



**NSW Department of
Community Services**

**OUT-OF HOME CARE
WRAPAROUND SUPPORT SERVICES FOR CHILDREN AND
YOUNG PEOPLE**

This paper has been developed by the NSW Department of Community Services in consultation with the non government sector. The paper describes the key elements of wraparound support services which are considered best practice to support children and young people. Wraparound services are considered to be a part of a case mix proposal and can be used as a guide to help in determining what is required to provide an out-of-home care service and support placements.

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Wraparound support services for children & young people

Summary

The development of a support service package for each child and young person in out-of-home care foster care (and statutory relative and kinship care) that takes into account assessed needs and the particular features of their placement in a timely, responsive fashion is a core aspect of case management. Wraparound support services are integral to the provision of foster care services. The effectiveness of the support package should be regularly monitored through the case review process.

Wraparound services help to achieve two key outcomes for children and young people in care:

- stability and quality of the placement, and
- developmental, emotional, and physical well being of the child or young person.

In terms of maintaining placement stability research suggests that respite in particular is critical and should be available to all foster carers.

Research also indicates that there are key transition points where provision of support services should be specifically targeted. However, effective targeting of support services can only occur when there is quality assessment and case review.

1. Assessment

In order to determine whether particular wraparound supports are to be made available and the level of support to be provided, a comprehensive assessment should be undertaken. Assessments should occur on a regular basis and at key transition points such as:

- entry into care
- entry to school and primary school
- entry to high school
- placement change
- actual or serious potential placement breakdown
- leaving care.

Where these assessments indicate a more complex issue related to health or education needs, specialist screening and/or assessments should be sought.

At potential or actual placement breakdown, assessment should ideally be undertaken by a psychologist to ensure any behavioural and emotional issues associated with the placement are managed and to plan for a transition to a new placement where this is required.

2. Planning and providing support services

The following services have been identified as priority supports for children in care:

- respite care;
- psychological and counselling services (including behaviour management support);
- specialist medical and allied health services; and
- educational support services.

3. Service provision

Wraparound support services may be accessed from:

- agency resources – eg. foster carers (respite care), DoCS or agency psychologists (psychological services);
- other government agencies, particularly:
 - Department of Education and Training (DET) - educational assessment and tutoring
 - Department of Health - mental health support, health and paediatric assessments and intervention, dental assessment, occupational therapy and speech pathology
 - Department of Ageing, Disability and Home Care (DADHC) - respite, home care, occupational therapy, speech pathology, physiotherapy

Memoranda of Understanding between DoCS and these government Departments provide a vehicle for priority access to services.

- organisations funded to provide particular support services where gaps currently exist;
- fee-for service providers in the private sector; and
- agencies with a funding contract that includes the provision of wraparound services are not to utilise any additional DoCS resources to provide such supports.

4. Monitoring and Review

Case reviews should be the mechanism for determining the ongoing need for wraparound supports.

Wraparound support services for children and young people in out-of-home care foster care placements

1. Introduction

The purpose of this paper is to identify:

- the range of priority support (wraparound) services which may be provided to children and young people in general and intensive foster care and statutory relative and kinship placements; and
- ranges for the level of service delivery for these support services, where a need is identified on the basis of assessment.

2. Rationale for support services

The term “wraparound services” had its origins in American programs originally developed for young people with significant mental health and behavioural difficulties that were characterised by comprehensive, coordinated, community based service delivery programs¹. The term tends to be used in a broader sense in the Australian context to refer to the individualised services which address the needs of the child or young person in care, as identified through the assessment and case-planning process.

Wraparound services are critical to achieving two key aims:

- quality, stable out-of-home care placements; and
- optimal developmental, emotional and physical outcomes for children and young people.

The support services outlined in this paper represent a suite of strategies that aim to improve outcomes for children and young people in out-of-home care, in particular targeting social, emotional, educational and physical health needs. The provision of these services should be underpinned by assessment of needs which focuses on particular points in a child’s development or experience. This assessment may point to the need for one or more of the supports identified here at different stages of a placement, and may also identify the need for other types of supports based on individual needs.

Major transition points or milestones in the life of a child/young person are likely to provide the clearest signal of the need to consider or reconsider the need for support services. These critical periods may typically include entry into a new placement, commencing school (primary and secondary), the onset of puberty, leaving school, leaving care and commencing employment. They may also include unexpected events within the placement such as divorce or death of carers or birth parents, unplanned placement change and school suspension.

The following services have been identified as priority supports needed for children in care:

- respite care;
- psychological and counselling services (including behaviour management support);
- specialist medical and allied health services; and
- educational support services.

¹ JE VanDenBerg & EM Grealish *Individualised Services and Supports Through the Wraparound Process: Philosophy and Procedures* Journal of Child and Family Studies, Vol. 5 No.1, 1996, pp 7 - 21

These services need to be delivered in a timely manner in order to prevent problems escalating. They also need to be reviewed on a regular basis in line with case plan goals in order to monitor their effectiveness in achieving intended outcomes.

A review of research and activities in other jurisdictions has shown that there is broad consensus agreement about the suite of priority wraparound services for supporting foster placements. These services are generally provided on an individual needs basis, determined through the case planning process. However, with the exception of respite care, very few standards have been established in terms of target groups, service levels and timeframes.

3. Support needs of children and young people in care and their carers

Children in foster care have varying levels of needs, and as such are likely to require different types of supports. Not all children and young people in foster care will require access to all or any support services. However, it is envisaged that the majority of children and carers will require some level of support at specific times in the placement. It is also likely that children with more complex needs will require greater levels of support.

4. Assessing support needs

The development of a support service package for each child and young person in out-of-home care that takes into account their assessed needs and the particular features of their placement is a core aspect of case planning and management. Support services also need to be responsive to changing circumstances during the course of a placement.

Effective selection and engagement of support services is therefore dependent on comprehensive screening and assessment that facilitates early identification of needs and strengths. Screening and assessment is a continuous process of analysing available information leading to professional judgement of risks, strengths, and needs. This information and analysis is used to determine whether individuals are in the target group for support programs and to inform a realistic plan of action.

Currently in NSW all children and young people have received a risk of harm assessment prior to their entry into OOHC. During this stage the child may be referred for a medical examination or assessment to gather medical information about the type and extent of injuries, diagnose illness or determine necessary treatment.

Following removal and prior to a final order being made by the Children's Court children and young people may be referred to health professionals for medical assessments. Children and young people may also be referred to a psychologist for psychological assessments. Once children are in the out-of-home care system, a placement needs assessment should be undertaken by caseworkers (or possibly a psychologist in the case of high needs children) to inform the placement and support services provided.

Case planning and review

Within the context of ongoing case planning, children and young people may also be referred to health professionals for medical assessments and/or to a psychologist for psychological assessments. These assessments may lead to recommendations about medical treatment, behaviour management advice for carers, strategies for addressing emotional issues including referral for counselling, recommendations

about who should be the best person to conduct life story work or the need for educational supports such as individual remedial tuition. Further specialised assessments or reassessments may be necessary. Where possible these should be arranged through government agencies. In some cases referrals may be made to private clinicians.

In addition to placement needs assessments at entry into care there are also key developmental transition points where case reviews, placement reviews and needs assessment should be prioritised. Primarily these relate to children commencing primary school, transitioning to high school, leaving care, and following a placement breakdown or a critical event in the child or the carer's family. At placement breakdown, or in relation to critical incidents, it is desirable that a DoCS or external psychologist be utilised for these assessments.

Assessments at these points will ensure that decisions about the need for support services are made at times and in ways that, according to the research, will prevent needs from escalating and that will deliver the best outcomes for children and foster carers. These assessments should complement annual case reviews.

5. Accessing support services

The development of the case plan, including the identification of support services, is the responsibility of the agency that has case management for the child or young person. In practice, this involves a collaborative effort between caseworkers and all the other participants involved in the case plan – the child/young person, their carers, their birth family, and the range of service providers that have a role to play in delivering the case plan.

With regard to support services, a caseworker's role includes:

- assessment of need;
- identification of services and supports to meet those needs;
- engagement of services and supports;
- establishing informal and formal channels of communication with service providers, including case review meetings; and
- reviewing the effectiveness of the services, including obtaining evidence of progress towards achieving agreed goals, and client and carer feedback about the service provision.

While caseworkers are responsible for the assessment of need, and the identification of services and supports, planning should be undertaken along with the carer and child or young person where appropriate. In this context there may be situations where the carer is in a position to contribute to the organisation of support required. A typical example would be identifying an appropriate tutor, taking the child to the doctor, or finding respite options through friends and family.

Any of the following options may be used to access support services:

- agency resources – eg. foster carers (respite care), psychologists (psychological services);
- services provided by other government agencies, particularly the Department of Education and Training (educational assessment and tutoring), Department of Health (mental health support, health and paediatric assessments and intervention, dental assessment, occupational therapy and speech pathology) the Department of Ageing, Disability and Home Care (home care, occupational therapy, speech pathology, physiotherapy);

- non-government organisations funded to provide particular support services where gaps currently exist; and
- fee-for service providers in the private sector, if an alternative option is not available.

Agencies with a funding contract that includes the provision of wraparound services are not to utilise additional DoCS resources to provide such supports.

6. Priority wraparound services

6.1 Respite Care

Respite care is defined as planned, regular or one-off time-limited breaks for foster carers and children and young people in a placement.

The Child and Family Welfare Association of Australia (CAFWAA) has identified respite as an important part of the foster care system. The stresses and demands on foster carers increase with the levels and complexities of children's needs. Without access to respite placement stability may be jeopardised and the continuity of care threatened.² Feedback from other jurisdictions also indicates that access to respite is an important component of foster care services.

While individual case assessment is important, given the widely understood efficacy of respite in maintaining placements, it is equally important that all carers and children have the opportunity to access planned respite of a type and level that suits their circumstances.

6.1.1 Type and intent of respite care

Respite provides carers with time-out from the stresses and demands of the caring role, and can enrich the range of social networks and experiences for the child or young person in care. It is a key strategy in encouraging the retention of foster carers and promoting placement stability.

There are various ways in which respite care can be arranged:

- in-home respite care, where the child or young person is cared for in the home by respite carer(s), enabling the foster carer(s) to have a break;
- out-of-home respite care, where the child or young person is placed with respite carers in their home, or, in some instances, in a residential care service; and
- camps and other recreational activities.

6.1.2 Provision of respite care

Respite care can be provided by authorised carers, by extended family members, or by specialist respite carers, child carers and youth workers.³ Where respite care is provided on a regular basis, it is desirable that there is continuity of the carer arrangements so that the child or young person has the opportunity to develop a meaningful relationship with the respite carer who becomes, in effect, a secondary carer for the child or young person.

² The Child and Family Welfare Association of Australia (CAFWAA) September 2002: *A Time to Invest in Australia's most disadvantaged children, young people and their families*

³ Extended family members who provide regular, frequent respite care to children and young people in out-of-home care are required to be authorised. Irregular, occasional arrangements, such as a sleep-over at a friend's place or baby-sitting, do not require carer authorisation.

6.1.3 Priorities for respite care

The type, frequency and duration of respite will vary according to the:

- individual needs of the child or young person;
- how the provision of respite will meet the assessed needs identified in the child or young person's case plan;
- individual needs of the foster carer(s);
- the type of respite required; and
- availability of respite in the local area.

Many carers will experience the need to have a short break from their direct caring role at times during the course of a placement. It is acknowledged, however, that some carers may choose not to access formal respite. The opportunity to access family and community supports that enable carers to experience informal short-term respite will vary. While some respite may be provided at no cost by family, friends or volunteers, there are likely to be at least some costs associated with the provision of regular respite.

For children in general foster care, there may be considerable variability in the level of planned respite care recommended in the case plan, ranging from a few hours in-home respite care to overnight stays or longer, depending on the assessed needs of both the carer(s) and the child. It is acknowledged that the need for respite care may be higher at critical points during the course of the placement, and flexibility around respite care plans is required to take this into account. For example, regular out-of-home respite, of one weekend every three months, may need to be bolstered by provision of some in-home respite during periods when the placement may be at risk of breaking down.

6.2 Psychological and counselling services

The term 'psychological and counselling services' is used in here to refer to a wide range of services designed to address the emotional, social and behavioural difficulties presented by some children and young people in foster care. These include:

- structured individual behaviour management programs that aim to bring about positive changes in particular problematic behaviours through the systematic application of operant and classical conditioning, cognitive-behavioural and social learning principles;
- problem-solving and social skills training for children/young people (typically involving solutions-focussed and/or cognitive-behavioural approaches);
- behaviour management skills training for foster carers (e.g. the Triple P – Positive Parenting Program has been adapted for specific use with foster carers);
- supportive counselling to provide an opportunity for the child/young person to talk freely about their experiences, particularly at difficult transition points during placement;
- individual counselling/psychotherapy to address trauma-related issues, grief and loss issues, personal identity and attachment issues arising out of life story work (various approaches may be used, such as cognitive behaviour therapy or psychodynamic approaches, including play therapy)

There is consistent evidence that the rate of emotional, social and behavioural problems found in children and young people in out-of-home care is higher than in

the general population.⁴ The Children in Care study, an epidemiological study of children in Court ordered foster and kinship care in NSW, has confirmed the high risk level for mental health problems that exists for children in foster care.⁵ The children in this study were described as exhibiting “complex psychopathology, characterised by attachment difficulties, relationship insecurity, sexual behaviour, trauma-related anxiety, conduct problems and defiance, and inattention/hyperactivity, as well as uncommon problems such as self-injury and food maintenance behaviours”.

While demand for effective therapeutic interventions⁶ to address this range of behavioural and mental health difficulties is great, what constitutes the most effective form of intervention or package of interventions for this population of children and young people is desirable. What works for children in the general community may not necessarily generalise to children in out-of-home care because they may have different developmental pathways linked to experiences of abuse and neglect. Furthermore, interventions that are initiated as a “last resort” response in attempt to hold together a placement that has been on the brink of breaking down for some time are less likely to produce positive outcomes than interventions introduced earlier in the cycle.⁷

6.2.1 Type and intent of psychological and counselling services

An assessment by a psychologist or psychiatrist should be undertaken to assess needs and identify appropriate service responses in this category. There are a range of counselling and therapeutic approaches that may be recommended for a child or young person, and the frequency of sessions and the duration of the therapeutic involvement will vary according to the approach adopted. Some approaches will focus on individual sessions with the child or young person, others will involve both the child or young person and their carers, while others primarily focus on developing the skills of the carers.

Decision-making about whether to refer a child or young person for a psychological and counselling service should only be made after careful assessment of their needs, and consultation with them about the proposed referral. The referral decision should be made in consultation with a psychologist who can advise on the most appropriate form of intervention to address the presenting issues. Inadequate assessment, planning and preparation reduces the likelihood of a positive outcome from the intervention.

There is a sound evidence base for the effectiveness of behavioural and cognitive-behavioural strategies for dealing with the types of acting-out behaviours that are prevalent in children and young people in out-of-home care⁸. These approaches can

⁴ M Rutter *Children in substitute care: Some conceptual considerations and research implications* Children and Youth Services Review (2000) Vol.22 Nos. 9/10, pp 685 - 703

⁵ M Tarren-Sweeney & P Hazell *The mental health of children in care in New South Wales* Manuscript submitted for publication in the Journal of Paediatrics and Child Health (2005)

⁶ Treatment based psychological interventions designed to achieve positive long term change

⁷ C Baker, I Gibbs, I Sinclair & K Wilson *Supporting Foster Placements* (Downloaded from website: www.york.ac.uk/inst/swrdu/Projects/fosterplacements.html) This paper summarises research carried out between 1996 – 1999 by the Social Work Research and Development Unit, University of York.

⁸ For example, the multi-dimensional treatment foster care model developed by the Oregon Social Learning Centre, with its strong emphasis on behavioural approaches, has been subjected to a number of matched control evaluation studies since its inception during the early 1980s. These studies have demonstrated positive, sustained outcomes for many children/young people in the program (which has been targeted predominantly towards an acting-out population, with high levels of involvement with the juvenile justice system). (See, for example, Chamberlain, P. *Treatment Foster Care* Juvenile Justice Bulletin, December 1998 – U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention)

range in intensity from providing general advice to foster carers about principles of behaviour management, either through individual sessions or in group parenting skills training programs, through to more targeted, individualised behavioural programming for more entrenched, socially inappropriate and/or high risk behaviour problems typically observed in high needs children and young people.

6.2.2 Provision of psychological and counselling services

Psychological and counselling services to children and young people, and their carers, may be provided by:

- agency psychologists;
- psychologists and other mental health professionals (e.g. psychiatrists, social workers, school counsellors) in other government departments, such as NSW Health, DADHC, DET, Juvenile Justice; and
- mental health professionals engaged on a fee-for-service basis.

Cooperative arrangements with other agencies that aim to improve access to services have been established, including the NEXUS program in the Hunter Region and the Out-of-home care Health Screening Clinic at the Sydney Children's Hospital Randwick. The MOU between DoCS and NSW Health also provides a potential vehicle for ensuring priority access to professional services⁹.

Access to psychological services in other government departments varies across the State. Barriers to service provision for children and young people in care include lengthy waiting lists and strict eligibility criteria for services. However, it is envisaged that this situation will improve over time. For example, a recent policy statement by the Royal Australasian College of Physicians (RACP) has recognised the need for enhanced care, management and treatment services for children in out-of-home care¹⁰.

6.2.3 Priorities for support

As a general rule, the level of professional mental health support will be higher for children and young people in intensive foster care and residential care services. However, the early identification and treatment of behavioural and emotional difficulties of children and young people in general foster care should be a priority to prevent difficulties escalating to the point of placement breakdown.

The level of psychological and counselling support required for children and young people in stable general foster care placements will vary according to emerging needs and changes in circumstances that may arise throughout the course of the placement. As outlined earlier these include key developmental transition points as well as placement change or disruption. Particular pressure points for the need for these kinds of supports include commencing school, transition to high school or leaving care.

⁹ MoU between DoCS and NSW Health on prioritising access to health services for children and young people for whom the Minister has parental responsibility or DG has parental or care responsibilities relating to residence and/or medical issues

¹⁰ *Health of Children in "Out-of-Home" Care*. Sydney, Royal Australasian College of Physicians (RACP), 2006. Recommendation 3 of this policy document relates to enhanced, care and treatment services for children in out-of-home care. It is intended to all aspects of health care, and in particular mental health needs.

6.3 Specialist medical and allied health services

Children and young people in foster care may require the services of specialist medical and allied health professionals to address areas of need that have been identified during assessment.

6.3.1 Type and intent of medical and health services

Children and young people in out-of-home care can exhibit a range of health and developmental difficulties, including:

- **Paediatric health problems:** Multiple studies have indicated that children entering foster care have a high prevalence of acute and chronic health care problems, such as vision and hearing difficulties, poor growth, and incomplete immunisation histories.¹¹
- **Dental health problems:** A significant number of children and young people in care have significant dental problems that may be related to poor nutrition and neglect¹². Initial data from the Out-of-home care Health Screening Clinic at the Sydney Children's Hospital, Randwick, has revealed that 27% of a sample of children entering care had evidence of dental caries requiring follow up.¹³
- **Speech and language difficulties:** There is a high incidence of speech and language difficulties in the foster care population, particularly younger children who enter care with a history of neglect and social understimulation, and undetected hearing loss. Silver et. al. (1999)¹⁴ report a US study of the speech and language development of 289 children aged 31 months or younger who were involved with the child welfare system. More than half (57%) were assessed with language delays. This contrasts with estimates of 2% - 3% of the general population of preschoolers in the US having language disorder, and 10% - 15% having speech disorders. (US Office of Scientific and Health Reports, 1998).
- **Motor difficulties:** Younger children in foster care often have fine and gross motor difficulties that impede their progress at school.

Specialist medical and allied health services, including speech pathology, occupational therapy and physiotherapy, will need to be involved to provide early diagnosis and treatment of these difficulties. Without timely, appropriate intervention, there can be significant impacts on health, educational and general well-being outcomes for children and young people, and more broadly, on placement stability.

6.3.2 Provision of specialist medical and allied health services

Specialist medical and allied health services should, in the first instance, be accessed via NSW Health or the Department of Ageing, Disability and Home Care (for children and young people who meet specific disability criteria). However, waiting lists in some locations can be lengthy, and services for some children and young people may need to be purchased from private practitioners.

¹¹ *Health of Children in "Out-of-Home" Care*. Sydney, Royal Australasian College of Physicians (RACP), 2006, pp 13 -14

¹² A 2001 survey of the dental health of children in Australia concluded that there was a direct correlation between increasing levels of tooth decay and increasing levels of social disadvantage (JM Armfield, GD Slade & AJ Spencer *Socioeconomic Differences in Children's Dental Health* Australian Institute of Health and Welfare, 2006)

¹³ *Health Needs of Children in Out-of-home care: Is Foster Care Good for Your Health?* Dr. D Nathanson & DR. D. Tzioumi. Power point presentation at ACWA Conference, Sydney 2006 can be accessed at www.acwa.asn.au/Conf2006/Mon_Tzioumi.ppt

¹⁴ Silver, J., Amster, B. & Haecker, T. (1999) eds.) *Young Children and Foster care*. Paul H Brookes Publishing Co. Inc., pp 117 - 138

6.3.3 Priorities for specialist medical and allied health services

The level of medical intervention required for children and young people will vary according to needs. However, it is highly desirable a health assessment and a dental assessment be available to all children. It is also likely that many of these children and young people may be assessed as requiring occupational therapy, physiotherapy or other specialist therapies.

In particular, language is a critical factor in determining good educational and social outcomes. Many more children in care than in the general population experience delays in language development and have hearing loss.

6.4 Educational support services

It is well documented that children and young people in foster care face significant educational disadvantages compared to the general population, not only by virtue of their experience of abuse and neglect prior to entering care but, in some instances, by their experience of placement instability whilst in care¹⁵. CREATE has highlighted the importance of education for children and young people as a pathway for them to increase their employment and economic prospects after they leave care¹⁶.

There are a range of factors that may contribute to the educational difficulties experienced by many children and young people in foster care. These include:

- multiple changes of school placement both before and after entering out-of-home care;
- behavioural and emotional problems that may impede learning at school, and which can be exacerbated during crisis or transition periods during a placement;
- developmental disabilities, such as intellectual disability, autistic spectrum disorders, and specific language or motor difficulties that can adversely impact on educational skills development.

6.4.1 Type and intent of educational supports

Repeated experiences of failure at school can lead to entrenched resistance to learning, and this in turn results in many children and young people not realising their educational potential. This has far-reaching consequences for their long-term future outcomes in adulthood. There is agreement nationally and internationally that good educational outcomes are critical in ensuring that young people make positive transitions to independent living.

A detailed assessment of the child or young person's educational skills is an essential component of the screening and assessment process. DoCS and DET have negotiated a Memorandum of Understanding which aims to improve access for children and young people in care to the range of specialist educational services provided by DET¹⁷.

For example DET has prioritised the development of educational plans for all Aboriginal children. Further, DET operates a special program for children in out-of-home care, especially focused on school or placement change. For some children and young people, their education plan may indicate the need to provide additional

¹⁵ AG Zetlin & LA Weinberg *Understanding the plight of foster youth and improving their educational opportunities* Child Abuse and Neglect 28 (2004) pp 917 - 923

¹⁶ CREATE website www.create.org.au

¹⁷ MoU between DoCS and DET in relation to educational services for children and young people in OOHC relating to residence and/or educational issues

individual tutoring to consolidate the skills being taught at school. The tutoring should be outcomes-focussed, and its effectiveness reviewed at agreed intervals.

Some primary school aged children in care (scoring below the national reading benchmark in the year 3 basic skills test) may also be eligible for funding of up to \$700 for tutoring in reading through the Commonwealth Tutorial Voucher Initiative (administered by the Department of Education and Training).¹⁸

7. Monitoring and reviewing need for support services

The effectiveness of support services should be monitored as part of the regular case review process, and should occur at least once per year. Engagement and coordination of the various agencies that are involved in delivering a support service for a particular child or young person are important case management functions. Each service needs to understand the case objectives for the child or young person, and how their service, as well as other services and strategies in the case plan, contribute to achieving these objectives.

Regular case reviews should be the mechanism for determining the ongoing need for wraparound supports.

8. Service delivery and funding issues

DoCS' preferred position is to include funding for the full suite of wraparound services in the funding agreements with service providers. Service providers may need to access or purchase such services from other agencies.

¹⁸ This is a pilot initiative of the Federal Government that was instigated following the results of the 2003 Year 3 Basic Skills Test which identified a significant number of students who scored below the national reading benchmark for that class level. Eligible students are entitled to vouchers for tutorial assistance up to \$700 in value.