



Pathways of Care Longitudinal Study

The artist is a young person who grew up in care.

"The banner shows many pathways through the care system with a carer or caseworker acting as a guide, ultimately leading to independence for every young person. Whether we live with family or strangers, study, work, or just try our best, the paths we choose and are guided through in our youth are what we use to prepare ourselves for the happiest adulthood we can achieve" Billy Black

Caseworker communication with children aged 7-17 years in OOHC and their socio-emotional wellbeing

Preliminary results

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Acknowledgement



We acknowledge Aboriginal nations as the first people of Australia and pay our respects to their Elders past and present.

We remember the Stolen Generations – Aboriginal and Torres Strait Islander children forcibly removed from their families, communities and culture under past government practices.

Research Questions



- What are the perspectives of caseworker communication of children aged 7-17 years while in OOHC?
- What is the relationship between caseworker-child communication and children's socio-emotional wellbeing?

Policy changes over the 3 waves of the POCLS

- Prior to 2014 – many children in OOHC were not allocated a caseworker
- Ongoing transition of case management responsibility of children and young people from FACS to non-government agencies
- Safe Home For Life - Started in 2014 and included legislative reforms and a \$500 million investment over four years including:
 - Recruitment of additional caseworkers and casework support workers
 - Focus on co-design to respond to local needs
 - Introduction of Guardianship Orders as an exit from OOHC
 - Focus on permanency through legislative change and introduction of permanency placement principles into the Children and Young Persons (Care and Protection) Act 1998 including preservation, restoration, guardianship and open adoption
- FACS work to become accredited by the Office of the Children’s Guardian
- Greater levels of contact with caseworkers, and higher quality relationship-based casework.

Issues covered in this study



- Child reports of quality of communication with their caseworker across the first three waves of the POCLS (between 2011 and 2016)
- The relationship between caseworker communication and children's socio-emotional vulnerabilities as measured by the Child Behaviour Checklist (CBCL)
- Used generalised mixed modelling (fixed and random effects) to examine change over time in contact and socio-emotional outcome (descriptive results shown in this presentation only)

Study Group



Children aged 7 to 17 years who:

- completed at least the third wave of the POCLS survey
- responded to questions about contact with their caseworker
- had the legal status of parental responsibility to the Minister or a relative when data was collected (excluding guardianship orders, adoption, restoration)
- were not in residential care at the time of each wave of the study

Modelling used in paper allowed children to enter the analysis at any wave (e.g. if turned 7 years) and also be excluded from any wave (e.g. if restored to birth parents)

Respondent numbers for this analysis

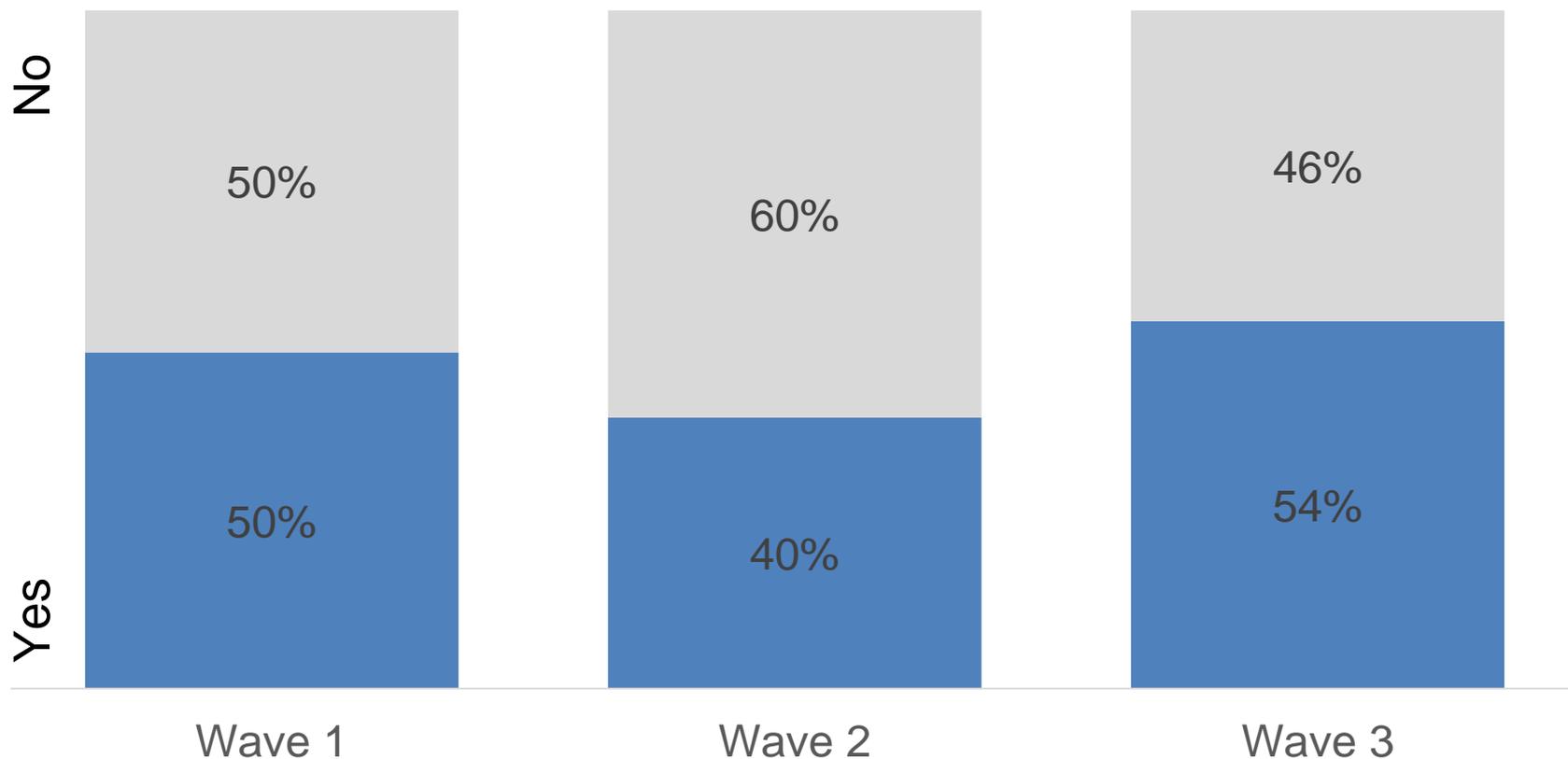


	N	%
Total respondents	316	100
Three waves	78	24.7
Two waves	114	36.1
One wave	124	39.2

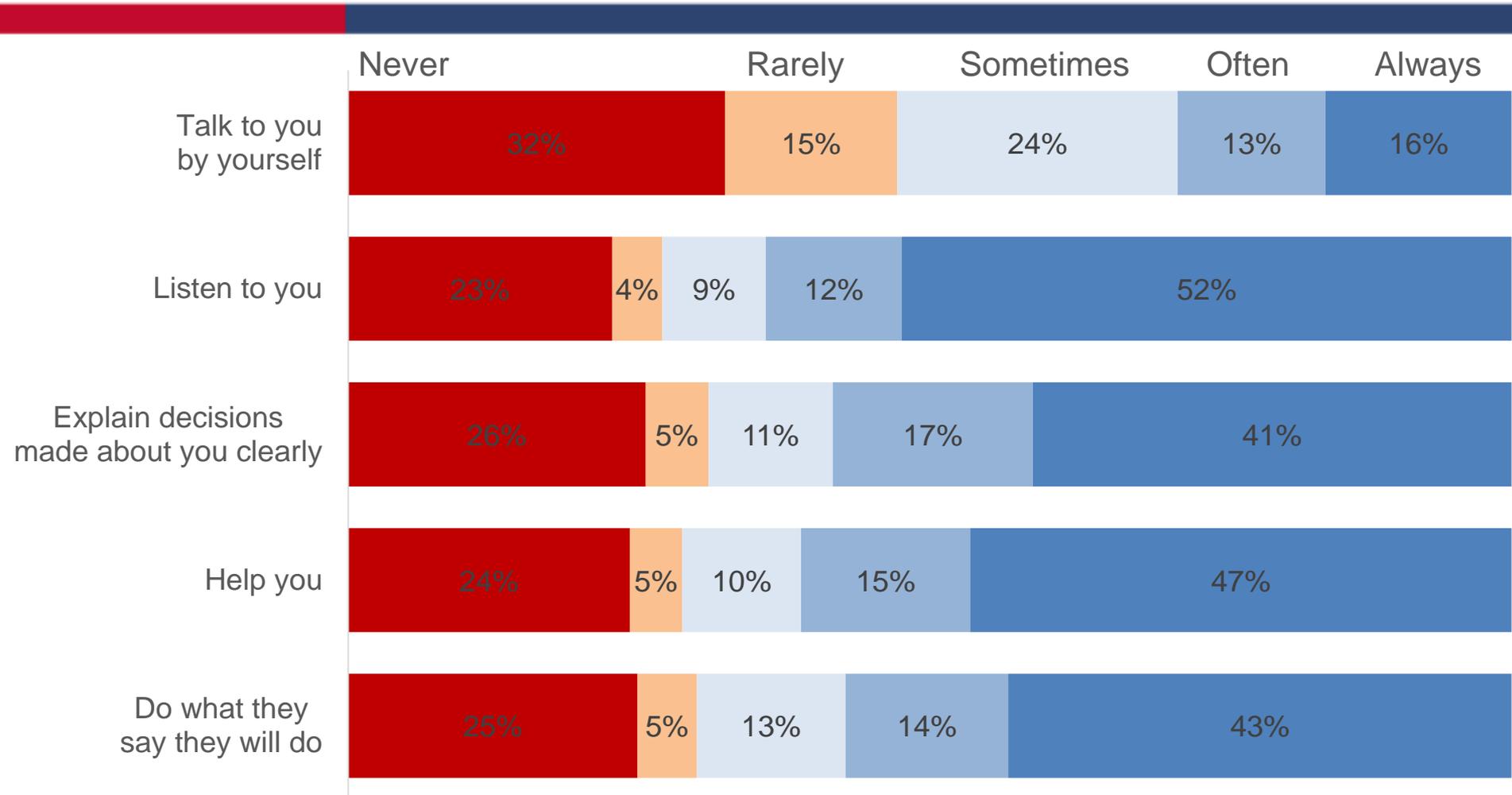
Notes:

Excludes guardianship, adoption, restorations; Children 7 years and older; Generalised mixed models controlling for age, placement, service provider, placement change confirm results; Full details available from authors

Study children 7 years and older reporting that they can contact caseworker when needed

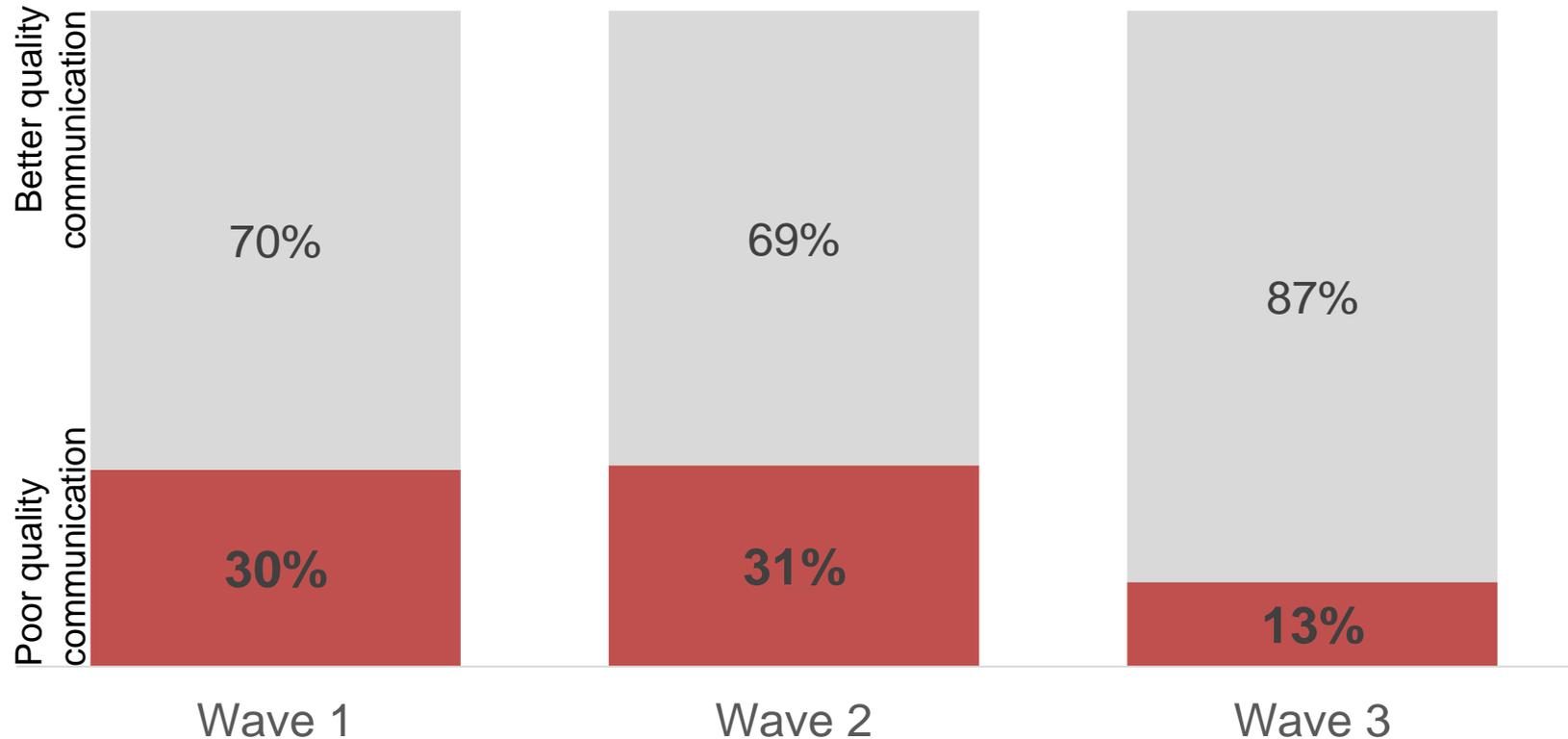


Study children 7 years and older reports of quality of communication with caseworker, waves 1 to 3 (combined)



Notes: Different N in each wave in these descriptive results but generalised mixed models controlling for age, placement, service provider, placement change confirm results; Excludes guardianship, adoption, restorations; Children 7 years and older; Full details available from authors

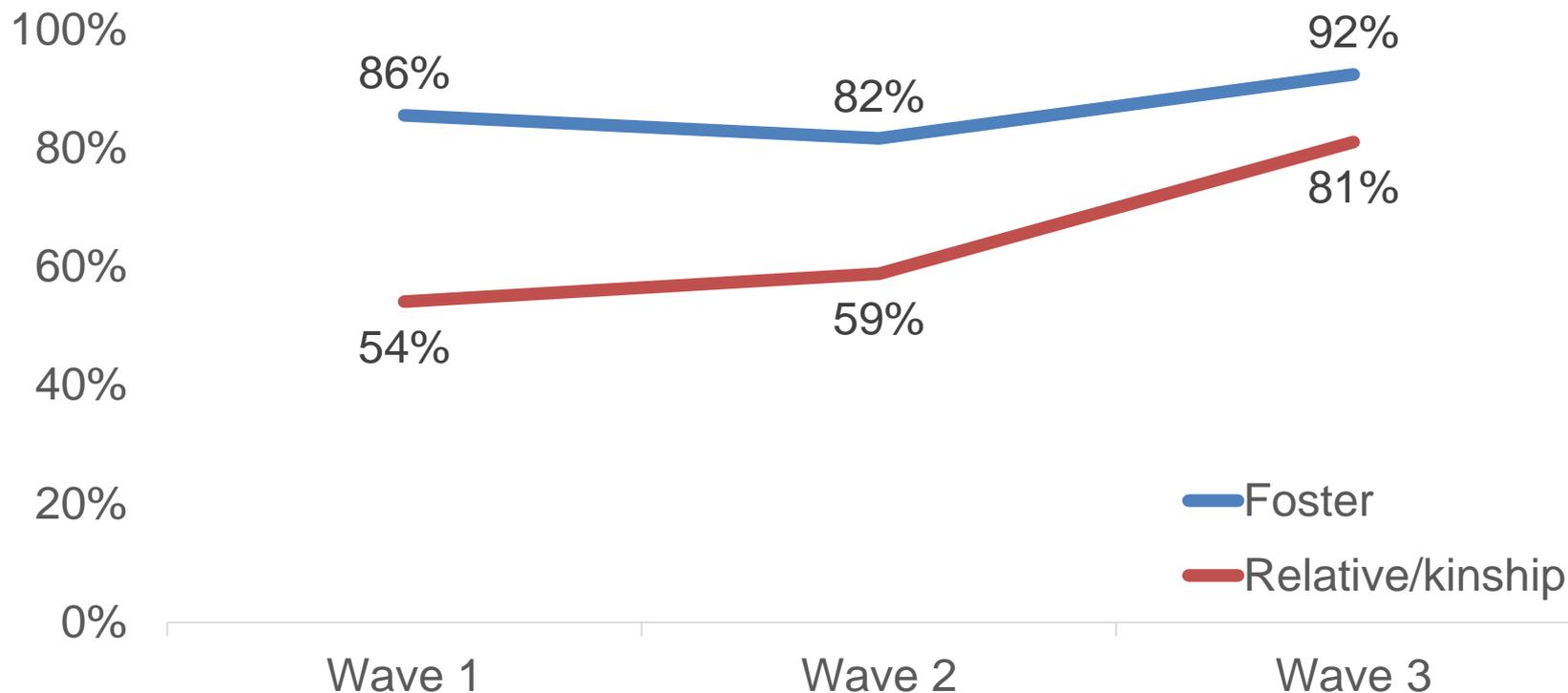
Combined outcome variable: communication with caseworker, children 7 years and older, waves 1 to 3



Poor quality communication = child responded 'never' to most communication questions

Communication with caseworker by placement type, children 7 years and older, waves 1 to 3

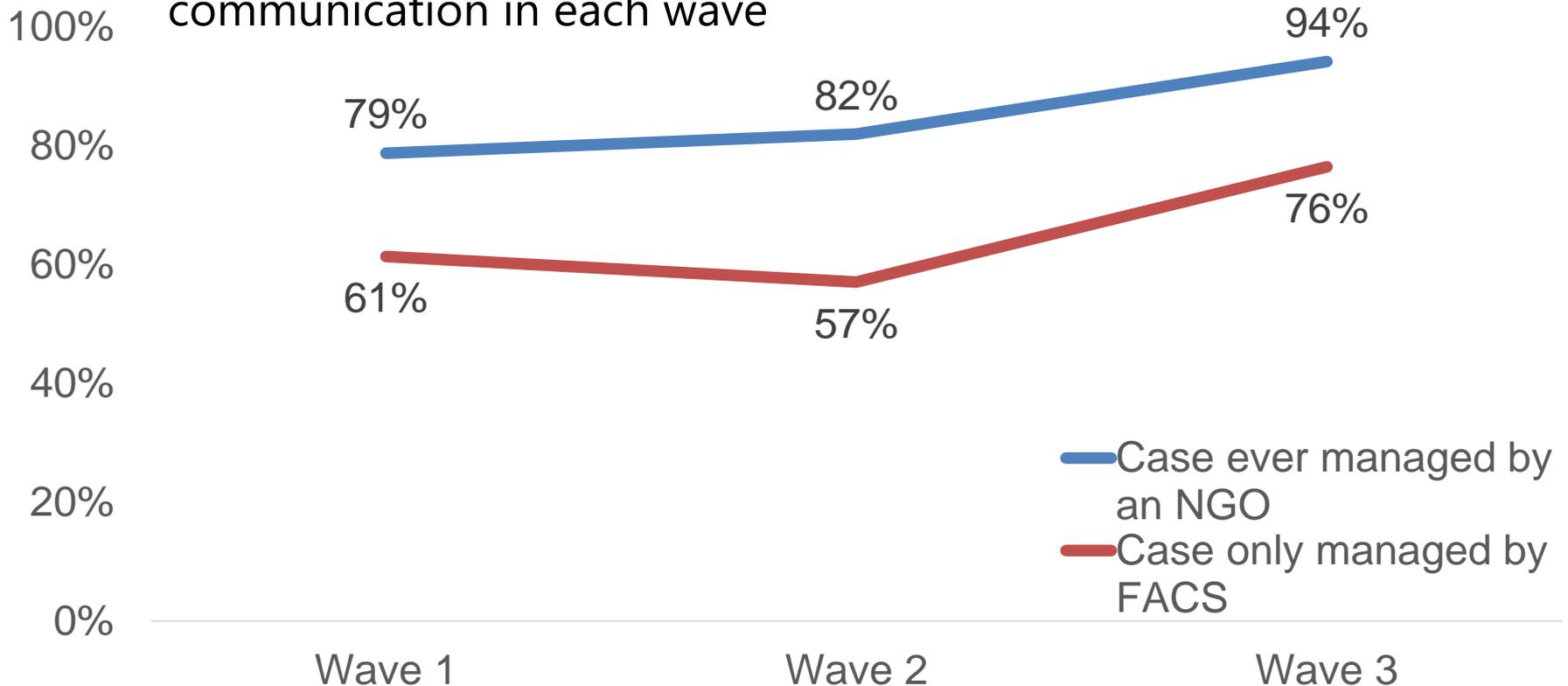
- Improvement in communication over time
- Children in relative/kinship placements reported poorer caseworker communication in each wave but this improved significantly over the 3 waves



Notes: Different N in each wave in these descriptive results but generalised mixed models controlling for age, placement, service provider, placement change confirm results; Excludes guardianship, adoption, restorations; Children 7 years and older; Full details available from authors

Communication with caseworker by service provider, children 7 years and older, waves 1 to 3

- Improvement in communication over time
- Children only ever managed by FACS reported poorer caseworker communication in each wave



Notes: Different N in each wave in these descriptive results but generalised mixed models controlling for age, placement, service provider, placement change confirm results; Excludes guardianship, adoption, restorations; Children 7 years and older; Full details available from authors

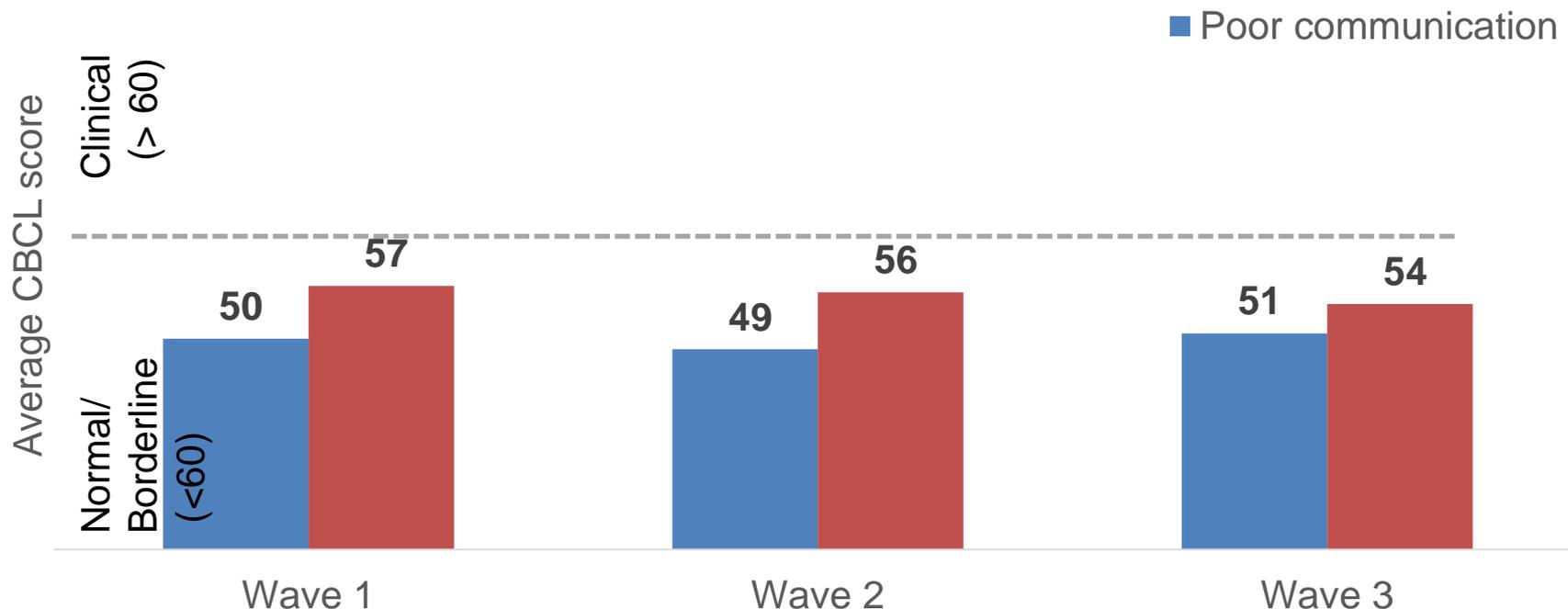
Other results



- Slight (not significant) differences for cultural background – non-Aboriginal children reporting better communication in waves 1 and 2, especially amongst those in relative/kinship care
- No differences for age
- Better communication amongst those who changed placements
- Not enough cases to analyse by district

Socio-emotional wellbeing and communication with caseworker, children 7-17 years, waves 1 to 3

- Higher scores (more problems) and better communication are related
- Communication not associated with change in socio-emotional scores over time



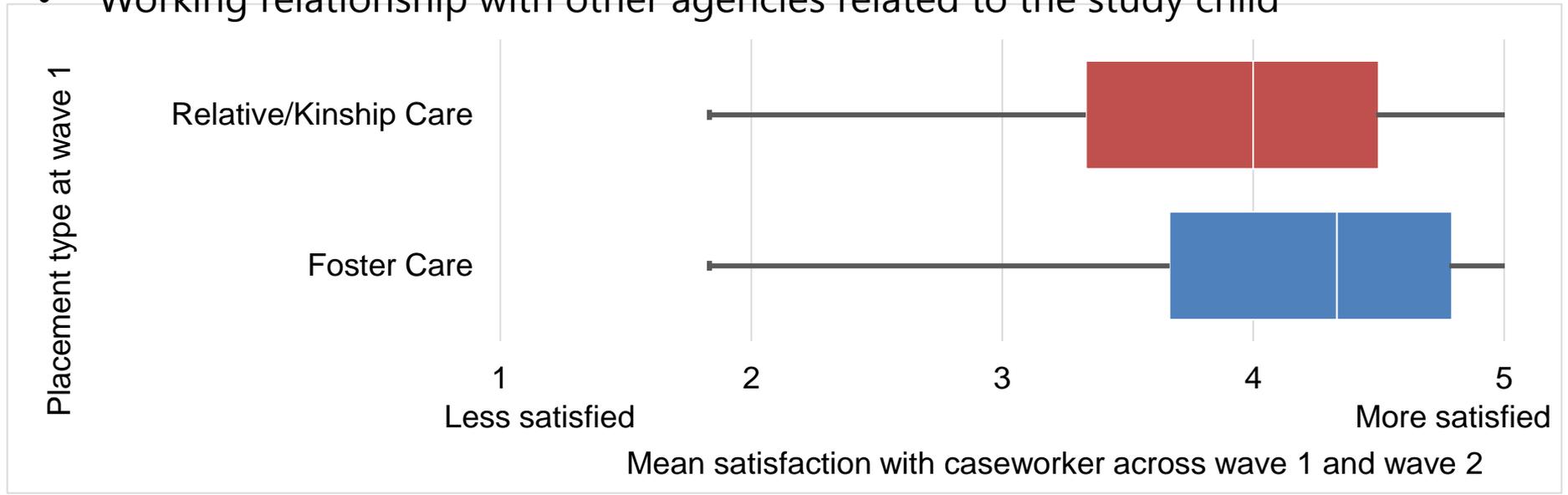
Notes: Different N in each wave in these descriptive results but generalised mixed models controlling for age, placement, service provider, placement change confirm results; Excludes guardianship, adoption, restorations; Children 7 years and older; Full details available from authors

Carer satisfaction of contact with caseworkers

N=653 carers combined across wave 1 and 2, sample includes carers of all children 9 months to 17 years

Combines satisfaction with:

- Ability to reach caseworkers when needed
- Assistance from caseworkers
- Working relationship with other agencies related to the study child

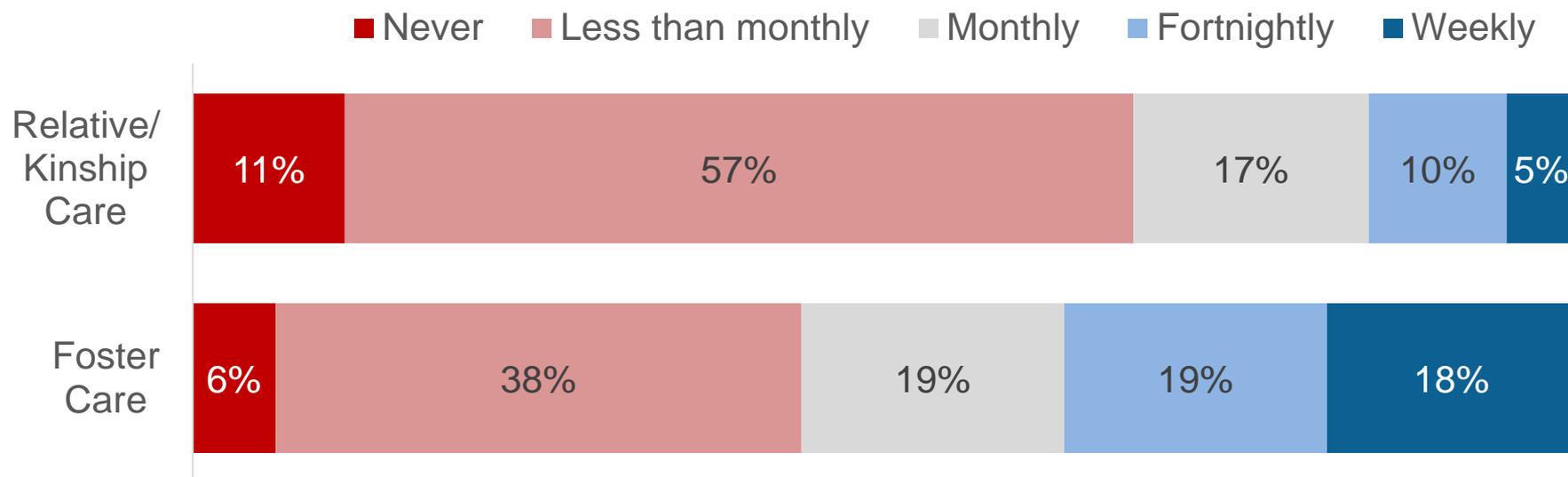


Carer report of contact with caseworkers

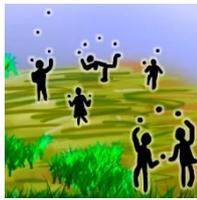
N=653 carers combined across wave 1 and 2, sample includes carers of all children 9 months to 17 years

Combines:

- Frequency of face-to-face contact with caseworker
- Frequency of phone or email contact with caseworker

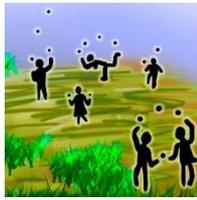


Summary



- Quality of communication with caseworkers increased for children in OOHC under PR to Minister or relative over the 3 waves
- Poorer child social and emotional wellbeing is associated with better child report of the quality of communication with their caseworker
- Quality of communication between the child and caseworker was not associated with changes in child's social and emotional wellbeing over the 3 waves.

Conclusion



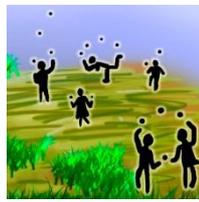
- There are a number of explanations for these findings:
 - Length in time in care may make children more willing to contact caseworkers.
 - This could be a cohort effect – change in policy may have resulted in higher levels of contact in more recent years.
- While contact and quality communication between the child and their caseworker is important and best practice, other factors such as the quality of carer parenting and access to professional services may have more influence on improving children’s social and emotional wellbeing (not examined in this analysis).

Conclusion (cont.)



- Caseworkers are working more closely with children who have greater needs.
- Policy changes in FACS appear to have had a positive impact on children's perceived contact with caseworkers over the 3 waves.

Acknowledgements



- **FACS** for the investment in research and leading the POCLS
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- **Create Foundation, AbSec and Connecting Carers** for assisting during the study design stage and supporting participants
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Further Information



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