they felt made it untenable for them to remain. For example, Rhianna shared:

I stopped going there because of ... two males in the house ... One of them touched me, so he got kicked out, but the other one is being weird. So I stopped going there for a while ... every time I go back I just get the bad memories of what's happened to me ... since I didn't go there for a long period of time, the placement services decided to close my placement there and I got kicked out and so I moved in properly with [self-placing arrangement].

Rhianna's decision to avoid being at the house was a constrained one – a response to not feeling safe – as was the 'decision' to self-place following the resultant placement closure.

In contrast, Eli's stories illustrates how his own anti-social behaviour resulted in the closure of placements:

I was constantly becoming quite loud and angry and punching things and destroying things. I deserved what I got. Through my eyes anyway, just in a moral sense, I deserved what I got when they kicked me out.

Eli's story also speaks to the implications of placement breakdown for some CYP in terms of their voice and choice with respect to personal belongings:

they'd packed up my whole bedroom and they'd taken it to the tip. And that was a lifetime of stuff for me at the time ... everything that I had even a feint memory of and attachment to, right the way through to things that I hold very near and dear to my heart, they [residential care provider] ... took it all to the tip.

Across Eli and other participants' accounts, many of their described 'choices' are significantly constrained, and a context-sensitive lens casts them in a different light. Some narratives speak to the compounding nature of these constrained choices and diminishing voice.

Self-placing can afford certain freedoms, but can also further limit voice and choice

Some participants spoke of benefits of self-placing – for example, being able to connect at will with others or engage in activities that were not available to them in residential care. In other ways,

however, a young person's voice and agency can be further limited while self-placing – particularly regarding a lack of housing security/tenure and reduced access to resources.

Self-placing allows connection

Participants described the significant benefit accompanying self-placing of being able to spend time with important others at will, in contrast with their experiences of being constrained by rules and the need for approval when in residential care. For example, Rhianna stated:

we couldn't go see anyone unless we had specified contact days. But since I'm now self-placing, I can go see Dad whenever I want to, I can see Grandma, I can see my aunty, I can see everyone. We weren't really allowed out of the house at resi, unless it's all been approved.

For Arya, the specialist support service assisted her with transport to enable social connection while she was self-placing. When in residential care, however, this support was not available:

[support service] are a lot more lenient in the fact that if you tell them where you need to go, they'll take you there. But [at residential care], you need approval for everything, so it's a bit harder. And if I wanted to go somewhere after 5:00, I can't, because the person that approves it isn't clocked on.

For participants, self-placing granted them greater autonomy regarding important relationships – a key developmental need in adolescence. This highlights the how restrictions and bureaucracy in OOHC can constrain informal connections for CYP.

Lack of security/tenure

Despite this freedom, several participants spoke about the lack of security/tenure that can come with self-placing arrangements, and some offered cautionary advice to those who might consider self-placing. For example, Arya stated, the 'majority of the people that self-place are in really shitty situations and self-place in places that aren't positive'. When asked if she would self-place again in the future, Arya responded:

I think I'll have a place and then I want to live there and then I can't live there anymore. I'll get kicked out and then I'll be at square one ... it's just really shitty when you just don't know where you're going to be living or that feeling where you just don't know where you're going to live tomorrow, where you're going to be next week.

Like Arya, most respondents reported unplanned breakdowns of often multiple self-placing arrangements. Reasons for self-placing arrangements ending included disputes with hosts, hosts' changing circumstances (e.g. birth of a child, or other family members needing to stay), and when the young person's presence was no longer useful to the host. For example, one participant spoke of being told to leave a self-placing arrangement once she got a job because she was no longer helping enough with caring for the host's children.

Participants, including Eli, also described finding it difficult to establish a pathway back into approved care once they had self-placed:

doors open up with family, and so they abandon their placements, they pack their lives up and they move back in and it collapses within a matter of weeks or months, but they can't just go back to that placement. That's no longer available. Someone else is now living in your room.

Further, participants highlighted that the choice to leave approved care was not always accompanied by a free choice about where they would go. Options were again constrained by various factors, including the nature of their informal support networks, their age (e.g. adults seeking flatmates online often don't want to live with somebody under 18-years), and their access to resources (welfare support, work income, food vouchers etc. from the Department).

Reduced or regulated access to resources

As CYP who self-place remain in OOHC, the child protection authority's responsibility to meet basic needs and rights remains. However, respondents explained how self-placing could result in reduced

or regulated access to resources. Arya discussed how it was often hard to find out what you were entitled to whilst self-placing, commenting:

the thing that really pisses me off about the system is, I don't get told about the support until it's way after, and then it'll be little bits here and there. But I think that all kids should know about all the services and support they can get while they're in the Department.

Participants also expressed how their needs and access to resources change when self-placing; highlighting that many resources including food, clothing, menstrual products, and transport are no longer automatically part of their care/living arrangement. As such, participants reported needing to pro-actively seek these, drawing on varying degrees of knowledge of their rights, and ability to self-advocate.

Some participants said that 'rules' cited by their Child Safety Officer (CSO) regarding material support were an impediment to having needs met when self-placing. Whilst it is not known if such rules or procedures do in fact exist, either as formal policy or as local practices, participants believed they were in place. For example, Francine reported:

... I think this is ridiculous ... kids should be able to get things that they need. For example, toiletries, especially if you're a female. [CSO] only provides [department store] vouchers for clothes and stuff like that every four months ... I have contacted him ... I couldn't wait because I needed new clothes ... for winter ... He just told me I had to wait till I was due for it.

Here, Francine describes feeling as though her own assessment of her needs was overridden by compliance with procedures.

Participants frequently expressed that access to resources was contingent upon certain behaviour on their part. Some, such as Arya, spoke of the need to be strident in efforts to obtain basic entitlements:

You've got to really follow up on them all the time, constantly, like calling the office. And a lot of kids don't do that, that's why they don't get it, because they can't be fucked calling them and telling them to do their job. But I always did because I knew what I had to do. If I wanted to get something ...

Others spoke of only being given resources if they met their worker in a particular location (e.g. child safety service centre). Eli spoke of the challenges in meeting this obligation when self-placing:

All I wanted from them was the food money. That's all I wanted and that's all I thought I needed from them. And I had to go and pick it up each time ... I had to bus it. I had to spend money that I'd begged off of strangers to spend on a bus ticket to get there.

Others also described not receiving support until some aspect of their circumstance changed. For example, Decca expressed her understanding of the child protection authority's responsibility to provide material support such as food vouchers but added that she did not reliably receive such support until she became pregnant.

Another challenge faced by some participants was the rule that basic resources such as food were provided for their personal use/consumption only and may be withheld if the CSO believed they would share the resource with others. Participants shared examples of how they tried to convey the reality of their self-placing circumstance to change this decision. For example, explaining that sharing food was their contribution to the household and helped to sustain the self-placing arrangement. Or, in Evelyn's case, it was the need to use shared household food storage – where food might be taken – that was a challenge – '[CSO] says only for me; but I tell her I can't just buy food and put it in my room; I have to put it in the fridge'. Others reported giving up on requesting even basic provisions after repeated denials. For example, Francine, who self-placed with her parents shared:

... my parents struggle. That's why I try to rely on [CSO] to give me those things so I can help my mum and dad out with some of the foods ... so that they don't always have to pay for my school lunches ... even though [CSO] does say, 'Is there anything you need? I can help you with it'. But when I ask him for it, he can't provide it at the time. It's just to the point where I just don't ask him for things anymore.

Like Francine, the timeliness of support provision was critical to CYP feeling their requests and needs whilst self-placing were being taken seriously by workers.

Relationships with workers mediate voice

Most participants described finding it hard to establish trust in relationships in general, for example sharing that they 'find it hard to talk to people ... hard to maintain a relationship ... I prefer to just keep things to myself'. Subsequently, many found it challenging sharing their voices and concerns with workers, particularly those with whom they had not established trusting relationships. Participants tended to speak more positively of their relationships with non-government providers, particularly the specialist self-placing support service they were engaged with. They reported feeling able to share more openly within these trusting relationships:

The best thing about [specialist service practitioners] is that they're kind and they're very understanding and they don't make you feel like you need to do something ... when you hang out with them, it's not like hanging out with a social worker. It's like hanging out with a friend because you're able to have that connection with them ... They make you feel comfortable. (Francine)

In contrast, only a few provided examples of positive relationships with a statutory child protection officer. However, all described negative or ruptured relationships with statutory practitioners. For example, Arya reflected,

the [CSOs] that I've had previously, majority of them have just cared about their jobs. I had one that really did care about me and I really liked her and then she left ... and then I had to have a different one.

Due to frequent staff changes, several participants reported not knowing the name of their current CSO, with one reporting that they did not even have a CSO. Other factors, including personality clashes, high caseloads and a lack of timeliness and responsiveness were cited as contributing to difficulty in establishing relationships of trust with statutory officers. For example, Evelyn spoke of the challenges in connecting with her CSO and how this diminished her trust and willingness to engage in the relationship:

... she doesn't really answer me ... doesn't get back to me ... then just stresses me out, especially when we have no food ... most of the time she can't even get the stuff. And it'll just take a month at the most ... That's why I don't really bother with her.

In contrast, for Decca, the fundamental nature of the statutory child protection role affected her ability to trust, because 'they were the ones that took me from my family, so I really hated them'. This limited her willingness to engage with them.

These ruptured and disconnected relationships served to constrain their voice. For some, this meant that self-placing felt like 'you're doing it all on your own and have no support from anyone' (Arya). The participants who shared these views positioned themselves as *outside* of the child protection system. This meant that they believed they did not have a voice in, and often were not aware of, the decisions that were being made about them. Some indicated that the decisions of the child protection authority were almost irrelevant to them because they were self-placing and 'going it alone'.

Voice is amplified through responsive support and advocacy

Participants reported numerous instances in which their ability to have a voice and/or participate in decision making was contingent on the provision of practical support, advocacy, and/or system navigation support. Most examples of this related to their engagement with the specialist support service.

Practical support

Several participants discussed how they were able to engage in decision-making process with various stakeholders simply by being transported to appointments, particularly those with

Centrelink (Australia's social security provider), housing, education/training and health providers. The practical support to attend such important meetings was particularly valuable to Decca during her pregnancy:

Getting me onto Centrelink, helping me with [accessing] money so I could get furniture, a lot of stuff, take me to my appointments for ultrasounds and stuff like that, which is a big thing if you don't do that. Child Safety can get involved and try and take your child.

For Decca, demonstrating that she was actively involved in important decisions and processes related to her health and wellbeing had implications for her ability to avoid the removal of her own child.

Advocates and system navigators

When asked about their involvement with the specialist support agency, every respondent spoke positively about their experiences, describing various manifestations of responsive support and most notably, allyship and advocacy. For example, Eli noted workers from this agency advocated for him with the child protection authority:

Yeah, they've been a voice for me with Child Safety. If they're not doing the right thing or weren't doing the right thing, my [specialist support] case managers have stood up and called and given them hell, so that they'll actually do what they're supposed to do ... They've gone above and beyond for me.

Like Eli, all participants indicated that they received resources such as food, clothing or phone credit from the child protection authority much faster once this specialist support service had requested it on their behalf. They valued not having to do some of the pro-active self-advocacy themselves. For example, Francine shared, 'if you had a bad CSO, they're able to get in contact with him and fix all of that for you, instead of you personally having to do it, like if you don't feel comfortable doing it'.

Others highlighted the advocacy and system navigation work that the specialist support service undertook on their behalf. For example, assistance in obtaining social security payments, housing and (re)engaging with school. Again, Francine explained how the specialist service could act as a proxy in these stakeholder meetings, particularly when she felt unable to share her own story:

I missed out on two years of my schooling and [specialist support service] actually helped me get back into school. They came with me to my school interviews ... they were just there as another ... support person to be there, to explain anything that you don't feel comfortable explaining.

Other participants also explained how the specialist service would bring different stakeholders together, thus amplifying the voice of the young person across their required formal support networks. As Tameika commented:

They tend to work with other organisations very swiftly ... And as long as I gave consent, they could all talk about stuff, and they'd talk about surrounding issues or whatever. Because that way they could all form a plan of attack.

The specialist service, as a non-statutory agency, is legally and contractually required to obtain young people's consent before disclosing information to other stakeholders. This process of seeking consent enabled Tameika to have choice and control over what information the specialist service shared and with whom. Notably, the statutory child protection authority does not have such obligations. This means that gaining CYP's consent prior to sharing information with stakeholders involved in their care would be at the discretion of the CSO.

Discussion

Despite the UNCoRC and child protection legislation across the Global North enshrining CYP's rights to participate in decisions that impact their lives, it is well established in the literature that their

participation is limited in practice (McCafferty & Mercado Garcia, 2023; Woodman et al., 2023). This paper has extended prior studies on CYP's participation in child protection processes by focusing specifically on the experiences of those who self-place. Our findings indicate that the disconnection of CYP from the child protection authority whilst self-placing creates further barriers to their meaningful participation in decisions about their lives; compounding the disadvantage already experienced by this cohort. Yet, paradoxically, the participants in this study reported that at least one of their self-placing episodes was driven by the desire to have *more* choice and autonomy over their lives than was possible within an approved OOHC placement, most notably residential care placements.

While there was no one reason why participants in our study self-placed, a systemic view of the phenomenon suggests that the 'choice' to do so was often nested within other layers of context in which the young person may have had *no* choice. For example, our analysis indicates that self-placing was often preceded by a lack of voice and choice in placement decisions and restrictions within these approved placement contexts, particularly regarding activities and contact with family and friends. This may reflect challenges associated with the scarcity of placements, particularly for CYP with behavioural issues (Moore et al., 2017). Our findings echo those of Byers et al. (2023), who assert:

It is essential that youth continue to have voice and choice in the placement decisions made, including where and with whom they live, and as developmentally appropriate, the rules, restrictions, and privileges of their placement. Together these actions will improve overall fit of placements for youth and promote a sense of normalcy, belonging, and sustained family connection. (p. 21)

Notably, participants in our study clearly distinguished between situations where self-placing was an active choice, versus times they felt they had no other option due to the approved OOHC placement not feeling-safe (see Moore et al., 2018), or due to the placement being closed by the provider/child protection authority due to their behaviours. For example, several of those in our study described instances where their residential care placements were closed due to frequent and/or extended unapproved absences. This is problematic, as whilst CYP were seeking greater contact with their family and friends, they often still valued, and indeed required, the resources and support provided to them by their formal placement. This was particularly important when they faced relationship ruptures with family and friends and then felt they had no place to return to.

Again, like Byers et al. (2023), our findings suggest that some CYP would benefit from shared-care models, where they can be supported to spend time in the home of family members whilst retaining the support and resources of an OOHC placement. Supporting CYP to maintain contact with family is important because even if formal reunification is not an option, many in OOHC still turn to their families for emotional and practical supports (Byers et al., 2023). Furthermore, most CYP with an OOHC experience will return to, or at least continue relationships with, their birth family after exiting the care system and into adulthood (Courtney et al., 2011). However, several participants in our study indicated that the households of family they self-placed with may lack sufficient resources (e.g. food) and may not always feel safe. Shared-care models may therefore enhance the safety and wellbeing of CYP who would otherwise self-place, by facilitating connection whilst also providing a safety-net of support.

When self-placing, participants reported being disconnected from and even 'outside' of formal decision-making processes about their lives. They reported challenges in having requests for resources addressed in a timely manner due in part to ruptured relationships and/or limited contact with key workers, which was compounded by instability caused by staff and placement turnover as well as high caseloads (see also Moore et al., 2018; Toros, 2021). Shier's (2001) model of participation would frame this as a lack of both *openings* (which are established through the commitment of practitioners supporting CYP) and *opportunities* (i.e. practice environments which enable participation to occur). Research suggest that practitioners' lack of time to work directly with CYP is a main barrier to their participation in child protection (van Bijleveld et al., 2015) as

are other 'organisational barriers, such as a focus on risk management and bureaucratic constraints' (van Bijleveld et al., 2015, p. 137); arguably factors which are elevated when CYP self-place.

When in approved OOHC placements, it is the responsibility of the carer to provide CYP with food, clothes and other necessities – funded by the child protection authority. However, when CYP self-place there is no approved 'carer' charged with this responsibility or provided with such resources. In such instances, CYP's rights and needs remain the same; however, meeting those rights and needs may be even more challenging as the responsibility for daily needs falls to the child protection authority and thus the allocated CSO. Within this context, the participants in our study indicated that the onus often fell to them to self-advocate to their CSO and other services to request basic resources. In doing so, participants were leveraging the child protection agency's *obligation* (Shier, 2001) to support their participation in decision-making about their care.

Like McCafferty and Mercado Garcia's (2023) systematic review, our findings also indicate that relationships are an important determining factor in CYP's participation in child protection. The positive impact of relationship-based models of practice for CYP in and transitioning from OOHC is also well established (Mendes & Purtell, 2020). Our findings support and extend those from previous research on the experiences of CYP self-placing in Queensland. Like Venables (2023), this study also found that trusting relationships, particularly with non-government services, can help CYP (re)connect with other formal service providers and to participate in decision-making by facilitating their agency and recognising them as worthy and capable individuals, and making them feel safe to share their circumstances and seek support. Together, these factors help counter adultism and protectionist responses by privileging the voices of CYP and ensuring their understandings of needs, safety and risk are included in decision-making (Toros, 2021; van Bijleveld et al., 2015).

Our findings also show how practitioners can act as allies and advocates for CYP. Work by Kennan et al. (2018) has also evidenced how advocates can encourage participation in child protection contexts. All participants in our study recognised that both statutory and non-government practitioners could undertake the role of ally and advocate. Notably, statutory officers who acted as advocates were viewed as an exception, whilst non-government organisations were much more routinely cast in this role, as they were located outside the statutory system (see also Venables, 2023).

Part of being an advocate is also ensuring that CYP have information about available resources and upcoming decisions that are relevant to them. Previous research has highlighted that decision-making spaces are often not inclusive nor conducive to fostering CYP's participation (Kennan et al., 2018; McCafferty & Mercado Garcia, 2023). As such, decisions also need to be made in places that are accessible to CYP – this may involve the provision of practical support such as transport or access to phones or devices for online meetings.

Strength and limitations

Aligned with a child-rights focus, this study sought to privilege the voices CYP in OOHC who self-place; a cohort considered particularly 'hard-to-reach'. This is reflected in the small sample ($n = 11$) and reliance on self-report data. Whilst our purposive sampling approach enhanced the feasibility of recruiting CYP with experiences of self-placing and ensuring they were supported, the use of the specialist service as a gatekeeper may have been a barrier to those with negative experiences of the services participating. Whilst this is a limitation, our study collected rich accounts of CYP's lived experience of self-placing and the implications of this for their voices and choices whilst in OOHC. Despite our small sample, we were able to report on the experiences of CYP aged 13–18-years. However, because of recruiting through one specialist service, our findings only capture the experiences of those within their south-east Queensland catchment. Future research needs to consider the views of CYP outside of south-east Queensland and those not linked to specialist supports.

Conclusion

This paper has explored the experiences of CYP in OOHC who self-place and the implications of this for their participation in decisions that impact their lives. The findings highlight how CYP may self-place as a strategy for gaining more agency over their lives, particularly when approved placements do not adequately meet their needs. However, self-placing also creates additional barriers to the participation of CYP in decisions about their care whilst involved with the child protection system. These are compounded by pressures on child protection systems. Despite these challenges, relationship-driven practices that centre the views of CYP can help to ensure that their voices are still heard, even when self-placing. Relationships with non-government organisation and other trusted adults who act as allies and advocates can also amplify CYP's voices, thus enhancing their participation, connection, safety, and wellbeing whilst self-placing.

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