

Young People and their Connection with Caseworkers

Seeking supportive relationships in out-of-home care

Pay attention to me. Get to know me. Come see me. (Female, 16 years)

CREATE Foundation

A: 32 Church Street
North Hobart
TAS 7000

T: 03 6223 7749

E: tas@create.org.au

June 2020



Acknowledgements

CREATE would like to acknowledge the contribution and support of the following individuals:

- The young people who shared their time and expertise to inform the project;
- The carers who supported children and young people to participate; and
- The Department of Communities, and OOHC Agencies who supported the young people

Project Team

- Dannielle Ashton (State Coordinator, CREATE Foundation);
- Tenielle Moore (Community Facilitator, CREATE Foundation);
- Skylah Fisher (Community Facilitator, CREATE Foundation);
- Heather Southwood (Community Facilitator, CREATE Foundation);
- Bill Fulton (Policy Officer CREATE Foundation)
- Dr Elise Hilder (Influencing Officer, CREATE Foundation); and
- Dr Joseph J. McDowall (Executive Director [Research], CREATE Foundation).



Contents

List of Tables.....	4
List of Figures	4
Background	5
Method.....	7
Participants.....	7
Materials	8
Procedure	8
Findings	10
Caseworker Connection.....	10
Caseworker Contact and Accessibility	10
Caseworker Characteristics.....	12
Beginning a Caseworker Relationship	18
Ending the Caseworker Relationship.....	22
Final Suggestions for Supportive Casework	25
Discussion.....	25
Professional Practice	25
Relationship Formation	26
Attitude and Motivation.....	27
General Interpersonal Qualities	27
Good Communication.....	28
Targeted Action.....	28
Conclusion	29
Actions.....	30
1. Commitment to Professionalism and Care.....	30
2. Relationships, Communication, and Connectivity	30
3. The Voice of Young People.....	30
4. Planning for Continuity and Periods of Transition	30
5. Targeted Action and Direct Work	31
References.....	32
Appendix A: Caseworker Survey	34
About CREATE	43



List of Tables

Table 1. Participant Demographics.....	9
Table 2. Period Young Person Was Supported by Latest Caseworker	10
Table 3. Number of Respondents Reporting Support from the Designated Number of Caseworkers During Their Time in Care	10
Table 4. Average Level of Contact of Respondents with Caseworkers	11
Table 5. Major Themes Articulated by Children and Young People When Responding to the Question: "What kind of support is most helpful from a good caseworker?"	13
Table 6. Major Themes Articulated by Children and Young People When Responding to the Question: "How does a caseworker who isn't supportive act?"	16
Table 7. Major Themes Articulated by Children and Young People When Responding to the Question: "What advice would you give to caseworkers to help support young people feel more comfortable when first getting to know each other?"	21
Table 8. Major Themes Articulated by Children and Young People When Responding to the Question: "What advice would you give to caseworkers to help support young people when their caseworker changes?"	23

List of Figures

Figure 1. Mean Preference Ranking by Respondents of the Listed Modes of Caseworker Contact.....	11
Figure 2. Number of Respondents Who Had Usually Experienced the Listed Modes of Caseworker Contact.....	12



Background

Working both behind the scenes and on the frontlines of child protection services, Child Safety Officers (CSO), or Child Protection Caseworkers, are legal representatives of state and territory departments responsible for ensuring vulnerable children and young people are safe in their day-to-day living environments (Griffiths et al., 2017; Kolivoski et al., 2016). Through assessment, intervention, casework, and case management, caseworkers aim to mitigate harm and keep young people safe. Such harm may include physical or emotional abuse, neglect, marginalisation, or other forms of maltreatment, which require swift, sensitive, and supportive responses (Griffiths et al., 2017), particularly when children or young people enter the statutory out-of-home care (OOHC) system. In this latter context, caseworkers are responsible for making sure that young people's needs are being met, and that they are provided with opportunities to develop to their full potential— supporting and empowering them to fulfil all domains of wellbeing while in OOHC. Therefore, the relationship a child or young person has with their Child Safety Officer can profoundly influence their experience of the care system in either positive or negative ways. Stabler et al. (2020, p. 119) describe these relationships in two distinct ways:

Some children and young people appeared to experience their social worker negatively as a threat, a stranger, an intruder, the enemy ... on [other] occasions, the social worker was observed to be ... a visitor, a friend and a source of support.


CREATE is interested in finding out what children and young people with an out-of-home care (OOHC) experience in Tasmania (TAS) think of the level of support they receive from their caseworkers and how their relationship with their caseworker impacts the quality of that support. This report is a summary of CREATE's *TAS Caseworker Support* consultation, drawing on both the current experiences of survey respondents still in care, and past experiences of participants who have transitioned out of care. In Tasmania, caseworker practice falls under the jurisdiction of Children and Youth Services (CYS) in the Department of Communities Tasmania (Commissioner for Children and Young People, 2017). Caseworkers also form part of a larger Care Team responsible for ensuring the best outcomes for the young person in OOHC. This team also includes the carer, agency worker, birth parent (if appropriate), or any other significant adults to the young person (i.e., friends, health care professionals, teachers, and Aboriginal community leaders). According to the Foster and Kinship Carers Association Tasmania (FKAT) (2018, p. 17), the responsibility of the caseworker in this team includes:

- meeting with the child every four weeks;
- managing the child's Case and Care Plan;
- providing carers with relevant paperwork and documents to care for the child;
- liaising with any other relevant agencies, such as school, hospital, mental health services;
- organising contact visits with birth families; and
- as the Secretary's delegate, oversee decisions made regarding the child.

What is more, as the head of the care team, the caseworker also has the responsibility to ensure (FKAT, 2018, p. 17):

- clear, open, and regular communication between the carer, the agency, and Child Safety;
- regular discussions (i.e., face-to-face, email, telephone);
- information sharing; and
- the child's involvement in decision-making where appropriate.

As these lists suggest, the quality of the relationship between a young person in OOHC and their assigned caseworker is complex and depends on a range of variables including administrative and legal compliance (i.e., adherence to legislation and service delivery policies and guidelines); caseworker professionalism and competency; personal caring style; interpersonal skills; broader relationship networks; and the individual context of the young person—including their own circumstances, expectations, needs, and goals. On one level, caseworkers represent an authority figure championing




the statutory child welfare system (Lindahl et al., 2017; Stabler et al., 2020), becoming what McDowall (2018, p. 47) calls the “critical interface between government departments/agencies, the children and young people in care, and their carers.”

On another level, caseworkers also serve as more personal human anchors, ideally becoming trusted allies, active listeners, mentors, friends, and/or advocates of young people (Kolivoski et al., 2016). Therefore, the role of the caseworker is not only fashioned around a professional adherence to organisational directives and legislation but also to their tangible presence in the lives of vulnerable (and potentially traumatised) young people on a more caring, altruistic, and individual case-by-case level. Best practice sources cite that caseworkers play an important role in the overall wellbeing of young people in their care (Kolivoski et al., 2016; Ridley et al., 2013) and that such wellbeing—comfort, health, stability, and happiness—hinges on establishing and maintaining positive, trusting, kind, and supportive relationships (Dorsey et al., 2012; McDowall 2018; Oliver & Charles, 2016; Petrocchi et al., 2018; Stabler et al., 2020). Not only that, but the relationship or bond with a caseworker may also impact a young person’s sense of self-worth. The way we develop our identity is based on how others see us: recognition. In recognition theory it is suggested that individuals form ideas about themselves—their identity—based on feedback or acknowledgment from others (Iser, 2019). Recognition through loving relationships; acknowledgement of one’s rights; and a sense of social acceptance or social esteem from being seen by others (Ridley et al., 2013) has been argued to be a “vital human need” (Taylor in Iser, 2019). However, if young people are not recognised by their caseworkers in a positive way, if they are not listened to, respected, treated kindly, or invited to speak and be involved in decisions about their own case management, such “misrecognition” (or a failure to be positively recognised) may have potentially devastating consequences on their self-identity, self-esteem, and self-worth (Iser, 2019; Ridley et al., 2013).

Stabler et al. (2020, p. 119) refer to these distinctions within the role of the caseworker as “good authority skills” and “care and engagement skills.” Similarly, Smith et al. (2018, p. 2) identify both “organisation factors” and “individual characteristics,” while Lindahl et al. (2017, p. 3) use the terms “official role” and “attachment role” to define the different layers within caseworker practice, adding an additional “advocacy role” category. Importantly, Lindahl et al. (2017, p. 1, 3) also add that these different roles are “not always compatible with each other,” with tension often arising between developing “close and trustful relationships” and maintaining “formal responsibility.” If such tension cannot be reconciled, it may lead to a breakdown in the relationship, particularly if there is no clarity or transparency about the caseworker’s role and motivation in the young person’s life.

Striving for a perfect balance between differing caseworker roles and agendas is a key motivation for best practice. However, the aim of the current survey was not necessarily to discover (or create) a perfect caseworker. Stabler et al. (2020) caution that there is “no archetypal ‘good social worker’—instead, there are skills that are good for specific children at specific times within the context of specific relationships” (p. 118). What this means, is the quality of each caseworker-client relationship is relative to the individual young person, their journey, the caseworker, and their shared dynamics; there is no one formula guaranteeing a successful, supportive connection. There are, however, recognised qualities, skills, practices, philosophies, attitudes, and actions that engender more positive experiences and meaningful connections. Some of these—identified in both the literature and in the testimonies of the young people themselves—include flexibility, trust, honesty, active listening, empathy, kindness, respect, helpfulness, stability, consistency, continuity, directness, responsiveness, genuine interest, commitment, punctuality, organisation, advocacy, child-friendly practice, a willingness to take action, and treating young people as individuals with rights (McDowall, 2018; Petrocchi et al., 2018; Ridley et al., 2013; Stabler et al., 2020).

Interest in the quality of relationships underpinning social work practice is also an important area of research, with scholars and practitioners recognising that service support is connected to relationship-based practice (Ridley et al., 2013), strengths-based practice (Oliver & Charles, 2016), and child-centred practice (Cruz & Stagnitti, 2008). Another valuable source of research in this area is the young



people themselves, with their perspectives, first-hand experience, knowledge, opinions, and feedback also guiding best practice discussion. The purpose of this consultation was to hear from children and young people in care about how Child Safety Officer's in Tasmania are measuring up to the children and young people's expectations. This topic has come up regularly in group discussions with children and young people at CREATE Youth Advisory Groups. Interest in the topic has also come from the out-of-home care sector (both Government and non-Government) during training and feedback sessions about how Child Safety Officer practice can be enhanced and improved, based on what children and young people are saying.

In 2018, CREATE interviewed young people as part of a larger review of the *National Standards for Out-of-home Care*. This survey highlighted two main caseworker-related issues impacting young people in care. The first was the need for more supportive, helpful, and responsive caseworkers; the second was the need for fewer caseworker changes, ensuring "greater continuity" (McDowall, 2018, p. 24). Continuity is a particularly critical factor. If caseworkers change, it requires the young person to start over and build a new relationship, to re-tell their (potentially painful) story, and to place their trust in another person who may or may not stay the course. Such change could potentially fracture any stability already established. While the reasons for staff turnover or caseworker changes lie outside the scope of this consultation, what is critical to address is how such change can be appropriately and effectively managed to ensure quality support remains for the young person amidst potential periods of service-level disruption, discontinuity, and uncertainty.

Importantly, positive relationships were identified within CREATE's *National Standards* review; 62.7% of the young people reported that their caseworkers were helpful (McDowall, 2018). However, the survey also found that over one third of the feedback from young people about their caseworkers was negative (McDowall, 2018) warranting further investigation.

This report takes up some of the key issues presented in the *National Standards* review and considers them alongside relevant theoretical frameworks and the testimonies of young people. In this TAS consultation, the following issues were the focus of interest:


- How well do young people know their caseworker?
- How accessible (how easy to contact) is their caseworker?
- What is the quality of the young person's relationship with their caseworker?
- What are some examples of supportive and unsupportive behaviour?
- At the beginning of relationships, what helps with getting to know each other?
- If caseworkers change, how can this disruption be better managed for young people? and
- How would young people with a care experience like caseworkers to support them?

Method

Participants

CREATE interviewed 25 young people with an out-of-home care experience to find out about their experiences with caseworkers and the subsequent levels of support received. Participants were selected based on the following criteria: Residing in Tasmania, aged between 10–25 years, and with a care experience. Full demographic details of participants are shown in Table 1. The final sample consisted of 13 females, 11 males, and one non-binary young person. Ten young people identified as Aboriginal, and one as both Aboriginal and Torres Strait Islander. Seven young people reported having a disability, with six of those receiving support. Half (11/22) of the participants had entered the care system by the age of five, with young people in foster care (10/25) and residential care (7/25) featuring most prominently.

The number of caseworkers (or the number of times caseworkers changed) for each participant was also recorded in the demographic data. Caseworker continuity or caseworker turnover is important to



consider, as it may impact the quality of the caseworker-young person relationship and the attainment of appropriate support. Four participants reported they had only one caseworker, while at the other extreme, seven participants reported having six to ten caseworkers. The most frequent response (12/25) was for between two to five caseworkers. These data highlight the varied experiences of young people when it comes to their relationships with caseworkers. Such variation may also mean the difference between receiving adequate support and getting left behind.

Materials

The survey was organised into 32 questions within the major themes of connection with caseworkers and extent of support provided. They were presented in variety of formats, including basic demographic questions, rating scale questions (both six-point and analogue 0–100 scales), short answer and open-ended questions, and binary (yes/no) questions. With regards to open-ended questions, participants were able to contribute as many individual comments in response to the question as they liked. Therefore, while a question may only have 25 participants responding, it could have up to 70 separate comments depending on how many different points or themes the participants were addressing within each response. Likewise, some questions may have fewer than 25 responses if some participants chose not to answer.

After the opening demographic questions, participants were asked whether they currently had a caseworker and if so, did they know their caseworkers name? Importantly, as some of participants did not have a caseworker at the time of the survey, or had already transitioned out of care, they were asked to share their thoughts on any caseworker experiences they may have had during the course of their time in OOHC. Participants were then asked to consider their preferred method of contact with caseworkers, the frequency of that contact, and whether these preferences matched the reality of their interactions with caseworkers. Participants were also invited to share their thoughts and experiences in a series of open-ended questions. They were asked to give examples of what they thought supportive and unsupportive caseworker practice entails, followed by a closed question that asked them to score their current (or main) caseworker out of 100. The survey then addressed specific phases of the caseworker-young person relationship with questions focused on getting to know a caseworker and what to do if (or when) the relationship ends.

CREATE collected these primary data using the online platform Survey Monkey. A hard copy of the survey was also available for participants who did not have online connections. A complete copy of the survey can be found in Appendix A.

Procedure

This survey was promoted to Tasmanian members of *clubCREATE*¹, and 25 young people volunteered to participate. The consultation was conducted in accordance with *CREATE's Consultation with Children and Young People* and *CREATE Disclosure Policies*. Informed consent was obtained from all young people, while carers or caseworkers signed consent forms on behalf of young people 17 years of age and younger. All participants were provided with information detailing the nature of the consultation and those interviewed online were directed to Participant Information Sheets on CREATE's website. Young people were also informed that their participation was voluntary and that they could withdraw at any time without penalty. In recognition of the valuable contribution provided by young people for the consultation, each participant was provided with a \$25 Coles/Myer gift voucher.

Participants were invited to complete a survey over the phone or in person; 19 participants completed the structured interview over the phone with a CREATE staff member, while six participants were

¹ Children and young people who participate in activities and events conducted by CREATE Foundation are invited to become members of *clubCREATE* and have the opportunity to share their views in consultations and research projects.

interviewed face-to-face. In all cases, there was a staff who supported the young people to understand the information and questions in the survey. Quotes featuring the voices of young people were transcribed verbatim to ensure authenticity and integrity of research data. Attribution of the source of quotes in this report has been made using the participant's sex and age to protect the young person's identity. Data analysis of the survey involved a mixed-methods approach using a combination of quantitative and qualitative measures. Open text responses were coded using a thematic analysis developed by the research officers, reflecting both the aims of the survey, the questions asked, and the emerging themes. The use of both descriptive statistics and thematic analysis ensured that overall trends could be recorded as well as the nuances contained in the individual young people's voices.

Table 1. Participant Demographics

Demographic	Number of Young People
Age	
10–12	1
13–15	14
16–18	9
19–25	1
Sex	
Female	13
Male	11
Non-Binary	1
Cultural Identity	
Aboriginal	10
Aboriginal and Torres Strait Islander	1
No Identified Group	14
Age when entering care	
0–5 years	11
6–11 years	7
12–17 years	4
Placement Type	
Foster Care	10
Kinship Care	4
Permanent Care	1
Residential Care	7
Semi-Independent Living	1
No response	2
Disability	
Autism Spectrum Disorder (ASD)	1
Duchenne Muscular Dystrophy	1
Intellectual Disability (Learning Disability)	1
Physical disability requiring a wheelchair	1
Not specified	3
Number of caseworkers	
1	4
2–5	12
6–10	7
Unsure	2

Findings

Caseworker Connection

Before participants were asked about the quality of their caseworker support, they were first asked whether now, or while they were in care, they had a caseworker and if so, did they know that person's name. While 21/25 participants (84%) responded that they could relate to a caseworker and knew them by name, four (4/25; 16%) could not. The amount of time children and young people had a relationship with their latest caseworker is shown in Table 2. Half (12/24) of the respondents had been connected with their last caseworker for under a year.

Table 2. *Period Young Person Was Supported by Latest Caseworker*

Duration	Number	%
< 1 month	3	12.5
1–6 months	4	16.7
7–11 months	5	20.8
1– 2 years	1	4.2
3–4 years	4	16.7
5–10 years	2	8.3
> 10 years	1	4.2
Unsure	4	16.7
Total	24	100.0

Note. One young person did not respond to this question.

Further to this, when asked “How many caseworkers have you had since you came into care?”, the most frequent response was between two to three caseworkers (32%), closely followed by six to ten carers (28%). In addition to this, only 16% reported having a relationship with just one caseworker (see Table 3).

Table 3. *Number of Respondents Reporting Support from the Designated Number of Caseworkers During Their Time in Care*

Caseworkers	Numbers	%
1	4	16.0
2–3	8	32.0
4–5	4	16.0
6–10	7	28.0
Unsure	2	8.0
Total	25	100.0

Caseworker Contact and Accessibility

Contact is the means by which a caseworker and the child or young person can connect and establish a relationship. Contact assumes the caseworker is not just a remote (or nominal) presence but an active participant in the case management and support of the child or young person. Importantly, the quality of this contact varies from one person to the next depending on the individual set of circumstances.

In terms of frequency of contact, participants were asked “How often do you have scheduled contact with your caseworker?” Responses are shown in Table 4. Disconcertingly, one third of young people reported they had no scheduled contact with their caseworkers (8/24), followed by one quarter who only had contact every six months (6/24), and five people who had contact monthly. When responding to the statement that “they could contact their caseworkers as often as wanted” (using a 6-point scale 1: Strongly disagree; 6: Strongly agree), more than half (13/24) “Mostly” or “Strongly” agreed that they could contact their caseworker as needed; however, more than one third (9/24) “Mostly” or “Strongly” disagreed with that statement. Over half (13/23) were satisfied with the amount of contact they had with caseworkers, but just over one third of participants (8/23) wanted more.

Table 4. Average Level of Contact of Respondents with Caseworkers

Frequency of Contact	Number	%
Weekly	1	4.2
Fortnightly	2	8.3
Monthly	5	20.8
Every 6 months	6	25
No scheduled contact	8	33.3
Unsure	2	8.3
Total	24	100.0

Note. One young person did not respond to this question.

Participants also were asked to rank their preferred form of contact with a caseworker, and then to indicate how their actual contact mostly occurred. Figure 1 shows the mean rankings given to the six modes of contact listed (1: Most preferred; 6: Least preferred). Contact involving personal interaction (in-person, texting, or telephone) were preferred, while emails, third party intermediaries, or apps were not favoured. In-person contact was the most common avenue for communication with caseworkers experienced by children and young people, as seen in Figure 2, with 18 respondents nominating that mode.

Figure 1. Mean Preference Ranking by Respondents of the Listed Modes of Caseworker Contact

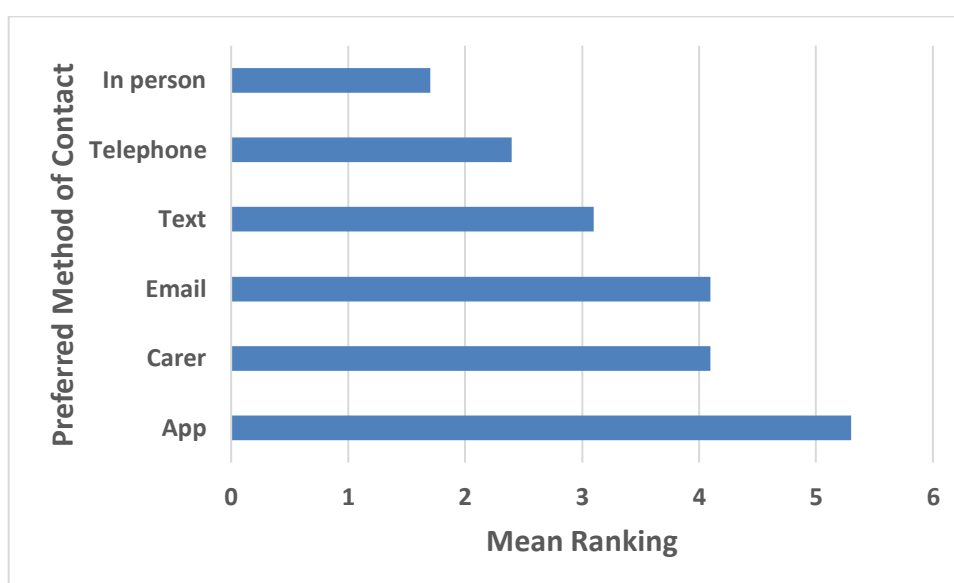
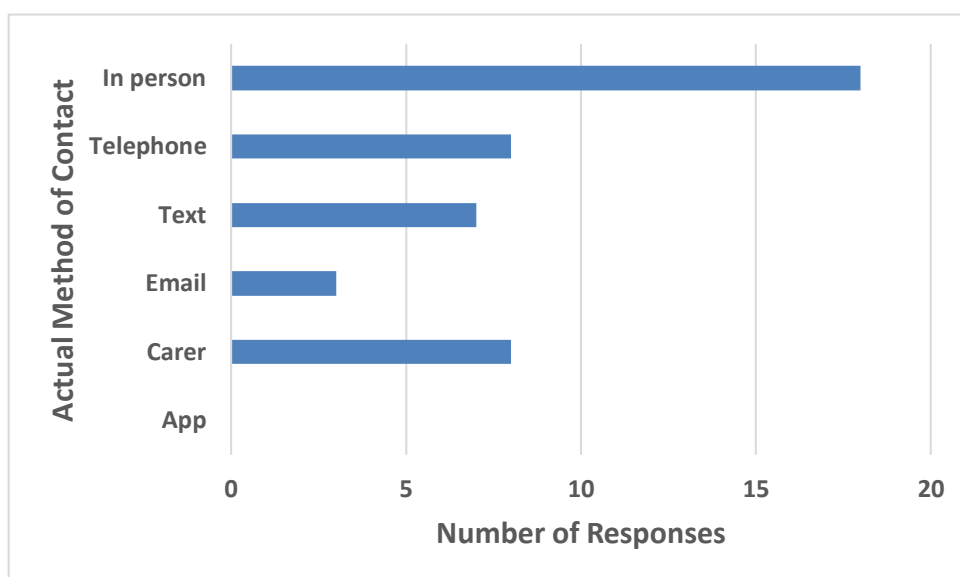


Figure 2. Number of Respondents Who Had Usually Experienced the Listed Modes of Caseworker Contact



Even though texting and telephoning were high on the young persons' preference list, they were not employed for contact in many caseworker-young person relationships. It is not clear from these data whether this disparity results from caseworker practice preferences or bureaucratic controls over application. Also interesting is the status of mobile Apps. These resources are becoming more common in child protection (e.g., Apps such as Resolve, Sortli, KicBox) and, given the "digital revolution", seem useful tools for communicating with young people. However, based on these data where Apps had a low preference ranking and zero usage, it cannot be assumed that, because they are "digital", they automatically will find favour with young people.

Caseworker Characteristics

When a child or young person in OOHC is placed with a caseworker a connection is forged. The strength of that connection depends on how the relationship between the caseworker and young person develops and whether there is genuine respect, mutuality, and rapport between them. There is no guarantee that young people will receive the support they want or need from this relationship, but positive testimonies and best practice case studies point to encouraging examples of what can happen when it does work. While the age of the individual in care will play a part in determining the appropriateness of dialogue, level of autonomy, and ability to negotiate in the decision-making processes surrounding their case plan and case management, there are nonetheless a number of key factors that remain the same for all young people. For example, whether a person is six or 17 has no bearing on whether an individual can articulate if they are happy or sad, and all individuals are entitled to being respected and encouraged, having their feelings acknowledged, and receiving support in a caring manner. This section of the report will alternate between what has worked well and what hasn't for the participants of the TAS survey, commending best practice and exposing barriers to quality support by acknowledging all the perspectives and age groups represented in the survey.

What Does a Good Caseworker Do?


A key question respondents were asked was: "What kind of support is most helpful from a good caseworker?"; young people were given the opportunity to present three examples. These responses were thematically analysed to identify the main points made by respondents; results are shown in Table 5. It is clear that young people value caseworkers who demonstrate competence in their professional realm (33% of the examples given related to this theme). These caseworkers assume the

responsibilities of supporting young people by asking questions respectfully; listening and hearing concerns, by being available, consistent, reliable, timely, and efficient; and by proactively following through on goals and getting things done. Underpinning these practices, was also a strong child-centred and rights-based imperative (18.7% of examples), whereby respecting the rights of young people, empowering them to speak, consulting with them, and acting on their unique needs and opinions were identified. To respondents, this professional, child-centred behaviour appeared built on a basic supportive attitude where in all their actions, caseworkers reflected a caring, kind, sympathetic, genuine, and reassuring way of operating that respondents found positive and encouraging (15.4% of examples).

Table 5. Major Themes Articulated by Children and Young People When Responding to the Question: "What kind of support is most helpful from a good caseworker?"

Good Caseworker Themes	Number	%
Professional/Formal Skills		
Listens; asks questions; gives constructive advice; efficient and timely; consistent; follows through on goals set; respectful of boundaries; proactive and persistent (gets things done); available; reliable and transparent; present (just being there)	30	33.0
Child-Centred		
Respects the individual; age-appropriate support; empowering the individual to speak; acting on young person's requests and needs	17	18.7
Supportive Attitude		
Caring; comforting; reassuring; respectful; friendly; kind/nice; understanding; sympathetic; genuine	14	15.4
Targeted Action		
Outings (positive experiences); educational support; financial support; leaving care support; help moving placements; organises family access	9	9.9
Good Communications		
Gives information; explains; maintains regular contact; sends messages; talks confidently and calmly; communicates in person	8	8.8
Relationship Focused		
Builds relationship with young person; supports family connections; supports carer	7	7.7
Personal Qualities		
Patient; trustworthy; helpful; tactful	6	6.6
Total	91	100.0

Being able to communicate in person, speak confidently and calmly, maintain regular contact, provide relevant information, and explain what was happening also were important attributes (8.8% of



examples). Related to these issues, but separated for emphasis, were the specific themes of being Relationship focused (7.7% of examples) and demonstrating the basic personal qualities of patience and trustworthiness (6.6% of examples). However, while the relational factors were overwhelmingly important to children and young people, many (9.9% of examples) also were concerned with direct, practical support in their dealings with education, finances, life skills, family access, placement change, and being prepared for leaving care. In addition to this, young people also highlighted the importance of being given the opportunity to have positive, fun experiences with their caseworker; not necessarily practical per se but direct, targeted informal support.

Specific comments by children and young people illustrate what is valued in a good caseworker. Some participants acknowledged the importance of caring attitudes, attachment bonds, and interpersonal skills to provide emotional support and make people feel at ease:

Caring, nice, and trusted (Female, 16 years)

Being there for the kids. (Female, 17 years)

Reassurance that they are there. (Female, 15 years)

Giving comfort and constructive advice. (Non-binary, 17 years)

They make sure you're happy in your placement. (Male, 16 years)

One young person also observed and appreciated their caseworker's genuine interest in their life:

They want what's best for you. (Male, 16 years)

Comments in the general interpersonal skills theme included support based on trustworthiness, patience, helpfulness, and being tactful. In addition to this was an acknowledgement of a caseworker's emotional maturity; respecting boundaries and being able to gauge a young person's limits:

Doesn't bring up topics that make me too uncomfortable. (Male, 15 years)

On the other hand, qualities related to organisational and professional competency were identified and included listening; asking; availability/reliability; giving constructive advice; following through on goals; being respectful and transparent; and being proactive, determined, and persistent:

Making sure your needs are met. (Female, 13 years)

Following through with goals. (Female, 20 years)

They do what you say, or if they can't, they still list it and keep trying to do it later.
(Female, 14 years)

Punctuality, timeliness, and dependability were particularly highlighted in the following two responses:

Turns up on time. Always there when you need something, or when something goes wrong.
(Male, 14 years)


Helps me move placements [and] gets stuff done—[he] cracks on with it [and] doesn't take a couple of months to get to things I need. (Male, 14 years)

Responses related to communication and contact conveyed an underlying sense that young people value constant and readily available open channels of communication where there is always "Someone you can contact when you need to." (Female, 15 years). In addition to this, specific examples of good caseworker communication were cited and included being forthcoming with information; explaining that information in a meaningful and accessible way; speaking confidently and calmly in person; and checking in regularly through messages and face-to-face contact:

Visiting as often as they can. (Female, 13 years)

Telling us what's going on. (Non-binary, 17 years)

Seeing them a lot [and] sending them a message once a week to see how they are going.
(Female, 17 years)



Also included in the theme of Good Communications was the suggestion that language should be both developmentally and age appropriate. While emphasis is often placed on making sure information is not too complex, clinical, and confusing, one participant highlighted the opposite—language shouldn't be simplified and demean the young person by undermining their intelligence and maturity either:

One that doesn't talk to you like you're a kid. We get so angry. (Male, 14 years)

Another example of helpful support related to the theme of child-centred practice (young person focused)—both in casework management and caseworker exchanges. Epitomising a child-centred approach, and one in which the balance of power is tipped in the young person's direction, were testimonies expressing individualism; child-centred dialogue and collaboration; and recognition of the emotional impact of OOH on the individual:

They talk to you about your life. (Male, 15 years)

Acknowledging that I am an individual. (Female, 15 years)

Letting me talk about my feelings. (Female, 14 years)

Acting upon my requests. (Female, 15 years)

Not making decisions without telling me. (Female, 16 years)

Taking my opinion into consideration. (Female, 16 years)

Closely linked with child-centred practice is the Relationship Focused theme. Here, responses reflected the importance of relationship-building and development of trust, both of which require getting to know the young person:

Someone you can trust. (Female, 14 years)

They need to know the child in order to support them. (Female, 16 years)

When you're new in care, it's hard to open up and talk about your feelings. Keep coming back to us, until we feel comfortable to talk. (Male, 16 years)

On the topic of relationships, caseworkers who embrace and include the young person's broader relational network and familial ties were also viewed favourably:

Supports my wants, such as seeing other family members. (Male, 15 years)

Helping to reconnect you with family. (Female, 14 years)

Lastly, targeted action refers to support that is proactive and specific—getting things done both on a practical level and in the case of one participant, on a more long-term/future orientated level:

Transition to independence assistance (Non-binary, 17 years)

Two participants also appreciated targeted action that had an informal, strengths-based, and relational focus—encouraging young people by engaging in everyday leisurely activities, and providing normalising experiences for them:

Taking me out somewhere for a snack and having a talk. (Female, 14 years)

We have a snack and a drink and talk about what I'd like. I'd like more contact with my sister. (Female, 14 years)

What Indicates Poor Casework?

Respondents also were questioned about what they could expect from a caseworker who wasn't supportive; again they were asked to provide three examples of what they considered unsatisfactory caseworker performance. Responses were thematically analysed and the major findings are shown in Table 6. Not surprisingly, the issues raised were the converse of what characterised good casework. Participants expressed concern for relationships where there was little to no contact with a caseworker; the caseworker was unresponsive, too busy, or ignored the young person; the caseworker

didn't listen; was unreliable; and prone to breaking promises; communicated poorly, and didn't share information; excluded young people from decision making; was uncaring; and lacked genuine motivation for the job. However, while issues related to professionalism (32.1%) and a focus on the young-person (child-centred practice) (17.9%), remained approximately same as the most frequently appearing responses, more negative comments focused on poor communication (25.6% of examples) than in the previous question. Poor communication included a lack of transparency and information sharing, limited contact, hostility, and not having time for the young person:

They don't spend any time with you. (Male, 15 years)

Doesn't come as regularly as they should. (Male, 14 years)


Impossible for me to contact. (Female, 16 years)

They don't check in on you when you move into a new foster home or situation. (Female, 16 years)

They yell at you. (Male, 15)

Table 6. Major Themes Articulated by Children and Young People When Responding to the Question: "How does a caseworker who isn't supportive act?"

Poor Caseworker Themes	Number	%
Unprofessional/Poor Practice		
Doesn't listen; doesn't ask questions; unavailable; unreliable; disconnected; intrusive; trying too hard; not confident; inactive; unresponsive; unhelpful	25	32.1
Poor Communications		
No information sharing; no time for young person; limited contact; yells at the young person; lack of transparency	20	25.6
Not Young-Person Focused		
Not personalised; exclusion of young person in decision making; doesn't know the young person; not age appropriate (talks down)	14	17.9
Uncaring Attitude		
Unmotivated; rude; arrogant; condescending; judgemental; critical	9	11.5
Not Relationship Focused		
Lack of respect and inclusion of family; lack of respect and connection to the young person	4	5.1
Personal Characteristics		
Not trustworthy; pushy; impatient	3	3.8
Lack of Practical Support (or direct action)		
No help with accessing essential items (i.e., food); no support for family reunification; no follow up after placement changes and periods of transition	3	3.8
Total	78	100.0



Two young people also added that it shouldn't take an emergency or a scheduled appointment for contact to take place; they wanted their caseworkers to be genuinely interested in them—to contact them and check-in for a chat to make sure they were ok on a regular basis:

They don't keep much contact even through the phone. Should take the time to text the child to see how they are and if everything is okay. (Female, 16 years)

A stranger, absent, no contact. For the first 3 months I was in resi, she came by weekly. Now I haven't seen her in 4 months. I haven't requested to, but it would be nice [for her] to stop by once in a while [to] see how I'm going. (Male, 16 years)

Unsupportive caseworkers appear to fail young people in OOHC on both organisational and individual levels. Unsupportive attitudes that show little interest or conviction in wanting to engage with the young person reflect a more personal lack of sincerity and authenticity of the caseworker's part. There also appears to be an undercurrent of caseworker arrogance in these types of relationships, demonstrating an adversarial (or authoritarian) position rather than one of partnership and strengths-based support where the individual is respected and valued:

They are rude. (Male, 13 years)

Judges. (Male, 14)

Having a bad look and attitude. (Male, 17 years)

Acting like they know best in all situations. (Non-binary, 17 years)

Talks down to you. You can't talk to someone when they're doing that - it makes me angry; it annoys me a lot. (Male, 14 years)

Participants also reported that caseworkers were making decisions without consulting the young person and putting formal, organisational processes ahead of the young person's individual needs. In doing so, these young people were left feeling disempowered and devalued:

Not valuing [the] client's opinions. (Non-binary, 17 years)

Don't listen to my thoughts and feelings. (Female, 15 years)

Not really seeing me. (Female, 14 years)

They don't support your decisions. (Female, 15 years)

[They] don't take the time to get to know the child and what they like. (Female, 16 years)

On a relational level, poor caseworker support also meant that rather than acting as an essential communicative link for the young person and their significant networks, caseworkers instead created barriers:

They don't help get family back together. (Female, 14 years)

Not a lot of seeing my family members. (Female, 14 years)

Not getting to know people. (Male, 17 years)

Others highlighted a lack of professionalism with 25 responses highlighting that caseworkers were disorganised, unreliable, intrusive, prone to breaking promises, pushing too many goals, and not listening:

They don't listen to what you want and need. (Female, 14 years)

Doesn't ask how I feel about my current home. (Female, 14 years)

When you ask them something and they say they will help but does nothing. (Male, 14 years)

They leave you in a placement you're not happy with. (Male, 16 years)

Not keeping promises. False advertising! Saying they'll do something, then not following through. (Male, 16 years)

Continuously forces me into topics that upset me. (Male, 15 years)



They try too hard with too many goals. (Female, 20 years)

Support by Current (or Most Recent) Caseworker

Young people were given the opportunity to score their current (or most recent) caseworker's performance from zero to 100 (with zero representing the lowest level of support and 100 representing the highest). The median support rating for the group was 52, indicating a mixed response. At the extremes, eight (34.8 %) young people rated their support at 80 or above, feeling very supported, while four (17.3%) scored 20 or below. Given that the remaining 47.8% (11/23) of responses—almost half—were scoring in-between, there appeared scope for many caseworkers to improve their practice. Suggestions made by young people mirrored the points raised when considering good caseworker practice, and ranged from the specific (more family support, more contact, more personalised, more responsive and proactive, providing and relaying information accurately, and helping with access to essential items such as laptops) to a general sense that they wanted their caseworker to be more present in their lives to provide comfort and reassurance:

Just be there if I need them. (Male, 17 years)

Check in with me, even if things are settled and going well, and I haven't contacted you. (Male, 16 years)

... Catch up more. I thought you were supposed to see your caseworker every couple of months, mine only comes around when I contact her. (Male, 14 years)

Two participant responses underscored the importance of relationship-building with one in particular highlighting a preference for more informal, positive, normalising interactions:

Pay attention to me. Get to know me. Come see me. (Female, 16 years)

Listen more; do some fun things not just meetings. (Female, 14 years)

However, young people don't always want just a casual catch up either. Sometimes they require specific outcomes to be achieved. Two participants called for direct, targeted action from their caseworker:

Get me a laptop for school [and] provide things for my education; organise more family contact and longer visits. (Male, 16 years)

Help me reconnect with family members more. (Female, 14 years)

To achieve supportive outcomes, young people also identified that they wanted their caseworkers to put in more effort and take professional ownership over information gathering and sharing:


Come more often and check information before telling us. (Female, 13 years)

Make an effort to read info from past case workers. Relay correct information. (Female, 15 years)

Beginning a Caseworker Relationship

What worked well?

If you are a child or young person in OOHC, how do you begin a relationship with a department or agency caseworker? Are they seen as potential friends and allies, or are they viewed as intruders and potential threats? Respondents were asked to outline anything they liked about how their current (or most recent) caseworker went about beginning the relationship with them. 20 young people provided answers to this question (n=26). While one young person liked "nothing" the caseworker did and five could not remember or point to anything special, the remaining 14 participants were spread over the "ideal" caseworker approaches listed previously in Table 5: Supportive Attitudes (two comments); Professional Skills (six comments); Good Communications (six comments); Targeted Action (two



comments); Young Person Focused (three comments); and Personal Qualities (one comment). The most frequently appearing individual responses concerned regular in-person visits; asking appropriate (non-triggering) questions; and checking in on the wellbeing of the young person.

For one of the participants that felt there was nothing positive about how their caseworker began supporting them the experience was marred by a lack of communication and transparency:

I don't see her enough and I don't know what goes on behind closed doors. (Female, 16 years)

On the other hand, some young people related to caseworkers who displayed an openness, eagerness, and professional commitment to establish contact from the beginning:

Talked face to face and didn't ask difficult questions. (Male, 14 years)

They came to visit me in person. (Female, 14 years)

Bought me food. Came around weekly when I was settling into resi. (Male, 16 years)

It felt less like a formal event and more of a visit. (Male, 15 years)

There were also positive examples related to the swift, targeted action taken by caseworkers early in the relationship—either to assist young people in practical ways, demonstrate sincerity, or to provide opportunities to get to know each other:

She helped me get back into school. (Male, 16 years)

She got involved early on. (Female, 16 years)

Another aspect of support appreciated by participants in the beginning phase of their relationship with their caseworker was the way in which their caseworker adopted a child-centred approach; respectfully acknowledging the young person as the expert by asking them questions rather than assuming and speaking on their behalf:

They ask how I am feeling. (Male, 15 years)

I feel I get to have a say and have that support. (Male, 17 years)

What Didn't Work Well?

Participants were also asked, “What (if anything) did you NOT like about how your current caseworker began supporting you?” While six participants reported nothing negative about their first interactions with their caseworker, one stated that almost everything about their first interaction was wrong. The remaining participants (n = 33), with the exception of two who were unsure or couldn't remember their first encounters, all identified serious issues in their first interactions with caseworkers. What didn't work well for young people centred around issues of unprofessionalism and poor practice (dismissive, not respecting boundaries and privacy; two responses), poor communication/contact (little contact or visits, no introductions, and being talked down to; seven responses), unsupportive attitudes (insensitive and arrogant; three comments), undesirable personal qualities (presumptuous and not acting fairly; two comments), poor relationship building (superficial connection and not getting to know the young person; one comment); and not child-centred (not respecting young person's opinion; one comment).

Arrogance and presumption featured in a variety of different ways in young peoples' responses, cutting through professional practice, communication style, personal qualities, relationship quality, and overall attitude. Balance of power was also an issue with “authority” behaviours making young people feel like their voices were not being heard:

Talking down to me, not seeing me enough. (Male, 14 years)

Talking as if I wasn't there (anymore). (Male, 15 years)



Them acting like they know what's best in all situations. Be more sensitive. Respecting privacy and boundaries. (Non-Binary, 17 years)

Added to this was the concern that communication and contact was nominal, with one caseworker actually failing to identify herself as the young person's caseworker in their first meeting:

Not visiting often. (Female, 13 years)

Not contacting me and getting to know me. (Female, 16 years)

Not telling me she was my caseworker in the first meeting. (Female, 16 years)

Relationship Development

To explore how the caseworker-young person relationship develops over time, participants were asked how comfortable they felt when first dealing with their caseworker, and how comfortable they feel now (or when they last interacted with their worker). Of the 21 young people who responded to the first question, 14 (67%) reported having a positive initial connection with their caseworker and felt comfortable from the start. When responding to the question about how comfortable they felt with their present support, 17 of 23 young people (74%) indicated they were comfortable. By contrast, 7/21 (33%) began the relationship feeling uncomfortable with their caseworker, and 6/23 (26%) continued being uncomfortable in their interactions.

Beginning Relationships: Advice from Young People

In terms of creating a positive and supportive relationship from the outset, participants were asked, "What advice would you give to caseworkers to help young people feel more comfortable when first getting to know each other?" The thematic analysis of the responses is shown in Table 7. The most frequent individual responses related to asking questions but respecting boundaries; making contact with the young person *in person*; maintaining regular contact; and acknowledging the young person's journey—taking a personalised approach to supporting them as individuals not casefiles.

Empathy involves one person trying to put themselves in the place of another to understand what they are experiencing, and compassion involves the desire to alleviate any hardship or stress identified. One participant stated the importance of caseworkers undergoing this process when first meeting their young clients:

Try to understand what the young person is going through; it's a big change. Think of yourself [as] if you were in the young person's position. (Female, 14 years)

Establishing closeness with a young person in OOHC by demonstrating a caring nature, and being kind, friendly, and informal were also key caseworker qualities particularly valued at the beginning of the relationship:

Be friendly and don't seem too serious meet outside of the home or office, somewhere the young person feels comfortable. (Female, 15 years)

Treat them (the kids) with kindness and respect. (Male, 16 years)

Underlying these statements is a focus on the caseworker's attachment role. Young people ask for nurturing behaviours, kindness, openness, and positive shared experiences to be at the forefront of best practice from the very beginning of the relationship. Suggestions for support to be more personalised from the very beginning, and respectful of the young person's journey, were also raised, acknowledging the importance of beginning a relationship with a child-centred focus:


Listen to the young people and ask them questions about themselves so they get to know the young person and don't just rely on the case file. (Female, 14 years)

We don't all have the same past. Don't treat them as if they've had a great past. Treat them like equals and like young adults. Don't lash out at us. (Female, 17 years)

Table 7. Major Themes Articulated by Children and Young People When Responding to the Question: "What advice would you give to caseworkers to help support young people feel more comfortable when first getting to know each other?"

Advice for Caseworker Themes	Number	%
Good Practice/Professionalism		
Listen; ask questions (but not too many); problem solve; provide alternatives/options; respect boundaries; don't try too hard; don't push too hard; allow time for the transition (go slow); sets goals; confidential; engaged; previous caseworker involvement	16	26.2
Good Communications		
Talk/conversation; contact in person; informal chats and icebreakers; explain the process; respectful dialogue (doesn't talk down to young people); regular contact; give information/keep informed; caseworker introduce themselves; contact location where young person prefers	16	26.2
Personalise/Young-Person Focused		
Personalised/individualised; not just a casefile; treat the young person like an individual/as an equal; finds out what the young person wants; emotional engagement (are you ok?); acknowledge and respect the young person's journey	11	18.0
Supportive/Caring Attitude		
Nice/kind; friendly; fun; humorous; gentle and doesn't lash out; encouraging; enthusiastic; reassuring; respectful	8	13.1
Relationship Focus		
Get to know the young person; build a relationship; caseworker sharing information about themselves	5	8.2
Personal Qualities		
Empathetic; trustworthy; tactful; patience	3	4.9
Targeted Action		
Sharing a meal, doing fun activities together (i.e., art/craft, cooking, go karting, video games)	2	3.3
Total	61	100.0

Beginning with a strong child-centred and strengths-based relationship means the child or young person's background, perspectives, needs, interests, and goals are heard and acknowledged up front. But young people also identified the importance of getting to know their caseworker by having that caseworker share information about themselves as well. Such a gesture demonstrates respect for the



young person and caseworker and establishes a precedent for trust and mutuality to grow as the relationship evolves:

Tell them all about you. (Female, 16 years)

They need to know more about them [case worker]. Instead of questioning [the young person] about the past, talk about yourselves and what you like. Give them something [so they can] get to know you... If they [child] mention they like music, talk about this and don't ignore it. show interest in what the kid likes doing. It helps you have a better relationship and form stronger connections. [The young person is then] more likely to be honest with you and talk to you. (Female, 16 years)

Furthermore, an important aspect of strengths-based practice is its emphasis on positivity and meaningful exchange. Two participants highlighted the importance of making young people feel comfortable by focusing on sharing positive, safe, and normalising experiences with their caseworkers:

Bring a board game to play. (Male, 13 years)

Go somewhere that you know that the child feels comfortable. (Female, 15 years)

On a professional and organisational level, the importance of being available, actively listening; problem solving; providing options; setting goals; and respecting boundaries in this early phase were skills and services also noted as important:

Ask what goals the person wants to work toward and give options of help to include the person. (Female, 20 years)

Less workloads and more support so they can spend time with you. Actually be there. They don't tell you things. (Female, 14 years)

Similarly, good communication was also identified as key to establishing the tone of the relationship from the outset, with confidence, clarity, and respect appearing in three testimonies:

Introduce yourself to them. (Male, 15 years)

Help the kid as much as you can. Talk to them - not down to them. (Male, 14 years)

Ask if they are alright. (Female, 14 years)

Respecting boundaries is not only connected to professionalism and formal skills (i.e., don't try too hard; don't push too hard; allow time for the transition (go slow); and maintain confidentiality) but it is also linked to the general personal qualities of being patient, tactful, and trustworthy. This means that having the requisite emotional intelligence to understand how to respond when people are not ready, includes having the patience to allow young people to settle into the relationship by reassuring them they can share their story at any time and in *their* own way:

... Give them time; don't pressure them into answering personal questions right off the bat. They're not going to answer, you're wasting your time. Give them a week or so, at least to build the relationship, and get settled in. (Male, 16 years)

Respecting boundaries also relates to treating each case with unique sensitivity. In some cases, consulting with the previous caseworker might be beneficial, other times it may be harmful, as two very different participant responses highlighted:

Have an email conversation or meeting and include old caseworker. (Female, 16 years)

Don't start [a] conversation with their past case work[er]. (Male, 17 years)

Ending the Caseworker Relationship

It is recognised that the ending of a relationship needs special handling, particularly the professional one between a caseworker and a young person. This relationship can end when the young person


leaves the care system; however, more commonly, separation occurs when the caseworker changes roles and responsibilities. How should such endings be managed? The cumulative effect of multiple caseworker changes over time can be devastating, leading the young person to feel defeated and cynical towards the child welfare system. With this in mind, young people were asked: *What advice would you give to caseworkers to help support young people when their caseworker changes?* Their answers are themed and summarised in Table 8. Participants identified how important it is for the system to be transparent and honest and for the transition to be as smooth and positive as possible. Suggestions from young people included acknowledging the journey; celebrating it (if it was a positive relationship); saying goodbye in person; and ensuring the interim phase of caseworker changeover is one of slow transition. This is definitely a time when young people want caseworkers to make it personal, beginning with plenty of warning (if possible) and reassurance:

Give the young person plenty of warning that it's going to be happening and they will have someone new working with them. (Female, 14 years)

Table 8. Major Themes Articulated by Children and Young People When Responding to the Question: "What advice would you give to caseworkers to help support young people when their caseworker changes?"

Advice for Caseworker Themes	Number	%
Good Professional Practice		
Acknowledge young person's journey; give plenty of notice of change; introduce new caseworker; ask questions; stay in touch; spend personal quality time with young person; respectful of boundaries; review process; organised (make plans before leaving); allow time for transition	17	38.6
Good Communications		
Talk to the young person; explain what is happening; say goodbye; exchange information with new caseworker	8	18.2
Personalise and Acknowledge Emotions		
Recognise emotion (e.g., sadness); engage emotionally; personalise; share personal information; mutual exchange; positive farewell activity/gesture specific to the young person's interests	8	18.2
Supportive Attitude		
Positive; nice; reassuring	7	15.9
General Personal Qualities		
Honest; tactful	3	6.8
Don't Know		
Not sure	1	2.3
Total	44	100.0

A preferred period of slow transition was also mentioned by a number of respondents—a time when changes made are gradual. A reoccurring suggestion related to professionalism was having the outgoing caseworker introduce the new one to the young person to forge a more personal, continuous



communicative link. Such professional practice also provides reassurance that a tangible commitment to continuity of support is already in place before the caseworker leaves:

They should take the new case worker to meet the carer and the young person. (Male, 15 years)

The old case worker should stay around for a week or two after the new one starts so the kid gets used to them. (Male, 16 years)

Have a good transition time between workers; make sure the young person knows what's going on. (Female, 15 years)

Look for a new case worker BEFORE the changeover/before they leave. Go on visits together with the new and the old worker so the young person and new worker can get to know each other. (Female, 14 years)

Inform the young person personally and work a day where the young person can help get the new worker to speed. (Female, 20 years)

Another reason young people highlighted bringing old and new caseworkers together, was so caseworkers could exchange information; eliminating the need for the young person to have to repeat their story unnecessarily:

When a new caseworker is coming, tell them about the kid—like if they're shy, or need help with writing. Little details like that can help build a relationship with him or her. (Male, 14 years)

Tell the next caseworker personal stuff (i.e., what they like to eat), as well as the life stuff. (Male, 16 years)

Furthermore, regardless of the quality of the young person-caseworker relationship, the communicative gesture of actually saying goodbye in person (and if possible, marked with a positive experience/activity) was a very important form of closure for a number of respondents:

Have a going away afternoon tea. (Female, 16 years)

Tell you goodbye. Don't leave without us knowing. Take the time to say goodbye and maybe say why you're leaving. (Female, 16 years)

I would say they should be nice and awesome to their kids and spend lots of time with them. (Male, 15 years)

Don't be emotional (make them feel happy about the time had together). (Male, 16 years)

For the incoming caseworker, the advice from two young people was to focus on positive things (what works well for you, what do you like doing?). Having the caseworker also sharing positive things about themselves was likewise regarded positively; a reciprocal exchange whereby both the caseworker and young person are sharing and connecting:

Tell them about yourself, do something the kid likes, [and] don't ask difficult questions. (Male, 14 years)

Ask young people what [the] old caseworker did that worked. (Female, 16 years)

It is also interesting to note that a number of responses mentioned the desire to keep in contact after their caseworker had left:

Still have communication with them. (Male, 17 years)

Still checking in sometimes. (Female, 13 years)

While the reasons some participants expressed a desire to stay in contact with caseworkers after those caseworkers left was not explored in the survey, it perhaps points to the significant impact attachment roles and permanency goals have on these relationships.

Final Suggestions for Supportive Casework

The final question gave young people an opportunity to conclude their observations on what makes a supportive caseworker. While only nine young people had anything to add to what they had already said, their comments were considered and summarised the issues raised well. Several reiterated the need for supportive caseworkers to be expert communicators:

One that is calm and talks confidently and can fight for funding needs. Someone who listens to your views and takes them into action. (Male, 14 years)

Hearing from case worker before decisions are made. Just generally more communicative. (Female, 16 years)

Treat us maturely, we can handle change but [get] offended if not kept in the loop. (Female, 20 years)

They can always talk to you so it's all right. (Male, 15 years)

Making a genuine effort to get to know the young person and build a relationship with them was also considered fundamental to supporting them effectively:

Knowing the person helps a lot in terms of communicating. (Male, 15 years)

Just be good at your job and get to know the child. (Male, 17 years)

However, perhaps most importantly was the recognition that young people in OOHC are vulnerable and potentially traumatised individuals who deserve both time and respect to navigate the OOHC system. While one participant demanded that young people should never be “pressured” (Male, 16 years), another concluded that quality support is a result of being “treated with respect” (Female, 16 years).

Discussion


Across the survey, responses revealed differences between basic-level caseworker connection and a deeper-level caseworker involvement in the child or young person’s life. The quality of this connection, and associated level of support, was determined by six key factors or themes which emerged in relation to young peoples’ responses. They included professional practice, influenced by caseworker attitude and general interpersonal qualities, relationship formation, good communication, and targeted action. While these aspects of casework have been separated somewhat artificially for emphasis and discussion, it is recognised that these elements all interact to produce a complex whole that is the caseworker.

Professional Practice

It is critical to have a stable, competent, and committed child welfare workforce so that services are properly provided to children and families in need. (Griffiths et al., 2017, p. 110)

The quality of caseworker support is determined by the efficiency and continuity of service delivery and the formal, organisational skills of the service staff. Therefore, this theme concerns how smoothly and competently the welfare service runs and how professional and efficient caseworkers are at the service level. Such qualities include active listening, timeliness, attention to detail, being organised, efficient, competent, consistent, reliable, responsive, and respectful of boundaries. Active listening—which not only involves listening but hearing and engaging as well—is important for building trust and reassuring young people that their voices are being heard and understood in all interactions (Stabler et al., 2020, p.118). In Strengths-based practice it is called attentive listening (Oliver & Charles, 2016).

Caseworkers can support children and young people in OOHC by maintaining a continuous presence in their lives for the duration of their time in care. However, this is only applicable in instances where the relationship is positive in nature. When it is positive, Ridley et al. (2013, p. 58) note that the quality



of the relationship is often linked to “the length of time” the young person is with them. Numerous authors, including Tilbury and Osmond (2006), Ridley et al. (2013), and McDowall (2018), have all voiced how important continuity of care and stable caseworker support is. Continuity, i.e., time consistently spent with a young person over a lengthy period, plays an important role in strengthening attachments and providing stability and permanency in a young person’s life. This in turn, has a direct impact on the overall wellbeing and self-worth of the young person (Tilbury & Osmond, 2006). Permanency is both a temporal concept suggesting “long-term,” or “long time,” but it is also about establishing lasting connections, developing a sense belonging, and finding stability within this enduring “long-term” timeframe (Tilbury & Osmond, 2006, p. 266). However, if permanency is disrupted, this can have a detrimental effect on the support a young person receives. Simply put, if caseworkers change or leave, the young person’s significant person (or significant departmental contact) can no longer “be there” for them. What is more, feelings of abandonment, loss of control, uncertainty, frustration, fear, and hopelessness may also arise in the wake of a significant person departing. Ridley et al. (2013, p. 56) have highlighted poor mental health outcomes for young people in OOHC impacted by caseworker turnover.


Relationship Formation

Caseworkers continually endeavour to find an appropriate balance between their “good authority skills” and their “care and engagement skills” (Stabler et al., 2020, p. 119), or, as Lindahl et al. (2017, p. 2) argued, to perform their “official” and “advocacy” roles while maintaining closeness and trust through “attachment” with the young person.

The good authority skills (or official role) concerns the caseworker’s ability to make professionally sound decisions in the statutory space of the child-welfare system (Lindahl et al., 2017; Stabler et al., 2020). Sound decision-making is goal-orientated and might focus on risk assessment, monitoring the alternative care environment, and/or managing care plans (Stabler et al., 2020; Oliver & Charles, 2016). While the official role is fundamental to ensuring young people are safe and can access the support and resources they are entitled to, Lindahl et al. (2017, p. 1) also state that one of the biggest barriers to ensuring a positive and supportive relationship is children’s own belief that caseworkers are “distant, official, and formal figures—somewhat out of reach.” This is also reflected in consultation responses where young people refer to the formal and bureaucratic nature of their relationship with their caseworker, an association based on formality and casefiles.

Best practice requires balancing such formality with the individual’s voice, modifying plans to suit the unique circumstances of the young person—a process of decision-making that takes place in a “discretionary space” (Lipsky, 1980 in Lindahl et al., 2017, p. 3). The discretionary space can be defined as an “intersection” because it is the point where organisational (departmental) authority, individual professional preference, and the individual young person’s needs all come together for careful consideration (Lindahl et al., 2017, p. 3). This space may require a degree of flexibility to ensure young people’s voices are heard and their needs are being met, while complying with the statutory requirements of the department. It becomes problematic when the discretionary space doesn’t work and the narrative of the system overshadows the young person, generating what Pithouse and Crowley (2006, p. 206) call, an “adult-led pattern” of welfare service control. In a worst-case scenario, the caseworker’s authority may be oppressive and intimidating; they may act as a “gatekeeper” and control access to services, information, and support (Kolivoski et al., 2016, p. 66).

One suggested method that honours the individual young person’s rights (as articulated in the United Nations Convention on the Rights of the Child; United Nations, 1989), while at the same time understanding the tension between organisational authority and individual interests, is child-centred strengths-based practice or the strengths approach (Oliver & Charles, 2016). Strengths-based practice works with the strengths and the goals of the individual young person and places their interests at the forefront of social welfare practice. It also recognises that there may be organisational barriers and that, at times, welfare workers are required to exercise mandated authority in the child protection



space. However, strengths-based practice also highlights that welfare workers need to be honest and transparent with young people about “what is and is not negotiable”; to be clear why certain things may not be possible and to fully support young people’s goals when they are possible (Oliver & Charles, 2016, p. 1010). Importantly, strengths-based practice reframes the role (and authority) of the caseworker as a partner or collaborator with the young person.

Guided primarily by the young person’s unique perspective—rather than their own clinical assumptions about what is best for the young person—caseworkers relinquish some of their decision-making power by adopting a “non-knowing posture” (Berg & Kelly in Oliver & Charles, 2016, p. 1011) in which workers acknowledge that young people are “experts in their own lives” (Mason & Danby, 2011) and hold all the necessary information needed to inform best practice. It is the caseworker’s responsibility to listen to the young person and be guided by the knowledge and perspective they obtain.

Building and supporting close and trustful relationships (Lindahl et al., 2017) does not just refer to the caseworker’s relationship with the young person. It also includes the caseworker’s potential relationship with the young person’s extended network, including biological family, foster family, kin, community, friends, teachers, health practitioners, sports coaches, or other meaningful connections in the young person’s life; or the caseworker’s role in supporting the young person to access their extended network. Indeed, Kolivoski et al. (2016, p. 66) have identified that caseworkers sometimes become *the* “communicative link to a young person’s family and friends.”


This emphasis on relational networks is particularly relevant for Aboriginal and Torres Strait Islander children and young people who require ongoing communicative links to family, kin, and/or community if it is safe. The cultural meaning behind the word *relationship* here refers to a potentially much broader kinship system based on the communal “intermittent flowing care” model of child rearing (Hermeston et al., 2016, p. 7). What this means, is that children and young people in Aboriginal and Torres Strait Islander communities often form extended kinship bonds rather than relying on a single dominant individual in one household. The Aboriginal and Torres Strait Islander Child Placement Principle is the primary source guiding best practice in this context, identifying “connection” to this communal network (SNAICC, 2013, p. 44) as paramount.

Attitude and Motivation

An emphasis on *caring* means that certain personal qualities such as being kind, nice, positive, happy, fun, loving, gentle, and attentive are important (Lindahl et al., 2017). Having a caring attitude and a caring practice also highlights that the child protection system is not just about safety and protection but also about valuing others and supporting their overall wellbeing. Caring is also particularly relevant when considering the caseworker’s potential attachment role in the lives of young people in OOHC. The attachment role recognises that caseworkers often become a young person’s closest, most “significant person” (Lindahl et al., 2017, p. 3). For young people in OOHC, access to a caring relationship is important to feel recognised, accepted, and validated (Ridley et al., 2013, p. 60).

General Interpersonal Qualities

General interpersonal qualities refer to the inherent attributes individuals possess and the behaviours they use to communicate and interact with others. This theme is concerned with caseworker qualities in general—interpersonal skills they already possess which may contribute meaningfully to their caseworker role. Some of these more general qualities include honesty and trustworthiness; equity (treating people fairly); encouragement; understanding; tactfulness; and emotional intelligence. Honesty and trustworthiness are qualities that relate to how truthful one is and how consistent they are at keeping promises (Petrocchi et al., 2018, p. 241). In a caseworker-young person relationship, these two qualities have a reassuring effect, empowering young people to open up and share their thoughts and feelings about what it is they need (Stabler et al., 2020, p. 118).



McDowall (2018, p. 51) has pointed out that in a “trusting relationship,” young people are more likely to divulge important information to their caseworker, ideally informing the support they will receive. Therefore, the more honest and trustworthy the relationship, the more meaningful and relevant the support is likely to be. Another important interpersonal quality is emotional intelligence, which encompasses emotional self-awareness, social awareness, and good relationship management skills—all important for providing stable, emotional support for vulnerable young people (Stabler et al., 2020). Compassion and empathy are also linked to emotional intelligence in that they demonstrate an awareness of others’ distress, “with a desire to alleviate it.” (Miller et al., 2018)

Good Communication

Establishing and maintaining close and friendly relationships with young people depends on the quality of the communication—how information is shared and explained. This might take place in a formal or informal meeting in person, by phone, email, or App check-ins with the young person. Poor communication essentially cuts young people off from accessing information and therefore potentially excludes them from being able to participate in decision making. Communication also concerns how people relate to each other, i.e., their interpersonal connection. Poor communication prevents young people from having access to important emotional support and guidance. Clear, concise, age-appropriate, and culturally sensitive language is required. Oliver and Charles (2016, p. 1017) also suggest that directness is important because “brutally honest” and “crystal clear” exchanges limit the potential for confusion and conflict to arise. Inclusive and safe exchanges (“Ethical dialogue”) where all viewpoints are heard and acknowledged is important (Oliver & Charles 2016).


When considering Aboriginal and Torres Strait Islander children and young people in OOHC, language also needs to be culturally sensitive. For caseworker support to be helpful and meaningful, recognition of culture (which includes language) needs to appear more directly in the caseworker-young person relationship itself (Hermeston et al., 2016). Young people need to be able to see themselves and hear themselves in a culturally authentic and meaningful way, and in turn, be able to share this in their interactions with their caseworker.

Not surprisingly, research shows that young people in general prefer more frequent contact and communication with their caseworker and do not like it when their caseworker is “a remote figure” (Cossar et al., 2016 in Stabler et al., 2020, p. 118). Ridley et al. (2013, p. 61) state that “pro-active contact” is one way of showing children and young people that they are cared for. Therefore, if contact is limited because of the caseworker—not because the young person doesn’t want contact—then it can leave the young person feeling unsupported and anchorless.

Targeted Action

Targeted action refers to specific actions taken to help young people in a focused, goal-orientated way. This might include conducting welfare checks; making contact with family; providing resources for educational support; providing leaving care support or life skills support; being proactive in organising and attending meetings; organising financial assistance; and checking-in with the general health and mental health needs of the young person. Targeted action is about the delivery of support, also referred to as, “direct work” (Ridley et al., 2013, p. 55), with caseworkers demonstrating support through *doing* and *delivering* in a focused, tangible way. Importantly, targeted action doesn’t have to involve grand gestures, it can also be about attending to the minutiae. Examples of this include caseworkers doing activities that young people enjoy (i.e., doing craft together or go-karting), assisting the young person to get essential items (i.e., laptops and food), or taking them out coffee. Whatever the activity or action is, Ridley et al. (2013, p. 59) state that increasing the frequency of direct work, “increases opportunities for quality relationships to develop.”

Another example of focused, target action is complying with Cultural Support Plans. Aboriginal and/or Torres Strait Islander participants expressed a desire to have more time with family, support finding biological family, for their caseworker to be more involved with family visits, and to have more support from caseworkers regarding decisions made by the young person in relation to their family. Both the



Aboriginal and Torres Strait Islander Child Placement Principle and the Department of Communities Tasmania recognise the centrality of cultural plans within a young person's case management. Cultural plans are considered to be the primary means of ensuring Aboriginal and Torres Strait Islander young people in OOHC have continued access to culture, including family, kinship, community, language, and cultural practices. However, as McDowall (2018) indicated, increasing the involvement of young people in any form of OOHC planning, particularly regarding Cultural Support Plans where awareness is extremely low, is an area caseworkers could focus on for improvement.

Conclusion

Central to young peoples' needs been met in OOHC, is the support that comes from their relationship with their caseworker. Is the support meaningful, helpful, and appropriate? Does it reflect the wishes of the young person and engender positive experiences? Does it provide continuity, permanency, and stability? This TAS consultation aimed to find out what children and young people thought of their caseworkers, including how well they know them; how they spend their time together; whether or not they feel supported; what aspects of the relationship work well; and what aspects don't.

Ultimately, it was found that caseworker support is twofold. On one hand, it is determined by formal, organisational authority and on the other hand it involves individualised care and engagement. Support was found to be most appropriate and meaningful when it honoured and resonated with the individual young person it was designed to assist. Breaking this down further, key factors contributing to such meaningful support included professional practice (influenced by caseworker attitudes and general interpersonal qualities), good communication style, the ability to forge meaningful relationships, and the ability to produce positive child-centred outcomes through practical, targeted action. Children and young people identified that a strong relationship could be formed where workers were approachable, friendly, and the child or young person could relate well to them. It is also important for workers to regularly invest time and effort into getting to know the children and young people as individuals, as well as visit regularly. Children and young people feel heard and supported in decision making, when their Child Safety Officer:

- visits regularly;
- is positive, friendly, honest, and patient;
- listens to what they have to say;
- is genuinely invested in them;
- communicates well;
- supports their decisions;
- is proactive;
- includes significant others;
- ensures their views and opinions are taken into account in decision making processes; and
- advocates for them where needed.

The degree to which these factors are enacted however, varies because, as three participants from this survey have already identified, a young person in care is "an individual" (Female, 15 years), they "don't all have the same past" (Female, 17 years), and "they [caseworkers] need to know the child in order to support them." (Female, 16 years). Therefore, whether support is nominal or beneficial is contingent upon the unique set of circumstances surrounding the young person, the caseworker, and the strength of their shared connection.



Actions

1. Commitment to Professionalism and Care

Providing quality support for young people in OOHC requires a commitment from caseworkers to act both professionally and compassionately, simultaneously embracing “good authority” skills and “care and engagement” skills. Being an active listener, a patient and respectful ally, a good problem solver, a clear communicator, a consistent and reliable advocate, a flexible negotiator, and someone who actively follows through on plans has the potential to change a young person’s life for the better (or at least make their OOHC experience more positive). It certainly doesn’t involve the negative behaviours reported in this survey—being rude; condescending; pushy; impatient; yelling; being unhelpful; unreliable; unavailable; unmotivated; not respecting boundaries; a poor listener; and unsupportive of the young person’s views and their family connections.

Professionalism implies expertise, skill, competence, and training. Therefore, ongoing access to staff training (including compassion training, cultural training, and other skills training, including reflective practice) is advised. Ideally, when cases are being allocated, some form of compatibility assessments could be undertaken to ensure that young people are being placed with appropriately matched, trained professionals.

2. Relationships, Communication, and Connectivity

The quality of support that young people receive is affected by the relationship/s that underpin it. A caseworker’s ability to effectively manage relationships is particularly pertinent when it comes to establishing trust and rapport with a young person. For a caseworker to be actively present, priority must be placed on building and maintaining meaningful relationships. Caseworkers must spend time getting to know the young person and understanding their journey. This will ensure that the support provided is likely to be more relevant and helpful to the young person.

Good communication, connection, collaboration, mutuality, recognition, and outreach all promote healthy relationships. Caseworkers need to maintain regular (and positive) communication and contact, using age-appropriate and culturally sensitive language that shows respect for, and resonates with young people, particularly those who have disabilities and other diverse needs.


Caseworkers also must be prepared to interact with the young person’s broader relational network (e.g., foster family, biological family, kin, and community). This connection is critical with Aboriginal and Torres Strait Island young people, and caseworkers must consider their role in providing Aboriginal and Torres Strait Island young people with opportunities to either establish or maintain connection to their extended familial and cultural networks.

3. The Voice of Young People

Young people wish to be seen and heard within the OOHC sector. They want their caseworkers to treat them as individuals not as clinical subjects or as a casefile number. Best practice therefore requires modifying and personalising plans to suit the unique circumstances of the young person. Asking young people what they need, how they feel, and how they would like to be supported by their caseworker epitomises what professionalism in this space should look like. The voice of the child or young person, and if appropriate, their significant or extended network of supporters, becomes the foundation for planning and enacting support. This often means that the caseworker takes on the role of partner and collaborator rather than sole decision-maker.

4. Planning for Continuity and Periods of Transition

Continuity is another key factor impacting the quality of support for young people in OOHC, providing a sense of permanency or stability over time. Caseworker changes and/or periods of transition can profoundly disrupt the level and quality of support a young person receives. Therefore, establishing best practice procedures for incoming and outgoing caseworkers (e.g., being honest and upfront with



the young person, providing introductions, and allowing them time to say goodbye) to ensure the transition of service staff and continuation of support is maintained is important.


5. Targeted Action and Direct Work

Where possible, support should be implemented in a direct, tangible way. Targeted action or direct work is not just about having great vision and well-planned goals, but it is about enacting very specific responses to achieve those goals. With an increased focus on direct work, caseworker support ideally moves from an administrative and (primarily) organisational exchange, to actual contact and engagement with the young person. In order for this to happen, consideration may have to be given to providing increased administrative support to free up caseworkers to allow them to better perform their essential duties.



References

- Commissioner for Children and Young People Tasmania (CCYP). (2017). Children and Young People in Out of Home Care in Tasmania. <https://www.childcomm.tas.gov.au/wp-content/uploads/2017/01/Children-and-Young-People-in-Out-of-Home-Care-in-Tasmania-Report-WEB.pdf>
- Cruz, H.D., & Stagnitti, K. (2008). Reconstructing child welfare through participatory and child-centred professional practice: a conceptual approach. *Child & Family Social Work*, 13, 156–165. <https://doi.org/10.1111/j.1365-2206.2007.00528.x>
- Dorsey, S., Kerns, S. E. U., Trupin, E.W., & Conover, K. (2012). Child Welfare Caseworkers as Service Brokers for Youth in Foster Care: Findings from Project Focus. *Child Maltreatment*, 17(1), 22–31. <https://doi.org/10.1177/1077559511429593>.
- Foster and Kinship Carers Association (FKAT). (2018). Foster and Kinship Carers Association Tasmania Handbook. <http://fkat.org.au/wp-content/uploads/2018/10/Handbook.pdf>
- Griffiths, A., Royse, D., Culver, K., Piescher, K., & Zhang, Y. (2017). Who stays, who goes, who knows? A state-wide survey of child welfare workers. *Children and Youth Services Review*, 77, 110–117.
- Hermeston, W., McDougall, J., Burton, J., Smith, F., & Sydenham, E. (2016). *Achieving stability for Aboriginal and Torres Strait Islander children in out-of-home care. SNAICC Policy Position Statement*. North Fitzroy: SNAICC.
- Iser, M. (2019). Recognition. In Edward N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Summer Edition). <https://plato.stanford.edu/archives/sum2019/entries/recognition/>
- Kolivoski, K.M., Shook, J.J., Johnson, H.C., Goodkind, S., Fusco, R., DeLisi, M., & Vaughn, M.G. (2016). Applying Legal Socialization to the Child Welfare System: Do Youths' Perceptions of Caseworkers Matter? *Child Youth Care Forum*, 45, 65–83. <https://doi.org/10.1007/s10566-015-9317-y>
- Lindahl, R., & Bruhn, A. (2017). Foster children's experiences and expectations concerning the child-welfare officer role—Prerequisites and obstacles for close and trustful relationships. *Child & Family Social Work*. 1–8. <https://doi.org/10.1111/cfs.12362>
- Mason, J., & Danby, S. (2011). Children as experts in their lives: Child inclusive research. *Child Indicators Research*, 4, 185–189.
- McDowall, J. J. (2018). *Out-of-home care in Australia: Children and young people's views after five years of National Standards*. CREATE Foundation. <http://create.org.au/publications/2018-create-report/>
- Miller, J.J., Lee, J., Benner, K., Shalash, N., Barnhart, S., & Grise-Owens, E. (2018). Self-compassion among child welfare workers: An exploratory study. *Children and Youth Services Review*, 89, 205–211. <https://doi.org/10.1016/j.childyouth.2018.04.032>
- Oliver, C., & Charles, G. (2016). Enacting Firm, Fair and Friendly Practice: A Model for Strengths-Based Child Protection Relationships? *British Journal of Social Work*, 46, 1009–1026. <https://doi.org/10.1093/bjsw/bcv015>
- Petrocchi, S., Rotenberg, K.J., Levante, A., & Lecciso, F. (2018). Children's trust in social workers: Scale development and relations to Children's engagement with social workers. *Child & Family Social Work*, 23, 239–247. <https://doi.org/10.1111/cfs.12410>
- Pithouse, A. and Crowley, A. (2006). Adults Rule? Children, Advocacy and Complaints to Social Services. *Children & Society* 21(3), 201–213. <https://doi.org/10.1111/j.1099-0860.2006.00051.x>

- 
- Ridley, J., Larkins, C., Farrelly, N., Hussein, S., Austerberry, H., Manthorpe, J., & Stanley, N. (2013). Investing in the relationship: practitioners' relationships with looked-after children and care leavers in Social Work Practices. *Child & Family Social Work*, 55–64.
<https://doi.org/10.1111/cfs.12109>
- Smith, C., Fluke, J., Fallon, B., Mishna, F., Pierce, B. D. (2018). Child welfare organizations: Do specialization and service integration impact placement decisions. *Child Abuse and Neglect*, 76, 573–582.
- Stabler, L., Wilkins, D., & Carro, H. (2020). What do children think about their social worker? A Q-method study of children's services. *Child & Family Social Work*, 25, 118–126.
<https://doi.org/10.1111/cfs.12665>
- Tilbury, C., & Osmond, J. (2006). Permanency planning in foster care: A research review and guidelines for practitioners. *Australian Social Work*, 59(3), 265–280.
<https://doi.org/10.1080/03124070600833055>
- SNAICC. (2013). *Whose Voice Counts? Aboriginal and Torres Strait Islander participation in child protection decision-making*. Melbourne: SNAICC.
- United Nations. (1989). The United Nations Convention on the Rights of the Child.
<https://www.unicef.org/child-rights-convention/convention-text>



Appendix A: Caseworker Survey

WHAT IS THIS SURVEY ABOUT?

This consultation is for children and young people with an out-of-home care experience aged 10-25. We are wanting to know about your relationship with your caseworker, like how well you know them and how you would like them to support you.

INSTRUCTIONS ON HOW TO COMPLETE THIS SURVEY

Please answer all questions and leave comments where applicable. You can click through the sections by clicking "Next" at the bottom of the screen. At the end of the survey click the "Done" button.

OTHER IMPORTANT INFORMATION

Before you begin, we would like to remind you of a few things:

- Doing this survey is completely voluntarily and up to you. You can stop doing this survey at any time and this will not affect you joining in with any other CREATE things.
- You can skip questions if you would rather not answer them.
- Everything you tell us in this survey will be kept confidential (this means private) unless you tell us something that makes us concerned for your safety or for the safety of another young person in care, then we may have to tell someone.
- You can have a support person help you with the survey if you would like.
- We may use the information gained using the survey for reports and presentations but we will NEVER use your name. You will be anonymous in these reports.

Having understood the above information, by continuing with this survey you are giving your consent to participate.

For more information on consultation participation, you can refer to [CREATE's website](#), or ask your local CREATE Office (1800 655 105) for a Consultation Participation Information Sheet.



*** 1. What method are you using to complete this survey?**

- Online independent
- Online as a group (With a CREATE staff member)
- Telephone interview with a CREATE staff member
- Face-to-face interview with a CREATE staff member
- Other e.g. hard copy (please specify)

*** 2. In what state or territory do you live?**

3. What is your post code?

*** 4. How old are you?**

5. Do you identify as:

- Female
- Male
- I identify with another gender (please specify):

*** 6. With which particular cultural group do you identify?**

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- No specific group
- Other cultural group (non-English speaking background)

7. How old were you when you came into care?

* 8. What type of placement do you live in? OR what type of placement did you live in when last in care?

- Foster care
- Kinship care
- Residential care
- Other (please specify)
- Permanent care
- Semi-independent supported accomodation
- Independent living

9. Do you have a disability?

- Yes
- No
- Prefer not to say

10. If you answered Yes to the above question - Are you receiving special support for your disability? (this could include medication, special education, or counseling)?

- Yes
- No
- Not Applicable

Any additional comments:

11. Please describe your disability or impairment in your own words

12. Do you have a case worker?

- Yes
- No
- Unsure

13. Do you know your caseworker's name?

- Yes
- No
- Unsure

14. About how long has your current caseworker been working with you?

- Less than a week
- More than a week but less than a month
- A month or more
- More than six months but less than a year
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9-10 years
- Over 10 years
- Unsure

15. How many caseworkers have you had since you came into care?

- I have not had a caseworker
- 1
- 2-3
- 4-5
- 6-10
- More than 10
- Unsure

16. How often do you have scheduled contact with your caseworker?

- Weekly
- Fortnightly
- Monthly
- Every 6 months or so
- Once a year
- No scheduled contact
- Unsure

17. I can contact my caseworker as often as I want to

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly disagree | Mostly disagree | Disagree a little | Agree a little | Mostly agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. How much contact (compared with what is happening now) would you like to have with your caseworker?

- Less
- OK as is
- More

19. Please rank from 1 (most preferred) to 6 (least preferred) your preferred way of making contact with your caseworker



In person



Telephone



Text



Email



App



Through carer



Other

20. If you have another way (e.g. a specific app you like to use) to get in contact with your caseworker, can you please describe?



21. What form of contact do you normally have with your caseworker?

Please select all that apply

In person

Email

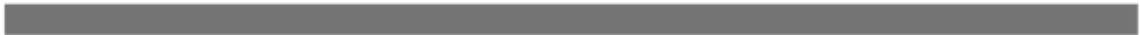
Telephone

App

Text

Through carer

Other (please specify)



22. What kind of support is most helpful from a good caseworker? Give examples.

Example 1

Example 2

Example 3

23. How does a caseworker who ISN'T supportive act? E.g. What happens or doesn't happen? Give examples.

Example 1

Example 2

Example 3

24. In terms of how supported you feel, what score out of 100 would you give your current caseworker?

0 Not at all supported 100 Very supported

25. What could your caseworker do to increase the score you have given above?



26. What (if anything) did you like about how your current caseworker began supporting you?

27. What (if anything) did you NOT like about how your current caseworker began supporting you?

28. Building new relationships can be difficult (e.g. placing your trust in someone) and it can take time. However, it is not uncommon for caseworkers to change positions frequently.

How comfortable did you feel with your current caseworker when he or she **began** to support you?

Very Uncomfortable	Quite Uncomfortable	Somewhat Uncomfortable	Somewhat Comfortable	Quite Comfortable	Very Comfortable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How comfortable do you **now** feel sharing your views with your current caseworker?

Very Uncomfortable	Quite Uncomfortable	Somewhat Uncomfortable	Somewhat Comfortable	Quite comfortable	Very comfortable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. What advice would you give to caseworkers to help young people feel more comfortable when they are first getting to know each other?

31. The end of a relationships can also be difficult (e.g. saying goodbye to a caseworker).

What advice would you give to caseworkers to help support young people when their caseworker changes?

32. Is there anything else that you would like to say on the topic of what makes a supportive caseworker?



Thank you for completing this survey. To allow CREATE to use your responses in our final report you will need to provide us with your consent. To do this, please copy and paste the link below into your web browser and fill in the details.

https://www.surveymonkey.com/r/Consent_and_Voucher_Support_from_Caseworkers

To say thank you for the time and effort you have taken in answering these questions, we would like to give you a \$25 gift card. If you would like to receive a gift card, the link above will ask you to provide your postal address and contact details. If you do not want a gift card, you can simply select no.

Please be sure to submit your responses before you leave this page by clicking the "DONE" below.

If you have any questions about the survey, or if you would like to know more about what CREATE does for children and young people in out-of-home care, contact your local CREATE Office on 1800 655 105

About CREATE

CREATE Foundation is the national peak consumer body for children and young people with an out-of-home care experience. We represent the voices of over 45,000 children and young people currently in care, and those who have transitioned from care up to the age of 25.

Our vision is that all children and young people with a care experience reach their full potential.

Our mission is to create a better life for children and young people in care.

To do this we:

- **CONNECT** children and young people to each other, CREATE and their community to
- **EMPOWER** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to
- **CHANGE** the care system, in consultation with children and young people, through advocacy to improve policies, practices and services and increase community awareness.

We achieve our mission by providing a variety of activities and programs for children and young people in care, and conducting research and developing policy to help us advocate for a better care system.