



**Community and Public Sector Union**  
**Submission to the**  
***Protecting Victoria's Vulnerable Children Inquiry***  
**April 2011.**

# INTRODUCTION

This submission is based on the information received by the Community and Public Sector Union – State Public Service Federation (CPSU) from our membership. This submission is supported by information gained in the last several years in relation to Provisional Improvement Notices (PINs) issued by local Health and Safety Representatives (HSRs) working at Department of Human Services (DHS) Child Protection.

The CPSU is very concerned at the situation of Child Protection in Victoria and the effect this system has on the wellbeing of our members. In the lead up to this submission, CPSU members identified increasing workloads, excessive caseloads, high numbers of unallocated cases, and occupational health and safety risks associated with high vacancy levels, insufficient recruitment and inadequate remuneration. The CPSU is actively involved in resolving formally notified issues related to:

- Staffing levels/resources
- Excessive/unreasonable levels of workload
- System of Work issues
- Direct and indirect risks created from the above issues that may compromise the health, safety and wellbeing of child protection workers

CPSU represents child protection workers employed at all levels within the DHS system. Child Protection Worker (CPW) 1s are Case Support Officers who assist CPW 2s, 3s and 4s with administrative tasks, conduct and supervise accesses (visits with children and parents, carers, or others) including transportation of children to and from visitations or ‘accesses’. CPW 2s and 3s are typically Caseworkers, or Child Protection Practitioners, who investigate, monitor, and report on identified at risk children, and where protective concern is substantiated develop and implement case plans for the children’s protection, and where possible work with families to help them achieve change and allow reunification. CPW 4’s are team leaders, who manage and supervise the work of CPW 1, 2 and 3s. CPW4s may alternatively be specialist practitioners, like SIPWs (Specialist Infant Protective Workers), who provide specialist advice to caseworkers, audit cases, and play important roles liaising with other professionals.

DHS is directly affected by around 61 different Acts of Parliament covering a range of matters that relate to and interact with the provision of public services throughout Victoria. The primary legislation for most issues is the Children Youth and Families Act (2005). Unlike other organisations providing services to the public, no other organisation is required to administer and directly provide all of these services and no other has the same statutory responsibilities for children.

By its very nature this is emergency work and it should be treated as such for industrial purposes.

For Child Protection staff and their managers, there isn't a choice about what has to be done, who you work with, or when this occurs. This is quite a different situation as compared to many agencies that work with children or families on a contracted basis for DHS, where work may often be handed back to DHS if it becomes too challenging, where there may be a screening process of cases accepted in the first place. Similarly workers report frustrations regarding services not being provided, then DHS Child Protection Staff are required to pick up the pieces. DHS and Child Protection staff are the front line public provider of emergency support assistance to the whole community, and in many circumstances the provider of protection, shelter and basic needs to the most vulnerable and disadvantaged when all else has failed, the place of first and last resort.

Throughout this report, the CPSU will discuss the status of child protection across the state, as reported and experienced by our membership. The CPSU does not have all of the detailed statistics that the Department of Human Services (DHS) would be able to provide to the inquiry, indeed, basic figures such as how many CPWs are employed in Child Protection, and their location, seem very difficult to obtain from the department. However we do note that on many occasions, the figures or statistics provided by the Department, do not match those that the CPSU and our members report in the field. This includes figures we are aware Regions have already provided to this Inquiry, in its field visits.

As a result of this Inquiry's investigation, the CPSU hopes to see improved working conditions for all child protection practitioners in Victoria, and a significant decrease in the number and types of health and safety risks that our members encounter. This change will be crucial to giving all Victorian children the best chance at protection, protection that is the responsibility of the state.

Improving working conditions, introducing competitive pay and caseload limits, will make DHS better placed to achieve its stated purpose of giving every child, every chance. Additional resources will provide a real difference.

The CPSU would also like to thank the Inquiry for the opportunity to contribute to the investigation process and give a clear presentation of our member's concerns. We would be pleased to supplement this with a more detailed oral presentation to the Inquiry.

To highlight the synopsis issues in Child Protection that will be discussed throughout this submission. The format of this submission follows this chronology:

1. Summary addressing the format of the terms of reference
2. Occupational Health and Safety Issues
3. Workforce Issues
4. Recommendations

We have purposely adopted a 'system' approach to the issues encountered by our members. We have chosen this approach for many reasons, including confidentiality around cases and our members' respect for this, to develop a workforce view, and to present the Health and Safety issues which clearly demonstrate the systemic problem. To be honest, in the end this is about resources, and there are no more excuses for the lack of them.

## Part One

### Summary of response to Inquiry Terms of Reference

*This section sets out some shorter responses to the questions posed by the Inquiry Panel, it should be read in conjunction with the submission and its recommendations in its entirety, It suggests several areas that CPSU sees as particularly important and fruitful for further discussions with the Inquiry and the Union.*

**1. The factors that increase the risk of abuse and neglect occurring, and effective preventative strategies.**

**1.1 Given the different forms which child abuse and neglect may take, and the very broad range of risk factors involved (for example, parental substance misuse, domestic violence, socio-economic stress, inadequate housing, availability of pornography, parental history of child maltreatment, poor parent-child attachment, social isolation etc.):**

**1.1.1 What are the key preventative strategies for reducing risk factors at a whole of community or population level?**

Many agencies will be responding with a range of specific suggestions targeted at their particular area of interest and specialisation, which we will not seek to replicate here.

In terms of child protection, there is much evidence to show that one of the significant factors predicting abuse is parents or carers who have suffered a history of abuse and neglect themselves. This is not to say that all children who are abused or neglected will go on to repeat this, but one of the most significant things we can do for the future, is stop the abuse and neglect that is happening today.

This outcome requires a fully resourced and staffed Child Protection Service, where quality work intervening with families and assisting them to achieve change is prioritised. This means an appropriate amount of time and care is devoted to each child and family, protected by boundaries around protective workers workloads and caseloads. Therefore any unmet demand which is the responsibility of the State to resource is not borne by the children who desperately need assistance. No one can juggle an *unlimited* number of children or cases, and provide real protection to children. Yet the pressure to accept higher numbers of cases is one of the biggest pressures facing protective workers, and a key contributor to many leaving the service, as it conflicts with their professional training and their values.

An agreed safe limit or ceiling on the number of cases a worker can supervise is fundamental to a system that will protect Victoria's vulnerable children. A caseload ceiling is also fundamental to a system that will be able to attract and retain a skilled and talented workforce. It is sad to reduce an argument to protect children down to economics, when every child deserves to be protected for their own sake, but the recurrent savings of funding Child Protection fully, are enormous. It would decrease re-notifications and escalations of abuse. It will also further reduce substance abuse, depression, mental illness, family violence, inability to maintain employment etc. There will of course be consequential reductions in demand for policing, correctional and health sector resources.

*1.1.2 What strategies should be given priority in relation to immediate, medium and longer term priorities?*

Caseload ceilings, pay and more workers in the short term

Changes to Court, legislation and systems in medium term

***1.1.3 What are the most cost-effective strategies for reducing the incidence of child abuse in our community?***

As discussed in 1.1.1, one of the most effective strategies is dealing with abuse promptly, and with enough time and resources to achieve change - stopping the potential for it to spread to another generation.

There are a range of models that can contribute significantly to reducing incidences that CPSU is keen to discuss with the Inquiry.

1. This includes entrenched cases, where for example *Hurstbridge Farm's* intensive therapeutic residential model provides great opportunity.
2. All aspects of the Child protection process, including 'Access' with families, can provide significant opportunity for change. The work at "*the Arbour*" *Family Access Centre in Sunshine* in utilising access a significant opportunity for development of parenting skills, therapeutic work, and even group work across families.
3. *DHS's Secure Welfare Services* at Maribyrnong and Ascot Vale also have a crucial piece in the system. As well as running a service for children and young people at risk to themselves, to help them stabilise, they provide much needed expertise in residential therapeutic practise and

dealing with difficult and challenging young people. This expertise has often been required to assist NGO Residential Units stabilise some of their young people, despite there being no funding for this.

This is an area the union is keen to discuss further with the Inquiry.

The troubles of the Residential Unit system have been well publicised recently. There have been invaluable DHS run Residential units over the years as part of the system. Repositories of skill, knowledge, training, etc. – they have been progressively outsourced over a period of time, with the last ones in 2010. The effect of this on the system overall has been dramatic, and the resumption of a percentage of Residential Units run by DHS is imperative, while there is still the pool of knowledge and staff available to re-establish. There are many talented and dedicated staff in both sectors, but there are many more residential units in great trouble, as the complexity of the clients coming to residential care and the issues they bring continue to escalate. Without this pool of DHS run units which often had the most challenging cases that NGOs would not take and experienced and talented staff, there is nowhere for the sector to turn when things go awry. The union is keen to discuss models of what this might look like with the Inquiry.

*Specialist Infant Protective Workers (SIPWs)* play an important role in advising around infant protective issues, determine which children should go on the High Risk Infant Register, perform audits of cases involving infants etc. Their work adds value and is an important safety measure for infants, this most vulnerable of groups who have no means of protecting themselves and less ability to communicate such concerns. SIPWs also perform a range of roles that are new and additional since the review of the CYP Act, and introduction of the new CYF Act in 2005. The new risk assessments relating to pre-birth/perinatal activities, pre-birth meetings with professionals, families and support services and work with birthing hospitals are providing benefit to children and the Child Protection program, but are not resourced. This 'pre-birth' work is reflected in part in lists of such cases in all offices, called the 'Unborn List' which SIPWs manage and which the Inquiry should note do not appear in any of the Reports, and are not listed as 'cases', either allocated or unallocated cases.

Whilst SIPWs have not in the past carried cases, the crisis of workload in some offices has seen them managing babies in between allocations and effectively managing cases in some periods, as well as handling the unborn List. Such a case load can put in jeopardy SIPWs crucial monitoring and advisory role, and risks vulnerable infants failing to be recognised and placed on the High Risk Infant Register. If the Inquiry finds these PASD Assessments, and the unborn work are useful, then this work needs to be adequately resourced.

**1.1.4 Do the current strategies need to be modified to accommodate the needs of Victoria's Aboriginal communities, diverse cultural groups, and children and families at risk in urban and regional contexts?**

It is critical that CP workers working with Aboriginal children families and communities get respect, understanding and time allocated to deal appropriately with families. Families who come with a cultural experience of the state being involved in their dispossession, and the removal of children from communities related to previous policies of the state in relation to Aboriginal and Torres Strait Islander people. Respect means protective workers having a *lower caseload*, to accommodate spending the time required to deal with the issues of today that are influenced by the experiences of the past. CPSU strongly recommends that workers have appropriate training and support specific to the issues faced by these families and communities, including access to ICAT. We recommend that where possible experienced workers are allocated, and workers conducting this work be classified as CPW3 or higher. The CPSU is extremely keen to discuss the options around improvements in this area with the Inquiry.

AFDMs or Aboriginal Family Decision Making Convenors are very experienced Senior Workers at the equivalent of Unit Managers CPW5 who have been able to assist all parties greatly to work through issues and come up with agreed outcomes, in the best interests of children. Protective workers, non-government agencies and families all speak highly of the contribution this role can make. Yet AFDM's are often the first positions sacrificed to deal with urgent crises in workload and unallocated cases, or removed as in recent restructure proposals where budget savings have been required by government, as in the \$1.2 million reduction across the Eastern region Child Protection Program.

DHS Contingency Units are required in each region including rural regions, to deal with the chronic shortage of appropriate placements. Several workers are occupied for extensive periods looking after children in police stations, hotels or offices in the hunt for appropriate placement. This is an inappropriate outcome for children and young people.

The *DHS Streetworks Outreach Program* and the related *CAHABS Bail Service* has provided very important support to urban and suburban youth, and has prevented tragic outcomes for many young people. The recent investment in the service and their night time work has translated to positive results in adolescent child protection teams in metropolitan Melbourne. Consideration of expansion of this model for regional centres, along with strengthening their after hours Child Protection work with

*Stand Alone Rural After Hours models* discussed earlier, is a matter CPSU is keen to discuss further with the Inquiry.

*Refugee Minor Program* run by DHS works with unaccompanied Humanitarian Refugee Minors, under a federal Act, but there is overlap with child protection in a significant number of cases. There is great potential for the exceptional skill base in dealing with these young Refugees and their communities that sits within RMP to be broadened across Child Protection. There are also significant gaps in the RMP programs' formal after hours response capability that should be discussed.

***2. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.***

*2.1 What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect? Please provide comment in relation to any of the services below or any additional services that you regard as relevant to this Term of Reference.*

*2.1.1 Universal and primary children's services such as general medical practitioners, antenatal services, maternal and child health services, local playgroups, early childhood education and care services, primary schools, secondary schools, and telephone and internet based services for children and young people seeking information and support.*

All of the services listed above are groups that regularly call child protection and speak to Child Protection Workers in Intake Teams to make 'Notifications' (of protective concern), i.e. notify concerns of abuse or neglect. If a child is already the subject of an Order or otherwise has an ongoing child protection case, they may speak with the assigned caseworker. Many of these services are professionals who are *Mandated Notifiers* under the Act. They will often call the Central after Hours Emergency Child Protection Service (CAHECPS), open from 4pm weekdays, and all weekends and public holidays, where they are not able to call during office hours, for example teachers calling at night after school classes have finished. The volume of phone work which includes more routine calls

or may involve assisting Mandatory Notifiers to better understand their role needs to be managed in addition to the urgent crisis work of immediate visitation and often removal of children that also occurs.

The additional staffing resources provided in recent years to CAHECPS has been of great benefit, but the comparatively poor conditions in terms of classification, shift payments mean that it is still a struggle to fill absences and reliever slots. There is no differential between afternoon and night shift, with only 15% payment for the significant impost of working night shift, with this urgent crisis work, it is extremely difficult to fill these night shifts. Similarly workers do not start at CAHECPS straight from uni, they come with significant experience from the regions, and occasionally the sector, this experience is assumed and relied upon in this crisis environment, yet they start at CPW2 entry level. These matters are not difficult to rectify, rectifying the CPW classification making CAHECPS workers minimum CPW3, and increasing the night shift rate.

Regional intake teams are universally overwhelmed with 20% increase in population but no increases in regional staff. Extra resources are immediately required for all intake teams.

Additionally, team leaders at After Hours are effectively running the state wide emergency service alone when unit managers finish shift, for early hours of the morning and additional weekend daytime hours, with no additional compensation. They also regularly approve decisions to PA (to remove children) without recourse to a more senior unit manager or otherwise, unlike team leaders in regions. These work value issues need to be addressed.

## *2.2 How might the capacity of such services and the capability of organisations providing those services be enhanced to fulfil this role?*

The work of community based Child Protection Workers has been invaluable in assisting CSOs and CPSU is keen to discuss this further with the Inquiry.

The adoption of CPSUs classification and case load ceiling proposals will allow Child protection Workers to perform their proper role in speaking at community forums and CSO training days which is not possible with the current workload crisis.

Similarly, when appropriately resourced, Secure Welfare provides invaluable training support and advice to the residential and therapeutic residential workforce.

2.4 What are the most cost effective strategies to enhance early identification of, and intervention targetted at children and families at risk?

A fully staffed and resourced Child protection system, with workload controls will allow the appropriate time for liaison and relationship building between services and organisations and services.

Secure welfare, Refugee Minor Program and child protection workers speaking at forums of the Mandated Notifier workforce will deliver significant benefits.

**3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out of home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.**

*3.1 Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach? How should any identified weaknesses be addressed?*

Key positions like FDM and AFDM convenors that help to facilitate agreements involving families and all relevant workers across the sectors, are the first to be sidelined to deal with unmet caseload demand and unallocated cases, or to be cut. When in place they are invaluable. They should be put in place in all regions from additional resources, and quarantined.

Community Based Child Protection Workers, experienced DHS Child Protection Workers who work alongside Non Government Organisations at their place of work to help increase their level of skill, experience and relationships, with the child protection system, have been valuable. However the Department has had the majority of these CPW4 positions as fixed term contracts which leads to difficulties in staffing and continuity. Employment insecurity in important new programs undermines their potential and this should be rectified.

**3.2 Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce**

***arrangements egg working conditions, training and career paths? How might any weaknesses be addressed?***

The strengths and weaknesses of workforce arrangements are discussed in more detail in section three Workforce Issues of this submission.

***CPSU says the solution lays around 3 key points:***

**Better pay and conditions** – delivered through a *new CPW classification structure, and improved leave and other entitlements*. This will more fairly remunerate workers, help retain them in the system, and balance their challenging working conditions, making their roles more sustainable

**Caseload limits/ceilings and workload controls** – delivered through a ceiling on the maximum number of cases any worker can be allocated. This is crucial for workers health and safety, and to provide quality services - time, attention and protection for each of Victoria's vulnerable at risk children.

**More staff and resources** – many hundreds additional Child Protection staff are required to deal with the basic unmet demand, related to both long term chronic underfunding of the system, and demographic growth of around 20% in this age group of the population.

CPSU is keen to discuss these critical issues further with the Inquiry

The career structure and classification system does not reflect the changes that have occurred in the work child protection workers are required to do. It does not reflect the increase in the complexity of cases, of the issues facing clients, where once only Senior CPW3s handled complex cases, now with the bar raised higher for what comes into the child protection system, *nearly every case* is a complex case, (often with multiple issues of mental illness, substance abuse, disability, domestic violence etc. all in the one case).

An increasing level of skill and specialisation is becoming required at senior caseworker levels as well to deal with the most challenging cases for example, involving features like registered sex offenders. The field of child protection practice is growing in skill, specialisation and breadth at the practioner or 'caseworker' level. Whilst the department wishes to benefit from the many highly skilled workers in the system, it does not wish to pay them for their increased work value.

The breadth of skill development and experience now required in Child Protection Practice across a career as a caseworker, from an entry level new graduate, to an experienced or advanced caseworker, has greatly increased. The complexity of clients, the continuing breakdown of many extended family and community supports, dealing with challenging families with many issues, and many workers from agencies to liaise with for each issue have all added to the complexity and sophistication of the role, of assessing risk, meeting statutory obligations, and the child's best interests.

Changes to the role that came with the new Act, have similarly not been reflected in the classification structure, or pay rate.

Nearly every state in Australia has overhauled its Child Protection Classification and remuneration system, to better reward the staff they need to attract and retain and to reflect the changes in practice that are occurring in the field, particularly in the increasingly challenging client group. But over many years Victoria has largely refused to do so. Victorian Child Protection Workers are the lowest paid Child Protection Workers in Australia. This is despite working in one of the most demanding systems, both in terms of workload, and complexity of the system and what is asked of them within it. It is no wonder that Victoria is losing worker across the border to better pay, and better workload controls.

The CPSU's proposal is for a new CPW classification structure that expands the career path of workers and better reflects the skill and experience actually required in their roles, and enabling retention of skilled workers.

The model, described in Part 3, features:

- a new additional level for Case Support Workers working at an advanced level, currently CPW1, they would have a case support worker band from CPW1 moving into CPW2 with a soft barrier related to work value criteria.
- a new additional band in the child protection practitioner stream to create a 3 band caseworker CPW2, 3, 4 , with soft barrier between each grade, moving up relating to work value criteria. Currently there are only grades CPW2 and 3, with a hard barrier between

- Team leaders and other specialists (like SIPWs, Court Officers etc.) moving up to a new CPW5
- Unit Managers, FDMs etc. moving to a new CPW6
- Protective Service Managers moving to a new CPW 7
- Pay rates in the new structure then moving up approx 15%, market rates adjustment related to work value

Workforce conditions need to be improved to allow the Child Protection Worker role to be a more sustainable one, not one where burnout and post traumatic stress disorder are predicted in workers who remain longer term.

**Additional annual leave** – Additional annual leave in this stressful role will allow workers to have more regular, planned breaks, scheduled in advance throughout the year, of a duration that will be helpful to their ongoing health and safety. This will also be of great benefit to balancing work and life, something many workers find hard to do with friends or family, as they regularly come home late and miss planned events due to emergencies etc.

**Remove the threshold for the extra week** – CPW 2, 3 and 4s who work an astounding 4 extra weeks of overtime in a year, 156 hours (or 76 hours if they participate in the Rural after hours program as well), may receive an extra week's leave. This threshold amount encourages and requires unsafe work practices. That most Child Protection Workers accrue this amount of overtime or more, and are granted this leave, is indicative of the need for safe boundaries, and safe caseload ceilings in the program. For part time workers these hours are even more onerous and unachievable. This leave should be granted to all CPWs with no threshold.

**Changes to part time arrangements** – currently part-time workers who work additional days or hours (inside the 7am to 7pm span of hours) receive no incentive, when staying back alongside fulltime colleagues receiving penalty rates or TIL. As participation in the Child Protection workforce of part time women returning from maternity leave, or remaining part time particularly whilst their children are young has increased, conditions have not altered. In fact it is only the workforce crisis that has facilitated DHS allowing this arrangement, as part time work was traditionally 'not allowed' by most child protection managers, in most positions, despite this conflicting with Departmental policies.

There is enormous potential to increase capacity in the child protection workforce through DHS working with CPSU to broaden its view on accommodating family friendly working conditions.

**Increased, Differential rates for night shift** – The afternoon shift penalty rate is 15%, night shift is only 15%. If night shift is worked consistently for more than 4 weeks an additional 15% is available, but this does not assist most workers, and does nothing to assist programs to fill difficult night shift vacancies with casuals or others.

**Access to ESSS** – Child Protection is by its nature an Emergency Service, and workers suffer the same kinds of effects that many others in emergency services do. Yet they are currently, due to legislative barrier, not eligible to access the more generous and suitable ESSS Emergency Services Superannuation Scheme that Police, who they work alongside each day, do. Many workers feel this is a historical issue, of their work being undervalued, and underappreciated. Of work relating to children, protection, communicating, resolving problems, care, seen as an extension of the domestic sphere and unpaid work of women in the home, despite the stringent statutory requirements, tertiary qualifications, complex risk assessments, and their frequent risk of assault or worse. The Inquiry could play an important role in assisting to make the role more attractive to applicants, and more attractive to stay in, with a recommendation of amendments to legislation/regulations to facilitate Child Protection Workers access to ESSS.

**Transfer of Secure Welfare Workers to CPW** – Transfer Secure Welfare Workers, who work in a therapeutic residential setting under Child Protection, from the YJ classification, to the CPW classification, to align them with DHS Residential Workers, and DHS Hurstbridge Farm who both start at CPW2. CPSU has been able to get DHS to cost this proposal, with only \$100,000 required to translate the workforce across at all sites.

**10 Hour Break** – Workers making such important decisions as whether or not to remove a child, are doing so at the moment with only the guarantee of an 8 hour break between periods of work. In the country where distances travelled to work and home can be significant, this is a compounding issue. By the time workers commute home, sleep does not always come easily after stressful late night outreaches, the body and mind take time to calm down from these heightened physiological states. Usually when workers get to sleep, they may only have a few hours before they are up, getting ready for work and off again. The extra time in a 10 hour break is also important to try and assist workers

not to have to use medications, alcohol or similar means to assist them to get to sleep in this short time, as this can exacerbate the problems with the unsafe system of work and lead to dependency issues.

**12 Hour Break for RAHS and CAHECPS** – 12 Hour Break for Rural After Hours and Central After Hours Emergency Child Protection Service & Streetworks, who currently have 10 hours due to the heightened nature and frequency of these issues in their work.

**Rural After Hours Stand Alone Model** – as mentioned earlier, Rural Child Protection Workers, after completing a full day of child protection work, are also then responsible in some regions to provide the night time after hours emergency outreach service, via a roster, which they do in conjunction with directions from team leaders from Central after hours in Melbourne. This is obviously not a safe or sustainable model, and additional resources need to provide to facilitate a stand alone RAHS model for each region. Conditions around permanent RAHS workers will need to be negotiated with CPSU. CPSU is keen to discuss this further with the inquiry, including the benefits accruing to worker retention, safer work practices, better decision making and better outcomes for vulnerable at risk children. As well as considerable benefits in reduced sick leave and burnout of workers.

**Rural After Hours Standby/On call Allowance** – the allowance for the current system can be bolstered and retained for use as the back up to the stand alone system – i.e. utilised primarily for things like backfilling leave of permanent RAHS workers, or illnesses etc., or when additional second teams (pairs) of workers are required to be utilised in peak periods etc.

**Mobile Child Protection Teams** – As described elsewhere, there is capacity to negotiate new conditions for different models of dealing with workload peaks, like teams of experienced workers who might not otherwise choose to stay in the system working all year full time, that can have special conditions, and work across a number of offices or across a regional boundary, to work as a team and deal with peaks in cases. Rather than just doing ‘closures’ of cases, and administrative tasks, as tends to happen now if resources are sent from head office etc., these teams could work in an office for a longer period of time if required, and conduct case work, to help reduce workloads and maintain appropriate allocation levels. CPSU is keen to discuss a range of these models with the Inquiry.

**Child Protection & Community Services Bank** – In a number of other sectors and States and Territories, particularly where there are workforce shortage issues such as nursing, and teaching, Government runs a Workforce Bank, or reliever pool. CPSU is aware from discussions with members and analysis of information from members leaving the service, that there is quite a lot of interest from segment of staff in this type of model. Particularly staff who are not prepared to work with an ongoing caseload anymore (particularly whilst there are no caseload ceilings or limits), but would be very happy to work relieving other staff on a daily, or short term basis, to back fill leave absences, or illnesses or vacancies in critical areas like response. Similarly there are many people who may be on extended parental leave, or other arrangements who may find this an appealing transition. Having a Child Protection & Community Services Bank, where workers are paid appropriate rates, would save the Department significant funds over using very expensive labour-hire Agencies like MacArthurs. In addition such a Bank would allow a workforce who could be offered consistent training and updates by the Department, within its current training program, and provide greater consistency with Departmental processes and protocols. This could be utilised potentially across the community service sector, not just within the department. The CPSU is very keen to discuss this further with the Inquiry.

**Court Advocacy Unit (CAU)** This valuable service is chronically understaffed, and additional positions and appropriate classification levels are required.

**Caseload Ceilings/Limits and Workload Controls** – this is discussed at length through Section 3 and throughout our submission. Developing an agreed limit on the number of cases that can be allocated to one worker is absolutely crucial to developing a safe and sustainable, functioning, child protection system, for workers, and for children. The information we have seen from some regions that has been handed to the Inquiry Panel on their field visits concerns CPSU and its members who have brought this to our attention. The figures represented are not indicative of the number of cases, or children, that each worker is responsible for, neither do they represent an average across the office (unless we include people on mat leave LWOP, admin staff etc...)

**Training** – Training provided by the department has predominantly been very good, with many talented staff working for a time in the training unit as part of their career in child protection, and with the field seeing constant development and skill acquisition as a part of good social work and protective practise. However, the Introductory training package for Child Protection Practitioners, now called BP, or Beginning Practice, has been significantly shortened over recent years to its detriment. The shortening of the initial training is also to the detriment of workers beginning their career, or beginning

a new career in child protection after work in a related community service field. Many complaints have been received not about the quality or standard of the training, but about the short amount of time scheduled for very significant issues. This means that either sufficient material cannot be covered, on important topics like Court and the CYF Act, or that completely inadequate time is provided to pick up fundamental skills, like utilisation of the Department's child protection computer systems. This leaves workers floundering when they get back to their workplace. Experienced colleagues assume newly trained workers have had the same level of training they received at the start of their careers.

Similarly the Department has not factored sufficient training, or sufficient time, into important roll outs like CRIS implementation. Workers are quite tech savvy, but have struggled to utilise the clunky, ill fashioned technology, due not only to its many flaws, but also as they never have the time to practise, explore or problem solve with the technology. They have a list of urgent tasks, that have to be done, like a court report they have to complete, print, and run out the door, and every setback throws things into further crisis. As discussed earlier, failure to consult regarding such changes as required in our industrial agreement, the *VPS Agreement (2006 ext & Var 2009)*, has meant much lost opportunity to rectify problems before they are rolled out.

Other key problems with training are access for rural workers, getting time off to attend training, or having to constantly cancel due to workload emergencies. Whilst workers like to catch up with those from other regions in Melbourne, and train without the distraction of going back to the office desk and having a stack of calls at lunchtime - when travelling from Swan Hill, Bairnsdale, Wodonga, or Portland, there is a significant impost.

**More Staff and Resources** – Whilst it is obvious to everyone that more staff are needed in child protection to deal with the unmet demand for statutory child protection services, what needs to be clear is the scale of the issue. A hundred or so extra child protection workers, whilst a helpful resource, will not be sufficient to resolve the problem. Whilst numbers fluctuate, there are consistently 1200-2000 unallocated cases, real children without a caseworker to protect them. Additional workers are needed to deal with these cases, so that all Victorian children can have their basic human rights, to live free from abuse and neglect, upheld, and so that the State can finally fulfil its obligations to protect these children.

In addition to the 'official' number of cases unallocated, there is a substantial volume of cases and work that is in effect being hidden, not being worked as per guidelines and requirements of the state, where children are not being protected from risk of abuse as they should be under the Act and the state's obligations. This is not the fault of protective workers who attempt to speak up about this practice which goes against their principles and their reasons for joining the Department to help protect Victoria's vulnerable children. There are cases being in effect hidden from the unallocated stats, as described earlier, in this submission. Methods include:

- Allocating cases to team leaders or unit managers who should not hold cases, and are not able to actively manage cases amongst their heavy supervision, support and advisory roles.
- Allocating cases to others who are not protective practitioners, to CPW1s, to students.
- Allocating cases *in name* to a protective worker, but asking them not to work cases but to let unqualified staff in Disability and other programs check in on clients instead,
- Allocating excessive cases to a worker, knowing they cannot protect these children, but that the cases will be off 'the list.'
- Allocating excessive additional cases to workers and asking them not to start working them for 5 weeks until they have closed other cases, rather than allocating them in five weeks if there is capacity at that stage.
- Allocating cases in name to protective workers who are on leave, and to workers who have left the program and working elsewhere in DHS.

'Hiding' this unmet demand, real children needing quality assistance from the Department, makes it more difficult for the Inquiry to quantify the volume of additional staffing needed, however this issue must not be avoided. Failure to do so will lead to continued underestimation and under resourcing, and the continued exit of exhausted protective workers, and children at risk not receiving appropriate help.

This issue came up in the recent Ombudsman's Reports into Child Protection. Ironically, the attention focussed on the Department by these reports has led to an increase in the pressure on regions and workers to "manage the numbers". Workers are experiencing more and more pressure to accept unsafe caseloads, and being treated more harshly where they try to resist this. CPSU members are earnestly asking the Inquiry for assistance with this issue in its report and recommendations.

Exact figures should be obtained from the Department about the number of staff employed, with all of the appropriate detail (EFT, gender, classification level and pay point, employment status, etc.) by region and location. These should then be tested with the field for accuracy. Organisational charts for each office and region should also be obtained. CPSU is happy to assist further in this matter.

***b. Statutory child protection services, including reporting, assessment, investigation procedures and responses:***

***3.4 What are the strengths and weaknesses of our current statutory child protection services in relation to responding to and assessing suspected child maltreatment?***

***3.4.1 How might the identified weaknesses be best addressed? If there are places where some statutory child protection services work more effectively than elsewhere, what appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the state?***

Of note, Horsham Child Protection has had a caseload ceiling in place as a result of a local agreement made around 7 years ago following the issuing of PINs by HSRs and Worksafe visits and Improvement Notices. Whilst this does not remove all of the workload challenges for the office, which is still under staffed and underpaid, it has led to a significantly better rate of retention of Protective workers, and a more sustainable protective practice. This contrasts with many other similarly sized rural offices where retention has reached crisis point, and required significant recruitment overseas in the UK, NZ and elsewhere. The CPSU is very keen to discuss the benefits and issues around this model with the Inquiry.

Similarly in offices or Teams where Team Leaders refuse to be made responsible for an unallocated cases list - instead performing their proper role of Team Leader, supervising, supporting, providing appropriate case direction and so on - they have significantly higher retention rates of staff. In addition, they are arguably able to move cases through to quality outcomes for children and families at a quicker rate, dealing with more cases across a year. This benefits not just the workforce, but provides better protection and outcomes for Victoria's at risk children. Again this supports adoption of the CPSU model for case allocation, and workload controls. CPSU is keen to discuss this further with the Inquiry.

**3.4.2 Is the overall structure of statutory child protection services appropriate for the role they are designed to perform? If not, what changes should be considered?**

The structure of the services is less the problem than as discussed earlier, broadening and changing the CPW structure to broaden the caseworker, and case support worker career paths,

**3.4.3 What has been the impact of the Victorian system of mandatory reporting on the statutory child protection services? Have there been any unintended consequences from the introduction of the Victorian approach to mandatory reporting and, if so, how might these unintended consequences be effectively addressed?**

With the introduction of mandatory reporting in Victoria came a very significant increase in the number of notifications (of suspected child abuse and neglect). This was not met by an increase in staff, and resources, and caused significant problems in an already underfunded system. The costs of this were born over time by workers, in developing serious cumulative physical and psychological injuries due to the ongoing workload crises, and borne by Victoria's at risk children.

It had an impact on the system in many ways, from clogged, overloaded intake and response units, to the additional cases that flowed through the system. The impact was particularly significant on the After Hours System, with many mandated reporters like teachers calling outside of school teaching hours and queues of callers waiting hours to get through to the emergency service. None of this was resourced, and many in the sector suggest that this was the most significant event in contributing to the crisis we have today. It should be noted that once particular groups of employees are mandated, like police, nurses, teachers etc., any subsequent increases in their workforces then lead to significant increases in notifications to the child protection system. Thousands of additional police, nurses and teachers have been employed over recent years, and the Baillieu government have promised over 1600 new police in the coming years. This all has an impact on the statutory Child Protection System, particularly Intake, Response and Central After Hours Emergency Child Protection Service.

The CPSU is not opposed to mandatory reporting per se, and understand that additional at risk children may come to the Department's attention through this process. But our Union is vehemently opposed to its introduction without the resourcing that needed to accompany it, both at the time of its initial introduction, and with any future increases in the mandated reporter workforce groups. Our

members report that the consequences of this failure were many children failing to get the timely attention they needed as the system became overloaded.

This needs to be taken into account in funding and resourcing the system properly and each time there is an increase in mandated reporter workforce groups.

***3.5 What are the strengths and weaknesses of the range of our current out-of-home care services (including respite foster care, foster care of varying durations, kinship care, permanent care and residential care), as well as the supports offered to children and young people leaving care?***

There are a range of issues that CPSU wishes to discuss further, with examples, with the Inquiry, including

- Hurstbridge Farm
- Secure Welfare
- Residential Care
- Cottage Parents
- Contingency Units

CPW1s rostered on call to transport clients from placement to other service, this would expand the potential pool of short term placements. As many women have moved from unpaid work at home, to part or fulltime work, the number of available placements have dropped dramatically. There are many families who would still be prepared to provide care, but where the woman may now work part time, yet it may not be possible to drop the client off to DHS or another service, before they open the next day. Assisting these families with CPW1 transport will save the Department money and provide better placement outcomes for at risk children.

Other features that would assist placement families would be generic care packs with undies, T-shirt, PJs, etc., as many children arrive with no appropriate clothing etc. These simple things will help children feel comfortable, and will make it easier for families to agree to take placements.

**3.5.1 How might any identified weaknesses be best addressed? If there are places where these services work more effectively than elsewhere, what appear to be the conditions associated with these successes and how might these conditions be replicated elsewhere in the State?**

**3.5.2 Is the overall structure of out-of-home care services appropriate for the role they are designed to perform? If not, what changes should be considered?**

- Need a contingency unit in each region
- Need a significant percentage of residential units in government hands, with training and support mechanisms in place as discussed earlier.
- Introduce Mobile residential team

CPSU would be happy to discuss these examples with the Inquiry further.

**3.5.3 What more might need to be done to meet the needs and improve the outcomes of children in out-of-home care and those leaving care regarding:**

***Their education, health, and mental health needs;***

***The needs of children from culturally and linguistically diverse backgrounds; and***

***Arrangements for developmentally appropriate contact between a child in out-of-home care and members of his or her family?***

**3.5.4 How can the views of Children and young people best inform decisions about their care? How can the views of those caring for children best inform decisions affecting the wellbeing of children in their care?**

**3.5.5 How can placement instability be reduced and the likelihood of successful reunification of children with their families, where this is an appropriate goal, be maximised?**

Mobile teams as discussed in the submission

**3.5.6 How might children who cannot return home and who are eligible for permanent care, achieve this in a way that is timely? What are the post-placement supports required to enhance the success of permanent care placements?**

Resourcing adoption and permanent care teams that are integrated into the child protection program provide the best options as discussed in the submission.

**3.5.7 What are the strengths and weakness of the current Victorian adoption legislative framework and practice for children who cannot return to the family home? Should Victorian legislation and practice reflect that in other jurisdictions?**

**4. The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children:**

CAU needs greater staffing and increased classification and recognition of the challenges of this work, as discussed elsewhere in the submission.

**4.1 Given the very broad range of professions, services and sectors which need to collaborate to achieve the best outcomes to vulnerable children:**

**4.1.1 Are current protocols and arrangements for inter-organisational collaboration in relation to at-risk children and families adequate, and how is the implementation of such protocols and arrangements evaluated?**

**4.1.2 What needs to be done to improve the quality of collaboration at the levels of policy development and implementation, local and regional service planning and delivery, and direct service to individual children and families?**

**4.1.3 Are there specific models of inter-professional, inter-organisational and/or inter-sectoral collaboration which have been shown to be effective or promising, and which may be worthy of replication? This may relate to two organisations (for example, child abuse issues in which**

***both police and statutory child protection services need to collaborate in an investigation) or to a much broader service network.***

***4.1.4 How might professional education prepare service providers to work together more effectively across professional and organisational boundaries?***

***4.1.5 How might the current funding approach to support vulnerable children and families, which is often based on very specific service types and activities, be adapted so that resources are more effectively allocated and service delivery more integrated?***

***5. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.***

***5.1 Given Victoria's distinctive history in relation to the role of not-for-profit community service agencies in caring for children and families in need, and the recent emergence of some for-profit organisations in the sector:***

***5.1.1 What is the most appropriate role for government and non-government organisations (both for-profit and not-for-profit) in relation to child protection?***

This is discussed in the submission, the CPSU respects the work of many CSOs in their fields, but they are not always best placed to perform the role, and they do not come without their own interests and conflicts, which must be taken into account. In some areas, like adoption and permanent care, these conflicts with some religious organisations pose significant questions as to the appropriateness of outsourcing services where the state has a range of obligations that are arguably not being met under the present outsourced arrangements.

There is a desire from time to time in government to wish to outsource fundamental services for which the state is responsible, when they become difficult, receive negative media attention, when Ministers or Departments feel that they will be perceived negatively and held to account. Such outsourcing does nothing to deal with the problem facing Victoria's vulnerable children, and their best interests,

which are often better aligned with services run by government with greater regulation, oversight and accountability, both legislative and political.

The challenge of government includes dealing with all the difficulties in the system, not just the good news, and the Child Protection Portfolio presents many of these challenges. A test of good government is often in how the bad news, unpleasant problems and challenges like child protection are dealt with. Decisions around where programs sit should be made with the best interests of Victoria's vulnerable children in mind, and not the comfort of elected or unelected officials. We are confident the Inquiry will bear this in mind. CPSU remains of the view that the best chance Victorian children have of receiving the protection they deserve, is in a properly funded and resourced state run child protection system, where workers have safe workloads, protected by a caseload ceiling, are properly trained and remunerated, and have enough colleagues beside them to deal with the predicted level of child abuse and neglect that is notified to this system.

There will be roles for CSOs to provide partnerships in additional services, specific to their expertise, but this should not occur in the primary statutory area of child protection, where children deserve nothing less than the states prompt and direct attention and support.

CPSU does not believe for-profit agencies have a role in this service provision, and it is hard to see how their use is either the best use of funds, or in the best interests of children.

***5.1.2 What roles currently performed by statutory organisations, if any, might be more effectively and efficiently performed by non-government organisations, and vice versa?***

As discussed earlier the contracting out of cases to NGOs has already gone too far, with a significant percentage from Labor's last tranche of resources to child protection being used by the Regions to contract cases out, to get the unallocated case numbers down. However members around the state have reported that many cases were not at an appropriate stage for contracting, and this has often meant cases needing to come back into the system, with significant setbacks for children and families, and at greater cost to the department and the system.

Similarly as outlined earlier the contracting out of Residential Units has led to significant problems in the system, and it is imperative that the Department resume the responsible running and programming of a percentage of Residential units across the state.

Adoption is another area where a number of regions have outsourced their roles to church organisations, with a range of important conflicts apparent, and with more duplication of roles than when this service is coordinated more seamlessly and integrated with the child protection program.

***5.1.3 What is the potential for non-government service providers to deal with some situations currently being notified to the statutory child protection service, and would it be appropriate (as is the case in Tasmania) for referrals to a service such as Child FIRST to fulfil the legal responsibilities of mandated notifiers?***

Absolutely not. The comprehensive risk assessment and screening process conducted in intake by skilled protective workers, as a statutory function, is absolutely critical to initially assessing what kind of protective concern (if any) exists, and through preliminary investigation, determining what level of response is required in the Response phase. This function must be performed by government as part of its statutory role. To assume that all mandatory notifiers are reporting issues or children that automatically require a 'parenting skills training' type intervention, and not that their cases may upon appropriate investigation/follow up in intake, demonstrate significant and immediate protective concerns, requiring an immediate protective response by the department is incorrect, and detracts from the intent of mandatory reporting. It would place a set of children at greater risk of unnecessary delay in a statutory response to protect them, merely because of the method by which their case has been notified. This is without considering the potentially tragic consequences of cases that may turn out to require *immediate* protective action not being responded to at all except only by a parenting skills type intervention.

The skill and sophistication of the work performed by trained, experienced, qualified statutory child protection workers working in Intake, or at Central After Hours, should not be under estimated. They are working small miracles every day getting through their notifications, and often staying back til 8pm or later just to record the notifications of the day, but this issue needs to be addressed by additional resources and workers, not by attempting to divert this important work to a different place that is not as appropriately trained, skilled, or statutorily mandated, to perform it. It should also be noted there are currently significant efficiencies, and benefits in quality and sophistication of work practices, with intake being located within the department, alongside Response and other long term and specialised Child protection functions.

Many Regions have traditionally recognised the crucial assessments and follow up work in the intake phase, by seeking to utilise only experienced senior CPW3 workers in intake teams, with great benefit to the program. Minimum CPW 3 classification for Intake forms part of CPSUs recommendations around an improved classification and work value system.

The current situation where ChildFIRST take referrals from Child Protection for parenting skills development and the like is more appropriate, as the initial risk assessment requirements are still covered by protective workers, and all notifications are handled centrally by the department.

However it should be noted, that moving the work now covered by ChildFIRST out of the casemix of child protection has only served to intensify the severity and urgency of EVERY case that now comes into the child protection system. The effect of this on protective workers, and their ability to sustainably manage a caseload of many potentially complex and volatile cases is substantial. This intensified casemix in a caseload makes it more difficult to manage crises and blow ups in one case as they occur, as they are more frequent. And it also means there is a decreased flexibility to defer or rearrange protective actions required for other children/cases in the caseload, to deal with the blow up, as they are all serious, urgent and complex. This contributes to more extended hours work, and intensifies the stress and risk associated with the work, and emphasises yet again the increased need for safe agreed caseload ceilings for all workers. Such limits would help protect against this increased risk of physical and psychological injury – and just as importantly, to help protect the quality of protection and care for the children each worker is responsible for in a caseload.

***5.1.4 Is it necessary to strengthen the capability of organisations in the non-government sector to better equip them to work with vulnerable children and families and if so, how?***

The capabilities of CSOs are extremely varied. It will be interesting to see the effects of any Equal Remuneration Order that may be granted in the Federal case currently in progress on the sector.

As discussed elsewhere CPSU s suggestions around residential mobile teams, government run residential units and the contribution of community based child protection workers are crucial in strengthening capability across the sector.

**5.1.5 What is the responsibility of the State to ensure that all organisations in the community which are engaged with children fulfil their duty of care to protect children from sexual abuse and other forms of maltreatment and how might that responsibility be exercised?**

The state has significant responsibility in this area, and importantly cannot 'contract out' of this responsibility. CPSU is happy to discuss this further with the Inquiry.

**5.1.6 What are the strengths and weaknesses of current Commonwealth and State roles and arrangements in protecting vulnerable children and young people, for example through income support, family relationship centres, local early childhood initiatives such as "Communities for children" etc.? What should be done to enhance existing roles or address any weaknesses?**

Areas like the Refugee Minor Program (RMP), as discussed earlier, are responsibilities held under Federal Acts, and funded (at least in part) federally, where responsibilities for unaccompanied young refugees are delegated to the States.

CPSU agrees RMP services are most appropriately provided by the states, and best done in close collaboration with Child Protection Programs, to maximise the benefits to the number of shared clients, increase development in practice for both programs etc.

There are issues where funding provided federally is not sufficient, for workloads, remuneration and retention of skilled staff. RMP particularly - acting with significant responsibility as the legal guardian of isolated young humanitarian refugees, who are not accompanied by family, also needs to have an appropriate system of work for after hours issues. Following the relocation of this service to an unsuitable location has exacerbated these issues. This issue is currently the subject of a PIN (Provisional Improvement Notice). CPSU is happy to discuss further with the Inquiry.

**6. Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victorian Law Reform Commission.**

**6.1 In light of recent child protection legislative changes, trends in other jurisdictions, and in particular the options put forward by the Victorian law reform Commission:**

**6.1.1 What changes should be considered to enhance the likelihood that legal processes work in the best interests of vulnerable children and in a timely way?**

The CPSUs perspective is that resourcing is the primary issue, both at the Court Advocacy Unit (CAU) which is also significantly under resourced, and in Child Protection. Like the Protective Program, CAU is particularly under resourced given the increase in cases expected from the significant demographic increases in Victoria's population of children and young people, and the level of Court work required with many of the challenging and complex cases that now form the bulk of the work in the child protection system. As discussed in the submission where opportunities exist in the protective program to prevent court work proactively eg by the use of FDMs and AFDMs, these positions are often the first that are compromised to help deal with the basic unmet demand of excessive unallocated cases. Changes proposed and currently in pilot phase around conferencing essentially perform a similar role, as that that would be available within the region through FDMs and AFDMs were programs resourced.

These programs are well intentioned and in a fully funded system they may be very productive indeed, but they fall at the first hurdle where the basic preparation work that needs to occur for successful conferencing cannot be done due to CPW workloads, and resourcing of CAU.

Any changes must be accompanied by appropriate resources.

Health and safety of protective workers, secure welfare court escorts, and court advocacy staff at and around court are issues that CPSU suggests the Inquiry should also inquire into and seek to address, as is the effect of this on children's safety (and carer's) and their best interests. We would expect children to feel safe in a court environment. However, too often workers, carers and family members are abused, threatened with weapons or stalked at court.

Court work can take up a very significant amount of protective workers time. No additional resources are provided to deal with cases during a worker's court appearances even in five day contested hearings. CPSU proposal for a Child Protection & Community Services Bank would greatly assist to address this issue.

**7. Measures to enhance the government's ability to plan for future demand for family services, statutory child protection services and out-of-home care; and ensure a workforce that delivers services of a high quality to children and families.**

**7.1 Given the resources required to provide appropriate services and care for children and young people referred to statutory child protection services and in out-of-home care, what is the likely future demand for services and what needs to be put in place to help sustain the services and systems and plan for and meet future demand pressures?**

**Planning** - Planning for demand is compromised when true workloads and unmet demand are hidden, as is currently the case as discussed elsewhere in the submission. There needs to be a directive from the top that this practice is to cease.

Planning, and resourcing needs to reflect basic measures like the ABS stats and future projections around demographic profiles for the age groups covered by Child Protection. This is an obvious point, but more than 20% increases in the child populations of many regions have not been accompanied by additional resources.

Increases in the workforce of mandated notifiers like nurses, teachers, and police, will lead to increased workload and caseload indicators for Child Protection in the work of notified children. There will also be an increase in the work of assisting additional mandated notifiers who call to understand their role, and what constitutes protective concerns.

Planning and resourcing needs to cover basic matters across regions like the location of significant Aboriginal populations who will need additional resources to deal with issues faced by the cultural and historical issues of State intervention in their communities.

Planning and resourcing needs to encompass geographic distances and features of regions and travelling times, service availability and access.

**Peaks in workloads** – there will always be a degree of fluctuation in demand, but peaks can be dealt with by actively planning for them. New additional models could be negotiated between DHS and CPSU, as discussed elsewhere in this submission, including Child Protection & Community Services Bank, of trained, qualified relieving staff, and Mobile Child Protection Teams with special conditions

that work as a continuous cohesive team, across a region or other agreed boundary, to deal with workload peaks.

**Emerging trends** – need to be dealt with proactively and resources allocated early.

**Sustain the services** - as discussed elsewhere crucial to sustaining the services and systems will be

A fair classification and pay system, with workload controls, and more staff in the system

- caseload and workload ceilings
- new expanded CPW structure with appropriate increased remuneration and conditions
- bridging courses to enable the inclusion of experienced skilled workers from a more practical background, with bolstered theoretical training.
- appropriate interview, selection and entry processes, with no psychometric testing. This important role should not be outsourced, and should involve regions.
- additional leave
- recognition of the significant skill required to work in intensive residential settings with challenging young people, and appropriate educational and career pathways and links
- recognition of the significant skill in dealing with difficult and challenging families, in both home, office, court, and other community settings.

**High Quality Services** – The most important features to ensure planning for high quality services will be implementing agreed safe caseload ceilings or limits, to allow workloads where children can be protected, and enough time can be taken for quality work to be done. Smaller caseloads lead to better outcomes for children and families, passing on of protective skills to parents or carers, and fewer renotifications back into the system, creating efficiencies for the system, but more importantly happier, safer children. This also leads to more satisfied workers, who despite the setbacks that inevitably occur in some cases, can more readily see the positive outcomes and stay on in the system to make their contribution to the Victorian community, leading to an increase in the level of skill and experience across the workforce, and an increase in the quality of Child Protection's response. Workers whose team leaders refuse to over allocate cases to them currently report comparatively quicker, and more positive resolutions, to their cases than comparable teams who are allocated higher numbers of cases. They have fewer renotifications, and where they do, such notifications are usually of a lesser

order than the original, rather than the trend for escalated issues in comparable teams. The examples in the field are significant and the CPSU is happy to discuss this with the Inquiry.

**Measures to support and sustain out-of-home care** are discussed in the submission, including re-engaging a percentage of government run residential units, and the skill and expertise that has been centred around them that can be coordinated to assist the non government sector stabilise their units and develop better placements and practice. Secure Welfare and Hurstbridge farm should also be key elements in this, and the potential of their invaluable contributions to stabilising some of the most difficult and entrenched problems in the system recognised and learnt from. They need to be appropriately resourced.

***7.1.1 Is there sufficient research into child protection matters to support government's ability to plan for future child protection needs? If not, how might government encourage and support sufficient research in this area?***

***7.1.2 How might those providing home based care and residential care for children be most effectively recruited and supported?***

CPSU is happy to discuss this further with the Inquiry, some of our suggestions include

- **Mobile teams** to assist stabilise crisis/challenging situations that come up in home based or residential based care.
- **CPW1s on on-call roster** to assist with transport for carers who wish to assist but may also have part time (or other) work commitments on some days, that they must leave for before other services can open. Currently this issue precludes a lot of potential placements being made, or incurs very expensive Agency worker costs if MacArthurs are asked to ferry Children between placement and office or CSO. On occasion police are conducting this role, but similarly do not have the resources, and do not send a supportive message for young people, arriving with the police to their new abode.
- **Care Packs** provision as discussed will be of benefit

- **Contingency Units** are required in each region to avoid what is sometimes the practice now of children being removed on PAs then being returned home as the placement options available are deemed WORSE than the protective concerns they are being removed from. This is increasingly the case with larger sibling groups, where separation of the larger sibling group over multiple placements becomes inevitable. Not many families or residential units can accommodate eight siblings, especially at short notice. However contingency units will allow sibling groups to remain together until an appropriate placement is found.

### ***7.1.3 What workforce development and retention strategies are required to meet the needs of the child and family welfare sector in the future?***

These issues are discussed elsewhere in the submission but include

- No outsourcing of recruitment to DFP or any other agency, No psychometric testing, a shorter wait in the recruitment process, and the involvement of regional staff.
- Payment by DHS of appropriate employment related police checks etc.
- Local recruitment, to allow staff to choose the office they wish to work in rather than being located centrally against their preferences, and not then working in what they see as their best fit, leading to increased turnover.
- Cessation of the constant demands to Protective staff to pay for work related expenses, including renewal of working with children checks – the irony of staff leaving as this request - to pay an \$80 fee, which then lasts 5 years – ‘breaks the camel’s back’ in their view, about being taken advantage of by the department, at the same time the department is spending many millions of dollars not on paying or supporting its existing workforce, but on recruitment.
- Additional leave
- Payment of all hours worked including overtime
- Reasonable hours of work
- Access to ESSS superannuation
- Caseload ceilings, workload controls and a safe system of work
- Increased pay and conditions and an appropriate classification system and career path

- Appropriate training and development opportunities, and access to them
- Bridging programs
- Placement and Residential system that work
- Mobile teams
- Child Protection & Community Services Bank
- Contingency Units
- Secure Welfare in CPW classification and work treated equitably
- Arrangements for teams with Aboriginal and Torres Strait Islander families that recognise the cultural and historical issues of state intervention in these communities and its effect on current protective intervention and practice.
- Reduced caseloads, CPW3 minimum classification, appropriate training, support and resources, including access to ICAT and other.
- Case contracting minimum CPW4
- Intake minimum CPW3
- Additional staff
- Supply of tools of trade required to do the job including phones, navigators, vehicles, car seats

***8. The oversight and transparency of the child protection, care and support system and whether change are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.***

***8.1 There is currently a range of oversight processes involved in the child protection and care system (for example, Ministerial/Departmental inquiries into child deaths and serious injuries, internal organisational complaints procedures, and the statutory roles of the Ombudsman, the Victorian Auditor General, the Child safety Commissioner and the Coroner).***

***8.1.1 Are these processes appropriate or sufficient?***

### **8.1.2 What exists in other jurisdictions which may be worth considering?**

CPSU is happy to discuss with the Inquiry.

### **8.1.3 What changes, if any, are required to improve oversight and transparency of the child protection, care and support system? How would those changes contribute to improved outcomes for children?**

Regular reporting of workforce data (with agreed breakdown and format) to the CPSU, OCSC, Minister and Secretary. CPSU is happy to discuss further with the Inquiry.

Changes to reflect a range of work that is not recorded or reflected as a result of legislative developments, and changes in practice, for example, the 'unborn list' managed by SIPWs and not recorded on the system, as discussed elsewhere in the system.

The OCSC should have the ability to report directly to Parliament, not just the Minister. The OCSC should have sufficient resources and staff to properly conduct their role. The OCSC should be able to conduct own motion investigations into matters of the Commissioner's choosing, not be confined to investigating or reviewing matters referred by the Minister, or the department.

All Caseworkers need to have the right to write notes of their view/assessment on the appropriate file or CRIS record where their recommendations are overturned and they feel the need to do so.

They also need to be able to honestly represent their view if asked in Court, they cannot be asked to perjure themselves to maintain the Department's position, but must ensure they communicate in addition what the departments position is.

Whistleblower rights of staff need to be clarified.

**8.1.4 Are there strategies which might increase public understanding of, confidence in, and support for child welfare services?**

Acknowledging that there are long term issues, stemming back to the introduction of mandatory reporting, and systemic underfunding that mean the system faces a significant challenge. Managing and resourcing the challenge, rather than managing the statistics, and the media.

Consistent provision of a considered and resourced service over time will be the ultimate mechanism.

Profiling Child Protection workers positive work.

## Part Two

### OCCUPATIONAL HEALTH AND SAFETY

In terms of health safety and wellbeing many Child Protection staff are in public contact roles and in direct client care or service delivery roles, working in complex, demanding, unpredictable and at times working daily in “at risk” physical and psychological environments.

The above mentioned work practises, including a history of widespread chronic staff shortages, and understaffing of the program, pose an undeniable constant risk to the health, safety and wellbeing of Child Protection staff. Within this type of human-to-human work environment, the Hierarchy of Control preferred solutions of complete elimination of the hazard; substitution with something less hazardous and various engineering controls becomes a challenging task, which management will not implement. The Department has statutory obligations to make the work as safe as reasonably practicable, but their response often relies on administrative and training measures which lack consistency and are ineffective. Alternative effective controls are available, but are not utilised as they require additional staffing.

The importance of adopting and implementing a systematic approach to OHS management embedded in the *Victorian Occupational Health and Safety (OHS) Act 2004* is vital to Child Protection staff. A strategy combined with access to adequate resources and staffing levels to be added on to departmental business plans and performance plans. A strategy to include OHS responsibilities and adherence to OHS improvement plans will minimize the impact of workplace injury and disease, therefore enabling the Department to fulfil its responsibilities in the field of occupational health and safety.

Action must be taken to reduce the risk of accidents and illness in the work place, especially in those areas which pose greatest risk such as Child Protection.

## Background

The CPSU is aware of at least twenty Provisional Improvement Notices (PINs) issued from Child Protection HSRs since 2002. Almost every PIN has been upheld from WorkSafe with modifications. The reasons for the PINs were predominantly for breach of the following sections of the *Victorian Occupational Health and Safety (OHS) Act 2004*:

- 21(2) (a) Failure to provide or maintain safe systems of work
- 21(1) Failure to provide and maintain so far as reasonably practicable a working environment that is safe and without risks to health for the employee of the employer.

The implementation of Workload Monitoring and Review Panels arose out of a response by the Department to Improvement Notices issued in 2002-2003 by WorkSafe Inspectors in the Western and other regions of DHS Child Protection. The specific notices relate to the Department's failure under Sections 21 and 22 to provide safe systems of work for workers in Child Protection, in regards to the allocation, management and monitoring of workload, placing workers at risk of psychological and other types of injury.

This stems from the potentially unlimited number of cases that may be allocated to a worker with the only control in place being the opinion of the team leader responsible for allocating caseloads and other duties, who is themselves under great pressure when holding large numbers of unallocated cases to 'manage' on a 'list'- or the worker then making a complaint. Such an inadequate system failed workers in not managing or monitoring their workload, therefore posing serious risks of injury and to their health and wellbeing, as described in many DINMAs (the Department's *Disease, Incident, Near Miss, Accident* OHS reporting form). Worksafe agreed with elected HSRs and CPSU in many Improvement Notices around the state, that this complaints based system did not provide a safe system of work.

The Department proposed a Workload Monitoring and Review Panel, to perform two functions. The first, in the absence of any control on the number of cases that could be allocated to a worker, with the Departments refusal to agree to reasonable caseload ceilings, or caseload caps, to provide a mechanism to sit and adjudicate where a worker wished to complain and have their workload assessed by the Panel. In the nearly 10 years since its introduction, the CPSU is not aware of any Child Protection member accessing this review by the Panel, and certainly we are not aware of anyone having their workload or caseload successfully reduced by it. Given this is the only safeguard, it is a clear demonstration that this proposed mechanism does not contribute to providing a safe system of work. The second function proposed for the Panels was to convene monthly forums with DHS management, Child Protection employees, HSRs and the CPSU, meeting on a monthly basis to

discuss relevant information statistics etc. There has been a varied history of these meetings across regions and across time, the common theme is that attendance is often demanded by bullying behaviours, speaking up about workload problems is met with often severe recriminations afterwards, but a set of minutes to be tucked away to be produced in the event of WorkSafe attending regarding these issues again is primary. It should be noted the CPSU did not agree to this proposal, and provided a full critique, and alternative proposal at the time, including a system of workload controls that our members had successfully trialled and previously implemented on the ground, with dramatic positive effects of their health, safety and wellbeing, morale, and ability to do the quality work with children and families that was their reason for joining Child Protection in the first place.

This system of workload controls did not rely on the overworked team leader alone, it included a primary level of protection, provided by reasonable agreed caseload ceilings (maximum number of cases that can be allocated to any worker). This was supplemented by the ability to further reduce caseloads or workloads by taking into account agreed Workload Factors, a list of factors CPSU and DHS had agreed increased the workload of a case.

Prior to the issue of these Improvement Notices, delegates and officers of the CPSU had been meeting with the Department and had put forward a series of measures which allowed a way forward in a partnership approach towards safe systems of work. Also tabled were documents confirming the Department's state of knowledge regarding issues within Child Protection.

Another proposal put forward from the CPSU and delegates was a second layer of protection targeted to monitor workload demands, which was based on appropriate caseload ceiling levels. The Department did not agree to such a proposal and CPSU believes that failure to reach such agreement based on good faith, mutual trust and respect and focused on minimising the exposure of Child Protection staff to injury, was the catalyst to the Improvement Notices issued from the WorkSafe Inspectors.

In 2007 DHS asked Noel Arnold & Associates to perform a Review of DHS' Safety Performance.

Some of the main findings were:

- WorkSafe indicated that prosecutions against DHS for breaches of the *OHS Act 2004* were now being considered as an outcome if there was no deeper systematic approach to performance improvement.
- Over 6000 OHS incidents reported by staff each year. In DHS the increasing (up by 40% over the last 5 years) major area of injury is psychological. There has been a steep increase in claims in the administrative areas of DHS.

- Completing and lodging risk assessments without there being apparent practical outcomes is unlikely to meet legal requirements to control the hazards that are common in DHS and also meet the required performance improvement goals.
- The problem facing DHS is how to progressively reduce the risks and secure and allocate the budget for this in realistic ways. Risk control suggestions have too often been based on assumptions of limited funding and consequently reliance is then placed on lower level controls.

Other evidence continues to support that there is an increase in:

- The complexity of the work and multiple issues and complexities within the client group.
- The size of the client group being serviced.
- The time taken to complete the work, and the length of many shifts.
- The skill level required to promote and deliver outcomes in the best interests of young persons, and collaborative partnerships with funded Agencies, other regions, volunteers, and the Police and other professionals.

The increase in workload has occurred in an environment where the uncertainty of resourcing in staffing hours reportedly impacts on the stability and depth of experience required to sustain the vision for the service, and what it is intended to deliver to the Victorian Community, within the parameters of the new Legislation.

Risks emerged since 2002 and have remained uncontrolled. These are fatigue, 'burnout', and psychological distress, including loss of job satisfaction and continued anxiety about an operational future for the service and the community ramifications of not having an adequate operational presence.

Current workloads continue to increase where it was expected to eventually plateau. A plateau effect could only have been achieved with a combination of additional resourcing and administrative efficiencies. It remains that even a small increase in workload type is operationally equivalent to a significant increase for each worker.

## Current Situation

Workload Monitoring and Review panel meetings are currently a mere exchange of paperwork, and requirement of attendance, and HSRs are not given the opportunity to have their voices or potential cases heard, therefore undermining the intended function and process of these meetings. The CPSU Health and Safety Representative Support Officer for DHS is not welcome to participate in these meetings because management say that private information is discussed in such meetings and it will not be appropriate to have anyone from the Union attending such meetings, despite explicit inclusion of CPSU in the original proposal which was implemented. We believe that these meetings do not reflect the true status of workloads within regions, are not a forum that members report they are able to genuinely participate in, and no longer have relevance as a control measure.

Within the recent past seven PINs were issued from Child Protection HSRs in the North West and Southern regions, all upheld by WorkSafe Inspectors, with modifications. There were constant breaches of Sections 21 and 22 of the *OHS Act 2004*, for not providing a safe working environment and safe system of work, and failure to control the risks so far as reasonably practicable. The information included in the PINs indicate the following commonly encountered risks:

- Lack of adequate resources to better deal with current demographics and high number of families with socio economic problems
- Lack of safe systems of work
- Staff allocated unreasonable workloads
- Chronic staff shortages
- Inability to retain new staff
- Chronic low staff morale
- Excessive amount of unallocated cases (400 in a region at the time of the PIN)
- Exposure to occupational violence including verbal and physical abuse (from clients, family and community members)
- Exposure to uncontrolled environments (House visits)
- Exposure to unsafe sites (squats, precarious accommodation)
- Exposure to informational or situational trauma
- Extreme exposure to emotional stress
- Transporting children
- General undertaking of protective obligations
- Working with inexperienced staff or relievers
- Onerous clerical and administrative tasks

- Inability to complete legal tasks within a 38 hour working week due to excessive and unreasonable caseloads, and non core tasks like supervision of high risk infants
- New staff are constantly left unattended, therefore compromising the health, safety and wellbeing of new employees and children at risk, without supervision

Additional acquired risks which are not inherent to the job but which have been identified by staff, which WorkSafe and the CPSU acknowledge are directly related to the long term effects of excessive workloads are:

- Chronic fatigue
- Stress
- Burnout
- Psychological health issues such as anxiety and depression
- Withdrawal from social activity
- Impact extended to family, dependents, overall perceptions of quality of life

There is clear evidence that the risks of psychological injury is not inherent but may arise from workload/ workflow demands, particularly excessive additional clerical demands; or from role ambiguity and job dissatisfaction, and a superfluity of compromises between service vision and operational requirements.

After analysing previous and current available data, discussions with our HSRs and our OHS unit team it became clear that the following contributed to such levels of non compliance within the *OHS Act 2004*:

- Lack of adequate resources/staffing levels to deal with unreasonable workloads
- Lack of training in crisis communication
- Lack of safety planning and a documented safety checklist or knowledge of best practice in safety planning, including assertive communication with team members about comfort levels. That is, learning to say “NO” if there is a personal perception of risk at variance with the team leader’s perception. This has been made more difficult based on the often punitive consequences that result.
- Lack of safety procedures which recognise when a trigger point is reached in order to implement an effective control measure

Based on the *Australian Standards AS/NZS 4360 Risk Matrix* in our opinion these are the levels of risk currently affecting Child Protection employees:

Risk Assessment Matrix					
<p>The Risk Score is simply a multiplication of the Consequence Rating x the Likelihood Rating.</p> <p>The Risk Grade is the colour determined from the Risk Assessment Matrix below.</p>					
LIKELIHOOD	CONSEQUENCE				
	INSIGNIFICANT 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
A (almost certain)	H	H	E	E	E
B (likely)	M	H	H	E	E
C (moderate)	L	M	H	E	E
D (unlikely)	L	L	M	H	E
E (rare)	L	L	M	H	H

Risk Grade/ Incident Potential	Acceptance of Risk
<b>Extreme Risk</b>	Risk accepted by Chief Executive/ Deputy Chief Executive/ Board of Directors
<b>High Risk</b>	Risk accepted by the Director responsible for that area of the business.
<b>Moderate Risk</b>	Risk accepted by Senior Manager responsible for the service area e.g. Area Service Manager, Business Unit Manager, Head of Service/Department.
<b>Low Risk</b>	Risk accepted by Department Manager, Facility Manager Supervisor
<b>Very Low Risk</b>	Risk accepted by Department Manager, Facility Manager Supervisor

#### LIKELIHOOD TABLE

Level	Descriptor	Acceptance of Risk
<b>A</b>	<b>Almost certain</b>	Is expected to occur in most circumstances
<b>B</b>	<b>Likely</b>	Will probably occur in most circumstances
<b>C</b>	<b>Possible</b>	May occur at some time
<b>D</b>	<b>Unlikely</b>	Could occur at sometime
<b>E</b>	<b>Rare</b>	May occur only in exceptional circumstances

#### LEGEND

<b>E</b>	<b>Extreme risk, immediate action required</b>
<b>H</b>	<b>High risk, senior management attention needed</b>
<b>M</b>	<b>Moderate risk, management responsibility must be specified</b>
<b>L</b>	<b>Low risk, manage by routine procedure</b>

## WHAT IS/COULD BE THE IMPACT?

### Consequence Descriptors

**Incident Grading** – What is the **actual** impact, the harm done on this occasion

**Risk Assessment** – What is the **potential** impact, what harm could be done

a) Select the appropriate impact type from the blue column.

b) Determine whether the impact is insignificant, minor, moderate, major or catastrophic by selecting the appropriate description from the coloured boxes.

*NB: Some risks may have several impacts. An assessment should be conducted for each impact.*

CONSEQUENCE	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
<b>Impact on Individuals (injury)</b>	No injury or very minor injury e.g. scratches,  low financial loss	Minor injury/ damage e.g. cuts, bruises; first aid treatment, on-site release immediately contained medium financial loss	Moderate injury, requiring treatment;  Semi-permanent injury/ damage; or increased length of hospital stay on site release contained with outside assistance, high financial loss	Serious or permanent injury; increased length of hospital stay 15 days+  Loss of production capability, off site release with no detrimental effects, major financial loss	Unexpected death; suicide; homicide, toxic release, off site with detrimental effect, huge financial losses
<b>Impact on Staff Sickness</b>	No sickness	Staff off sick for less than 3 days	Staff sickness between 3 days and 4 weeks	Long term staff sickness > 4 weeks	
<b>Impact on Service User Experience</b>	Unsatisfactory service user experience not directly related to their care.	Unsatisfactory service user experience – readily resolvable	Mismanagement of care or treatment	Serious mismanagement of care or treatment	Serious mismanagement of care or treatment affecting several service users.

<b>Impact on Service Delivery</b>	Service delivery is not materially affected.	Some inconvenience/ difficulty in operational performance of a particular service area.	Operational performance of a particular service area is affected to the extent that revised planning required to overcome difficulties.	Operational performance of a particular service area is severely affected.	Operational performance is compromised to the extent that the organisation is unable to meet its obligations in core activity areas.
<b>Impact on Finances</b>	Cost < \$10k	Cost \$100 - \$1000k	Cost \$1500 - \$8000k	Cost \$3500 - \$60000k	Cost \$2.51m +
<b>Impact on Objectives/ Projects</b>	Insignificant cost increase/ schedule slippage. Barely noticeable reduction in scope or quality.	< 5% over budget/ schedule slippage. Minor reduction in quality/ scope.	5 – 10% over budget/ schedule slippage. Reduction in scope or quality.	11 – 25% over budget/ schedule slippage. Doesn't meet secondary objectives.	> 25% over budget/ schedule slippage. Doesn't meet primary objectives.
<b>Impact on Targets</b>			Late delivery of key target.	Uncertain delivery of key target.	Non-delivery of key target.
<b>Impact on Reporting Ability/ Access to information</b>	No impact on the Corporation's ability to meet internal and external reporting requirements even though a particular service area is affected.	DHS cannot meet a particular reporting requirement.	DHS experiences difficulty in complying with key reporting requirements.	DHS is not able to comply with the majority of its reporting requirements.	Department is unable to access any service user or corporate information.
<b>Impact on Trust Reputation</b>	Local embarrassment within the organisation.	Local Media – short term. Minor effect on staff morale.	Local Media – long term. Significant effect on staff morale.	National Media < 3 days.	National media - > 3 days. MPs concern.
<b>Impact on Compliance with the Law/ Inspection and Audit</b>	Minor recommendations.  Minor non-compliance with standards.	Recommendations given.  Non-compliance with standards.	Reduced level/ rating.  Challenging recommendations.  Non-compliance with core standards.  HSE Improvement Notice	Enforcement Action.  OHS Prohibition Notice.  Critical report.  Major non-compliance with core standards.	Prosecution  Zero rating  Severely critical report

Hazard	Possible Impact	Risk Rating
Occupational Violence	Catastrophic	Extreme
Exposure to excessive levels of workloads	Major	High
Exposure to unsafe sites	Major	High
Excessive number of Shift extensions	Moderate	Moderate
Impaired Psychological health (E.g. anxiety or depression)	Major	Moderate
Impact flows beyond work life	Major	High
Exposure to uncontrolled environments	Major	High
Exposure to situations, informational or vicarious trauma	Major	High
Transporting Children	Major	High
Working with inexperience operators	Major	High
Stress	Major	High
Fatigue	Major	High
Administrative load	Major	High
OHS Risk arising from Intervention with Children	Major	High
“ Burnout”	Moderate	Moderate
Onerous Administrative Tasks	Moderate	Moderate

Current evidence reveals risks that occurred in the both Metro and Rural regions still remain uncontrolled. In these regions there is still a widespread culture of fatigue, “burnout”, psychological stress, continued anxiety about the operational future for the service and community ramifications of not having an adequate operational presence, leading to loss of job satisfaction.

The tasks to be undertaken to meet statutory obligations to protect the vulnerable and to control the offenders often require an immediate action, and not all of the client responses and hazards to staff are foreseen. Many aspects of their work are the subject of public controversy and media interest. Dealing with complaints and preparing responses for ministers is a constant, present part of the work of the department’s staff. DHS staff are working in the areas of our society in which there is increasing likelihood of being assaulted by people, including those fuelled by new types of addictive drugs, known to induce unprecedented levels of psychotic violence.

## Challenges

Child Protection still has no access to safe controls to the risks of cumulative injury or illness, with the responsibility sitting solely with the team leader, with no objective protection for them or the workers they supervise. There is still no barrier to a potentially limitless allocation of cases, or other duties to a caseworker. There are also no current controls to the workloads of team leaders or managers in their important and stressful roles in the system. Sadly team leaders themselves tell us that attempting to carry out even just the urgent tasks and statutory obligations is often an impossible task associated with their allocation of cases to their team members.

All of the above indicate what could be some of the strengths available in workload factors being used to moderate workload/caseload downwards in supervision, from objective controls, such as caseload ceilings, upon which moderation could then be based. Both past and current circumstances affecting Child Protection workers indicate that the Department would be wise to sit down with the CPSU and negotiate effective control measures, including implementation of a safe ceiling of allocated cases in order protect:

- Worker's physical and mental health
- Productivity
- Staff retention
- The Department's liability
- Children and young people
- The Victorian Community

There has to be a physical limit to the number of cases, real children, at risk, that any one human can deal with in a 38 hour week. We might argue about what the limit should be, but there is no longer any room to argue that there is no limit. CPSU believes it should be 6 – 8, dependant on the application of additional resources.

In addition to this Child Protection workers are often under psychological pressure when dealing with abused children and their families, on a daily basis. These workers deal with these situations very well when cases are safely allocated to them. However the same workers are often put under pressure from management to attend to other unallocated cases. This may include visiting families alone instead of with another worker, and trying to resolve too many complex cases simultaneously, therefore putting the worker's health and safety at risk.

The failure of the Department to implement safe systems of work not only exposes Child Protection employees to injury and disease, but also affects the Department's reputation when dealing with the advertisement of new staff vacancies. It is common knowledge, especially in key regions, that new vacancies remain unfilled due to lack of interest from potential candidates. It also contributes to a disturbing trend of posing more children at risk within the broader Victorian community.

Child Protection senior management are not just dealing with funding issues but also with cultural and behavioural attitudes at the senior level that need to change. It is unacceptable to think that it is OK to have 250 to 300 unallocated cases to deal with on a daily basis. There is a duty of care obligation under the *OHS Act 2004* that cannot be ignored and must be adhered to at all times.

Extrapolating known figures from across the Department's regions indicates that there is often in excess of 1000- 2000 cases that remain unallocated.

Review and compliance measures will achieve little until enough staff are employed to deal with the blunt end of the Health and Safety disaster which has fallen upon DHS and our members. This is a disaster in equal measure for the vulnerable children and families Child Protection Workers work with, and try to assist.

## **Part Three:**

### **WORKFORCE ISSUES**

This section is based on the industrial issues currently facing child protection. The CPSU is concerned at the systems that impact the quality of work able to be produced by child protection workers. An increase in caseloads over a number of years has contributed to the excessive workloads and time constraints that child protection workers operate under. By addressing the workload issues faced by child protection workers, the CPSU believes that DHS will be able to retain more staff, hold recruits limiting the high turnover of staff that creates extra vacancies and change the morass of poor morale. Just as importantly it will allow our members to do the quality work with families and children that they joined the department for in the first place. This will further decrease the renotification rate, decrease the time until closure of many cases, decrease the number of contested cases, and most importantly increase the positive outcomes for children.

CPSU represents child protection workers employed at all levels within the system. Child Protection Worker (CPW) 1's are primarily case support officers to assist CPW 2's, 3's and 4's with administrative tasks, and with transportation of children to and from visits. CPW 2's and 3's are typically caseworkers, who investigate, monitor, and report on identified at risk children. CPW 4's are team leaders, who manage and supervise the work of CPW 1, 2 and 3's.

In this Industrial Issues section of this submission, CPSU will discuss the following:

- 7 Caseloads
- 8 Workloads
- 9 Staff Vacancies and Recruitment
- 10 Unallocated Cases
- 11 Rates of Pay, Leave, and Other Entitlements
- 12 Other Issues.

In this section, CPSU has made recommendations to the Inquiry where it believes pressures placed on staff can be reduced, and other objectives of the terms of reference can be met.

## **CASELOADS**

CPSU acknowledges there are different practice trends in child protection across Victoria. Regardless of these trends, CPSU is concerned that there is no safe ceiling (maximum number of cases) that can be allocated to a worker. There is no consistency in the number of cases allocated to workers in different regions or teams. While caseload numbers are unacceptably high across the state, some workers report significantly higher caseloads than others.

The CPSU is concerned that there is no limit to the amount of cases that can be allocated to a worker, creating unsafe workloads, and inconsistencies in workload.

There are discrepancies in what constitutes a case. In some teams, a case is counted as one child. In many teams, a case constitutes one family, with reports showing the average amount of children per family unit is between 3 and 4. The lack of consistency of what constitutes a case causes major discrepancies in the workload of child protection workers. In cases where families are counted as a caseload, not individual children, the cases are often more complex as each child has their own set of individual issues that requires enormous work to coordinate and follow through. Statistics from the regions could show that all workers (on average) within a region have 7 cases assigned to them, but the amount of children requiring attention from these cases could range from 7 to 28 or more.

This is despite DHS' repeated assurances for at least the last five years that all case numbers are based on one child being one case and work being assigned on that basis. This remains a deliberately confused device by the Department to hide the real volume of work.

The main concern of the CPSU is the lack of a caseload ceiling, and in particular a reasonable, agreed one.

As a result, staff who are already under pressure with a high number of cases are being assigned more cases as the unallocated list grows and there is increasing political pressure to be seen to be getting the unallocated list down. In negotiations around the *Victorian Public Service Agreement 2006 (extended & varied 2009)*, the CPSU argued for a cap to be placed on the number of clients that can be assigned to a child protection practitioner, but this idea has not been supported to date by DHS.

When a worker is assigned too many cases the quality of care for those children at risk decreases. Often, there are not enough hours in the day for child protection practitioners to fulfill their legislative requirements. Sometimes this means workers do not even sight or contact children within their caseload, as it is not physically possible to meet all of the requirements within a 50-60 hour week they may be regularly working, let alone a 38 hour one. Many child protection practitioners have written to the CPSU to advise us they currently manage a caseload of 20 or more clients. Many of these clients are required to be sighted by the worker each fortnight. When visitation times, travel time, and other child protection duties are factored in, the worker is scheduled for more hours than they are required to work under the *Victorian Public Service Agreement 2006 (extended and varied 2009)*. These workers are also concerned that they can still be allocated even more cases. Many child protection practitioners carry a caseload of more than 20 clients. One region reported 2 staff managing a list of 200 clients at one time, as picked up by the previous Ombudsman Victoria reports.

Team leaders are often placed in the position of being 'responsible' for an unallocated list, although this should not be part of their role. Particularly in rural regions, this can often mean one worker is responsible for

- supervising, supporting and managing a whole team of protective workers in their difficult and confronting front line roles,
- holding the delegations under the *Children Youth and Families Act (2005)*
- for making significant decisions in their team members cases,
- then managing an unallocated list of 60 plus cases, real children, who do not have a protective worker allocated to look after their case.

Clearly the cases, these vulnerable children at risk, or this 'unmet demand' are not the responsibility of these individual workers, but of the State of Victoria. The state fails to discharge that responsibility, with the effect that these cases sit with, and weigh on the shoulders of individual team leaders. Given

that the team leaders are responsible for deciding how much work/how many cases are allocated to caseworkers, and that this is the only real control in the current system, it is not difficult to see how disastrous situations develop where workers are overloaded with more work than they can get through, more children than they can get to see, and properly assess, assist and protect.

It is also not difficult to see that workers faced with a distressed team leader drowning in unallocated cases, find it very difficult to say no, in the best interests of the child, for the team leader to allocate me those additional unmanageable cases. It is additional pressure that these 'cases' are real children, whose dire personal circumstances have just been explained as part of a handover/allocation in supervision, the current system of work is more indefensible.

There is political and departmental pressure to 'get the unallocated cases down', at all costs, to remove the spot light from the system, and to detract from criticism of it/those running it/those in elected positions responsible for it. It seems inevitable under the current system that workers will be allocated more cases than is safe, than is sustainable for their health or their retention in the department or the role of protective worker, and more cases than is in the best interests of any of the vulnerable children assigned to be protected by that individual case worker and the system. This is the situation that most, if not all Victorian Child Protection Workers find themselves in.

DHS and the government have rejected all attempts to address the caseload issue on the grounds that they cannot afford to staff the program adequately.

It should be clear that the statutory responsibility for protecting Victoria's Children, sits with the State of Victoria. The failure to adequately resource this responsibility and legislative obligation cannot be pushed down to be borne by individual workers. The unmet demand, or real and vulnerable children the State is currently failing to assist as required by legislation, is the responsibility of the State. So the State's failure to assist these children is having a terrible physical and psychological toll on child protection workers, and naturally on the children.

Experienced Child Protection workers have reported a significant increase in the number of complex cases they are required to deal with. In fact what was once called a complex case, and was only to be dealt with by a senior Child Protection Worker (CPW3) is really the only kind of case which now gets

though the front door of the Child Protection System. In the desire to reduce numbers, and screen out everything that is possible, the bar of what constitutes protective concern has been significantly raised.

Where once there may have been one issue that caused the protective concern, most cases are now made up of multi factored issues and complexities – parents with mental health issues, drug and alcohol or substance abuse issues, domestic & family violence, disability, children with learning difficulties, complex family units, etc. Workers report that the children and families that a case manager works with often have chronic and significant ongoing issues that affect the care of children. More often than not the families present with multiple elements of physical, emotional, sexual and psychological forms of abuse. As a result, what could have been numerically considered a reasonable caseload 5 years ago, would now constitute a much a higher workload due to the complexity of the cases. But caseloads and expectations have not been adjusted to accommodate this. To the contrary all workers, not just Senior CPW3s are working complex cases, with the multiple agencies this involves and with the increasing difficulties in resolving these often entrenched complex issues in a short time frame.

Workers also report that cases are more complex involving multiple social issues and families with multiple parents. There is an increasing emphasis and reliance on kinship/families providing care for children, versus the State, and case managers have to provide considerable additional support to these kinship placements. Often a sibling group is separated, and placed with both maternal and paternal families – CPSU members' report it is not unusual for a sibling group of six to be in four separate kinship placements. Case managers make their own kinship assessments.

In regards to complexity, as most cases coming into the system are now complex cases, team leaders across the state report great difficulty in finding a set of appropriate cases to give to new CPW2 workers, to build their skills, assessment capabilities and confidence. This needs to be addressed in the support and mentoring offered to new workers to lead to establishment of good practice and to retention of new workers, and CPSU has a range of suggestions in our proposed classification system to address this. Currently new practitioners are often left feeling overwhelmed with the complexity of some cases. All on ground workers now have large and complex case loads, despite this not being reflected in the work value descriptors, or the remuneration, for the CPW2 roles.

Similarly the work of CPW3s is becoming again more sophisticated and specialised, often dealing with extremely significant and difficult cases, cases with high profiles, complex cases with registered sex offenders etc. Again these changes have not been accompanied by appropriate adjustments to workloads, to training and support, to work value descriptors or recognition, nor in increased remuneration for the increased work value delivered. When CPW 3 (senior caseworker) was created, it encompassed a mentor role to aid new employees. Over time the combination of extreme workload pressures and an absence of controls, and the significant loss of experienced staff due to unsustainable working conditions and inadequate levels of pay, has led to too few experienced workers being asked to mentor too many new workers, with no time allocated to do this. This level of experience has also been absorbed by the workload and dealing with legislative changes, and cannot fulfil its role. The role was deliberately created to mentor two grade 2 staff at a time, as part of a CPW3s workload, not in addition to it, workload pressures have now totally destroyed the opportunity for this to occur. Senior Protective Workers very much care about the development and welfare of their newer colleagues, and often try to go to extensive efforts to assist them, in their own time, in addition to their more than full workload/caseload. This overwork contributes to the cumulative physical and psychological illness and injury that most protective workers are somewhere on the spectrum of developing.

CPSU members have indicated that one of the ways the pressure could be released on practitioners is through a clear process for case allocation, combined with a caseload ceiling and assessment of other workload, like responsibility for mentoring co-workers. Assigning a regular time fraction to the mentoring task gives it the resources, respect and space that it needs and deserves, and means that it can happen in practice, and not just at the expense of the health and well-being of the senior worker.

Currently, workers report that cases are allocated without consideration of a child protection workers' other cases, number of children, complexity of cases, court commitments, duty tasks and other workload like mentoring roles. It is critical to introduce a reasonable caseload ceiling, moderated downward by workload factors, combined with clear guidelines regarding the process for case allocation. Work could then be managed in a much safer manner, and the appropriate time for quality mentoring, providing that leads to development of rigorous practice in new workers. Immense benefits and efficiencies would ensue in terms of retention, and quality and efficiency of work.

We cannot see how the child protection system can continue without these controls and supports in place. Unless we break this cycle soon, there should be no misunderstanding that there will soon be

no one left to mentor new workers, and the system will not be able to be rehabilitated. This is more than a resourcing matter. The costs of inaction cannot be borne by the State of Victoria.

The fact that workers have far too many cases to manage and be responsible for, are overworked and exhausted, sleep deprived, and developing cumulative physical and psychological illnesses, will inevitably lead to mistakes being made, or children not being seen or assisted before other sad events overtake us. Protective workers work in this field because they believe in the safety and rights of children, to live free from the risk of abuse, because they want to make a difference, to support children and their families, but the current work demands are far too high. Practitioners report that they are often 'band aiding' issues rather than doing quality work to support children and their families, and to ensure the safety and wellbeing of the children due to the excessive caseload numbers.

Some of the examples of caseload numbers provided confidentially to CPSU include:

- Caseload numbers ranging between 7 to 30 *families*, and between 7 to 65 children per worker.
- One worker in a team of five left to attend to the entire team's cases (in excess of 150 cases).
- One region reported having two staff to manage a client list in excess of 200 clients.
- Team Leader juggling over 60 unallocated cases
- Regions with over 600 cases in intake unit
- Intake workers with 70+ children on their list
- Workers assigned excessive under 2-year olds who require weekly visitation with the worker.

Despite the already mentioned high caseload numbers, many child protection practitioners record having 'hidden cases' that are not shown in official departmental statistics. When a team leader takes leave, protection workers are encouraged to perform higher duties, gaining valuable experience. The CPSU supports the opportunity for members to gain experience in management positions, however is concerned to hear that usually workers who perform higher duties, are required to take their caseloads with them. This means that workers are required to attend to cases as well as supervise and support a whole team of staff, and approve and guide all their significant decision making according to delegations under the Act.

Many team leaders unofficially have cases assigned to them, to meet the workload demands of units. Team leaders who are required to attend to cases have less time to conduct supervision requirements

for staff, and to support staff through difficult and complex cases. One child protection worker wrote to the CPSU stating:

“I had 31 children on my load after changing teams. I was told I held the knowledge of my previous list and would continue to work on these until such time as a worker could be allocated to them. This went on for at least 3 months. I was effectively managing two positions cases”.

Many workers across the state report that they are not getting the fortnightly supervision that is required under the Guidelines, which DHS says is the significant control on risks re workload. Workers do not blame their team leaders who they see struggling to support other colleagues, or mostly juggle the unallocated list. Many other workers and team leaders feel forced to sign off that they have had supervision, when in fact they have not had more than a quick 10 minute chat or consult, or even none at all. They do this because not to do so brings no help or assistance, or resources, but risks “performance management”.

In effect this means that the supervisory relationship DHS claims as the control measure for safe work practices does not exist.

Another area of hidden caseloads is that workers are often working on ‘duty tasks’ on unallocated cases, or on other workers’ cases because they are absent for a variety of reasons. Staffing reports that the CPSU have received from across the state indicate that in every team of five (four workers and a team leader) one person would be unavailable on a daily basis for a variety of reasons, whether they were sick, on TIL, in court etc. CPSU has been told that effectively all teams are working one staff member down each day.

This is in addition to many teams also having ongoing vacancies.

## Workloads

Along with caseload numbers and the lack of staff to deal with them, CPSU has identified workload to be a major issue within child protection. There are unrealistic expectations on staff to achieve more work than is possible in a set time period.

Members report that they have received criticism from management within DHS when they request overtime and often, have had their time management skills questioned. There are unrealistic time expectations placed on them by the Department. The work tasks that are to be completed in regard to unmanageable caseloads are more than one person can physically manage. Staff are expected to manage too many cases and also to ensure the safety and wellbeing of every child on their caseload. The working week doesn't allow for one sighting or visit to each child per fortnight, yet staff are expected to make ongoing and current assessment regarding the safety and wellbeing of children.

Workers have reported a decrease in the quality of care and assessment they are able to offer due to high workloads. Staff are committed to the DHS mission – to enhance and protect the health and wellbeing of all Victorians emphasising vulnerable groups and those most in need. Staff work under a code of conduct which guides how to undertake practice. As public service employees, child protection workers are committed to the principles of high levels of professionalism, service to the community and ethics within the public service. Staff report that these principles are often compromised due to the multitude of problems within the program

Child Protection staff are trained in the Best Interest Principles related to the *Child, Youth and Families Act 2005*. Staff report that a lack of government funding for community service agencies, who are meant to manage the family support caseloads of child protection referrals, means these services are also closing their books and not taking any further referrals. There are often waiting lists of more than 3 months where referrals are taken. As a result, additional cases are remaining with DHS, placing further work on already overworked child protection workers. Staff believe there is a lack of quality of care being pushed by DHS as staff are being encouraged to close cases that have a long history of cumulative harm due to the lack of capacity of DHS to process these cases for further investigation. This screening out to reduce the numbers' is something that causes much distress to CPSU members, who make their honest recommendations about a case based on their professional judgement. It is

galling to have their judgements overruled against their concerns for children's welfare, and cases closed, particularly to meet the weekly targets of reduced unallocated cases, and of 'closures', that are required by Head Office. It seems to most members across the state that being seen to manage the numbers is now the most important 'product' of regions, not dealing as best they can with their statutory role of protecting children, within the limited resources provided.

Under resourcing of teams has resulted in cases not being referred properly, or referred to the community sector who are sometimes not adequately trained to deal with the situation.

Staff members consistently reported that the quality of work they are able produce has decreased during their time at DHS due to their workload. They don't have time to review or reflect upon the work that they do, or to look up professional resources due to time constraints. Staff report being expected to have completed reports before they leave for the day, however are also told that overtime and time in lieu (TIL) are not available for 'non urgent matters' such as reports and case notes. There is an expectation of staff to complete this work, and allegations of poor time management are raised when workers raise concerns about their ability to complete the work within the time requirements. Most Regional Child Protection Managers will happily agree that current caseloads cannot be performed in a 38 hour week. They are usually happy to approve overtime to go out and do the dramatic urgent PA, and remove a child/children from harm that day/night, which no-one could argue with. Many workers regularly work large hours of TIL, and a culture exists of this overwork being absorbed by TIL to the extent that the fifth weeks leave available to CPWs 2, 3 and 4, requires a Threshold of 152 hours of TIL, that's 4 additional weeks of work, as a minimum to access this additional leave entitlement. The *VPS Agreement 2006 (extended and varied version 2009)* is very clear that the default position on overtime is paid penalty rates, and that TIL is only granted when the employee actively elects this form of compensation. Yet despite this, most regions meet any request for overtime (as penalty rates), with a response that they will not approve the work, unless it is taken as TIL, despite this being a clear breach of our Agreement and legislation.

The failure to acknowledge that a workload that can't be done in 38 hours means that 1) some of that work needs to be removed, or 2) to be done as approved overtime, not only if it is a dramatic urgent removal of children, but whatever the tasks, administrative, assessment, supervisions, meetings or otherwise might be.

Being forced only to use TIL, and then asked to take the time off within a few weeks, to manage the TIL balance can just compound the workload problem; whilst everyone likes to have a day off, the workload doesn't go away just because you have had a day off, it is usually worse, and you have one day less in your week to deal with it. This is where CPWs right to access paid penalty rates can be helpful, getting some work out of the way, and leaving the rest of the working week free to deal with other cases. It is notable that Victorian Child Protection Workers are the lowest paid in Australia.

Many workers reported having nine or more cases involving under two year olds – where each child is required to be sighted weekly. This would add up to at least two hours per visit including travel and case noting in a smaller metro region, with eighteen hours of a thirty-eight hour week now taken up. In Rural region the travel alone could be several hours each way, for each visit. Staff must then complete various admin tasks, phone calls, court reports, meetings and consults regarding each case, and case notes for each case. There are a range of assessments, Best Interest Plans, and other reports. Court reports can take anywhere from four hours to two days to complete and the average referral can take a morning or an afternoon to complete. This is not including mandatory 2 hour fortnightly supervision, or unit or team meetings. This also does not include any additional court ordered access, which could be 3 or 4 times a week, per child. Whilst some accesses can be performed by Case Support Workers, they are constantly at capacity and cannot accept all the accesses requested of them by Protective Workers. It should be noted that the previous government had committed 80 additional Case Support Workers (CPW1s or 2s) over 4 years, as part of their election platform, it is unclear whether this commitment will be matched by the current government, but this level of case support is required as a minimum, just to deal with the current unachievable court ordered access regime. In saying this CPSU does not detract from the potential value to children of this access but merely states that despite the legal obligation to provide such court ordered access at present, it is regularly not being met.

Not only are staff required to manage their own cases they are also required to attend to tasks on unallocated cases, sometimes called additional 'duty' tasks, to meet the key performance indicators (KPI's). These hidden caseloads/workloads that are to be attended to, are not recorded as part of their assessed workload, despite many regions requiring workers to spend a day a week, or more, on duty tasks. This total workload makes it almost impossible to have a good working grasp of each family and child they are seen to be responsible for, and adequately address protective issues.

The number of staff per team varies from region to region. Members have reported that, when a team is seen to be coping, staff resources are often redirected to teams with staffing shortages. As a result the system is in a perpetual cycle of staff being redirected to provide band-aid solutions. What occurs more often than not, is a team that have been coping, requires assistance after some of its resources are redirected to another high need team.

All child protection practitioners who wrote to the CPSU through this submission process reported having too much work to complete in a standard day (seven hours and thirty-six minutes). All staff reported taking work home most nights of the week and working on the weekends (either at home or in the office). Some regions have advised staff that overtime payments are not currently available unless for urgent work, and as a result, staff are accumulating high levels of TIL. While TIL is being accumulated, child protection practitioners express limited opportunities are available to take TIL days due to the heavy workload. A worker who does take a TIL day, reports almost accruing another day off when they return to work just to catch up on the work they missed. Staff from most regions reported doing unrecorded and unpaid overtime, and TIL on regular occasions just to meet the necessary urgent requirements of their cases. Many staff recorded accumulating more than ten hours TIL per week every week to meet the position requirements. Some staff reported having in excess of two-hundred hours TIL and a lot of staff reported having on average forty hours. In some regions, staff reported being encouraged by management to take TIL once this gets to twenty hours. Workers are reluctant to take TIL as they know the work that needs to be done will not be done by others and they are aware of the ever increasing backlog of work on their return from leave. TIL is vital to workers mental wellbeing, but is rarely taken. Taking TIL creates more work for staff. It is an endless negative cycle. Workload contributes to the huge amount of stress experienced by child protection workers.

Discussions with managers has shown that it is normal work practice for the office to still be buzzing at seven and eight pm, with most workers having begun the day at eight am. Working long hours has become a workplace culture within child protection offices and is an expectation of regional management and the program. Some regions report that senior management sends staff home at five-thirty pm, encouraging them not to work back later than this, but without reducing caseloads and workloads downwards. This inevitably forces workers to either take work home, or to come in very early to commence work. When workers disclose that they take work home or are intending to take work home, some management ask them to not do this, however offer no alternate suggestion to overcome the distress of being inevitably behind in essential work. Other managers make it clear that taking work home to keep up is what is tacitly expected. A reasonable caseload ceiling/limit,

moderated downwards by workload factors as proposed by CPSU is urgently required to stabilise the system and end these unsafe and unsustainable working hours.

Staff also report that not only do they work long hours, most of the time they do so without having sufficient breaks throughout the day. There is insufficient available downtime throughout the day for workers.

Due to the high workloads of staff, and time constraints of both staff and team leaders, staff have reported that fortnightly supervision rarely occurs. Supervision is meant to be the time for CPW 2 and 3's to express concerns over caseloads and workloads to their team leaders, and consult about their cases and work. In the absence of supervision many staff report feeling a lack of support. CPW 2 and 3's say that supervision does not occur due to time constraints, and the fact that team leaders are managing unallocated cases, and cases for staff who are absent. CPW 3's also express concern that they do not have sufficient time to properly mentor CPW 2's, leaving new workers to feel unsupported and manage complex caseloads with limited guidance. Team managers are stressed due to continuing to manage client needs, support staff, train staff, manage unallocated lists etc.

Unit Managers are in similar positions juggling issues across their units.

CPSU members from all regions report the emergence of a workplace culture, that staff need to just deal with, and manage the workload demands of the position at all levels. There is a workload expectation "to get the work done" without consideration of multiple tasks and difficult clients we work with.

Workers in rural regions report time constraints created by the vast area coverage of rural regions. Sometimes workers can spend many hours on the road to complete just one visit. This creates workload issues as often this travel time is not adequately taken into account when cases are allocated.

In addition to these horrendous workloads, many Rural Child Protection Workers are expected to go on a regular roster to provide the Emergency After Hours Child Protection Service for their region at night, after finishing their day work.

In Metropolitan regions, urgent issues that are notified after hours by the public, or mandated notifiers like police, hospitals, teachers, nurses etc. are dealt with by the Central After Hours Emergency Child Protection Service (CAHECPS). If a report is assessed as urgent, all metro region urgent assessments/visits or PAs are carried out by the experienced Child Protection shift workers from CAHECPS that night. Relevant Court appearances are followed up the next morning.

In Rural regions, the notification (phone call and initial assessment) is dealt with by workers at CAHECPS in Melbourne. However where an urgent visit to assess the child's safety, or issue a PA and remove the child is required within the rural region, it is then the Rural daytime protective staff, on roster, who perform this role. They do so in a team of 2, meeting up after their long day, liaising by phone with the team leaders from CAHECPS, and proceeding at any hour of the night to perform the appropriate urgent, and often distressing task, usually a removal of a child, and then transporting them to alternative care arrangements if available. Again we emphasise that it is the daytime Protective Workers who carry out this task. The CPSU cannot see a way in the current system that this can be said to be a safe practise, for workers, or children. These workers often report nodding off, falling asleep at the wheel, having to be woken by colleagues. It should also be noted that their decisions and practise, whilst scrutinised with the full force of the law should they make any mistake, is often being conducted with little or no sleep for more than 20 hours.

CPSU has assisted members in some Rural regions to negotiate and establish 'standalone' Rural After Hours staffing, where specific workers are employed to provide this out of hours service, with great benefits to both the After Hours Response, and to the ongoing fatigue levels of the daytime workforce. CPSU believes this service must be available to members in all regions who wish to utilise it. The main impediment given by regions to implementing this model is again funding. If an after hours emergency response is expected in rural regions by the State, the State must adequately fund this. The CPSU has proposed an appropriate model, and provisions for Rural After Hours standalone workers, which could be easily adopted by Government as part of a new VPS Agreement this year. We would look forward to a strong recommendation from the Inquiry that this must occur.

Court requirements of the position take up a significant amount of a workers' time. Child protection workers are required to compile reports for court, and attend court. Health and safety at court can be an issue both mentally and physically. Many of the courts do not have adequate security systems.

Workers report that often they are required to be at court for days at a time waiting for a case to be heard. This impacts their ability to fulfill other workload commitments. In making assessments prior to court appearances, workers often encounter difficulty in obtaining relevant information from other services to assist in their assessments.

## Vacancies and Recruitment

Child Protection has a high staff turnover, with many staff leaving the profession due to caseload, and workload issues highlighted in previous sections of this submission, as well as the inadequate pay and conditions they currently receive. Feedback provided to the CPSU by its membership shows that workers come and go quite frequently in Child Protection. Often, not long after staff have completed training through 'Beginning Practice', they leave the profession. The department regularly claim this is because child protection is difficult work that is 'not for everyone'. It is certainly true that this is difficult and demanding work, but the nature of the job – dealing with child abuse – is well known to staff before they take up the role. Members have consistently reported for many years that it is not the nature of the work that causes them to leave, they knew and expected that before they came, but the atrocious working conditions of unlimited workloads and caseloads with no protections and controls that they see damaging their health, the inadequate levels of staffing and resources, and the inadequate pay and conditions, that force them to leave, despite their deep commitment to assisting vulnerable children at risk.

Staff retention within child protection is a major issue that directly affects the workload, and caseload numbers of other staff in teams.

High turnover in staff and the large vacancy rate results in enormous pressures on workers. High staff turnover is a waste of human resources and a huge cost to DHS as they need to train another worker through the Beginning Practice processes, as well as getting them up to speed in the role. The constant high turnover, and lowering of recruitment standards makes the job increasingly difficult for existing workers, who feel they have to 'carry' new recruits, (who may be talented, but who struggle when given caseloads very early on, despite guidelines), mentor them, train them, etc.

Workers are continually told by managers of a lack of resources – staff cannot be hired, even for short term contracts, children cannot be provided with money for clothes or outings, etc.), yet there is a wastefulness by way of poor staff retention. There is a significant cost to DHS to send a worker through the Beginning Practice training program, and this is money wasted once the new recruit is burnt out after six to twelve months. The CPSU believes a greater emphasis needs to be placed on

improving working conditions to retain staff. Caseload ceilings combined with workload factors must be implemented, as must appropriate and competitive rates of pay and conditions.

Further issues arise with the centralising and outsourcing of all recruitment of CPW2 entry level Child Protection case workers. A huge amount of money is spent on external recruitment firm, DFP, who 'screen' and test all applicants, some of whom later undergo a further interview including DHS staff.

This process often takes many months, and many applicants are lost due to the untenable timelines alone, they are often offered other roles outside DHS they have applied for at the same time. When the wage rates for entry level Child Protection Workers in Victoria, are the lowest in Australia, there is no incentive to wait around!

This process also includes completely inappropriate and unnecessary Psychometric Testing, which has been shown to be ineffective in Victoria in screening out inappropriate candidates, yet has precluded many talented and appropriate workers, who answer truthfully, from being employed. There is no appropriate feedback, or appeal mechanism regarding this process, which appears to be in breach of the industrial agreements. Further, applicants are then precluded from applying again for 12 months.

Paraphrasing examples of answers that have seen an applicant excluded include

Q: Do people lie?

A: Yes, some people deliberately lie, most people tell white lies, for example about others appearance, so as not to offend.

This is apparently an inappropriate answer. Any protective worker who does not understand that parents or other carers they are assessing *may* be lying to them is surely going to have great difficulty? It seems the trick is tell us what you THINK we want you to say.

Q: Have you had any issues with your father?

A: Yes

It seems unless you pretend you come from a perfect nuclear family, you will have trouble even getting an interview with DHS. To cast aside the invaluable contributions that many committed workers may make in Child Protection because they have experienced bumps in their family history, is

to discard some potentially most talented, committed, and genuine staff Child Protection may hope to attract. It is also discriminatory, and would not seem to pass either the State or Federal Legislation around equal employment opportunity, discrimination, and human rights.

It is well known across Child Protection and Head Office that most staff do not support value or agree with Psychometric Testing, including most senior management. But does anyone want to be seen to remove it? It is screening out many workers who would be talented, and appropriate, and are much needed in the current system. This includes current Protective workers at CPW1 who have gained qualifications, and applied for CPW2 case worker positions, who in their current roles work extremely well with families, often mentoring new CPW2s from Uni in how to deal with difficult and challenging families etc, and continue to be employed by the department to do so. Yet they have been screened out of the process through Psychometric testing where their honest answers seem to have branded them as too cynical, not a factor listed anywhere transparently in selection criteria. The test is geared to more naïve beginners - those with more life experience, and any critical analysis, do not seem to do well, contrary to their performance in the workplace.

CPSU is happy to provide the Inquiry with examples of inappropriate appointments sailing through the DFP psychometric testing, but warning signs being immediately obvious to regional staff. These staff members have later had to be removed, normal regional processes discovering fraud and other issues, etc.

The Inquiry could provide an invaluable incentive for the Department to move to do something that almost everyone agrees should happen – by recommending the removal of this counterproductive Psychometric Testing. It could also be recommended the allocation of the money saved to additional staffing and improving existing conditions and pay rates to attract and retain staff.

Regions need to be able to recruit their own staff. This point is agreed by all regional staff and management with whom CPSU has spoken. The failure of the central recruitment process has in addition been the cause of some senior Rural Regional Managers, also members of the CPSU, to resign from the Department, taking 20+ years of experience and regional knowledge with them.

Many potential applicants CPSU speaks to at Universities when giving industrial presentations as part of Social Work Courses and the like, as well as students on Placement at DHS tell us that they are disinclined to apply through a central process where they do not have control over where they may be placed/offered positions, preferring to apply for particular positions, in particular offices that suit them.

The high staff turnover means that DHS often have a high level of inexperienced staff. One region reported that 45% of their staff had less than twelve months experience working in Child Protection. While the workforce in this region was highly inexperienced, they also had a high vacancy rate, creating a significant risk to DHS as they were under staffed and the staff they did have, had limited experience. A workforce with a low level of experience places more strain on team leaders, and existing senior workers, as they cannot provide adequate support, education and supervision to their staff.

There are too many vacancies within Child Protection. This places stress on remaining workers. Positions in DHS can be vacant for three main reasons:

- The position is actually vacant and there are no staff to fill it.
- The region has chosen not to fill it to save money and meet the budget.
- A staff member is on an extended period of leave.

In the third instance, the position is not recorded by DHS as being vacant, however, there is no one to cover the workload. When a staff member of either CPW 1, 2 or 3 level goes on extended leave, backfill does not occur, leaving team leaders and teams to manage the additional cases. Many of these cases may remain 'allocated' to the absent worker, another common method of 'hiding' cases, or reducing the unallocated list. Backfilling when a team leader goes on leave is not automatic, and when it does occur a CPW 3 often performs higher duties of the team leader, and manages their own cases. Some teams have recorded being without team leaders for up to six months. When a vacancy occurs it often takes at least three months to replace staff. As a result, the worker's caseload is often dispersed amongst existing staff, creating higher workloads for staff.

Some units report having been 'resized', losing EFT to cover up the number of vacant positions in the system. There are recorded cases of where three teams of six workers have been reduced to three teams of five workers without consultation. The reduction in EFT has contributed to the workload of staff.

In a profession like child protection it is imperative that workers have time and opportunity to take advantage of training to update their skills and learn new theories to approach the work and help the children and their families in their case loads. In the current environment this is mostly impossible, due to high work load.

Some staff record not being encouraged and supported to develop their skills to become team leaders when a team leader cannot be recruited. This progression is not encouraged as it creates a greater shortage of child protection practitioners to manage cases. DHS would often rather get someone from outside, even if they may not be the best candidate, as it is easier to attract staff at the higher level than to try and attract and retain someone at a lower casework pay rate. This points again to the urgency of rectifying the inadequate pay rates of Child Protection Workers.

Many CPSU members believe that until significant changes are made, until workers caseload ceilings are introduced and case loads are reduced, until a family-friendly work environment is provided, until true support is offered to staff, until resources are provided, the issue is going to remain. There needs to be a genuine commitment made by DHS and government to solve the issue of staff retention. Staff report that exit interviews rarely occur for staff who leave Child Protection, but move somewhere else in DHS, and collecting information about why staff leave could be useful in developing a staff retention plan. The CPSU has been collecting this information from our members leaving the system for some time. There are 3 consistent points:

We need

1. **Workload controls and caseload ceilings** – there is a limit to the number of real children that one person can reasonably be expected to protect, support and fulfil statutory requirements for.
2. **More staff** – are needed to deal with the huge volume of unmet demand. Demographic changes alone in increased children have not been kept up with, let alone the increase in notifications and substantiated cases.
3. **Better Pay and Conditions** – Victorian Child Protection Workers are the lowest paid in Australia. They have one of the most difficult jobs, which has increased in complexity in client base, and legislative changes, none of which have been matched in remuneration, or other conditions.

The current vacancy levels in child protection means that DHS is constantly recruiting staff from here in Australia and from overseas. Despite the constant recruitment process, the CPSU has been notified by its members that there are never enough workers to cover the workload.

DHS spends a lot of time and effort recruiting child protection practitioners, many from overseas. The reality is, that existing workers are not seeing a reduction of stress or workload. There is not enough new staff being recruited to cover the staff leaving, and the staff on extended periods of leave. Many new staff in Child Protection recruited from the United Kingdom or other overseas countries leave within the first year to eighteen months. These staff are our members too. Despite coming from some of the toughest London Boroughs, or Industrial Towns in the UK, they are shocked at the conditions they find on arrival. They love their new colleagues, who try and support and assist them, they are well versed in child protection issues and dealing with challenging families, but the workloads, lack of protection and controls, and conditions are a shock. This tells us something important about the accuracy of the oft touted 'we have the best Child Protection system in Australia' that DHS often claims. Based on the theory, legislation and intent of practice, this once may have been true. After years of underfunding, understaffing, and underpayment and overwork of staff, this is no longer the case. The system has degraded, and needs an immediate large injection of funding, to deal with additional staffing, better payment for retention of current staff, and a new system of workload controls and caseload ceilings.

The recruitment process takes at least three months to fill vacancies as staff are required to undertake Beginning Practice training before they are operational. During this time, new staff are counted in EFT, however do not carry cases. The Beginning Practice training takes at least seven weeks to complete, after which, staff are meant to carry a limited caseload of 6 cases for the first year. Due to the staffing shortages, and the high number of unallocated cases, members have reported that limited caseload for the first year is not occurring. New child protection employees mentioned feeling overwhelmed by the high levels of cases they are expected to manage at the completion of Beginning Practice. Some workers are being allocated cases before attending, let alone completing, beginning practice. Some regions try and get around this by co-allocating cases to new workers and unit managers, team leaders or other workers. Some workers have been allocated cases before they have even technically commenced at the workplace, in the rush to get cases off the unallocated list to meet head office targets.

The Gippsland Region has suffered from a critical inability to recruit and hold staff. DHS has again recently been forced to intervene and provide an emergency staff response from existing resources to try and deal with massive caseloads that cannot be assigned. They have channeled many UK recruits to the region. Those that have stayed have tended to be in offices where strong team leaders are very strict about not allocating large unmanageable numbers of cases to workers, and where they refuse to carry or manage unallocated lists themselves, so that they can provide the appropriate supervision, support and guidance necessary. Appropriate caseload ceilings, and a different system for managing unallocated cases, not carried by team leaders as suggested by CPSU would allow all new workers, UK recruits or otherwise, to experience these same conditions. Similarly recruits in rural regions have stayed in offices that have standalone rural after hours services, as negotiated by CPSU, and suggested as crucial across the state.

The department should consider special zone allowances for regional employees as a recruitment and retention incentive.

## **Unallocated cases**

CPSU is concerned with the number of cases of at risk children that remain unallocated across the state. When a case is unallocated, team leaders are asked to manage the case, limiting their ability to support and supervise staff. This should not be read as the children in these cases receiving appropriate support or protection, rather their name, and the stress associated with that burden, attached to the team leader.

Where team leaders hold an unallocated list, their capacity to fulfil their crucial team leader role is restricted. It is this team leader role and the supervision they are supposed to provide that is the main alleged protection against overwork and over allocation of caseworkers, that has been demonstrated to lead to cumulative physical and psychological injury. When the number of unallocated cases are as high as they are at the moment, team leaders can find themselves managing in excess of 120 unallocated cases. It is obvious that no one person can be aware of the welfare and protective needs of 120 children, let alone act appropriately on them. For DHS and the State of Victoria to place this responsibility on any person is unsafe for the worker, and the children, and is seeking to abrogate the responsibility, which rests with the State. It is obvious that this situation, and the stress and distress it

creates for workers worrying about what will happen in the cases that they cannot possibly address, no matter how many hours a week they work, can quite quickly contribute in this unsafe system of work, to cumulative physical and psychological illness and injury. In short many team leaders ring the union in tears or experiencing distress, or breaking down. This occurs on a regular basis. This is an unacceptable cost to workers and the system, and must cease. CPSU's position is that team leaders should carry NO cases, except for one or two limited co-allocated cases that may be required in assisting train and skill new workers. Given that this position is responsible for ALL supervision, case directions as delegated under the *CYF Act 2005*, and the support and guidance of workers doing very difficult and challenging work, their attention is needed by their staff, and their legitimately allocated cases. That is more than enough work for one person, any more cannot be safely or sustainably continued. Many offices have more than 50% staff who are new workers or have less than 1- 2 years experience and who need more than minimal guidance.

CPSU believes that there are approximately 2000 cases that are not allocated to a caseworker. These cases are either under investigation or under court order. The recorded number often ranges between 1200-2000, but this does not reflect inappropriately allocated or hidden cases.

We say these include:

- Cases allocated to absent workers and workers on extended leave
- Cases allocated to unit managers and team leaders, who have no capacity to work them
- Cases allocated to staff on maternity leave
- Cases allocated to staff who are CPW1s and do not have protective intervener delegations under the Act
- Cases allocated, in name, to Workers who once worked in Child Protection, but who now work in other areas of DHS, like Disability services, and are not working these cases
- Cases allocated, in name, to workers no longer in child protection, that may have limited tasks or checks being conducted by other, untrained, unqualified staff, again for example in Disability
- Cases that are closed inappropriately, before sign off by SIPWs, to meet statistical requirements

- Cases that are closed against the recommendation of Protective workers, to meet statistical requirements
- Cases that are allocated to workers, in excess of a manageable workload, where workers are told not to work on these cases for several weeks, until they have finished the lengthy reports, checks, and closure activities on their other existing cases. *This 'hides' that these cases are effectively unallocated, as no one is looking at them, or doing anything that could protect the children within them, yet they do not appear in the 'unallocated stats'. This causes great distress for workers, who are first concerned for the children in the cases, but also concerned about what they may be later asked in court or in a child death enquiry about why they took no action for 4-5 weeks to protect children who are clearly allocated to them.*
- Cases allocated to workers who have not completed, or sometimes not started, Beginning Practice training
- Cases allocated to students on placement
- Cases co-allocated to other Protective workers but being 'worked' by students

The reason for the high number of unallocated cases is there is not a sufficient number of CPW 2 and CPW 3 case workers employed by DHS to have the workload allocated. Neither are there sufficient CPW1 or Case Support Workers employed to assist with client access visits, transport, liaising with families, and a range of other crucial supports. Again neither are there sufficient Administrative Support Staff employed to assist with voluminous case notes, minutes of meetings, and a range of other administrative and logistic support. Team leaders are often made to feel responsible for ensuring essential tasks on unallocated cases are completed – requiring them to allocate tasks to workers who already have a high caseload. One region reported that more than 55% of its cases were unallocated due to staff vacancies.

Unallocated cases create stress amongst staff. So do hidden or inappropriately allocated cases. There is a large unmet demand for protection of vulnerable Victorian Children, that requires the state to take responsibility and employ the appropriate numbers of staff, at the appropriate rates, with the appropriate workload controls and conditions.

Unallocated cases are often not appropriately managed, or not managed at all due to time restraints, and often lead to crisis situations.

The number of unallocated cases that team leaders need to manage is *unmanageable*, severely restraining their ability to carry out necessary supervision of staff. According to DHS policy and guidelines, supervision of CPW 2 and CPW 3's is meant to occur on a fortnightly basis. It is through supervision practices that staff workload is monitored by team leaders. If a worker is having difficulty completing required tasks for their allocated cases, through the supervision process, team leaders are meant to provide support to the worker, reallocate cases to a worker who can complete the required tasks, or deallocate a case to the unallocated list. Members have indicated that supervision is occurring on an ad hoc basis, and that there is not a proper forum for them to express their concerns if they feel overwhelmed with the cases that they are allocated. Given their state of knowledge of their team leader's workload, and state of fatigue, this can also prevent appropriate issues from being raised, or being dealt with.

R34 unallocated cases should sit with the Minister/Secretary until a CPW in the region has a spare space.

## Rates of Pay and Leave Entitlements

CPSU believes that one of the crucial reasons DHS is struggling to recruit and retain staff within child protection is due to the current rates of pay, leave, and other entitlements child protection workers receive in Victoria.

Child Protection practitioners are required to have a mandatory qualification in social work (or equivalent accepted qual) to begin practice as a CPW 2. They are required to exercise significant responsibility, judgement, assessment capabilities, work in extremely difficult and challenging conditions, and exercise statutory responsibilities and delegations. The beginning wage for a CPW 2 is just \$49,173; at least \$7,000 lower than other professions that have a mandatory qualification, and lower than all other States and Territories in Australia. In some cases \$10,000 lower at the entry level starting salary, with the disparity increasing as one moves through the higher grades. Victoria does not however, have the lowest cost of living of the States and Territories, rather one of the highest. It is not difficult to see from this basic snapshot, just of the entry level, why there are problems recruiting Child Protection workers, before we even get to the workload and system of work issues.

To seek pay at the next level, a child protection worker must have worked in the profession for at least eighteen months, have been recommended by a senior staff member, meet the CPW3 Key Selection Criteria, and successfully compete in a merit selection process. Currently CPW 2 and CPW 3s are both allocated complex cases (previously only the domain of CPW3s, as described by their Work Value Descriptors), as these are pretty much the only cases that get in through the front door of the current system. Management positions in child protection cannot deal with caseloads, whilst useful in supervising supporting and other important roles, they do not relieve the workload pressures felt by operational child protection staff, in the absence of additional staffing.

Child Protection currently has a restricted career structure. CPW 3's who work in Child Protection for more than seven years, become stuck at a barrier and cannot progress further. To progress to CPW 4 they must become a team leader but many staff do not want to do this. Becoming a team leader requires managing staff and no longer being a caseworker. There is a restricted career structure for long-term case managers who have invaluable skills, have developed specialist expertise, are often consulted by more senior colleagues on their areas of interest and skill, and do not want to move to

positions that require the management of staff. This restricted career structure is unappealing to most workers; a caseworker, team leader, or, occasionally, a special infant protection worker is the most to which a child protection worker can aspire. It also does not match the breadth of skill and experience that is now required to deal with cases across a complex range of areas, with legislative changes and client base changes. A career path needs to be developed that retains and rewards employees who wish to remain professional caseworkers, caseworkers desperately needed for the functioning of this complex system, and to deal with the extensive caseload of the state. CPSU and members have developed a comprehensive CPW Classification as part of the cl 18 Classification review process, which DHS has costed and rejected, by saying there are no additional resources.

This new CPW system enjoys wide support, including from many senior managers in regions and head office.

Key features include

- an enhanced classification for Case Support Workers, with a soft barrier between CPW 1-2 linked to work value criteria.
- A new 3 grade caseworker band for Child Protection Practitioners, across a new CPW2 entry level, CPW3 Senior worker and CPW4 Advanced Practitioner, with soft barriers between grades, linked to work value criteria. This reflects the true breadth of skill development, experience and specialist acquisition required across a career as a caseworker, re-introduces the ability to mentor at senior grades, acknowledges and encourages the acquisition of invaluable specialist skills (be it with Sex Offenders, Infant development, Adolescents, Migrant Communities, Indigenous Communities and respectful practice, etc.)
- A new CPW5 for existing team leaders, SIPWs Court Officers and similar.
- A new CPW6 for Unit Managers
- A new CPW7 for Regional CP managers and Assistant Managers
- In addition to these structural adjustments, to reflect the work actually required to be performed, an adjustment of 15% across the board to reflect appropriate market rates, and appropriate work value delivered is required.
- This would lead to a starting rate of \$56,549, similar to a starting Teacher Salary with an equivalent qualification, and similar to comparable states Child Protection entry levels. This

would still not match NSW \$58,000 entry rate, and thought should be given to matching this entry level.

The leave entitlements offered to child protection practitioners is insufficient compared to the work that they do. Workers need to be given adequate leave entitlements, to allow them to truly rest and recover prior to recommencing work at the end of their leave period. Worker 'burnout' and stress related health issues are prevalent among staff, but more importantly, child protection's core work is the safety and protection of children. When workers are stressed, under pressure, and experiencing physical and emotional health issues, they cannot function adequately or be given the huge responsibility of ensuring children's safety. The CPSU believes that leave entitlements available to child protection practitioners should be increased, consistent with leave entitlements of other emergency service workers. Many child protection workers report taking annual leave to recover, in times of high workloads or after traumatic incidents.

Workers at CPW2,3 and 4 can currently can access a fifth week of annual leave if they work 152 hours overtime, that's 4 whole weeks of extra work, or 76 hours overtime (2 extra weeks work) if they participate in Rural after Hours Child Protection Service response in addition to their day time workload. The existence of this 'threshold' is not appropriate, and this leave should immediately be extended to all CPWs, at all grades.

Additional leave, that can be planned for and regularly scheduled across the year, would benefit workers health and safety, retention and productivity of workers and the re-establishment of a stable, experienced, and robust workforce.

CPSU is of the view that 3 additional weeks leave would be appropriate.

## **OTHER ISSUES**

### **DEMONSTRATION PILOT**

DHS were conducting a pilot in the Eastern Metropolitan region to inform future decisions about the operating model for child protection in Victoria. We understand based on a restructure of that region's Child protection Program and discontinuation of funding for the model, that that model is no longer being supported or pursued by the Department. If this proves not to be the case based on evidence submitted by the Department or further developments we reserve our right to comment on this more fully at a later date.

The union finds this current position incongruous, given one of the Department's primary reasons as to why it does not wish to adopt or further explore the new CPW classification model put forward by the CPSU and Child Protection Workforce, is that it believes it would not align with the demonstration project and hence future direction of Child Protection practice.

The demonstration pilot provided for one extra team, a number of senior practitioners who do not carry a caseload and one principal practitioner. Child protection workers find that the senior practitioners are a valuable resource, however they do not relieve the issue of high caseloads as senior practitioners do not have cases allocated to them. This is in contrast to the classification model proposed by CPSU, where the insertion of an additional band into the case work classification structure, a new CPW 4 Advanced child protection case worker, would allow the retention and remuneration of highly experienced advanced workers as both case workers and mentors and practice leaders.

The role of the principal practitioner cannot be reviewed due to difficulties in staffing this position. While the idea of senior and principal practitioners keep valuable resources and knowledge within offices, child protection workers report that what is actually required to make a difference to their high workloads, is an increase in the number of staff who can carry caseloads. This means that recognizing this skill and experience in a different way as proposed by the CPSU's 3 band caseworker CPW 2, 3 4 structure would be a more appropriate means to increase retention of skilled workers particularly at the new CPW4 Advanced caseworker level. It would increase ability to mentor new

workers, and deal with the challenges of caseloads. As well as a new classification structure, there needs to be an increase in the number of CPW 2's and CPW 3's and CPW 4s employed by DHS, and team leaders to manage them.

The results of the demonstration pilot show that there is no quick fix to child protection. The system cannot be fixed by changing the operating model, without DHS providing adequate resources to address the high workload, (through ceilings or caps, and additional staff,) and the staffing pay and conditions issues.

## **AGGRESSIVE AND ABUSIVE CLIENTS**

Child protection workers find that they often have to deal with aggressive and abusive clients. CPSU believes that training specific to dealing with aggressive and abusive parents should be provided to all operational child protection workers. DHS should implement clear policies and protocols on how to deal with these clients. Workers report that currently, if they were to terminate a call on an abusive client, the case manager is seen to have an issue, not the fact that the abuse will not be tolerated from an abusive client.

Many child protection workers report being verbally or physically abused during their employment with DHS. Workers are often exposed to aggressive and threatening behavior from clients. It has been reported that adequate debriefing after incidents is rarely provided. Workers are not debriefed on the job and their own level of trauma is huge. Debriefing is over run by task management. Many experienced workers have left the system with this (along with workloads and pay) being a contributing problem.

The dearth of experienced Practitioners in many regions, who would in the past have played important roles in mentoring and training new graduate workers, particularly in dealing with and diffusing difficult and challenging clients and behaviours, is keenly felt. In many regions this role is invaluable being performed by skilled Case Support Workers, at either CPW 1 or CPW2 level, who often have exceptional skills in dealing with and diffusing difficult and challenging clients and behaviours, and who despite not being protective interveners, play a crucial role in training and mentoring new graduates, who may be very talented and develop into fantastic Child protection workers, but who often require

assistance in developing the practical and complex skills of dealing with these challenging families and situations.

This skill set and the training being provided by Case Support Workers to Protective Workers is greatly undervalued and under acknowledged by the Department. DHS's dismissive response to CPSUs proposal of CPW1-2 Case Support Worker band to acknowledge this kind of work was greatly disappointing to CPSU, and to our hard working Case Support members. The disparaging way they are spoken of because it is not a requirement for Case Support Workers to have a mandatory qualification amazes us, and demonstrates a lack of understanding of the meaning of work value, and of how the Child Protection system is currently operating. The fact is that many Case Support Workers do have qualifications, and choose to do this work so that that can devote most of their time to intensive and therapeutic work directly with families, seeing this as their chosen way to deliver what they view as the most effective way to achieve change in families and young people. This is an area of work that we believe has much potential and there are a range of interesting and innovative models emerging across some regions which we would be happy to discuss with the Panel.

## **CLIENT RELATIONSHIP INFORMATION SYSTEM (CRIS) - TECHNOLOGICAL/SYSTEM SUPPORT**

Staff report that since the introduction of the CRIS system, workload has increased up to threefold. Staff find CRIS time consuming and often unreliable. There have been reports of CRIS losing case notes, problems logging in, and time delays in generating reports. CRIS adds to the workload pressures already felt by staff. Staff feel that the time resources that need to be allocated to keeping CRIS up to date detracts from the time being able to be spent face to face with clients, ensuring children's safety. General opinion of staff is that the CRIS process is the **director** of working with children and families, rather than it being an **accurate record** of the work that is carried out with each child and therefore reflective of the work a child protection worker can do with a child. CRIS appears to have become the **shaper of the child protection practice** rather than the **record of a child's safety and wellbeing**.

There have been a number of 'patches', fixes, changes to CRIS, some have been improvements to functionality, some have created more work, and some have created further bugs. Most importantly despite repeated assurances from DHS, they continue to fail to consult the union and workers about

any PROPOSED changes, in advance of implementing them, as required by the VPS agreement, and committed by CYF Exec directors on a number of occasions. This means that vital opportunities to give feedback about potential positive or negative consequences of proposed changes are missed, and workers suffer the consequences in laborious processes, or lost information.

Workers report regularly losing information through crashes, to the point that most workers have a copy of notes going on word at the same time, to counteract losing reports after hours of work.

Problems have included the screens flicking to different cases without notice, meaning that incorrect and potentially damaging information is placed on the wrong persons file, and not recorded on the file it is supposed to be on. This is extremely serious – it could lead to negative information placed on the wrong file contributing to children not remaining with a family where they should, and it could lead to positive information on the wrong file leading to a child otherwise at serious risk being inappropriately left in an unsafe situation. Both consequences are unacceptable and made all the more likely with the extremely high turnover of staff, meaning new and different workers are constantly being assigned to cases, and notes that do not belong therefore innocently and honestly being digested as a true representation of the case history, by the new worker. It's just a computer system, but you can see the potentially devastating consequences that can arise, from just this example.

This system has been much discussed elsewhere, in previous Ombudsman Victoria reports, and the CPSU is clearly of the view the \$95+ million spent on the system would have been better spent addressing the 3 most critical areas for the workforce, and vulnerable children, to stop the cycle of workers leaving i.e.

- More staff
- Better pay and conditions
- Caseload limits/workload controls

It is of note that overruns in IT or infrastructure areas seem acceptable, or at least paid for. Yet spending the money to put the staff and the safe conditions they need to be able protect children, in place – i.e. the *social infrastructure* needed to protect our most vulnerable children from abuse, is not paid for.

## CONCLUSION

The Inquiry should note that the CPSU has been presenting the core Child Protection issues included in this submission for a long time, but unfortunately the Department has been very reluctant to agree to any ceiling levels for Child Protection workers. Nor has it employed sufficient additional staff or reformed their working conditions.

As a consequence of this negligence, these workers are constantly working in a crisis-management situation, experiencing extreme levels of stress which have a negative impact on their health and well being. This is only noticed by management after a PIN is issued from an HSR, when WorkSafe issue an Improvement Notice for lack of compliance with the *OHS Act 2004*, or when workers take protected industrial action, during periods of bargaining.

WorkSafe inspectors together with the CPSU Health and Safety Representative Support Officer are currently trying to work with the Department to ensure that these issues are monitored and controlled but management is struggling to comply with chronically low levels of control that are failing to provide safe systems of work.

A recommendation for Child Protection workers to have access to safe workloads by introducing caseload ceilings will not only reduce the risks to the worker's health safety and well being, but will also contribute to enabling the Department to provide safe systems of work, therefore avoiding constant non compliance with S.21 (2)(a) of the *OHS Act 2004*.

DHS' current and previous OHS statistics clearly show that psychological injuries related to extreme workplace stress levels experienced by Child Protection workers are actually rising, costing the Department hundreds of thousands of dollars every year in workers compensation alone. This does not take into account potential liability for civil actions taken by workers in the County Court with respect to compensation for cumulative physical and psychological injury, one Child Protection worker's case alone saw an outcome of around \$1 million in recent years.

The CPSU believes that exposure to psychological injury caused by workplace stress is not only a burden to an efficient operation of the program, but it also contributes to post traumatic disorders to those Child Protection workers that have been affected from these particular uncontrolled workplace hazards therefore contributing to long term illnesses such as depression. These system of work

failures contribute to the crisis levels of stress in the workplace, and contribute significantly to turnover.

Child Protection have a need to develop and maintain a culture which goes beyond the workplace, and adopts a holistic view of health and safety primarily focused on risk prevention. The workplace should be an environment where health and safety are not considered as afterthoughts but are integrated throughout all work systems and processes.

Appropriate preventative measures (such as access to safe ceiling levels) should be in place in order to minimise the possibility and severity of occupational incidents and illness.

If recommended and implemented, reasonable agreed caseload ceiling levels will ensure that employers and employees will be aware of the importance of preventative health and safety measures. The Department should invest in developing the knowledge, expertise training and commitment to apply these measures to their workplace. The CPSU with the Department and the OHS Regulator WorkSafe could work together to improve health and safety across Child Protection.

Clearly, adequate levels of OHS bring about a reduction in work-related injuries and threats. It is also very important that the severity of accidents is reduced, as these are the ones that have more devastating consequences for the injured workers, and DHS' ability to meet the worthy aims of child protection.

External research reveals that best practice organisations adopt a consistent, systematic approach to managing OHS, focusing on occupational health promotion and hazard elimination as the underlying purpose of OHS systems. Further, it indicates that a positive OHS culture (the acceptance of OHS as a core organisational value in the minds of leaders and staff) is required in support of a robust OHS management system if enduring performance improvement is to be achieved.

A caseload ceiling would reduce the workload of child protection workers, and provide an ongoing control regarding overwork. Addressing current workload levels need to be a priority of DHS to address the high levels of staff turnover, and the vacancy and recruitment problems that the department has. Retaining staff and addressing inadequacies in pay structure and leave entitlements

will reduce workload due to a higher number of experienced staff staying within the profession, and developing a less fatigued, more residentiallient workforce.

DHS needs to address the systemic problems which exist within child protection. There is no band-aid fix to repair the system. Issues raised in this report need to be addressed in conjunction with one another to repair the system. Workload issues need to be addressed by reducing the number of caseload, increasing the number of staff, reducing staff turnover and making work systems more efficient.

For all the above reasons the CPSU would encourage a recommendation for Child Protection ceiling levels to be agreed with CPSU and members, and implemented by DHS.

In reality this is the only short and long term solution.

The experiences reported in this submission are not 'one offs', but clear and consistent messages we received from members all over the state.

The PINs validate the concerns raised for years, and delineate the workplace issues irrefutably.

## RECOMMENDATIONS

1. CPSU recommends that a caseload ceiling be developed and implemented to ensure a safe workload and the best response for a child. A caseload limit would prevent unsafe numbers of children being allocated to any one worker, ensure staff resources are properly allocated across the state to address the issue of caseload discrepancies allocated to child protection practitioners in different regions and/or teams. It is demonstrably clear that a safe system of work is only possible where caseload is controlled, and this cannot be achieved via supervision. This will provide a vastly better quality of service for Victoria's vulnerable children.
2. CPSU recommends that in determining workloads for child protection workers, in combination with an upper caseload ceiling or limit, there be a further control – workers and supervisors using the agreed Workload Factors to further moderate their caseload and workload downwards
3. CPSU recommends that DHS implement a consistent definition of a 'case' across Child Protection, where one child is seen as one case, to properly show the amount of work assigned to child protection practitioners.
4. CPSU recommends that current guidelines for case allocation be reviewed to ensure that cases are not being allocated to workers who can't properly attend to them. The complexity of a case, the cases a worker already has and their complexity should be taken into account when cases are being allocated.
5. CPSU recommends that at least several hundred new CPW 1's, CPW 2's, CPW 3's and CPW 4's be employed to reduce the workload of current staff to a reasonable level in order to provide a quality service to children and the state of Victoria. This should be an investment in the order of \$480 million over 4 years.
6. CPSU recommends that when assessing workload, DHS take into account the practicalities of the position – including number of cases, travel time, accesses, duty work on other cases or tasks, required court attendance and reporting.
7. CPSU recommends that DHS address issues that affect the retention of trained staff - including workload, staff support, staff burnout, and pay and conditions
8. CPSU recommends that DHS backfill positions during periods of leave in order to reduce the pressure felt by teams.

9. CPSU recommends that DHS fill all vacant positions within child protection.
10. CPSU recommends that DHS develop a strategy to entice ex child protection workers back into the profession through better working conditions, and guarantees on workload controls (via caseload ceilings)
11. CPSU recommends a new CPW structure and an increase in the rate of pay for operational child protection workers to reflect the work that they do. The graduate starting wage should be consistent with other professions that have a similar mandatory qualification, and be competitive with rates across Australia.
12. CPSU recommends that leave entitlements available to child protection practitioners should be increased, consistent with leave entitlements of other emergency service workers.
13. CPSU recommends that our new CPW classification structure with improved career path and improved rates that retains and rewards employees in a professional stream, not dependent upon managerial level promotion, be implemented.
14. CPSU recommends that an early intervention strategy to address staff stress including regular group debrief sessions and individual debriefing when necessary.
15. CPSU recommends that DHS genuinely consult with child protection staff and the CPSU about changes to the system.
16. CPSU recommends that DHS invest further resources to create preventative systems for dealing with aggressive and abusive clients. All child protection staff who have contact with clients should be provided with adequate training to deal with aggressive and abusive clients. The significant skill of many case support Workers in this area should be recognised, rewarded, and promulgated.
17. CPSU recommends that CRIS be reviewed and updated or replaced to ensure it adequately fulfils the reporting requirements of child protection. Workers should receive training in how to use CRIS time effectively. Any Changes to the system should go through a consultation and feedback process with the CPSU and workers, before changes are implemented.
18. CPSU recommends that adequate funding must be obtained from government based on a new model of staffing ceilings which relates to the work required to be done – not ERC or BERC bids made without regard to the real level of work and staffing requirements. This should have regard to demographic trends, and funding should increase proportionately.

19. CPSU recommends that zonal provisions be implemented based on DSE and DPI allowances which provide extra payments for particular locations in Victoria where recruitment action is difficult.
20. CPSU recommends an appropriate system for management of unallocated cases is developed in consultation with CPSU
21. CPSU recommends a Child Protection Relief Bank be developed and administered by DHS, in agreement with CPSU, to provide relief staff across the state.
22. CPSU recommends new regional mobile child protection teams be developed by DHS in agreement with CPSU, to provide a flexible work environment and additional capacity to deal with fluctuating workloads across defined region/s.
23. CPSU recommends additional leave and other appropriate conditions be provided to attract retain and support the ongoing safe work practices of Child Protection Workers in Victoria.
24. DHS to conduct an assessment of the number of notifications, and substantiated cases they expect to receive across the year, and the number of hours required at each CPW level, by region and program, they expect to need to deal with this workload. DHS to develop an appropriate margin of fluctuation for these estimates. CPSU recommends that this model be worked on and refined each year, and tested with each year's actual notification and workforce data. This will allow over time a sophisticated and more realistic model for staffing and resourcing, and will allow testing for trends in case development, will allow predictive modelling of different practice options as a further means of assessing potential changes, or potential impacts of social and community changes and trends. This information to be shared with CPSU.
25. CPSU Recommends that Child Protection services be recognised as the Emergency service they are, including with access to ESSS superannuation.
26. CPSU recommends that no case be allocated to team leaders or unit managers, in recognition of the primacy of their supervision and support role in managing staff, except for limited co-allocation of maximum 2 cases with workers for training purposes.

27. CPSU recommends the removal of the current unsafe threshold of 4 weeks of overtime (156 hours) to access the 5<sup>th</sup> weeks leave for CPWs, and the extension of this provision to all CPWs.
28. CPSU recommends an agreed standalone model of Rural After Hours Child Protection Service be made available to workers in all Rural Regions, and that this model be fully funded, to prevent Rural workers working both full day time caseloads, and then conducting night time emergency work.
29. CPSU recommends that CAHECPS be fully funded to deliver emergency after hours child protection services, and coordinate the state wide function. This must include the reintroduction of an appropriate Contingency Unit.
30. CPSU recommends that Streetworks Outreach service and CAHAPS be fully funded to provide a full after hours service.
31. CPSU recommends that Secure Welfare Services be fully funded to provide a full service to at risk young people.
32. CPSU recommends that appropriate placements are funded and arranged, for placement support functions, particularly in rural regions.
33. CPSU recommends that the contracting out of case management services in Child Protection has gone too far, and whilst statutory functions are retained and managed by DHS, inappropriate cases have been contracted out, against the best interests of children, to reduce unallocated statistics. These cases are often then required to come back into the system, and extensive work conducted, but most importantly with less than optimal results for children and young people who are the subject of these cases. This should be reviewed, and more stringent guidelines put in place.