

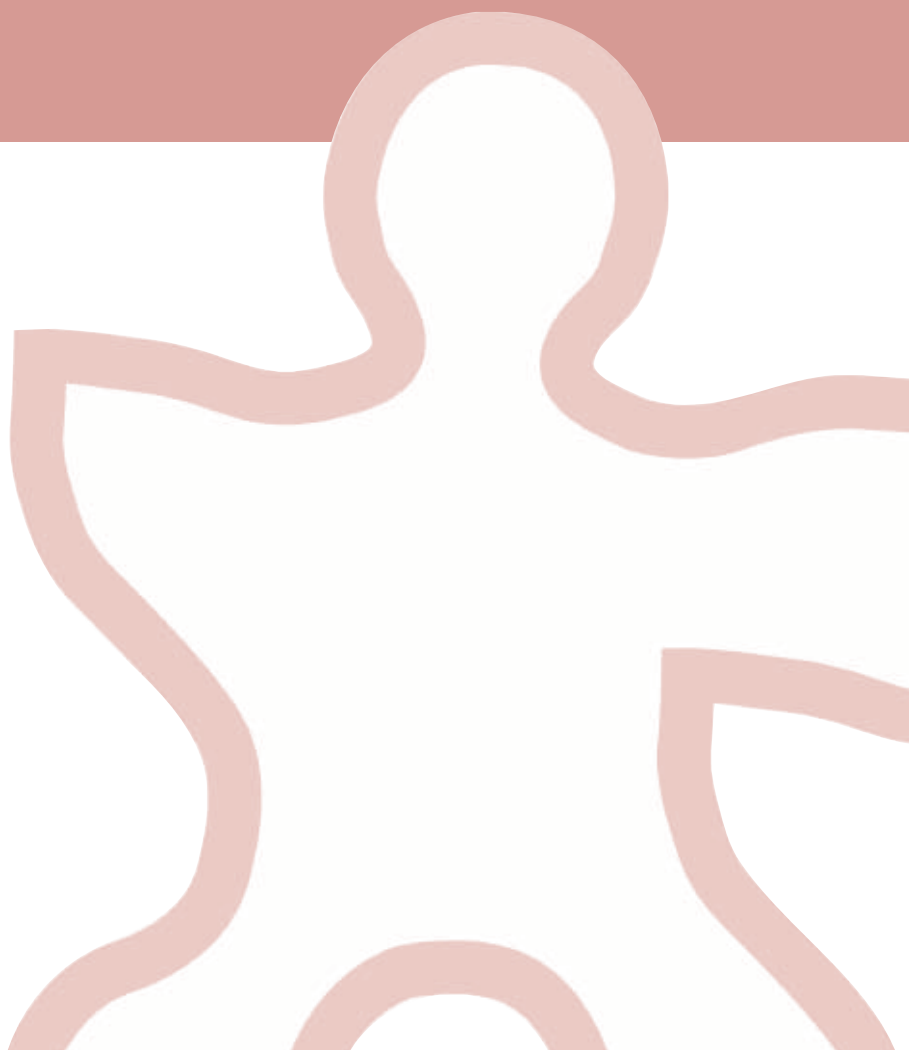
Effective casework practice with adolescents: perceptions and practices of DoCS staff



NSW Department of
Community Services



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Effective casework practice with adolescents: perceptions and practices of DoCS staff

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Executive summary

Adolescence is a period of intense and rapid development, characterised by numerous developmental challenges. For some young people this period is particularly difficult because there are family and community risk factors, such as parental mental illness, substance abuse, domestic violence and child abuse or neglect, that tend to lead to poorer developmental outcomes.

Many caseworkers appear to struggle with the complexity of problems and the limited casework time for adolescent cases. Yet, there is little research on casework practice or case management that can guide staff who work with adolescents in the child protection system. The limited literature and practice guides available typically report or rely on clinical opinion rather than research or evaluation studies. This gap in research is evident both nationally and internationally.

Study aims and objectives

This paper reports on a small-scale qualitative research project that looked at the nature of effective casework practice with adolescents from the perspective of staff working in the NSW Department of Community Services. The specific objectives of the study were to:

- describe the nature and characteristics of the work that DoCS staff undertake with adolescents and their families
- explore DoCS staff perceptions of strategies that are effective with this client group (including strategies for engaging young people, maintaining relationships and achieving participation in care)
- identify approaches used by staff to access services for this client group from community partners.

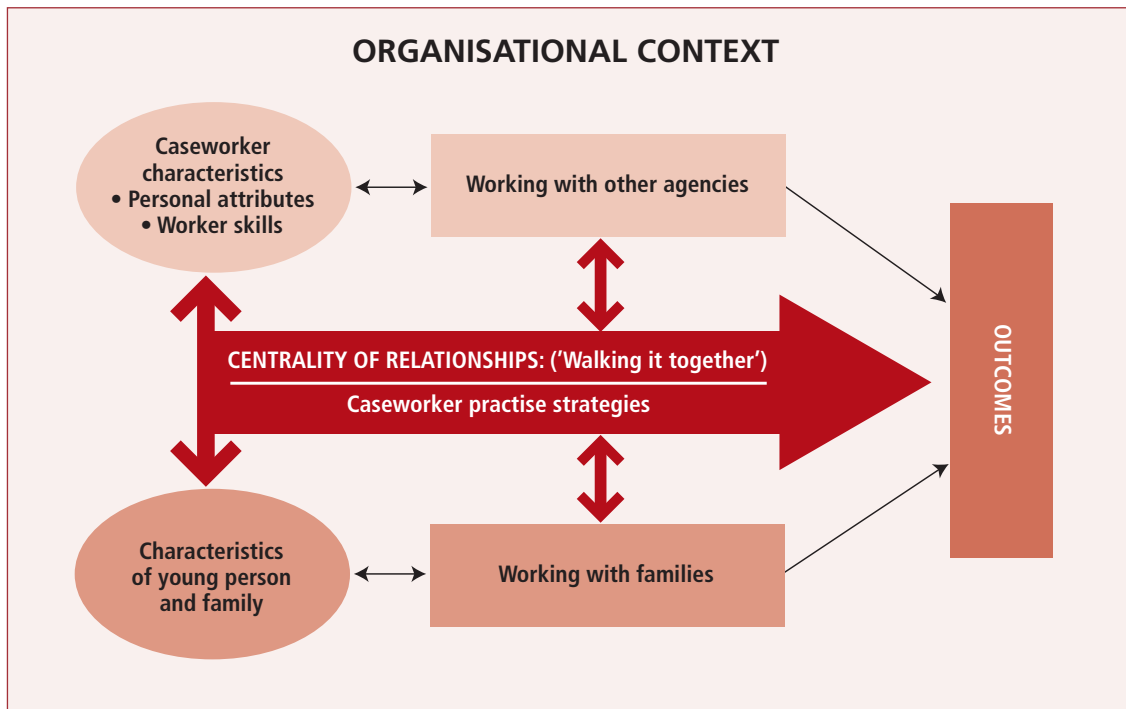
Study method

This was a qualitative study that collected data through focus group discussions and interviews with caseworkers, managers and external stakeholders. The sample included DoCS staff selected by senior managers for their expertise in working with adolescents. A total of 44 staff took part – the majority were caseworkers and 16 were working in one of the three adolescent casework teams.

Qualitative methods were used to analyse the data. A grounded theory approach was used to find the main themes and then form linkages and relationships through constantly comparing the data. Seven key categories emerged from this analysis:

- characteristics of the young person and their family
- the centrality of relationships to effective practice
- caseworker practice strategies
- caseworker attributes and skills
- working with the families of adolescents
- effective interagency work
- the organisational context in effective casework practice with adolescents.

The relationship between the seven categories is shown overleaf in Figure 1. Each category contributes towards understanding the key elements of effective casework practice with adolescents. They also illuminate the importance of building an effective relationship with adolescents (described by study participants as ‘walking it together’) as a foundation for effective practice. This was the core category to emerge from the analysis.

Figure 1: Relationship between categories supporting effective practice

Key themes from the study

Casework practice with adolescents and their families is diverse and complex. Caseworkers felt that the way they work with adolescents is influenced by the nature of adolescence itself, the characteristics of the adolescent and their family, and their level of need.

The caseworkers described the centrality of relationships in casework practice with adolescents, as a collaborative process of 'walking it together' with the young person. The caseworker is the 'common denominator' in this process, building and maintaining a relationship with a young person and, as appropriate, their family and getting them services. The relationship is characterised by commitment, connection and continuity.

The practice strategies that caseworkers use when working with adolescents and their families are described as a process of 'looking back – looking forward' made up of two key components. First, caseworkers believe it is crucial to get to know the young person, to understand where they have come from. Second, caseworkers use a strengths-based approach to engage young people in meaningful activities such as:

- asking future-focussed questions
- setting achievable goals
- offering choices not solutions
- gaining the young person's perspective and participation
- providing guidance and role modelling.

Participants also described how a caseworker's approach and style helps to build relationships and engage them with a young person. They believed that caseworkers need to have personal characteristics or attributes such as empathy, honesty, humility, being caring, flexible and practical. Caseworkers also require the skills of a professional helper, such as being a good listener, non-judgemental, able to be straight and accountable to a young person. Through this personal style and skill, a caseworker will convey respect and gain the trust of a young person.

The participants talked about when and how they work with the parents and families of adolescents. No matter where they worked on the continuum from early intervention to out-of-home care, they recognised the central role that families have in the lives of young people. Some caseworkers however, were uncertain or unclear about whether to focus on the adolescent or the parent/s. They described how they 'walk a fine line' attempting to work with both what the adolescent and the parents want. Participants identified the following strategies for working with parents of adolescents:

- facilitating connection with family and community
- supporting the parent – normalising adolescent behaviours
- holding family group conferences and placing responsibility with the family
- providing perspective and bringing clarity
- recognising the need for respite.

Effective interagency work is crucial to facilitating positive outcomes for young people and their families. Interagency work has many parallels or common features with undertaking effective casework practice with a young person and their family. In essence, interagency work or as it was described in the focus groups – 'walking with services' – involves building relationships, collaborative working and having clear expectations.

Finally, the study found a number of factors that help or hinder effective casework practice with adolescents. These factors include the organisational context, caseworker skills and experience in working with adolescents, and the difficulty in providing a child protection service with increasing demand yet finite resources.

The caseworkers talked about the outcomes they hoped to achieve by working effectively with young people and their families. These outcomes occurred at a number of levels and were influenced by the characteristics of the young person and their family, nature of risk, where the young person was on the continuum of need and service provision, and if there were factors that might enable or constrain casework practice and service provision. Positive outcomes include successfully engaging the young person and their family (as appropriate) in services, evidence that the adolescent is progressing towards their goals and that they are stable or moving towards stability.

Limitations of the study

This is a small qualitative study of a convenience sample of DoCS staff who work, or have expertise in working, with adolescents. The study's findings can not be generalised to all DoCS staff or to caseworkers in other jurisdictions. The definition of adolescence used in this study may also be limiting, but reflects the age group that DoCS caseworkers encounter.

Conclusion

The findings of this study highlight the central role that caseworkers play in coordinating services and interventions for children and young people who are at risk and, at times, highly distressed. The study also highlights the sensitive nature of this work and the need for caseworkers to develop effective relationships with adolescents, their families and other agencies.

It is clear that further research directly testing the effectiveness of particular casework strategies or approaches to case management is warranted. It is imperative that research also examines the perceptions and experiences of children, young people and their families, who receive child protection services and interventions.

1. Introduction

Few researchers have studied the nature and characteristics of effective casework practice with adolescents. Dufour and Chamberland (2004, p.44) comment in their review of effective interventions for maltreated children that:

... casework interventions are one of the least evaluated types of interventions aimed at maltreating parents ... despite the fact that this best reflects the day-to-day child welfare work.

Many caseworkers appear to struggle with the complexity of adolescent cases. Anecdotally, it is reported that caseworkers may feel unprepared when faced with the challenges of working with an adolescent within the child protection system. Miser (1996) reports that it is common for workers to be overwhelmed by the complexity of presenting problems and the limited time that is available. There is a tendency to focus on the most immediate or presenting problem for a young person and a limited ability to recognise and refer for further treatment (Miser, 1996). This, together with the developmental challenges of adolescence, means that caseworkers may experience difficulties knowing how best to support a young person.

The nature of adolescence itself and the challenging behaviour of young people, who may be distressed or traumatised, present difficulties for any practitioner who does not have the appropriate skills and knowledge. Knowing when to intervene in decision-making and exercise control versus when to allow the young person to make their own decisions and experience the consequences, creates challenges. Young people can give mixed messages about wishes for their own autonomy versus wanting limits set for them (Ungar, 2004).

The literature search and review conducted for this study found that there is little research on casework practice or case management that can provide guidance to staff who work with adolescents within the child protection system. The limited literature and practice guides that are available typically report or rely upon clinical opinion rather than on research or evaluation studies. This gap in research is evident both nationally and internationally. The literature review that supports this study is reported on in a separate paper.¹

What has been studied more commonly are service models and interventions such as multi-systemic therapy, family therapy, parenting programs and individual and group therapeutic approaches (for example, cognitive behavioural therapy) for young people with behavioural and emotional difficulties. These services and interventions are reviewed in other work done by the Centre for Parenting and Research.²

Rationale for the study

Senior managers at DoCS proposed a study of staff perceptions of effective casework strategies for working with adolescents in the child protection context. These managers knew there were staff in the Department who had considerable experience and knowledge about working with adolescents and some caseworkers were engaged in innovative practices with adolescents, similar to other areas in Australia. The intention of this study was, therefore, to capture and describe the practice knowledge of caseworkers with experience and skills in working with adolescents. This information could then be used to assist in training and skill development.

Fook, Ryan and Hawkins (1997) comment that 'expert' social workers are skilled and creative professionals who are often unable to articulate the reasoning behind their actions. Experienced

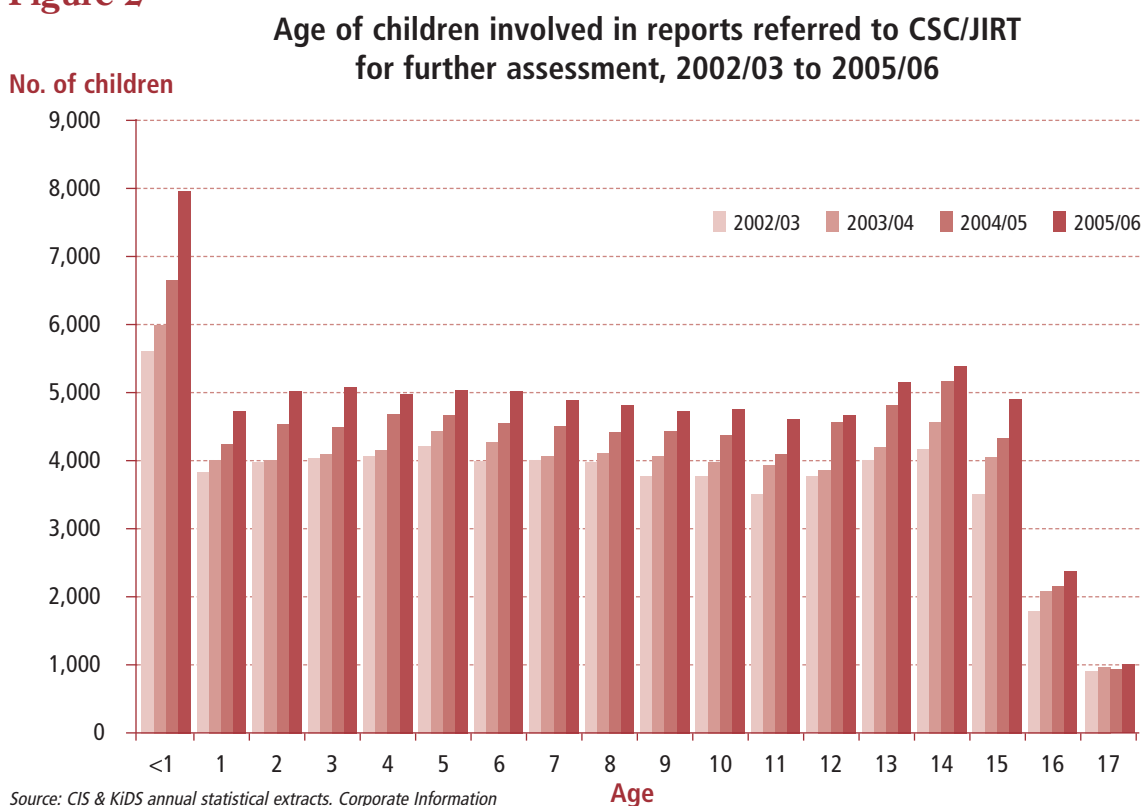
¹ See Schmied, V., and Tully, L. (2007) *Effective services and interventions for adolescents in the child protection context: A review of the literature.*

² Schmied, V., Brownhill, S., and Walsh, P. (2006) *Effective services and interventions for children and young people with high needs: A review of the literature* and Tully, L. (2007) *Prevention and early intervention strategies for 8 to 14 year old children and their families: A review of the literature.*

workers use a 'short-hand' way of conveying this and need help in converting this knowledge into 'long-hand'. They need to make explicit the process of gathering information, making sense of the information, analysis and judgement-making that led them to reach a particular conclusion.

Adolescents are a significant part of DoCS client base. Figure 2 below shows the age of children and young people involved in child protection reports to DoCS, who were referred for further assessment in the period 2002/03 to 2005/06. The number of 13 and 14 year olds referred for further assessment made them the second most significant age groups after infants aged less than one year. Between 2002/03 and 2005/06, approximately one third of children referred were 11 years of age or older. In addition, there was a 31.4 per cent increase in the number of teenagers (13-17 years) referred for further assessment.

Figure 2



Source: CIS & KiDS annual statistical extracts. Corporate Information Warehouse, annual data. Produced by DoCS Information & Reporting Services.

Study aim and objectives

The aim of this study was to explore and describe the nature of effective casework practice with adolescents from the perspective of caseworkers working in the NSW Department of Community Services. The specific objectives of this study are to:

- describe the nature and characteristics of the work that DoCS staff undertake with adolescents and their families
- explore DoCS staff perceptions of strategies that are effective with this client group (including strategies for engaging young people, maintaining relationships and achieving participation in care)
- identify approaches used by staff to access services for this client group from community partners.

Definition of adolescence

The literature varies in the age ranges used to define adolescence. According to some definitions, adolescence may begin as early as seven years and extend to 18 through to 22 years of age (Santrock, 1996). Other definitions describe it as lasting from age 12 to 18 years, or from completion of primary school to graduation from high school (Peterson, 2004). In this paper, adolescence is defined as the period between 12 and 18 years of age inclusive and the term 'young person' is also used to refer to adolescents.

Study methodology

This is a qualitative and interpretive study based on focus group discussions and interviews with DoCS caseworkers and managers currently working with adolescents or who were considered to have skills and knowledge in working with adolescents and their families.

Study participants

A total of 44 people participated in this study (see Appendix A which describes the recruitment process and a list of the number of DoCS participants by employed position). There were 25 female and 19 male participants. The majority were caseworkers and 16 were employed in designated adolescent caseworker positions on one of the adolescent teams. The participants came from each of the DoCS regions.

Participants had considerable experience working with adolescents both within DoCS and in other government and non-government organisations. On average they had worked with adolescents for 10 years (range of six months to 27 years). There was diversity in the participants' qualifications and training, ranging from degrees in social work, social welfare, psychology and social sciences to diplomas, certificates and short courses in youth work, solution-focused therapy and counselling.

Data collection

Data were collected through focus group discussions³ and supplemented with telephone interviews for participants who could not attend. Five focus group discussions were held with 37 DoCS staff, while two casework staff from rural NSW took part in a joint telephone interview. A further five staff were interviewed individually by phone.

Three of the focus groups involved caseworkers working in the adolescent teams. Each of these focus groups was held in the team's workplace so these participants knew each other. The other two groups included generalist caseworkers who came from a number of different regions and therefore some participants did not know each other. These two groups were held in different locations in Sydney.

Focus group discussions ran for approximately 60 to 90 minutes. A series of questions and key prompts were used to help the discussion (see Appendix B).

Data analysis

The written field notes recorded during the group discussions and telephone interviews were transcribed verbatim. A grounded theory approach was used to identify the dominant themes or categories and form linkages and relationships through constantly comparing the data. (Glaser and Strauss, 1967; Strauss and Corbin, 1998; Dey, 1999).

³ Focus groups were chosen as the main approach to data collection as they are particularly useful in exploring people's knowledge and experiences and can be used to examine what people think, and how and why they think that way (Kitzinger, 1994; Liamputtong and Ezzy, 2005).

This is an iterative process that includes multiple readings of the data and coding of categories and subcategories, identifying characteristics and relationships, and comparing these with other categories until the central theme emerges. In this study, the centrality of relationship building to effective practice (described by participants as ‘walking it together’) represents the central category that describes the nature of casework practice with adolescents. This is done through a relationship characterised by a commitment and connection to the young person and supported by continuity of a caseworker. Each category that emerged through the data analysis is presented in detail in this report.

As is usual practice with presenting qualitative research, verbatim quotes from the study participants have been used to illustrate the process of analysis and interpretation. This serves as an ‘audit trail’ that gives the reader insight into the interpretations made by the researchers (Wolf, 2003; Rogers and Cowles, 1993). The participant’s quotes are linked to the focus group that they took part in and are identified in the following way:

- AT – Adolescent teams
- ISS – Intensive support services.
- GC – General caseworkers.

Limitations of the research

It must be acknowledged that this is a small qualitative study of DoCS staff working, or considered to have expertise in working, with adolescents. As such, the study’s findings can not be generalised to all DoCS staff or to caseworkers in other jurisdictions. The definition of adolescence used in this study may also be limiting but reflects the age group that DoCS caseworkers encounter.

There are some strategies or approaches to working with adolescents that were not addressed or emphasised in the focus groups or phone interviews, for example, safety planning.

Further, this study has not identified individual characteristics of adolescents and their families that influence the process and outcomes of casework practice. The key prompts used in the focus groups and interviews mainly encouraged participants to reach a consensus about what strategies work in child protection practice with adolescents. They did not explore diversity based on gender, age in terms of a younger or older adolescent, cultural background or parent and community characteristics. More research is certainly needed in this area. Participants did discuss how their practice varied based on assessments they did of risk of harm, for example, whether the case was ‘not serious enough to remove’ or ‘at the extreme end’.

Finally, it must be emphasised that the participants were casework staff who gave their perspectives and experiences of working with adolescents and their families. To gain a more comprehensive understanding of the nature and impact of the relationship and the most effective strategies for working with adolescents, it is important that research be done with young people themselves and their families.

Structure of the report

Sections 2 to 8 of this report present the findings of the data analysis in terms of the seven categories identified:

- characteristics of the young person and their family
- the centrality of relationships to effective practice
- caseworker practice strategies
- caseworker attributes and skills
- working with the families of adolescents
- effective interagency work
- the organisational context in effective casework practice with adolescents.

Each of these categories contributes towards a greater understanding of effective casework practice with adolescents. They clearly show the process of relationship building or 'walking it together' as described by the study participants.

Section 2 outlines the nature and characteristics of the young people aged 12 to 18 who enter the child protection system. The analysis indicates that the nature of adolescence influences how risk is determined and the way in which caseworkers work with adolescents.

Section 3 discusses the nature of casework practice with adolescents and the role of child protection caseworkers. This section outlines the core category to emerge from the analysis and highlights the important processes of building a relationship and engaging with the young person.

Section 4 examines the practice strategies that caseworkers use in working with adolescents, what approaches or activities work or are most helpful in supporting young people. The category emphasises both the importance of strategies that help to build the relationship, as well as the importance of being action oriented in work with adolescents.

Section 5 describes the importance of caseworker characteristics in working with young people. This includes personal attributes, as well as personal skills as professional helpers, that are needed to build a relationship with the young person and help them engage in meaningful activities.

Section 6 discusses what caseworkers do to work successfully with the young person's family, in particular the actions they take to encourage connection between the adolescent and their family and provide support to parents.

Section 7 highlights the importance of working with other agencies and services to meet the needs of a young person. It also identifies the characteristics of successful interagency work including forming relationships, knowing the local area, working in partnership and good communication and feedback.

Section 8 discusses the context of casework practice with adolescents, particularly the organisational factors that influence outcomes such as, good management and supervision, caseworker characteristics and working with finite resources.

Section 9 presents a diagram to illustrate how the categories relate to each other and briefly discusses the key issues and implications arising from this study, in light of other research in this area.

2. Characteristics of the young person and their family

Casework practice with adolescents and their families is diverse and complex. The nature of casework practice, its intensity and duration, the role of the caseworker, the approaches and strategies that are used and what informs these, as well as the outcomes for young people, are influenced by numerous factors. These include the nature of adolescence itself, characteristics of the adolescent and their family, and their level of need.

Adolescents are different

The participants in this study emphasised that working with adolescents is different, in particular, their needs are very different to young children and the risk of harm is often difficult to determine. This difference relates mainly to the developmental stage of adolescence. Participants stressed that the nature of adolescence is to take risks as they learn for themselves.

Working with adolescents is difficult and challenging work for caseworkers and they find that they have to work extra hard to keep adolescents in a service:

Because of their age and developmental stage, adolescents are also well known 'to vote with their feet' (AT⁴).

Caseworkers said that when they work with younger children in the child protection context, it is usual practice to work through their parents. However, with an adolescent this is not always or even usually the case. Instead caseworkers rely on the young person accepting and participating in the services and this is not easily achieved.

Parents are struggling

Caseworkers were also conscious that many parents struggle with their children as they move through adolescence. They regularly encounter parents who lack strategies to support their child through adolescence:

It is a culture shock just being the parent of an adolescent, 'you know I have lived so long with a little person who is dependent upon me and now they are not dependent upon me and they can make their own choices' and some parents feel very uncomfortable about that (AT).

The young people that the caseworkers work with may have some history with child protection; such as a previous referral and the offer of services that parents did not take up. They reported that often the families of the adolescents they work with have an underlying level of poverty, long-term unemployment, substance misuse, domestic violence, mental health problems and family members in jail.

Adolescents in child protection are complex

The caseworkers in this study worked across the continuum of services from early intervention through to child protection and support for children and young people in out-of-home care, particularly those receiving intensive support services. They described the cases that they work with and the nature of risk as being on a continuum from 'not serious enough' (to remove) to 'at the extreme end'.

⁴ AT – Adolescent teams
ISS – Intensive support services
GC – General caseworkers.

The children and young people they work with display internalising and externalising behaviours reflecting emotional distress such as suicide attempts, sexual offending, school truancy, substance misuse, criminal behaviour, homelessness and placing themselves in 'unsafe situations' (for example with sexual offenders or paedophiles). They may have diagnosed mental health problems, including depression, anxiety, post-traumatic stress disorder, conduct disorder and oppositional defiance disorder. As a result their schooling is disrupted, they lack social skills and may display little empathy.

They experience relationship difficulties across the whole spectrum: school, peers and their families. Typically it can be a breakdown of relationships or dysfunctional family relationships that may bring them to the attention of authorities.

Participants characterised children they worked with in this age group as often having a profound sense of loss and little trust in relationships:

They have lost so much these children, [they may have] lost their family who they often still love and that rejection is profound (ISS).

3. Centrality of relationships to effective practice

A process of relationship building and collaboration or ‘walking it together’ emerged as the central category in this analysis. It incorporates components of other categories such as caseworker practice strategies (‘looking back – looking forward’) and caseworker attributes and skills outlined in Sections 4 and 5.

The caseworkers showed a strong commitment to working with adolescents in a collaborative way. They described this in the following terms:

... I am here and we can walk it together and we'll give it a shot (AT).

In this process, the caseworker is the ‘common denominator’, building and maintaining a relationship with a young person and, as appropriate, their family, and helping them engage in services. The relationship that supports ‘walking it together’ is characterised by commitment, connection and continuity.

The process of building relationships with young people is also supported by a number of important theoretical and conceptual frameworks. Participants suggested the following frameworks were particularly important:

- strengths-based approaches
- systems theory
- developmental theories
- socio-ecological model.

These frameworks inform the practice strategies that caseworkers engage in, that is, what caseworkers do and how they do it.

Across the continuum of services from early intervention to child protection and intensive support service, the participants were clear that caseworkers played a central role in the coordination of services and supports for the young person and their family. Caseworkers describe themselves as case coordinators or the ‘common denominator’:

... we are the ones that bring it all together, bring the young person and family together and services, coordinate the meetings and come up with a plan to follow (AT).

... even if they [the young person] are far away [in terms of a placement] you are still that common denominator so you can tell them what is happening to their brothers and sisters, you can tell them what is happening to mum and dad or any of those things (GC).

Building relationships and facilitating engagement

The central feature or component of casework practice with adolescents (as it is with families) is the need to establish and maintain relationships. It is through this relationship that the caseworker aims to help engage the adolescent and their family in appropriate services:

It is about building that relationship. If you don't have that relationship you're not going to be able to balance anything. Once you have got that relationship he/she is going to allow you to speak more openly and to have more of a say in what's going on. And they will accept your judgement more. And if you can't form that relationship they are going to spend their time telling you where to go and they will not engage with the services (GC).

There are three key characteristics or elements of the relationship between caseworkers and adolescents:

- commitment to the young person
- connection with and an interest in the young person
- providing continuity of caseworker.

Commitment

The participants described making a commitment to the young people that they worked with. Commitment is about 'being there' for the young person. Caseworkers recognised the importance of 'being there' and spending time with adolescents, if they are to be successful in developing a relationship and to engage the young person. Committing to adolescents in this way conveys respect and builds trust, sending the message to the adolescent that they are worthwhile people. Caseworkers also described their commitment as 'hanging in there' and 'sticking with them'.

Connection

The caseworkers also emphasised the connection that they try to form with young people. Connection is about 'picking up on where they are at' and knowing their interests. Connection often means doing the little things; 'like making sure they have their summer clothes' (GC), making contact with the young person by phone, 'it only takes a phone call to make their day' (GC), and 'remembering the small things about them, like "how did skating go?" or maybe they have a pet they like to talk about' (GC).

Caseworkers believe that when they are able to connect with a young person and build a relationship they can then determine the best approach to take:

You know the issues that are sensitive and when to avoid those. Sometimes you have to pick your battles and decide what is really important. But that is what is important about this kind of continuity because you know these kids and perhaps it helps to make these kinds of decisions (ISS).

Continuity

Participants also stressed that continuity of caseworker is important for establishing and maintaining relationships. This characteristic of the relationship has the potential for caseworkers to be seen as extended family or even as de-facto parents. However, continuity is not always possible or desirable. Caseworkers need to be cautious not to over-emphasise their role. Throughout their involvement with a young person, caseworkers need to actively support them to maintain and form meaningful and sustainable connections with others, such as family members, safe friends, and therapists.

Establishing boundaries: a balancing act

Caseworkers emphasised the need to establish boundaries and be clear about their role, to successfully work with a young person. One participant gave the following example:

In a case conference, if a young person is mouthing off a lot I'll say: 'It's not okay. I am showing you respect, everyone needs to be respectful in this room, including you.' They generally respond to that quite well, if you pick the right time to say it (ISS).

However, establishing boundaries is seen as a balancing act as caseworkers were also mindful of not being too authoritarian.

Further, caseworkers discussed the need to limit the access that a young person may have to them. For example, one caseworker clearly told adolescent clients 'you can't come and see me twelve times a day' (GC). However, this raised a contradiction in practice as this same caseworker spoke of 'being there unconditionally' for the young person.

4. Caseworker practice strategies

The practice strategies that caseworkers use in working with adolescents and their families are described in this category as a process of 'Looking back – looking forward'. This process has two key components. First, caseworkers believe it is crucial to get to know the young person, to understand where they have come from. Second, caseworkers are conscious of working with young people by identifying strengths, working towards solutions, setting achievable goals and engaging young people in meaningful activities.

Participants also emphasised that the style or approach a caseworker takes to working and interacting with an adolescent, in implementing these strategies, is crucial to building relationships and engaging them. This approach represents how caseworkers work with adolescents and their families and is discussed in Section 5 Caseworker attributes and skills.

Looking back

Drawing on a strengths-based approach to working with young people, caseworkers talked of the importance of 'seeing the person behind the behaviour' (GC). In order to 'get to know the adolescent as a person' they described 'looking back' as important '... to understand where [this person] has come from' (AT).

Participants suggested a number of ways to 'look back' such as reviewing their file, and gathering background information from parents, the young person and previous caseworkers. A file review can help caseworkers to build a picture and recognise the needs of the young person, for example, issues around grief and loss or separation from siblings.

The caseworkers cautioned that in their efforts to 'look back' they may inadvertently use the young person's past history to make excuses for their behaviour. This has the potential to limit the opportunities for the young person to learn to take responsibility:

We can go too far to some extent. When the young person arrives, they have had this terrible life and we can make all these kinds of excuses for them about their behaviour. But at the end of the day society has expectations and their behaviour is going to have to conform somewhat (ISS).

Looking forward

The participants talked at length about the importance they placed on 'looking forward' together with the young person and their family and, rather than overly focusing on what has happened in the past, to also focus on the future.

Future-focussed questions

Caseworkers need to be skilled in questioning and assisting discussion to successfully help the adolescent look to the future, while remaining aware that they should not take control of the young person's life. The approach to questioning will shape the nature of the interaction:

In a general line of questioning you tend to focus on what has happened to them ... they'll blurt out heaps and heaps of history. History is very important, they need to be heard. But at some point they need to look forward and be future focussed ... If you want to focus on solutions you tend to set the interview up so that it goes that way (AT).

Solution-focussed therapy was considered to be a tool or strategy that caseworkers can use to facilitate young people talking about things that actually work. For example, one caseworker described how they used 'scaling' in discussions with young people:

... I ask 'how are you in terms of getting along with your mum – on a scale of one to ten?' and 'how would you get to six or seven?'; 'was there ever a time in the past that you were on a higher number?' and then you ask them what was happening then and how could it be like that again?' (AT).

Getting the young person's perspective and participation

The caseworkers stressed the importance of getting the young person's views, to encourage their participation and active say in decision-making. This conveys respect and tells the young person that they are important. As one participant suggested, 'even if you just start out by saying "let's pick three things you want to talk about"' (AT).

Gaining and understanding the young person's perspective is essential to encourage their participation. However, the caseworkers generally did not think that participation in case plans was currently being achieved. They believed more effort is needed to achieve successful or positive participation with young people who enter the child protection system.

Caseworkers discussed different ways that participation in case planning can successfully occur. For example, some talked about firstly asking the young person to write down the issues and problems from their perspective and to identify what needs to be solved. They suggested that 'brainstorming ideas' or writing a list were both good strategies to assist with planning. They also said that reverse role-play can be a useful strategy. For example, they may ask the young person to suggest what they think would work best for them and their family.

Step-by-step – setting achievable goals

Setting action-oriented and practical goals is also a key component of effective practice with adolescents. This means identifying small, practical next steps that can be taken and which are achievable. However, caseworkers were also mindful of what is realistic for these young people to achieve and a long-term view is usually necessary. For example, effectively managing mental health problems will require long-term effort.

Caseworkers also hope to move the young person to a motivational phase, thinking into the future, for example, asking them what they would like to eventually do.

... 'well I think I want to be a carpenter but I'm scared to fill in the TAFE form'. So we talk about that, then slowly moving towards goal-setting. So not look at their behaviour as a bad thing but say 'what is it that you want to do and what do you think you need to do to get there ... so how are we going to do that ... you and me together?' (GC).

5. Caseworker attributes and skills

Although practice strategies are important, it is also necessary to examine how a caseworker's approach and style helps them to build relationships and engage with a young person. Participants believed that caseworkers need to possess personal characteristics or attributes such as empathy, honesty, humility, being caring, flexible and practical. Caseworkers also require the skills of a professional helper such as being a good listener, being non-judgemental, able to be straight and accountable to a young person. Through this personal style and skill, a caseworker will convey respect and gain the trust of a young person.

Caseworker style and attributes

Being flexible, creative and having an open mind

Caseworkers in the focus group discussions prioritised the need to be flexible, open-minded and creative in their work with adolescents, rather than working in a set way. They believed that often they are caught up in the 'rat race' (AT) or doing things in a routine way and they need to proactively think about creative solutions. For example:

... we need to be thinking about alternate ways that we can approach a particular agency to allow the young person to re-enter that service, or to create a specific service that can accommodate that person's particular need (AT).

Being authentic

While conscious of presenting themselves in a certain way, participants also talked about the importance of being authentic in their work with young people:

... being yourself, not being anyone you are not – they pick it up, they will not engage with you if they think you are a fake (AT).

Being down-to-earth and practical

Perhaps in contrast to the notion of being creative, caseworkers also saw the value in being down-to-earth and practical. From their perspective, adolescents want to see that caseworkers have practical experience and knowledge and are not just 'going by the textbook'.

In working with adolescents, caseworkers also described the importance of being mindful of their appearance ('nobody power dresses in the adolescent team, and no make-up') and being able to modify their communication style to be less formal.

Being humble

Caseworkers need to be able to admit uncertainty or apologise if they have misinterpreted a situation or perhaps done the wrong thing.

It actually is a very powerful thing. Apologise if you do get it wrong. [for example], 'that didn't work and I am sorry I did not trust what you were saying' (AT).

Participants also said workers must recognise their personal limits and refer when necessary.

Being a skilled helper

The skills described above reflect personal characteristics and attributes of those doing casework with adolescents. Participants also talked of learned skills, similar to those described by Egan (1982) in his work on the skilled helper.

Being a good listener

Caseworkers need to be good listeners ... really be listening to what they are saying rather than hearing it and getting ready to talk again (ISS).

They also highlighted the importance of providing a comfortable environment so the young person can feel comfortable to open up.

Having empathy

... and having empathy. Caseworkers need to be 'on their wavelength' to get rapport and build the relationship. They don't want to talk to a textbook; they want to talk to a person (AT).

Being non-judgemental

Participants stressed that they all need to recognise and reflect on their personal values and attitudes and how these may influence their interactions with a young person. Caseworkers talked of the skill needed to show respect and convey that they are not judging the young person, while at the same time clearly telling the young person what they expect.

Being honest and straight

Study participants emphasised the importance of being honest and up-front with young people. 'Be straight' is the key message from caseworkers. They also gave concrete examples of what they find works with adolescents. For example:

... you don't beat around the bush, when you first go to see them. Don't say 'I am here for a chat'; you say 'I am here because this is what we have been told' (AT).

Participants said it is also important to be clear about their role with young people and the limits that they may place on issues such as confidentiality, when there are concerns for either the safety of the young person or other children or young people.

Being accountable

Related to the issue of honesty, accountability is also very important. This means caseworkers following through with agreements they have made with adolescents. Participants suggested that sometimes busy caseworkers who are not skilled in working with adolescents may try to avoid them, for example, not returning calls. If workers do not live up to what they say they will do, then the adolescent will not engage in the service

6. Working with the families of adolescents

The study participants talked at length about when and how they work with the parents and families of adolescents. No matter where they worked on the continuum from ‘not serious enough to leave home’ to ‘at the extreme end’, they recognised the central role that families have in the lives of young people. This perspective is informed by a socio-ecological view.

Caseworkers emphasised that:

... when a young person is having issues at home it's not just their issue, it's the whole family's issue and more than one thing in the home, not just the young person acting out (AT).

Some caseworkers, however, expressed an element of uncertainty or lack of clarity about where to place their focus; with the adolescent or the parent/s?

Walking with both: tensions and challenges

Caseworkers described how they ‘walk a fine line’ (GC) attempting to work with both what the adolescent and the parents want:

We do a lot of work with parents; sometimes it can be like working with two separate teams but we do try to walk with both where possible (AT).

Participants also find that it is important to recognise that young people, despite a breakdown in family relationships, will also demand respect for their family and can be very protective about their family relationships. However, while acknowledging the relationship that exists between the young person and their family, it is important not to condone parents’ inappropriate or abusive actions towards a child or young person.

Caseworkers emphasised that their key focus needs to be on working with the young person. There is a danger when working with the family that the young people may feel they are not being heard as much. However, it is also important to ‘hear the story from both sides’.

When working with an older child or young person, they thought it was not always crucial to work with the family. The young person remains the focus and responsibility and ‘if you do not engage the family, it is not the end of the relationship with the young person’ (AT). Participants acknowledged that there are some rare occasions where you have to bypass the young person and work with the parents to improve the situation.

The emphasis or focus of casework may depend upon positioning the case along the continuum of service need from early intervention to intensive support services. This may direct the level of family involvement. For example, focus group participants who worked in the adolescent teams appeared to have a much stronger focus on working with families, often to work out how they can best maintain a relationship.

Even where the young person is in out-of-home care in intensive support services and work with the family is limited, these participants stressed the importance of working with parents. This was particularly the case for young people in kinship and extended family placements.

Facilitating connection with family and community

Foremost in the caseworkers’ minds was the role that they have in helping adolescents and their families to connect. They believed that sometimes they needed to do this little by little with the parents, ‘just take the small steps’ (GC).

There are a number of strategies that can be of value in doing this work. For example, journals can offer the young person an opportunity to write down and reflect on their thoughts and feelings. One caseworker said they suggest to young people to write down what they would like to say to their mother or father and how this can be a good prompt to start them thinking about what they are angry about. They would then have the option of how they might want to use this.

Caseworkers were also conscious that facilitating connection is important for a non-engaged parent. For example, one caseworker talked about making contact with the family, ringing the mother every three months over the years to let her know how her son was going. This also provided an opportunity to let the young person know how the mother was going.

Supporting parents in understanding adolescent behaviours

The caseworkers' perspective was that parents need support and education about adolescent development and relationships, as well as life skills in general. Despite often having initial concerns when a caseworker turns up at the door, there is also often a sense of relief. Parents generally want some help and to see some sort of change. In this situation, a key role for the caseworker is to place the young person's behaviour into a context of adolescent development. When appropriate and available, caseworkers will also refer parent/s and families for counselling.

Sometimes the seriousness of an adolescent's behaviours and their level of emotional distress are not recognised by their parent/s. In such situations, caseworkers see that they have a role in helping parent/s recognise that there are no quick fixes and to clarify or change their perception of the situation. For example, helping a parent to understand their adolescent's self-harming behaviour by exploring how the young person's early childhood experiences (for example, sexual abuse) may be affecting them now.

Family group conferencing and placing responsibility with the family

Some of the groups discussed the value of family group conferencing particularly with young people. It gives them an opportunity to have a say, the family can be involved and roles, rights and responsibilities can be clarified. One focus group participant described it in the following way:

We do have bottom lines but [a family group conference] sort of allows for a lot of leeway and flexibility. It should be a team approach, not 'DoCS is going to decide and tell you' because it never works, either with families or young people. It is a sure way to get confrontation. In those settings you ask your questions. I mean it's really about trying to get information and create a forum and saying to the parties in the room, 'we value what you have to say. We will follow through with that'. It's also telling them that they are capable, 'you can do it, how can we help you do it, lets develop our case plan' (ISS).

Need for respite

Participants believed that there is potential in offering appropriate respite services as an option to parents who are struggling with their adolescent and have been reported to child protection. This may range from organising for the young person to attend after school care or holiday camps to arranging a short-term placement while adolescent and family interventions are put in place.

The caseworkers and managers indicated that any use of respite services needed to be well planned and time limited. This is important as respite services and respite care have not been rigorously evaluated in child welfare literature (Farmer et al., 2004).

7. Effective interagency work

Effective interagency work is crucial to assisting positive outcomes for young people and their families. Interagency work has many parallels or common features with doing effective casework practice with a young person and their family. Interagency work, or as it was described in the focus groups, ‘walking with services’, involves building relationships, collaborative working and having clear expectations.

Importance of relationships

Building and investing in the relationship with services and agencies is comparable to forming a relationship with a young person and is a key feature of casework. Similar to working with young people, the caseworkers talked of being non-judgemental, hanging in there for the long-term and being respectful and polite. It can be time consuming and take emotional energy to build and maintain effective working relationships but it has good outcomes:

When you have a good relationship with the agencies and key people you can get a lot out of them. They will be more flexible, they will hang on to a particularly difficult kid when they have seen that they are working with you (ISS).

A good collaborative working relationship or partnership can avoid placement breakdown and dissatisfaction between the child protection department, other government and non-government agencies and the young person and their family. Most importantly this relationship is about achieving positive outcomes for the young person and their family and participants felt that collaboration is not an end in itself but a means to achieving these outcomes.

Managers who took part in the study believed that the Department was now much better at engaging with services, ‘[a] collaborative approach stops kids from falling through the cracks’. Caseworkers also described positive outcomes from established relationships and agreement on approach to case management, particularly if the young people and their families face a range of problems that need intervention from a number of agencies.

Being in a partnership

The caseworkers who worked with young people across the continuum from early intervention to intensive support services talked about working alongside external agencies as equal partners: ‘saying this bit is my job, this is your job, it doesn’t work like that’ (GC).

One of the focus groups discussed an approach to case management that they described as co-case management. It is a forum where ‘[all parties] can raise issues – how we could have done it better and what issues are in the area’ (AT).

The participants also discussed the advantages of some of the integrated service models in the United States. They stressed that they need to have close working relationships with other government agencies such as Juvenile Justice and Health and some of the whole-of-government initiatives.

Putting in the effort – sharing information and giving feedback

Building collaborative relationships and partnerships involves a lot of effort from caseworkers and other staff but there are benefits, for example, ‘they [the agency] will go the extra mile’ (GC).

In contrast they emphasised that being confrontational does not work:

I don’t think that it serves any purpose to get stuck into them and burn the bridges with an organisation. I think we have to work with them, it is very challenging, it is difficult work (ISS).

Participants described what they did to build these relationships, for example, inviting services to become involved early, sharing information, providing feedback and follow-up, and staying connected. Sharing information needs to be reciprocal. Participants were clear that they needed to constantly keep service providers informed about what they were doing for a young person and their family, 'what our role is, what we can and can't do' (GC). They stressed that if they have the responsibility for case management then it is up to them to keep the other agencies informed through, for example, sending out notes from the inter-agency meetings or inviting key agencies to initial assessment meetings.

Participants talked about 'staying connected with a service even if the young person appears settled, making sure that it all works well before we pull out' (ISS). They talked about being in constant contact with service providers, conscious about addressing problems quickly, and that 'regular meetings are the key' (GC).

Being known and having local knowledge

The participants all stressed the importance of having local knowledge and that they need 'to be known'. They talked about various strategies they used to get to know the services and their local areas and to introduce local knowledge to new caseworkers. For example, some CSCs use an allocated practice solution time to invite other agencies to meet the staff and share information about what they all do: 'we share our knowledge and resources and build informal relationships' (GC).

Being up-front and honest

Participants highlighted how essential it is to have clear expectations with agencies and services, particularly through clear directives and protocols. Caseworkers also said that they have a role in supporting services to help a young person to meet their goals. If aspects of a case plan are not working or departmental staff are concerned that they are not getting the required service for a client, they believe it is important to address this directly with the service:

Calling them up and saying that things could have been done differently, rather than saying it behind their backs (ISS).

8. The organisational context in effective casework practice with adolescents

The study identified a number of factors that help or hinder effective casework practice with adolescents. These factors include the organisational context, caseworker skills and experience in working with adolescents and the demands of providing a child protection service with increasing demand yet finite resources.

A supportive working environment

Study participants said that having the opportunity to work in teams or services that focussed on adolescents had a number of advantages, including development of expertise and feeling supported in the work environment. For example:

... everyone knows a lot about adolescent issues and we are doing the same work and there is always someone to talk it over with. We are trying to achieve the same things (AT).

These caseworkers also talked of having the time to focus on older children and young people. Working in teams that focus on adolescents, provides the opportunity to work with a young person for a week or a year depending on what the issues are. Some caseworkers found that there is the opportunity to intervene early, 'to become involved with a young person and their family before there are big problems' (AT).

Having good management and supervision also assists effective casework with adolescents. A key issue here is the need for managers to have an understanding of the needs of adolescents and to recognise the time it often takes to develop achievable casework goals with young people or deal with issues such as placement breakdown: 'you need a good manager, you can't do it without that' (ISS).

The experience for some participants highlighted that good managers also help caseworkers by being involved in case planning; however, this was not the case for all participants. Some caseworkers said that their managers, due to competing priorities, were not able to give priority to adolescents. These mixed views were also supported by managers who took part in the study and they emphasised the need for flexibility in casework practice.

Building skills and experience in working with adolescents

Work with adolescents is challenging, demanding and requires certain skills, training and experience. In Section 5 caseworkers clearly expressed the personal attributes and skills that caseworkers need on top of a sound knowledge base of adolescent development and effective strategies and interventions.

Caseworkers in the focus groups believed that caseworkers often feel anxious about working with adolescents and most have limited skills in this area. Participants noted that new and inexperienced caseworkers can feel intimidated by adolescents. 'The kid will start swearing and they just want to tell them, "don't you speak to me like that"' (GC) – an approach which is at odds with the style and approach to effective practice identified in Section 5.

Training was seen as being important. However, participants felt that there is limited training available on working with adolescents. Participants identified some options to improve professional development in working with adolescents, including drawing on locally available expertise, using Practice Solutions Sessions to focus on the issue and using case reviews to build a better understanding of effective practice with this group.

Working with increasing demand and finite resources

Time is a scarce resource

The analysis shows that the central element of effective casework practice with adolescents is a process of engaging with them and building a relationship ('walking it together'). The caseworkers were clear that this required 'spending time' and 'being there' for the young person. Yet, for those participants who were generalist caseworkers, this created real tensions in time management with limited opportunity to follow a case through and to form the type of relationship that is needed:

We don't really engage them with the crisis nature of work, we may have a conversation in the car and then may refer them to a worker at the other end of a phone ... our intention is to set up a relationship with them to establish boundaries and to follow that through, but in terms of following through we are not so good (GC).

For caseworkers who work as part of a dedicated adolescent service, particularly those with a focus on early intervention, caseloads appeared to be more manageable. They described having the opportunity to 'spend time' with young people:

We take the time to go and see someone and we take as long as it takes. We don't necessarily need to go off and see someone else so much because we have a manageable caseload (AT).

Lack of local adolescent services

Caseworkers also identified the almost chronic lack of services for young people in need as a factor determining outcomes. There is a waiting list for many services, such as mental health services. Participants talked about spending hours and days on the phone trying to secure an out-of-home care placement for a young person. This raises the issue of not just lack of services for this group but also lack of effective systems, such as vacancy management systems.

Community perception of DoCS

One of the biggest frustrations for caseworkers is the attitude of other services and the community perception of DoCS. They believe that sometimes they have to work hard to counter negative perceptions of DoCS. On the other hand, participants believed that it was encouraging that lately things seem to be acted on and followed up more:

Long-term clients are now a bit surprised at the change in focus of practice and that we are there to provide assistance, not as a big stick to remove their children (AT).

9. Key issues and implications

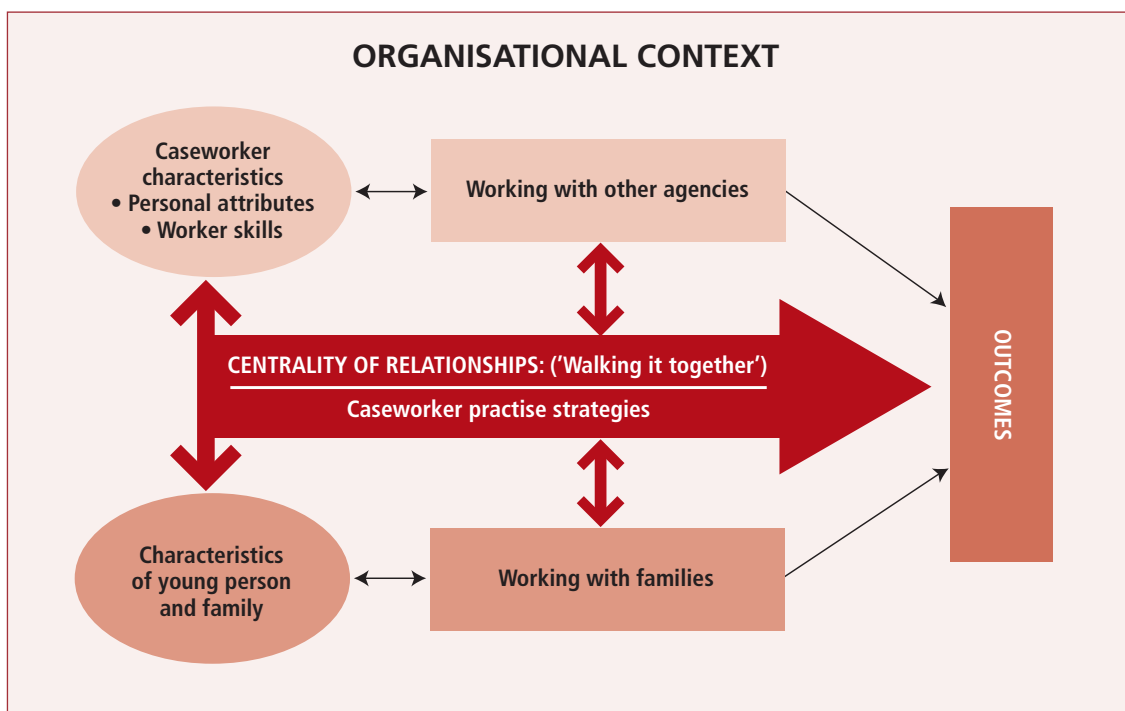
Summary of key themes from the study

Casework practice with adolescents and their families is diverse and complex. The nature of casework practice, its intensity and duration, the caseworker's role, the approaches and strategies used and what informs these, as well as the outcomes for young people, are influenced by numerous factors. These include the nature of adolescence itself, characteristics of the adolescent and their family, and their level of need. Seven key categories contributing to effective casework practice with adolescents emerged from this study:

- characteristics of the young person and their family
- the centrality of relationships to effective practice
- caseworker practice strategies
- caseworker attributes and skills
- working with the families of adolescents
- effective interagency work
- the organisational context in effective casework practice with adolescents.

The relationship between the seven categories is shown below in Figure 1. Each of these categories contributes towards understanding the key elements of effective casework practice with adolescents. They also highlight the importance of building an effective relationship with adolescents (described as 'walking it together') as a foundation for effective practice. This was the core category to emerge from the analysis.

Figure 1: Relationship between categories supporting effective practice



Discussion of key issues

This section of the paper identifies a number of key issues arising from the study findings and draws on other research to discuss them and identify implications for practice.

Relationships are central

Participants said the caseworker's key role is to establish and maintain a relationship and to collaborate or work in partnership with the young person and, as appropriate, their family to help them engage in services. Hammond (2005) and others (Jones, 1987; Hill, 1999) confirm this central focus on the relationship suggesting that establishing meaningful relationships with caseworkers and other staff is one of the key factors that predict change in adolescents.

Forming relationships with adolescents during this period of intense and rapid development is complex and requires specific skills. The therapeutic alliance with young people was studied in the field of psychotherapy (Shirk and Karver, 2003) but there is little research to inform casework practice in the child protection context. Malekoff (2005) highlights the complex interaction that can occur between the adolescent and worker where the young person's own insecurities, fears and anxieties may be evoked and projected onto the worker. This interaction can illicit uncomfortable feelings for the worker, such as feeling inadequate and ill-equipped to assist the young person (Malekoff, 2005; Miser, 1996).

Working in collaboration or partnership with adolescents depends on clear communication during all stages of service provision. This includes definition of roles, defining the young person's problem, developing a case plan and discussing referral options. Young people need to know 'where everyone fits in' and what they can offer (Massinga and Pecora, 2004).

As mentioned in the introduction, few studies examining the nature of casework practice with adolescents were found in the literature. The categories identified through this analysis are however, similar to elements of child protection practice with families described by Trotter (2004) and to the components of the parent-helper partnership model explained by Davis, Day and Bidmead (2002). In a Victorian study, Trotter (2004) found a number of direct-practice skills related to positive outcomes in child protection including:

- helping clients to understand the (dual) role of the child protection worker
- using a collaborative problem-solving approach focusing on the client's definition of problems (rather than the worker's definition)
- reinforcing client's pro-social expression and actions
- making appropriate use of confrontation
- using relationship skills (empathy, appropriate self-disclosure, humour, optimism).

At a more conceptual level, Davis and colleagues (2002) have developed a model of practice with parents and families that is based on partnership. They state that 'the most effective relationship to which one should strive is a partnership' (Davis et al., pp.50-51). Partnership is defined in terms of: active involvement; shared decision-making; complementary expertise; agreement of aims and processes; mutual trust and respect; openness and honesty; clear communication and negotiation. Like the caseworkers in this study of work with adolescents, Davis et al. (2002, p.51) stress that this relationship takes 'time, negotiation, qualities and skills to enable it to develop'. This approach does not deny the worker's expertise but acknowledges that both parties bring expertise and knowledge to the relationship.

The challenge of setting boundaries

It is evident from this analysis and the literature that there is some tension about the type of relationship that should be established between a young person and a caseworker. On the one hand, participants highlighted the pivotal role that they may play in the life of an adolescent. They described the importance of showing a commitment to the young person to work together with them to achieve their goals.

It was noted that at times they may be the only person the adolescent has a relationship with and they may even act as a 'de-facto parent'. Alternatively, caseworkers in this study were clear about the importance of setting up boundaries from the start of the relationship and they stressed 'we are not their buddies'.

Recently some authors have questioned the setting up of rigid professional boundaries within the helping relationship (for example, Leigh and Miller, 2004; Ribner and Knei-Paz, 2002; Maidment, 2006). These authors challenge the traditional interpretations of what is considered appropriate in client-worker relationships, such as little or no self-disclosure and not accepting gifts or other tokens of appreciation. These practices contrast for example, with the views of those from Aboriginal and Torres Strait Islander populations and some culturally and linguistically diverse (CALD) communities, where self-disclosure and 'storytelling' is a necessary building block in the helping relationship (Maidment, 2006).

Facilitating connection with family, peers and community

The place of family in the life of young people is recognised by caseworkers. In practice, case plans include strategies to facilitate connection with family. The recent work of Ungar (2004) shows that adolescents continue to rely on their family and even those who have entered the child protection system have a strong preference to maintain connections with family members. Caseworkers who work with adolescents are familiar with this, as they are frequently faced with young people who leave placements to self-place with their family or community. Ungar (2004) found that high-risk young people prefer to expose themselves to the risks their families pose unless alternative placements can provide adequate care and cultivate wellbeing:

... even poor parenting and the potential risks it poses are still preferred to no parenting, or to a formal disengaged institutional caregiver (Ungar, 2004, p.36).

This challenges caseworkers to find ways of enabling at-risk young people to have a forum with their primary caregivers, in which they can protect themselves from risk and build a healthy identity. Additionally, there may be value in providing skill development and social integration programs, such as mentoring programs, that address the needs of children and young people who are in the child protection system (Cameron and Karabanow, 2003).

Engagement in meaningful activities

One of the key messages to come from this research and the work of others (for example, Jones, 1987; Hill, 1999; Hammond, 2005) is that adolescents need to be engaged in meaningful activities, in that 'they need to be doing things, not just feeling better about it'. As Jones (1987) and Trotter (2004) both stress, the casework relationship is a means and not an end in itself.

Drawing on a strengths-based approach to practice, participants in this study proposed a number of strategies, for example, writing a list of concerns and brainstorming solutions, writing letters or keeping a journal and participating in role-plays.

Considering caseloads

Finding adequate time to work with adolescents was one of the key concerns raised by caseworkers in this study. The literature reports that working with adolescents, as well as with their family, can be equivalent to working with two clients or cases (Smith and Donovan, 2003). Counting work with both parents/caregivers and the young person needs to be considered in caseload allocation. Otherwise work with parents can be compromised as it is time consuming and may not be considered a core activity (Smith and Donovan, 2003).

Working in partnership with agencies and services

This study of DoCS staff has also highlighted the importance of effective interagency work and what the participants believed were the core elements. One key characteristic of this work is partnership and collaboration and could be described as parallel processes between the caseworker, the young person/client and interagency partners. While this relationship needs further study, it is likely that the components of the partnership model articulated by Davis et al. (2002) would also explain the essential components of effective interagency work.

The benefits of collaboration are widely cited in the literature (Altshuler, 2003; Cameron and Karabanow, 2003; Dufour and Chamberland, 2004; Worrall-Davies et al., 2004). Several suggestions exist for enhancing collaboration across all levels in the field of adolescent casework, including joint training, regular forums with agencies working together, service protocols, role definition, clear assessment and case management guidelines.

Conclusion

This paper has reported the findings of the study of DoCS staff perceptions and practices of working with adolescents and their families. The analysis highlights the central role that caseworkers play in coordinating services and interventions for children and young people who are at risk and, at times, highly distressed. The findings also highlight the sensitive nature of this work and the need for caseworkers to develop effective relationships with adolescents, their families and other agencies.

It is clear that further research directly testing the effectiveness of particular casework strategies or approaches to case management is warranted. Further, it is imperative that research examines the perceptions and experiences of children and young people and their families, who are receiving child protection services and interventions.

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Appendix A Recruitment

The method used to recruit staff who met the inclusion criteria was a direct request sent to regional directors. They were asked to nominate staff with the relevant experience and expertise. A total of 22 staff were nominated and all but two of these participated in the study. Researchers also asked the managers of three DoCS designated adolescent services if they could conduct a group discussion with staff who work directly with adolescents.

Researchers from the Centre for Parenting and Research contacted each nominated staff member by phone or email to find out if they were interested and available to attend a focus group discussion. Staff unable to attend the scheduled focus groups were asked to do a telephone interview.

Prior to the focus group or interview, each participant was given written information describing the study and outlining what was required from them, as well as strategies in place to maintain their confidentiality.

To supplement the data from DoCS staff, a number of external stakeholders were invited to take part in the study. Staff identified these services as ones they make referrals to and believe to be most effective in assisting adolescents and their families.

Participants' demographics

Title	Number of staff
Caseworkers	28
Caseworker Managers	8
Manager, Client Services	3
Psychologist	1
Intensive Support Service Coordinators	2
Director, Child and Family	1
Project Officer	1
External specialists/stakeholders	8

Participants from regions

Region	Number of staff
Hunter and Central Coast	14
Metro Southwest	7
Metro Central	11
Southern	4
Metro West	2
Western	4
Northern	2
External specialists/stakeholders	8

Appendix B Focus groups – Key questions

1. **What do you do in your role with adolescents?**
2. **Describe the characteristics of the adolescents and their families who you see in your work in child protection?**

Prompt:

- Ask participants to discuss the common problems the adolescents and families are experiencing.

3. **How would you describe the nature of ‘risk’ in relation to adolescents?**

Prompt:

- For example, is deliberate self-harm a risk-taking behaviour or a risk assessment issue?

4. **What theories and models do you use when working with these families?**

Prompts:

- Ask participants to define any concepts they use in this discussion, such as ‘working with’.
- How do you balance the need to adopt a limit setting role with the need to keep adolescents engaged?

5. **What is it you find works well in working with adolescents and their families?**

Prompt:

- Especially in terms of engaging them, keeping them engaged and ensuring the adolescent participates in the case plan.

How do you know that the adolescent is engaged?

Prompt:

- What have they done and how have they done it? Ensure discussion focuses on practical examples and strategies.
- What doesn’t work? Why?

6. **How do you manage a case plan that involves a number of agencies?**

Prompts:

- What is it about work with community partners that leads to good outcomes for adolescents?
- What are the kinds of interagency problems that might occur?

7. **What are the most common frustrations you experience in your work with adolescents and their families?**

8. **What do you like most about working with this group?**

