

The importance of casework when establishing and supporting out-of-home care placements

What does the Pathways of Care Longitudinal Study tell us?

Snapshot

- Casework support is essential throughout an out-of-home care (OOHC) placement to ensure the caregiver is supported and satisfied in their caring role and the child is well cared for.
- Two thirds of caregivers in the Pathways of Care Longitudinal Study (POCLS) were 'very satisfied' or 'satisfied' with their access to and assistance from caseworkers.
- Most caregivers were satisfied with the information and support they received at the start of their child's placement. However, more than half reported needing at least one type of further support.
- Many caregivers reported not being aware of or receiving details of plans such as Education Plans and health assessments.
- About half of the children and young people aged 7-17 years reported that their caseworker 'always' or 'often' listened, explained decisions clearly and helped them.
- Foster carers were four times more likely than relative/kinship carers to attend carer training.
- Practitioners can ensure appropriate care for the child or young person through pre-placement planning and ongoing information-sharing and planning with children and their caregivers.

Introduction

Adequate information and support from caseworkers can assist in meeting the needs of a child or young person in OOHC and maintaining stability in a placement. This Evidence to Action Note outlines some key findings and issues related to the provision of casework support to children and young people involved in POCLS and their caregivers. Links to current best practice and resources are also included.

POCLS examines the developmental wellbeing of a group of children living in OOHC in NSW. Wave 1 data was collected during their first years in care. The group of children in the study does not represent all children in OOHC and so care should be taken in making comparisons.

The data discussed in this note is reported in detail in parts of Chapters Four, Five, Six and Eight of the POCLS [Wave 1 Baseline Statistical Report](#).¹

Why is casework support important?

Casework support is essential throughout an OOHC placement, but is particularly important at the start of a placement. Research indicates that the first six to seven months of a placement is particularly vulnerable to instability.^{2,3} The literature shows that lack of support is a common issue in out-of-home care placements. Infrequent caseworker visits and the inability to contact caseworkers can lead to caregivers feeling 'under strain and poorly supported'.⁴ Other concerns highlighted in research with both caregivers and child protection agency staff, include the need for more information to be provided to caregivers, greater financial and non-financial supports, and a less directive and more collaborative approach.⁵

Providing adequate support can reduce the likelihood of a breakdown in the placement and the child attending multiple childcare centres or schools.

What did the study find?

What information and support did caregivers receive at the start of a placement?

The POCLS Wave 1 baseline interviews asked caregivers about information and support they received at the start of the placement:

- The majority of caregivers interviewed were provided with some official documentation when the placement was being established (see Table 1).
- A large proportion of caregivers received the child or young person's Medicare card or number, a Confirmation of Placement, a care allowance payment and immunisation records (range 80-96%).
- About two thirds had received a copy of the final Children's Court order and the child or young person's Blue Book (range 60-65%).
- Less than half of caregivers reported they had received the Placement Agreement and Placement Information Sheet (range 34-48%).

Referral for a health assessment and development of an Education Plan are two essential casework tasks that are completed when a child or young person first enters OOHC. Caregivers were asked what information and plans they had been provided with about the child or young persons care (see Table 1). About two thirds of caregivers (63%) reported that they had received details of health assessments for children and young people and less than one third of caregivers reported that an OOHC Education Plan was in place (27% for 6-11 year olds and 30% for 12-17 year olds). This could be because health assessments or Education Plans were not completed for every child entering OOHC, or the assessments and plans were completed but caregivers were not informed about their completion.

Other plans for children and young people in OOHC include a family contact plan, Lifestory Book, case plans, health plans and cultural care plans. Among caregivers who were provided with information at the commencement of the placement, up to almost two-thirds reported receiving an explanation of the information in these plans, however there was a wide variance (34%-61%) (see Table 1).

Table 1: Caregiver reports of the information, documents and support received

Type of information/document/support received	%
Documents and support to establish the placement	
Child's Medicare card or number	96
Carer allowance payment	93
Confirmation of Placement	89
Immunisation records	80
Final Children's Court Orders	65
Placement Agreement	48
Placement Information Sheet	34
Information and/or explanation of the plans for the child's care	
Health assessment	63
Family contact plan	61
Child's Blue Book	60
Lifestory Book	58
Case plan	55
Health plan	50
Cultural care plan (if child is Aboriginal)	34
Education plan (12-17 year olds)	30
Family medical history	29
Education plan (6-11 year olds)	27

Source: Pathways of Care Longitudinal Study, Wave 1 Baseline Statistical Report

About two thirds of caregivers (64%) reported receiving time and advice from the child or young person's caseworker and about half of caregivers reported having access to a caregiver support group (53%). Despite the support received, more than half of caregivers (58%) reported needing at least one type of further support at the start of the placement including contingency money, time and advice from the caseworker and access to a caregiver support group.

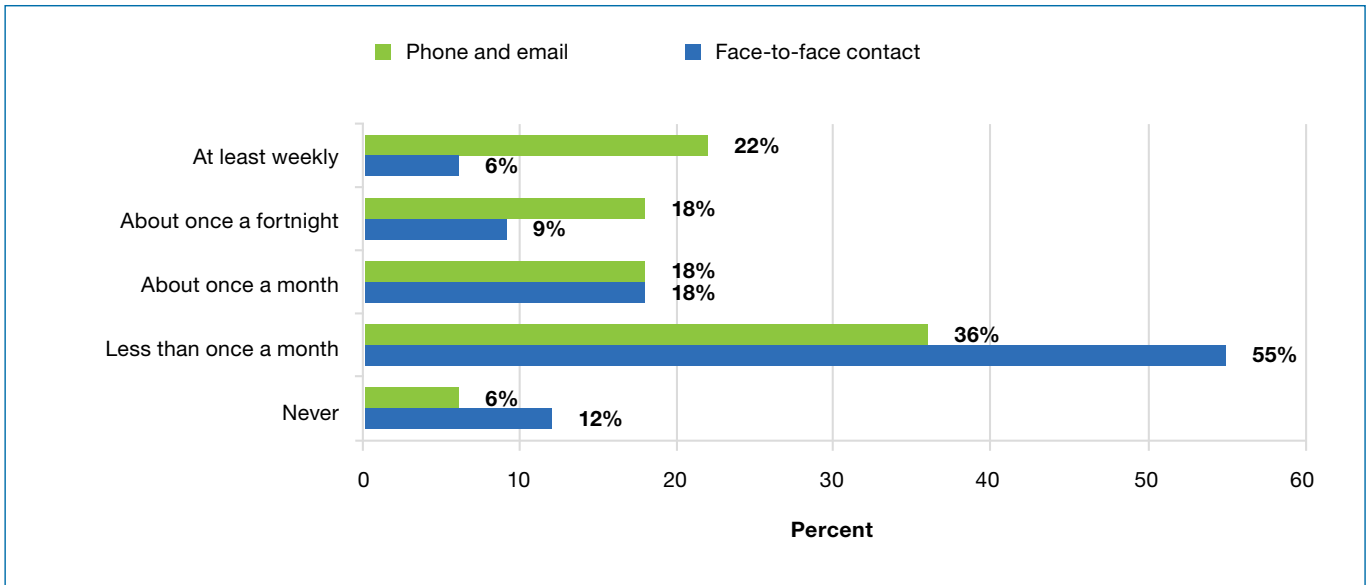
What ongoing casework support was provided to children, young people and their caregivers?

Just over half of caregivers (55%) had face-to-face contact with their caseworker less than once a month and approximately one in eight caregivers (12%) never had face-to-face contact with their caseworker (see Figure 1). Phone or email contact with caseworkers was more frequent, with 58% of caregivers having at least monthly or more frequent phone or email contact with their caseworker.

About two thirds of caregivers were 'very satisfied' or 'satisfied' with access to and assistance from caseworkers (67% and 66%). However, about one quarter (26%) of caregivers were 'dissatisfied' or 'very dissatisfied' with the access to, and support provided by, caseworkers.

Around half of the children and young people aged 7–11 years and 12–17 years reported that their caseworker ‘always’ or ‘often’ listened, explained decisions clearly, helped them and did what they said they would do (49% to 58%). Slightly less than one quarter (22%) of 7–11 year olds and almost one third (32%) of 12–17 year olds reported that their caseworker ‘always’ or ‘often’ talked to them privately.

Figure 1: Caregiver reports of the frequency of contact with a caseworker since the start of the placement



Source: Pathways of Care Longitudinal Study, Wave 1 Baseline Statistical Report

What training and support is available to caregivers?

While 30% of all caregivers identified having a Carer Development Plan, foster carers were twice as likely to have a Carer Development Plan as relative/kinship carers. Similarly, while just over one third (37%) of all caregivers had attended training in the previous 12 months, foster carers were four times more likely to have attended training than relative/kinship carers.

The most commonly reported barriers for not attending training included not enough time (24%), time not convenient (22%), lack of childcare (20%) and appropriate training not offered (19%). Relative/kinship carers were more likely to report appropriate training not being offered as the main barrier to attending training whereas foster carers were more likely to report that the time of the training was not convenient (see Figure 2).

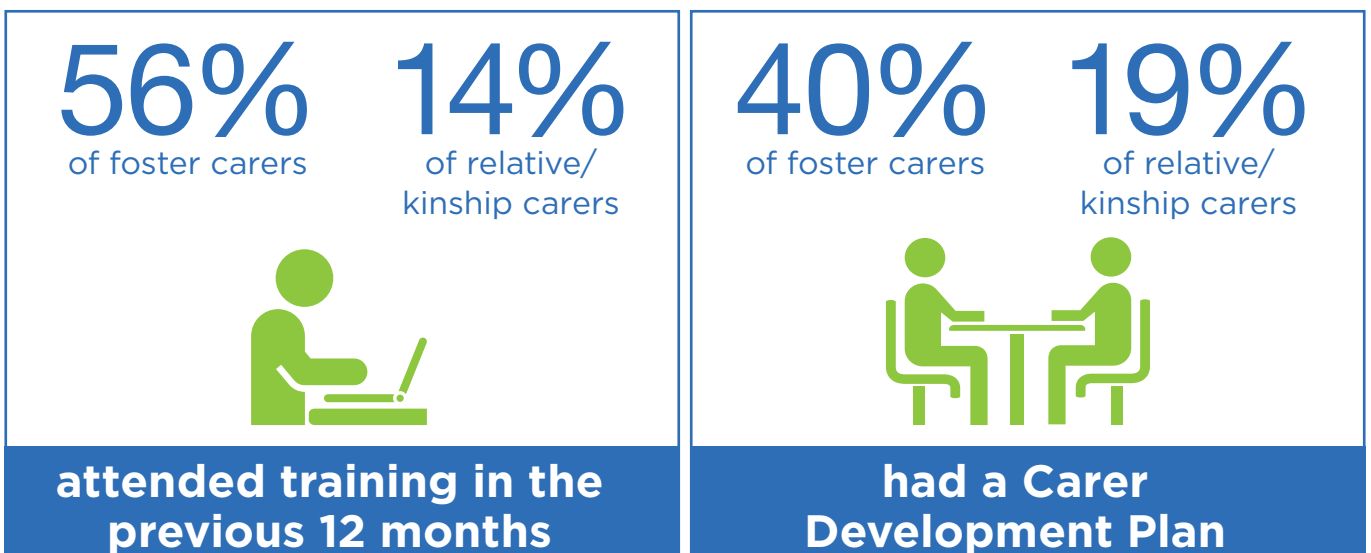
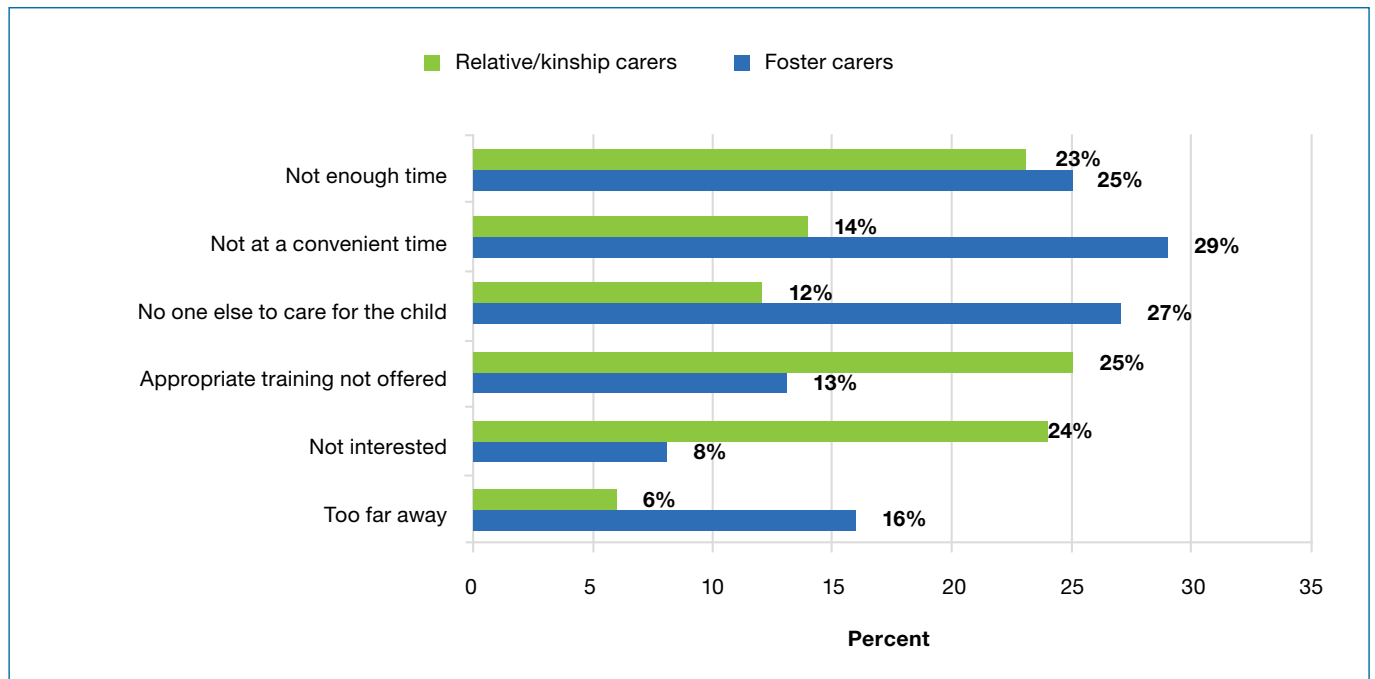


Figure 2: Caregiver reports of barriers to caregiver training, by placement type



Source: Pathways of Care Longitudinal Study, Wave 1 Baseline Statistical Report

Next steps for the study

The POCLS Wave 1 baseline data provides important information for understanding the level of casework support and the provision of information to caregivers. The POCLS Study Working Group is currently undertaking in-depth analyses of Wave 1-3 data to better understand how the level of casework support and caregiver satisfaction in their caring role influences the long term outcomes of children and young people in OOH. The differences and similarities between cohorts will be examined such as the level of parental responsibility (full Parental Responsibility to the Minister versus full Parental Responsibility to a relative), case management by FACS compared to non government organisations, and placement type.

Current best practice and resources

The POCLS Wave 1 findings highlight the need for greater support for caregivers, particularly relative/kinship carers. While the majority of caregivers were satisfied with the information and support they received from caseworkers, there is room to improve communication and information sharing between caseworkers and caregivers to address the health and education needs of children and young people in OOH.

To promote the stability of a placement and better support children, young people and their caregivers, caseworkers could:

- Engage in thorough pre-placement planning, including development of a contact plan between children and young people and their prospective caregivers and provision of adequate information prior to placement.
- Ensure that health assessments and Education Plans are completed and these documents are discussed and shared with caregivers.
- Ensure that all caregivers are provided with opportunities to attend training.

Other strategies identified in the research to support placements include:

- Working collaboratively with children, young people and their caregivers and including them in case planning.
- Providing up to date information.
- Being available to the child or young person and their caregiver and responding to phone calls and emails.
- Listening and offering encouragement and positive feedback where appropriate.
- Taking into account the circumstances and commitments of children, young people and caregivers when organising meetings.
- Processing payments, requests and complaints as soon as possible.⁶

The FACS fact sheet, [OOHC Health Pathway: A caseworker's guide](#) provides guidance to staff on the Health Pathway procedures.

The FACS fact sheet, [Education planning for children and young people in OOHC: Carer's guide](#) provides guidance on how caregivers' can support the education planning process.

About the Pathways of Care Longitudinal Study

POCLS is the first large scale prospective longitudinal study on OOHC in Australia. The study examines the safety and developmental wellbeing of a group of children in NSW who entered OOHC for the first time between May 2010 and October 2011 and received final care and protection orders by April 2013. It is led and funded by the NSW Department of Family and Community Services (FACS) with independent expert researchers providing advice on study design, and undertaking the interviews and analyses. Wave 1 was conducted in the child/young person's first years in OOHC. A total of 1,285 children and young people aged 9 months to 17 years, and their caregivers, participated in the Wave 1 interviews between May 2011 and August 2013.

As the children and young people in the study are first time entries to OOHC they are not representative of all children in OOHC and so caution should be taken in generalising the findings to the total OOHC population.

All publications will be uploaded to the study webpage

www.community.nsw.gov.au/pathways

Endnotes

- ¹ Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago and New South Wales Department of Family and Community Services, 2015 Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW. Wave 1 Baseline Statistical Report, Sydney, NSW: Department of Family and Community Services.
- ² Terling-Watt, T 2001, 'Permanency in kinship care: An exploration of disruption rates and factors associated with placement disruption', *Children and Youth Services Review*, vol. 23, no. 2, pp. 111-12.
- ³ Wulczyn, F, Kogan, J, & Harden, B 2003, 'Placement stability and movement trajectories', *Social Service Review*, June: 212-236.
- ⁴ Farmer, E 2010, 'Fostering adolescents in England: What contributes to success', in Fernandez, E & Barth, RP (eds), *How Does Foster Care Work?: International Evidence on Outcomes*, Jessica Kingsley Publishers: London.
- ⁵ McHugh, M 2013, *An exploratory study of risks to stability in foster and kinship care in NSW: Final report*, (SPRC Report 19/2013), Sydney: Social Policy Research Centre, University of New South Wales.
- ⁶ Sinclair, I, Wilson, K, & Gibbs, I 2005, *Foster Placements: Why They Succeed and Why They Fail*, Jessica Kingsley Publishers: London.

Produced by

Katie Page and Christie Robertson
Evidence to Action
FACS Analysis and Research
223-239 Liverpool Rd, Ashfield NSW 2131
www.facs.nsw.gov.au
Email: facsar@facs.nsw.gov.au