

Guardian for Children and Young People

*They help you and make sure nothing bad is
happening to you*

The Significance of Quality Contact between Children and Young People in Care and their Case Workers

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of South Australia

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Preface

Children in state care learn to work and negotiate with adults who are making important decisions on their behalf. They may have to meet with more adults in a year than most children have to do in ten. As one young person said to us, 'It's not just having no parents. That's just the start of it. We have to deal with the government and social workers and lots of other people...'

The quality of the relationship with their case worker can make or break the important but fragile links between a child and the 'state' in its guardianship role. The relationship can make it easier or harder for a child to get what they need for safety and wellbeing. Like the title of this report says, 'they help you and make sure nothing bad is happening to you.'

The Office of the Guardian for Children and Young People promotes and protects the rights of children and young people under the guardianship, or in the custody of, the South Australian Minister for Families and Communities.

Through our visits to children in residential care, our audits of annual reviews and tracking the concerns of people who rang us about children, we learnt that the quality of the case worker and child relationship ranged from exceptional to non-existent. We wanted to know more about what children were missing if they had no, or a poor, relationship. What did children want from their case worker and what benefits do they get from good contact with their worker? Next we wanted to know whether the contact was as children wanted.

Starting in November 2008, we conducted a review of the literature, sought the views of 28 children and young people, took evidence from 96 case files and convened a focus group of case workers for their views. In addition to our Youth Advisors, we engaged two young researchers to assist us, one who is in care and one who had been.

The findings were heartening and enlightening. The children reported that the relationships with their case workers were typically positive and beneficial. They valued them for an assurance of safety and assistance. The challenge in the findings though lies in meeting the expectations for frequency of contact, continuity and accessibility.

I found much in this inquiry report to remind me of the responsibility we have to listen carefully to what children have to say and to learn from their experience and views. More than that though, it reminded me of the fun and joy children bring to even the most serious situation.

I look forward to participating in the discussion that will follow the release of this report.

Pam Simmons

Guardian

Acknowledgements

To the children and young people from city and country who participated in this inquiry, our heartfelt thanks. You were courageous, honest, funny, and generous in your comments. Thank you for sharing your stories and taking the time to be involved in the focus groups, talking on the phone or allowing us into your homes.

Families SA gave the ready cooperation required for this inquiry. Particular thanks to the district centres of Onkaparinga, Port Augusta and Woodville and to Refugee Services for your participation and support. Thank you too to the case workers who participated in the focus group.

Members of the Project Reference Group provided expert guidance throughout the inquiry.

The CREATE Foundation in South Australia assisted with engaging young participants and in testing the interview and focus group questions.

Thank you to the carers who supported the younger children in their participation.

The team who expertly conducted the inquiry are Amanda Shaw as project manager, Peta Smith wrote the literature review, Emily Rozee and Bryston Scarsbrook as the young researchers and Pat Pearson and Simon Krieg from CPDBiz who facilitated the interviews and focus groups.

Responsibility for the inquiry and the report is with the Guardian for Children and Young People.

1 Background

1.1 Introduction

The Office of the Guardian for Children and Young People (GCYP) works with others to improve services to children and young people in out of home care, promote and protect children's rights and to strengthen their voice. One of the functions of the GCYP is to investigate individual and systemic matters of concern. The Guardian provides advice to the Minister for Families and Communities on these matters.

The GCYP believes that children and young people have fundamental rights which include the right to feel good about themselves, the right to live in a place where they are safe and well cared for, the right to get the help they want or need and the right to understand and have a say in decisions that affect them. Further, the *Charter of Rights for Children and Young People in Care* says children and young people will have 'regular support and contact from your worker' .

It was the monitoring of these rights that brought to the Office's attention that some children and young people in care did not have a case worker allocated to them, and thereby may have been disadvantaged. Additionally, our monitoring showed that some children and young people in care did not have regular contact with their allocated case worker.

The purpose of undertaking an inquiry into the significance of quality contact was to help the GCYP understand how children and young people view quality contact with a case worker, how beneficial it is and what is needed to achieve that. With this information the GCYP will be able to advocate for quality contact that meets the needs and rights of children and young people in care.

1.2 Methodology

The inquiry has been guided by a reference group, with members from key stakeholders including, but not limited to, Youth Advisors to the Guardian for Children and Young People, Families SA, Connecting Foster Carers, Disability SA and the Child and Family Welfare Association (SA).

The inquiry's focus was children and young people currently or formerly under the guardianship, or in the custody, of the Minister for Families and Communities.¹

¹ In this report children and young people under guardianship are also referred to as children and young people in care. The groups are not coterminous with some children living in alternative care but not under guardianship or custody orders and some under court orders but not living in alternative care.

The inquiry was conducted by:

- The engagement of key stakeholders including Families SA and non-government service providers in the child protection system, largely through the reference group;
- A literature review regarding quality contact and relationship between children and young people and case workers;
- Considering existing frameworks regarding quality contact, such as legislation, government and non-government policy and standards;
- Case file evidence to ascertain current levels of contact; and
- Consultation with children and young people currently in care.

The inquiry did not include an examination of whether existing resources to government and non-government service providers are sufficient and/or used efficiently.

1.2.1 Literature review

The review of national and international literature provided information about key concepts to look for in case file evidence and discussion with children and young people in care. Research and literature regarding the significance of contact between children and young people in care and their case workers was limited and primarily found within the theory of 'social work practice'.

1.2.2 Case file evidence

With cooperation from Families SA, the GCYP randomly selected 100 files from the Connected Care teams² from three district centres and Refugee Services. The two metropolitan and one regional district centres and Refugee Services were selected on the basis of location and likelihood of gathering a representative sample. The number of cases selected from each centre reflected a percentage of the total number of guardianship cases managed by the centre, that is, the larger number of children the centre had responsibility for the larger the number of case files examined.

The gathering of case file evidence was not for the purpose of evaluating case management practice, but to provide the GCYP with a better understanding of the level of contact occurring between children and young people in care and their case workers.

² Connected Care Teams is the term used for teams of social workers with case management responsibility for children and young people under long-term court orders of guardianship of the Minister.

Guided by the reference group, a standardised form was developed to record the evidence from all case files selected.

1.2.3 Interviews and focus groups

With cooperation from Families SA, the GCYP conducted interviews and focus groups with children and young people in care to hear about their experiences of contact with case workers. Connected Care Teams within the Families SA district centres where case file evidence had been taken were asked to nominate children and young people under guardianship orders to 18 years who may be interested and had the capacity to participate in an interview or focus group.

Upon receiving nominations from district centres, the GCYP wrote to the child's carer(s) providing information about the inquiry and sent a personalised invitation to the child or young person. Consent was obtained from the child and the child's legal guardian.

The GCYP contracted *CPDBiz*, along with two young people with knowledge and experience of being in care to conduct the interviews and focus groups. Guided by the reference group, and tested by young people in care, a set of questions was developed to facilitate the interviews and focus groups.

One focus group was also conducted with Families SA case workers.

1.3 Children under guardianship

At 31 December 2008, 2 030 children and young people were under guardianship of the Minister for Families and Communities. They were under either a 12 month care and protection order or a guardianship to 18 years order. They had the following characteristics:

Type of guardianship

- Order to 18 years – 81.4%
- 12 month Order - 18.6%

Ages

- 0 to 1 - 6.7%
- 2 to 4 – 15.8%
- 5 to 9 - 29.5%
- 10 to 14 - 29.7%
- 15 to 17 – 18.3%

Gender

- Male - 51.7%
- Female - 48.1%
- Undetermined - 0.2%

Aboriginal descent

- Aboriginal – 23.9%
- Non-Aboriginal - 75.2%
- Undetermined - 0.9 %

Disability

At the end of 2008, Disability SA reported there were a total of 244 children under guardianship receiving a service from Disability SA and Novita Children's Services. This represents 12 per cent of the total children and young people under guardianship.

Accommodation arrangements

Of the 1,886 children and young people in alternative care at 31 December 2008, the care arrangements were as follows:

- Foster care - 49.4%
- Relative and kinship care - 37.1%
- Residential care – 7.1%
- Emergency and short term accommodation - 6.4%
- Financially assisted adoption - 0.2%

1.4 Existing frameworks

1.4.1 Legislation

There is no existing requirement and/or standard within the *Children's Protection Act 1993 (SA)* for contact between the Minister (or delegate) and the child under guardianship. The two objects of the *Act* (Part 1, Section 3) outline the importance of providing for the care and protection of children and to do this in a manner which maximises their opportunity to grow up in a safe and stable environment. The *Act* makes clear the principle that the primary responsibility for a child's care and protection rests with the family and that a high priority must be given to supporting and assisting the family in carrying out that responsibility. However, when a child cannot remain in the care of their birth family, the fundamental principles (Section 4) of the *Act* include that

A child who is placed or about to be placed in alternative care –

(c) must be consulted about, and (if the child is reasonably able to do so) take part in making, decisions affecting the child's life, particularly decisions about the child's ongoing care, where the child is to live, contact with the child's family and the child's health and schooling

(f) is entitled to regular review of the child's circumstances and the arrangements for the child's care.

However, it does not state a minimum level of contact to meet these responsibilities.

Section 51 of the *Act* outlines the powers of the Minister in relation to children under the Minister's care and protection, such as the placement of the child, arrangements for education and other care needs determined by the child's circumstances. However the *Act* does not state a requirement for the level of contact between the child and the Minister's delegate.

1.4.2 Policy

1.4.2.1 Standards of Alternative Care in South Australia

The *Standards of Alternative Care in South Australia* (Department for Families and Communities 2008) are applicable to all contracted alternative care service providers, Families SA employees and all carers. The standards articulate what can be expected from alternative care services. The document sets the overarching benchmark for delivering quality services for children, young people, families and carers across the alternative care sector. The Standards incorporate the aims and principles of the *Charter of Rights for Children and Young People in Care* and the *Foster Carers Charter*.

The *Standards of Alternative Care in South Australia* is the most recent policy document, and incorporates the expectation of monthly visits by case workers which has reportedly been understood since about 1989. However, it is the first time the expectation has been clearly articulated as a standard.

Within the core standard of *Case Management*, the roles and responsibilities of Families SA are spelt out. Standard 2.1 directs that 'a caseworker is allocated to each child and young person in alternative care' and the expected outcome is that 'every child or young person in care has an allocated worker who is responsible for case management, maintains regular contact and is a key support to the child or young person' (DFC, 2008, p. 27). Standard 2.2 directs that 'every child and young person in care will have face to face contact with their allocated worker a minimum of once a month' (p. 28). The practice criteria associated with this standard promotes a partnership between the child and the case worker to address the child's needs and enhance their strengths. The document attributes to Families SA case workers the responsibilities of making and maintaining contact and communication with the child and seeking assistance where there are barriers to communication.

Standards 2.1 and 2.2 are necessary to ensure the achievement of other *Case Management* standards, such as those relating to the guardianship case plan, family contact, community connections and reviews³. The *Standards of Alternative Care in South Australia* outline that all of these standards are undertaken in consultation with the child and that the child is encouraged to actively participate in decision-making.

1.4.2.2 Guardianship and Alternative Care Manual of Practice

The *Guardianship and Alternative Care Manual of Practice [Version 5]* (Families SA 2008) does not specify the allocation of a case worker and minimum level of contact. However its reference to the legislative functions in the *Children's Protection Act 1993* (SA) delegated to Families SA, suggests that a case worker is allocated and regular contact occurs to enable a child to have excellent care. For example,

Case plans will be developed from the information gained from face to face interactions with the child/young person, the birth family (or extended family as appropriate) and caregivers... (Families SA, 2008, p. 20)

The *Manual* also refers to the state's obligation to provide care for children who are unable to return to the care of their birth family and says that Families SA must '...attempt to ensure that the full range of a child's needs are (sic) met to the optimum extent' (p. 9). Further, the *Manual* outlines that Families SA district centre social workers have the responsibility to provide case management of children placed in alternative care.

The *Manual's* section titled 'Work with children and young people in long term care' does not incorporate direction or guidelines regarding the level of contact between the child or young person and the case worker, nor does it refer to the significance of relationship between the child or young person and the case worker.

1.4.3 The Charter of Rights for Children and Young People in Care

The *Charter of Rights for Children and Young People in Care* is specific to children and young people in care in South Australia and comprises 37 rights. The *Charter*, developed by the GCYP with young people in care and other key stakeholders, informs children and young people in care about their rights and entitlements in the care system. To date 43 agencies have endorsed the *Charter* and have pledged to apply the rights in their policy and day to day practice.

³ Refer to pages 35 to 43.

The *Charter* states that those in care have the right to:

- Regular support and contact from your worker
- Express your opinion about things that affect you
- Be involved in what is decided about your life and your care
- Speak to someone who can act on your behalf when you cannot do this

For children and young people with irregular or no contact with a case worker these rights cannot be met.

2 Literature review

This literature review serves as a foundation for exploring the significance of contact between children and young people in care and their case worker. It is not an exhaustive review but rather a summary that galvanises key concepts to explore via case file evidence and discussion with children and young people in care.

The literature commonly refers to case workers as 'social workers'. This term is understood to refer to the case manager or case worker for children and young people under formal guardianship and/or custody orders issued by the Youth Court of South Australia. These workers may also be referred to as Youth Workers and Case Support Workers.

National and international research and literature regarding the significance of contact between children and young people in care and their case workers is limited but located within the theory of 'social work practice'.

2.1 The purpose of contact in social work practice

Within the child protection and alternative care systems, contact between children and young people and their allocated case workers is integral to social work practice. Contact enables social workers to undertake their core functions such as assessing children and young people's needs in a range of areas, facilitating contact with family, assisting with the development of social networks, coordinating services and other professionals involved in children and young people's lives, ascertaining children's wishes and needs and building professional relationships with children and young people. Contact with children and young people should inform case planning and ensure that changes in a child or young person's situation are responded to in an appropriate and timely fashion.

In March 2009 at a seminar in Tasmania, the National Child Protection Clearinghouse presented 'Keeping the Child in Focus' (Bromfield and Horsfall, 2009). The presentation drew on previous work undertaken to determine whether child protection agencies' actions and responses were child-focused. A case file audit, undertaken by Leah Bromfield in 2005, of 100 families involved with child protection from 1994 to 2002 recorded the frequency of activities undertaken by the statutory child protection agency, such as visits to the child(ren), phone calls, interviews and assessments. Bromfield found that the most common activity

undertaken by statutory child protection workers was telephone calls, and predominantly to professionals and services. Contact with children represented only 10 per cent of activities.

Contact does more than enable the completion of functions and tasks. While social care services can be conceptualised in instrumental terms, as 'products' that are 'delivered' to individuals, they involve – indeed, require – interpersonal exchanges between providers and recipients (Jordan 2006). As such, considerations of social work practice are inextricable from the issues of contact and relationship between social workers and children or young people in care. As Schofield has argued, as practice becomes increasingly procedural and social workers are viewed as case managers, social work 'is in need of a way of clarifying and defending the social work relationship – the social workers as a service in themselves as well as managers or providers of services' (1998, p. 57).

At its core, the client-worker relationship is a fiduciary one. For children and young people under the guardianship of the Minister for Families and Communities, the social worker acts on behalf of a child or young person as the delegate of the state as legal guardian. This relationship is defined by the faith, trust and confidence that are reposed in the worker and by the worker's duty of care.

In recent decades statutory child protection social work has been conceptualised within the broader notion of 'corporate parenting'. Parenting entails certain responsibilities including meeting a child's basic needs (accommodation, food and clothing), promoting a child's protection, safety and welfare, using care, affection and guidance to provide for a child's social and emotional wellbeing and promoting participation and identity (Cashmore 2006). For children who come into care, responsibility for these duties falls to one or more corporate entities and care can be divided amongst several individuals or agencies. The notion of corporate parenting is that collectively, the state (particularly, but not limited to, government agencies) acts as a 'good' or 'reasonable' parent would. This includes providing for, having knowledge of and taking an interest in children and young people in the areas of education, leisure, friendships, development, needs and wishes (Cashmore 2006).

It is acknowledged that the allocated social worker does not and cannot fulfil the role of parent for a child or young person in care. Corporate parenting can be understood as involving the cooperation of professionals in promoting the welfare of children and young people, the coordination (usually by the social worker) of the activities and professionals involved in a child or young person's life and performing the activities that are necessary to support children and young people's physical, emotional and cognitive development (these activities might be

undertaken by carers in the first instance with oversight by social workers) (Jackson et al 2003 in Cashmore 2006).

There is no doubt that children and young people in care deserve the care a good parent would provide. Bullock *et al* note that for those in long-term care, 'the experience can never be the same as growing up in a loving family into which they were born, but it can provide the benefits of good parenting and family life' (2006, p. 11). This can be achieved in various ways. Government can select carers who can meet children and young people's diverse needs. Professionals such as social workers can delegate and coordinate care provision and services and share knowledge. Social workers can also act as skilled intermediaries among carers, parents and others involved in children and young people's lives (Bullock et al 2006; Cashmore 2006).

Beyond the fulfilment of statutory functions, social work practice can focus on children and young people's experience of wellbeing whilst in care. Ruch identifies trends in social work such as the emphasis on procedure-driven responses and seeing children and young people as 'service users' and argues that 'as a consequence of these developments the practitioner-service user relationship emphasizes legal and administrative requirements and tasks and outcomes, as opposed to the professional relationship and emotional aspects of an individual's circumstances' (2005, p. 112). Indeed, wellbeing, including relationships, has been cited as a desirable indicator of positive outcomes as much as are functional and administrative outcomes (Cashmore 2006). Sudbury contends that it can be easy to define social work outcomes in quantifiable measures and targets, which take insufficient account of the lived experience of clients. He argues that 'social workers have a core responsibility for outcomes which are therapeutic, empowering and developmental' (2002, p. 149). Jordan argues that 'effective' care may not mean the same thing to adults as it does to children because 'children's services, perhaps more than those for adults, rely on the communication of value and meaning through relationships' (2006, p. 47). Clearly, contact between children and young people and social workers is essential to achieving a positive outcome in wellbeing.

2.2 What quality contact is and how it is achieved

[W]ith children in care, they need to always know they have someone they can turn to and talk to. I never felt that. I ended up in and out of prison and felt like I had no support. The longest I had a social worker was three

months, then from there I've had 14 different social workers. It's hard because you get to know and trust one and it (sic) leaves.

Commission for Social Care Inspection (CSCI) 2006, p. 28.

The notion of quality contact will vary, but several common elements have emerged in research with children and young people. These elements highlight the importance of workers' professional and personal skills as well as the nature of the relationship between children and young people and their workers.

For many children and young people quality contact is made possible with *accessible* workers. In a 2006 study of children and young people in the United Kingdom, respondents saw a good social worker as 'someone you can contact easily' (CSCI 2006, p. 7). Accessibility was important because 'if something is wrong, you should be able to ring them,' said one young person (CSCI 2006, p. 13). Accessibility in this regard was distinct from worker-initiated visits; rather, children and young people wanted to have someone they could reach when needed, particularly when they faced difficulties coping with issues in their lives. A survey of children in Illinois's out-of-home care system during the 1990s (Wilson & Conroy 1999) found that while 75 per cent of respondents were happy with their workers, a frequent criticism related to social workers' inaccessibility.

Reliability is another professional skill that connotes quality contact. Almost half of children and young people in the 2006 UK study reported that social workers never cancelled visits. However, almost 10 per cent stated that workers cancelled visits 'often' or 'every time' (CSCI 2006, p. 15). Others cited instances where social workers turned up late for meetings or visits. One young person said that workers should 'always be on time, and ring if you're not going to be' (CSCI 2006 p. 8). Another element of this was a lack of notice regarding contact. In the same UK survey, almost 70 per cent of children and young people received advance notice of a week or more of a visit but four per cent received no notice at all.

Contact should be *sufficient* to build a working relationship. Researchers in one UK study found that some children and young people could not answer questions about their views of their social worker because 'I have only met her once' or 'we don't speak or meet up very often' (CSCI 2006, p. 14). While some children and young people might resist a high level of contact, sufficient contact was necessary if children and young people are to get to know workers. One young person said, 'I thought you were meant to get a working relationship with social workers, but it's like I don't even know her' (CSCI 2006 p.14).

Research conducted to date indicates that children and young people see *regular* contact as quality contact. They value social workers staying in touch to see how they are going, rather than a child or young person needing to initiate contact when

they want to discuss something (CSCI 2006 p.13). While Triseliotis et al found no relationship between frequency of contact and outcomes for young people under juvenile justice supervision orders, they did find that 'all the young people who said they benefited a lot from supervision had at least one contact every month' (2002, p. 31).

Children and young people seek *continuity* in contact with workers. At times, children and young people confront issues with which they need the help of someone who has known them for some time. This becomes difficult with multiple changes of social worker. Studies asking children and young people indicate that many have social workers leave without passing information on to their replacements and that new social workers visit without having read a child or young person's file (CSCI 2006; Triseliotis, et al 2002). One carer noted that a child in her care had six social workers; though 'traumatised by his experiences ... he was required over and over again to repeat his story ... to every social worker ... it appeared that not one had taken his feelings and reasons into account or read up on his history and knew what they were dealing with' (Conservative Party Commission on Social Workers 2008, p. 44). Munro's study found, 'one striking feature ... is that the children were stressing the importance, to them, of the quality of their relationships. The high turnover of social work staff, for instance, was a problem in that it harmed their ability to develop a good relationship' (2001, p. 136).

From children and young people's perspective, quality contact is *private*. Often, children and young people find that parents and / or carers sit in on a worker's visit or their proximity makes candid discussions more difficult. Children and young people might not feel they are able to ask an adult to leave. Privacy means having opportunities to speak alone with a worker and at a location other than the child or young person's place of care (CSCI 2006). This is not to say that all contact should be private, but that a child or young person should have that option (CSCI 2006).

Informality emerges as a consistent theme in children and young people's views on what constitutes quality contact. Respondents' top two requests in one study were to go on an activity with their social worker (such as movies or shopping) and to go out for a meal (CSCI 2006). Another study found that young people see informality as a positive element of social worker contact and wanted more outings with workers (Triseliotis, et al 2002). The desire for informality reflects a preference for settings that suit children and young people and for options in how visits with workers occurred.

Quality contact is *child-centred*. Research with children and young people highlights the importance of social work that is based around them rather than systems-oriented (Leeson 2007). For example, one UK survey found that adults controlled access with relation to contact – some were only accessible when they were in the office, some did not return voice messages and contact was driven by workers' caseloads rather than children and young peoples' needs. One young person wrote that workers should 'come and c u when I want and not when they can' (CSCI 2006, p. 14). The same study found that almost 60 per cent of children and young people surveyed said that their social worker is the one who decides when to visit; only two per cent of children and young people made the decision, and less than 40 per cent shared the decision with their worker (CSCI 2006, p. 15). Workers' *personal qualities* were deemed an important element of quality contact. Helpful personal qualities included being listened to, treated with respect, 'being nice, friendly . . . taking us seriously' (Bell 2002, p. 5), as well as kindness, humour, empathy, reciprocity, being non-judgemental and protecting confidences (Hill 1999).

2.3 Contact and relationship

Kids just want to be wanted because when you are in care you feel like no-one wants you. You just want people to listen, understand and be there on a regular basis so you know that you've always got something to hang on to. It's not too much to ask!

young person in care (Commission for Social Care Inspection 2006, p. 28).

The nature of the contact between a worker and a child or young person is as important as the manner in which it occurs. While children and young people do tend to rely on peers for support during difficult periods, they also reach out to non-relative adults who they trust (Hill 1999).

Psychosocial approaches to social work offer insights into the value that interpersonal relationships have for children and young people and the role of a 'helping relationship' in promoting client wellbeing (Hill 1999; Schofield 1998). Jordan points out that the emphasis on service delivery rather than on how services and relationships intersect to enhance children and young people's wellbeing means that 'we know little about how relationships with teachers, social workers, youth leaders and volunteers influence wellbeing' (2006, p. 42). Research does indicate that for children and young people, contact has meaning beyond its legal and professional dimensions. While social work practice can emphasise formal processes, children and young people's expectations of social

work provision can extend to establishing a relationship with a trusted mentor (Cashmore 2002). Some young people characterise the social work role as being to 'take over responsibility of parents and share responsibility with carers' (CSCI 2006, p. 19). In the absence of parents, workers might be expected to perform functions associated with the role of carer or friend, such as to help young people who experience personal problems including drug use, bullying, peer and family relationships and sexual health. Contact can be important for a child or young person in care whose placement is not near where they have grown up or where they do not have strong family ties (CSCI 2006 p. 22). Young people might not see social workers as 'substitute parents' and might have strong relationships with carers, however research shows that social workers can be viewed as 'secondary attachment' figures, in whom children and young people seek qualities that embody elements of parenting, such as warmth, interest and guidance (Bell 2002). Thus, the way in which workers approach their role can make contact more meaningful. A helping relationship, characterised by mutual respect, trust, warmth and collaboration is seen as an important aspect of social work practice (de Boer and Coady 2006). Lundy notes, 'all social work helping takes place in the context of a caring relationship between the social worker and the client' (2004, in Maiter et al 2006). Research suggests that children and young people are more likely to seek help from adults they know when there is an existing relationship of trust, reciprocity and collaboration (Hill 1999; Catan et al 1996 in Hill 1999).

Relationship-based practice can include social interactions such as joint participation in activities and can form part of a practice approach to relationship that emphasises support and power sharing rather than worker dominance. Sharing common interests can foster a bond that, while not that of a parent and child, is one of mutual recognition and respect (Weiss 1974 in Bell 2002). It has also been suggested that experiencing enjoyment together can promote children and young people's resilience and self-esteem (Daniel et al. 1999 in Bell 2002). Workers' relationship skills can form an element of effective social work practice. Lee and Ayón (2004) found that a more positive relationship with a social worker was associated with desirable case outcomes for clients. Trotter (2002, p. 40) identifies 'skills such as empathy, self-disclosure, humour and optimism' and emphasises the value of 'open and honest' discussions about the role of a social worker as well as a 'collaborative' approach to working with clients. Jordan argues that 'warmth, consistency and positive regard are intrinsic to effective work at all stages, and with all issues' (2006, p. 47). de Boer and Coady's study discovered professional relationships of 'collaboration and mutual liking, respect and honesty, but also by emotional depth and closeness' (2007, p. 39). It has been suggested

that an approach to relationships in which workers use their power to support rather than dominate children and young people helps create an environment where children and young people feel safe and empowered (Winnicott 1965; Butler & Williamson 1994, both in Bell 2002).

2.4 The significance of contact and relationship

Ascertaining the role of contact in contributing to positive outcomes for children and young people in care is a complex task. Lee and Ayón (2004) identified frequency of worker visits with clients as one (though not the only) predictor of a positive relationship. Stone and Stone (1983) identify a positive correlation between the child's rapport with a worker and the success of a foster placement. However, Delfabbro et al's (2002) study of children and young people's satisfaction with their out-of-home care experiences in South Australia found that how often social workers were in contact was not a reliable predictor of children and young people's satisfaction with their situation. Indeed, more frequent visits can occur when a placement is not going well for a child or young person. Delfabbro et al suggest that the nature and quality of contact with workers might be more important to children and young people than its regularity. Triseliotis et al noted that positive relationships could not on their own produce good outcomes for children and young people, but identified a strong correlation between children and young people who stated they got on 'very well' with their workers and reports of supervision being beneficial (Triseliotis et al 1998, p. 33).

Such research suggests that being in touch regularly does not on its own create a meaningful experience for children and young people and certainly not if the quality of contact is poor. However, we would not infer from such findings that less contact is by definition better. Regular contact is essential if functions such as assessments and ongoing monitoring of a child or young persons' circumstances are to be effective. Moreover, contact must occur if a sound relationship is to develop.

Research suggests that contact and relationship-based practice offer benefits to children and young people, particularly when perceived from their perspective (Morris 2000). Trotter (2002) found that clients who perceived that their worker used relationship skills reported greater satisfaction with services. Trotter links improved outcomes for clients to factors that are inextricable from contact, such as working in partnership, frequent and open discussion about the social worker's role, modelling and active reinforcement of pro-social behaviours and strong relationship skills. Cashmore (2006) identifies worker continuity as important to promoting relationship stability and security for children and young people. Triseliotis et al's investigation of client-social worker interaction suggests that

young people's views of social work supervision varied from positive to negative and that 'how intervention was perceived, largely depended on the quality of the relationship established between the young person and the social worker' (1998, pp. 30-31). The same study found that children and young people who displayed disturbed behaviours and whose relationship skills were impaired also benefited from positive relationships with social workers.

A good relationship can promote children and young people's voice and ensure their views are heard, finds Morgan (CSCI 2006), who reports one young person saying that workers 'tend to speak to carers about you rather than to you – carers' aims and your aims aren't always the same and do clash' (p. 7). Cashmore (2002) emphasises the importance of a trusted, established relationship to effective participation in case decisions. She notes that building a relationship 'takes regular contact, consistency and continuity' (p. 842).

The use of relationship can promote children's rights in child protection work, argues Bell (2002). Building on attachment theory (Bowlby 1988; Heard & Lake 1997, both in Bell 2002), Bell argues that children lack agency in promoting their rights, especially those who have experienced abuse and neglect. Processes that embody supportive and companionable interactions between workers and children or young people can strengthen their representation. For children to be heard, it is not enough to have formal processes such as meetings, notes Bell: 'while formal structures provide essential avenues for children to make known their wishes and feelings ... it is only within the context and security of a trusting relationship that children can assimilate information, make informed choices as to what their views are and how they are best represented and be enabled to exercise their rights to participation and service provision' (p. 3).

Strong relationships with social workers can benefit children and young people whose significant histories of abuse and neglect have impaired their ability to develop meaningful relationships. A longstanding relationship with a single social worker can help a child or young person re-examine how they understand relationships (Heard & Lake 1997, in Bell 2002). Prior et al (1999) found that clients who experienced sexual abuse valued workers providing emotional support and reassurance as well as arranging and coordinating services.

Numerous studies highlight the negative impact on children and young people of irregular contact. Morgan (CSCI 2006) interviewed children and young people and found consistent criticism about having new social workers, which increased the difficulty in developing consistent, stable relationships – a young person said, 'You get to know one then they leave.' (p. 9). Others who had no social worker at all found that they lacked help with problems at times when they needed it (CSCI

2006). Bell's study of young people in care echoed similar themes, finding 'an important aspect of relationship which many experienced as unhelpful was discontinuity – changes of worker, or case closures. Children felt bereft, forgotten and confused' (2002, p. 5). Hill (1999) found that infrequent contact made it difficult for children and young people to build trust with workers. Cashmore (2002) writes, 'a common complaint is that workers change too often, are rarely available when they call [and] are slow to return calls' (p. 842). Lane and Durkin (n.d) argue that 'frequent placement changes and different social workers make it difficult for children to form attachments and have enough confidence to talk about very difficult emotionally traumatic subjects,' which can reduce social workers' effectiveness.

2.5 Challenges faced by case workers

The challenges faced by case workers are multiple. However it must not be forgotten that the wellbeing of children and young people in care depends critically on the quality and effectiveness of social work service available to them.

2.5.1 Client-worker relationship

Managing the client-worker relationship poses challenges to case workers which can result in poor quality contact. To be effective, a case worker must succeed in professional relationships and their organisation of work. Case workers have high case loads, which can inhibit regular contact. A social worker in one UK study said, 'I always feel that there are other things I should be doing. I'm juggling which child has priority' (in Morris 2000). The work can be emotionally draining for workers (de Boer and Coady 2007). Contact and the relationship between a case worker and child or young person in care is not voluntary, but arises out of a court order or agreement (Hill 1999). There is also an in-built power imbalance that favours adults (de Boer and Coady 2007). Bell (2002) notes that interactions with social workers in which workers maintain a position of dominance and children and young people are submissive can reinforce their experience of powerlessness.

Reamer (2003) has argued, social workers can develop 'dual' or 'multiple' relationships with children and young people, acting not only as a social worker but a friend or mentor. As noted above, many children and young people seek contact that is informal and social that resembles friendship. While dual relationships are not always exploitative and can be positive for children and young people, they can raise issues related to appropriate boundaries. As such, relationships must be managed with care to avoid negative consequences such as confusion between personal and professional relationships, dependence, or workers using relationships with children or young people to meet their own emotional needs.

2.5.2 Tensions influenced by 'corporate parenting'

Ash and Diamond (2000) identified that, with regard to the activities involved in parenting and with consideration to child development models 'whilst the state has an obligation to support those who parent, the state cannot itself parent' (p. 4). Bullock *et al* (2006) highlighted the significant differences between children in state care and those in the care of their families. Of particular note, the authors concluded that state care results in the separation of actual care (provided by carers) from formal responsibility. Additionally, the authors highlight that whilst the tasks and qualities required to parent children in care are virtually the same for children in the care of their families, those in care also need other things that rarely arise in 'ordinary' families for example, coordinating and supervising family contact, therapeutic support and continued monitoring to ensure protection from further harm. To ensure all of these needs, such responsibilities must be separated and performed by different people. Ultimately, the state is reliant on the case worker to deliver these essential responsibilities but the case worker does not, and cannot, have full responsibility.

2.5.3 Relationships with carers

Sellick (1996) drew on previous studies conducted in the United Kingdom and North America to highlight what carers were seeking from case workers allocated to children in care. Ultimately, according to Sellick, carers seek a worker who is knowledgeable, purposeful, reliable, flexible and can provide them (carers) with reassurance about the quality of care being provided to the child or young person. It was reported that the most frequent complaints lodged by carers regarded poor communication between the case worker and carer and the unavailability of the case worker. Additionally, carers' perceptions that there was a high turnover of social work staff providing case management to children and young people in care caused concern and anxiety for carers. Southon (1986, in Sellick 1996) concluded that successful fostering requires good rapport between the worker and the carer.

2.5.4 Bureaucratisation of social work

It is acknowledged within the child protection and alternative care systems that children and families (including foster) are presenting with increasingly complex problems and that social workers are facing an increasing range of complex tasks. Howe (1992 in Gilligan 2000) wrote that a consequence of the bureaucratisation of social work is that case workers are required to make adjustments to their professional practices due to the mounting requirement to demonstrate compliance with policy and administrative competence.

2.6 Summary

Within the child protection and alternative care systems quality contact between the child or young person and their case worker is necessary to fulfil delegated care and protection responsibilities, such as:

- Securing the safety and stability of the child or young person in a placement that meets their needs
- Assessing the child or young person's needs across the life domains
- Facilitating and promoting contact and best connection with birth family
- Assisting with the development and maintenance of social networks
- Coordinating services and other professionals
- Obtaining the views of the child or young person to inform case planning
- Ensuring that changes in a child or young person's circumstances are responded to in an appropriate and timely fashion.

The literature has highlighted the following as promoting quality contact between children and young people in care and their case workers:

- Accessibility - can the child or young person contact the case worker easily?
- Reliability - can the child or young person count on the case worker?
- Sufficient frequency of contact - does the child or young person know their case worker?
- Regularity - how frequently does the child or young person have contact with their case worker?
- Continuity - how many case workers has the child or young person had and how long has the current case worker been allocated?
- Privacy - does the child or young person have the opportunity to speak independently to their case worker?
- Informality - does the child or young person engage in any activities with their case worker?
- Child-centred - does the child or young person have a say in how often and when they have contact with their case worker?
- Personal qualities of case worker - does the child feel that the case worker listens to her or his views and treats her or him with respect?

The way in which workers approach their role makes contact more meaningful. Children and young people are more likely to respond and be open in a relationship of trust, reciprocity and collaboration, rather than an authoritative relationship. This can be achieved by identifying common interests and doing something enjoyable together, while demonstrating positive regard and warmth.

Social workers are in a powerful position in regard to the children and young people they work with but that power can be used to support rather than dominate. The nature and quality of contact with workers is probably more important to children and young people than its regularity. However, we should not infer from this that less contact is by definition better. Doing the work of case work requires regular contact.

The benefits of high quality contact between social workers and children go well beyond the immediate relationship. Positive relationships with social workers extend to improvements in relationship skills in children and young people who otherwise display disturbed behaviour and can help a child or young person to re-examine how they understand relationships. Children report greater satisfaction with services when arranged in the context of a good worker-client relationship.

The challenges are many. High case loads, emotionally draining work, involuntary clients, balancing personal and professional demands and in-built power imbalances all add up to significant obstacles to be overcome or understood in building good relationships with children in a case work context.

However it is ethically and legally imperative that the systems and their workers remain vigilant of the child's voice and experiences. This can best be achieved in a high quality relationship with the child.

3 Findings

3.1 Case file evidence

With cooperation from Families SA, the Office of the Guardian (GCYP) randomly selected 100 files from the Connected Care Teams⁴ from Onkaparinga, Woodville and Port Augusta district centres and Refugee Services. These were selected on the basis of location and best likelihood of gathering a representative sample. The number of cases selected from each centre was as follows:

- Onkaparinga – 55 cases
- Woodville – 25 cases
- Refugee Services – 5 cases
- Port Augusta – 15 cases

Data was gathered from 96 cases as four of the cases were transferred from the district centre prior to our attendance. The data was gathered using a standardised form, developed in consultation with the reference group, and data was recorded by staff of GCYP.

Generally, the baseline data demonstrated the random selection of cases was a good representative sample reflecting the profile of children and young people under guardianship. With regard to the *assessment of contact required* and *level of contact occurring*, data was recorded for the 12 months preceding the date of evidence collection. It had been determined by the reference group that the previous 12 months would provide sufficient information regarding what contact is occurring.

The case file evidence was limited to only those activities recorded (that is, information that was on the child's file) and the frequency of activity type (such as face-to-face visit, phone calls) not the time allocated to various activities.

3.1.1 Baseline data

3.1.1.1 Gender

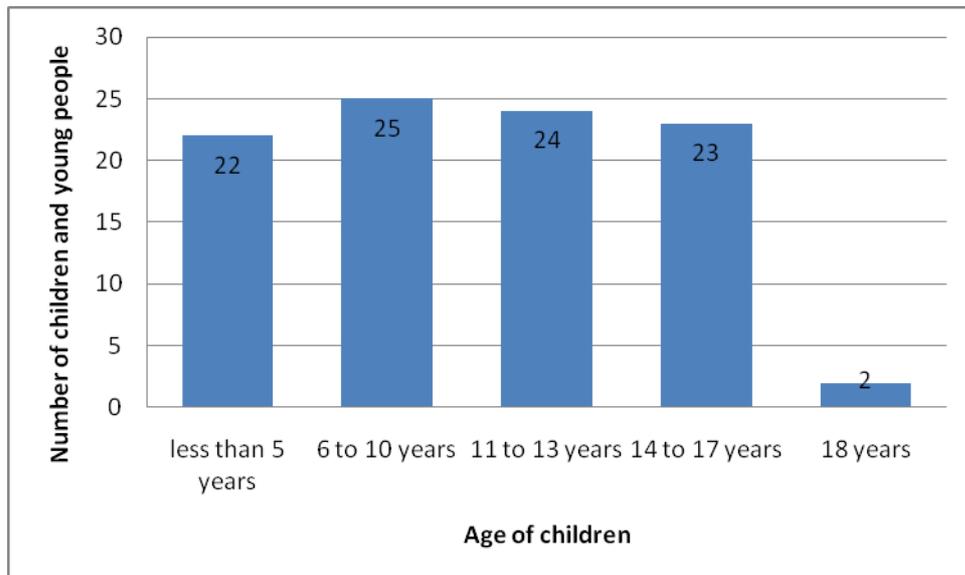
The sample (n=96) comprised 57 males (59 per cent) and 39 females (41 per cent). The profile of children and young people under guardianship, as at 31 December 2008, shows that males account for almost 52 per cent of those in care.

⁴ Connected Care Teams in Families SA are the social work teams with responsibility for children and young people under long-term guardianship orders.

3.1.1.2 Age

Table 1 illustrates the ages of those within the sample group. This closely resembles the profile of children and young people under guardianship, as at 31 December 2008. Two 18-year olds were included as they were aged 17 years at the time their case was randomly selected.

Table 1 – Ages of children and young people within the sample



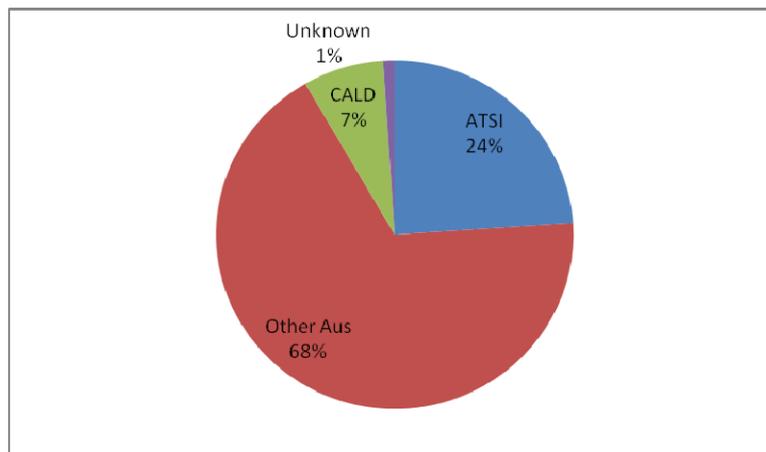
3.1.1.3 Special needs

In 26 of the 96 cases, it was recorded that the child or young person had a disability (27 per cent of the sample). As reported above, data provided by Disability SA recognises that 12 per cent of children and young people in care have a disability. Within the sample group, another 35 children and young people were identified as having behavioural and/or psychological needs.

3.1.1.4 Cultural identity

Chart 1 illustrates the cultural identity of the children and young people included in the case file evidence. The chart refers to an 'unknown' as information recording the child's cultural identity could not be located in the case file. The sample accurately reflects the percentage of Aboriginal and Torres Strait Islander children and young people in care.

Chart 1 – Cultural identity of children and young people



ATSI = Aboriginal and Torres Strait Islander
Other Aus = Non-indigenous Australians
CALD = Culturally and linguistically diverse identity

3.1.1.5 Type of care arrangement

Eighty per cent of the children and young people were in family-based placements (either with relatives or non-relative foster carers). A further eight per cent were in residential care, five per cent were living independently and four per cent were in emergency care. One young person had been reunited with their birth family and another young person's current care arrangement could not be determined as the information was not found on the case file.

3.1.2 Assessment of contact required

3.1.2.1 Case worker allocated

A case worker was allocated in 96 per cent of the cases. The reference group confirmed that the case file evidence data is an accurate representation of the level of allocation throughout the calendar year. Anecdotal information previously provided to the GCYP indicated that a higher number of cases were unallocated. Two cases were unallocated at the time of gathering the case file evidence. Fourteen of those allocated had been unallocated for varying periods of time during the preceding 12 months.

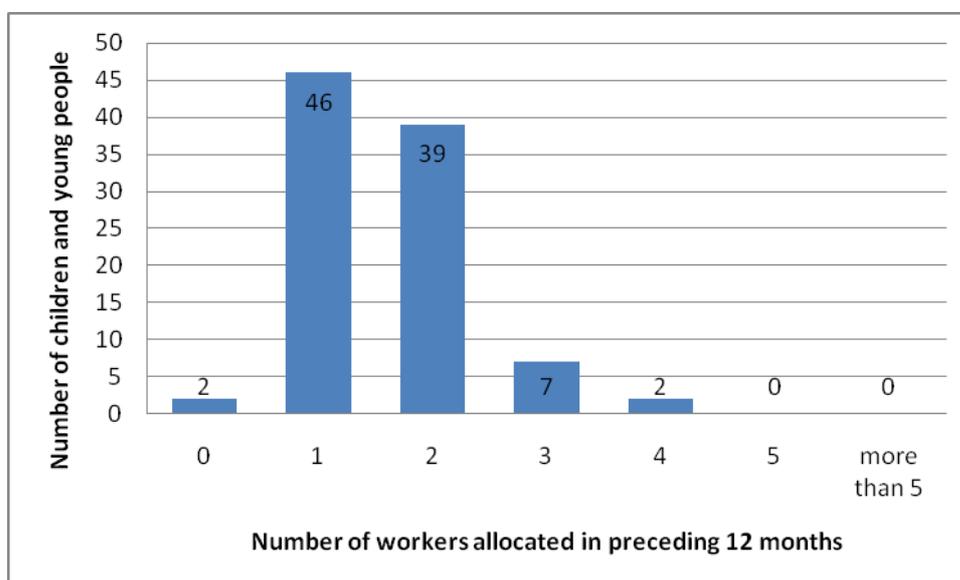
3.1.2.2 Number of workers in the preceding 12 months

Table 2 illustrates that almost 50 per cent of children and young people experienced continuity of allocated case worker. That is, at the time of gathering the case file evidence, 46 children or young persons had only one worker allocated in the preceding 12 months. In another 39 cases, two workers had been allocated

in that period of time. Nine children and young people had three or more case workers allocated in the preceding 12 months.

The reasons for the change of workers was documented in 31 cases and included the transfer of a file between district centres as a result of boundary realignment, transfer of file from interstate, worker appointed to higher duties and case management decision. Reasons were not documented in 17 cases.

Table 2 – Numbers of workers allocated in the preceding 12 months



3.1.2.3 Differential case management response

Following some exposure to a ‘differential case management response’ via the auditing of annual reviews⁵ the GCYP gathered data on the application of an assessment of the child’s needs and district centre’s ability to provide a level of service to inform the case management response. A differential case management response had been assessed and applied in only seven cases, reducing the minimum face-to-face contact with the child to once per quarter. The data obtained indicates that it is not applied consistently across, and within, district centres.

3.1.2.4 Documented obstruction(s) to contact

There was evidence in seven cases that the district centre believed the carer(s) was obstructing contact between the child and the case worker. Four of these cases provided documented reasons for the obstruction, including one child who

⁵ It is a legislative requirement that there will be a review at least once in each year of the circumstances of each child under the guardianship of the Minister until the child attains 18 years of age (*Children’s Protection Act, 1993, Section 52(1)*). The GCYP attends annual reviews as part of our monitoring and advocacy functions.

had previously not been allocated a case worker for a significant period of time and the carer had taken on more responsibilities and now found it difficult to engage with Families SA. In another case, the allocated worker had documented a number of attempts to schedule and conduct home visits which were subsequently cancelled by the carer with short notice. This is a complex issue, often influenced by the child's and carers' previous contact and relationship with allocated workers and negative experiences engaging with service providers.

3.1.3 *Level of contact occurring*

There was evidence that 83 per cent of children and young people allocated a case worker had met them. However, there was evidence that three per cent of children and young people had not met with their allocated case worker, and another 15 per cent of cases in which the case file evidence could not verify if the child or young person had met their worker. Consideration must be given to whether the data reflects a recording issue, in that the child's case file had not been fully maintained.

3.1.3.1 Contact between the child or young person and the case worker

The allocated case worker was having contact with the child and others (that is, carer, birth family and professionals, where required) in 80 per cent of cases. Of these cases the file evidence indicated the worker had independent contact with the child in 45 cases. Documented reasons for not having independent contact included (more than one reason was documented in some cases):

- The child being pre-verbal or having difficulty with communication (n=14)
- Significant level of contact with the carer about the child's needs (n=7)
- Contact occurred via supervised family access (n=4)
- The child did not have a positive relationship with Families SA (n=2)
- The child was regarded as 'a missing person' for a period of time (n=2)
- The carer would not engage with Families SA (n=2)
- The child was placed out of the region (n=2)

In nine cases there was no documented reason for not having independent contact with the child.

In 10 cases the allocated case worker was having contact with others (that is, carer, birth family and professionals, where required) but *not* the child. In three of these cases the file evidence indicated a high level of contact with significant adults in the child's life, such as the carer(s) and birth family member(s), but no

direct contact with the child or young person. In another three cases, continuation sheets⁶ had not been added to the files since July 2008, December 2008 and February 2009 respectively; of those continuation sheets located on file, there was no documented evidence of direct contact with the child or young person. One young person had been regarded as a missing person since 2006 and the file documented that the child's former carer had actively obstructed attempts by Families SA to establish and maintain contact with the young person. File evidence in another case indicated that as a result of the child not having an allocated worker for a lengthy period of time, the relative carer felt unsupported by Families SA and had become self-sufficient in providing care for the child. Based on the information recorded on the file, the reason for having contact with others but *not* the child could not be determined in two cases.

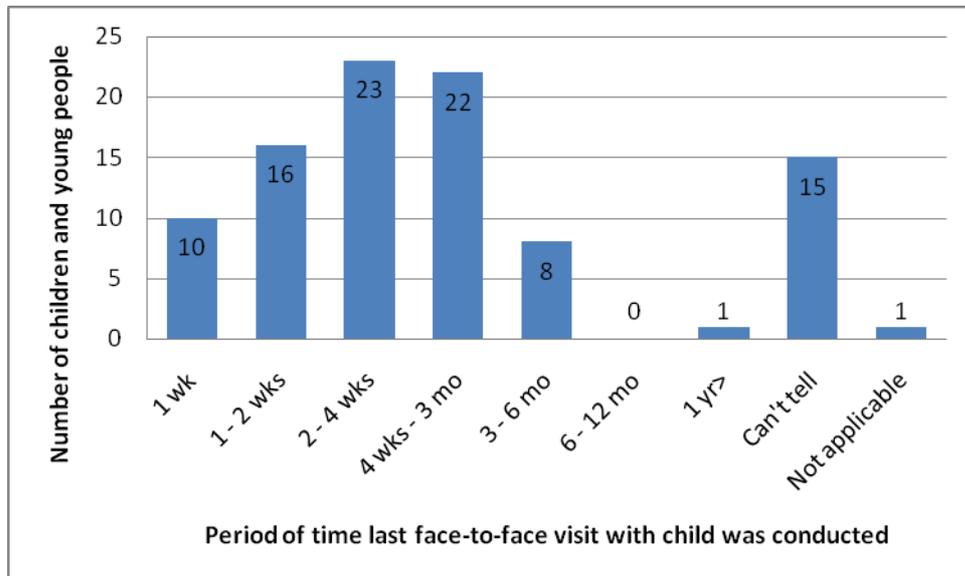
The allocated case worker initiated contact in 62 per cent of cases. Carers initiated the contact with the case worker in another 27 per cent of cases, and children and young people initiated contact in only five per cent. In the remaining six per cent of cases, other people, such as school personnel and other professionals, were responsible for initiating contact.

3.1.3.2 Face-to-face contact between the child or young person and the case worker

Just over 50 per cent of children and young people had face-to-face contact with their allocated worker in the month preceding the gathering of case file evidence (refer to Table 3). However, the data indicates that the majority of children and young people in care are not receiving the level of contact required by the *Standards of Alternative Care in South Australia*.

⁶ *Continuation sheets* are the ongoing record of all direct and indirect contacts associated with the child or young person.

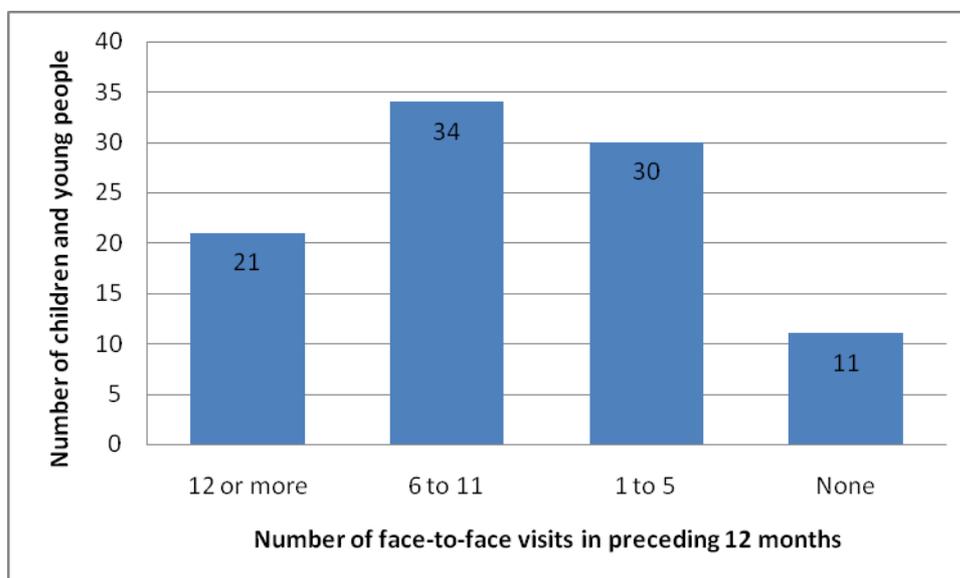
Table 3 – Most recent face-to-face visit with the child or young person



The number of face-to-face visits in the 12-month period preceding the gathering of case file evidence varied extensively across the 96 cases (refer to Table 4). Twenty-one children and young people had at least 12 face-to-face contacts in that time. The minimum standard, outlined in the *Standards of Alternative Care in South Australia* (DFC 2008) is at least one face-to-face visit each month. However, in three cases where it appears the minimum standard is being achieved, the overwhelming majority of face-to-face contacts have occurred as a result of the allocated worker supervising district centre located family contact activities and there is little case file evidence to demonstrate that the allocated worker had independent contact with the child during such arrangements. For example, in one case, of the 14 face-to-face contacts documented in the file, only three demonstrated evidence of independent contact with the child.

Thirty-four children and young people had between 6 and 11 face-to-face contacts with their allocated worker in the same period and 30 children and young people had between one and five face-to-face contacts with their allocated worker. In the 12-month period preceding the gathering of case file evidence, there was no case file evidence of face-to-face contacts with 11 children and young people.

Table 4 – Total numbers of face-to-face visits in preceding 12 months



The average time between face-to-face contacts was 10 weeks. In 28 cases, the longest time between face-to-face contacts was between one and three months and in another 25 cases, it was between three and six months.

There was evidence of some form of communication between the child or young person and the worker in the preceding month in 54 per cent of cases. While some children and young people did not have face-to-face contact with their allocated worker, there was case file evidence of other forms of communication, such as telephone calls or email exchange. There were also some cases of the child or young person having face-to-face contact and additional communication, such as a telephone call.

In the majority of cases (n=57), the last face-to-face contact with the child or young person occurred as a home visit. Case file evidence indicated that allocated workers were also visiting children and young people at school (n=12) and a minority of children and young people, but predominantly those aged 14 years or over, visited the district centre to see their allocated worker (n=8).

In four cases, the file evidence demonstrated the contact with the child or young person was based around the allocated worker's supervision of family contact but there was either no independent contact with the child or less than three independent contacts in the preceding 12-month period.

3.1.3.3 Supervisory directions

Within the context of supervision, and where the level of contact was less than the minimum standard, directions had been provided to the allocated case worker

about maintaining contact with the child or young person in 14 cases. It did not appear that the nature of the relationship between the child or young person and the allocated case worker, or the level of contact which can contribute to the relationship were consistently addressed or reviewed as part of supervision.

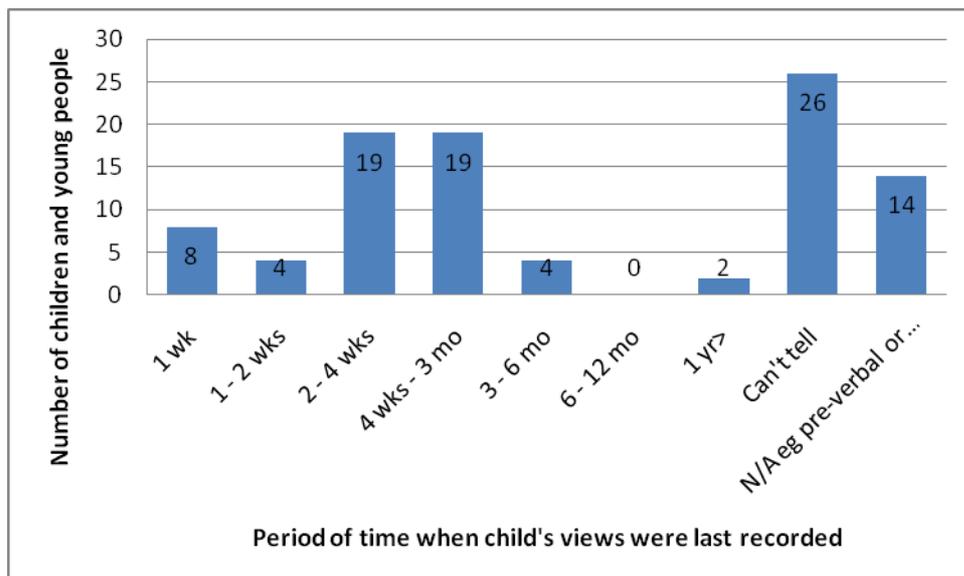
As said above, only seven cases had been assessed for a differential case management response and clearly it is not a consistent practice across, and within, district centres.

3.1.3.4 Recording of child or young person’s views

Table 5 illustrates when the child’s views were last obtained and recorded. As reported in 3.1.3.2, just over 50 (n=49) per cent of children and young people had face-to-face contact with their allocated worker in the month preceding the gathering of case file evidence, however only 31 of these children and young people had their views recorded in that same period. Of the remaining 18 children, seven did not have the capacity to express their views due to age (pre-verbal) or developmental ability.

Overall, 50 children and young people have had their views sought, encouraged and recorded in the three months preceding the gathering of case file evidence. However, of concern, were 28 cases (29 per cent) in which the case file evidence showed no attempt in the preceding 12 months to obtain and record the child or young person’s views about decisions made about their care or things that affect them.

Table 5 – Most recent recording of the child’s or young person’s views



3.1.4 Summary of key findings – case file evidence

The gathering of case file evidence was not for the purpose of evaluating case management practice, but to provide the GCYP with a better understanding of the level of contact occurring between children and young people in care and their case workers.

Ninety-six cases were randomly selected and reflected the profile of children and young people under guardianship. Data was recorded for the 12 months preceding the date of evidence collection.

The case file evidence is limited to only those activities recorded (that is, information that is on the child's file) and the frequency of activity type (such as face-to-face visit, phone calls) not the time allocated to various activities.

3.1.4.1 Case worker allocated

A case worker was allocated in 96 per cent of the cases. Fourteen of those allocated had been unallocated for varying periods of time during the preceding 12 months. Two cases were unallocated at the time of gathering the case file evidence.

3.1.4.2 Number of workers in the preceding 12 months

Almost 50 per cent of children and young people had the same worker for at least 12 months. Another 48 children and young people experienced at least one change of worker within the preceding 12 months. In 17 of those cases the reason(s) for the change of workers was not documented.

3.1.4.3 Contact between the child or young person and the case worker

There was evidence that 83 per cent of children and young people allocated a case worker had met them. Of the 77 children and young people having contact with their allocated case worker, 45 had independent contact with the worker. The remaining 32 children and young people had contact with their allocated worker in the company of others, such as carers or birth family members. In 10 cases the allocated case worker had contact with others (that is, carer, birth family and professionals, where required) but *not* the child.

3.1.4.4 Face-to-face contact between the child or young person and the case worker

Just over 50 per cent of children and young people had face-to-face contact with their allocated case worker in the month preceding the gathering of case file evidence. Twenty-one children and young people received the minimum standard

of at least 12 face-to-face contacts in that time. The average time between face-to-face contacts was 10 weeks. In 28 cases, the longest time between face-to-face contacts was between one and three months and in another 25 cases, it was between three and six months. In some cases there was evidence of communication in addition to face-to-face contacts, such as email and/or text messaging. However, there was also evidence that for some young people their contact with the allocated case worker was limited to email and/or text messaging.

3.1.4.5 Supervisory directions

Within the context of supervision, and where the level of contact was less than the minimum standard, directions had been provided to the allocated case worker about maintaining contact with the child or young person in 14 cases.

Additionally, a differential case management response had been assessed and applied in only seven cases, reducing the minimum face-to-face contact with the child to once per quarter.

3.1.4.6 Recording of child or young person's views

Only 31 of the 49 children and young people who had face-to-face contact with their allocated worker in the month preceding the gathering of case file evidence, had their views recorded in that same period. Overall, 50 children and young people had their views recorded in the three months preceding the gathering of case file evidence. However, there were 28 cases in which the views of the child or had not been recorded in the preceding 12 months.

3.2 Interviews and focus groups

With cooperation from Families SA, the GCYP conducted interviews and focus groups with children and young people in care to hear about their experiences of contact with case workers. Connected Care Teams within the Families SA district centres where case file evidence had been taken were asked to nominate children and young people under guardianship orders to 18 years who may be interested and had the capacity to participate in an interview or focus group.

This was not a randomised selection process and may therefore have biased the sample towards those who were better known to the district centre.

Upon receiving nominations from district centres, the GCYP wrote to the child's carer(s) providing information about the inquiry and sent a personalised invitation to the child or young person. This step was useful to both confirm the willingness of the younger children particularly to participate and to relieve any concerns for carers. Some of the young people involved in the inquiry were living independently

and contact was made directly to them. Consent was obtained from the child or young person and their legal guardian.

The GCYP contracted consultants, *CPDBiz*, along with two young people with knowledge and experience of being in care to conduct the interviews and focus groups. Guided by the reference group, and tested by young people in care, a set of questions was developed to facilitate the interviews and focus groups.

One focus group was also conducted with Families SA case workers.

3.2.1 Views of children and young people

These findings are grouped under the questions asked, followed by a summary. Where a significant difference in views was expressed by children and young people of different age ranges, this is reflected by the use of the terminology 'younger' (those aged 9 to 13 years) or 'older' (those aged 14 to 18 years) age group. There were quite different comments made by the two groups.

Quotes have been used throughout to both reflect and respect the information given by the children and young people.

It is also important to remember that some of the children and young people were speaking of their experiences from a range of case workers over a period of time and not necessarily from the allocated worker at the time of their participation.

3.2.1.1 Baseline data

A total of 28 children and young people participated in interviews and focus groups. Their ages ranged from 9 to 18 years. Sixty per cent of the participants were female. Most of the children and young people lived with carers including relatives, with a small number living independently or in residential care (n=3). Twenty per cent identified as Aboriginal and two of the participants were born overseas and identified as culturally and linguistically diverse. Thirty per cent of the participants came from the country regions and the remaining from metropolitan Adelaide.

3.2.1.2 Case worker allocation and frequency of contact

All of the children and young people reported having an allocated case worker and could name them. This was to be expected given all the children and young people were nominated by Families SA district centres.

Approximately 80 per cent of children and young people reported to have contact with their case workers weekly or fortnightly. This was often by email or phone for the older age group and through carers for the younger age group. Two young children said they could not remember the last time they saw their workers before

the last week, while two others only saw them monthly or every few months. Contact was generally made to address issues or problems as they arose, as well as to maintain regular contact.

'She posts important stuff to me like birthday presents and rings me at home' (11-year-old, female)

'My worker contacts me mostly by phone, but sometimes I see her face to face'

'We text each other a lot but I probably see her once a fortnight' (17-year-old, female in residential care)

'I see my worker a lot. She will organise to see me almost every week. Most of the time I go to her office but sometimes she comes to see me' (14-year-old, male)

'We meet every Friday'

'I saw my worker six times in the last year. We mainly talk on the phone, but she also comes out here too'

'I was seeing her almost daily while I was in [a regional location] but since I have been moved to Adelaide I have only seen her three times since November. We talk on the phone once a month' (15-year-old, female)

'I saw her last Monday but I can't remember before then' (11-year-old, female)

'The worker I had before I only saw once a term for school stuff. She would come to school to see me. I was not told she was leaving, but I see my current worker lots... whenever I need her' (16-year-old, female living independently)

3.2.1.3 Methods used by children and young people to contact their case worker

The children and young people gave multiple responses to this question with phone calls to carers reported as the main method of contact for the younger age group. In the older age group contact was also made by emails and text messaging. While most of the participants seemed satisfied with these communication methods, some had never made direct contact with their worker.

'My worker usually rings my Mum and then Mum tells me' (11-year-old, female in foster care)

'I get my carer to ring her'

'I tell my carer and she will arrange a meeting'

'I don't ever really get in contact with her' (16-year-old, male)

'I would never phone them up'

'I would ask my carer to email her. I can also email my worker directly if I do not want my carer to know' (14-year-old, male in foster care)

'If I wanted to contact her I could do it because her number is up there on the board' (11-year-old, female in foster care)

On occasions contact had been made from school and this was in response to needing some immediate help.

'My school rang my worker when I was in trouble and I got to speak to her'
(11-year-old, male in foster care)

3.2.1.4 Methods used by case workers to contact children and young people

The children and young people also gave multiple responses to this question with phone calls to carers reported as the most common method used. In addition, the older age group reported text messaging and email were common methods of communication.

'She usually calls me and sometimes she will make time to meet up with me' (14-year-old, female)

'I see her face to face and sometime she calls'

'She would call or come to my house at an arranged time with my carer'

'She calls and [the staff] will get me. She also has a weekly conference call with [residential care] staff but I am not involved in this' (15-year-old, female in residential care)

'We meet at a fast food place, sometimes Hungry Jacks' (9-year-old, male)

3.2.1.5 Children and young people's understanding of the social work role

While most of the children and young people had some understanding of the role of their case workers others had far less. Two of the participants were unable to explain the role of the case workers or the reason they had an allocated worker.

'I'm not sure when they don't really do anything for me' (17-year-old, female in foster care)

Two of the areas common to all participant responses included the role case workers play in providing access to family members and the signing of school consent forms.

A very strong theme that came from most of the participants and particularly the younger age group related to the role case workers play in keeping them safe.

'She is there to help us in bad times and to keep us safe when bad stuff was going on at home' (11-year-old, female)

'She found me a safe place to live in ... not a bad place...she told me what her job was, in her office' (11-year-old, male)

'She found me the place where I am staying now and is looking after me... it's a good place to live' (16-year-old, female)

'They keep you safe and make sure you don't get hurt' (9-year-old, female)

'They help you and make sure nothing bad is happening to you' (11-year-old, female)

'She is there if you are scared to tell anyone else what is happening' (9-year-old, male)

'Anything I need to talk about and to make sure that I am safe and do the right thing' (14-year-old, male)

'My social worker keeps me safe...she keeps in contact with me and calls to ask if I am ok' (14-year-old, male)

Many of the participants and particularly those from the younger age group thought their case worker was also there to make, and keep them happy

'They help with a happy family life' (11-year-old, female)

'Social workers help me to be happy and help with my real family' (9-year-old, female)

'She is helping me get my sister from abroad'

'To go out places, do music, keep my life fun'

'She is there to care for my future and to make me happy in my life' (9-year-old, male)

The most common responses from the older age group included the role they thought their case workers should play in providing emotional and social support, help with school and living independently, access to money, problems with carers, and helping to build relationships with friends and family.

'She helps in all areas. I am quite independent but I do get help with school and my home situation' (17-year-old, female in residential care)

'She is there to annoy me...lol [laugh out loud]. She helped with my transition. To give me money,' (18-year-old, female living independently)

'They help with heaps of different stuff, like problems with my carer. I can talk to my worker about anything and she is there to help arrange stuff for me' (14-year-old, female)

'She is there to look after me. She helped to get furniture for my place, fridge, microwave. She also went to my school and talked to my teacher...she is great and says I am a great guy' (17-year-old, male living independently)

3.2.1.6 Children and young people's involvement in plans and decisions that affect their lives

About 50 per cent of the children and young people said they did have a say in the important decisions that affected their lives. These decisions ranged from where they went to school, where they lived, who they lived with, family access and what sort of activities they undertook. Some of the participants were very positive about their involvement in decision making while others thought their level of involvement was all right.

'Yes because I get angry if I'm not involved. My social worker and I have a relationship that has been built over time so that I can voice my opinion. I definitely got a say about my transitioning'

'Yes definitely. I had a choice if my sister was to move in with me and also had a choice about who was to look after us when our carer is working' (14-year-old, male)

'Yes I recently had a choice about having contact with my brother'

'Yes, getting in contact with my mum'

'Yes I had a choice of what to eat when I had no lunch for school' (9-year-old, female)

'I had a say in whether to go to a home with young children' (11-year-old, female)

'I had the choice of what school to go to' (16-year-old, female)

'She always talks to me about things in the car when I am on the way to access visits' (11-year-old, male)

A small number of the younger age group did not answer this question even after the question was rephrased and prompts given. It appeared they did not realise they could have any say in the decision making process.

Approximately 12 per cent of the participants said they did not feel they had any say in decisions about their life, their comments included:

'I did until now, I don't get a choice now where I live and I don't get a choice to see my mum' (15-year-old, female)

'No, I trust my social worker' (female during focus group discussion)

'No, I was living in Melbourne and it was not so good for me' (17-year-old, male living independently)

The rest of the participants said they occasionally had a say:

'Maybe'

'A little'

'Depends what it is'

'Sometimes'

3.2.1.7 Actions undertaken by case workers that children and young people said they liked and really helped them

There was a very positive response to this question from nearly all the participants. It was clear from the way the children and young people spoke that they really valued the amount of time case workers spent with them on different activities and considered this to be quality time. It was also clear that many of these activities were social in nature and very important to the children and young people as these activities helped them to feel 'normal'.

The most common areas mentioned were sport, birthdays, Christmas events, access to family, helping with money, being taken to places they had not been to before, shopping to buy clothes including school clothes and helping to set up independent living arrangements. The older age group were able to identify more clearly the important role their case workers played in providing emotional support and being a friend to talk to, while some of the younger age group again reinforced their case workers helped them by keeping them safe.

'She is nice, and good at emotionally supporting me' (18-year-old, female living independently)

'When she explains things really well and treats me like a normal person and not some foster kid. I think she genuinely cares when she helps me and my sister with our Story Books' (14-year-old, female)

'He listens and does try to answer my questions' (16-year-old, male)

'The first time I met her she took me for a milk shake'

'She helped me go to my step-brother's birthday party and helped with access to my step-brother'

'They come and watch me play sport'

'I invited her to come to my club to watch me play soccer and she came. I think she is a great woman' (17-year-old, male living independently)

'Yes she is really easy to relate to and participates in activities with me'

'She is fun and makes us smile. She is a fantastic woman. If she gets something for one of us she gets it for all of us' (9-year-old, female)

Despite a generally positive response to this question there were a small number of participants (three) who felt the things they did with their case workers were not helpful to them.

'He is just a person' (16-year-old, male)

'I don't really know him'

3.2.1.8 Actions undertaken by case workers that children and young people did not like and did not find helpful

Although the majority of children and young people expressed mainly positive responses to the question above, over 50 per cent talked of actions they did not like and did not find helpful. It is important to remember that the children and young people have had multiple case workers and some of the responses apply to more than one worker they may have had.

The responses were very varied with no one clear issue raised. The areas mentioned included dissatisfaction with family access, poor relationships and or lack of contact with their case workers, the distance from their case workers, and the difficulty in having sleep-overs at their school friends' houses.

'There is not much contact or availability'

'My worker is difficult to contact'

'I didn't really relate to her. It took three weeks for her to get back to me. I had to change workers at the beginning of my transitioning because of Families SA's boundary realignment' (18-year-old, female living independently)

'The fact that she is so far way – something like a five hour drive - and that she doesn't really listen to me. If I do something wrong she doesn't want to listen to why, she just says it is not good enough'

'They took me to respite and its sucks'

'Social workers won't allow me to visit friends at their home without a police check'

'They prevented me seeing my mum'

3.2.1.9 Non-allocation of case worker and its effects

Seven of the 28 participants said there had been a time they could remember when they did not have an allocated case worker. The times varied from a couple of months to up to longer periods that were not specified. Some of this occurred

during the boundary realignment of Families SA, relocation from interstate or when placements were long term and stable. How this affected the participants was varied.

Some expressed real concern and loneliness while others did not see it as big issue.

'Yes, for four weeks during the boundary realignment. I didn't know how to contact any one and no one contacted me. I couldn't do anything because I needed approval for things' (18-year-old, female living independently)

'There might have been a time when I didn't have a worker. There was definitely a time when no one contacted me for a bit. I felt lonely' (15-year-old, male)

'Yes, it was good because we weren't bothered and we didn't really need anything anyway' (16-year-old, female in foster care)

'Yes, it was exactly the same as having a worker' (17-year-old, female in residential care)

'I had a time when I did not have any contact over December and January and that did not help me'

'I did not have one when I was not living here but I have a great one now' (11-year-old, female in foster care)

3.2.1.10 Why children and young people feel they need to have a case worker

For the children and young people who could remember a time when they did not have a case worker most indicated that they would have liked one. The need to have someone there in case they needed help was important.

'Yes, so that things could get approved for me' (18-year-old, female living independently)

'Yes, in case I needed something'

'I did not know I could have a social worker so did not know what they could do. I definitely would have liked one to help me' (16-year-old, female)

'It doesn't really bother me' (16-year-old, male)

'Yes, I would have liked to have one because there is no else to tell if things are bad' (9-year-old, male)

3.2.1.11 Number of different case workers allocated

All but three of the children and young people could remember how many case workers they had been allocated during their time in care:

- Two children and young people had one or two workers
- Seventeen children and young people had between three and five workers
- Four children and young people had been allocated six and/or seven workers
- Two children and young people had more than seven workers allocated

3.2.1.12 Desired method(s) and frequency of contact

There was quite a varied response to this question with no one timeframe clearly identified ahead of others. The most common responses were weekly, fortnightly or monthly closely followed by 'all the time' and 'only when I need it'.

From the responses it was clear that contact in times of need as perceived by the child or young person, was as important, if not more important, than the regular contact they had with their case workers.

The methods of contact were varied but the overwhelming response was that it should be regular and face to face. A further issue raised by the participants was the importance of having some contact alone with their case workers without their carers present. The older age group saw text and mobile phone contact as useful but it did not replace the need for face-to-face contact.

'A minimum of once a month and it should be face-to-face contact' (16-year-old, male)

'Once a month at least and this should be face-to-face' (14-year-old, female)

'I think you should also have one-on-one contact with your worker and not always with other family members present' (15-year-old, female)

'I think fortnightly is best and this can be a text message or face-to-face if need be' (17-year-old, female in residential care)

'Twice a month and this should be face-to-face'

'Once a week because if something happens within the week I would know I will be seeing her again soon. Everyday would be too much and monthly not enough' (15-year-old, female)

'Whenever I need it, either face-to-face or phone'

'Once a week at least, if they are supposed to be your parent. You would have contact with a parent daily if you were not in care' (15-year-old, female)

'This is a bonding time for me to get to know her' (11-year-old, female)

The young people who indicated they only wanted contact when they needed it said the following.

'Not really except when I need to see my brothers'

'I could ask my carers to make an appointment'

'Not very often, as long as I can talk to them'

3.2.1.13 If there was one thing your case worker could do for you what would it be?

There were common themes in the responses to this question. They ranged from the wish to be reunited with their families, not to be in Families SA care, an easier system of getting school permissions signed, being kept safe, having permission to go to friends' houses, more contact with their case workers and financial assistance. Some of the participants were happy with what they were already getting and had no wish for anything else.

'To ensure they (case worker) see the young people they case manage once a week' (16-year-old, male)

'I would like her to be around a bit more'

'To put me back with my family' (15-year-old, male)

'Lift my court order (GOM 18) so that I would not be in the system' (15-year-old, female)

'That my worker didn't change because of the boundary realignment. Before I would be able to walk for five minutes to see my worker and after the realignment it would take me three buses and about an hour and a half (one way) to see my new worker. I wish this didn't happen' (18-year-old, female living independently)

'I wouldn't change anything' (14-year-old, female)

'To get my sister to come over here to be with me'

'To help us to have a better home, make me feel safe and keep me safe' (11-year-old, female)

3.2.2 Views of case workers

The inquiry also considered the views of case workers of children and young people in care, but not particularly the case workers of the children and young people interviewed.

A focus group was conducted with case workers from the Families SA district centres and Families SA Refugee Services. All the case workers involved in the focus group were employed full-time and worked exclusively with children and

young people in care. Their work also included some project development work outside of case work, such as community development activities and carer support groups.

The purpose of the focus group was to gain an understanding of how the case workers saw their role in relation to providing a service to the children and young people in care. Many of the questions mirrored those asked of the children and young people in order to provide some comparison.

3.2.2.1 Case load

The average case load carried by case workers was 13, with the highest being 15 and the lowest 11. On average, new cases were allocated three monthly and as other young people leave care. The case load of children and young people managed by the Refugee Services was directly influenced by boat arrivals and intakes from Christmas Island. It was reported that these numbers had recently increased.

The age range of children and young people varied, with most case workers supporting children and young people of all ages. Some workers had expressed a preference for a particular age and development group while others were allocated cases to develop their skills and knowledge.

3.2.2.2 Allocation of case worker

All participants said there were children and young people in care who had not been allocated a case worker. To manage the numbers of unallocated cases, it was reported that while supervisors and senior practitioners did not have the responsibility for case management, they were often identified as the person to contact in times of need. Such cases were determined as low risk and were reviewed every three months. The participants said that if the risk assessment increased the supervisor would allocate it to a case worker for regular attention and action.

It was said that often in long term placements there was a lot less work required. It was acknowledged that different district centres have different responses and that all cases are prone to increased risk. A reason offered for this was the lack of early intervention with low and medium risk cases. Some of the district centres had across-team meetings once a month to discuss allocation and the child's circumstances.

3.2.2.3 Methods and level of contact with children and young people

The majority of case workers made contact with children and young people via mobile telephone, text messaging or email - all of which they believed were effective. For the younger age group contact with the carer was more effective as it built a relationship through which to reach the child. For the older age group, the case workers reported the young person often contacted the case worker directly through the office number.

On average, contact was made with the older age group once a week to once a month with more being given to those who lived independently. Sometimes contact was limited to help the young person with independence, for example when things were going well, and at times the young person did not want to be identified as being a guardianship child.

The level of contact was reported to also be influenced by the skill of the carer. New arrivals from Christmas Island may also need more support.

3.2.2.4 Perceptions of key roles and responsibilities

All the participants were very clear about their role as the Minister's delegate for children and young people and for the need to have case plans to ensure the children and young people's needs are met. These included developmental and health needs, advocacy roles, organising interstate transfers which take a very long time (allocation does not occur until transfer is finalised), empowering and focusing on the strengths of the child or young person, and working with the schools to develop Individual Education Plans.

Some of the barriers that got in the way of these roles and responsibilities included:

'Social workers change a lot and attachment is very difficult, we have to be cautious because you may leave – social workers are aware of this'

'Young people and foster carers tire of the changes and young people expect that the worker will leave them'

'Lack of resources, cars, volunteers, there are forms for everything and a huge amount of paperwork required'

3.2.2.5 Methods used to explain case worker role

The response to this question varied a lot with different methods used. Some children were shown guardianship documents while others had to have this explained to them more than once. Case workers stated that at times it was very confusing for the younger children and it was felt the birth family often made it

more difficult. At times assumptions were made that the children and young people already knew what the role of a case worker was.

'I have assumed they know but I know this has been a mistake in the past'

'I had to take the young person out and show them the guardianship documents. Some young people expect that they are going home to their mum'

'I constantly communicate and explain, that comes through me, and we keep communicating with all stakeholders'

'Often the child's family confuses things'

'I talk about what is a social worker and work through examples and show them what we can do for them, for example I can get them blankets or other materials they need'

3.2.2.6 Case load stability

Most case workers reported fairly stable case loads. However the boundary realignment was reported to have caused major problems. Participants stated that children and young people were transferred to new regions and different offices. It was further reported that people felt powerless during that process and period of time.

One of the case workers received permission to take her cases with her to a new office while others said that some children and young people had multiple case workers.

3.2.2.7 Participation of children and young people in case planning and decision making

Some of the case workers reported that the children and young people had not seen their case plans because of what was in them and felt they needed to protect them from that. Some had shown the child or young person a section, but not the entire case plan. For other children and young people there had been very low levels of involvement.

Most workers however did report talking with the child or young person first to discuss the life domains, while the older group had more involvement. It was reported that discussions were always recorded; as were the children and young people's views.

Participants stated that time was always a critical factor and there was not enough of it. Workers said they hoped the new computer system would improve this.

3.2.2.8 Elements of quality contact

All the case workers agreed that activities such as going out together for fun activities were an important part of quality contact. With regard to the younger age group, helping the child and the carer to form a bond was a focus of initial contact. Listening to the children and hearing their voices was an essential component of quality contact as well as spending time together outside of the office.

Other elements included:

'Celebrating their successes works very well and means so much to them'

'The ability to respond to requests adequately and not over promising'

'Involving them in decisions and responding after listening'

'Supporting the young person to make decisions about their lives – what they can and can't be involved in and meeting them in a location outside the office'

'Having time with them outside of access'

The main barriers reported to affect the case workers' ability to provide good quality contact was the child or young person not wanting to be identified as a child under guardianship care.

3.2.2.9 Expectations between the children and young people and case workers

Case workers stated that the children did have expectations of them and these included 'getting cash', 'fixing things', being a link to their parents, someone to confide in and support them, being there all the time, and having extra time to develop quality relationships.

The expectations that workers had of themselves with regard to the children and young people included helping young people to say exactly what they mean, and building a relationship with carers.

'To be their voice as they don't understand systems and how they work and to teach them the world and how that works'

'To help them through school and have a good life'

'To build resilience and a capacity to cope with adult life and past issues – living to their full potential'

'To help them develop life skills such as budgeting'

'Being a substitute parent which is a huge responsibility'

The case workers also felt that 18 years of age is not old enough for young people to be on their own and often young people are institutionalised and find it difficult to move from care. It was commented that the leaving care process should be

reconsidered and the case workers expressed concern that the current rate of Youth Allowance is not sufficient to live on.

Case workers were asked if there were roles and responsibilities they were currently doing that they felt were not part of the case management role and affected the amount of time they had to provide quality contact. Most said administration, providing transport and meetings.

Finally the case workers were asked if they had one wish around quality contact what it would be. The responses were:

'I love my job; I'm in it for the kids and the long haul'

'I feel sad sometimes – some young people turning 18, what will happen to them?'

'I am not sure that many young people have an understanding of why they are in care, we could do something about that'

3.2.3 Summary of key findings - interviews

The main purpose of this qualitative inquiry was to gain some understanding of the children and young people's experiences in terms of quality contact with their case workers. The three key areas that were looked at were:

- The impact of regular and irregular contact between children and young people and Families SA case workers
- What constitutes 'quality contact' and the concept of 'relationship' between children and young people and case workers
- What children and young people are seeking in a case worker

The children and young people were speaking of their experiences not only with their current workers but also from previous ones. Given that all the children and young people had at least two and a maximum of seven case workers they could remember, their responses are drawn from over a period of time.

3.2.3.1 Most recent contact between children and young people and their case workers

Over 80 per cent of the children and young people interviewed for the inquiry reported seeing their case workers in the previous week or fortnight and on average saw them fortnightly or monthly over the last 12 months. Prior to the previous week, two young children said they could not remember the last time they saw their case workers. Three others reported to see their case workers monthly or every few months. While the majority of children or young people are receiving the required monthly contact there are a small number who are not.

3.2.3.2 Allocation of cases

Seven of the 28 participants said there had been a time they could remember when they did not have a case worker. The times varied from a couple of months to longer periods that were not specified. Some of this occurred during the boundary realignment of Families SA, moves from interstate or when placements were long term and stable. How this affected the children and young people varied but included feelings of loneliness, not having anyone to talk to and not having any one to sign consent forms. For a very small minority not having contact did not seem to be a bother and they felt they did not need any particular support from their case workers. These were young people who were in long term stable placements. While all the children and young people participating in the inquiry did have an allocated case worker, this had not always been so in the past.

3.2.3.3 Method(s) and frequency of contact

Contact was generally made with the younger children through their carer while the older group were mostly contacted by mobile phone, text messaging or email. Most of the contact seemed to work satisfactorily, however a small minority of the older age group were not satisfied with either the level or type of contact they received. The effect of not having contact with a case worker was feelings of not being helped and having no one to go to if in trouble.

The level of frequency the children and young people had with their case workers was varied. The most common responses were weekly, fortnightly or monthly, three or four times a year and closely followed by 'all the time' and 'only when I need it'. From the responses it was clear that contact in times of need was as important, if not more important, than the regular contact they had with their worker.

Overall the level of contact seemed sufficient and welcomed by most of the children and young people. However there was a small group for whom the level of contact did not appear to be satisfactory and this was mainly in the older age group. The significant point raised was the need for continued face-to-face contact as well as by other methods.

3.2.3.4 Children and young people's views of quality contact

All the children and young people who participated in the inquiry had strong views on what constituted quality contact and most of them felt they received this. These included spending time with their workers and having 'fun' such as shopping, going to sporting events, having their birthdays celebrated with them, helping them settle into independent living and generally being there when they needed them.

Equally important was the need to have regular and face-to-face contact. The older age group reported text messaging and mobile phone contact as useful but stressed that it did not replace the need for face-to-face contact. Overall the children and young people perceived quality time as additional time they spent with their case workers doing 'nice' things together as well as having their regular contact times. This meant that they got to spend time together without their carers being present.

Most of the children and young people felt they had received a high degree of quality time, by doing things they really liked with their case workers. There was, however, a small group who said they did not have enough quality time with their workers.

3.2.3.5 Relationship between children and young people and their case workers

The concept of relationship was generally seen by the younger age group particularly as what the case worker was there to do for them, whereas the older age group also interpreted this as having a friend to talk to or even a surrogate parent.

For the younger age group particularly, the relationship they had with their case workers was viewed as one that kept them safe from harm and finding a safe place for them to live. The relationship was often seen as a trusting one in that children could talk to the case workers if bad things were happening or they needed someone else apart from their carers.

In addition the relationship was also seen as one that gave the case worker a degree of 'power' in that they could make things happen such as helping with sibling contact, ensuring safe living arrangements and helping the children to have a safe and happy future.

Overall the children and young people sought the same things from their case workers with safety and having fun activities being two of the most important things for the younger age group and broader needs and activities for the older group. These ranged from being supported at school, in their social circles, helping with their transition out of care, and re-building relationships with their families.

Many of the children and young people interviewed felt they had good and 'cruisy' relationships with their case workers and said very positive things. However there was a small group whose relationship experiences with case workers have not been positive in the past or were not positive at the time of interview.

3.2.3.6 Participation of children and young people in case planning

Very few of the children and young people reported having seen their case plans or having been involved in its development, a comment reinforced at the case worker focus group. Only 50 per cent of the children and young people said they felt involved in the important decisions that affected their lives. Others reported they had occasionally been involved and some could not remember. These decisions ranged from where they went to school, where they lived, who they lived with, family access and what sort of activities they undertook.

Of those who reported being involved in decision making, some were very positive about their involvement, others thought their level of involvement was all right and a smaller number did not feel very involved at all.

3.2.3.7 Significant connections

There was strong evidence that the majority of children and young people who participated were being supported to make community connections and this was evidenced by the number of activities and outings they had with their case workers. Some had very positive experiences of being reconnected with siblings through access visits or having siblings come to live with them. There was however a very small number of children who felt concerned at not being allowed to reconnect with family and although this had been explained to them as not being safe they still felt they needed some form of family connection.

3.3 Summary

Throughout this inquiry many positive stories were told by the children and young people of both the level and their perceptions of quality contact. In the social worker focus group it was evident that case workers tried hard to find time to give the children and young people quality time outside of regular scheduled visits and this was strongly endorsed by the children and young people themselves.

It is clear however from the responses given by the children and young people themselves and by the case workers, there is a small but significant group for whom quality contact is lacking.

4 Discussion

The purpose of this inquiry was to help the GCYP understand better how children and young people view quality contact with a case worker, how beneficial it is and what is needed to achieve that. The GCYP promotes and protects the rights of children and young people in care. It was the monitoring of these rights that brought to the GCYP's attention that some children and young people in care did not have a case worker allocated to them, and thereby may have been disadvantaged. Additionally, our monitoring showed that some children and young people in care did not receive the minimum standard of regular contact with their allocated case worker.

4.1 Elements of quality contact

4.1.1 *Accessibility*

The children and young people interviewed as part of this inquiry gave consistent messages informed by their very different experiences of contact with case workers. Contact in times of need as perceived by the child or young person was as important, if not more important, than regular contact with allocated case workers. Therefore, it was important to children and young people that allocated case workers were *accessible*.

The interviews indicated that younger children mainly have contact with their case workers through their carers and visits are commonly arranged between the case workers and the carers. Some of the older young people initiated the contact with their case worker. This is consistent with the case file evidence gathered, which demonstrated that contact was primarily arranged between case workers and carers, with children and young people initiating contact far less often.

Younger children in particular identified a prominent role for the case worker as keeping them safe. It is therefore important that all children and young people know how to contact their case worker and that the children and young people know that they can initiate contact themselves. This is distinct from worker-initiated visits.

Carers have an influential role in supporting the child or young person to directly contact the allocated case worker. The case file evidence provided a few examples of carers' obstructing contact between the child and the allocated case worker. As

previously acknowledged this is a complex issue, with a number of contributing factors.

4.1.2 *Reliability*

Only one young person commented on the reliability of their allocated case worker:

'It took three weeks for her to get back to me'

There was little evidence regarding the cancellation of scheduled visits or lack of notice regarding contact. However, there were comments from children and young people regarding the lack of contact during a period of time and the impact of that. Children and young people experienced feelings of loneliness and confusion because they were unsure of whether a worker was allocated, did not know how to contact a worker and found the experience of contact with an allocated worker was no different to a time when a worker was not allocated.

4.1.3 *Sufficient frequency of contact to know the case worker*

The literature highlighted that while some children and young people resist a high level of contact, sufficient contact was necessary if children and young people are to get to know their allocated workers. The case file evidence suggests that almost one in five children and young people do not have sufficient frequency of contact to enable them to know their allocated worker. Three had not met the allocated case worker and the file evidence could not verify if another 15 had.

Case file evidence showed that more than half of the children and young people did not have independent contact with their case worker. Fourteen of the 51 cases gave the reason as the child being pre-verbal or having difficulty with communication. For the remainder, and even for some who had difficulty with communication, it would seem that sufficient frequency of contact is lacking.

The interviews with children and young people suggest that the desired frequency of contact is higher than what is currently received and that sufficient frequency of contact was necessary to reassure children and young people that their allocated worker would be available to them in times of need.

4.1.4 *Regularity*

Children and young people used a variety of methods of communication with their allocated case workers but overwhelmingly the message was that contact should be *regular* and face-to-face. The use of new technology, such as text messaging and email was welcomed by young people and case workers, however, children

and young people stressed that it should not be a substitute for face-to-face contact.

It was important to the children and young people that they have a say in how often and when they have contact with their case worker. Not surprisingly, the desired frequency varied among participants but the majority indicated that contact once a month was minimum. Most children and young people preferred weekly or fortnightly contact with their case worker but there were a few that stated they only wanted contact when they needed it. The interviews with children and young people demonstrated that they highly valued the amount of time they spent with their allocated case workers on a range of activities.

The case file evidence was that the average time between face-to-face contacts was 10 weeks, with only 21 of the 96 having 12 face-to-face contacts in the preceding 12 months.

4.1.5 Continuity

The *Standards of Alternative Care in South Australia* (DFC 2008) specify that all children and young people under the guardianship of the Minister will be allocated a case worker, however the *Standards* do not specify any continuity of worker.

Some children and young people could remember a time when they did not have a case worker allocated and this led to feelings of insecurity. In times of need they did not know who to turn to. Having a case worker and having quality contact with that worker promoted a sense of safety for younger children and emotional and social support for older children.

The case file evidence demonstrated that 96 per cent of children and young people had an allocated case worker at the time the data was gathered. However the data also showed that 14 of the 94 allocated had been unallocated for varying periods of time during the preceding 12 months.

All of the 28 children and young people interviewed reported having an allocated case worker at that point in time, however seven spoke about times during which they either did not have a worker allocated or were unsure if they had a worker allocated.

At times, children and young people confront issues with which they need the help of someone who has known them for some time. This becomes difficult with multiple changes of case worker. The case file evidence indicated that fifty per

cent of children and young people experienced continuity of worker⁷. The children and young people interviewed commented on the number of workers they had been allocated during their time in care. Only two children and young people reported to have had only one or two workers. The remaining participants had at least three, and as many as seven workers allocated during their time in care.

The boundary realignment process that commenced in July 2008 was reported by children and young people and case workers as problematic and an impediment to continuity of worker. The case workers reported that many colleagues felt powerless during the process because decisions to transfer cases (and workers) to new district centres and regions were out of their control.

4.1.6 *Privacy*

Privacy means having opportunities to speak alone with a worker and perhaps at a location other than the child or young person's place of care.

Children and young people identified the need for *privacy* of contact with their case worker. The opportunity to have contact with their case worker independent of their carer(s) was highly valued by participants. For the most part, the children and young people interviewed reported high level satisfaction with the contact with their case workers. In particular, they appreciated the amount of time case workers spent with them on different activities.

The case file evidence shows that 45 per cent of children and young people had independent contact with their allocated case worker.

Given that younger children interviewed identified a prominent role for the case worker in keeping them safe, the opportunity for privacy of contact is important. This is not to say that all contact should be private, but that a child or young person should have that option. A few children and young people, in both the case file evidence and the interviews, had chosen to not have independent contact with the allocated worker. In such circumstances, case workers need to consider other ways to hear the voice of the child, such as through adults with significant relationships with the child, including but not limited to carers, birth family members and teachers.

⁷ For the purposes of collecting case file evidence, this was regarded as having the same worker for a period of at least 12 months.

4.1.7 Informality

The opportunity to engage in *informal* activities with the case worker helped children and young people to feel 'normal'. The desire for informality reflects a preference for settings that suit children and young people and for options in how visits with workers occurred. The case workers interviewed also agreed that informal activities were an important part of quality contact with the children and young people. Activities such as going out for a milk shake, working on Life Story Books, and cheering on a young person in sport and recreation were highly important to children and young people and their case workers.

The interviews with case workers provided insight into the challenges in their work. The participants identified the high amount of administration, transporting children⁸ and attendance at meetings as responsibilities that impede the time they have available to provide quality contact for children and young people.

4.1.8 Child-centred

The children and young people interviewed clearly articulated their views regarding the level, purpose and methods of contact that best suited them. The opportunity for children and young people to direct such arrangements promotes a *child-centred* approach to contact. However, the case file evidence and the views expressed by the case workers demonstrated that the level of contact between a child or young person and their worker is primarily influenced by time and workload constraints, rather than the child's needs or wishes.

The interviews highlighted that children and young people have views regarding the regularity, informality and privacy of contact, as well as accessibility of their case worker. Overall, children and young people desired more contact and more informality than they had received, however, the interviews and case file evidence also found a smaller number of children and young people who wanted less contact.

A child-centred approach to contact would be facilitated by the assessment of an individual child or young person's needs and risks, including the views of the child or young person and their carers, to determine the level of contact required by the child. The case file evidence demonstrated that only a small number of cases had had such an assessment applied.

⁸ In other interviews we have done with children they have identified travelling in the car as a good time to talk to their case worker.

4.1.9 *Personal qualities of the case worker*

The literature identified required *personal qualities* of a case worker as being listened to, treated with respect, humour, empathy, being non-judgemental and protecting confidences. This was reinforced in the interviews in this inquiry.

A case worker who demonstrates that they listen to children and young people, engages in fun activities and interactions and shows respect was highly valued by those interviewed. The children and young people spoke about numerous *personal qualities* that they found in their case workers.

'She is nice...'

'He listens...'

'Yes she is really easy to relate to...'

In addition, the evidence from the interviews showed that younger children regarded their relationship with the allocated case worker as one that kept them safe from harm and case workers were trusted to provide assistance in times of need. Case workers were seen to be 'powerful' as they could make things happen, such as arranging sibling contact, ensuring safe living arrangements and helping children to have happy futures.

4.1.10 *Participation of children and young people in decision-making*

Half of the children and young people interviewed reported to have some level of involvement in important decisions that affected their lives, such as education, placement, family contact and activities. All of those children and young people agreed that case workers should seek their views and enable them to participate in decision-making. There was a small group of participants who did not realise that they could have a say in decisions.

The case file evidence demonstrated that in a third of cases there appeared to be no attempt to facilitate the participation of children and young people in decision-making. In the three months preceding the collection of case file evidence, only 50 children and young people (52 per cent) had their views sought, encouraged and recorded. Only seven children and young people were identified as not having the capacity to participate. The case workers interviewed acknowledged that some children and young people had not seen their case plans because workers felt the need to protect the children and young people from information in the plans. However they reported that conversations with children and young people commonly inform the development of the case plan.

For those children and young people who appear not to be supported to participate in decision-making it may be because of insufficient contact with their worker or that the contact has not been child-centred.

For continuity of care and respect for the child, the child's views should also be recorded on file.

4.2 Benefits of quality contact

While most of the children and young people interviewed had some understanding of the role of their case workers, others had far less. Despite a lack of understanding, children and young people clearly articulated their expectations of their case workers. For younger children, case workers were seen to keep them safe. For older children, case workers were seen to provide direct support to individual development, promoting independence and connections with others. The case workers were very clear in their role as the Minister's delegate for children and young people in care; to assess the child's developmental needs, advocate for services to meet those needs, empower the child and promote the child's strengths. Clearly, contact between children and young people and their case workers is essential to achieving a positive outcome in wellbeing.

Regular contact is crucial if functions such as assessments and ongoing monitoring of a child or young person's circumstances are to be effective. Moreover, contact must occur if a sound relationship is to develop. The nature of the contact between a child or young person and a case worker is as important as the manner in which it occurs. Children and young people's expectations of case workers extends to establishing a relationship with a trusted mentor and the way in which workers approach their role can make contact more meaningful. A good relationship can promote children and young people's voice and ensure their views are heard. Additionally, strong relationships with case workers can benefit children and young people whose significant histories of abuse and neglect have impaired their ability to develop meaningful relationships.

Quality contact and relationship between the child or young person and their case worker is central to assuring the child's safety and helping the child or young person successfully work towards achieving their case plan goals.

4.3 Achieving quality contact

To achieve quality contact it is necessary to allocate a case worker to each child and young person in care. Further, it would be sound practice to determine the appropriate level of contact required by each child and young person in care. This not only enables the provision of services to those most in need but also respects

the wishes of children and young people in care who prefer not to have regular contact with a case worker.

An assessment of the level of contact required would incorporate:

- A review of the child's (and carer's) individual needs and circumstances, including level of risk in the current placement
- A discussion regarding the level of contact required to monitor the child's situation, to minimise risks and improve the capacity of the carer to provide safe and appropriate care, and
- A review of major life events for the child, such as onset of adolescence and transition to independence.

The assessment must include the participation of the child or young person and the carer and, where possible other significant persons such as birth family members and other relevant professionals. If a child or young person cannot, or chooses not to participate in the assessment and decision-making regarding the level of contact, other means of including the voice of the child should be employed.

The views of children and young people indicate that the role of their case workers is very important. Children and young people experience quality contact when they have continuity of the same worker, who is reliable, available, child-centred and encourages the child's participation in decision-making. When these elements are missing, children and young people are critical of what is lacking and are aware that they may be disadvantaged as a result.

5 Conclusion

It is evident from the findings of this inquiry that children and young people in state care value a positive relationship with their case worker for a sense of safety and happiness, assistance to resolve issues, access to goods and services and empowerment in decisions. Case workers do not provide these things alone but children perceive them as powerful in making them happen.

A good relationship between a child or young person and their case worker typically requires the case worker to be easily contactable, to follow through on commitments, have knowledge of the child and respect their privacy. Good contact is a mixture of fun activities and some serious talk about decisions but all contact takes into account how the child is feeling and their views.

A good relationship is built over time into a trusting and collaborative one. This requires regular and reliable face-to-face contact with the child or young person, and preferably time spent just with the child. It also requires a respectful relationship with the child's carers because they are highly significant in a child's life and they often channel communication between the worker and child.

The benefits of quality contact and a good relationship are, among other things, contributing to the wellbeing of a child, fulfilling statutory responsibilities of legal guardianship and duty of care, a child's participation in decisions that affect them and demonstrating safe and meaningful relationships.

There are many challenges for workers in making and maintaining a good relationship, such as other demands on their time, working within professional boundaries appropriate for children, balancing the sometime conflicting views of children and their families, maintaining respectful relationships with carers through testing times, and the substantial requirements of an accountable public service.

The combined evidence from the inquiry provides a fuller picture of what is quality contact with case workers but the interviews with children suggest that the relationships are typically positive and beneficial. This is good news for us all and especially for case workers who are in the job because they want to make a difference to children's lives.

There is no specific legislative requirement in the *Children's Protection Act 1993* about contact between a child in state care and their case worker. However, regular contact is inferred from the legislative principles for children in alternative care such as safety and stability, family connections, participation in decisions and

regular reviews of circumstances. The *Charter of Rights for Children and Young People in Care* spells out the rights of support and contact, participation and expressing opinions. The *Families SA Standards of Alternative Care* says monthly visits to a child by the case worker are expected.

Most children are allocated a case worker most of the time. Children notice when they have no allocated worker. Only half of the children have a consistent case worker over a year. Children can count the case workers they have had in their time in care. This reinforces the conclusion that case workers are important and influential in a child's life. However, the case file evidence clearly shows a lack of consistency in meeting the expected monthly contact and indicates that one in five children do not have enough contact, if any, to know their case worker.

Children like frequent face-to-face contact with their case worker and more frequent than they get. In interviews most said they wanted the face-to-face contact every month but the case file evidence shows that only one in five children get this frequent contact. The average time between face-to-face contact was 10 weeks. It is possible of course, that some contact with children is not recorded. If so, this is also a significant quality of practice issue.

Young children see their case workers as a reassurance of safety. Older children also value the friendship and support. Regardless of the age of the child the relationship is highly valued.

Children talked of liking the emotional support, good explanations, the case worker being genuine and taking an interest in their achievements and having fun.

'She is fun and makes me smile. She is a fantastic woman. If she gets something for one of us she gets it for all of us.' (9-year-old, female)

More than half of the children could say something about what was unhelpful, such as the case worker being difficult to contact, the interactions being focused on problems and the case worker gate-keeping family access and visits to friends.

Half of the young interviewees said that they had their views taken into account on important decisions but some younger children did not know they could give their views. The case file evidence shows that no attempt has been made to facilitate participation for one-third of children. Case workers reported feeling protective, especially of younger children, in knowing too much about their history and some of the decisions.

The evidence suggests that there are positive relationships on the whole between children and their case workers but not as frequent contact as many children want or as policy says.

Frequency of contact

'This is a bonding time for me to get to know her.'

Frequent contact between a child and case worker is desirable but the case file evidence tells us that only one in five children have the required monthly face to face contact. The interviews with children suggest a wide range of practice among case workers in relation to frequent contact.

Why is there such a gap between requirement and practice?

How could frequent contact be monitored and improved?

What other approaches to contact could be used?

How can we ensure that children have a say about the frequency?

It is unlikely in the foreseeable future that there will be the number of case workers to meet standards and children's requests for contact. This makes it more important that frequency of contact is decided following assessment of need and risk, taking into account the child's views. This is a preferred option to not allocating a case worker to a child, when rationing resources.

Is there a tool to assist with assessment of need and risk to determine an appropriate frequency of contact?⁹

If there is a tool, how can it be applied consistently?

Several children talked in interview about the problems caused by distance and long travel times and the impediment this was to frequent contact.

'Before I would be able to walk for five minutes to see my worker and after the [boundary] realignment it would take me three buses and about an hour and a half to see my new worker. I wish this didn't happen.'

This is likely to continue to be a problem where children are placed at some distance from the office. It points to the need to negotiate with children about their wishes and views on contact with their case worker and consider a more flexible approach to cross-boundary service for children.

Continuity of case worker

'There might have been a time when I didn't have a worker. There was definitely a time when no one contacted me for a bit. I felt lonely.'

Most children are allocated a case worker most of the time. Only half of the children have the same case worker over a year and the case file evidence also suggests that one in five children do not have enough contact, if any, to know their case worker.

⁹ Families SA has such a tool but it is only used in a few district centres.

Continuity of case worker is imperative because good relationships are built over time. In most cases one worker over a child's time in care is not possible but nor should change of case worker be thought of as merely a change in job duties. Taking on the job of case worker to children should be treated and supported as a long-term commitment.

Can recruitment and retention strategies be adapted to emphasise the personal and long-term commitment expected?

What impact do short-term employment contracts have on retention?

Would succession and progression planning by managers improve the rate of continuity?

Are job satisfaction surveys detailed enough to address issues promptly?

What further can be done to attract suitable recruits?

Accessibility

'My worker is difficult to contact.'

Children want their case worker to be accessible and reliable. This is not always possible, allowing for absences from work and attending to more urgent matters.

Are there explicit expectations of case workers about their responsiveness to children's requests? Are these adequately monitored?

Case workers reported in the focus group that there are barriers to being accessible such as 'lack of resources, cars, volunteers, there are forms for everything and a huge amount of paperwork required.' It is not clear from the evidence in this inquiry whether an analysis of work tasks and role has been undertaken so it is not possible to conclude that case workers are doing tasks that should be done by others.

Would analysis of job priorities in the case work role help to address issues of inaccessibility?

Quality contact

'[I like it] when she explains things really well and treats me like a normal person and not some foster kid. I think she genuinely cares when she helps me and my sister with our Story Books.'

The children interviewed clearly valued a good relationship with their case worker. They wanted the case worker to spend time just with them and for the case worker to know them. They saw the case worker as important to their safety and in resolving issues.

The split responsibilities for guardianship and care of children in state care is a particularly challenging environment for being child-centred, if only because there

are so many adults with strong interests. However it is also the most important circumstances to be child-centred because the stakes for the child are so high.

Do supervisors regularly work with case workers in assessing child responsiveness and focus?

What professional development is available on child-centred practice?

Are there mechanisms for regular feedback from the child about their contact or relationship with their case worker?

Participation in decisions

'I had a choice if my sister was to move in with me and also had a choice about who was to look after us when our carer is working.'

Half of the children interviewed said that their views had been taken into account on important decisions and the case file evidence tells us that some attempt had been made in 12 months to include two in three children in major decisions. However, judging from the case workers' comments and from our other work on this topic there are perceived and real impediments to full participation of children. It takes time and competes with other demands of the job. Skills in engaging children, and particularly younger children and children with disabilities, vary widely and there appears to be limited opportunity to learn new skills.

What is the evidence of organisational commitment to child and youth participation? ¹⁰

Does reflection on practice examine values and attitudes to children's participation?

How are examples of good participative practice shared within the organisation?

¹⁰ The development of these ideas is found in: Office of the Guardian for Children and Young People (2009) *Guide to Good Practice: Participation of children and young people in decisions made about their care*, available from www.gcyp.sa.gov.au

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Appendix A

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Appendix B

The following questions were used as a guide in the interviews and focus groups with children, rather than as a schedule.

- Do you have a social worker and do you know their name?
- How many times roughly have you had contact in the last 12 months and how is that contact usually made?
- How do you get in touch with your social worker? Is it easy or difficult?
- How does your social worker get in touch with you?
- What do you think your social worker is there to do for you / why do you think you have one?
- How does your social worker know what you want or need?
- How has your social worker helped you?
- Has there been a time when you did not have a social worker? What did that mean to you and what happened during that time if you needed help?
- How often do you think you need to have contact with your social worker and how would you like that to happen?
- If you had a magic wand, what would you want your social worker to do for you?

The following questions were used as guide in the focus group with case workers:

- How important is quality contact with a child or young person in care?
- What makes a quality relationship?
- How do you value contact?
- What do you think your role is?
- What roles and responsibilities should social workers have in caring for a child or young person under guardianship?
- What roles and responsibilities shouldn't they have?
- What's getting in the way of fulfilling all current responsibilities?
- How is your role different from a carer?
- Which of the following functions do you fulfil in your role as caseworker: parent, friend, confidant, mediator, communicator, facilitator, recorder, educator, activities director? Of these (and any others you identify) which do you think you should be doing, and which not?

Appendix C

Inquiry into the Significance of Quality Contact Case File Evidence

District Centre:

Case file number:

Date evidence recorded:

Advocate completing evidence record:

This evidence record is to be completed on the following basis:

- 1. That the child has been placed under the guardianship of the Minister until he/she attains 18 years***
- 2. That the case has been randomly selected by the Office of the Guardian***
- 3. That the questions are to be answered according to whether there is evidence recorded on the file***
- 4. That the questions are to be answered for the 12 month period immediately prior to the date the evidence is recorded***

Source of information

Continuation sheets (ongoing record of all contacts relating to case) – located on left side of file

Case consultation records (ongoing directions from supervisor regarding practice) – green sheets, located on left side of file

Case plan – located in centre of file

Differential case management response assessment (if applicable) – located in centre of file

Annual review recommendations (specifically to contact between child and case worker) – located in numbered dividers (refer to index for specific section)

INDICATORS OF QUALITY CONTACT

Based on information provided by the Reference Group members and the literature review conducted as part of this inquiry, the following aspects have been identified as indicators of quality contact between a child or young person and their case worker.

Accessibility

- can the child or young person contact the case worker easily?

Reliability

- can the child or young person count on them?

Sufficient frequency of contact

- does the child or young person know their case worker?

Regularity

- how frequently does the child or young person have contact with their case worker?

Continuity

- how many case workers has the child or young person had?
- how long has the current case worker been allocated?

Privacy

- does the child or young person have the opportunity to speak independently to their case worker?

Informality

- does the child or young person engage in any activities with their case worker?

Child-centred

- does the child or young person have a say in how often and when they have contact with their case worker?

Personal qualities of case worker

- does the child feel that the case worker listens to the child's views, treats the child with respect etc.

BASELINE QUESTIONS

1. **Age of the child / young person at today's date?**
2. **Gender of the child / young person?** Male / Female
3. **Cultural identity of the child / young person?**
 - Aboriginal / Torres Strait Islander.....
 - Other Australian
 - CALD background.....
 - Specify
4. **Is the child / young person of a refugee background?**
 - Yes.....
 - No
5. **In what year was the GOM-18 order issued by the Court?**
6. **Type of care arrangement at today's date?**
 - Home based
 - Relative / kinship.....
 - Non-relative foster care
 - Other.....
 - Specify
 - Facility based
 - Residential care
 - Secure care
 - Disability
 - Reunited with birth family
 - Independent living.....
 - Commercial care.....
7. **How long has the child been in their current placement?**
 - Less than three months
 - Between three and six months.....
 - Between six and twelve months.....
 - Between one and two years.....
 - More than two years but less than five years...
 - More than five years
 - Can't tell.....

8. Does the child have any special needs?

- Psychological needs
- Psychiatric needs
- Behavioural needs
- Intellectual disability
- Physical disability
- Learning disability
- Co-morbidity
- English as a second language
- Can't tell

ASSESSMENT OF CONTACT REQUIRED

9. Is there an allocated case worker?

- Yes
- No

10. How many workers have there been in the past 12 months?

11. What is the reason(s) for change?

12. Is there evidence of a differential case management response?

- Yes (answer a,b and c below)
- No (go to q.13)

a. Has the level of need been assessed?

- Yes
- No

b. Has it been recorded?

- Yes
- No

c. What is the child's view of the level of contact required?

13. Is there evidence that the carer obstructs contact between the child / young person and the case worker?

Yes.....

No

If yes, what is the evidence?

14. Have there been any specific directions from the supervisor regarding level of contact?

Yes.....

No

If yes, what are the directions?

If yes, when did the supervisor give those directions?/...../.....

LEVEL OF CONTACT OCCURRING

15. **Has the child or young person met the allocated case worker?**

Yes.....

No

Can't tell.....

16. **With whom is the case worker having contact? (tick as many as apply)**

Child or young person.....

Carer.....

Birth family.....

Other professionals.....

specify.....

Can't tell.....

17. **How many times during the last 12 months has the case worker made face to face contact with the child or young person?**

18. **When did the case worker last visit the child or young person?**

In the last week.....

Between one and two weeks.....

Between two and four weeks.....

Between four weeks and three months.....

Between three and six months.....

Between six and twelve months.....

Over one year ago.....

Can't tell.....

19. **What was the longest period between visits to the child or young person in the past twelve months?**

One week.....

Two weeks.....

Between two and four weeks.....

Between four weeks and three months.....

Between three and six months.....

Between six and twelve months.....

Over one year ago.....

Can't tell.....

20. When did the case worker last communicate directly with the child or young person (this may be face to face or via telephone or email)?

- In the last week
- Between one and two weeks
- Between two and four weeks
- Between four weeks and three months
- Between three and six months
- Between six and twelve months
- Over one year ago
- Can't tell

21. Who mostly initiates the contact between the child / young person and the case worker?

- The child or young person
- The carer
- Birth family member
- The case worker
- Other
- Specify
- Can't tell

22. When were the child's views last recorded by the allocated case worker?

- One week
- Two weeks
- Between two and four weeks
- Between four weeks and three months
- Between three and six months
- Between six and twelve months
- Over one year ago
- Can't tell
- Not applicable (eg child pre-verbal)

Comments (if any):

Signature of person collecting evidence