



Pathways of Care Longitudinal Study (POCLS)

Communication between Out-of-Home Care caseworkers, children, young people and carers

Key messages

This Evidence to Action Note gives an overview of communication between caseworkers and children, young people¹ and their carers in the Pathways of Care Longitudinal Study (POCLS). It is intended to be a resource for policy makers and practitioners.

Over the first five years in out-of-home care (OOHC) (POCLS Waves 1-3), the quality of communication between children aged 7 years and older and their caseworker was generally good and improved over time. The quality of communication improved for young people, irrespective of the age they entered care. However, children who entered OOHC at a young age tended to have lower quality contact with caseworkers than children who entered OOHC at an older age.

Carers reported they were generally satisfied with both their ability to reach their caseworker and the assistance provided. Relative/kinship carers had lower satisfaction than foster carers with the ability to contact their caseworker approximately 18 months after the child entered OOHC (Wave 1); however, this improved over time.

When establishing OOHC placements, it is best practice to identify the support carers would like and to establish trusting relationships between caseworkers, children and carers.

The recently updated NSW Practice Framework Standards puts a strong focus on communicating with children and families. The research findings from the POCLS underpin the current Practice Standards reinforcing the importance of children's relationships with their caseworkers as well as building positive relationships with carers.

¹ Throughout this report the term children refers to children and young people aged up to 17 years.

Caseworker communication with children, young people and carers: key insights from the POCLS

Differences in communication by placement type and case management arrangement



Children in DCJ relative/kinship care reported lower levels of quality of contact compared to the children in all other placements.

- After 5 years in OOHC, children aged 7 years and older placed in the Department of Communities and Justice (DCJ) foster care, non-government organisation (NGO) foster care and NGO relative/kinship care reported similar levels of quality of communication with their caseworkers.
- Children in different placement types and case-management arrangements showed improvement in communication with caseworkers over time.

Children's communications with their OOHC caseworkers



A proportion of children reported that they had no contact with their caseworkers during the first 5 years in OOHC.

- For the majority of children, the quality of communication between those aged 7 years and older and their caseworkers was generally good and improved over the first 5 years in OOHC.
- Children aged 7 years and older had more contact with caseworkers in the first 18 months since entering care and were more likely to maintain contact with caseworkers over time than children aged 6 years and under.

Carer's communication with their OOHC caseworkers



Relative/kinship carers reported lower satisfaction than foster carers with their ability to contact their caseworker approximately 18 months after entering care.

- Carers were generally satisfied with both their ability to reach their caseworker and the assistance provided by their caseworker, and the satisfaction improved over time.
- There was improvement in carer contact with caseworkers overtime which was particularly strong for relative/kinship carers who were receiving case management from NGOs.

Why is quality caseworker communication with children and carers important?

The research findings in this Note are based on a report by Eastman and Katz (2020) that analysed the POCLS data over a five-year period (Waves 1 – 3). The analysis examines the factors that influence communication practices between caseworkers and children, and the influence effective communication practices have on children’s socio-emotional development over time. This Note describes how this new evidence can inform OOHC policy and practice to improve the support provided to children in OOHC and their carers.

The relationship between children in OOHC and their caseworkers is a key factor in maintaining children’s wellbeing and achieving positive outcomes. Caseworkers can provide timely support to children and their carers and help them to access specialist and support services (Walsh, et al. 2018). As noted by the CREATE Foundation (2020), a strong trusting relationship with caseworkers is essential to ensure the voices of children in OOHC are heard and acted upon. Children placed with carers who are appropriately supported, prepared and trained, experience greater stability than children placed with carers who are not (Redding, Fried, & Britner, 2000).

How is caseworker communication with children and carers and children’s socio-emotional wellbeing measured in the POCLS?

For a comprehensive description of the Study and the methods used in this analysis, please see Paxman, Tully, Burke & Watson (2014) and Eastman and Katz (2020).

Quality of caseworker communication was measured by responses from children aged 7-17 years to the following POCLS questions with scales from 1 (never) to 5 (always):

- Does your caseworker talk to you?
- Does your caseworker listen to you?
- Does your caseworker do what they say they will do?
- Does your caseworker help you?
- Does your caseworker explain decisions made about you?

In the POCLS, caregivers of children aged 3-17 years complete the Child Behaviour Checklist (CBCL) (Achenbach & Rescorla 2000, 2001) to identify emotional and behaviour problems in children.

Children who were restored, adopted or on guardianship orders during Waves 1-3 were not included in the analysis. Please see Eastman and Katz (2020) for more details.



Summary of key findings

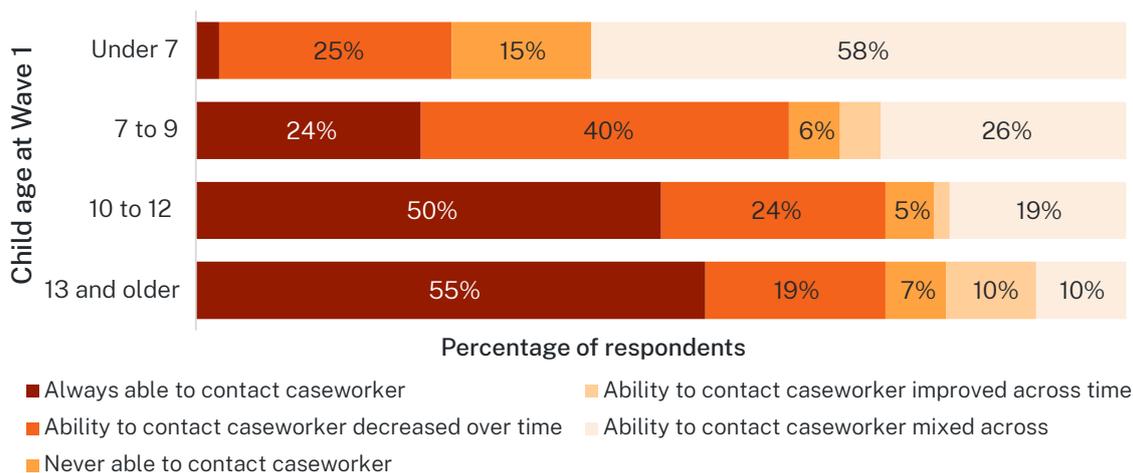
1.1 Children's communication with caseworkers by child age

Most children reported that they were satisfied with their contact with caseworkers and it tended to increase over the first 5 years in OOHC (Waves 1-3). Children's age was the strongest predictor of perceived ability to contact caseworkers. The older a child was when he or she came into OOHC, the higher the quality of the caseworker communication and the more it improved over time.

Children aged 7-9 years at Wave 1 (about 18 months after entering OOHC) were much less likely to report being able to contact their caseworkers when needed than children aged over 10 years. Figure 1. below shows the change over time in child-reported ability to contact their caseworker when needed.

Children who were younger than 7 years at Wave 1^{2 3} tended to have little contact with their caseworkers in the first 5 years in OOHC (58% reported never being able to contact their caseworkers across the three waves of the survey). Children entering OOHC aged 7-9 years were most likely to report an improvement in their ability to contact the caseworkers. Older children (over 13 years) were most likely to report being able to contact their caseworkers across all three waves of the survey.

Figure 1. Child-reported caseworker contact over time, by age at Wave 1



Note: Aged under 7 years n = 40, 7 to 9 years n = 91, 10 to 12 years n = 58, 13 years and older n = 31. Small numbers among those who reported a decrease in contact and those reporting mixed contact make these categories unreliable.

Children entering OOHC at younger ages were less likely to report being in contact with their caseworker across all three waves of the study. This may indicate that younger children have less opportunity to commence contact with their caseworkers and/or to develop a relationship with their caseworkers as they grow-up in OOHC, compared with children who enter care when they are older. A proportion of children had no contact with their caseworkers over all three waves of the POCLS (58% for under 7 year olds; 26% for 7-9 year olds; 19% for 10-12 year olds; and 10% for 13-17 year olds).

1.2 Children’s communication with caseworkers by placement type and case management agency

Both placement type and the agency responsible for case management (DCJ or NGO) were strongly associated with children reporting being able to contact their caseworkers and the quality of contact.

² Differences presented in this Note are significant unless otherwise indicated.

³ This question was asked of children once they turned 7 years old. The category ‘Under 7’ in the associated figure relates to the group of children who entered care prior to turning 7 years old and subsequently turned 7 years old prior to Wave 2, enabling their responses to be recorded for two waves of analysis. Children who were not yet 7 years old by Wave 2 were not included.

Communities and Justice Evidence to Action Note 11

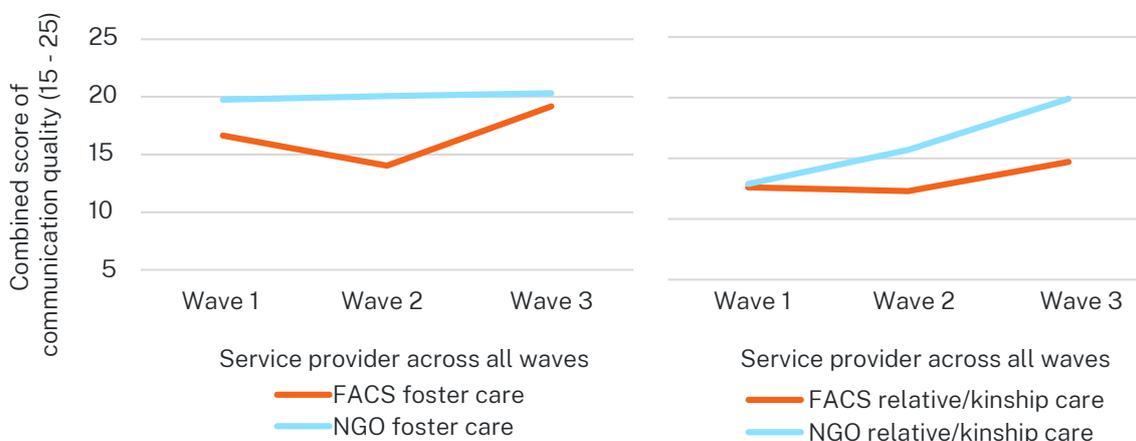
Children in foster care were more likely to report being able to contact their caseworkers than those in relative/kinship care, but the contact with children in relative/kinship care improved over the three waves. Children in residential care reported the highest level of contact with their caseworkers.

As shown below in Figure 2., the quality of communication between caseworkers and the children in the POCLS was generally good, with an increase over time among groups that started with lower quality. Children in foster care reported higher average quality of communication compared to those in relative/kinship care.

Children in foster care receiving case management from an NGO reported higher quality communication with caseworkers than children in foster care receiving case management from DCJ over the three waves.

The quality of communication between children in foster care receiving case management from DCJ increased over the POCLS data collection period. By Wave 3, children in DCJ foster care and NGO relative/kinship care reported similar levels of quality communication to children in NGO foster care, while those in DCJ relative/kinship care continued to report lower levels of quality communication. Nevertheless, the quality of communication for this group improved over the three waves.

Figure 2. Change over time in child-reported quality of communication with caseworker, by placement type and service provider



Note: DCJ was formerly known as FACS. Average number of responses across waves: DCJ foster care n = 42, NGO foster care n = 62, DCJ relative/kinship care n = 52, NGO relative/kinship care n = 45.

There were no differences in the quality of contact over the five-year period (Waves 1-3) between Aboriginal and other Australian children, but children from culturally and linguistically diverse backgrounds (CALD) had higher quality contact with caseworkers than the other two groups. The quality of contact improved equally for Aboriginal, CALD and other Australian children over the first 5 years in OOHC.

Carers of children from CALD backgrounds reported higher satisfaction with both the ability to contact their caseworkers and the information about the child the caseworkers provided, compared to children and carers of other cultural backgrounds. Further research could examine this finding and whether the placements are supported by specialist CALD NGO or individual caseworkers from a CALD background who provide a culturally supportive and accessible service.

The authors hypothesised that there would be a positive correlation between caseworker-child communication and child socio-emotional development as caseworkers have an important role in maintaining the wellbeing of children in OOHC by supporting the child and the carer, and facilitating access to specialist services. However, there was no correlation found between children’s socio-emotional wellbeing measured by the Child Behaviour Checklist (CBCL) and the quality of contact with caseworkers over the first 5 years in OOHC.

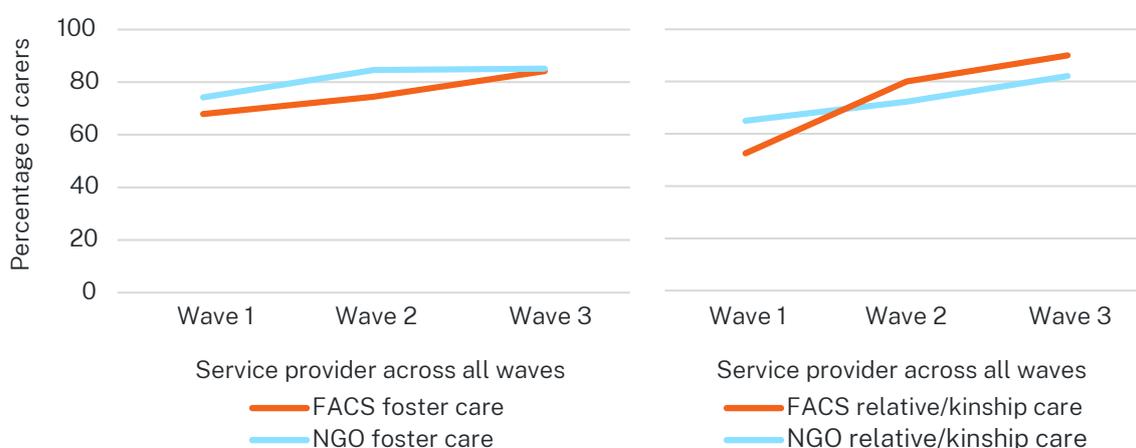
1.3 Ability of carers to contact their caseworkers

Foster carers and relative/kinship carers reported to be generally satisfied with their level of contact with caseworkers, but foster carers had more contact than relative/kinship carers. Relative/kinship carers reported they wanted more contact with caseworkers. Overall, carers reported fairly infrequent face-to-face contact with caseworkers (less than monthly), with phone and email contact being more frequent.

A higher proportion of foster carers receiving case management from an NGO reported satisfaction with their ability to contact a caseworker compared to foster carers managed by DCJ at Waves 1 and 2; however, there was no difference between the two groups by Wave 3. This was due largely to the increase in satisfaction with the ability to contact DCJ caseworkers over time.

Relative/kinship carers’ satisfaction with caseworkers, particularly those receiving case management from NGOs, improved over the three waves relative to foster carers.

Figure 3. Percentage of carers reporting satisfaction with ability to contact their child’s caseworker over time



Note: DCJ was formerly known as FACS. Average number of responses across waves: DCJ foster care n = 173, NGO foster care n = 307, DCJ relative/kinship care= 202, NGO relative/kinship care n = 119.

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The increase in contact over time may reflect carers becoming more accustomed to their caregiver role and/or because of an increased focus by caseworkers on engaging with relative/kinship carers as a result of changes such as the introduction of the Practice Framework and Standards during the three waves of data collection.

The Safe Home for Life program started in 2014 and addressed the issue that many children in OOHC were not allocated a caseworker. The Safe Home for Life reform resulted in an increase in caseworkers and casework support workers. It also increased the focus on permanency, including a greater focus on restoration, the introduction of guardianship orders, building relationships with birth families and the preparation for DCJ to become an accredited service provider by the Office of the Children's Guardian. These reforms required greater levels of contact with caseworkers and higher quality casework practice.

Implications of the research to improve child outcomes

This Note presents evidence from the POCLS that underpins the current DCJ policy and practice to help children achieve better outcomes. In particular, this note provides evidence that supports the NSW Practice Framework Standard (Standard 4) regarding writing and talking with children and families. Note that the Practice Framework Standards bring together all the elements of the NSW Practice Framework – systems, principles, approaches and capabilities - to enable the practitioners to build skills to carry out best practice.

The following section discusses strategies to improve child outcomes arising from this research, in line with the legislation, NSW Child Safe Standards for Permanent Care (which sets out the minimum requirements agencies providing statutory out-of-home care and adoption services must meet to become accredited in NSW) and informed by the DCJ Permanency Case Management Policy (PCMP) Rules and Practice Guidance, and the Practice Framework.

Strategies to support children

The Permanency Support Program (PSP) provides tailored services to vulnerable children. DCJ has commissioned the Permanency Support Program Learning Hub to improve the knowledge and skills of practitioners. The Learning Hub has resources on working with children and young people (see Resources below).

The NSW Practice Framework and standards provide caseworkers with guidance about creating enduring and permanent connections for children and young people. Standard 4 provides information about 'Writing and talking with children and families' and there are several advice topics concerning working with children and families including how to talk and listen to children and young people (see Resources below).

In terms of the implications of the current research findings, more emphasis should be placed on caseworkers having quality, trauma-informed and age appropriate communication with children from the time they enter OOHC and including at the establishment of new placements.

Communities and Justice Evidence to Action Note 11

It would also be useful to consider age appropriate methods of communicating with younger children and building a trusting relationship with them to ensure that children know they can talk to caseworkers. Caseworkers need to ensure, through age appropriate communication that children: understand a caseworker's role is to support and help them; know how to contact them and what type of contact they prefer; understand why decisions have been made; and are invited to participate in developing their case plan.

It is important that casework managers discuss in supervision if caseworkers have spoken to children by themselves and follow through with actions they tell children they will do. Caseworkers also need to initiate contact with those children who entered care at a young age and do not have an established relationship with a caseworker. Consultation and referral to therapeutic support for both children and carers need to be considered.

Strategies to support and train caregivers

The period after starting a new OOHC placement is a good opportunity to discuss with carers what support they would like, the preferred frequency and type of caseworker contact, and ensure carers know how to contact their service provider.

Caseworkers need to ensure both foster carers and relative/kinship carers receive caseworker contact, noting the POCLS findings support the literature that relative/kinship carers receive less caseworker communication than foster carers, and relative/kinship carers would like more communication with caseworkers.

The carer recruitment program could include information on a caseworker's role to support both children and carers, and that caseworkers will include children in case planning and talk to children one-on-one to ensure their needs are addressed in assessments and case planning.

Strategies to develop caseworker skills and casework supervision

It is important that caseworkers communicate with children on entry to OOHC and at the establishment of every new placement. The new Casework Development Program launched in July 2020 is a learning program (17 weeks of online, face-to-face and structured learning opportunities in the Community Service Centres) for new caseworkers. The program prepares caseworkers for direct work with children as they start to explore how children can participate in decisions about their lives. Caseworkers also learn to explore life story for identity, trauma and resistance, as well as working and talking with children and young people.

The current research suggests the following aspects of communication to be important:

- child-centred and age appropriate caseworker communication with children and families
- strategies to communicate effectively with foster carers and relative/kinship carers
- cultural competency in communication, both Aboriginal and CALD
- building professional trusting relationships with children and carers
- modes of communication that suit children and carers

Communities and Justice Evidence to Action Note 11

- strategies to ensure children and carers know how to contact caseworkers.

Casework managers should discuss in supervision any barriers to, or limitations of caseworker contact and communication with children and carers, one-on-one contact with children, and problems in following through with actions they tell children and carers they will do. Casework managers should review if caseworkers, carers and children are well matched to increase relationship building and trust.

Included in case planning could be a measure of carer satisfaction⁴ with their caring role and age appropriate child satisfaction measure of caseworker communication.

Strategies to improve administrative data

Collecting data from all service providers (DCJ and NGOs) on the frequency and type of communication caseworkers have with carers and children, including one-on-one contact with children would be beneficial. Data on caseworker communication should be extractable and included in routine reporting. Having data to provide information about caseworkers' communication would greatly enhance the analysis and understanding of the links between children and carer wellbeing over time and contact with caseworkers. Information about changes in caseworkers over time would also be useful.

⁴ In Wulczyn and Chen (2017) it was found that placement changes happen more quickly when carers express moderate stress and feel less supported.

Where to from here?

Further research to improve evidence informed practice

More research to better understand the following would be valuable:

- challenges for caseworkers of engaging with young children and their carers
- the circumstances of children who have little or no contact with caseworkers, how they are faring, if they access services, and whether they would like communication with caseworkers
- why CALD children tend to report better quality communication with their caseworkers..

Policy and practice guides, resources and further reading

[DCJ Casework Practice Mandates](#)

[DCJ Practice framework standards](#)

[DCJ Casework practice advice](#)

[Care planning](#)

[Case planning](#)

[PSP Learning Hub](#)

[CREATE recently released Position Paper 16: Relationships with Caseworkers](#)

Emphasises the importance of a strong, trusting relationship with caseworkers in order to ensure the voices of children and young people in OOHC are heard and acted upon.

[Kids Central Toolkit](#)

Developed by the Institute of Child Protection Studies the toolkit aims to provide workers and services with information, resources and tools to use child-centred approaches in their work with children, young people and families.

The 'I'm One of a Kind' Resource found within the Toolkit provides suggestions for tools to help caseworkers talk to kids about what they want and need and ideas about how to explore children's needs and wishes.

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Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The study collects detailed information about the life course development of children who enter OOHC and the factors that influence their safety, permanency and wellbeing. The POCLS links data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and matches it to first-hand accounts from children, caregivers, caseworkers and teachers. The population cohort is a census of all children who entered OOHC for the first time in NSW over an 18-month period between May 2010 and October 2011 (n = 4,126). A subset of those children who went on to receive final Children's Court care and protection orders by 30 April 2013 (2,828) were eligible to participate in the study. Information about the study and publications can be found on the POCLS webpage.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the DCJ Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The DCJ recognises the importance of Indigenous Data Sovereignty and Governance (IDS & IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the DCJ research governance principles once developed.

About this Evidence-to-Action Note

The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with the policy and program areas to improve the outcomes for children and young people who experience OOHC, the support provided to caregivers and families, and the professional development of staff.

This Evidence to Action Note was prepared by the POCLS team at DCJ and the report authors with input and endorsement from the POCLS Evidence to Action Working Group including representation from CREATE Foundation; Aboriginal Child, Family and Community Care State Secretariat (AbSec); My Forever Family NSW; and the Association of Children's Welfare Agencies (ACWA).

The findings presented in this Evidence to Action Note are primarily based on a report by Eastman, C. and Katz, I. (2020). Caseworkers' Communication with Children and Young People in Out-of-Home Care and their Caregivers. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 12. Sydney. NSW Department of Communities and Justice.

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Study design

NSW Department of Communities and Justice Insights, Analysis and Research; Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, University of Chicago.

Data collection by I-view Social Research.

Ethics approvals

- University of NSW Human Research Ethics Committee (Approval numbers HC10335, HC16542, HC210985)
- Aboriginal Health & Medical Research Council of NSW Ethics Committee (Approval number 766/10)
- NSW Population & Health Services Research Ethics Committee (Approval number HREC/14/CIPHS/74; Cancer Institute NSW 2014/12/570).

[POCLS webpage](#)

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