

Coaching Innovation in real time Out of Home Care Placements

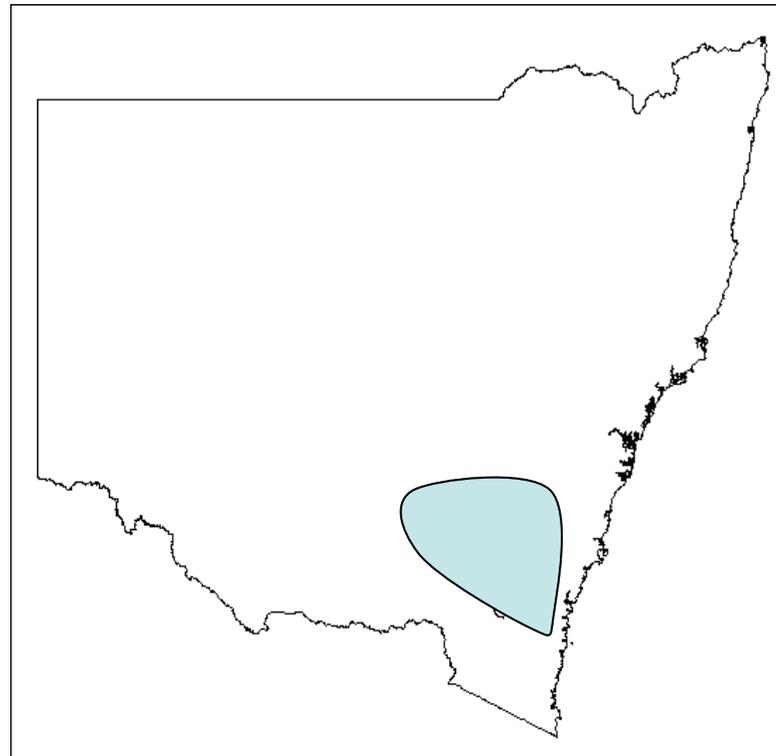
AIM: To provide consistent and timely coaching for carers to develop new skills that enhance reparative home environments.



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THE PROBLEM

- Our Permanency Program covers a large area.
- 2 -4 hours of travel
- Canberra
- Goulburn
- Wagga Wagga



Large areas means a lower frequency of visits.

- Seeing one person/family a day means that it takes a while for the one Clinical Support therapist to get to all families.
- Clinical Support (Psychologists and Social Workers)



First Attempt

- Initially we thought that Permanency Case Managers could be trained to coach.
- Problem was that they were just too busy and the high needs family in their case load would take more of their time.



Second attempt

- Permanency Support Worker (PSW)
 - » Perhaps could reduce PCM workload
 - » Could do travel for family visits
 - » Could do child care while carers spent more time with individual child.
 - » Could as a group get coaching from Clinical Support Leader to do in home coaching with carers.



Initial results

- Initially we found PSWs who were flexible, could help families in non standard hours ie 3pm to 8 pm
- Initially we found that they could be maintained with the same family for months.
- Initially we found that they could do other help ie at the school when child overwhelmed by playground could coach skills etc



Initially everything looked rosy

- Initially the program seemed relatively easy to coordinate. Only a handful of PSWs being used in a very targeted way.
- Initially investment of training was paying off.



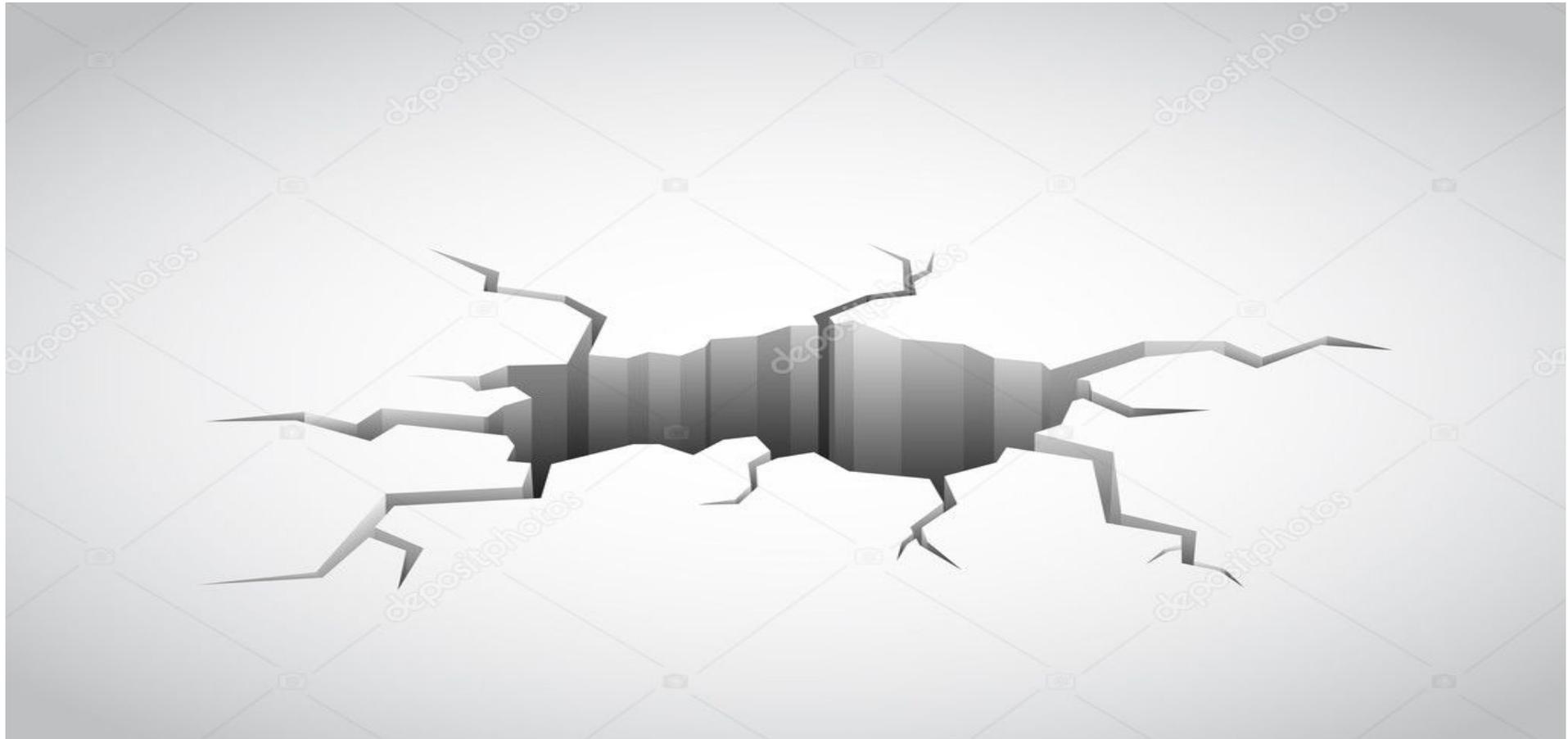
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The CRACKS started to appear

- Clinical Support Team dragged into too much around logistics and rostering could not do their job.
- Clinical Staff left (have a baby – joy, and new job with other agency – similar field)
- PSWs left – new careers launched from working with us and new direction and desire to do further study, or just moved.
- In the last 3-6 months half staff moved on –
- Unsustainable to keep filling the cracks.



Cracks became chasms



Staring into the abyss

- Although initially the coaching idea worked.
- We were getting good results from carers getting support and coaching when they needed it.
- Sometimes the more time we spent the more problems in care were uncovered the more help we needed to provide.
- Carers needed training and support to actually take on the coaching.
- PSWs were picking up too much work or not enough



Great idea falls to workforce realities

- PSWs could not come to work outside of weekends to get training, coaching and supervision.
- Ended up doing transport and family visit supervision more.
- Job satisfaction decreased for PSWs and those trying to sort out the logistics.
- Clinical Staff needed replacing and still doing that currently.



The dilemma

- We have a program, an idea that could work (it is still going albeit not at full strength).
- Recruiting and training is just not worth it if the staff can't continue with us.
- Casual staff looking for more permanent work but the idea was to be flexible.
- Perhaps we are looking for the Unicorn of work forces.



The talk I'd like to hear

- Not everything works
- More issues than just evidenced based programs
- Workforce, recruiting and retention are key to sustainable program
- Only small proportion of working community want non-standard work hours.
- It's not about the pay.
- Clinical staff managers workload dramatically increased.



Other learnings

- When you work in the home for extended periods:
- Get a different picture of what actually happens in the home compared to what carers have reported.
- Can build on strengths.
- Some PSWs are better than others at getting trained and telling us what is going on.
- Helping isn't as easy as helping i.e. complaints about small things when family feels judged by being helped.



Options

- Some PSWs really want full time work and if we re-employ them as PCMs we keep the training.
- Employ more Clinical Staff
- Develop PCMs therapeutic understanding



The tyranny of distance

- Still have the problem that hours of travel rather than active engagement with clients.
- Putting in supports in rural placements just remains very difficult.
- Skype, Zoom etc just not working and you don't get the full picture.



Big positives

- We know what can work and can help PCMs do more of it
- Some carers have kept hold of placements and seen big improvements and enjoyed caring more.
- Schools in particular have praised the change they have seen when PSWs spend time at school or with CYP.
- Therapeutic Care Teams established for more families – team can see how it is beneficial.





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ACKNOWLEDGEMENT OF TRADITIONAL OWNERSHIP

Marymead acknowledges the traditional custodians of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to the elders both past and present.

