#### Caseworker workloads and welfare concerns

8.37 In the context of increasing risk of harm reports (discussed in chapter 3), and questions about whether FACS is adequately resourced, stakeholders also raised concerns about caseworkers having high workloads and the impact this has on workers' physical and mental health.

#### Caseloads

- 8.38 The NSW Council of Social Service highlighted the critical role frontline workers play in supporting vulnerable children, young people and families. It noted, however, that workers are faced with increasingly complex cases and insufficient resources, and high caseloads, thereby affecting the amount of time a worker can spend on each individual case. 715
- 8.39 Uniting also argued that FACS caseworkers have high caseloads, which it suggested is 'putting children at risk' and leading to burnout experienced by staff. Acknowledging that the caseworker to child ratio has improved since 2012-13, when it was one caseworker for approximately 25 children, Uniting suggested that the ratio still remains well above the 1:12 ratio recommended in the 2011 NSW Ombudsman's Keep Them Safe report. 716
- 8.40 However, it was not clear to the committee as to whether the department sets formal caseload targets for its workers. When the committee questioned two caseworkers who work for FACS about their caseloads, both witnesses were unable to confirm whether there are mandated targets. One caseworker noted they could be allocated anywhere between eight and ten cases, depending on the circumstances and whether there are multiple children in the family.<sup>717</sup>
- 8.41 The other caseworker said that in the out of home care sector, a caseworker may have between 12 and 15 cases. However, this worker noted that caseloads vary depending on a variety of factors, which are taken into account when each caseworker meets with their managers to discuss their workload:

It all depends on complexity of cases, on issues that we face, which support we have to put in place for families, how many children and their ages...We do not have the formula [of] how many cases will be allocated to each caseworker...we have monthly workload planners with managers when manager[s] discuss every task, each individual task, that we need to complete [for] each famil[y]. Each task has set up hours of time and in accordance [with] that the manager is able to decide how many cases will be allocated to individual caseworker.<sup>718</sup>

8.42 The average caseload figures provided by these caseworkers were consistent with the evidence provided by Mr Ray Wilton, a former casework manager of FACS who is currently seconded to the Public Service Association. Mr Wilton advised the committee that in out of home care, caseworkers may have about 13 cases, whereas they would generally have between six and

<sup>&</sup>lt;sup>715</sup> Submission 68, NSW Council of Social Service, p 13.

Submission 76, Uniting, p 15.

Evidence, Witness G, Caseworker, Department of Family and Community Services, 27 September 2016, p 10.

Evidence, Witness F, Caseworker, Department of Family and Community Services, 27 September 2016, p 10.

eight cases if they were involved in statutory child protection work. However, Mr Wilton noted, like the other departmental caseworkers, the allocation of cases will vary depending on the 'degree of complexity in cases'. 719

- 8.43 The Public Service Association, which has members that are departmental caseworkers, raised the following concerns relevant to caseworker workloads:
  - benchmarks are unrealistic and arbitrary, as caseworkers are allocated work regardless of capacity, and that some staff have been the subject of disciplinary proceedings that were initiated for not completing work within unrealistic timeframes on the basis that they were 'not adhering to departmental policy'
  - court work and administrative work is a significant burden in terms of time and resourcing
  - caseworkers are working excessive unpaid hours, as noted by 80 per cent of respondents in a recent workload survey the union conducted
  - large numbers of staff still have excessive leave balances, despite recommendations by the Auditor General in 2015 that initiatives be developed by the department to address this issue
  - flex time is often being forfeited by staff, and that there is no central record of flex time being kept by FACS which was identified as an issue by the Auditor General in 2010 but which has remained unaddressed. 720
- 8.44 The union, who was particularly concerned about the impact of high workloads on staff wellbeing, said that caseworkers 'are being stretched to near breaking point in responding to their overwhelming workloads'. 721
- 8.45 Interestingly, Ms Townshend from the CREATE Foundation, suggested that 'across the board caseworkers are overworked' and that they have too many cases and are often dealing in crisis situation[s] as opposed to business as usual. 722
- 8.46 To assist caseworkers in managing and controlling their workload, the Public Service Association has developed a workload planner. Mr Turner told the committee that the planner was developed about 20 years ago, although it has now been modernised, and that the Secretary of the department, Mr Michael Coutts-Trotter, has agreed for the planner to be rolled out to staff. 723
- 8.47 Mr Wilton explained that he had a 'cynical' view as to why the department did not provide its own workload planner, as it would enable the department to allocate more cases than workers could manage:

Evidence, Mr Ray Wilton, Casework Manager, Department of Family and Community Services and secondee to the Public Service Association, 27 September 2016, pp 20-21.

<sup>720</sup> Submission 66, Public Service Association, pp 13-17.

<sup>721</sup> Submission 66, Public Service Association, p 14.

Evidence, Ms Townshend, 16 August 2016, p 56. 722

<sup>723</sup> Evidence, Mr Turner, 27 September 2016, p 27.

I actually think that the absence of a workload planner makes it possible for the organisation to make the opportunity for people to do more than they can handle. A lot of our newer caseworkers who just want to impress and want to make a career put their own health and safety at risk. They will take on more cases than they should.<sup>724</sup>

## Staff health and wellbeing

- 8.48 As noted by the Public Service Association, child protection work is 'by its very nature traumatic and hazardous'. Combined with high caseloads and inadequate resourcing, the union highlighted the negative impacts being experienced by staff in FACS including high amounts of sick leave, increased workers compensation claims and increased cases of vicarious and secondary trauma.
- 8.49 In terms of the nature of the work, the Public Service Association noted that 'the abuse and neglect that our members encounter in their daily work is frequently distressing'. Referring to the Wood Report, the union highlighted that the amount of sick leave taken at FACS is higher than average, and that there is a larger amount of workers compensation claims for psychological injuries.<sup>725</sup>
- 8.50 Concerns were also expressed about the increased risk and incidence of vicarious and secondary trauma for casework staff, however, the Public Service Association claimed that 'Community Services has failed to acknowledge this problem or do anything to address it'. 726
- 8.51 Cara House contended that the child protection system is 'in a current state of crisis', with staff health and wellbeing being affected by increasing demands placed on workers, as well as high turnover rates. It noted that this can often lead to staff experiencing burnout and vicarious trauma:

The demands on the workers to protect and house children, complete comprehensive risk assessments, compile court documents and complete a number of other extraneous and important tasks is increasing while funding and resourcing is decreasing. This leads to burnout or vicarious trauma for workers resulting in high turnover rates and a younger and more inexperienced workforce.<sup>727</sup>

- 8.52 The Public Service Association suggested that the department is not meeting its legislative work health and safety obligations as they are failing to provide systems that are designed to manage and prevent vicarious and secondary trauma associated with child protection practice. In particular, the union noted that the department does not:
  - have a policy specific to secondary and vicarious trauma

Evidence, Mr Wilton, 27 September 2016, p 28.

<sup>&</sup>lt;sup>725</sup> Submission 66, Public Service Association, p 13.

The PSA defines vicarious trauma as the emotional residue of exposure that casework staff have from working with people who are traumatised or have witnessed trauma, and secondary trauma as the emotional duress that results when an individual hears about the firsthand traumatic experience of another, as outlined in submission 66, Public Service Association, p 15.

Submission 51, Cara House, p 3.

- raise awareness about vicarious and secondary trauma in staff inductions, training, professional development or via supervision.728
- 8.53 One member of the Public Service Association, who said that they 'strongly believe' that 'staff have high levels of unmanaged vicarious trauma', was of the view that 'management isn't concerned and keeps priorisiting more work that is becoming increasingly difficult to manage with policy changes and dwindling resources'. 729
- 8.54 In the 2014 Review of Practice First, conducted by Professor Munro, there was a specific recommendation that FACS 'consider how to make more support available to caseworkers to help them cope with the increased psychological challenges of working' in child protection. However, the Public Service Association asserted that this recommendation has not been actioned by the department. It stressed the importance of FACS taking steps to support its 'most valuable resources' - its staff:

The committed and professional workers at Community Services are the government's most valuable resource in protecting vulnerable children and it is time for Community Services to develop new ways of working for caseworkers that reduce stress, burn-out and unsafe working conditions.730

- 8,55 Mr Turner advised the committee that he had recently visited eight FACS offices, where in seven of those offices he encountered workers who were 'crying from the stress of the work and what is going on'. He explained that there is an increase in staff 'suffering from extreme vicarious and secondary trauma because of reporting or not being able to deal with reports'. Mr Turner argued that there needs to 'be better resourcing, more resourcing of staffing and support facilities'. 731
- 8.56 While Mr Turner said that he had met with the Secretary of FACS about these issues, he did 'not think it is being addressed well enough to limit the trauma that is occurring to staff within FACS'. 732
- 8.57 The Public Service Association suggested that consideration be given to strategies used overseas that have improved staff wellbeing in fields characterised by high rates of staff illness, depression and poor work and life balance. It noted that a Swedish retirement home reduced its nurse's shifts from eight hours to six hours, with the same wage, to help improve staff wellbeing and the quality and efficiency of their work. While additional staff were hired, the Union said that the Swedish trial was a success and staff wellbeing was better, as was the standard of care they provided. 733

<sup>728</sup> Submission 66, Public Service Association, p 15.

Submission 66, Public Service Association, p 13. 729

<sup>730</sup> Submission 66, Public Service Association, pp 13 and 15.

Evidence, Mr Turner, 27 September 2016, p 26.

Evidence, Mr Turner, 27 September 2016, p 29.

<sup>733</sup> Submission 66, Public Service Association, pp 15-16.

## Organisational culture and public perceptions

- 8.58 A number of stakeholders suggested that the high turnover of caseworkers within FACS was linked to poor organisational culture.
- 8.59 Dr Helen Hayward-Brown, a medical anthropologist/sociologist, argued that the high turnover of staff in FACS can be attributed to 'dysfunctional culture':

There is also a high level of turnover of staff, due to a dysfunctional culture. Former child protection workers across Australian states report being bullied into lying about parents and events at supervised access visits. This staff dysfunction and high turnover leads to excessive training costs.<sup>734</sup>

8.60 Another individual, Mrs Eleanor Hansen, who has worked with a number of families involved in child protection matters, acknowledged that the high turnover of staff is likely to be connected to the nature of child protection work, however she suggested it was also related to the culture of the department:

I understand the industry would be one with a high turnover, yet when speaking to exemployees there is a constant message – the culture of the place is not one that cares for the child.<sup>735</sup>

- 8.61 Another submission author, who has worked for FACS in a variety of different roles, said that 'the current culture and state of constant change within FACS has a significant and negative influence' on caseworkers and is affecting morale.<sup>736</sup>
- 8.62 Acknowledging that workloads and turnover of staff is affecting organisational culture, the Public Service Association also reported that morale in the department is being affected by management's focus on statistics, targets and benchmarks. The union said that 'this is driving casework practice backwards', resulting in 'an acute fall in staff morale' and 'erosion of staff dissatisfaction in their work'. One member of the union commented:

The system is too process driven, often seems to lack common sense, and is not child focused despite all the rhetoric. It has become all about stats and not about quality. There is too much emphasis on tasks that merely make the stats look good. Morale is low and there is sense of helplessness and frustration in dealing with our own organisation.<sup>737</sup>

8.63 There were also several individuals involved in this inquiry who made serious allegations about the organisational culture, performance and behaviour of staff within FACS. While many of these individuals expressed these views based on their own experiences within the child protection system, there were two key concerns raised in a number of submissions:

Submission 56, Dr Helen Hayward-Brown, p 13.

Submission 108, Mrs Eleanor Hansen, p 6.

<sup>&</sup>lt;sup>736</sup> Submission 9, Name suppressed, p 11;

Submission 66, Public Service Association, pp 20 and 28.

- bullying and retribution by caseworkers, often after complaints had been made 738
- inclusion of false or misleading information in FACS documents and evidence. 739
- However, it is important to recognise the difficult, emotional and complex work undertaken 8.64 by caseworkers. The Public Service Association acknowledged the skills, professionalism and dedication of its members in providing a valuable service to vulnerable members in the community. Recognising that child protection work is 'intrinsically stressful', the union argued that structural impediments and administrative obstacles are preventing casework staff from working more effectively with children and families.<sup>740</sup>
- 8.65 Ms Mulkerin also commended the complex and challenging work undertaken by caseworkers:

Our workers face these challenges on a daily basis and the complexity of this task cannot be understated. We are very proud of the work that our workers do and our partners in the non-government sector in their unfailing commitment to improve the lives of children and their families and their communities, and the support staff who assist them to undertake their role professionally and empathically.741

#### Committee comment

- 8.66 The Public Service Association reported that it had ongoing concerns with high caseworker workloads, which they suggested was resulting in high amounts of sick leave and workers compensation claims, burnout, stress and vicarious trauma. The committee is concerned about these reports, given the very nature of child protection work itself.
- 8.67 While there was concern from the union about an increasing focus on statistics and benchmarks, the committee could not understand why it appears that the department has not set formal caseload targets for its staff. We appreciate that each case is different, but it is not unusual in various industries and sectors to set caseload targets.
- 8.68 Setting caseload targets may help to ensure a better allocation of resources and workloads between different offices. We support further consideration of this issue by the department, in consultation with the union and staff.

#### Recommendation 19

That the Department of Family and Community Services, in consultation with the Public Service Association and staff, set caseload targets for caseworkers, taking into account the complex nature of child protection work.

Submission 29, Name suppressed, p 1; Submission 32, Mrs Stephanie Croft, pp 1 and 34-35; 738 Submission 63, Name suppressed, p 2; Submission 109, Name suppressed, p 1; Submission 114, Name suppressed, pp 2-3;

<sup>739</sup> Submission 32, Mrs Stephanie Croft, p 5; Submission 107; Name suppressed, p 1; Submission 108, Mrs Eleanor Hansen, p 2; Submission 114, Name suppressed, p 2; Submission 136, Name suppressed, p 12.

<sup>740</sup> Submission 66, Public Service Association, p 18.

<sup>741</sup> Evidence, Ms Mulkerin, 27 September 2016, p 57.

8.69 We acknowledge that child protection work is by its very nature some of the most difficult work staff can undertake. We agree that the department needs to do more to ensure that the health and safety of its staff is always protected. To this end, we recommend that the Department of Family and Community Services, in consultation with the Public Service Association, change workplace systems to improve the health, safety and wellbeing of its staff, given the challenging nature of child protection work.

### Recommendation 20

That the Department of Family and Community Services, in consultation with the Public Service Association, change workplace systems to improve the health, safety and wellbeing of its staff, given the challenging nature of child protection work.

# Complaints

8.70 This section will outline some concerns related to how internal complaints are managed within FACS and limitations associated with getting a complaint resolved by the Ombudsman.

## Internal complaints process

- 8.71 Complaints lodged internally with FACS are managed in accordance with various pieces of legislation, including the Community Services (Complaints, Reviews and Monitoring) Act 1993, the Children and Young Persons (Care and Protection) Act 1998, and the Ombudsman Act 1974.
- 8.72 Public information on the complaints process is set out on the FACS website. There is a three staged approach, where complainants are encouraged to:
  - firstly, discuss the matter with the person involved
  - secondly, raise the matter with the relevant manager or direct the complaint to the Enquiry, Feedback and Complaints Unit
  - lastly, if unable to resolve the matter, refer the complaint to the relevant external body (for example, the Ombudsman, the NSW Civil and Administrative Tribunal or Independent Commission Against Corruption).<sup>742</sup>
- 8.73 According to the department, most complaints are resolved on first contact with a complaints officer. 743
- 8.74 In terms of the internal policy and procedure for complaints, this is set out in the *Enquiry*, Feedback and Complaints Unit Procedure Manual, which does not appear to be publicly available on the FACS website. This policy was developed in consultation with the Ombudsman. 45

NSW Department of Family and Community Services, *Client Complaints*. <a href="http://www.community.nsw.gov.au/about-us/contact-us/client-complaints">http://www.community.nsw.gov.au/about-us/contact-us/client-complaints</a>

Answers to supplementary questions, Department of Family and Community Services, 27 October 2016, p 23.

Answers to supplementary questions, Department of Family and Community Services, pp 50 - 94.