

Child & Family Workforce Skills Strategy – Feedback from young people, parents, and carers

Background

Between October and November 2022, the Research Centre for Children and Families held consultations with young people, parents, and carers with experience of child protection and out-of-home care services in New South Wales.

Twenty-two people took part in focus groups and interviews to share their views of the child and family workforce. Participants were invited to reflect on positive experiences and what did not work so well, as well as to suggest changes to improve the system. All participants had experience of the out-of-home care system as a child and/or parent or as a foster or kinship carer.

Fifteen participants were currently involved in the out-of-home care system. Their length of contact with the system ranged from one to 22 years. Young people ranged from 15 years to 21 years. Three young people had left care and four parents had children restored to their care. Twelve participants came from regional or rural areas and ten from a major city. All but one of six focus groups were held on Zoom. Due to availability, three participants were offered an interview instead.

This document summarises the main feedback received across the three participant groups. The findings highlight the importance of the personal qualities of practitioners to families. Workers who embody trauma-informed and culturally sensitive practice were highly valued. This includes being empathetic to what family members have been through and learning from them about what matters; being open and curious rather than remote and distracted; and being attentive and receptive in the moment.

We offer thanks to the organisations that assisted us to reach out to families and to all participants who gave up their time and shared experiences and ideas for improving workforce skills and service delivery.

Key findings

- Relationship-based practice relies on trust and familiarity between families and workers.
- High staff turnover erodes continuity of care and engagement with families.
- Families are fed up with a 'tick box' approach that focuses more on record-keeping than relationships.
- Negative experiences with workers and agencies have a cumulative effect on families.
- Families interact with multiple systems and need workers with skills and knowledge to navigate on their behalf.

Recommendations

- Develop leadership pathways and casework mentorships for experienced staff.
- Trial and evaluate team-based approaches to complex casework.
- Introduce and evaluate peer support groups for family members.
- Implement and monitor staff self-care activities across agencies.
- Embed therapeutic practice to respond appropriately to children, carers and families impacted by intergenerational trauma.
- Create opportunities for caseworkers to interact with young people and family members who have lived experiences of the child protection and out-of-home care system.

“The churn is a real thing. We've actually got a really good caseworker at the moment, so we're like, we're sure she'll be here a year, tops. Every time we get a good one, we're like, they won't be here long”
(Carer, FG#4)

“You never know when you're going to get a new caseworker. It kind of happens abruptly”
(Young Person, FG#1)

“There was one [DCJ] worker for a bit there where she was doing everything she could to help me push for that restoration. Suddenly, she had to work with a different client. So, you know, it's every time I sort of felt like I was getting close to a worker that I could trust and work with them, it was [onto] someone new”
(Parent, FG#2)

Staff turnover

High staff turnover was the most significant and widespread service barrier noted by young people and families. The frequent change of caseworker eroded continuity of care, led to inconsistent practice, and created confusion for families. Turnover also made it harder to build trust with new adults, particularly for children with a trauma history. Participants recognised staff burnout and workload pressure as drivers of turnover and felt that agencies lacked robust staff support and client handover processes to minimize staff turnover's impact on families. Families were often required to 'train' new social work graduates who came into the workforce with little knowledge or understanding of the out-of-home care system, only to have them replaced within a year.

As a flow-on effect, agency support for new carers was often lacking. Participants suggested that agencies should formalise peer support opportunities to give new carers another avenue for relevant and timely assistance to navigate the complex out-of-home care system.

Impacts of staff turnover

- Erodes continuity of care—disruptions to monitoring of case plan goals means that complex and/or unmet needs compound and leaves the most vulnerable families at risk.
- Increases disengagement and communication breakdowns between families and services.
- Leads to critical shortage of workers with knowledge and system navigation skills needed for flexible responses and cross-sector collaboration.

“The caseworker who did the court for restoration for me. And as soon as a restoration was approved, she quit. Like she just said, it is such a tick box system”
(Parent FG#1)

“What's the importance of that home visit? If it's just them gathering information [then] I think it needs to be more than that”
(Carer FG#5)

Process driven responses

The child and family service system was seen to prioritise risk minimisation at all costs which led to a widespread culture of compliance and what all groups labelled 'tick box' casework. Practice was led by processes and procedures above forming a genuine connection with families to understand and respond appropriately to their needs. For example, when caseworkers referred parents to multiple services at once it was seen as more about keeping them busy and satisfying documentation requirements rather than being intentionally focused on how to progress their goals.

Many carers believed that home visits were tokenistic events used to complete safety checklists rather than offer families real support. It was unsettling and disruptive for carers and children when the timing of home visits was changed without notice, usually due to caseworker turnover. Some carers noted that caseworkers were intrusive and not trauma-informed in the way they interacted with children.

Young people, parents and carers were aware of the enormous pressure that caseworkers were under due to unrealistic caseloads and excessive reporting requirements and felt that this led to caseworker disillusionment and burnout. Overall, the feedback suggests a need for a more relational approach to casework practice.

Impacts of process-driven service responses

- Leads to 'tick box' casework.
- Undermines relational practice and family engagement.
- Contributes to staff burnout and high turnover.

Communication and interagency coordination

The lack of agency transparency and cross-sector coordination undermined the ability of workers to support families. Service silos prevented families from receiving timely and flexible support. Families felt that privacy was an excuse for not providing them with critical information about children. Poor communication or misinformation around both what was required and what they could expect made it difficult for families to plan and trust workers. Carers felt agencies withheld important information about the reasons for a child's prior placement breakdown, which would have helped them during the transition, and parents felt they were not made aware of what evidence agencies were collecting for care proceedings.

Several participants described being let down by out-of-home care agencies who failed to follow up on service referrals or submit applications for children. Examples included carers who were unable to obtain birth certificates for infants so that they could apply for Medicare cards or to apply for passports so a child could join carers on planned vacations. The failure to provide consistent casework meant that healthcare needs were unmet or delayed, including immunisations and NDIS applications, and parent and carer confidence in the system was eroded.

Contact with birth family was a particular area of concern in relation to communication breakdown. As one carer said, "The only information I find out is when a contact worker speaks to the birth mother at contact visits, and she tells us what's happening"
(Carer, FG#2)

"It is it is about communicating to me because as soon as that caseworker changes—and unfortunately, they change constantly—if I'm not aware of where things are up to ... there's so much information that is lost".
(Carer, FG#5)

Impacts of poor communication

- Leads to 'tick box' casework.
- Undermines relational practice and family engagement.
- Contributes to staff burnout and high turnover.

"My biggest thing would be the caseworkers need to follow up because, you know, if you don't do it from the get-go, sadly, a lot of young people will just lose hope within into the future"
(Young Person, FG#1)

Positive practitioner qualities

Overall, participants emphasised the importance of interpersonal skills such as empathy, compassion, and patience for working well with young people and families impacted by child protection and out-of-home care. Good caseworkers were described as able to adapt their communication style to the individual child or young people, as well as parents and family members impacted by trauma and/or disability. Caseworkers who set clear boundaries were able to role model healthy relationships for those family members who have had difficult or traumatic backgrounds. Workers needed to be authentic and create a space for open dialogue as well as difficult conversations. Good caseworkers were also noted to take the time to understand the needs and views of family members, conveying respect for their investment in the care of their children.

Valued qualities

- Demonstrate empathy, patience, and respect.
- Show curiosity and notice the courage and resourcefulness of families.
- Offer practical support and help navigate the system.
- Be organised and keep promises with families who may have been let down by workers before.
- Practice active listening and being attentive in the moment.
- Make time for difficult conversations.

“They suspend the kids. That’s the last thing they need. You’re telling the child ‘Hey, you’re not wanted here and there, but you’re definitely also not wanted at school’. Trauma informed care practices for teachers, that should be a compulsory unit”.
(Carer, FG#6)

Trauma informed and culturally responsive practice

All participant groups highlighted the importance of recognising the legacy of trauma, including intergenerational trauma and colonisation, in their work with children, young people, and families. Trauma-informed and culturally sensitive practices were seen as crucial for workers to provide safe and healing environments for families and children. Agencies need to use therapeutic care models with families impacted by trauma, including the effects of separation of children from parents. These are specialist skills that take additional training and agency processes that involve reflective supervision and strategies for self-care, which is also a factor in preventing staff turnover due to burnout. Aboriginal young people and parents highlighting the loss of connection to culture and identity due to out-of-home care. One young person emphasised the importance of personal connection to culture, family, and the land, which they felt they had missed out on due to their experiences in care.

Service fragmentation was particularly notable in the relationships between out-of-home care and schools. Several carers spoke of difficulties they faced getting schools to take account of their child’s additional needs, often related to trauma background or disability, and a need for improved trauma-aware teaching practice. The lack of trauma-responsive practice by education and other systems could leave the most vulnerable children without the social and emotional learning opportunities they need and deserve and deny carers or newly reunifying parents much-needed support.

Good practice approaches

- Grounded in knowledge of, and active efforts to overcome, the impacts of intergenerational and complex trauma on families.
- Embed culturally sensitive approaches and cultural planning as central to engagement with First Nations children, young people, and families.
- Seek innovative ways to involve family members, including young people, as leaders in service and system improvements.

“It’s definitely valuable to have youth workers who’ve been in the system because they know exactly what they’re going to be providing if what they received before they know what they’ve received from the system before”
(Young Person, FG#1)

“Have a worker/carer workshop, yeah, that is cofacilitated by a parent with lived experience”
(Parent, FG#1)

Mentoring and peer support

Carers emphasised the need for organisations to offer peer support across the sector to ensure that carers have someone to talk to who understands their perspective. They also suggested mentorship programs where new carers could be matched with experienced ones. Parents agreed that peer mentors would be more trustworthy and empathic during the legal process and reunification, especially given issues with caseworker turnover and poor communication, and a reliable source of information. Some young people felt peer workers could be a good resource because of their shared experience and others were concerned that becoming a mentor may retraumatise a young person. All agreed young people should be encouraged and given the opportunity to learn skills that could set them up for youth work or social work careers if they chose.

For more information

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