



Charles Sturt
University

Identification of key determinants of caseworker workplace wellbeing in Family and Community Services, NSW

Full Report

August 2020

Charles Sturt University

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Acknowledgements

Charles Sturt University acknowledges all First Nations elders both past and present from the lands where CSU students and staff reside. In particular, CSU acknowledges the Wiradjuri, Ngunawal, Gundungarra and Biripai peoples of Australia, who are the traditional custodians of the land where the University's campuses are located. CSU also acknowledges the many First Nations peoples who are the traditional custodians of the lands in which FACS NSW operates and where this project's interviews took place.

A special thanks is given to each of the participants who so generously gave of their time and experiences to assist this study.

Great care has been taken to protect the privacy and anonymity of the participants during reporting. Pseudonyms have been used at all times when quoting participants, and no participant has been quoted alongside office or district locations so as to ensure they cannot be identified.

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Executive Summary

Background

Workplace wellbeing encompasses emotional health, cultural safety, a sense of achievement, and value alignment with fundamental work tasks. It is the product of the dynamic relationship between:

- Individual factors – resilience, prior experience, individual health, skills and capacities
- Nature of the role – psychological and physical demands, ethics and conflict
- Organisational factors – workplace culture, resources, technology, training and support.

Each of the above factors exists within the context of cultural, societal, legal, political and regulatory frameworks that influence relationships within and between the individual, the task and the organisation.

This study interviewed staff selected via a stratified random sampling method. The strata included rural/metro, small teams/large teams, males/females, new/mid/long-serving staff, recent departures; all proportionately sampled across every administrative region. This sampling method, along with high response rates, lends high confidence that those interviewed were a representative sample of the FACS workforce.¹

Context

FACS is charged with delivering a highly visible and essential public service, in partnership with other (government and non-government) health and human services. Its work is constrained by government policy, funding and public expectation. Changing legislative requirements and resource allocations for frontline service delivery can be made even more difficult by media scrutiny when incidents are publicised. The political context can also impact on relationships between managers and caseworkers.

The unique operating context for FACS caseworkers impacts on their capacity to achieve both personal and organisational goals, which in turn influences their wellbeing. The work context also brings various challenges, many of which are common across human service organisations and some that are unique to the role and mandate of FACS.

Values alignment

The first and perhaps most fundamental finding of this research was the strong alignment between the articulated organisational values and the personal values of FACS staff. The interviews revealed that staff are committed to the overarching goals and mission of FACS and their role in carrying out this valuable and vital public service. Another key finding is that the nature of the work is not a major cause of workplace dissatisfaction for the vast majority of staff. There is an appreciation that aspects of this work will be emotionally and psychologically taxing but it is an essential public service and part of FACS' mandate. The participants in this study did not report frontline child protection and community work as a major threat to their workplace wellbeing.

¹ The sampling process occurred before the restructure of FACS into the Department of Communities and Justice (DOCJ). Given the report was commissioned under the Departmental name of Family and Community Services, the FACS acronym has been used throughout the report to signify the Department.

The nature of the work

Caseworkers reported that they value working with children and families, even in the worst circumstances. Key sources of job satisfaction for caseworkers are the real-life indicators that people's lives are improving, keeping families together and keeping children safe. The analysis revealed the secondary factors in job satisfaction for caseworkers are the stimulating nature of casework and relationships with colleagues.

In this context, job satisfaction was maintained provided caseworkers do not feel overly constrained in being able to do casework well. Financial rewards, while welcome, were not reported as being a key source of job satisfaction, though they may incentivise caseworkers experiencing dissatisfaction to stay with FACS longer than they would otherwise.

Interviewees reported that realistic expectations of the demands of the job, was related to longevity in the position. Many interviewees noted a high turnover rate among new employees. The difficulty that some new employees had adjusting to the work demands of the role was largely attributed by participants to unrealistic expectations, insufficient preparation and inadequate support to undertake the actual work required in the role. Enhanced recruitment and training would address this issue.

Training and recruitment could be enhanced by additional clear and descriptive information about the nature of the work and workload expectations during the recruitment and training stages. Initial training should also be relevant and focused on practical skills. Careful attention to ensuring mentoring, supervision and support is in place for new employees is essential. However, training and support on their own do not remove the need for workloads that are fair and manageable, and that are seen to be applied with equity.

Work intensity appears to be a significant issue for caseworkers. The experience reported by participants is that they are constantly working at peak level with limited opportunities for rest, recuperation and consolidation. Caseworkers expressed frustration that although they understood their wellbeing needs, and could identify wellbeing strategies, they were unable to implement such strategies due to excessive workload demands. In this environment, caseworkers found it hard to take leave, manage work and family demands and avoid mental, physical and emotional exhaustion.

Individual elements of wellbeing

Caseworkers identified a range of strategies for managing their wellbeing. Most effectively employed these, showing high levels of personal agency and autonomy. Caseworkers reported taking responsibility for their own wellbeing, adopting strategies that best fit their personality, context and ways of coping. In this regard, FACS does not need to undertake broad educational strategies to inform caseworkers of the necessity of attending to their own wellbeing. Caseworkers seem to understand how to manage their wellbeing. It may be more productive to affirm caseworkers' autonomy and personal resources in this respect.

Individual levels of resilience are difficult to measure in qualitative research. There was high variability in reports of personal resourcefulness and resilience. This variability was attributable to factors such as the enabling or challenging approaches of management in particular regions and years of service with FACS. The caseworkers and former caseworkers who participated in interviews demonstrated resilience to the aspects of the work involving trauma and neglect of children, and working with families. Ongoing frustrations with organisational structures, systems (such as ChildStory) and processes impacted on their capacity to 'bounce back' or alternatively led to excessive desensitisation. For others, resilience had its limits, and could be exhausted after many years of frustration, or as a result of a particular incident.

Organisational support

Individual wellbeing is closely tied to organisational systems. For FACS, a focus on individuals' capacity for resilience may be less productive than developing a culture of 'team resilience' based on support-seeking, collaborative crisis management and 'adaptive learning and networking behaviours' (Kuntz *et al* 2017).

Perceived high workloads, unfair workload allocation and workload management with frequent, unpredictable interruptions to time-sensitive work were major and frequently cited sources of concern for caseworkers. The tension between the managers' concerns to manage individual workloads and meet service demands and KPIs was frequently raised by the interviewees. The introduction of effective mechanisms for registering, monitoring and managing workloads would significantly ameliorate this issue. Although caseworkers described a willingness to cope with intense and surging workloads, the findings indicate that consistently working under these conditions adversely impacted on wellbeing. Building 'catch-up' time into workload management, to facilitate timely completion of tasks while simultaneously providing respite from high-volume work periods, would support improved caseworker wellbeing.

Supervision is an important element of professional practice for workers in the community services sector. The experiences of group supervision were highly variable among caseworkers. Some reported it was subverted by their line managers for other purposes and had become toxic, others reported it to be implemented 'half-heartedly' and others found it to be highly valuable. For these reasons, care needs to be taken in implementing group supervision and individual clinical supervision. It should be separate to management supervision, have the flexibility to suit individual needs and be introduced with fidelity by managers and directors. Without these essential elements, its effectiveness is eroded and compromised.

Impact of organisational culture on workplace wellbeing

Individual resilience exists within the organisational structures. The balance between supporting staff and performance management is an essential element of organisational performance for all public sector organisations. So too are the ways in which the organisation can best deploy resources to support its workers, and develop sustainable resilient organisations.

A significant cultural shift is needed within the organisation to address workplace wellbeing. A focus on developing a strong leadership culture that destigmatises poor wellbeing and works to eradicate bullying behaviour at all levels of the organisation could create a more compassionate and supportive environment, drive change and enhance employee wellbeing.

FACS is committed to undertaking a process of recognising and acknowledging Indigenous culture and the past mistakes of government agencies. Caseworkers identified that cultural change needs a multipronged approach and that strategic appointments of Indigenous caseworkers, managers and directors at all levels of the organisation would demonstrate a strong commitment to this challenge, while centring this aspect of practice within the organisation. Such change may have a significant impact on the wellbeing of all workers and contribute to improved relations with clients in the community.

Many caseworkers experienced dissonance between the organisations' values and approaches towards its clients and those applied to caseworkers. Caseworker performance management needs to be embedded in a culture of guiding, coaching and supporting staff. The importance of managers being transparent and fair in granting leave, assigning workload and managing teams was emphasised by many interviewees. While it is clear that family friendly policies do exist within the department, it was reported that a significant

number of managers did not allow their staff to access such provisions. A lack of access to family-friendly provisions and part-time work was perceived as a significant factor in poor workplace wellbeing and to staff turnover. A failure of managers to demonstrate fairness and equitable treatment of staff, undermined trust between workers and managers and was cited as a major cause of stress.

Frontline managers are often required to 'act-up' in higher level positions at short notice, and often do not receive adequate training in basic conflict management and leadership. Managers, especially those 'acting-up', need to be able to access the support and resources needed to manage complex staffing issues such as access to flexible work, return to work after an injury, and workplace conflicts.

Organisational operations

Information systems underpin the work of supporting families and protecting children. The information system, ChildStory, was one of the most commonly reported sources of stress and frustration in those interviewed.

As previously discussed, sound recruitment and induction strategies are important. However, it is also important to focus on retaining existing staff. Recruitment and training costs are high and the indirect costs of staff shortages on existing staff and organisational effectiveness are also significant. A thorough understanding of the factors that contribute to caseworkers' decisions to leave or stay with the organisation would facilitate improved retention strategies and improve staff satisfaction and organisational performance.

Given that organisational structures and processes are easier to evaluate and manage on a large scale than organisational culture and team relationships, there is a risk that addressing organisational structures and processes can become the focus of wellbeing strategies. It is important to emphasise that both culture and operations must be addressed to improve workplace wellbeing.

Recommendations for further exploration

A qualitative research study captures the lived experiences of caseworkers. While it provides rich detail of the nature and dynamics of workplace wellness, it does not benchmark, quantify, or rank the frequency, intensity or relative importance of the issues raised.

Building on these findings, further quantitative survey research would provide the opportunity to investigate the extent to which these findings occur across the workforce and help identify 'hot spot' roles and regions. It would also provide a reliable and scientific way to measure the impact of workplace wellbeing improvement initiatives. Research of this type could be triangulated against existing HR data sets such as sick-leave, compensation claims, complaints, grievances and staff turnover and data from the Public Management Employee Survey (PMES). Incorporating this knowledge into its workplace wellness strategy would place NSW FACS at the forefront of national and international organisation performance and improvement in child protection and community services.

1 Background

In 2018 Charles Sturt University began an investigation into workplace wellbeing at the invitation of the New South Wales Department of Family and Community Services (FACS). The initial goals of this project were to identify the key issues, challenges and enablers of workplace wellbeing among caseworkers in FACS; and to develop appropriate evidence-based indicators and measures of workforce wellbeing for FACS, benchmarked across similar occupational groups in Australia and internationally.

1.1 Goals

This project will inform the Department's development of workplace wellbeing strategies to support caseworkers and other frontline workers. It will assist the Department to:

- Reduce perceived work-related stress and vicarious trauma
- Increase staff workplace satisfaction and productivity
- Reduce sick leave, extended leave and compensation claims
- Reduce turnover rates
- Increase consumer satisfaction.

It will also enable the Department to determine appropriate workplace wellbeing initiatives to support caseworkers and provide a baseline against which the Department will be able to monitor, and review the effectiveness of initiatives designed to enhance caseworker wellbeing.

This project was undertaken in two phases. The first phase, *Workforce Wellbeing in Family and Community Services; Understanding the Context – A literature review* was provided to the Department in December 2018.

The second phase is described in this report: *'Identification of key determinants of Caseworker workplace wellbeing in FACS'*.

1.2 Research questions

Research questions explored in this qualitative research project are identified below:

- a) What are the work role expectations of caseworkers?
- b) Which areas of work life contribute most to worker wellbeing and job satisfaction?
- c) What are the main sources of stress experienced in their roles?
- d) What are the primary strategies currently used to deal with stress?
- e) Which factors most influence caseworkers' decisions to stay or leave their job?
- f) How does organisational context impact on their wellbeing?
- g) What organisational support do they need on commencement?
- h) Key recommendations from caseworkers to improve job satisfaction and retention?

This report presents an analysis of the interview transcripts for review and discussion with FACS senior management. The recommendations focus on reducing perceived work-related stress and occupational trauma for caseworkers, reducing sick leave, extended leave and turnover rates and increasing workplace satisfaction and productivity.

1.3 Defining workforce wellbeing

Workforce wellbeing is a rapidly growing field of research emerging from a range of disciplines including health, psychology, nursing, education and training, sociology, employment relations and human resource management. Drawing on the literature review report (*Workforce Wellbeing in Family and Community Services; Understanding the Context – A literature review*), phase two of the project conceptualised workplace wellbeing as inclusive of emotional health, cultural safety and a sense of achievement, and value alignment with fundamental work tasks (Reynolds 2017; Bride *et al* 2009). The literature review report conceptualised workplace wellbeing as incorporating:

- Individual factors – resilience, experience, individual health, skills and capacities
 - Nature of the role – psychological and physical demands, ethics and conflict
 - Organisational factors – workplace culture, resources, technology, training and support
 - Systemic factors - interaction of organisational factors within the broader social welfare ‘system’
 - Contextual factors – cultural, historical, political, social background and regulatory frameworks.
- These five factors formed the framework for this report.

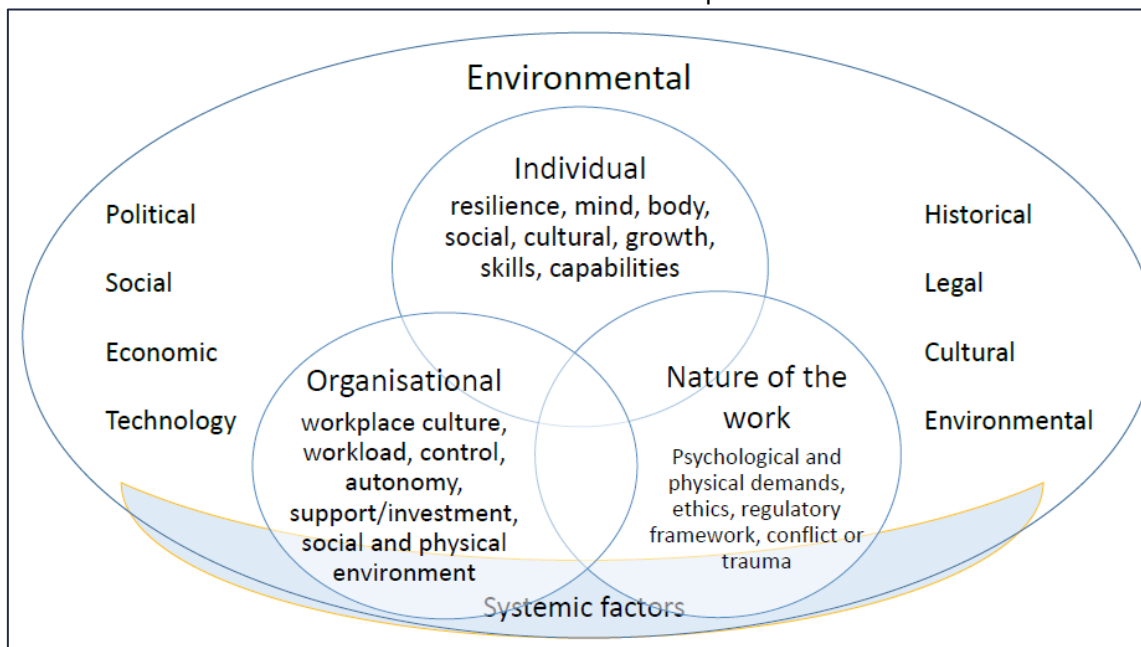


Figure 1-1: Holistic Approach to Wellbeing

However, this framework was not fixed and the research also identified other key themes that emerged relating to workplace wellbeing. As such, this report is informed by both the current theoretical knowledge and by the lived experiences of workers within the organisation

1.4 Report structure and overview

The report starts with an overview of the data collection and analysis processes undertaken for this project in Chapter 2. In chapter 3, a key theme that emerged from the interviews was that working in FACS was different to many other organisations. Staff identified a good understanding of the balance of performing a public service within the context of existing public policy and expectations. Staff displayed a sophisticated understanding of operating as a public sector organisation, meeting the goals of delivering public value, within the context of managing risk and ensuring compliance while aligning action with current social policy and promoting autonomy of staff and clients. Chapter 3 addresses the complexity that these factors create for caseworkers and their managers in addressing wellbeing. It deals with the systemic factors that cause tension and distress in workers within the sector and their interaction with organisational and individual factors. A systemic perspective acknowledges that workers and the organisation are operating within a broader system of child and family welfare. This system includes interactions with clients and with other service providers, and the need to operate within legislative and regulatory frameworks.

Chapter 4 explores the nature of the caseworker's work and the influence of the role on wellbeing. It examines how caseworkers' expectations of the psychological and physical demands of the role align with the challenges they experience. It further explores how this alignment, or misalignment impacts on job satisfaction.

Chapter 5 examines caseworkers' individual experiences of wellbeing. The caseworkers at FACS generally had a very good understanding of the nature of wellbeing, the indicators of wellbeing and workplace stress. While many caseworkers had strategies for managing their wellbeing, others were struggling to maintain wellbeing. Caseworkers discussed the importance of resilience and recognised that there were personal and temporal limits to resilience in the face of heavy workloads and emotionally demanding roles. Even among those displaying high commitment levels, who seemed to be thriving, there were concerns expressed about the longer term impact of their work on their families and personal life. A key theme that emerged was stigma associated with disclosing personal distress or impairment. Many caseworkers would not report psychological distress for fear of being victimised or marginalised in some way. Caseworkers identified that a key factor that impacted on their wellbeing, both positively and negatively, was related to management and leadership. This was both at the line manager interactions and perceptions of the organisation's workplace culture. That is, caseworkers noted that their individual experience was shaped by the organisational context in which it was embedded.

Chapter 6 turns to the way that the organisation influences and impacts upon caseworker wellbeing, exploring factors relating to organisational values and culture that contribute to the individuals' ability to manage and maintain their wellbeing.

Chapter 7 explores the operational workplace systems that can support caseworkers and make a significant difference to their wellbeing. These systems include: workload, information systems, access to family-friendly flexibility provisions to enable work life balance, recruitment and retention processes, training and development, job rotation, security and promotion.

Chapter 8 provides a conclusion to the report, focusing on the key elements of change that could be implemented to achieve the greatest impact in improving caseworkers' workplace wellbeing. Given that so much of the caseworkers' individual experience of workplace wellbeing is mediated by their experience of leadership and management within the organisation, the chapter explores the important role that leaders and managers play in creating a sense of transparency and fairness and in developing a culture that supports staff struggling with workplace stress. Developing leadership that responsively recognises both highly effective staff and those struggling to deal effectively with workplace stress is key to creating workplace wellbeing, and a just culture that enhances productivity and reduces the organisational risks associated with wellbeing.

2 What We Did

2.1 Phase one: Literature review

The first phase of the project was to complete a comprehensive literature review that examined the existing literature and research into workplace wellbeing within the context of the community welfare sector, both in Australia and internationally. The literature review provided an overview of recent findings in relation to workplace wellbeing with a particular focus on national and international policy contexts and priorities in relation to workplace wellbeing in the community welfare sector. It identified evidence-based indicators of workforce wellbeing that have been successfully adopted within the community welfare sector. Finally it provided examples of best practice wellbeing initiatives and interventions; it also provides an analysis of the implications of current research for FACS.

The literature review informed the development of phase two of the project by providing context and key conceptual frameworks to underpin the collection and analysis of interview data in phase two.

2.2 Phase two: Identification of key determinants of caseworker workplace wellbeing in FACS

Phase two of the project involved the collection and analysis of in-depth qualitative information about the lived experience of workplace wellbeing among current and former caseworkers and their line managers from across all regions of New South Wales. This phase of the project was designed to identify the key individual, organisational, environmental and systemic factors that contributed to workers' wellbeing. The longer term goal of the project was to identify the key factors determining wellbeing to enable ongoing monitoring of the effectiveness of initiatives to enhance workplace wellbeing in FACS.

2.3 Consultation and design process

All data for this report was generated through interviews and focus groups with current and former FACS staff. There were two main phases of data collection: semi-structured qualitative interviews with current and former FACS caseworkers, and focus groups with current FACS line managers. The interview and focus group questions were developed following a review of the literature and feedback from FACS Employee Relations, Safety & Wellbeing staff and the Office of the Chief Practitioner. Focus groups of managers were designed to be a point of triangulation for the caseworker data obtained in the interview phase. That is, the issues raised as impacting on wellbeing by caseworkers were raised with line managers to understand the issues from their different perspective. Thus, findings from the interviews informed the focus group questions.

2.4 Method

2.4.1 Participants

A database of all FACS caseworkers, current as of November 2018 was provided by FACS to the investigative team. A separate list of former caseworkers who had left FACS between 23 August and 23 November 2018, was provided to the investigative team, with postal and telephone contact details.

Following data cleansing and categorisation, a random number generator function was used to ensure the random selection of participants from within each identified strata.

Contact details for frontline managers, Casework Managers (MCWs) and Manager Client Services (MCSs), were also provided with the database of caseworkers. However, given the timing of the focus groups, towards the end of the interview period, an updated list (current as of June 2019) of frontline managers was obtained just before recruitment. The random number generator function was used to create a list of potential participants. Given the time constraints and challenges in coordinating managers to attend focus groups on a particular day or time, more managers than were required were sent invitations for focus groups of 6-8 participants each. This sampling process was repeated until a sufficient number of focus group participants was reached. No focus group had more than six people respond accepting the invitation to participate.

2.4.2 Sampling strategy

The sampling frame was developed based on a random stratified sampling approach. This procedure offers the advantage of random sampling, but with additional stratification rules used to create sub-groups within the initial population group before random sampling. This ensures that the final sample includes representation of certain subgroups.

To ensure the interviewees comprised a representative sample of the entire workforce the sample was stratified by the following factors:

- **Binary gender** (male or female) was taken into consideration due to the known over-representation of women in the caseworker workforce.
- **Time in the workforce** – All caseworkers were identified as being in one of four cohorts based on the staff database provided by FACS – current staff who had worked at FACS for more than 3 years; current staff who had worked for between 6 weeks and 6 months; current staff who had worked for more than 6 months, but less than 3 years; and those who had left FACS since August 2018. Caseworkers who had worked 6 months to three years were not recruited.
- **Geography** – The seven FACS districts were divided into ‘Sydney-based’ (Western Sydney & Nepean Blue Mountains; South Eastern, Northern & Sydney; and South Western Sydney) and ‘non-Sydney-based’ (the remaining four districts).
- **Size of team** – Small offices were defined as having up to 20 caseworkers; large offices were defined as having 21 or more staff.

The sampling frame was adjusted to ensure it reflected the workforce profile with respect to gender and geography. Thus, the sampling frame for caseworkers consisted of 12 cells (see Table 2.1).

	Sydney-based districts		Non-Sydney-based districts		Total Number of interviews planned	Ratio of women to men
	Small office	Large office	Small office	Large office		
CWs >3yrs	Cell 1 (n=5)	Cell 2 (n=5)	Cell 3 (n=5)	Cell 4 (n=5)	20	4:1
CWs 6 weeks – 1 year	Cell 5 (n=2)	Cell 6 (n=2)	Cell 7 (n=2)	Cell 8 (n=2)	8	3:1
Ex CWs	Cell 9 (n=2)	Cell 10 (n=2)	Cell 11 (n=2)	Cell 12 (n=2)	8	3:1

Table 2.1: Sampling Frame Caseworker Interviews

The intention was to conduct two line manager focus groups in two FACS districts (making a total of four focus groups, as depicted in table 2.2), using a similar stratified sampling approach to recruit manager participants. However, logistical challenges prevented use of this strategy, and necessitated an alternative approach.

	Sydney-based district	Non-Sydney-based district
Casework Managers (MCW)	Cell 1	Cell 3
Manager Client Services (MCS)	Cell 2	Cell 4

Table 2.1: Sampling Frame Line Manager Focus Groups

The alternative approach was more aligned with convenience sampling. Two focus groups were arranged in one region to coincide with district-wide meetings so as to minimise inconvenience for participants. The list of MCSs and the list of MCWs for the region were each randomly ordered using the random number generator function, with no other factors considered in sampling. As there are no such meetings in any of the three Sydney-based districts, participants were sampled based on a random ordering of a list of all MCWs and a list of all MCSs from across the three districts. The only other factor considered was the districts and offices represented. Once a particular office location was represented in each group, we did not sample a second participant to the same group from that office. We also ensured that each district was sampled at least once, but no more than three times in each group of 8 people.

2.4.3 Recruitment

2.4.3.1 CASEWORKER INTERVIEWS

The investigative team provided the caseworker participant information sheet for distribution to all staff via internal communication channels before recruitment. This process gave all current staff notice that the project was occurring, gave an overview of the project and advised staff that they may be contacted with an invitation to participate (Appendix B). Email communication was not available for caseworkers who had already left FACS, therefore once they had been selected through the sampling procedure they were then notified of the project by standard mail (Appendix C). This letter was also accompanied by a copy of the participant information sheet.

Current caseworkers who had been selected through random sampling were invited to participate via email to their work email address (Appendix D). A participant information sheet and consent form was attached to the initial email. In all initial invitation material, it was made clear that the potential participant was free to choose to participate or not, and that they could contact the team to indicate that they did not want to participate, with no consequences to them, or their relationship with FACS. Invitations were followed up on a maximum of two occasions, at fortnightly intervals, also via email.

Former FACS caseworkers were similarly followed up twice at fortnightly intervals. However, this was done via telephone call. It should be noted that a large proportion of the potential participants contacted by phone reported that they had not received the initial invitation letter via post (69%). In all cases, once contact was made via phone, the person was given an opportunity to learn more about the project, offered time to consider, if they wished, and it was made clear to participants that they were free to choose to

participate or not, as with the current caseworkers. Where interest was indicated, either during the first phone contact or follow-up contact, interviews were organised.

The total sample of 40 caseworkers interviewed also includes 8 participants who were recruited through the Public Service Association (PSA). These individuals were not recruited through the random sampling process, and are therefore not included in the response rate reported.

The response rate for the caseworker interviews was 73%. This figure represents the percentage who agreed to participate once contact was made. This is a very high response rate for research of this type, and significantly strengthens the validity of the findings as being representative of the workforce as a whole. This also illustrates a high level of worker engagement, which was reaffirmed via interview data. The lower (64%) response rate of those who were no longer employed by FACS possibly represents their lower level of engagement with the service.

The calculation of this rate takes into consideration the number of people contacted. A significant number of people emailed did not respond. This was not included in the response rate calculations, nor were those for whom there was an automated response (such as an out-of-office reply or a failed to deliver notification). There were no participants who withdrew their participation subsequent to completing an interview, however, several participants did check the transcript of their interview before analysis.

	CWs >3yrs	CWs 6 weeks – 1 year	Ex CWs	TOTAL
Email or letter sent	67	14	17	98
Removed from list following automated response	14	0	-	14
Declined to participate	7	1	4	12
No response to any attempts to contact	23	6	2	31
No response to follow up after initial contact	5	0	4	9
Participated in an interview	18	7	7	32 ^a
Response rate				
	18/25	7/8	7/11	32/44
	72%	88%	64%	73%

^a 32 randomly selected participants, plus 8 participants recruited through the PSA

Table 2.3: Response Rate Caseworker Interviews

All participants were offered the option of a face-to-face interview, or to participate via Skype or phone.

2.4.3.2 MANAGER FOCUS GROUPS

The notice of manager focus group recruitment was distributed to staff via internal communication channels in advance of recruitment. Managers were invited to participate in focus groups via email. The

participant information sheet was attached to the email. As each potential participant declined or returned an automated email, their place was resampled, and the next potential participant was contacted.

The Sydney-based focus groups were initially recruited resampling one potential participant at a time. However, due to the number of participants declining due to scheduling conflicts and being on leave, recruitment was largely unsuccessful. In an attempt to find enough participants, a mass email was sent to potential participants for both the MCW and MCS groups five days before the planned event. The MCW focus group was cancelled due to an inability to recruit sufficient (at least three) participants. Thus, there were three focus groups in total – one each for MCSs and MCWs in a regional area, and one of MCSs working across the Sydney-based districts. The recruitment process and responses are reported in Table 2.4. It should be noted that where potential participants declined because they were busy, responses included a mixture of schedule conflicts and general lack of capacity to fit in a focus group.

		Regional MCW group	Regional MCS group	Sydney MCW group	Sydney MCS group
Potential participants		15	5	176	35
Initial Recruitment					
Invited via email		15	5	18	15
	No	3			
	Busy			3	5
Declined to participate	No longer in the role			3	
	On leave	2		4	2
Agreed to participate		7	5	1	1
Mass recruitment					
Invited via email		-	-	50	20
	No longer in role			1	
	Busy			2	3
Responses	On leave (out-of-office)			13	3
Agreed to participate				-	3
Final number of group participants					
		7	4	Cancelled	3 ^a

^a One participant withdrew the morning of the focus group due to unforeseen work obligations

Table 2.4: Recruitment of Participants for Line Manager Focus groups.

Seven of the managers across the four cohorts indicated that, although they were unable to participate due to schedule conflicts, they would like to participate in another way, such as in an interview or survey. This would comprise a potentially valuable research opportunity.

2.4.4 Qualitative data collection and analysis

Current and former caseworkers were interviewed individually by two members of the research team. These interviews were semi-structured, following the outline in Appendix E. Being semi-structured, the outline of questions was used as a guide to explore the opinions and experiences of wellbeing as a FACS caseworker, however, interviewers were free to ask follow-up questions and explore issues raised further. Interviews were conducted in person and via telephone or Skype between November 2018 and May 2019.

Focus groups were each facilitated by two members of the research team, following the outline in Appendix F.

Interviews and focus groups were audio recorded and sent to a transcribing service. Where interview participants had requested a copy of the transcription, this was supplied with the option for the participant to amend, delete or add to the transcription.

Thematic analysis (TA) was the method of analysis used. This approach was selected for its flexibility, appropriateness for use by a multi-disciplinary team, and because it allows both theory and data to drive analysis (Braun & Clarke 2006). TA has also been noted as well-suited to research that is focused on health and wellbeing, particularly for addressing applied, 'real-world' research questions (Braun & Clarke 2014). The analysis was guided by the approach outlined by Yin (2016), who describes five phases of analysis. These five phases are: compiling all data collected, including transcripts, field research notes and team debrief notes reflecting on the data collection process; disassembling the data; reassembling the data into potential themes through a process of immersion; interpreting the data; identification of the findings. This is a non-linear process, as themes emerge and interpretation occurs, further disassembling and reassembling is required.

In the present research, multiple team members began the process of engagement with the data by conducting the interviews in pairs, and following each interview by debriefing. All members of the team participated in the analysis, providing an important point of cross-checking, reducing the influence of personal and discipline-based bias.

The process of disassembling and reassembling the data was guided by an initial code book developed by the team. Codes are a brief expression capturing the essence and scope of each observed pattern in the data. The development of the code book in this project was driven by both theory and data: themes arising from the literature review, and from different disciplinary perspectives contributed by team members; questions posed by FACS representatives (including PSA members) during the inception of the project; and observations of repeated ideas across the whole body of data and areas of importance for individual participants.

The data were examined for patterns of repetition and omission, as well as any patterns of nonconforming information from individuals or small sub-groups. Each transcript was methodically worked through and excerpts were assigned to relevant codes. An excerpt needed to contribute meaningfully to a specific code in some way – adding to the definition of the code, helping to understand what that code showed us about the wellbeing of FACS caseworkers, or providing contradictions or inconsistencies in what had been observed thus far. In this project, team members were encouraged to double or triple code data where appropriate – that is, if an excerpt contributed meaningfully to more than one code, it was assigned to each

of those codes. NVivo (a qualitative data analysis computer software package produced by QSR International) was used as an aid for this stage of the analysis. Team members were specifically asked to code enough of each excerpt to provide context (as opposed to single words or phrases).

Interpretation involved assigning groupings of codes to team members to identify themes arising out of coded data. This interpretation was then brought back to the group for discussion and building a shared understanding of the explanation of themes. Where appropriate, this was followed by a reshaping of themes and how different pieces of information fit together, building towards the final structure of findings presented in this report.

We have reported the findings of the interviews using selected quotes. All participants were assigned pseudonyms. To ensure confidentiality and privacy for each participant, all identity markers of each participant were not included.

	CWs >3yrs		CWs 6 weeks – 1 year	Ex CWs
Sydney-based districts	Chrys Jesse Jules Loretta Lou	Pat Peta Quinn Stacey Terry	Ellen Lesley Laura	Blake Niall
Non-Sydney-based districts	Alex Ash Bill Brooklyn Dave Jill Joe Liam	Marty Morgan Riley Rory Ryan Sidney Taylor Tina	Cam Courtney Oli Sam	Anna Charlie Eden Finley Rani
Ratio of females to males achieved	14:4		5:2	6:1

Table 2.5 Caseworker Interview participants – pseudonyms

2.4.5 Ethics approval

Ethics approval for this project was granted by the Charles Sturt University Human Research Ethics Committee (Appendix A) (Protocol Numbers: H18121). Ethics approval was given until the end of October 2019.

3 The Workplace Context for FACS Caseworkers

This report recognises that workforce wellbeing has particular parameters within the social welfare sector, and that there are particular implications for caseworkers within the sector. Caseworkers are a specific group of employees at FACS whose role entails particular tasks and psychological demands. Additionally, FACS operates in a particular political and legislative climate, which includes maintaining the trust of the public, a relationship often mediated by the media. This unique context in which FACS caseworkers operate significantly contributes to their capacity to achieve both their own personal goals and the organisation's goals.

Report one, the literature review, revealed that although there is existing literature on workplace wellbeing of workers in caring industries, including the wellbeing of social workers, there has been limited analysis of the experiences of caseworkers in the family and community services sector. In particular, there has been limited analysis of the impact of the nature of the work, while there has been less focus on the impact of the broader organisational, political and legislative context in which caseworkers carry out their roles. This is perhaps because there is an assumption that the psychological demands of this type of casework must be the primary factor impacting caseworker wellbeing. It may also be because it is difficult to compare the nature of the work across different legislative and political environments. This chapter focuses on the broader aspect, the impact of the workplace context for FACS workers in particular. Findings from the interviews with caseworkers provided details on a range of factors that structure the context in which the caseworkers operate, including the Departmental mission and values context, the political and legislative context, the context emerging from the high proportion of Indigenous clients, as well as the risk management and compliance context.

We acknowledge that the political and legislative context is not a static setting. During this project, significant changes occurred, such as the amendments to the Children and Young Persons (Care and Protection) Act to change the nature of permanency planning in FACS casework passed in November 2018, and the reconfiguration of departments following a NSW state election. As of 1 July 2019, FACS and the Department of Justice were brought together as the Department of Communities and Justice (DOCJ). Both of these have implications for the organisation, and for the political and legislative context in which caseworkers carry out their role.

3.1 The mission and values context

A key finding of the interviews was that FACS caseworkers were committed to the overarching mission and values of the Department, and that they derived a high level of job satisfaction in carrying out what they saw as a valuable public service. Specific values of the organisation that resonated with caseworkers included working with children, adults, families and communities to improve lives and help people realise their potential. They take seriously their responsibility for protecting children and young people from risk of significant harm and ensuring that more children are safe at home with their families. Caseworkers acknowledged that this often meant dealing with some difficult and challenging situations, but that, in general, they found the role gave them a high level of job satisfaction.

I'm here for the kids, I'm here to make a difference in families' lives. You know, all of their... aims and goals for us to reduce re-reporting and that sort of stuff, like I'm on-board with all of that, that's what I want to see at the end of the day, and I want to put myself out of a job one day. – Alex

I love the work... especially with the restorations. I love it and that's the best and I want to be able to do it well... it's not the work I dislike... I do it because of the children. I don't do it for a pay cheque. I can get a pay cheque anywhere. – Peta

A number of caseworkers acknowledged that the mission and values of the organisation had changed over time and that Departmental values were now more significantly aligned with caseworkers' values than previously. They commented that a greater focus on early intervention and prevention had changed their interactions with families and other elements of the community. Caseworkers reported that the new developments allowed them to use the lessons learnt from past challenges to improve the support they provide to families and the community.

There's a big focus now on keeping kids at home which is what I like ...[in the past] there wasn't as much of a focus on 'how are we going to keep that kid home?', whereas now, that's our thing, that's our goal and I really like that about the Department. – Jules

I think we've really shifted in the way that we work with families and, I guess, valuing every child and every mother and father and family member as an individual and wanting to work with that. The Department as a whole are working with a more strengths-based perspective and ... past things that have worked well with families – they are drawing on that, and utilising families more – and that fits really well with my own values. – Courtney

Interviews with FACS staff indicated that the caseworkers had a strong understanding of the mission and values of the Department and that their own values and goals were broadly aligned. Caseworkers appreciated the role of the Department in providing services to children, families and the broader communities in which they live, and generally saw their own work in these terms.

3.2 The political and legislative context

Caseworkers recognised that there are political and legislative imperatives that form a major part of the context in which they operate. This political context was also recognised in terms of the broader public management expectations of the Department in meeting targets and working within expenditure constraints. Caseworkers were aware of the needs of the Department to demonstrate that they are delivering public value, but reported that these pressures often impact on their wellbeing and ability to experience job satisfaction:

Accountability is important, but in terms of – like, to me, I think what a family needs and making sure you get that is more important than meeting the budget. – Charlie

While the above comments highlight positive views on changes in the political context of their work, other caseworkers drew attention to some of the negative aspects of recent legislative changes, and the impact they have had.

I guess we work under legislation and policy and procedure, and that makes it difficult sometimes to, I guess, get the thing that we want to get done. I think a new part of legislation was just changed which is going to make it really difficult for children to enter care, which in the workplace that we're in, sometimes there's not really any other option, we're working with families who are really isolated who have intergenerational trauma that don't have families that can support them, I mean tough situations where unfortunately kids can't remain in, so that's tough. – Jill

Others noted that legislation and legal regulations, such as those required in the family justice system, were sources of increasing workload and work intensity, with the requirements to meet externally imposed deadlines that often seemed arbitrary.

The highly political context in which caseworkers operate was also mentioned in terms of the potential for public outcry and dissent over emotive issues that capture the public eye through media reports:

Well any type of job is extremely political you know. [That] ... depends on which government ... is in power, it's about what they want FACS to do And so then you've got newspaper, radios and TV and stuff when there's a child death or an extreme case and stuff like that, but you're not allowed to publicly say [that it's the result of government policy]. – Finley

Caseworkers reported that political tension between departmental managers and caseworkers can arise over staff frustrations in obtaining the resources that they feel are necessary to carry out their roles as effectively as possible. One caseworker referred to this as a source of personal dissonance:

I think that's where a lot of the, dissonance comes from in a lot of staff, because you want to do the work and you want to be able to, you know support the families, that's why we're all doing it right? But then there's this underlying, like, 'far out I've got to push, I've got to push, I can't do my best work'. – Ellen

These findings reflect the common experience of service providers, particularly in the public sector, where the political context tends to be a source of tension between departmental managers and caseworkers in the day-to-day work of frontline staff delivering services to the public. Caseworkers drew attention to elements of the political context likely to generate workplace tensions impacting on staff wellbeing such as perceived lack of adequate financial and other resources, as well as intense scrutiny of operations by the media. The implications of these findings will be discussed in the concluding section of this chapter.

3.3 The Indigenous client context

FACS has had a long-term involvement and engagement with Indigenous communities in NSW; these communities are an important aspect of the cultural context in which FACS caseworkers operate. While it is acknowledged that the cultural context in NSW includes a broad range of diverse cultures and ethnicities, a significant proportion of FACS' clients are Indigenous, and working respectfully with Indigenous clients emerged from the interviews as a particular area of concern for caseworkers.

The history of government intervention in Indigenous communities has not always been positive and supportive and in many cases the relationship has contributed to intergenerational trauma among Indigenous families. In recent years, recognition of the nature of Indigenous kinship and past intergenerational trauma associated with the Stolen Generations, have resulted in changes to policy on the placement of Aboriginal children where they need to be removed from their existing family situation. However, some caseworkers indicated that the history of past relationships continues to cast a shadow over current interactions. This is well summed up by Taylor:

The impression of Community Services ... we didn't have a great reputation as a Department, or past errors and mistakes and decisions that were made in the broader Aboriginal community. There is still that very much underlying animosity but we are slowly but surely ... I know in my own [casework] I have got a few Aboriginal families and I know that some of those barriers are breaking down slowly because their attitudes have changed. People that are now working for Community Services are a lot more supportive. – Taylor

Intergenerational trauma among Indigenous communities can add an extra layer of complexity and challenge to the work of caseworkers:

Families that have had generational trauma ... but you want them to change their challenges within a six to twelve month timeframe and it's unrealistic. You can't say to an alcoholic 'even though you've been an alcoholic for the last twenty/twenty-five years ... you've got to give it up within the next six to twelve months or ... your kids are going to be in care'. – Loretta

Both Indigenous and non-Indigenous caseworkers within the organisation indicated that, whether they are members of the local community or from other (Indigenous) communities, the cultural components and past actions of the Department can impact significantly on their capacity to do their jobs and maintain their wellbeing in the workplace:

I think the hardest part is being part of the Department that they see you. It's not so much about your culture because it's how you treat them as an individual. If you treat them with respect then you know they will say 'yeah she's not bad, she is actually okay'. You go in flashing your badge and ... it's a different thing ... I think it's more around not so much the culture. I think we are dealing more about the past decisions by the Department that we deal with. – Bill

A non-Indigenous caseworker acknowledged that awareness of the history of government intervention in Indigenous communities was crucial for future successful outcomes, but that some caseworkers were not fully aware of this history:

I just think some caseworkers don't have a high knowledge of the impact that non-Aboriginals' history and what we've done, what the governments over the years have done to the Aboriginal people, and how that's impacted on them, there's a lot of hate and anger there ... and sadness. And I think we need to understand, and I suppose some people may not ever understand, but it's about acknowledging that it did happen... – Marty

Indigenous caseworkers also identified that their work, and their workplace wellbeing, was impacted by a systemic lack of knowledge and understanding among their co-workers. Much of their role involved educating non-Indigenous caseworkers, and subtly working towards changing the culture within the organisation:

So, I like to challenge people with their thinking and change, especially their opinions on Aboriginal people and generational trauma. They were trained in the aspects of that field but then when they see people, especially Aboriginal people they just didn't understand why we were or why we are the way we are. You know, little changes, just little things I think. [Comparing] when leaving ... like just from starting there [to] leaving just how the culture in the office did change ... I thought it is progress; sometimes you've just got to keep chipping away. – Loretta

One of the interviewees argued that there was a need for FACS to recruit additional Indigenous staff across all sections of the Department. Another, while accepting that some progress had been made in this area, felt that the changes so far had been somewhat tokenistic:

I think that Family and Community Services need to recruit more Aboriginal people and they need to be – and I'm talking from directors to managers, it needs to be ... in all aspects of employment in the agency. Then also part of that process with the recruitment they really need to make it more Aboriginal friendly because it is not really culturally appropriate, the processes on being hired with Family and Community Services. – Loretta

Well it feels tokenistic at times, I know the ... District Director used to sit in meetings and say, 'Oh we've got the highest number of Aboriginal staff that we've ever had'. Well that just feels tokenistic doesn't it?
– Charlie

Relationships with Indigenous clients form part of the work context for caseworkers, and they continue to be an area of concern for them. While some caseworkers showed a good awareness of this history, and the need to take it into account in developing good relationships with Indigenous clients, some of the Indigenous staff interviewed believed that the impact of history was not fully understood by some of their colleagues. One suggested that there was a need for the Department to recruit additional Indigenous staff to assist in developing a greater awareness of the issues across the Department.

3.4 The risk management and compliance context

This section discusses the findings on the caseworkers' experiences of balancing the competing demands associated with managing risk and compliance, and the limited resources that caseworkers indicated are available for the delivery of care to children and families. A range of stressors and challenges faced by caseworkers emerged, identified by terms such as 'missed care', 'ethical decision making', 'justice doing' and 'moral injury'. These systemic challenges appear to intersect with organisational processes to impact significantly on caseworkers' wellbeing.

For many caseworkers the Department's perceived strong focus on risk management and compliance with rules and regulations resulted in a considerable amount of time being spent on filling in the appropriate forms and ensuring that the correct information was provided. Many caseworkers felt that these processes had become more important to the organisation than either the needs of the families, or the needs of caseworkers dealing with stressful situations:

And then you do ... an after consultation, and that's where managers are supposed to debrief with you and make sure you're okay and all that sort of stuff ... Instead what it's being is: 'So what happened?', 'What information have we got?', 'Oh okay so we want this and this on the safety assessment, and we want this and this on the risk assessment' and 'We want [blah, blah, blah], and okay better make sure [this goes] out and better put that in, make sure that goes in'. It's all about compliance ... Everything, FACS does today is butt covering. And as sad as that is, that's what it is. It's just butt covering. We're accountable for everything. The pressure is just unbelievable, it is really bad. – Joe

So it's just constantly being reactive to prioritise needs without actually having the time or the resources to do that case management intervention that these families need. – Ash

Interviewees reported that most of the focus on risk management and compliance was related to managing risks associated with meeting the needs of clients. However, they felt that FACS' approach to managing worker wellbeing tended to be more directed towards managing risks created by a worker who was unwell, rather than focusing on supporting their mental health and wellbeing:

They needed to have systems in place to prevent these things from happening, and to ensure that they would pick things up before they actually happened so that of course you're looking after your workforce as you are legislated to do. Instead ... [their approach is] ... the problem is not us [FACS], it's [the individual caseworker] and it's the workforce and – 'Look, if you can't do the job, if you have a mental breakdown, you're no longer suitable. Off you go. We no longer have a need for you'. That's the organisation. Same at the local level. 'Hang on, are you really suitable for this job? Maybe you need to be looking for another job. If you don't cope under the stress ... maybe you should be [a checkout chick] or something', I don't know. That was the messages that people were getting. – Bill

With poor mental health and wellbeing treated as a risk to be managed, rather than an experience to be recognised and supported, the response from many workers was to keep their mental health problems secret rather than disclose them to the organisation:

So there's an issue there with frontline workers being medically discharged if they don't like you. So you've got to, you've got to keep stuff from them, from some management. – Dave

Caseworkers also saw the newly introduced systems of group supervision as another way of managing organisational risk:

And the expectations are very different now of me not to actually mentor because that's not considered to be important. Now it's group supervision which is where the team would get together and discuss a case or consult on a matter and make a collective decision based on all the heads together. Which in theory, sounds good. In practise ... it's like they have no confidence or trust in the individuals at that ... coal face level to be able to make decisions. Has to be made somewhere else... – Bill

This process of sharing risk was experienced by some caseworkers as undermining their professional judgement and decision-making capacity:

*I'm actually going out there and being asked to go and do assessments ... And then when you make assessments, you get someone who's been two years in the job who's reviewing your assessment. You think, 'Are you f**ing serious?' So, the whole things turned upside down. – Bill*

In relation to risk management and compliance, some of the caseworkers felt that the increased emphasis on managing risk and ensuring staff compliance with policies had come at the expense of dealing with staff wellbeing issues. Caseworkers also commented that the increased amount of 'paperwork' associated with risk management took up time that could be better spent in dealing with clients. They were critical of the increased use of group supervision and decision-making on client issues, arguing that excessive use of this undermined their ability to make professional judgements and settle issues quickly at the local level.

3.5 Implications for FACS

The unique operating context for FACS caseworkers contributes to their capacity to achieve both personal and organisational goals, which in turn contributes to individuals' workplace wellbeing. An important aspect of this dynamic is the strong alignment between organisational values and staff values. Staff acknowledged that the difficult and challenging work is a necessary and vital part of their personal work and part of FACS' mandate. The alignment of organisational and staff values supports caseworkers' commitment to the overarching goals and mission of FACS and their role in carrying out this valuable and vital public service.

A second challenging aspect for FACS caseworkers is the political and legislative context of their work. Challenges such as changing legislative requirements and resource allocations for frontline service delivery can be made even more difficult by media scrutiny when critical incidents are publicised. The political context can also lead to difficult day-to-day relations between managers and caseworkers. While other public sector service providers may experience similar pressures, the emotive nature of working with frequently vulnerable children and families increases the stakes for caseworkers personally and professionally.

Working with Indigenous communities and clients was a further factor in caseworkers' context. Caseworkers reported that while attitudes towards Indigenous communities and clients were changing, knowledge of Indigenous history, and the history of FACS' engagement with Indigenous communities was

not widespread in the Department. For some Indigenous caseworkers this meant providing informal cultural competency engagement with their colleagues. Among Indigenous communities, mistrust based on previous experiences with the Department continued to inflect current engagement with caseworkers. While the Department's policies and practices are changing, it seems likely that building trust with Indigenous communities and clients will take longer to establish.

FACS appears to be committed to undertaking a process of recognising and acknowledging Indigenous culture and the past mistakes of government agencies, however, cultural change needs a multipronged approach. Introducing change agents at all levels of the Department may support such change. Strategic appointments of Indigenous caseworkers, managers and directors at all levels of the organisation may also demonstrate a stronger commitment to supporting Indigenous clients within the organisation. Such change may have a significant impact on the wellbeing of all workers while also contributing to improved relations with clients in the community.

A risk-averse organisation that focuses on the impact of worker wellbeing on the delivery of services to clients, to the detriment of a focus on work quality, runs the risk of creating a punitive environment that discourages employees from identifying early warning signs and taking preventative action.

Participants' experience of compliance and risk included:

- Compliance with processes rather than assessment and analysis of the situation
- A lack of trust in caseworkers' professional judgement
- Dispersal of organisational risk to responsibility and accountability among all workers, through group supervision
- An individualisation of the risks associated with wellbeing.

As a result, participants identified the need to keep coping mechanisms and strategies off the organisation's radar, by maintaining secrecy and privacy. Ironically, the lack of trust between parties may increase risks for the organisation.

4 Nature of the Work

4.1 Expectations of the job

The interviews explored whether caseworkers felt they were prepared for their job, what they expected when they joined FACS and how these expectations compared with the reality of being a caseworker. Most caseworkers were surprised by at least one aspect of working at FACS, whether it was the nature of child protection or the organisational context into which they stepped. A number of established caseworkers were able to articulate what they understood their role to be in reality compared with the job description they frequently saw advertised.

4.1.1 Child protection work

Most caseworkers reported that their expectations were realistic when it came to the challenges of child protection. These caseworkers were aware of and prepared for hearing stories of abuse and witnessing the corresponding consequences. While many caseworkers expressed sadness at some of their experiences in their child protection role, they had expected such scenes as part of their position.

We can tell all the personal stories around – you know, six-month-old babies with ripped vaginas – but the shock and horror value of that is part of our work ... we signed up for that. – Pat

Caseworkers were also prepared to have to do hard things as part of their role. Resistant clients, angry outbursts and violent threats were all noted as part and parcel of being at the coalface of the Department. Being involved in the removal of children from their families, though difficult, was also an expectation that caseworkers had. It seemed that there were very little unrealistic expectations of the nature of the job itself that caseworkers held.

I knew on my first day, even applying for a child protection caseworker position, that I was not going to be meeting a family at their highest point. It was going to be when they were in crisis, and when you're in crisis you are either dismissive and in denial that there even is a problem, or you're going to say, yes, I do need help, let's work on this to get up. So, I knew that I was to expect some level of resistance and anger and hostility, and at the time that I applied for the position I was supervising a contact for families who had lost their children and had been removed by FACS, I could see that hostility whenever the caseworker would enter the room. But I was expecting that. – Quinn

Numerous caseworkers reported that there were some who were not expecting these aspects of the work, and particularly noted new university graduates as a population they had often seen arrive with unrealistic expectations. Caseworkers reported these new social workers could be idealistic, sheltered, naive and inexperienced. In their view these new social workers have never seen the worst forms of abuse, have never received threats or been in many confrontations. As their first place of professional employment, caseworkers thought that graduates' view of the role was often inaccurate, thinking they'd be working long-term with families who wanted to improve and just needed encouragement. When exposed to the horror stories and continual crisis-driven work of dealing with resistant clients, caseworkers reported that these new graduates were often shocked, and in many cases resigned to pursue other lines of social work.

There are some people that come straight out of uni that have never actually, other than their placement, they've probably never heard a sad story in their life, so it could be quite shocking for them. – Laura

I had people who I looked at and I thought, oh, my goodness, how did you get a job, you're going to last 10 minutes, you have no idea what you're in for ... it's not what a lot of people expect ... some young females come in with rose coloured glasses. – Courtney

[The] little young ones that come in ... they're feeling positive and motivated and they're going to change the world ... they come in, they want to do really good things with families. And they're younger, so have had less opportunity to become cynical, bitter and twisted. But – so, for them, they get in and – poor little lambs ... they can't handle it. – Blake

Some of this inexperience was remembered by now-established caseworkers. Those from high socioeconomic areas who had functional and affectionate families were expecting to see hardship, but the extent of the abuse witnessed was unanticipated.

The first, I think, 18 months – or maybe even 2 years, maybe more – I would say that I felt like I was in shock when I joined DOCS. So, it was like I did not know how to deal with all the issues. I came from a very different background. I didn't experience abuse myself. I didn't really understand things at that level. And so, it was – I was in – I think I operated in shock and it was quite traumatic. – Bill

One caseworker, although experienced in life and other sectors, had experienced a discrepancy between their expectations and reality in regards to her role as a caseworker. Not having a social work, teaching or person-centred background meant this caseworker felt she needed more time than others to identify where the role sat in the system of child protection.

Especially when I first started I was having a very hard time identifying what my role was, cos I'd not been in a social work role, case managing before. And so I really had no idea ... I feel that there was not really, a really good understanding of what my role was. – Jules

4.1.2 The FACS context

4.1.2.1 BUREAUCRACY

Most caseworkers, when asked about whether they were prepared for the job and had their expectations met, mentioned bureaucracy. For many caseworkers, the impact of politics within the Department and their influence on how caseworkers did their job was unexpected. They reported constraints of resources, prescriptive policies, and the politics at the state, regional and local levels all had an impact on how caseworkers operated. While the specific impact of office politics and organisational culture on caseworker wellbeing is discussed elsewhere in this report, it is worth noting that the work environment at FACS was identified by many caseworkers as a stress they were not expecting.

The office politics were going around a fair bit. So that shocked me. That was probably the only thing that shocked me. – Joe

Look, I knew that Child Protection [would be hard], I knew the workload is going to be different, it's going to be big, and that ... didn't shock me, the work itself and what you are going to be doing didn't [shock me] but I did get a bit of a wake-up moment with what was happening at FACS ... They don't value employees. – Niall

The caseworkers who were not surprised by the perceived bureaucracy of FACS were those who were returning caseworkers or those who had experience with government Departments before. These populations of caseworkers felt they knew that their work would be greatly shaped by the culture and politics of the Department and felt they were prepared for that.

I made a conscious decision that I was stepping into a bureaucracy and everything that entailed. So I came in fairly open minded. So whilst all that – that sense of being overseen and micromanaged and all that sort of thing, you know I learnt how to work with it. – Morgan

Oh, this time, I absolutely knew what I was going back into, yeah, and had been disabused of any idealised notion I had about people just doing things for the right reason and it was about altruistic need and aims. – Oli

4.1.2.2 CLIENT HOURS

Numerous caseworkers reported that they were expecting more face-to-face client time when they joined FACS than what is included in their casework. These caseworkers were expecting to work with families regularly and ongoing, and quickly realised that much of their work is spent in the office completing paperwork, attending meetings and making phone calls. Even when home visits do occur, they are often completed in a hurry and may involve more time with carers than with children. Numerous caseworkers had had to realign their expectations to prevent continual feelings of disappointment when they spent so little hours with the children on their cases.

I guess [I was expecting] some of the, for want of a better term, the fluffier stuff. So, you know, really sitting down with kids, for instance, to do a child friendly version of what their case plan includes. So, doing things like that, or actually, you know, spending more one-on-one time with kids and getting to know them better. – Charlie

I think sometimes people come into the Department thinking it's a lot of home visits and that it's going to be a bit easy and you're going to be able to do 09:00 until 05:00, and it's not like that, and that's when people really struggle because it – when you go to the assessment centre, they don't really prepare you for what the job is like at all, and then you come in the deep end once you've signed on. – Jules

4.1.2.3 WORKLOAD AND PACE

Most caseworkers indicated that they were not prepared for the workload and pace expected of them as FACS employees. Numerous caseworkers expressed a real shock when they finished their CPD training and were given large numbers of cases with such tight deadlines. The constant sprinting required of caseworkers to remain afloat was a surprise to many. Caseworkers reported that there was an expectation that caseworkers would do what was necessary to get the work done (including stay late, work from home /and sacrifice accrued flex hours if a crisis arose), which was also unexpected for many.

I don't think I thought it was going to be so intense, I suppose. I didn't think that I would feel obliged, I guess, to work late hours and work on weekends and try to get things done. I didn't realise that the workload was going to be so big. I think people said that but I didn't quite understand until I was there. – Jill

No, no, it's very different to what I was, kind of expecting, I suppose. It's very full-on ... it is busier than I could have ever, ever imagined, yeah. Even in the training – so, we do six months of training where we don't have a caseload, and we go, we do modules, so we do homework at work, and then we go away for a week, for a full week of classes, nine to five – yeah, and that still didn't prepare me for how full-on it would be. – Alex

The impact that workload has on caseworker wellbeing is discussed in Section 7.1 of this report.

4.1.2.4 FLEXIBLE WORK WITHDRAWN

A number of caseworkers spoke of specific expectations relating to flexible working arrangements not being met. These caseworkers reported that, during their recruitment, FACS had assured them they were

family-friendly and had agreed to specific requests to best support the caseworkers' family arrangements (e.g., part-time work, flexible start time or regular daytime shifts). However, once they began their work these expectations were not realised, leaving family members struggling to handle their routines.

Q: Do you feel like you were prepared for the job?

A: No, nup. No, they make it sound so beautiful and easy, and family friendly, and meaningful, and stuff like that ... when I took the job, we were both told that it's going to be a very family friendly and flexible arrangement, and whatever, and so, now [partner's] like, oh, this isn't what we signed up for. – Alex

The impact that withholding flexible working arrangements has on caseworker wellbeing is discussed in Section 7.3 of this report.

4.1.3 Established caseworkers' understanding of their role

The caseworkers who had been at FACS for many years appear to have developed their own understanding of their role. Unlike when they first entered the job, they knew what their responsibilities were as well as the limitations placed upon them. Their job was to work with people – to help, to support and to encourage.

The job is very clear about what your, what your intent is and what your purpose is and it's to work with people ... they're not the enemy, they're just people who are disadvantaged who struggle with life. And our job is to help them, that's pretty much it. – Bill

Caseworkers had to let go of any ideas of changing the Child Protection culture that they indicated they had held when they first applied to work at FACS. Instead, their role had to be focused on simply helping those they could in a way that mattered.

I thought, well I could do a better job. So thought I'd join Community Services and I realise ... you can't change the top, so you just do what you can do. – Dave

Caseworkers reported that when they accepted this and adjusted their expectations to a more realistic level of what change they could make, they were able to find meaning and enjoyment in their job. These caseworkers could then consider their role a privilege rather than be bogged down by the challenges they faced.

It's such a special role that caseworkers have to play, it's going into the inner-most place of the person's heart ... [and] the family and the home. – Eden

4.2 Challenges of the job

Consistently evident throughout the data was that FACS casework consists of a combination of factors that are challenging. Each caseworker interviewed found one or two of these aspects of the job to be more challenging than other aspects, depending on their personal experience. However, this caseworker was able to articulate the collection of factors particular to being a FACS caseworker which make it a challenging role:

The challenges I guess are probably around the emotional stuff, so you are working with families in trauma and in heightened situations. Some of the – most of the families don't want to be involved with us so it's about having to engage with families and I think one of the hardest things for us is the time limit with everything that we do. It's an ever-changing environment, we're dealing with all of the unmanaged social issues here that are tormenting our society generally, including drugs and sexual abuse and physical abuse and non-attendance at school, and those other things that we're trying to deal with each day, so not only are you trying to engage with families, but you need to make tracks in

terms of making generational change for these families around those components and problems. We are often short-staffed and it is stressful. There are lots of deadlines and assessments due and ongoing changes. – Terry

The overall impression from the data is one of a difficult job, in which the impact of these challenges on wellbeing varies from one caseworker to another. But while the degree of impact may differ, most caseworkers' wellbeing will be impacted in some way:

It's quite in-your-face doing child protection ... it's very challenging. – Anna

I always say to people if you're in FACS longer than five years, you're damaged goods, look after yourself – and I really mean that. I've been talking to some of the retired guys ... one of them has just got off medication after five years of having left FACS. So it just shows you the damage. – Joe

The system beats you up, the kids beat you up and you beat yourself up. – Dave

4.2.1 Emotional nature of child protection work

The nature of working as a caseworker with FACS is challenging on an emotional level for many caseworkers, as might be expected. Many of the caseworkers interviewed indicated they liked working with children and families, and in fact this was one of the main sources of job satisfaction, as discussed in Section 4.3 of this report. Nonetheless, there are also downsides to this work, which appear to impact on each caseworker's emotional state. When these impacts are traumatic, and/or occurring regularly, they are likely to have flow-on effects on a caseworker's wellbeing. It was observed that reacting emotionally to certain aspects of child protection work is not necessarily a bad sign, rather it is when a caseworker becomes completely desensitised that is more concerning:

It does take a toll on you, you do really need to speak to someone because you're working in that line of work and it's dysfunctional families and it does impact on you. Anyone who's said that it doesn't, that's a lie or they're very numb and they need a new job. – Loretta

The day that you come into work and you have to take a child from a parent and you don't go home feeling upset or sad about that is a day where you've had your time, where you've kind of switched off, because it should be sad. It's a sad thing to do and it's okay to be sad about it because if you're not sad, then you're not really feeling for that parent or understanding what they're going through. – Jules

The main topics of discussion from caseworkers on what caused them to experience negative emotional impacts included the trauma of child protection casework, and frustrations and disappointments of poor outcomes for families and children. Moreover, while carrying out their roles in intensely emotional circumstances, caseworkers indicated they are often required to suppress their emotional responses to remain professional. This stance may have to be maintained for drawn-out periods while matters are dealt with.

4.2.2 Experiencing trauma

Caseworkers often reported they were aware that their role would involve witnessing and hearing about other people's trauma, particularly that inflicted on children, but also domestic violence and intergenerational trauma. They rarely went into significant details of these stories, but were able to articulate a number of experiences that they found especially traumatising. These included dealing with serious injury to infants, child deaths and removing children from their parents, even when it was in the best interest of the child.

I think in one year I had six deaths and I had removed something like 12 children ... removing children is an awful thing to do. – Chrys

You get some parents that deep in their heart they know that things are not okay and some of them would for example have helped packed the children's bag and get their favourite toys and things like that. You get other parents that literally would fight for their children ... One of the ones that I can remember that was most stressful was – was a family I think with 11 children so we literally pretty much needed every caseworker in the office and we had ... four, five cars lined up around the corner. Police was there and literally had to pin down sort of one of the adults and as caseworkers then we drove around the corner, came in and just packed up children's bags and everything quickly. I guess what it was to me was probably was the children screaming and scared. – Sidney

The baby things hit me hard. One where they put the – there was a case in the paper where they put the baby in the fridge. Another one where the guy fractured the baby's skull and was deported, he went to jail here and then he was deported. And then another one where there was a – she was only 6-8 months, something like that – and this bloke had basically raped her and she wouldn't have kids. So that was probably, of all the cases, that was probably really knocked me around a bit. – Joe

Ones that really affect me are the babies, when you get broken babies and I've had to deal with two this year. – Dave

In addition, caseworkers experience re-lived trauma when talking to parents, and can feel like by doing their job they are prompting this re-traumatisation, as illustrated by this participant:

The blame shifting and – and accusations start from word go and you walk in there and – and you see that it is a reality that the kids are living in ... we sit down and we want to start the interview. But they take you straight back to their childhood and what happened to them and how they were abused through the system and how many times she was raped and nobody did nothing about this or and it all starts and you're there with a set of assessment questions and you want to just focus on what's happening right now but, like I said the holistic approach, listen to them and get the whole story. That story has been told 150 times before or more, but it comes back and – and triggers their memories. – Lesley

Caseworkers often had developed mechanisms to enable them to continue working with these types of extreme circumstances. However, the data suggested that there is an intensity involved in the day-to-day, that the 'extreme' is the norm for many caseworkers, and that caseworkers are at risk of prolonged exposure to emotionally traumatic experiences.

The emotional side of it, it is intense ... whenever I have two weeks' holiday and I come back, it's quite scary in a way because of what the job is, so I think having that time out really reminds me of what – it's a massive job ... what we do and who we see and what we discuss ... probably akin to the emergency services and emergency department, not blood and bones but emotional blood and bones. – Tina

I have very clear boundaries for myself. That's in managing emotional stuff that I'm confronted with ... taking a child out of the parent's hands and they're screaming and the child's screaming – how do you cope with that? – Bill

Some of the stories I hear get to me ... you become quite used to talking about that and quite used to people being raped and quite used to children being abused ... It's not just the normal neglect and domestic violence and that sort of stuff ... that's one of the challenges is you become quite removed from it. – Brooklyn

Moreover, a concern was expressed for new caseworkers who have little real-world experience being unprepared for dealing with the emotional side of the role:

We're dealing with criminal matters and sexual assault, we're working with paedophiles, for crying out loud, so I really think it's important and even in the regular CSC, there are so many new graduates that

get a job with FACS straight out of uni, they've got no idea what they're walking into, they've got a piece of paper that says they're qualified but just, they're not. – Courtney

4.2.3 Frustrations and disappointments

It is important to explore the negative emotions experienced by caseworkers that contribute to feelings of 'burnout' in their role. The findings indicate that this primarily occurs when caseworkers feel helpless to bring about positive outcomes for clients. There were a number of reasons for this for different caseworkers: a family who is resistant to working with the caseworker; families being unable to make or maintain changes for the sake of their children; or the caseworker themselves taking a particular case too personally. However, sometimes the frustrations were more to do with the organisation – such as having to refer or close a case when a family or particular client would benefit from ongoing support, or being unable to spend enough time with a family due to the number of cases in their workload. Again, none of this surprised caseworkers, but for people who often went into this work to 'make a difference' it is nonetheless a source of negative emotion.

I took it personal and that's why I knew I was burnt out because I sort of treated him like my own relative, one of my own family members and I really wanted the things to change ... I tried to get him into all different programs ... it makes you feel sad and then I was emotional myself ... no matter what I did it wasn't going to change this young fella's thinking or his lifestyle, he was going to do what he wanted to do at the end of the day and no matter what I did or how hard I tried it wasn't going to influence him. – Loretta

I see new caseworkers, they really get drawn into the life of that person they're working with. – Bill

You have families that don't want to talk to you on the phone or they don't want to bother coming to the office or letting us into their home or just and you want to take that nicer approach of giving them a heads up that we are coming out, instead of just rocking up ... You're there you've set a time, you're there you're knocking and – and that's when you kind of go, 'What am I doing wrong with this family?' or 'Why don't they want to engage with me?' All we want is to try and work with them. – Lesley

I've had a whole lot of teenagers and I've had placement breakdown after placement breakdown. – Chrys

I really struggle with ... walking away, saying, 'Yeah, this family needs ongoing work', knowing it's going to be closed at the CSC once they receive that referral and say, no, but because ... they're not meeting immediate risk of significant harm ... I think this family is going to drop off and it's going to get worse and going to get worse and it will plod along for a while until there's something critical and these kids come into care. – Courtney

We try to assist families a lot to keep units together, and we will go to great lengths now to do everything we can ... we'll pay a fortune to get these parents into a rehab, and they do the 12 months, they do fantastic, they look great, they feel great, they've got quite a bit of support. They come out, they get into the same group of friends and network that they had previously, and three months later their child's coming back into care ... it's disappointing when those things happen. – Marty

Caseworkers often reported they had to come to terms with the idea that 'there is only so much you can do' as they continued to work in their role:

It is not a job where you can be perfect and you are going to make mistakes. It is – we're dealing with people, we can't always predict what's going to happen or know the right thing to do. We do the best with what we've got and at times it's the best thing and at times it's not and we have to own that and learn from those mistakes and they happen, it's just a part of the job that we do. – Jules

4.2.4 Having to present a professional front

There are many jobs in which workers are expected to present a positive, professional outward appearance regardless of their internal emotional state. However, given the reported extremely emotional and often traumatic nature of the role of a FACS caseworker, a particular dynamic is created for caseworkers where they are expected to suppress their emotional responses in order to do their job.

Q: There's a lot of managing going on of your emotions.

A: In the back of my mind there is but you can't show that frustration to the next person because then their interaction affects in how they then communicate to you. – Lesley

You're sad for someone else's situation that you can't help, which gets a bit hard too. I had a mum recently when her child came into care, she was crying and she turned to me and said, 'Why aren't you crying, this is a really sad thing, why are you not crying?' And I thought to myself, I want to cry because it is really sad, but you can't, because you can't cry, you can't show them that, which is hard because sometimes it's what families want, they want to know you care, but you can't do that with them because then you're taking away from their experience and their moment and their grief and it becomes about you more than them. So it's a hard line because what do you say to her? I couldn't say anything to her other than, it really does affect me but I just – how do you explain to her, I can't show you that. – Jules

I was the primary caseworker on a call out after hours, and the helpline said, 'This isn't a nice one, but we've got to go' ... we did a 16-hour shift without breaks, we had to interview parents in the street with 50 people standing around looking at all the police and everything there, the house all blocked off, forensic sort of thing. So, but we did our job and we did it very professionally, we had to put the other two children into care for the time being because there were suspicions, so we did it, we did our work all weekend ... So come to work Monday morning, sort of come down through the admin and the first thing they say '[participant], did you hear about that child death, was that, were you part of that?' And I went 'Yeah but I don't really want to talk about it', and then get further down, someone else asked ... And I had to say the same thing. Then I got upstairs and then caseworkers are saying the same thing you know 'Did you hear about that baby that died?', 'Oh did we get a call out, who was that? Was that you [participant]', I said 'Yeah but look I can't talk about it, honestly I just can't talk about it, please don't ask me anything else'. And I walked into the manager's office and shut the door and just fell apart. – Marty

Given the extreme, and cumulative experience of caseworkers, this data suggests they are suppressing significant emotional upheaval, sometimes for hours or days. This performance is important in the professional context, but not necessarily good for wellbeing in the long term.

4.2.5 Being the person between the institution and the clients

Associated with this strain of needing to put aside one's own responses is the part of the job where caseworkers are in the position between FACS, an organisation with certain legislative powers, and clients. For some participants, a major challenge of their role was having to be the 'face' of decisions which they had not made, and did not agree with, but which they had to deliver to clients. This requires caseworkers to undertake a sophisticated level of emotion management – both of their own emotions and those of the clients. Emotional management can play a significant role in undermining workplace wellbeing for many workers. Moreover, part of a caseworker's role is to help clients work to implement some decisions, even if they do not sit with the caseworker themselves:

You're having to implement decisions that are not in the best interests of the families or the kids, that's a whole new challenge on top of the other challenges that you have. – Ash

It's just really hard because you're telling someone something you don't agree with but you're the face of that decision and then you have to answer that family's questions about why that decision was made ... you can't tell them you don't agree with it ... The decision has been made, you just have to do your best to try and explain why that decision was made by the people who made it, which can be hard and there is times – there's a lot of times where I will often say to people, look, my manager has said, because if it's not us making the decision, we shouldn't have to say to them, I'm telling you to do this, because it's not me telling them ... I had a parent who I was telling had to do something because it was the bottom line from the manager, and their response was, 'Well, your manager manages you and tells you what to do but she doesn't manage me, so I'm not doing it.' – Jules

*F*** 'em – you know, if they want us to do quality work, they need to support us, to be able to back up our clients, because at the end of the day, I f***ing hate going out there and saying, I'm sorry, no. You know, like the disappointment on kids' faces and stuff is just absolutely horrendous. – Liam*

Participants from the Helpline pointed out some of the issues particular to that part of FACS. Examples included having to tell callers who are going through Family Law Court matters that what they are reporting is not a FACS matter, or receiving reports knowing that they are close to, but just short of the criteria for being passed on to a CSC.

For other participants, being the 'face' of FACS was more challenging in the perceptions clients and the general public had of them as caseworkers:

Some people would be wary about me and what they'd say and do around me because they knew I was a child protection caseworker. – Loretta

When you see families that are, have been in the system for long periods of time and their level of understanding of our roles and what we do historically has been quite negative and they reflect that when we approach them. And that can be a challenging time for us to build that kind of relationship or rapport with them and there is constant pushback ... with experience you are able to handle some of that but sometimes you just feel defeated. – Lesley

One of the things is our reputation, yep, I suppose is that, you know, we come and we just take kids into care, we can just take kids into care, which isn't the case. – Alex

One participant who identified as Aboriginal discussed the impact on people she was working with – that in her role, being seen as part of the Department was a challenge she had to overcome through working intensely with clients, taking time to build trust.

4.3 Job satisfaction

In line with the literature which suggests job satisfaction is linked with increased levels of employee wellbeing, caseworkers and ex-caseworkers were asked about their sources and experiences of job satisfaction. Most notably, almost all participants could identify something they enjoyed, or got satisfaction from, as a FACS caseworker. Moreover, more than 25% of participants expressed that they 'love' or 'really like' their work, in spite of the challenges to their wellbeing overall. This section discusses the main sources of satisfaction.

4.3.1 Working with children and families

The strongest theme emerging from the data about sources of job satisfaction was that most participants liked working with families to help them make changes, and being part of positive outcomes for children

and families. Most participants expressed their strong desire to work with people, and particularly found enjoyment and satisfaction in the time spent face-to-face with children and families.

I like working with people and I like to reduce the opportunity for harm. – Chrys

My passion is looking after people. – Taylor

I do love going out and being with the families, as much as it's not as much as I want, and I'm not doing as much work as I'd like with that. But I still do love going out and being with the families and getting to build the relationships, and getting to know the kids, you know even if it is less than what I'd like, that is probably the best part. And yeah getting to see the changes over time, in cases that you don't just refer on. – Ellen

In these, and similar comments from other participants, there was a clear indication of a sense of purpose, and having a reason to do the job that is bigger than oneself. Even participants who found working at FACS in some way detrimental to their wellbeing, or who had left FACS, could still articulate benefits to staying in the role to support the clients and advocate for children:

People are still committed to the cause. The cause is child protection. So, that's it. It's not the organisation. – Bill

I love the work, don't get me wrong especially with the restorations. I love it and that's the best and I want to be able to do it well and so it's not the work I hate. – Peta

I know why I'm in this job, and every day I come to work, even though sometimes it's stressful and ... I'm here for the kids, I'm here to make a difference in families' lives. You know, all of their, kind of aims and goals for us to reduce re-reporting and that sort of stuff, like I'm on board with all of that that's what I want to see at the end of the day. – Alex

I really liked going out there and building a relationship with families, building a relationship with the kids, and helping families come up with their own solutions ... nine times out of 10 families wanted to fix what was wrong cos they didn't like the way their life was, so ... you can mentor or model or support. – Finley

In general, I like the work that we do. It's just around how it's done that's not the best. – Jesse

The data about working with families and children emphasises that most of the people interviewed found this aspect of the job to be meaningful. They are working with real people, helping to bring about positive changes, with real and sometimes lasting impacts. The participants offered a variety of examples of working with children and families, which identified how finding meaning in the work contributed to job satisfaction. These included things like making children safe, facilitating understanding so that families knew what was happening, and what was expected of them, developing parenting capacities, and contributing to society more broadly through helping families:

When you have people who really want to change what's happening, or what's happened in their past, that's kind of very satisfactory to kind of say hey, I went in there and I talked to these people and they're willing to change and they're willing to engage and they're willing to do certain things we ask them to do. – Lesley

You're making a difference, I guess. Someone has to do it, so it's a job that someone needs to do and it needs to be done and it's, yeah, I don't know, it just, I feel like you're contributing somewhat to society. – Laura

When it works well it works amazingly. I like doing the kind of initial responses to families and helping it to kind of turn from what could be like the worst emotional ... experience of their lives to either more of a turning point. – Cam

I really enjoy when an adoption order is made – that's a really happy time. So I like getting to the end of a process that has good outcome. – Morgan

A number of participants identified that working with people in times of crisis, or in particularly difficult life circumstances, provided job satisfaction. They found there is a level of 'reality' involved in child protection casework, and even small gains can be momentous steps forward.

It's the crisis work and dealing with raw emotion, I find that I can work well with that and I find that really satisfying to be able to connect with people and see that ... this is a real step towards helping them towards a better life. – Tina

I love the fact that it is real ... there's that reality. There's no BS. And sometimes you keep families together. – Blake

I love when I am closing a case and I have been introduced to some mother who has got a shocking drug problem and it takes over her life and the kids are being neglected and we go through the to's and fro's and we eventually get to rehab and we get through this process and I see this functioning family, and it might not be poster family but it is very functioning compared to what it used to be that's what I love about my job. – Sam

It was never the work that got to me. I loved the work, and even built, and building relationships with people that, initially were angry, and would yell and scream, and being persistent and being kind, and treating them with dignity and respect, and letting them feel that anger, but at the same time ... we need to talk about this. – Quinn

The participants were also realistic about the nature of working with families and children. The outcomes are not always good, and there are plenty of downsides and disappointments – but this did not appear to diminish the meaningfulness of the work, or create substantive wellbeing issues for caseworkers, except when they felt unable to do the casework well.

The pros for me are that you do get good outcomes for some families, but the con is that you don't get good outcomes for some families and that's pretty crappy to sit with and the con is sometimes kids do have to come into care and you really don't want that, but the pro is that sometimes when that does happen, that child then gets an opportunity to heal from what they've been going through. – Jules

I spend a lot of time with my clients, the ones that they let me go and see. I'll sit there with a cup of coffee and sit with them for three hours. It's great, you know, I sit there with the carers – 'Yeah, are you good? Yeah? That's great'. – Liam

I can assure that the death of a child is the most horrific thing that you can ever go through, closely followed by the fact that I have to tell you that your child is being abused usually by somebody who you love and trusted, and I now am telling you. And so to sit with that it doesn't give me satisfaction but to be able to sit and be there with that person I find very rewarding – very hard ... somebody has to tell them. Somebody has to sit with these kids – somebody has to sit with the pain and somebody has to listen to their stories ... Somebody has to be this kid's advocate – somebody has to have this kid's back. – Brooklyn

They know through research that kids that go into out-of-home care – especially with non-related foster carers – often don't have much of a better outcome than they would've if they'd have stayed with their birth family ... so, that side of stuff doesn't stress me out. It only stresses me out when I feel like I don't have enough time to give to those families. – Jesse

Even where caseworkers felt constraints in carrying out their work, many used phrases such as ‘doing the best we can’. That is, many accept that working for FACS means working within some organisational limitations, and that administration and other challenges are part of the job. However, the satisfaction of working with people seems to be affected only when the balance of tasks creates tension, as expressed by this participant:

It would be so easy to say I’m busting my arse just to make the numbers look good for our area ... we have timelines for everything to get everything done, so it’s all in the report for the month and that sort of thing, and I know that’s not what it’s about ... But at the same time ... it’s just how our work is. We’ve got deadlines, and we’ve got to report to our director and all of that sort of thing. We just can’t take the heart out of it ... We’ve got to do it for a reason. – Alex

It is evident from the data from even the most disillusioned caseworkers, that the passion for working with families and children is a major driver of job satisfaction. Equipping families and children to build better lives, or to build resilience and heal from suffering, through relating to families, children and carers was one of the most consistently expressed themes. Of those participants who had left FACS, many had moved on to similar roles in other organisations, suggesting they did not leave because of the nature of child protection casework.

I didn’t take it lightly that I left at all, you know, it was a big decision, and strangely enough, where I’m working now, [the manager] actually approached me, and said, you know, did I want to come and work with her. And so, she’s a manager of an NGO in [location 2] now, and I’m actually working with her now – so, yeah. – Anna

The passion for working with people was evident across the entire sample, and is often closely related to other sources of job satisfaction: the role of values and ethics, doing the job well and other work relationships.

4.3.2 Values and ethics

The literature on caseworker wellbeing suggests job satisfaction may be influenced by the degree to which the organisation’s ethics match a caseworker’s ethics. In particular, working with vulnerable members of the community means that the risk for moral injury can be increased.

In general, caseworkers made a distinction between FACS’ official and public-facing values and ethics, with which they agreed, and the nature of what happens day-to-day:

I think their [FACS] stated values and ethics probably so. There are some things I have struggled with but in their defence there hasn’t been anything else that they could do. – Sam

The rhetoric, yes. In practice, no. In practice, no, and that, I guess, you’ve hit the nail on the head; that was my big battle, I just couldn’t fit in. – Eden

I think that we have values as a Department, which is why I wanted to work here because I agree with those values of being open and honest and transparent and those things, but I think there’s times where we do not model that behaviour within our Department ourselves. – Jules

Yeah FACS does make it very clear about ethics and code of conduct and all that kind of thing but it still comes down to people that can say yes, and their personality is completely different. We can all say yes just to keep the job but it doesn’t mean that we’re going to fulfil it because we are not in that mindset. – Taylor

Some participants were able to identify that they could work within their values in their roles:

My work has to be aligned with my values. So that's probably the most important one for me and I say this all the time I've got to be able to get out of bed and be able to look myself in the mirror. – Pat

The Department as a whole are working with a more strengths-based perspective ... they are drawing on that and utilising families more and that fits really well with my own values ... We all go into this work because we want to fix things and fix people and help people, but when we do that, I guess we take away those skills and tools that a family might need to develop themselves to sustain it, so I'm, that's why I'm quite passionate about where we're moving with, working with families to help them equip themselves and maintain that themselves without us. – Courtney

Others pointed to specific examples of how working at FACS violated certain values, or meant they had seen instances of work practices which conflicted with their values:

[I] did a contact for one of the caseworkers ... it was another Aboriginal family, and they said that I was probably the first caseworker who'd listened to them. And they said that the caseworker who'd asked me to do it, never listens to their concerns about getting their children back ... I'm very ethical in my work, and I, sort of think – and you might think I'm very idealistic, but I like being idealistic, but I'm quite realistic as well. And I sort of think that, just that that impacted, because she was too busy to see them ... the family felt very disengaged from that particular caseworker. – Anna

So you've got to cover your arse with them because they'll, a lot of them will hang you out to dry. It's a numbers game with them, you go in thinking that you're going to make a difference and but then you realise well you're just a number. As far as management are concerned it's all about the dollars, it's not so much the, the work. – Dave

It just grates, all of it goes against who I am as a person and what I bring into this work and how I've seen it done and how I've done it before. – Oli

The data on values and ethics agrees with the findings on working with families and children – where caseworkers feel they are able to work well with and for clients, there tends to be agreement between the values of the workers and the public values of the organisation. Where there is a perceived conflict, this tends to cause dissatisfaction, which in turn impacts on wellbeing.

4.3.3 Doing the job well

This theme was also very closely related to 'working with children and families'. Many caseworkers expressed that they felt they were good at their job, and this was part of how they could benefit families and children, resulting in overall job satisfaction. For many, they gained satisfaction directly from being good at their job, and continuing to develop as caseworkers:

A large part of my identity is kind of invested in how well I do things and how well I do my job and the fact that I provide hopefully well informed information and practice. I keep doing it because I like to be good at what I do. – Morgan

You want to come in every day and try your genuine best. And just do everything you do with a high standard. – Cam

I'm using I guess my strengths ... I guess it's nice thinking that that might be doing good to the community. – Riley

For most participants, being good at their caseworker role was closely tied to supporting children and families. One caseworker who identified as Aboriginal indicated that their purpose of working with FACS and doing the job well was to benefit the Aboriginal community. Others demonstrated gaining job satisfaction from different examples of being good at their job:

I cheered the other day because I really advocated for a child to get an NDIS plan that really met his needs because his last one was absolutely atrocious, and he got an amazing plan, and that was a good day for me because I thought, I succeeded at something in helping that child. – Jules

I stay because I feel very strongly about the wellbeing of the children ... [and] I'm good at my job. Because if people like me who are bright and intelligent and motivated, and care don't do the job, who's going to? – Rory

As noted above, the outcomes for families and children are not always positive, and therefore it is 'really difficult to measure' (Lesley) being good at casework. A further participant raised the idea of being 'good enough' as a measure:

In child protection you talk about 'good enough' ... good enough for Person A and Person B and Person C because that's my team, and good enough for my manager to not worry that I'm dropping the ball, and good enough that no matter where the agency is pitching, that I'm still looking after whatever the agency says is important. – Oli

This latter quote was specifically in relation to managerial roles, an area in which there was a notable lack of data about job satisfaction, despite a number of participants having had experience 'acting up' in management roles. This gap in the data suggests that most people interviewed were more oriented to 'on the ground' people work than management roles, in which contact with clients is much more limited.

In addition to investing in relationships with clients to move towards positive outcomes, many caseworkers perceive that being good at their job involves rising to the challenges presented by the work:

Knowing that like no two days are the same. Like every day is different ... It's always really busy and I like to be busy. And it's challenging, like there is always new things to do or new conversations to be had that you haven't had before so it does help you to grow as a worker I think. – Cam

I'm never bored. It's a funny thing to say, I guess, but it's all – no day is the same and I guess I like that ... I am significantly challenged at work. – Tina

Particularly when you get the really, really interesting ones [cases] that you know it's challenging – it uses your brain. You've got to engage with kids that don't normally want to engage with you. It just pushes you outside the box. – Brooklyn

But yeah, I do enjoy the variety of it. Some days you feel like it's just Groundhog Day, and you're getting the same sort of stuff over and over again and then – but every – doesn't matter how long you've been there, you're always going to get something. Something will come along that's completely new or bizarre and there will be some interesting work occasionally that does challenge you a bit more, and yeah, that you feel you learn something from. – Lou

These challenges provide opportunities for caseworkers to use existing skills and strengths in new ways, as well as develop and apply new skills in working with people and navigating the broader system in which FACS operates. However, it was noted that some FACS approaches to casework are making the casework more superficial, reducing the opportunities for casework staff to be developing in this way, as described by this participant:

From de-skilling to outsourcing – it becomes trivial. It's like, well, what is it that we're actually doing? ... we can be criticised, and we have been, that we haven't provided good service, maybe, before or kids in out-of-home care never got to see a caseworker or this and that. And that was the argument for outsourcing to non-gov's because they're going to do such a better job, but it hasn't proven to be. It's

proven to cost more and still service is poor. But they're cutting back on kids. They're not looking after the kids. So, it's lost its way. – Bill

As this comment acknowledges, the perception is that some changes have been responses to criticism of the organisation, and these changes have not achieved what they set out to do and are therefore beneficial to neither clients nor caseworkers.

Job satisfaction among caseworkers is closely tied to securing good outcomes for families or at least a professional level of service within resource constraints. The variety and intrinsically meaningful nature of the work strengthen workers' resilience to keep positive and healthy through the more challenging experiences. This does however make caseworkers more vulnerable when cases are poorly managed or resource and bureaucratic constraints lead to less than desirable outcomes for their clients.

4.3.4 Other work relationships

Section 5.5.1 discusses how finding support through relationships with others is an important individual strategy for maintaining wellbeing. At this point it is worth noting some participants found a great deal of their job satisfaction came from the nature of their work relationships. As these quotes demonstrate, relationships both inside and outside of FACS are important:

Working with colleagues who you know are similarly focused on good outcomes for children and for carers and families. – Morgan

I like working alongside police and health. – Cam

I like working with people from different organisations. And I like my colleagues. – Jesse

Good relationships with colleagues, and occasionally managers, can also provide an effective counter-measure to negative impacts on wellbeing, especially at times when other sources of job satisfaction are inadequate. As these participants illustrate, having a sense of camaraderie 'in the trenches', or feeling like colleagues are on the 'same page' is an additional source of job satisfaction:

My colleagues. I stand in absolute awe of them. Of all the shit they throw at us, they are dedicated, motivated. They are super-human, miracle workers. They are talented, imaginative. They are good people to work with, really good people to work with. And that doesn't mean we all get on. Or don't have differences of opinions ... And you get people with very strong opinions. But god, the public just has no idea what we do. And every – every flaming caseworker should get a medal. – Joe

It was horrible, it was just a horrible time and he and I were often pulled into the Regional Director's office and just strips torn off us ... but there was a sense of being in it together, and so when he got to the point of leaving and he said to [M4] and I, 'Look, I've actually been applying for jobs, I've had an interview and they've made me an offer and I have to go because every morning I cry when I put my shoes on'. – Oli

It is perhaps not surprising, given the relational nature of casework, and the relational nature of this sample of participants, that relationships are a source of job satisfaction.

4.3.5 Rewards

The sample of participants was divided on the topic of rewards as a source of job satisfaction. Some participants felt fairly paid and acknowledged for their work in other ways. Other participants indicated that the pay was insufficient given the work load and environment.

When asked specifically about whether the pay was fair, many participants indicated that being a FACS caseworker was a well-paying job.

It's a well-paying job and it's a job that I know that is quite stable generally, but the other thing is I do – I have always liked working with people. – Terry

Pay, I think it's pretty good yeah ... It's not as if I'm thinking shit this is not enough money for doing this, that doesn't cross my mind. – Sam

It's never been something that has made me feel resentful about doing the job, so I think we're fairly paid and given the conditions as well, I think – I feel, that's not a source of frustration for me. – Tina

Some responses compared FACS to other employers, suggesting that FACS pays better than most in the industry:

I feel okay about my pay. I think for the work that we do and for kind of where people are at – just out of uni and things like that, like we get paid a hell of a lot more than I got paid in [a different state]. I honestly think that we get paid fairly. – Cam

I'm starting in a new job in a non-government agency on Monday, with something like a thirty-thousand dollar pay drop, no flex days, I've got to drive further to work. So, I mean, in terms of that kind of thing, yes, FACS is pretty good, I think, you know, for a social worker you're not going to get much more money anywhere else. – Charlie

However, just as many participants indicated that what they were paid was not satisfactory for the work and conditions:

The money is not worth it ... absolutely not. It's what we do and the environment as well. – Stacey

I think we earn above and beyond our money with the amount of work we put out, and the amount of abuse we cop, and yeah, just the extra time we do. – Alex

I used to do a lot of acting manager work around the district and maintain my eligibility in the talent pool, but then for \$200 a fortnight and all the extra responsibility and meat in the sandwich kind of pressure I have decided I am not doing this anymore. – Morgan

Additionally, a small number of participants indicated that while being well-paid, it was not a source of job satisfaction, but resulted in them feeling stuck:

Once you've been here too long, it's really hard to leave because you get paid quite well compared to other places. – Jules

Q: Maybe you could tell us why you're still there, because there's so many negatives?

A: Handcuffs. Golden handcuffs. – Liam

Few people talked about rewards beyond the financial. Those who did were mostly commenting on the lack of rewards and acknowledgement from the organisation:

They have a star-point system, but it doesn't really – it hasn't really taken off. I don't really know lots of people that use it and I don't really know the purpose of it, but other than that, yeah, there's no rewards, other than ... when you've had a good outcome and you get to go home and kind of sit with that and think you made a difference, you get that personal reward in yourself, but no reward from the department itself. – Jules

Not once in four years has anybody ever said to me, 'Geez, you're doing a good job. Gee, you really – I feel you've made a difference for this family' ... The carers notice I'm working my ring out but not at

work. There's no acknowledgement, there's no encouragement, there's no celebration, there's no work lunch, there's nothing. – Rory

There is a lot of fatigue and I know that there's a lot of caseworkers who are just doing the day-to-day grind without feeling appreciated. – Ash

On the other hand, a few participants admitted they had seen instances of people being acknowledged for their work.

If people do something worth acknowledging, it gets acknowledged ... the manager comes out, I don't find it very helpful, but they do the whole, 'Thank you all for your work, you've all been doing well' ... I have seen a couple of good examples of people being acknowledged. – Laura

The main reward and sense of satisfaction for most caseworkers was in working with children and families. Data emerged which demonstrates that other rewards are influential on job satisfaction, but to a much lesser degree.

4.4 Implications for FACS

While an organisation like FACS needs to present itself in the best possible light during the recruitment and introductory training phases for caseworkers, it is also important to provide new workers with realistic expectations of the demands of the job. Training and recruitment information may need to cover workload expectations and access to family friendly flexible work.

By the same token, it is important to ensure that workloads are not excessively out of line with the expectations of new caseworkers, and that such workers have mechanisms for registering excessive load and seeking additional support where possible. The implications of excessive workload and poor access to family friendly flexible work on caseworker attrition and turnover are discussed in Sections 6.3 and 6.4 below.

The nature of the job requires caseworkers to carry out their roles in often intensely emotional or even traumatising circumstances. Maintaining a professional stance in such circumstances can lead to some workers suppressing emotional responses over a long time.

One key role of the caseworker is to be the 'face' of organisational decisions which they may not have made, and with which they may not agree. A further part of a caseworker's role is to help clients work to implement some decisions, even if they don't sit with the caseworker themselves. These contradictions can cause internal emotional conflict.

The data suggests that many caseworkers are suppressing significant emotional upheaval, sometimes for hours or days. This is an important requirement in a professional context but deleterious for wellbeing, especially over the long term.

Most workers are there because they see value in working with children and families, even in the worst circumstances. Secondary factors in job satisfaction for caseworkers are the stimulating nature of casework and relationships with colleagues.

Job satisfaction is high as long as caseworkers do not feel overly constrained in being able to do casework well, with real-life indicators that people's lives are improving being more important than more easily measurable outcomes.

While organisational factors which impact on wellbeing will be discussed in Chapters 6 and 7 below, it is important to note that the nature of the job and the satisfaction gained from the job include a number of organisational cultural and operational issues such as: reducing the relational aspect of casework; reducing caseworker's ability (either through de-skilling or reduced responsibility) to respond to the challenges of their cases; attempting to legislate collegial relationships.

A further finding when exploring job satisfaction and the nature of the work is that financial rewards cannot be relied on as a source of job satisfaction, though they may incentivise caseworkers experiencing dissatisfaction to stay with FACS longer than they would otherwise.

5 Individual Factors that Impact Wellbeing

5.1 The caseworker view of wellbeing

Caseworkers were asked to talk about their individual understanding of wellbeing.

5.1.1 Complexity

Caseworkers demonstrated a sophistication in their ability to identify a wide range of factors that embody the concept of wellbeing. A dominant theme throughout was the assertion that wellbeing can only be understood holistically:

Wellbeing is holistic to me, that it encompasses psychological wellbeing; your emotional wellbeing; physical wellbeing and that you're travelling well in your wellbeing. – Peta

Wellbeing is complex to describe and evaluate as it can be expressed in a wide range of indicators:

I think it's demeanour, I think it's language and tone, I think it's a level of engagement, I think there's a physicality to it. – Oli

Well that's a big concept isn't it? Look I think for me it encompassed all kinds of needs being met. So health needs, psychological needs, some level of connectedness and security and a sense of belonging or purpose. So for me personally wellbeing is a fairly broad sort of brush. – Morgan

Wellbeing can be a bigger picture or how, or what my family life is like and what's happening in my business side of things. Like what's happening in the workspace, how is my relationship with my colleagues and my managers and other departments within the business. So it's – it's [holistic]. – Lesley

Noteworthy is the understanding that wellbeing is not confined to the individual, but rather is situated within the broader context of work, interpersonal relationships and the wider environment. The following provides a glimpse of the multiplicity of factors that caseworkers described as contributing to overall wellbeing.

Although identified as important, physical factors were commonly mentioned as only one component of wellbeing.

I think of the physical type things. Your weight, your heart that sort of stuff but I also think of mental wellbeing, that's probably more so especially in this type of work. Yeah that balance between all of those things. – Sam

I guess it's just your sense of feeling well in yourself, so it's your health and your mental health, it could also be your physical health, just general overall health and happiness, I guess. – Laura

Happiness was discussed further by this caseworker as well as others. It was the most frequent single aspect of wellbeing identified:

I guess when I'm feeling happy, when I want to get out of bed and go to work, when I'm not dreading to get out of bed and not stressed at home, just general happiness. – Laura

Wellbeing is basically your mental health, whether you're happy or not, that wellbeing is being comfortable, healthy and happy basically. – Rani

I've never really thought about it but I would say probably just being happy, not being too stressed kind of thing, just – I don't know just normal life, that's not too much influenced by like stressors yeah just being positive and feeling good. – Sidney

Functioning well was seen as another indicator of wellbeing:

I guess to me wellbeing would be about how you're doing in both your physical and mental health? How you're feeling about your life in general? How you're feeling about doing your job and your overall kind of capacity to just function within every aspect of your life I suppose. – Cam

Employee wellbeing at FACS, oh goodness, I guess it's probably about being able to enjoy coming to work, and being able to sustain a workload while feeling well, really. – Jill

Mental wellbeing was viewed as essential to the caseworker role:

I also think of mental wellbeing, that's probably more so especially in this type of work. – Sam

I consider it [wellbeing] more healthy mind. Having ways or tools or whatever to respond to things that may come up that may affect you mentally at the time, ways of dealing with that. Having good support, people you feel you could talk to, and of keeping you healthy in that way. And also trying to avoid, it's very easy, I mean, the offices ... can become quite toxic. – Lou

The state of caseworkers' mental and emotional lives is central to their wellbeing in the workplace and their perceptions of personal wellbeing. However, discussions of wellbeing open up a much broader range of variables to consider than those identified above. Caseworkers demonstrated awareness of the complex interplay between the many different factors that contribute to, and impact on wellbeing

5.1.2 Wellbeing in the workplace

Caseworkers' responses demonstrated their awareness that an individuals' wellbeing in the workplace is not solely situated within them as individuals, but rather is embedded in the workplace, workplace relationships and in the organisational structures and systems.

This respondent describes workplace wellbeing:

Well that we do operate in an environment that's conducive to balance and good emotional wellbeing where we are I guess being supported and all of those things so that we're not experiencing duress or stress or being overwhelmed by your workload or particular cases or whatever. I think the same sense of travelling well and being able to do your job well so that I guess the conditions that you work in and under are conducive to doing and producing outcomes and a good job really. – Peta

When asked what comes to mind when thinking about wellbeing, this respondent replied:

I think about what, stress in the workplace and what we can do to help mitigate stress. The team environment, the culture within the office, not just the team, you know flexibility in your working arrangements and I guess, yeah just having opportunities to move within an organisation as well is really important, to know that you're not just stuck somewhere, so that really helps. – Ellen

An important aspect of workplace wellbeing enabling an employee to be 'well' was described as having the opportunity and space within the workplace to reflect on and debrief about the emotional load:

For me wellbeing is just having time to reflect on our work. Just to see if there is somebody who can, an informal unpacking of our feelings. – Lesley

This caseworker pointed out that the interplay between what the individual caseworker brings and the challenges of the work confronting the caseworker required capacity for balance in the face of complexity:

Every facet of that influences how I feel on the day. Like how I wake up that morning and ... will I bring to work and how that will flow through the day. One phone call from one of the clients could just throw me off and – and the next client might get affected by the way I'm feeling. So it's all about balance. – Lesley

The notion of work/life balance was described as an essential component of health and wellbeing.

Well, I think wellbeing is, for us, it's probably trying to manage a distance from work and keeping a good balance with things. – Terry

Being able to, healthy mind and healthy body and being able to have a work/life balance. – Finley

However, balance between work and life was only one component of wellbeing; feeling satisfied and in harmony in their work role was also identified as vital to workplace wellbeing.

Wellbeing – a couple of things, a few more than a couple probably, wellbeing for me is feeling like there's a balance between my personal life and my work life, that there is satisfaction in the job and that it's – that I feel like the job is identifying with who I am, or not identifying, but there's a harmony there. – Tina

5.1.3 Fit between personal and organisational values

A further component of the complex concept of workplace wellbeing emerged as caseworkers spoke of job satisfaction and the importance of alignment between their personal values and those espoused by the organisation. Recent changes in policy frameworks were described as giving hope and aligning with personal values.

They brought in new framework and it made me, it actually gave me new hope because the direction that they are actually moving in with the new training ... was dignity driven and it was really focusing on the family's needs [and] a holistic approach with family and not just focusing on the kids because if you don't really focus on a holistic approach ... how is that home environment going to be healthy? So it sort of looked like the direction of where FACS are going – it gave me hope. – Loretta

I think we've really shifted in the way that we work with families and, I guess, valuing every child and every mother and father and family member as an individual and wanting to work with that. The Department as a whole are working with a more strengths-based perspective and ... past things that

have worked well with families – they are drawing on that, and utilising families more – and that fits really well with my own values. – Courtney

Such changes in approach to working with at-risk families at an organisational level were seen as contributing to workplace wellbeing. However, it is important to note that where the application of organisational rhetoric did not appear to align with caseworkers' values that this incongruence was described as detracting from workplace wellbeing. Likewise, for some an apparent incongruence between the approach applied to casework and that applied by managers and the wider service to caseworkers served to undermine workplace wellbeing.

FACS' values are working with families with dignity, listening and using the words that children and families use, rather than our own jargon and labels. But I think that stops, and they don't pass that on to caseworkers, they don't show the same dignity and respect to their own staff. – Quinn

We have values as a department, which is why I wanted to work here because I agree with those values of being open and honest and transparent and those things, but I think there's times where we do not model that behaviour within our department ourselves. – Jules

5.1.4 Navigating the challenges – resilience

In the face of the traumatic and sometimes frustrating challenges of the job, caseworkers discussed the importance of resilience as a component of maintaining their wellbeing. Descriptions of resilience were congruent with the commonly understood definition 'the capacity to bounce back after an incident or trauma'. Some described the workplace factors that they accessed to support their internal resilience.

I'm pretty good and knowing myself and taking some personal inventory and I just deal with it through the systems I've developed through recovery not just necessarily work stuff so I talk about it with people. – Morgan

I don't think I ever allowed myself to be affected by the work. Right from the beginning ... one of the placements ... my supervisor was really, really good in having sort of chats with you and whatever, and talking about how workers should maintain their mental and physical health. – Finley

So that's a major issue [having] support and resources and availability of things that you need to be able to do your job and meet the expectations. And I think that's always a really major issue for people when they're in that position, is having that – if you have that support that makes it easy for you to do your job, then it makes your job easier on all sorts of levels, doesn't it? – Jesse

These caseworkers, while able to describe some workplace supports, also identified organisational factors such as poor management, poor team relations or poorly functioning IT systems. These issues could significantly undermine their capacity to do their job on a daily basis while maintaining their resilience to the type of work they do with clients:

I've always been a fairly resilient, flexible kind of person. You know when I came to the department I knew I was stepping into a bureaucracy ... So I came in fairly open minded. So whilst all that – that sense of being overseen and micromanaged and all that sort of thing, you know I learnt how to work with it. I've observed colleagues around me who haven't managed so well with that stuff, and have taken things personally and as a result not managed well and left or you know had breakdowns and left so the attrition rate has been fairly high over 12 years. – Morgan

At that point in time I actually tried to get out as much as I could because I thought, there's no point in me sitting in front of the computer wanting to throw something at it, I might as well go out and do some home visits and that sort of stuff. But then you couldn't record those when you get back because we have to record everything that we do out in the field. So, it was rather frustrating. – Jesse

Caution was suggested, however, as many caseworkers described the tension between being resilient and being desensitised to the job.

Like it is very confronting and I think a lot of us are quite desensitised to it or it just doesn't for whatever reason impact us and that's probably why we are able to be in the role and continue the function role within it ... I guess it's a really tricky one because probably in a lot of places it's actually not healthy to be as desensitised to the work as ... of the workers are. Like it's actually probably a lot more normal to be like genuinely affected when you hear stories of like extreme sexual abuse. – Cam

Further concern was expressed by those whose experience included being told that resilience was solely the responsibility of the individual caseworker with an inference that being adversely impacted by casework was theirs to 'fix'.

Resilience – it was all about – it was put back onto us, so we need to be more resilient. Yeah, but it was our responsibility to deal with these and manage these issues for ourselves. – Bill

Some viewed resilience as a capacity developed by experience in human services, at FACS and other community sector organisations in combination with long-term exposure to trauma.

It's just like I wouldn't have got that far in that job without having my own mechanisms, so now it's not like it's a big – it's not very difficult for me. – Laura

So I have kind of learnt from that and it was difficult ... I am still here, and I think like I was able to learn a lot from that experience and kind of take on a bit of a different outlook and perspective about things. – Riley

Nevertheless, in common with other factors contributing to wellbeing, resilience is not a stable state, rather even the most apparently steady person with an extensive career in FACS may reach a point at which their resilience disappears or 'snaps'.

Exactly, and it was, because it wasn't the first or last, child death situation that I'd dealt with. Probably the worst one though. And yeah it probably did help a little bit. I know we do have, and I've seen this happen to colleagues as well, who have genuinely coped very well with the job and didn't think that they had any issues at all dealing with the work, coasting along fine, and then one thing, one, or they'll get, a matter they'll deal with at that point will just trigger something in them and yeah, they could be off work for a considerable time and having quite significant mental health issues. – Lou

Rather than a simple combination of physical, emotional and mental factors, these caseworkers described wellbeing as a concept that was complex and impacted by internal and external (environmental) factors. When considering workplace wellbeing, positive workplace relationships and supportive organisational structures and systems in combination with congruence between the individual's and the organisation's values are viewed as necessary for optimal workplace wellbeing. Caseworkers drew attention to resilience as necessary to negotiating the challenges of the casework role, while noting that without adequate support a person's capacity to maintain wellbeing will be compromised.

5.2 Caseworker identification of indicators of poor wellbeing

Just as caseworkers demonstrated a sophisticated understanding of workplace wellbeing as a complex state, they were able to identify a wide range of signs that they or those around them were not doing so well (i.e. indicators of reduced or absent wellbeing). The ways in which caseworkers reported these indicators were as varied and unique as the individuals interviewed. Notable throughout was the consistent linking of physical, emotional and mental indicators of declining wellbeing to employment as a FACS caseworker.

5.2.1 Physical indicators

Most caseworkers who were interviewed believed that listening to their body could tell them how they were travelling. Poor sleep and physical symptoms indicative of illness were clear indicators of declining wellbeing. Many caseworkers spoke of the way in which they were physically impacted by work-related stress.

5.2.1.1 POOR SLEEP

Almost half the caseworkers interviewed described episodic disruptions to their sleep during their time at FACS. Insomnia, waking repeatedly during the night, regular nightmares and waking up fatigued were all identified as warning signs that caseworkers were not switching off well or were feeling overwhelmed. Caseworkers reported that their sleep was most impacted when there was a crisis at work, such as an impending court appearance or a placement breakdown, which led to increased worry and rumination and difficulty switching off and falling asleep. For some, the level of disruption to their sleep was such that they resorted to pharmacological remedies (e.g., Valium) to get at least some of the sleep they so desperately needed.

For some caseworkers being on call and late-night work on top of regular office hours compounded their sleep difficulties, while others thought that the stress at work directly impacted on their sleeping habits. Unfortunately, poor sleep quickly impacted on their ability to work efficiently. A couple of caseworkers reported a relentless cycle of insomnia, which led to mistakes or reduced efficiency at work, resulting in increased anxiety and further disruptions to their sleep.

Q: Are there other indicators where you go, oh, I'm not doing so well?

A: I think for me, the biggest one is sleep ... you joke about it but it's not really funny. There's times where you'll go home and you'll wake up in the middle of the night and you'll go, oh, crap, I forgot to do that, and you have to write it down, and there's times where I've had a dream and I'm like, why am I dreaming of that, and it's related to work because something has either happened that day or something happened that week before or there's something I'm worried about at work which then leads into the dreams that I'm having at night times ... it's hard to get to sleep because you're thinking about the thousand and one things you've got to do and you're thinking about, did I do everything I needed today, is everything I did today okay, is that family going to be okay tomorrow. – Jules

There is times that I'd be worried and I wake up at night ... If I was really stressed I would not sleep as deep, kind of thing. I would wake up more often, think about things, and then once your mind gets going it's kind of hard to switch it off. – Sidney

I'd go home at night and I'd lie awake and I'd think ... there was a lot of sleepless nights. – Eden

My sleep has been very disrupted. I can wake up, can be 2 o'clock in the morning with stuff, either just casework stuff going through my head or you know other stuff ... once I didn't sleep for four days, so it does impact in that way. – Peta

5.2.1.2 PHYSICAL SYMPTOMS

Physical symptoms and for some a confirmed medical diagnosis were considered clear indicators that a caseworker's wellbeing had declined. Numerous caseworkers reported the adverse impact of physical symptoms such as pain, particularly when they felt their poor health was due to work-related stress. For some caseworkers, attributing these symptoms to work-related stress was made on the basis of their own intuition or observations and for others, a medical professional had advised that their work was contributing to their declining health.

The physical symptoms reported were varied and included: eye twitching; hair loss; sleep apnoea; acne; high blood pressure; indigestion; migraines; stress-induced rashes; nausea and vomiting; heart murmurs; stomach ulcers; obesity and cancer. Many caseworkers noticed that their symptoms significantly flared up when they were stressed, overworked or not travelling well. While the data collected was not designed to determine causation of these physical conditions, it was apparent that work-related stress and conflict affected how well caseworkers felt they could manage their health.

I get a twitch in my left eye and I've been to an ophthalmologist who has done all the tests and they said it's stress related. I get a sharp pain above my left eye ... I've never had irritable bowel syndrome but suddenly I do and that's triggered regularly by the stress. I have lack of sleep, my hair has been falling out ... I'm a really strong person, very confident in the work that I do. I certainly don't feel like that since coming to this office. – Ash

I actually get really bad indigestion when I'm stressed and that's how I know – that's got nothing to do with food at all. That's how I know that I am getting stressed. Like that's my first indicator for me that I am getting stressed. – Ryan

Okay, my physical wellbeing – I'm overweight because I never get home on time to have a proper meal, I'm always on the run so it means that I don't have exercise, I have – and because of that, I have anxiety, I have depression, I have high blood pressure ... I've actually got moderate sleep apnoea because of my health because, yeah, and that's developed in the last couple of years. – Stacey

It is worth noting that almost two-thirds of caseworkers interviewed could give specific physical indicators of decline in their wellbeing that they had experienced or were currently experiencing relating to their work. Most of these caseworkers reported that these physical indicators had been experienced only since working at FACS.

5.2.2 Mental indicators

Caseworkers who were in tune with their mental state recognised fatigue as impacting upon their cognitive functioning and mental flexibility. Some also identified a limited capacity for self-reflection exhibited by behaviours such as taking case-related decisions personally and recruiting others to align with their views as indicators of deteriorating wellbeing.

5.2.2.1 FATIGUE

Numerous caseworkers reported signs and symptoms that were fatigue related and linked to increased levels of stress and excessive workload. In these cases, caseworkers felt that their ability to retain information, learn new skills, complete their responsibilities and understand or incorporate knowledge was greatly reduced. Tasks they had done a hundred times before took longer than usual and they felt they had less creative energy with their clients. During times of stress, caseworkers also found themselves making more frequent mistakes in their casework and used this as an indicator of a decline in their cognitive capacity and overall wellbeing. Some were able to identify the decline themselves, while others reported

colleagues or managers as the ones who identified the marked change in the quality of a caseworker's functioning.

I'm just so fatigued and I'm just really terrible at retention of information. – Ellen

Sometimes I find I am making mistakes a lot. So I will be typing up a report and I just find I am making mistakes, so that to me straight away is a little indicator it's time to go and get a cup of tea or step outside or something. The fact that I am not doing any work is sometimes something as well because I am just totally distracted, so something is wrong. So those are the first signs I look for. – Sam

They'd pick it up if someone was looking like there's been some changes or dropped off in their work ... if someone's normally doing six reports a day and all of a sudden they're only doing two, that would be something the manager would pick up. – Laura

Overtime, physical and mental fatigue was described as resulting in compassion fatigue. Caseworkers described growing difficulty in seeing their clients as individuals in combination with a loss of empathy as indicators that they were in need of a holiday. At these times, their frustration with work increased while the effectiveness and quality of their work declined.

That's when ... you need to walk away, because then the empathy and the compassion's not there anymore, so I don't think you're going to be a very good quality caseworker. – Loretta

5.2.2.2 REDUCED COGNITIVE FLEXIBILITY AND RESILIENCE

Caseworkers also reported a link between a reduction in wellbeing and their cognitive flexibility and resilience. Caseworkers who found themselves struggling to prioritise or jump between tasks or to be agile in managing multiple interruptions described this as an indication of increasing levels of stress. Their ability to change perspective quickly, multitask and overcome setbacks were all affected. When overstretched, caseworkers also experienced more frustration and distraction in regards to tasks.

I didn't know how to do things, I struggled to work out what was more important, what do I have to do first. And so the more I ... worked out what I needed to do, the harder it was to work out what I should do. – Marty

I can get frustrated and stressed by – when it's fairly busy and having, not being able to even manage the task ahead because of other distractions and interruptions and whatever comes up, and just feel like I've been working on something for ages. – Lou

This reduction in cognitive flexibility was reported as adversely impacting on ability to effectively manage workload with a compounding impact on wellbeing as the caseworker fell further behind with their work. When attempts to multitask and prioritise failed, the work to complete increased, resulting in even more pressure. Several caseworkers described this cycle and identified clearly the need for practical help and support to enable them to break the cycle.

Your thought processes are not really in a sense ordered, you're jumping around all over the place. And then you're conscious of all of that so then that's upsetting you and it's in a vicious circle then. So – yeah – becomes a struggle and then people start – they just can't cope anymore. – Blake

5.2.2.3 REDUCED CAPACITY FOR SELF-REFLECTION

Some caseworkers described behaviours such as taking case decisions or conflicts personally, feeling bitter, jaded or identifying as a victim of the system as clear indicators that someone was not travelling well. Caseworkers had observed colleagues whose capacity for self-reflection was impaired such that client outcomes, office politics and organisation-wide responses were experienced as directly targeting them. The

observer felt that this was a strong indication that a colleague's wellbeing was deteriorating, such that the person needed to step away from work.

I've seen it happen to people, where it wears them down and they become very unhealthy mentally and they're not able to let go of things and move on, and you know it's just something that's all encompassing for them ... they've felt that they've been victimised unjustly over something. It's the sort of things that probably for most other people wouldn't really concern them or affect them. But they've wanted, just, I've watched this, they've wanted to prove themselves right and to be vindicated, and it doesn't happen, and so they keep pushing ... they'll be upset and angry with all of these people ... they start putting their stuff onto other people to try and make other people feel the way they do as well, so then that helps them feel more vindicated. – Lou

Of note, this indicator was reported by caseworkers as a way they could evaluate the wellbeing of their colleagues. However, the very nature of this indicator, i.e. a reduced capacity for self-reflection, suggests that this would not be an indicator that the troubled caseworker could self-identify, and indeed, this was not reported by the caseworkers interviewed for this research as one that they self-observed.

5.2.3 Emotional indicators

The caseworkers interviewed identified indicators such as agitation and increased swearing as signs that they themselves or their colleagues were not travelling well. At times, a colleague was observed to 'snap' without warning, while others described a slower deterioration that resulted in anxiety and depression.

5.2.3.1 AGITATION

Caseworkers described feeling agitated, cranky or more angry than usual as an indicator that they were not travelling well. Whingeing, complaining, snapping, yelling and general rudeness to those around them were some of the warning signs that caseworkers noticed in themselves and others, particularly when these responses seemed to be an excessive response to the situation, or if the outburst was a marked change from the caseworker's usual way of being and responding. While some frustration was considered normal and even unavoidable in their line of work, caseworkers reported that incidents characterised by sudden and intense agitation were often cause for concern.

When I get really stressed, when I'm getting to sort of burnout phase ... I end up getting a really short temper and things annoy me a lot more ... I start getting really annoyed and picky and antsy ... I find that I get a bit agro, a bit antsy, and everyone's just like 'You need to bring it down a notch'. – Ellen

You hear the frustration ... just like, being flustered. You know, I work with some lovely ladies, so I think, you know, when they're flustered, and they're kind of, you know, talking a bit faster and slamming down the phone ... I kind of look out for that. – Alex

5.2.3.2 INCREASED SWEARING

Many caseworkers observed that their swearing habits and sense of humour had changed since starting at FACS. Swearing, coarse jokes and a dark humour seemed to be part of the culture of caseworkers, and while these were used as a way to release tension, caseworkers also noted that the language they and others used could also indicate how they or others were travelling. Many caseworkers observed increased swearing, making dark jokes about clients or 'the state of the world' could also indicate increasing levels of stress and declining wellbeing.

You just hear people around in the office going 'Oh for god's sake' and swearing. – Jesse

[They're] indirectly showing, you know, when we're struggling. So, the lady that sits next to me, she'll be swearing a lot, so I just check in with her and be like, what is going on? – Alex

You develop a really dark sense of humour when you work in child protection, and whether that's a good thing or a bad thing I don't know, but sometimes it's that, that gets you through ... you might spontaneously let off steam – not yell and scream but there might be a profanity here or there. – Peta

5.2.3.3 SNAPPING POINT

A couple of caseworkers spoke of the alarm they felt when they saw someone around them who 'just snapped'. Caseworkers had observed colleagues reaching a point of extreme distress. This point varied from person to person, characterised by behaviours such as screaming, an outburst of violence, falling on the floor, or a 'meltdown'. For others, this involved a seemingly spontaneous quitting employment. While internally there may have been numerous indicators that the person was reaching this snapping point, for the observer, this seemed to come from out of the blue. The build-up of stress over time manifested as an observable meltdown that made it obvious that the caseworker was overwhelmed and needing support. Observing this in others served as a prompt for some caseworkers to reflect on their own wellbeing and identify indicators of stress that they had been ignoring.

Watch completely competent, normal, functioning people be fine one day and then not fine the next. That's pretty scary to watch ... They just snap. There's just one thing and they just snap. It's just – I don't know how to put it into words. It's alarming. – Rory

It is worth noting that while some caseworkers spoke about observing a person reach a snapping point without any apparent warning, more caseworkers described these moments as resulting from an accumulation of stress for which little if any support had been provided. Such extreme distress was thus not without warning and could have been avoided.

In contrast to the very visible indicators of agitation and increased swearing and crisis events where a person 'snaps' or 'melts down', anxiety and depression, as described in the next two sections, may be less immediately apparent. Nevertheless, unrecognised and/or neglected, these were described as leading to increasing levels of ill-health and reduced productivity and may well culminate in prolonged sick-leave or leaving the organisation.

5.2.3.4 ANXIETY

A number of caseworkers reported tuning into their levels of anxiety as a reliable method for detecting changes in wellbeing. Feeling anxious in combination with the physical indicators of anxiety (such as nausea, shallow breathing, increased heart rate, shaking, sweating and hypervigilance) were regularly experienced by caseworkers, both during and outside of work hours. Importantly, some caseworkers had learned from personal experience that ignoring growing intensity or increasingly lengthy periods of anxiety had resulted in a crisis. They were thus more vigilant in self-monitoring for indicators of increasing anxiety.

I just try and – I recognise like if I am feeling a bit not great – like if I am feeling more anxious that I usually would then it's probably time that I need to maybe have an early night. – Cam

Emotionally, my anxiety level was quite high. When, especially when there's court, like something's happening, you get so anxious. – Niall

Caseworkers linked feelings of dread about going to work with anxiety, and identified these feelings as indicators that they were overwhelmed and needing help. In some cases, caseworkers reported that their anxiety about work started the night before or after certain work events and made it hard to then get up and arrive at work with a positive attitude.

If I dread coming into work, which happens ... that not wanting to come to work and fight – the morning when you wake up and you just think, maybe I should just call in sick today, because I just don't know if I can go in there and keep going. That's a sign when you know that you just need to have some time away or do something. – Jules

Over the years I have developed anxiety, which like, that has physical manifestations of, you know, upset stomach, diarrhoea, headaches, that kind of thing ... Waking up in the morning with just a complete feeling of dread for what you've got to do for the day. – Charlie

Many of the ex-caseworkers described these feelings of dread and worry as contributing to their decision to leave FACS. They had experienced their wellbeing deteriorating as their level of anxiety as they faced each working day became untenable.

I was kind of dreading coming into work as well for fear of what I had ahead of me – dreading turning on my work phone at the start of the day because thinking, oh god how many messages am I going to have or what am I going to be dealing with here. – Riley

5.2.3.5 DEPRESSION

A significant decline in a caseworker's wellbeing resulted in symptoms indicative of a depressive illness. Depressive moods, intrusive negative thoughts, flat affect and diagnosed depressive disorders had all been experienced by caseworkers. These low feelings and hopelessness were viewed as clear indicators of burnout or ill-health.

For me, I know when I'm really overwhelmed at work, I hear – I don't want to say I hear voices in my head – but I hear statements and stuff that I've heard throughout the day at work replay in my head over and over again. – Courtney

Often linked to these ruminations were episodes of crying. When they were struggling, caseworkers who had never been teary before noticed themselves welling up, more frequently or more intensely. Tears fell while getting ready for work, when they checked their phone after a weekend, when seeing particular families, or seemingly without a trigger. Caseworkers also described crying in their colleagues as a sign that that person may need additional support.

I would cry all the time, at the drop of a hat, and it'd be ridiculous, it was like pregnancy hormones all over again but probably worse. – Rani

I just could not stop crying, like every day I was at work crying, I would come home and I'd cry, I just could not get myself back on top of anything. – Jill

Some caseworkers believed that their experiences of depression were directly linked to work in what they perceived as a highly stressful, crisis-driven environment that exposed them to the worst of human behaviour. Increasing evidence of overwhelming emotions in combination with depressive symptoms that adversely impacted a caseworker's ability to function were cited as why some ex-caseworkers resigned from their employment with FACS.

I was in that position, I was really bad, I mean I didn't, I couldn't even get out of the house, I couldn't leave the house, I let myself go, I became overweight, I hardly ever cleaned ... I was very emotional when I was talking and the caseworker, the manager was very sympathetic ... cos I was in tears trying to say I can't come to work ... I think it was just a cumulative thing. – Marty

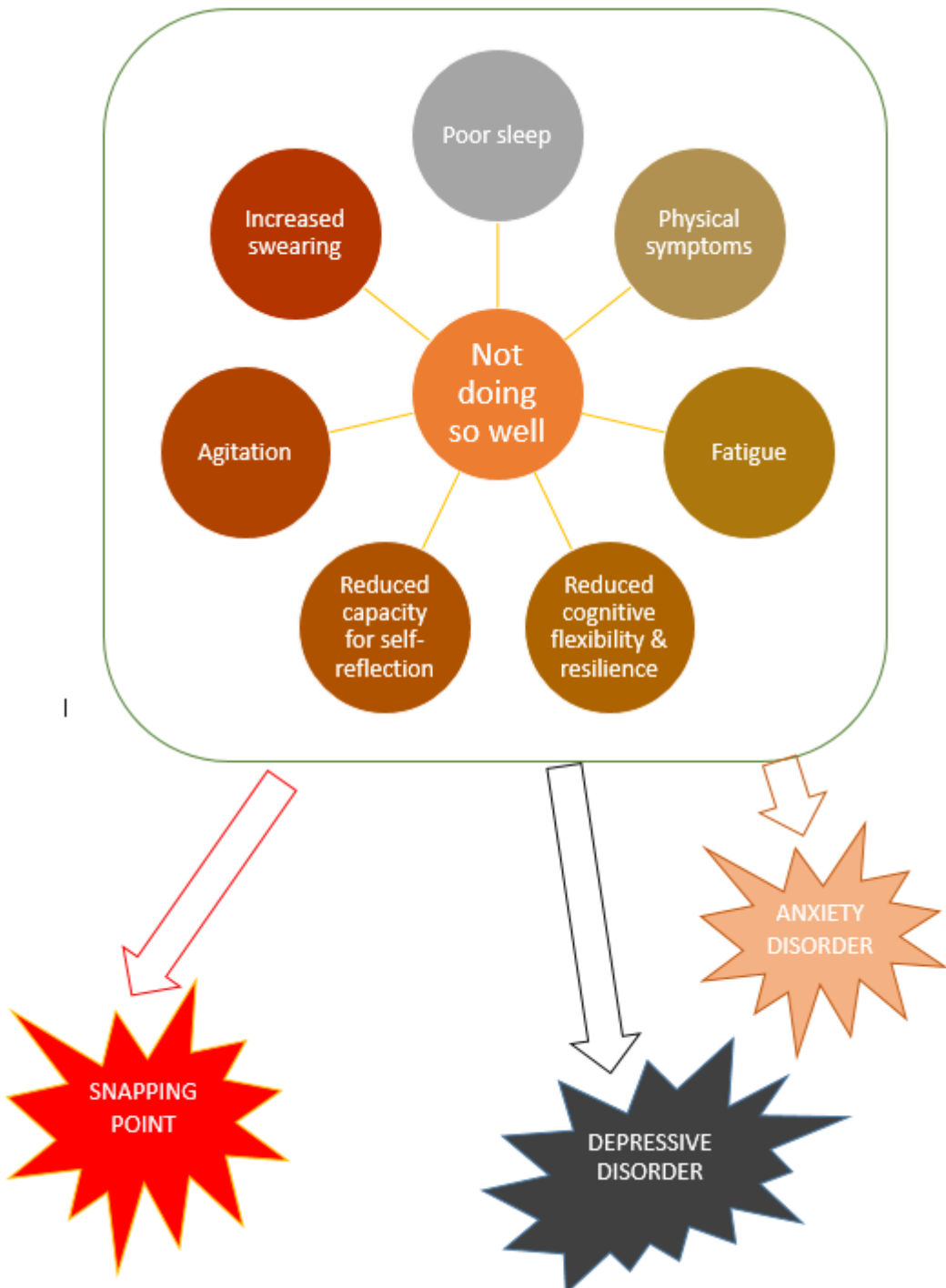


Figure 5-1: Indicators of Poor Emotional Wellbeing

5.2.4 Social Indicators

For many caseworkers, feedback from family members, friends, FACS colleagues and health professionals provided additional information suggesting that the person's work was impacting adversely on their wellbeing. Caseworkers outlined the impact of their work on their valued interpersonal relationships, their families and children and ways in which they behaved when feeling adversely impacted by their work.

5.2.4.1 FAMILY

For most caseworkers interviewed, their most influential social relationships were with family. These loved ones were directly impacted when the caseworker's wellbeing was adversely impacted by the difficulties and challenges of their role.

Most caseworkers could identify how their wellbeing and work-related stress impacted on their family. Caseworkers identified many times when they took their work frustrations out on their partners by yelling or venting, and others felt they simply had no energy left for partners and children.

My relationship with my partner [is impacted] because I come home and I vent at him to try and relieve the stress. – Ash

Some days I do go home and I'm not in a mood to interact or I just want to shut down, because there's so much going on in my head that's happened at work or what I've seen or what I've done. That can be a little bit hard for the family. – Lesley

Work-related stress was described as impacting directly upon a caseworker's parenting behaviours. Some reported being short with their own children or less patient than they wanted to be, while other caseworkers felt frustrated when listening to their children complain about 'first world problems' after working with the overwhelming problems encountered in their work.

There's days where I go off my nut at home ... I can remember my 16-year-old going off her tits because she didn't have the right leotard for a swimming comp and I just lost it. That's all you've got to worry about? I just sat through an interview where this girl has just told me she has been raped by her dad and you're telling me about your god damn leotard. And then she just looked at me and I said thank the Lord all you have to worry about the colour of your leotard. And in some ways it's good because my kids are normal and she should only be worried about the colour of her leotard and thank goodness that's all she has to worry about. But some days I go home and I look at them and my 13-year-old son is starving – like you have food in the house. There is nothing to eat – like you don't know the house I just walked into when there actually was no food. So sometimes you've got to be mindful of that sort of stuff too. – Brooklyn

While high levels of stress impacted on caseworkers' families, there were examples of how employment as a FACS caseworker impacted directly on their partners and children. For families in rural areas, the caseworker's role required changes in routine and at times a change of school to enable them to maintain confidentiality for clients. Parents had to balance being over-protective while avoiding problem areas and people that they knew from FACS.

I'm overprotective and oversensitive to everything around them ... we live in a small town and the schools that they kind of go to, there's a lot of clients, so it's hard ... they can't have sleepovers, and sometimes we can't go to parties in their class ... I don't want to send my kids to other people's houses. – Alex

My kids ... have learnt because it's a small country town everybody knows what I do ... So they're very good but it's also hard on them too. If you remove a kid that's at their school it could come back on them. – Brooklyn

Excessive workload resulted in many caseworkers bringing work home with them. Many caseworkers described their anger at the intrusion of an unmanageable workload into their personal time. Caseworkers perceived an incongruity in the expectation from a Department set up to support and protect at risk children and families that employees prioritise work over their own families. Working outside of paid hours, working in the evenings, interruptions after hours or cancelling family plans was reported as responsible for regular and disruptive impacts upon caseworkers' families.

Apart from the fact that I don't have any energy to enjoy the things that I do want to do when I get home, and how does it impact on my relationship, especially with my children, because I'm never available to see them, I'm always working back. They're worried about my health which means that they're under stress as well worrying about me. My relationship with my husband is not exactly the greatest because I don't spend time with him, I have to take work home. – Stacey

I've got little kids and that's really difficult for them because I'll be typing – they got home last night and I was on the computer typing out notes from yesterday, so you've got to wait, I've got to finish this ... my kids will go, let's do this, and I'll go, no, I've got to do this, I've got to make this phone call, I can't do that today. – Terry

You spend more time with these [work] people in a day than you do your family. And that you're sometimes more involved in your work kids' lives than you are in your own. So, if I get home at 5pm and I see my baby for an hour before she goes to bed ... There's a good chance on any given day I've spent more time with the 2-year-old twins on my caseload and had a sit and a cuddle and a play and a sing and a dance with them in my 2 hours of work with them and talking to their carer, than I do with my own kids. – Rory

Caseworkers described partners or parents expressing concern or querying some of their behaviours.

My ex-partner used to say that I was always angry. Maybe I was, I never used to see that but maybe I was as a result of the stress and stuff. – Bill

He can tell when I've had, like, a stressful day, because he says, like what's wrong with you, you're not really here. – Alex

Children were also described as a potential source of information indicating a decline in the caseworker's wellbeing. For some caseworkers, as their wellbeing deteriorated their children's behaviours and emotions also changed. For these caseworkers as they sought to trace the cause of their family's tension, they were confronted with the awareness that their declining wellbeing was impacting on their children's behaviour and emotional wellbeing.

I needed to make a change because it was impacting on my children, I could see some of the signs with them and I thought well, I've got to focus on them ... he was acting out at school. I think we're very in tune and very in sync where I was pretending I was okay and he could read that I wasn't because we are very in tuned. So I would try and hide it like oh yeah, no everything's great but he's very switched on and then he was sort of playing up ... I really noticed, like wow it does really impact on them. – Loretta

5.2.4.2 INCREASING WITHDRAWAL FROM OTHERS

Caseworkers reported withdrawing from engaging with others as an indicator of how they were travelling. The more overwhelmed they felt emotionally and mentally, the less they sought to engage with others. Some caseworkers understood this as a need to protect their limited personal resources, while others described isolating themselves as less of a conscious decision and more a consequence of deterioration in their emotional and mental wellbeing.

I became quite disengaged, I wanted to try and plod along on my own, didn't really interact with my colleagues around me, couldn't concentrate ... I would cut myself off, even from my friends. They would ask me to go out with them and I'd say no, say I don't have anyone to watch the kids when really I just didn't want to go. – Rani

5.2.4.3 OBSERVABLE CHANGES IN BEHAVIOUR

Many caseworkers reported being able to identify if a colleague was struggling on the basis of changes in their behaviour and interactions with others. Caseworkers spoke of seeing peers who were usually warm and friendly become quiet and reserved as their wellbeing declined. These changes were often accompanied by withdrawal from interactions or gatherings. Some caseworkers had experienced this change themselves, and reported feeling more tired and less positive in themselves, which then impacted on the way they engaged with others. Sometimes these change were accompanied by a change of clothing or grooming habits, further indicating a person who was not travelling so well.

If they were taking notice of me in the workplace they might notice a difference in my demeanour. I might not be as talkative or friendly. – Sam

That might be a way to see [how they're travelling], you know just the general demeanour of someone. – Riley

If they're taking a lot of sick days or just, in their general demeanour and the way that they're interacting with people. I think with this particular group of people I'd be able to pick it up pretty quickly. – Jesse

5.2.5 Health professional assessment

Several caseworkers were quite unaware of their deteriorating wellbeing until they visited their GP. Undergoing a wellbeing check or being questioned by the doctor, enabled the person to realise how unwell they were. These caseworkers noted that these experiences confirmed the importance of having a supportive and consistent general practitioner.

I did get to the doctors, and the doctor I had was my family doctor that I'd been to for 25 years, and she understood what sort of work I did ... she said, 'You know it's all come down to this, that you need a lot more support' ... And I didn't believe it at first. Honestly I had no idea I was not well, I thought everything was alright. I thought, you sure, you know, how long will I need, and she said it's not going to be quick, we need to get you linked into a psychologist, you need this and that, we need to think of the longer term things, your health, cos you're not eating properly, you're not sleeping properly, you're not healthy ... spent a lot of time just trying to help me understand why I was like I was. And then spent a lot of time teaching me how to acknowledge it, when things might be going downhill, what are the triggers and yeah what to do about it. – Marty

I went to my doctor and said I'm just not coping – I just can't cope. She suggested counselling and a course of anti-depressants. And she said come back to me, because you're heading towards being a Type II diabetic because I'm a little overweight and she said let's get [your head right] before we start looking at reducing your weight. – Chrys

Caseworkers demonstrated awareness of a wide range of factors that enable them to recognise a deterioration in their wellbeing. They were also able to describe sources of feedback external to themselves encouraging them to attend to their wellbeing.

5.3 Individual strategies for maintaining wellbeing

Analysis of the interviews found that FACS caseworkers have many strategies that they use to maintain their wellbeing in the workplace. Caseworkers have learnt these strategies from a range of sources including other caseworkers, family and friends, through their education, and by trial and error. These strategies have been grouped into four categories: support; time away from work; creating boundaries; and external activities.

5.3.1 Support

Given the relational nature of casework, it could be expected that reaching out to others for support is a key strategy used by caseworkers. Caseworkers seek support formally and informally, both internal and external to FACS.

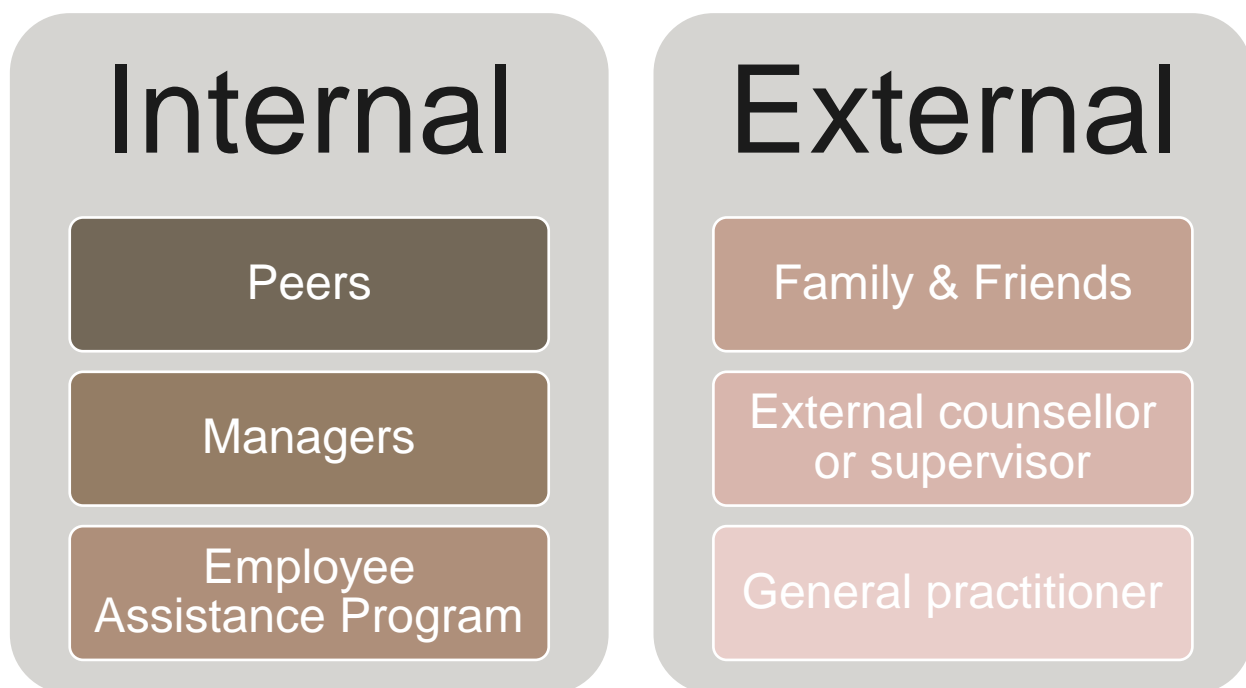


Figure 5-2: Internal and External Forms of Support for Caseworkers

5.3.2 Internal to FACS

Caseworkers identified three sources of internal support that they could turn to in times of need: peers, managers and an EAP. This is captured neatly in the following quote:

If you're upset at your desk, someone would come over and see if you were okay and maybe ask if you wanted to talk about it, ask what was wrong and from there I think it would – they'd probably talk to the manager ... or they'd probably recommend you try calling EAPs, that sort of thing. There would be things in place. – Laura

5.3.2.1 PEER SUPPORT

Many caseworkers reported support from their peers and colleagues at work as boosting their wellbeing. They expressed the positive impact that colleagues had on their wellbeing and listed seeking out the support of colleagues as a specific strategy they used when struggling. The support that peers could give in

moments of distress or uncertainty was important, and numerous offices in various districts promoted such peer support and checking-in on colleagues.

If someone is upset, no-one's just going to leave them upset, someone's always going to go and check in to see if they are okay. It's also recommended that people – if they are lingering on a report, to go and consult on it, so talk to their manager or even just a friend if they want to talk it over. – Laura

In contrast, other managers were reported to actively discourage reaching out to colleagues. Caseworkers in these offices found it difficult to not be able to talk to those around them when in need, and while understanding the potential for vicarious trauma, described the cost of silence as having an adverse impact on wellbeing.

Caseworkers are encouraged strongly that if they are feeling stressed about a case not to talk to colleagues about it, and if they are feeling stressed about something it's something that they internalise ... sometimes just venting a little bit to a colleague might be just the big relief that someone needs, and something little could be sorted out and just discussed then and there ... the organisation is worried that I will take on that stress and then I will become stressed, and look there is merit to that but then the counter argument I use is that if there is colleagues you trust and you feel comfortable with you should be allowed to talk to them a little bit about it. It's not that they're a professional and they are not going to sort out your problems, but it's just that first little step that might circumvent really big things ... there's this definite culture of shut up – if you've got a problem you go to the manager and it goes external, and I think it creates this environment where there is isolation. – Sam

Caseworkers described spending time with peers outside of work as contributing positively to their wellbeing, as they could relax while building positive memories with the same people they worked closely with during the week.

I think, because of the work that we do, we have become quite close and we've got a friendship group inside of work who catch up sometimes outside ... sometimes it's just going out and doing things, and then the friendship group is really people that we have been there with for a few years, we've all gone through casework together, it's kind of like we all go through something together and it brings you a little bit closer. – Jules

People are very good at listening here ... a couple of our workers are very good at social things, like celebrating birthdays and joking, lots of humour here at different times, we're very lucky like that, and we are good about trying to help each other generally. – Terry

Given the confidential nature of their work, caseworkers appreciated the times when they were able to debrief and share with other caseworkers. Caseworkers felt it was important to know they were not alone with the challenges of their job, and the comradery among those 'in the trenches' helped alleviate distress associated with challenging situations. It was readily apparent that caseworkers recognise the importance of a high level of confidentiality even between peers, not just for the client but also to reduce additional vicarious trauma for colleagues.

5.3.2.2 MANAGER

Some of the caseworkers described speaking to their manager (either their MCW or MCS) as an effective strategy in negotiating the adverse impacts of their work on their wellbeing. A couple of caseworkers reported that they regularly took the opportunity to speak to their manager if they were not travelling well or had concerns about their wellbeing. In these cases, the managers could offer a listening ear and some practical support (such as helping prioritise or brainstorming). Talking also served to alert the manager to the caseworker's need for support.

If I wanted to talk ... I would go to management. And I've got a great manager here, she's fantastic. Always got her door open. And very approachable. So if I needed there is always a manager. – Taylor

Conversely, for other caseworkers approaching their manager for support was not seen as a viable option when support was needed. Some experienced their managers as unavailable, while others felt their manager was not trustworthy or was ill-equipped to provide emotional support.

Nobody in the department has ever really expressed any interest or focus for me on how you're going emotionally ... I've had managers say to me 'that's not my job. It's not my job to be your counsellor and patch you up' ... their view is suck it up, this is the job, if you don't like it then find something else. – Morgan

5.3.2.3 EMPLOYEE ASSISTANCE PROGRAM

Most caseworkers interviewed were aware of the Employee Assistance Program (EAP) and the free confidential counselling available through this program. The EAP is widely promoted in many CSCs and managers and caseworkers are quick to direct someone who may not be travelling well to this service.

Most people would [know of EAP]. I mean it's fairly common that if you have a problem someone will say 'You need to ring EAP'. – Ryan

Thirteen of the caseworkers interviewed reported having used EAPs as a strategy to manage their wellbeing. These caseworkers had engaged with the service for a range of work and personal stressors. A mixed result of positive and negative experiences was reported.

Some caseworkers had felt that their wellbeing improved after talking to EAPs and that this support, coupled with other strategies, was enough to get them back on their feet.

I had a great experience with EAPs ... they're a good service. I think that people shouldn't be ashamed [to use them] if you're not travelling well ... they're great, it's great that they have that. – Loretta

However, other caseworkers reported that their contact had been less than helpful. This was for a range of reasons. A number of caseworkers felt they could not get the support they felt they needed from a phone counsellor, and would have appreciated a face-to-face option. One caseworker had requested an Aboriginal person as her counsellor, which was eventually possible, but thought that more Indigenous counsellors should be made available considering the number of multi-cultural and ATSI caseworkers employed by FACS and the multicultural makeup of caseloads. A significant barrier to the EAP being experienced as effective support was reported by caseworkers who had to continually re-tell their story to a different counsellor at each contact. This resulted in limited rapport and the adverse impact of beginning again at each contact.

The lack of continuity was compounded by the limited capacity of EAP counsellors to provide a therapeutic encounter that was any more than simple listening and paraphrasing. Considering that caseworkers have basic counselling and/or listening skills themselves, they found that the inability of EAP counsellors to move beyond basic listening and paraphrasing as unhelpful. Caseworkers reported being referred back to their managers or being advised to seek help elsewhere when they asked for more than 'a listening ear'. This left them feeling frustrated and unsupported, particularly when the reason for making contact with the EAP had been difficulties in their relationship with their manager or they had been referred to the EAP by their manager.

Honestly in [over 10 years] any caseworker that I've known that has used the service has gotten nothing out of it ... It was recommended that she ring EAP, so she did, she went home, she rang EAP and they basically did the same thing, paraphrased back to her ... the following day they rang back to talk to her,

but as she said, once again everything she said they just paraphrased back at her, and she said I can do that myself ... it was just a waste of time, it was not what she needed ... she found it really unhelpful. – Finley

Some of those who had used this service before being interviewed stated they would contact EAPs if needed, however, the strategies they had employed thus far had been adequate. In contrast, others who had not called the EAP strongly stated that it would never be an option, as they did not trust the capability or confidentiality of the EAP and were unwilling to share their struggles with someone who may report back to the Department.

And I think a lot of that is that I don't trust EAPs ... I don't trust EAPs because it is facilitated by the Department. So I don't trust it just purely from that. I just want to keep that part of my life and FACS as far away from each other as possible. – Pat

Anyone that I've spoken to that's gone through that has not come out with anything helpful and really probably suggested that it's a bit of a waste of time ... The workers weren't always accessible and they were different people each time, so you might start opening your story with one person and then you had to repeat it to another person and then another person the next time, and I think some of the feedback was a little bit different too ... but yeah, I haven't heard anything positive so I have never bothered to go. – Terry

A final concern of both those who had accessed the EAP and those who had chosen not to access the service was the manner in which they were advised to contact the EAP. Caseworkers spoke of being simply handed an EAP contact card and felt that this was often a way that managers passed on their responsibility for caring for their team.

So anyway I brought [this issue] to my manager's attention and she handed me an EAP card that was it. – Peta

It just feels very artificial for me, like it's 'here is the card, call the people if you feel down' ... it's very, very impersonal thing to always show the poster or the card. It's, it's really impersonal ... it's that pointing to another organisation and go, 'Okay call them and get some help'. – Lesley

While the EAP is perhaps identified as a support option external to FACS, overwhelmingly caseworkers reported this service as a FACS connected form of support. Of the three key sources of support internal to FACS, peer and colleague support was dominant in the discourse of the caseworkers.

5.3.3 External to FACS

While internal sources of support were valued to varying degrees by the caseworkers, external supports emerged as a highly valued source of support that supported the maintenance of wellbeing.

5.3.3.1 FAMILY AND FRIENDS

Caseworkers emphasised the importance of having supportive friends and family around them if they were to maintain their wellbeing. These relationships were seen as enabling and maintaining wellbeing while caseworkers described relying heavily on family and friends when they were not travelling well.

Considering the challenging nature of their work and the often difficult family situations they were exposed to, caseworkers felt it was vital to spend time with their own families and feel the love, support and acceptance that these loved ones offered. A range of activities was described. Some enjoyed going out in the evenings to take their minds off things while others preferred relaxed 'nights in' with home-cooked

meals; the focus of these times was to enjoy and appreciate their relationships and take their mind off work.

So to look after myself I like to spend time with family, just catching up with them. – Rani

That has always helped me destress a lot, getting with friends and just forgetting about things. – Eden

Caseworkers voiced the tension they felt about sharing with their friends and family their struggles at work. They were each aware of the confidential nature of much of their work, and therefore had to adopt new ways of sharing with their loved ones that allowed the caseworkers to debrief and wind down without breaching confidentiality. Often being able to talk with family and friends in this way meant that caseworkers could stay on top of their emotional wellbeing and avoid the need to use more formal support strategies.

So quite often I might talk to my wife and say listen I've got to talk to you about this, this is really troubling me, and we will have a conversation ... so rather than telling her this whole big story I might say something like the little girl – this little girl – she was so cute – she's three-years-old and she's got these shocking burns around her arms ... And that's it – that's enough – it helps. – Sam

Caseworkers also spoke of the importance of having a network of family and friends to help support them when they were struggling, and one strategy for maintaining their wellbeing involved calling loved ones for help. For each individual the help sought differed, for example, partners taking over household duties; parents and parents-in-law taking care of school pick-ups/drop offs; friends offering practical help; and general checking-in and caring.

Yeah, and to be honest, like when it's stressful for me, I've got my mother and my mother-in-law that look after the kids for us, so, literally, I know they're safe, I know they're fine, and they'll get dinner if I can't get to them ... I think I'd be really overwhelmed if I didn't have them on those days ... My partner can see it, he'll just pick up, like he'll – we kind of play off each other if I'm having a bad day, and he'll really take the reins and do all of the things that need to be done. – Alex

5.3.3.2 OWN COUNSELLOR / EXTERNAL SUPERVISION

Numerous caseworkers reported that regular support from a counsellor (or psychologist) who they had self-selected for formal external supervision or for their own therapy was integral to maintaining their wellbeing. These external professionals were able to provide high quality, unbiased support to caseworkers, and many reported that this was one of the most beneficial things they had done in terms of protecting their wellbeing. Unlike the EAP counsellors, caseworkers were confident that what they shared with their own counsellor would remain confidential, and regularly received sound advice and strategies.

So I get external supervision. That's the best thing I have ever done probably for my professional wellbeing is get external supervision. – Pat

I personally see a therapist, and it is sort of the same thing you know, you're just talking about work stuff and cases and that sort of thing ... [Q: Is that helpful?] Oh yeah ... I often talk a lot about work, a lot of my personal matters, because I like to get advice ... she obviously offered me support in the issues that I was experiencing at work anyway, which is good. But yeah, so it is useful. – Ellen

5.3.3.3 GENERAL PRACTITIONER

A couple of caseworkers reported visiting their GP once they became aware of numerous indicators that their wellbeing was not good. In some cases their GP provided them with medication to ease stress symptoms, other times it was a referral to see a psychologist (see previous heading). In some cases their GP provided them with a medical certificate to take leave or begin a conversation about changing elements of

their work. Caseworkers generally spoke of visiting their GP in positive terms, but thought it was a strategy they only used when really necessary.

Each of these external sources was highly valued by caseworkers and strongly identified as thoughtfully and actively used to maintain wellbeing in the context of a demanding and challenging casework role.

5.3.4 Time out

Caseworkers spoke thoughtfully of ‘time-out’ strategies that they used to support their wellbeing in the context of a role that they found challenging in terms of casework and at times difficult workplace factors. Time away from work ranged from small breaks within the work day, a reduction of hours (e.g., part-time or flexi leave) to official leave (e.g., recreational leave/holidays, sick leave, study leave, leave without pay or a secondment role in another team).

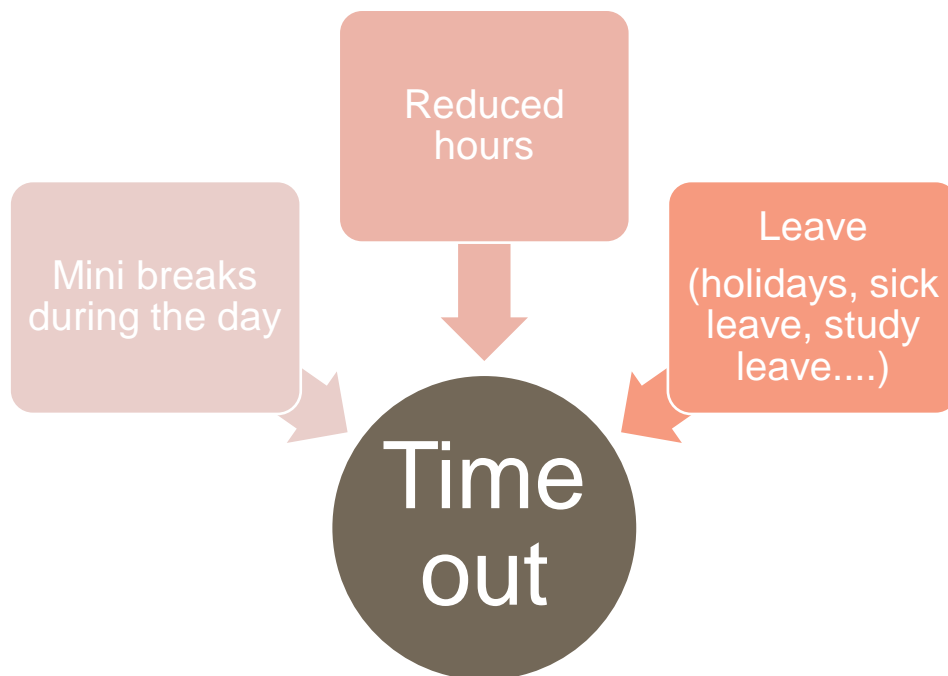


Figure 5-3: Time-out Strategies for Caseworkers

5.3.4.1 TAKING BREAKS

Caseworkers spoke of small breaks throughout the day as an opportunity to move and to reset their minds. Those who were more experienced had strategies in place throughout the day to protect their wellbeing and help them work to their best. Taking regular tea/coffee breaks, eating lunch outside rather than at their desk and taking the opportunity to walk when able – even if it was just walking to someone’s desk to ask a question rather than emailing them – were all important breaks that caseworkers found could help them maintain their wellbeing.

They talk about your mental health and not eating lunch at your desk and getting up and walking away and all those sort of really important things. So I am very conscious of that. – Brooklyn

5.3.4.2 REDUCED HOURS

A number of caseworkers reported that the only way they could continue working at FACS while protecting their wellbeing was to reduce their hours and go part-time. Having one or two extra days away from work

meant that caseworkers could maintain a better work-life balance and ensure they were spending enough time away from the challenges at the office to allow them to be at their best during work days.

For some, requests to reduce their hours to part-time for the benefit of their wellbeing had been declined. For those with young children seeking part-time work it was difficult to understand why the Department declined their requests. The barrier this presents to wellbeing is discussed elsewhere in this report.

For some caseworkers, the judicious use of flex hours could have a beneficial impact on their wellbeing. Caseworkers understood that they had two days (16 hours) a month of flex time and, provided they had worked sufficient hours and none of their families were in crisis, they could take flex leave in a variety of ways. Some caseworkers used this flexibility to have occasional late starts and early finishes, some used it to attend their children's events, others used it to catch up on everyday life responsibilities, and others accrued their flex hours and then took them all together for a longer break.

The benefits are just so great in terms of getting that flex overtime and even just flexibility with our working hours, being able to leave early for a personal appointment or come in late, that sort of thing, we're really good with that and I think that's really important, particularly for me. – Courtney

Flex time is good, flex time enables you to try and catch up on some of your hours and go home earlier so you can see your family when you can arrange that, so I would say that that's something ... we're really grateful for. – Terry

I'd accumulate [all my] flex and then I would take that altogether in one go and then I will come back refreshed. – Niall

As with part-time work, a number of caseworkers reported difficulty accessing their flex leave and some described apparent unfairness in how requests to use flex leave were granted. The barrier that withheld flex leave presents to wellbeing is discussed elsewhere in this report.

5.3.4.3 TAKING LEAVE

Most caseworkers interviewed identified taking recreational leave, holidays and days off as strategically planned to maintain their wellbeing. Getting away from work, relaxing for consecutive days and making positive memories all impacted positively on caseworkers' wellbeing. Caseworkers even used planning for a holiday without actually going on one as a strategy during busy periods.

I travel a lot and that's my goal every year. That's my focus, and when I come back I start planning the next one. – Peta

Caseworkers also used sick leave as a chance to recuperate when they were struggling physically or mentally.

If we have days where we're not okay, if we need to take a mental health day, then take it. You are better off staying off at home and getting yourself better than coming into work. I'm a huge advocate for mental health days ... Like you're not good to me at work so better off going home and recharging your batteries and getting everything right. I mean I'm huge into that. – Brooklyn

You'll have a really bad, shitty day, and you'll go, that's it, I'm taking tomorrow off. I'm not coming back in to deal with that again. Not two consecutive back to back days ... It does help. – Liam

In situations where a caseworker's wellbeing had markedly deteriorated, leave without pay or extended leave was used to aid recovery. Many caseworkers had seen colleagues around them take such leave as a last resort when other strategies had failed. Taking this type of leave provided caseworkers with the

opportunity to heal and restore their internal resources. If this leave was not available, other caseworkers asked for a secondment role or transfer to another team to allow them a fresh start.

If I hadn't have transferred at that time, I would have had to leave because my health was suffering. – Eden

I won't be doing this too much longer then I'll want a break ... I'll want to get out and do something different for six months then go back, that's what the police do. – Dave

Unfortunately, many caseworkers reported repeated difficulty accessing these ways of taking time-out. The barrier that declined or withheld leave presents to wellbeing is discussed elsewhere in this report.

5.3.5 Maintaining healthy boundaries

Almost all the caseworkers interviewed spoke of the need to create and maintain boundaries to allow them to do their job and still maintain their wellbeing.

5.3.5.1 LEAVING ON TIME

Numerous caseworkers spoke of the need to finish work on time (usually 5pm). The experienced caseworkers reported that there is always work to be done and one could work all night every night and not finish everything, and they therefore wanted to keep work within work hours as often as possible. While they acknowledged that a crisis might make leaving on time impossible, they felt getting into a habit of leaving late left no time for a work-life balance and led to less wellbeing.

I tried not to stay after hours unless it was necessary ... I'm coming here to do a job, I'm going to come in at 9 or 8.30, and I'm going to leave at 5 o'clock. If I have something urgent, I need to do court work or if there's a response that's in crisis that takes me until well into the night that's fine, because it's an exceptional circumstance. But overall, I am leaving as soon as the clock strikes 5 o'clock. I'm not going to give more of me than what needs to be done. Caseworkers eventually realise that, but it takes caseworkers a while, and I can tell them, and I do, leave at 5 o'clock, because I see them stay back, I see them come in super early, and I say to them, don't get in that habit, you need to go home. Look after yourself. You are more important. Forget the work. Go home. But eventually they come to realise it on their own. – Quinn

5.3.5.2 NOT WORKING FROM HOME

Closely related to leaving on time was the strategy of not working from home. The same caseworkers who wanted to keep work within work hours were strongly against working from home, largely because of intrusion of work into their personal time and the time it took away from loved ones. Some caseworkers left their phone at work overnight, others had deliberately not set up their emails to be received at home, while others simply did not respond when calls or emails came in outside work hours. Caseworkers again acknowledged there were times when such boundaries were not possible (such as during court cases or when a placement had broken down) but felt that a habit of working from home was not beneficial.

I learnt I think within like the first year of working here that I had to take care of myself to be able to do my job, because it is very draining and it doesn't leave you when you leave work, because you've got access to your phone and emails, and everyone still needs things after hours. So, it was setting those work and family boundaries ... so the boundaries that I set were I wasn't taking my phone home when I was full-time. So, I wouldn't take my phone home in the evening, because I was there every day, like that was enough. I would only do, really, legal work or assessments that were overdue in my own time, if I had to. I can't take work calls in my own time ... because I had my own life at home and I want to protect that. – Alex

5.3.5.3 KEEPING WORK RELATIONSHIPS AT WORK

While many caseworkers enjoyed close relationships with their colleagues, others found that their wellbeing was better when they did not pursue personal relationships with the people they worked with. By not spending time with work people outside of work hours, some caseworkers were more able to switch off and avoid reminders of work stresses during their home time.

I have good boundaries and like – so I don't hang out with a lot of my colleagues outside of work. You know I love them as being colleagues, don't get me wrong, but that's work. – Sidney

Caseworkers were aware that seeing clients outside of work was not just ethically complicated but also interrupted their attempts to keep work separate from their personal time. Some caseworkers were careful to shop, eat or meet people in areas outside of their work region so as to limit the chances of seeing a client. This was more difficult in rural and remote areas, resulting in some caseworkers staying home on weekends or making an effort to do day trips to surrounding towns to try to avoid encountering clients.

In a small country town you can't go to Woolworths, the post office, the shops, lucky to even go to public toilet, and you've got a client or whoever there. – Joe

5.3.5.4 MAINTAINING PROFESSIONAL BOUNDARIES

Caseworkers also described ways in which they maintained professional boundaries, including not accepting clients on social media, keeping personal details private (e.g., personal phone number and home address) and working under a maiden name.

Other boundaries that a lot of staff here in the office have, I guess for generally speaking for the ladies it's a bit easier if they get married they usually continue to work under their maiden name instead of their married name ... change your name on social media and your privacy settings and all of that stuff because of – there's one colleague in the office a few years ago that sort of got death threats on her Facebook, so I guess being aware of all these things. – Sidney

Caseworkers also described that where possible they avoided stressful environments (including removing themselves when someone else's stress was impacting on them in a shared environment) and making sure they did not allow days off work (either flex or leave) to be interrupted by work.

5.3.5.5 SHUTTING OFF AFTER WORK

Caseworkers acknowledged the potential for their jobs to become all-consuming: a long day at work can often be followed by hours of thoughts about decisions made, client wellbeing and the task list for the next day. Experienced caseworkers spoke of the absolute necessity of being able to switch off when leaving work and, sadly, had many stories of burnt out colleagues who never learnt to go home and let go of what was outside their control. They spoke of approaching each day as a new day, unspoiled by the mistakes of the one before.

I have to make a really conscious effort to tell myself, you need to let it go, like stop mulling over it. – Alex

I generally won't think about work at home ... I just don't go home and think about it ... leave the work at work. And I think it's also acknowledging I've done all that I could do with the position that I'm in I've done my best. You can't carry all the responsibility as one person. – Cam

I don't absorb it, so other people's terrible stories, I don't absorb it and go home and think about it later because I think that's when it's most damaging to you. I just sort of move on. – Laura

This strategy of shutting off after work is closely linked with the strategies mentioned below, as these strategies were often employed simultaneously.

5.3.6 Psychological strategies

Many caseworkers were skilled in using psychological strategies to maintain their wellbeing, including mindfulness, meditation, self-regulation, and measures that confined their thinking about work to particular times or situations. Engaging these skills in moments of heightened emotion helped caseworkers deal with conflicts and anxieties as they arose, decreasing the likelihood of long, drawn out and emotionally exhausting episodes of stress.

Some caseworkers had specific measures to ensure that work did not consume their thoughts constantly. They had trained their minds to associate switching on/off with certain triggers: in one case, a caseworker allowed herself to reflect on her work day until she got to the front gate of her property but then switched off; another caseworker spoke about certain clothes that she wore to work, and the process of taking those clothes off gave her a way of shedding her work thoughts at the same time.

I have this little rule where I will process things, so for that one I might have thought did I do the right thing, have I done everything I could do? Right and there is a certain point where I turn off to go to my house and that's where I stop – it's all got to be over and done with by then ... so far definitely it's working for me. Other people use different methods. I know colleagues who they have certain clothes they wear to work so their ritual is they just take those clothes off and put plain clothes on and then that's their little switch off. – Sam

Being able to distance or separate themselves from what was going on around them was important for many caseworkers. Separating themselves from a client's story or a work conflict allowed caseworkers to not take on the feelings or complaints expressed by others. Caseworkers could also recognise that they were not in the same position as many of their clients, so the anxieties and anger experienced by clients did not have to be taken home.

Just recognising that, you know that's not your life, that your life is different than that. – Finley

5.3.6.1 ACCEPTING LIMITATIONS

Caseworkers recognised the need to accept the various limitations (e.g., personal, time, organisational and policy) and the impact these have on their work if they were to avoid castigating themselves as failing. They described the impact of the deadlines imposed on casework as reducing the capacity for caseworkers to produce their best work. Caseworkers indicated that resource limitations (such as lack of quality supervision and budget constraints) often determined what could be done for clients, which may have been less than what the caseworker had sought to accomplish. This lack of decision-making ability was a personal limitation that caseworkers found they needed to remember to maintain their self-worth, and wellbeing. By accepting the organisational and policy restrictions placed upon them, caseworkers reported they were able to separate themselves from stressors that were out of their control and only expend their energy on what they were able to influence.

I kind of go, well, circle of influence, spirit of concern, not my monkeys, not my circus ... I don't think you can survive otherwise ... It's a really difficult industry to work in in the first place and I think if you step outside your lane, you just become overwhelmed ... I kind of have just, I suppose, for my own self-preservation, have gone, you know what? I just still have to ... make decisions about what I can navigate, not what I can't ... you've just got to stick to your own centre ... just trying to let things be a

little bit, go, this is what I think it is but I can leave it at that, I don't have to do anything more with that.
– Oli

5.3.6.2 COUNTERING TRAUMA AND DISTRESS WITH POSITIVITY

Caseworkers agreed that they heard traumatic stories in their work, and often found that this continual exposure to disturbing human behaviour tinted their view of the world. Some caseworkers were deliberate in balancing these stories with positive ones, from their own families or by highlighting the small wins they saw in clients. Caseworkers found that fostering such positivity and hope could raise the morale and emotional wellbeing of team members.

Sometimes you hear good stories. Yesterday I had a woman call and told me she was pregnant, she's had a child removed before and she was doing really well and just wanted to let us know in advance that she was pregnant and she wanted to keep the baby, and how all the things in her life had gotten better since the last one, and I found that nice. So sometimes there's positives and that – you don't hear that all the time in the news, you only hear the bad stuff, so [hearing] that was nice. – Laura

5.3.7 Other lifestyle strategies

Caseworkers demonstrated a wide range of strategies not directly related to work which they described when asked how they maintain their wellbeing.

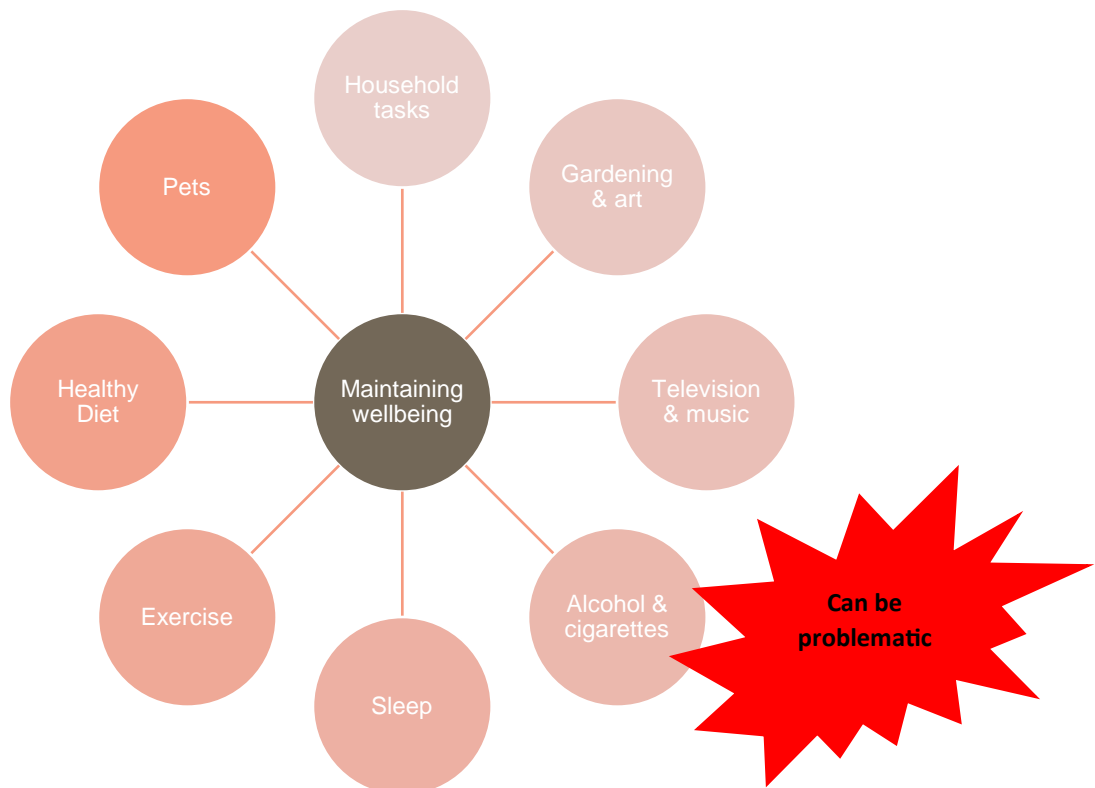


Figure 5-4: Other Lifestyle Strategies for Maintaining Wellbeing

5.3.7.1 HOME RELATED ACTIVITIES

Many caseworkers reported that spending time doing recreational and leisure activities added to their wellbeing. Some activities were based on feeling a sense of satisfaction from completing a necessary task

(such as cleaning, cooking and housework) or by seeing results after the task was done such as gardening or art or a completed art work. One caseworker expressed the need to set and achieve goals, regardless of what they were, to combat the feeling of never getting anywhere that she experienced with her casework. Other activities (such as watching TV or listening to music) were seen as 'mind-numbing and distracting'. These were discussed as being aimed at helping the caseworker switch off.

I watch trash TV and that is my thing that I do, and I do it because it is just so mind-numbing at times and it just takes you to a world where ... like The Real Housewives and stuff, their problems are stupid problems, but you get engrossed in that which then stops you thinking about the real problems of that day, and that sometimes helps. – Jules

5.3.7.2 EXERCISE

Exercise was one of the most frequently mentioned strategy for maintaining wellbeing, which is congruent with research describing the positive impact exercise has on both mental and physical health. Many caseworkers were committed to regular exercise describing this as providing many benefits for their wellbeing. Some caseworkers used the Fitness Passport FACS provided, others had personal gyms they attended, and still others preferred walking, running or cycling outdoors. Regardless of the form, caseworkers believed exercise helped maintain their physical health, provided an opportunity to set and achieve personal goals, gave them satisfaction, allowed them a chance to be outside and move around despite their sedentary job, cleared their mind, eased anxiety and depression, and gave them a healthy outlet for frustration.

*I need to do physical activity because you need to clear your head, but also you need to let things out as well, and I knew that exercise does, that's what I had to do to make me feel good.
– Loretta*

A: I ran every day before work, well you know, three or four times a week, probably, and exercise and things like that. I'm very mindful of ... what you need to do to look after yourself for self-care and things like that. (Q: Yeah, so I mean, the running also probably has a good impact on not only your physical health but also your mental health?) A: Oh, a hundred percent, yeah. – Anna

For some, exercise was identified as a strategy likely to have a positive impact on their wellbeing (either physical or mental), however, they did not exercise as much as they should. These caseworkers expressed difficulty fitting exercise into their already full schedules or reported feeling too lethargic after sitting at a desk all day. Some caseworkers who had experienced depression reported the cyclic struggle of not feeling like they had the energy to exercise, which made them feel more lethargic, which made it even harder to get moving. Despite the difficulty to exercise, when they did these caseworkers found it beneficial.

[I'm] just forcing myself to be active every day. So, I had at least an hour every day where I had a clear head and it was just me, and have some me time ... I think when someone has got depression and they struggle – or anxiety – and they struggle to get out of bed, a lot of people just say, 'Oh, just go for a walk' and when you're in that state that's the last thing you want to do. But actually, it is one of the best things that you can do, because it really – well I can only speak for me – but it really does clear your head. – Quinn

5.3.7.3 DIET

Like exercise, caseworkers were aware that diet had a strong impact on both their mental and physical health. Some caseworkers made a healthy diet one of their strategies to maintain good wellbeing, ensuring their mind and body was fuelled with rich and fresh foods and adequate water so they did not feel lethargic or unwell while handling an already difficult job.

I eat really healthy ... I make sure I drink water, I make sure I have things to eat on the desk ... It's not chocolate and coke and all of those sort of things to make you feel yuck. So I drink lots of water and that so I suppose it's around ensuring that all of that stuff is always there ... You've got to get those good habits, and [if] you are into coke and you are eating the chips at the desk and you are having chocolate to make you feel good because you are being so down trodden by all of the assessments that you've got to get done and you're being yelled at because you can't get it done, but you've got no motivation because your physical side is not working with you anyway... kind of everything is going against you. – Brooklyn

Many caseworkers alluded to the fact that work impacted negatively on their diet, as they found themselves working through lunch and therefore having to visit fast food outlets if they wanted to eat. Some offices had regular lolly or chocolate baskets made available, and others reported being so busy that they went almost the whole day without eating and even when home had to rely on takeaway until they could get the time to shop and cook.

I remember when I first came people talked about how you generally gain weight in this role, I'm not sure if you've heard that from other people, and I thought, oh, that's a bit interesting, but it is something that has happened because you don't get regular times for meals, you don't have set break times, you're constantly in crisis so the number of days where you're just eating on the run, going through Macca's or you've got to nip to Westfields because you've had your lunch and it's been sitting on your desk for too long and you can't eat it anymore because it's gone rotten. – Jules

5.3.7.4 PETS

A couple of caseworkers reported that spending time with their pets boosted their mood. These caseworkers enjoyed walking with their dogs, playing with their cats and not having to come home to an empty house after a hard day.

5.3.7.5 SLEEP

Some caseworkers reported that, when they were stressed or could feel their wellbeing deteriorating, they tried to sleep more and rest well. Caseworkers could identify that they had less resilience and mental resources to combat the challenges of their job when they were sleep deprived or overtired, and therefore made an effort to try and sleep more in these times. This was often difficult considering the insomnia and restless sleep often experienced by stressed workers (see Individual Indicators of Wellbeing).

5.3.7.6 ALCOHOL AND DRUG USE

A small number of caseworkers spoke of using alcohol and drugs (such as tobacco) as a way to handle the stress of their work. For some a heavy reliance on alcohol to numb their feelings of frustration or despair after a hard day of work had the potential to be problematic. Most caseworkers had strategies in place to ensure their alcohol use did not impact on their work (e.g., having strict limits on amount drunk or not drinking on evenings before work).

I was in [previous job] before and I could sort of have a glass a wine at night time, but the second I started this job I realised I couldn't. So I don't do what I call drink on a school night. I don't drink alcohol on a school night. That's been a big one for me just because the nature of the work – come to work I've got to be on the ball the whole time. – Pat

A small number caseworkers reported smoking at work as a way to relieve stress and physically excuse themselves from the room to avoid office conflicts.

I took up smoking when I started at FACS because it was the only place you could get away from the managers. – Rory

While no current illegal drug use was reported in any of the interviews, one caseworker revealed that they had previously been a drug user in difficult times, but the decision to stop drinking and using drugs was crucial for them in working out how to stay in their role long term.

5.4 Implications for FACS

The responses provided a richness of perspectives which allowed the researchers to consider workplace wellbeing with fresh eyes and from the respondents' point of view. What these initial observations show is the centrality of emotional wellbeing for workplace wellbeing and how individual wellbeing is very closely tied to organisational structure and systems that incorporate essential support for caseworkers engaged in work that includes a large component of emotional labour.

Individual levels of resilience are difficult to measure and individual caseworkers will experience a range of practice and organisational frustrations that may impact on their capacity to 'bounce back' or alternatively lead to excessive desensitisation. For others, long-term resilience may find a limit in a particular incident or in cumulative experience.

For FACS, a focus on individuals' capacity for resilience may be less productive than developing a culture of 'team resilience' based on support-seeking, collaborative crisis management and a 'suite of adaptive learning and networking behaviours' (Kuntz *et al* 2017).

As noted in our Literature Review Report, a significant risk in adopting a solely individualised approach to employee wellbeing is that stressors and workplace challenges can be attributed to individual factors such as personality traits, lived experience of trauma, and wellbeing factors external to work. This approach can mean that organisational or systemic issues are not acknowledged or actioned. By viewing individual resilience within the organisational framework, employers can identify ways in which organisational resources may be best deployed to support their workers, and develop sustainable, resilient organisations.

Overall, the evidence presented here demonstrates that caseworkers can identify a range of strategies for managing their wellbeing. Many see wellbeing as primarily their own responsibility and have an awareness of what represents a helpful strategy as opposed to one that is unhelpful. In this regard, FACS does not need to undertake broad educational strategies to inform caseworkers how to manage their wellbeing. That said, many caseworkers expressed frustration that although they understood their wellbeing needs they were unable to implement such strategies due to excessive workloads and poor support structures within the organisation. A commitment to improving caseworker wellbeing may require a cultural shift within the organisation to provide time, space and support for implementing wellbeing strategies.

6 Impact of Organisational Culture on Caseworker Wellbeing

Chapter 5 explored how individual caseworkers experienced workplace wellbeing, how they know when they are experiencing poor wellbeing and the strategies they use to maintain and manage their wellbeing. Throughout that chapter, reference is made to the individual within the context of the organisation. This chapter now turns to the way that the organisation influences and impacts upon caseworker wellbeing, exploring factors relating to organisational values and culture that contribute to individuals' ability to manage and maintain their wellbeing. Chapter 7 will explore the operational elements of the organisation that impact on workplace wellbeing.

Organisational culture and values are mediating factors that influence the ways in which staff interact with and support each other. Chapter 5 demonstrated that building positive workplace relationships can be a strategy for supporting and managing wellbeing among caseworkers. This section begins with an examination of the organisational culture and values experienced by caseworkers. Organisational culture underpins important relational elements throughout the organisation, including leadership and management, supervision and performance management and the incidence of bullying within the organisation. These elements of organisational culture are explored subsequently.

Organisational culture refers to the shared norms, values and assumptions of an organisation and is similar to organisational climate. As it cannot be directly measured but only intuited from language, symbols, behaviours and material objects, it can be challenging to manage. However, it has a real impact on organisational life and wellbeing (Santos *et al* 2012) and emerged as a key theme among the participants as contributing to important elements of organisational life that impacted on workplace wellbeing.

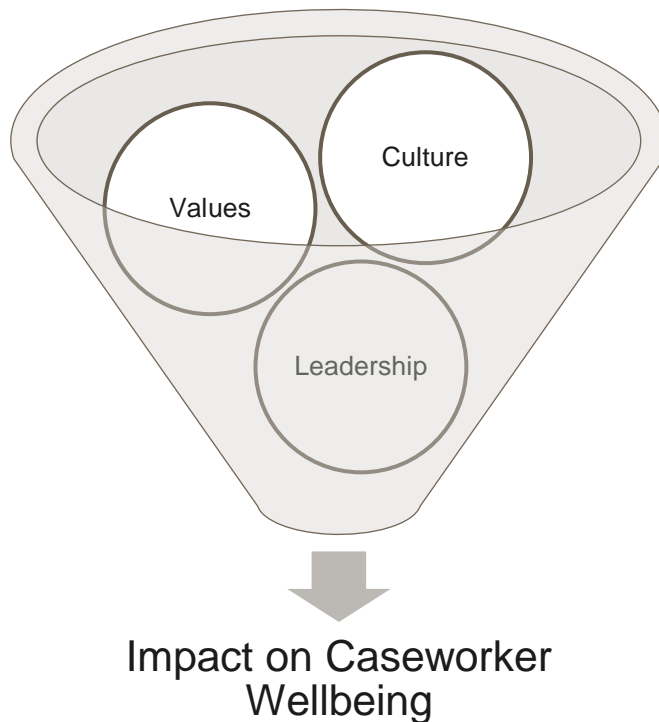


Figure 6-1: Impact of Organisational Values, Culture and Leadership on Wellbeing

6.1 Organisational values and caseworker wellbeing

Values are the core element of organisational culture and set the tone for employee actions and commitments. Caseworkers reported numerous aspects of FACS' organisational values that contributed to or detracted from their wellbeing. Many caseworkers appeared to have practical and realistic expectations of their accountability, but were troubled by the divergence of social work practice values and the managerial approach of the organisation. While the recently introduced practice guidelines were very positively received in terms of values and approach towards caseworkers, there was a strong sense that the same values were not being applied to caseworkers themselves by the organisation. In particular, caseworkers felt undervalued, sometimes disrespected, and not adequately consulted in a meaningful manner by FACS.

6.1.1 Converging values

Caseworkers demonstrated a clear understanding and appreciation of the current practice values – as articulated in the *NSW Practice Framework*:

I love the new practice framework that they've just rolled out ... I think it's going to be great for the Aboriginal community, I think for the community in general ... the new practice framework is basically they don't go in and just remove kids, they work with the family and they bring in the extended family to support the families and make decisions for the children. – Rani

And

I think even with FACS now ... they're going, 'Get creative with the way that you engage', whereas before it's 'Just go out and read off this piece of paper'. You're given permission to be a little bit more creative with your engagement and support of families. – Rani

This change in practice approach was resulting in more acceptable ways for caseworkers to work with families:

You can build relationships with the families because you know that you've got time to work with them. Whereas in the past decisions were made that children were unsafe quite quickly, parents weren't really given the opportunity to address those issues straight away. So, a lot of the time ... there was a lot of animosity, police would be called to go to the home to remove the children. It would be distressing and volatile – but that doesn't really happen anymore. – Jesse

As these quotes suggest, the more explicitly family-focused values of the *NSW Practice Framework* converged closely with the preferred approaches of many caseworkers. The following quotes from five caseworkers illustrate how well the practice values now match their own:

They brought in new framework and it made me, it actually gave me new hope because the direction that they are actually moving in with the new training ... was dignity driven and it was really focusing on the family's needs [and] a holistic approach with family. – Loretta

Our top directors and everyone has mentioned that you want to move ... to a new phase where you are more understanding of people's difficulties and challenges they face – which is a great move and I think that's the best thing that's happened to Community Services overall. – Lesley

I like this change. One of the big ones was rather than just going in and tak[ing] the kids and that's it tough luck, now it's about what can we do to improve you and your parenting capacity and what can we do and it's a bigger picture stuff and I really like that. – Sam

There's a big focus now on keeping kids at home which is what I like ... [in the past] there wasn't as much of a focus on how are we going to keep that kid home, whereas now, that's our thing, that's our goal and I really like that about the Department. – Jules

I think we've really shifted in the way that we work with families and, I guess, valuing every child and every mother and father and family member as an individual and wanting to work with that. The Department as a whole are working with a more strengths-based perspective and ... past things that have worked well with families – they are drawing on that, and utilising families more – and that fits really well with my own values. – Courtney

These quotes illustrate just some of the many ways caseworkers across areas within FACS expressed their approval of the recently-introduced practice approach. The convergence of these organisational values towards clients was one area that seemed to enhance caseworkers' wellbeing.

6.1.2 Divergent values

Caseworkers commented that, despite espousing child and family-focused values, they felt that at heart, FACS was guided by managerial values – that is: *They focus on outcomes, data, numbers, graphs... / it comes down to not only how many case plans did you do, how many home visits did you do / we are very data driven organisation where things have to be done by a certain period of time. In short, FACS resorts to being just like any other organisation.*

This perceived orientation sat poorly with some caseworkers, who strongly reiterated their perspectives that:

We are not a business ... we're here to serve the public, to serve the community. It doesn't mean that you're not accountable ... But it's not a business ... families are not black or white, families are just shades of grey ... you can't put people into boxes. – Blake

And

We're here to serve the public, to serve the community, rather than this attitude that's coming to community services, well FACS, around we need to do more with less. You know, it's not working. And it's a little bit soul destroying some of the time, because you want to do better things with families, but you can't. – Blake

These elements were identified as ways that caseworkers felt that the organisation's values in relation to clients diverged from their own. These differences were frequently experienced as constraints on their practice and tensions or ethical challenges, and the strong feelings arising from these issues had to be managed by the caseworkers, as the following quotes suggest:

Obviously they have targets and I don't believe in targets, I don't think we should have targets working with people, but that's just my personal view. I think we should do the best work we can and we shouldn't do half a job just because we need to see an extra three kids or whatever it is that month. – Jules

It's like so unrealistic, the fact that there are the KPIs that we have to meet, it's just outrageous to think ... that's what's driving the industry, you know this numbers and money ... it's not necessarily what it's about, it's about what are we going to do to help the families and how are we going to get the best help? I think that's where a lot of the dissonance comes from in a lot of staff, because you want to do the work and you want to be able to support the families, that's why we're all doing it! But then there's this underlying, like – far out – 'I've got to push, I've got to push' [it means] I can't do my best work. – Ellen

I was virtually crying on the phone one day, and saying, 'Look, this boy, he's written two letters to you that I've given to you, I sent to you. He's asking, can he go back with his brother?'... They're not listening ... when you can see that he's hurting so much, and they're just not listening to me – so, you know, and it's very unfortunate ... If you're not listening to what the family needs – again, you get lots of training in it, but nobody seems to be listening. – Anna

*But I think the system doesn't have an emotional intelligence. It's a system. It's heartless. It's operation. It's a machine now. It's like, f***ing hell! That's not what we're about. We're not here to be a machine ... It serves its own purpose, its own objective which is not child protection. And the question is, well, what it is? What is it doing then? I don't know ... But they're cutting back on kids. They're not looking after the kids. So, it's lost its way ... Maybe I've lost my way and I can't see anything positive anymore – but I still the positive things in the clients. So, maybe I haven't lost that much because that's my benchmark. That's what I'm always assessing myself against, not other things but it's the client – that's why we're there. – Bill*

The emotion of this last quote – the anger and frustration of the caseworker who believes so strongly in the protection of children – shows as well how readily people can question their own beliefs in the face of a divergence of organisational and practitioner values. In finding their 'benchmark' – the ability to see the positive in clients – this caseworker illustrates how strongly they are guided by practice wisdom and commitment to their practice.

6.1.3 Organisational values in relation to caseworkers

There was widespread agreement among the caseworkers interviewed that the strengths-based, respectful approach of the new practice guidelines was not reflected in FACS' approach to its caseworkers. Caseworkers reported not feeling valued, while their conformity with all directives was assumed – without consultation. There were also multiple instances of caseworkers perceiving that messages about, and initiatives supporting positive organisational culture were not matched by action throughout the levels of management:

FACS' values are working with families with dignity, listening and using the words that children and families use, rather than our own jargon and labels. But I think that stops, and they don't pass that on to caseworkers, they don't show the same dignity and respect to their own staff. – Quinn

I find it really difficult – I think of this very people focused organisation – Family and Community Services, and ... they have lots of good stuff, but when it comes to their own workers they resort back to 'Now listen I need this report finished by this time today'. And it's like 'Well listen – so and so has just died, can I do it?' 'No she [someone else] can do it'. – Sam

I think that we have values as a Department, which is why I wanted to work here because I agree with those values of being open and honest and transparent and those things, but I think there's times where we do not model that behaviour within our Department ourselves. – Jules

The reported dissonance of ways organisational values were demonstrated to clients and caseworkers had resulted in turnover for some caseworkers:

When I left the second time, it was – 'I don't agree with this reform, I don't agree with how they're rolling this reform out and what it means for children and families, my ethics don't align with the agency's ethics anymore, I'm leaving'. And that was really key for me. I laboured over, 'Can I sit in a place where I don't feel like my values fit?' and I got to the point where I went, 'No, I can't'. – Oli

It's the elephant in the room for FACS – I'm sure you have heard it before and ... I'm sure FACS would even probably admit. Jump onto Seek ... they are advertising constantly because they have a shocking turnover and I don't think anyone is prepared to stand up and say: 'Shit this might be our fault', or if they do, 'Oh we have done all we can do – we value our workers'. It's got to be more than words. – Sam

Feeling undervalued was also linked by caseworkers to clear messages that they were replaceable:

They don't value you ... there's that idea that, 'Well, we can always take people from the pool so you can leave if you want to leave', kind of thing ... this notion that, 'Well, we have a talent pool, we can just pluck another worker from there, replace you, so you're disposable pretty much, so if you want to leave, you can leave'. They have to actually value that person and encourage them – if you're struggling, encourage that person to say, 'Okay, what are you struggling with? How can we support you?' rather than, there's 100 or so people waiting to replace your position. Value the people, not just think you're disposable, someone else can take your position and that's it. It's just not on. – Niall

Another caseworker with many years of experience observed:

My experience has led me to feel quite cynical ... it's even in my immediate team, I sometimes feel or think as though what I contribute to conversations on cases or procedure is not really given any pause ... I can be discounted or the information I've given is discounted ... what I've just contributed is pushed to the side verbally and in terms of the response I get. – Oli

For caseworkers at the start of their career with FACS, the situation did not appear much better:

A lot of new people that come into the organisation are not really, I guess thought of as ... valuable ... They're just not really sort of treated the same way I guess, so it's kind of like ... you've got to show, sort of prove your worth I guess. – Ellen

In addition to feeling undervalued, caseworkers also felt there was inadequate consultation, but the requirement to comply:

So there's times where there's decisions made and you don't always know. Your manager and their manager will have a conversation and then they'll come out with, I guess, a direction for you and you're not always included in it. My view is, if we're expected to be open and honest with our families about our worries and what we want to happen, why does that not happen with us as caseworkers? It should

be that way. And even just things not related to families, just even general decisions that get made in the office or in in the department, they don't really communicate why – I don't always know why some stuff's a big secret because if we're the people working there, we should be open and honest with each other. – Jules

Differing experiences of the same values seemed tied to the caseworkers' location and/or their managers, their length of tenure and extent to which their own practice values converged or diverged from those they perceived for the organisation.

Caseworkers reported that inconsistencies of decision-making and system-related problems contributed to their frustration and stress. These experiences especially concerned a perceived increase in paperwork that prevented caseworkers being able to give as much time to client interaction as they would like.

This caseworker reported that an approach of disowning responsibility for problems with technical systems had caused significant disillusionment:

I lost a lot of respect for the Department because I thought, we expect families to own their mistakes and we need to do the same thing. If we introduced a system that's a bit faulty, it's not okay, but it's something we need to own and we need to be honest with people and not turn around and say, 'Oh, caseworkers, they're exaggerating', or 'They're making it up', which is kind of the message that got put out there. – Jules

Caseworkers also found it difficult to accept arguments about the need to do 'more with less' when they observed that outsourcing seemed readily undertaken, at significant cost:

They're saying performance – we need all these indicators to show us that we're spending our money wisely and that we're getting good value for money. I don't think it's about that at all. It's not about money because they're happy to give the money away to non-government agencies or for profits agencies who can't even provide the service that we've been providing. But they're quite happy to pay more to services that are not government ... everything's being outsourced. – Bill

Similarly...

We can be criticised, and we have been, that we haven't provided good service, maybe, before or kids in out-of-home care never got to see a caseworker or this and that. And that was the argument for outsourcing to non-gov's because they're going to do such a better job, but it hasn't proven to be. It's proven to cost more and still service is poor. – Bill

In the following quote, this caseworker brings together the lived experience of working with outsourced services and the clients:

*This whole putting in packages to get funding for, what is it, bidding rights for the children, from NGOs – that's a joke. Oh, yeah, 'I can do it cheaper than you can, so, oh, yeah, you get the contract'. F***. What does that say for that little kid? – Liam*

Caseworkers' perceptions of the downsides of outsourcing – particularly the poor service for families, and higher costs for government, seemed to add to caseworkers' frustration and disillusionment with working in the human services sector.

Caseworkers also commented on what they saw as dissonance between political priorities and those of practitioners:

You'll say to yourself, well I think this child might need to come into care and then the system won't let you take the kid into care because the manager doesn't want to, even bother, who knows what the

manager, I think because of the budget is why they don't want to bring it into care. And [Minister] said, 'We're not bringing kids into care,' so we're not bringing kids into care. So rather than think of what's best for the child, they're thinking about what's best for [Minister]. – Dave

A similar point was made by another caseworker:

We've recently had training around, basically, seeing more children, so increasing the number of rush reports that we respond to, as well as decreasing the number of children who come into care ... we've got these things that were made by the minister, and possibly the premier ... they're targets that are set by politicians not by the office of the senior practitioner, you know, and it becomes your life – you've got to meet this target, you've got to meet that target ... rather than a discussion around, is that actually what's best for families? – Charlie

While expressing anger at the apparent political expediency that seemed to underpin organisational targets, this caseworker clearly understood the difficult position between political pressure and practitioner values that faced FACS.

Perceptions of an organisational focus on saving money was similarly a source of frustration for caseworkers:

The manager client services have a budget and if they can bring it under budget they get little brownie points and KPIs and all the rest of it. When the manager client services is totally focused on the budget, the only thing that's going to suffer is child protection, bringing kids into care. We now have a directive from on high that we don't bring kids into care. I'm sure it influences the manager client service's decisions – it's not so much the risk – it's costing us too much money. – Dave

For caseworkers located outside metropolitan areas, the prioritisation of budgets was reported to have resulted in a caseworker's inability to offer personalised support to a young woman in trauma:

I sat there with her for nearly two hours in the back shed, talking to her about it, you know, trying to work out ways to make her feel better about herself. I came back and I wrote it all up ... They were just – 'Oh, organise some counselling'. Okay, so I did, I rang up, organised the counsellor. She wouldn't go. And I said, 'Okay, well I'll have to go back down and I might have to go with her and sit with her', and – 'No, no, that's too cost ineffective, you can't go' – and they haven't sent me back since. – Liam

At a daily level, caseworkers also reported inadequate funding available to support families with additional resources, for example: *We can't spend twenty dollars on a pedestal fan for a child living in forty-degree heat, because we've got to meet the budget and things that affect higher up. – Charlie; and:*

*If they want us to do quality work, they need to support us, to be able to back up our clients, because at the end of the day, I f***ing hate going out there and saying, 'I'm sorry, no'. You know, like the disappointment on kids' faces and stuff is just absolutely horrendous. – Liam*

In more complex cases, it was also perceived that saving money was the reason for managerial decisions not to remove children at risk of neglect and harm:

When you bring a child into care my greatest fear is am I putting them into a better place or am I putting them into the fire? ... I sat down with an aunty and got the whole story one day and I came back and said to the manager client services that [three children living with their mother] need to come out. And the manager client service said, 'Well the reality is that it will be a motel'... And I thought 'Well it's better than what they're facing at the moment' and they wouldn't do it ... that was money driven I believe – they didn't want to put three children into a motel for an extended period of time. And [the children have] been restored twice back to the mother, and it's because of money I believe. – Dave

Perceptions were clearly that at both macro organisational and daily levels, budgets and cost minimisation were prioritised above meeting families' needs – whether these concerned low or higher cost resourcing.

In relation to money, there were also perceptions that decision-making was inconsistent:

Family and Community Service say it's all about the child – child first – child friendly practice – child focused practice – the reality is it's not always that. It's more about organisational numbers, priorities. 'We don't want to spend the money' that's probably the commonest one. There are things that would be very beneficial to a family, to the child but they don't want to spend the money. But then, it can be very funny. In some cases they will spend a ridiculous amount of money and it's very inconsistent in that regard. – Sam

At one point there, they were throwing money at early intervention, which is great, I think that's fantastic. If there's an opportunity for kids to stay at home, fully support that. But being in out-of-home care, I was getting a lot of matters that were restoration matters, and I'd say, 'Look, this could work ... we'll do this, bang, bang, bang. I'll put aside funding for this, this and this' and 'No'. Why not? So, you want to throw money at them before they come into care, but you don't want to support them after we give them back. I had really heated arguments and discussions with management right at the top, and I was like, you know, 'Where's our accountability as caseworkers, as FACS?' – Liam

As well as experiencing inconsistent decision-making within their own area management, one caseworker's experience suggests inconsistency across areas:

I've never found anybody to be particularly stingy with the money. I've always found if I can make a compelling case an EDD will sign off on all kinds of things, you know what I mean? They are happy to spend money if you can demonstrate why there's a need for it. – Morgan

And

This organisation wants 100% compliance to whatever it decides it wants to follow or take or direct, that's what it wants. And it doesn't ask the questions, 'Is this the right way to go or is this the best way to go?' or 'What impact is this likely to have on the delivery?' It's about – this is a model, we bought it from UK, from US ... this is how we're going to deliver it, this is what it's going to do. – Bill

Now, there is a sense that:

It's kind of a classic situation where people are invited to have input but that input doesn't – isn't used. Basically the input is used with a method of making people think they have some kind of control under the circumstances. – Chrys

6.1.4 Organisational values and sources of stress

The newly described FACS practice guidelines had been very positively received, but at the same time, there still seemed to be,

An incongruence ... between the Department saying 'It's all about engagement with families', but on the other hand, 'You've got to do it quickly'. We have to see a number of – as many families as we can, so there's that level of stress within the organisation. – Tina

For another caseworker, the apparently increased attention required for paperwork was creating a workload that interfered with their ability to be child-focused:

I think there is a lot more emphasis on paperwork now than when I first started. We're stuck behind the computer – where when I first started, I think it was more get out and see the families and see what's going on and then come back and write up a little tiny note about it ... I mean I understand you have to

have the paperwork and we probably didn't have enough before, but I think the pendulum has probably swung too far the other way. I think that, maybe one of the reasons why they aren't child focused anymore is, mainly because of the workload. – Ryan

Organisational values are a key factor that may contribute to burnout (Leiter & Maslach 1999). FACS clearly recognises the importance of values as can be seen in the 2017 NSW Practice Framework designed to support a positive organisational culture and climate and to encourage ethical and sustainable work (FACS 2017). The data presented in this section highlights many inconsistencies between the desired values of FACS and how they are practised. Values are reinforced through action and it is the perception of many caseworkers that their actions are frequently compelled to be at odds with values that they (and the organisation) strive to uphold.

6.2 Leadership

Leadership plays a key role in organisational success and employee wellbeing and however hard it is to define most of us 'know it when we see it' (Daft 2018). A practical definition of leadership is 'the ability to develop and articulate a vision of the future for the organisation or a unit of the organisation, to motivate others to buy in to that vision and get it implemented' (Hubbard 2019, p. 377).

The idea of leadership is commonly conflated in organisational texts where the word 'leader' is used synonymously with 'manager' and this is evident in FACS documentation as in many other organisations (Family and Community Services, 2017). The figure below sets out a useful list of definitions that supported the data analysis in assessing the impact of leadership on caseworker wellbeing.

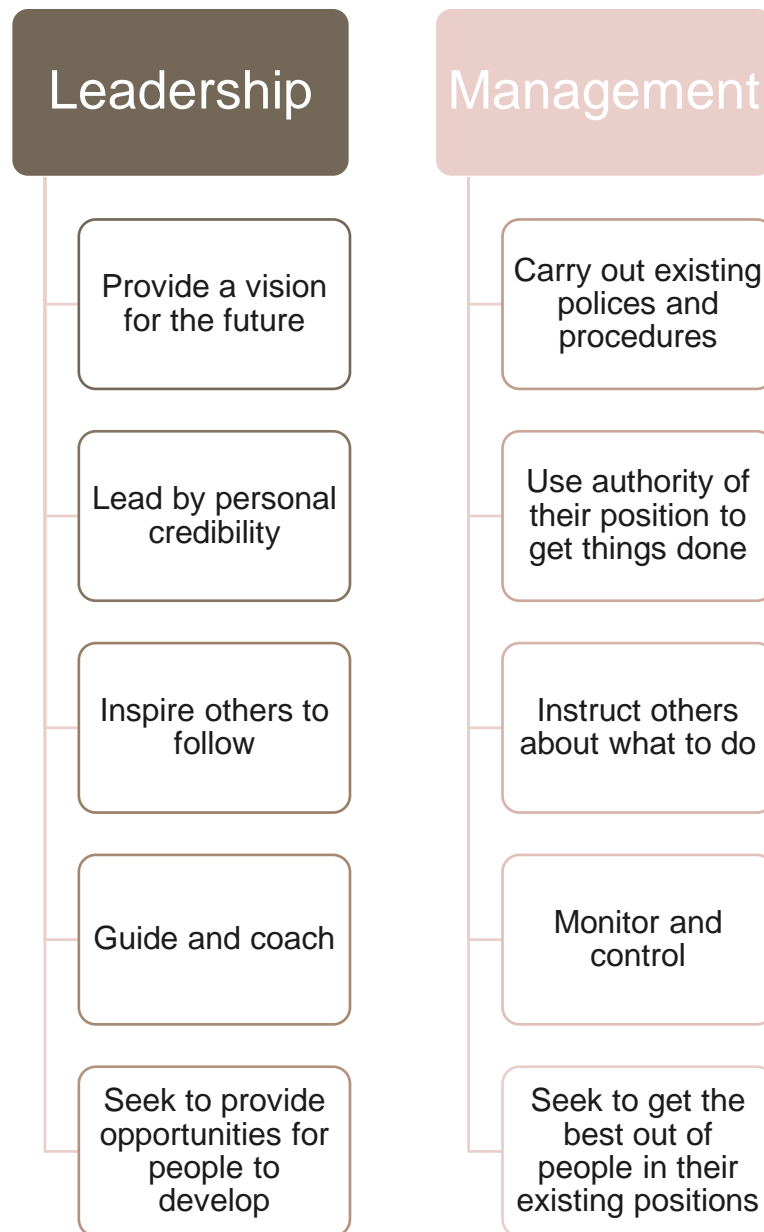


Figure 6-2: Leadership or Management?

Source: Hubbard, G. (2019). *Strategic management: Thinking, analysis, action* (Sixth ed.). Melbourne, VIC: Pearson Australia.

The following analysis will be guided by these differences to determine what role leadership plays in FACS. A final section considers some of the management challenges that FACS faces.

6.2.1 Provide a vision for the future vs carry out existing policies and procedures

Setting direction for the organisation and articulating a vision for the future is a core function of leadership practice. The following comment expresses frustration from a manager attempting to lead the team with no perceived sense of direction being communicated from higher up in the organisation:

No transparency, none. So, it's as though you're being led in the dark. I, as a manager, I would try and create a vision for the staff you're working with – this is where we need to go, this is how we need to get

there – this never happened in DOCS. You never knew why you were being asked to do something. – Eden

This is a good example of the failure of leadership when it is considered the responsibility of individual managers. Without a clear strategic vision embedded throughout the organisation, managers will focus on carrying out existing policies and procedures without deeper commitment to the organisation's mission and purpose.

Reports of positive leadership experiences in terms of direction-setting are attributed to individuals rather than a general sense that the organisation as a whole is steering a course:

I think at the moment in our district we have a reasonably new Director, Community Services so she seems to be a very good operational practitioner and looks at the way this is impacting our work with families and children. So she seems to be setting some systems and processes around how that's all going to sit together, and previously we haven't necessarily had that. We have just had the constant flow of change and this is new you have to do this, this is new you have to do this. I think [Director] seems to have some capacity to push back and go yeah I hear what you are saying but we are just going to put the breaks on and do this bit and do this ... it's good having some good direction at the top. – Morgan

6.2.2 Lead by personal credibility vs use authority of position to get things done

Reliance on legitimate authority is the prerogative of managers but when depended on solely as a source of power is guaranteed to create resistance or at best compliance (Raven 2017). It has long been recognised that expert power (French *et al* 1959) leads to internalisation rather than external compliance (Raven 2017). Findings indicate that the lack of frontline experience from senior managers creates a credibility gap between staff and senior managers and therefore a lack of organisational leadership. This caseworker feels that such experience would enhance decision-making within the organisation:

I think [senior managers] would just have more of an understanding of the experience of the families and the children that we are working with, so that when they are telling us to go out and do things at a really high up level if they could actually think back to what it was like when they were being told to make really intrusive and inappropriate decisions for children and families, I think they would go oh hang on maybe we can do this differently. – Cam

If leadership is understood as a relational process that works throughout the organisation then bridging the credibility gap between staff and management can enhance credibility in both upward and downward directions. Many comments from staff are not lacking empathy for the responsibilities and challenges of managers and welcome opportunities for greater sharing of experience and knowledge:

I remember someone from head office came out and they just sat in one just to see what happened, and they were shocked ... by the information and by what we have to do, so they got a bit of an insight and I think they then understood a little bit better about what we do in casework, but yeah. It would be good for them to come and spend time, and probably for us to go and spend time in their position and see what they have to deal with in return and see how hard it is for them because the grass isn't always greener, but yeah, and it might help them make some decisions about how to support us and how to help do stuff. – Jules

There is recognition of the management role as a buffer between senior management and caseworkers and as conduits of information:

And I think the managers feel quite hard as well – I think they probably feel that they are in a bit of a sandwich situation where they are being pushed by their caseworkers to feed information up but then they're being pushed by their MCS and their director to kind of feed certain information down. – Riley

That said, advocacy for and loyalty to staff appears to be key to building personal credibility for a manager:

I think it's so important to have your caseworkers' back and because at the end of the day the manager is the delegate not the caseworker. So if the manager is the one that makes the decision then the manager is the one who wears the decision whether it was right or wrong and they're the one that cops the flak for it and not the caseworker. You don't throw your caseworkers under a bus. You promote them and you do everything you can to make sure that their good work is recognised not yours. – Brooklyn

This caseworker shares the same ambivalence. There is recognition for the challenging nature of the management role but that should not preclude showing respect and valuing your staff. In fact, the building of mutual respect may ease the difficulties of the work on both sides:

I actually found it quite ironical that the managers would go to management training, and I used to say, have you learnt anything? Because you know, there was no value – you know, that you weren't valued an awful lot there – you know, I suppose that that was one of the things I did find that there was probably no – again, managers have had a tough time as well, you know, they've got a lot, a lot of paperwork to get through, as well. You know, yeah, but yeah, probably the value on their workers it probably could be better as well. Value the work that they do, and how difficult it is. – Anna

It could be that FACS has even lost ground in terms of building the personal credibility of managers. An individual manager may not seek to rely on positional power alone, but the following comment shows how externally-driven performance targets can disrupt a culture of relationship and participation:

But the place has changed over the years. So, it used to be a lot more robust challenging of top-down direction. So, you know, you'd have managers say, well we're going to do this, and this, and this, and you'd have discussion around, look if those things were actually good to do, or, you know, if the research actually supported that and the direction. Whereas at the moment there's very much a push to just meet targets set by the minister. – Charlie

The quote shows how meeting government imperatives can loom as the greater rationale for casework over more meaningful goals. If leadership is about motivating others then the constraint of abstract performance targets requires personal creativity and participation to direct efforts in alignment with FACS' vision and values.

6.2.3 Inspire others to follow vs instruct others about what to do

There are repeated observations of a gap between the director level and the experience of caseworkers on the frontline. Responses indicated that leadership that inspires is grounded in common experience, trust and authenticity but with 'a different kind of work background' senior managers are not inspiring staff to follow and, as this comment shows, are merely 'the ones calling the shots':

Like a lot of the people – not to generalise – a lot of the people in the higher up divisions they don't have backgrounds in actually doing child protection casework but then they're the ones that are calling the shots and making the ultimate decisions but they actually don't know what it's like to do the job day in and day out. They have a very different kind of work background. – Cam

Inspiring followership requires engaging hearts as well as minds (Kouzes & Posner 2006) so the analysis was interested in how well FACS attends to the emotional and human aspects of managing without which leadership cannot be said to exist. There are certainly many individual exceptions as described later in this

section but in a general systemic way the experience of caseworkers was described positively in terms of emotional support:

I think it was just like care from the management, I don't think there's a lot of care and empathy I guess from the management. – Ellen

The following comment suggests that lack of empathy and concern for caseworkers need not be the status quo. It highlights the challenge of maintaining consistency of approach without a corresponding increase in management, and suggests that greater attendance to the human side of the organisation through mutual respect would provide much needed buffers against rapid change:

I have previously been disappointed in management, but I don't know if that's just me throwing rocks up at the top and just being frustrated. I think that there needs to be, not micro-management but there needs to be recognition that things are changing a lot and if there's consistency in the way we work and who is reviewing things and respect for workers, I think that's got to be paramount because, as I said, we still struggle with that humanity side of things with the bullying and with the clique-ness and that's just what's going to happen but it certainly makes it difficult. – Terry

6.2.4 Guide and coach vs monitor and control

The direct managers of caseworkers play an important role in guiding and coaching staff to perform their role effectively and work as a team:

If you have a good leader who knows – well a leader who guides you and directs you along the way and they just say this is how we've got to operate and everyone's got an important role, everyone's equal, everyone's opinion and it's a team that work and I think that's what really works. – Loretta

Feeling like there is someone to turn to for support, encouragement, guidance and advice is crucial for the emotional wellbeing of employees:

But I think above all like it's really important that you have a leader that you can look to and you can ask for their support and advice so that you don't feel so alone in it all. So you don't feel like you're the one that's taking on and carrying this risk and you're completely responsible for what happens to this family. – Riley

In contrast to a 'guide and coach' mindset, a monitor and control approach operates under a rule of control by exception and is therefore reactive rather than proactive in anticipating issues and collective problem solving. The same participant discussed instances of this kind of management at least in terms of employee wellbeing at FACS:

I think just being able to see the signs before it actually happens. So I guess the people that you work under, those people kind of being able to intervene before it gets to that stage where you feel like you do have to walk out; before you do have to take those days off work or get workers comp. Like I was saying before this job and particularly this office, it's very crisis driven. So it seems like people, particularly authority figures, they don't really take actions until it reaches that point ... where it's near breaking point and I think that's a really unsafe place to be in. I think we need to be more focusing on prevention, like having to address the issue when it actually happens. – Riley

Here is a more positive example of leadership that guides and coaches and that contrasts with the monitor and control approach:

[My supervisor] really sort of challenged me and put me on the spot and supervision about coming on and doing something, using those skills and doing something more with them, and talked to me about how much I'm always giving to other people as a delegate or whatever, and not thinking about myself in all of that, which is all true, but I'm fine with that. But I did actually appreciate and she said 'I'm

challenging you aren't I, and you don't like it' but no I did, I actually appreciated that a lot ... it's reassuring to know you have somebody – and it's good to have that recognised by somebody, particularly somebody who's not been there very long, but she's an astute person I think who makes a lot of observations of people. But yes, she just had a very different style and way with all of us, and just very – a positive person about everything, and I'm used to just being around a lot of negative people all the time, a lot of negativity. – Lou

6.2.5 Seek to provide opportunities to develop vs seek to get the best out of people in their existing positions

The work of leadership involves growing new leaders and a leadership culture within the organisation. A local manager may be effective in getting the best out staff in their existing positions but a leadership culture affords movement within the organisation for staff to develop in their knowledge, skills and abilities and grow their own leadership identity. The following comment illustrates how people can fail to identify with leading when leadership is unconsciously tied to unattainable managerial positions:

I could see myself doing like a project officer role or something like that, but I am not sure that I have the background or that I am kind of on the right trajectory to become a director. – Cam

There was almost no discussion in the interviews about caseworkers finding opportunities to develop personally or professionally. This would indicate that local managers bear a disproportional responsibility in keeping staff motivated when opportunities for future development within the organisation appear limited.

Examining the interview data according to the five contrasting dimensions of leadership versus management shows that leadership in a collective sense embedded in organisational strategy and culture is not characteristic of FACS. This is an important finding when leadership has been found to play such a key role in employee wellbeing initiatives.

This is not to say that leadership isn't happening at FACS and the following section will describe how so many individuals practice exemplary leadership behaviours. The issue for FACS is how to nurture a strong leadership culture throughout the organisation that can provide a vehicle for driving change that enhances employee wellbeing.

6.2.6 'Leaders' as individuals

There are some stand-out individual managers who carry the load in showing the individualised consideration characteristic of transformational leaders (Bass 1990) as shown in the following comments:

Our manager here and our MCS is always sending out emails or like – not reminders but like what's the word I'm trying to think – just programs that you should go to if you need any help. Like HEAPS or something if you need to. She is forever saying are you okay? If you come in and you are a little bit down and she will take you into her office and speak to you and you say well – and she will say do you feel you would like to go home? Or she is a fantastic MCS. I wish I could keep her name on the record because she is excellent ... she is exceptional – she gets things done but she is most caring and supportive manager I've met since I've been with FACS. – Taylor

Moreover, this particular manager demonstrates behaviours of emotional regulation, trust and respect:

She has earned my respect the way she approaches people. I've heard her speak to other people – I've heard the way she speaks to me and how she treats us all with respect and she can answer to do her task – if there is something urgent comes up it's done professionally without – if there is any personal issues or feelings that she may have she doesn't show it. I haven't experienced her wrath although I haven't seen anybody else either, and she has been here 18 months now. – Taylor

There is risk, however, for lower level managers in acting in this emotional buffer role if this support is not filtering throughout the organisation:

And so, pretty much I've been available for them all the time since I've started. And I know that they appreciate it. I can – I can tell. And I'm there – I'm in the office every day. I get there for everybody, I usually stay there until after everybody leaves and – so, they know that I'm going to be around. – Jesse

There are many stories reported of how much people appreciate the behaviour of individual leaders but then accompanied with a follow up narrative indicating a desire for these leadership behaviours to become systemic:

But I can tell you, I had one experience I dealt with a child death and it was very upsetting, and we had a person acting as a director just for a couple of weeks at that time. Not somebody I actually particularly liked or had much faith in, but I'll give her credit because she did, she did actually come and speak to me and my team leader about that when she was, once it got to her level and she was down here and responding to it, and I did appreciate that a lot. I wouldn't have thought anything of it if she didn't, but the fact that she did then make me think about, well, that should actually be having a standard that should be a standard thing. – Lou

In the following statement we see the need for leadership culture in contrast to the haphazardness of individual manager's skill levels. The comment seeks some expression of common identity throughout the organisation.

Every manager operates in a different way and I feel that there is certain teams that are very satisfied with how they're being managed or how things work for them with their managers. And there are certain teams that feel it challenging because the focus is not on the team or it's – it's very individual focus or of group. I think FACS has the – the tools to – to put in place, but how they actually make it work for everyone would be a challenging thing. Maybe everybody needs to be retrained. Everybody needs to be of the same understanding that this is who we are, this is how we operate and there is certain expectations around focus on stuff I think. That's at different levels. I'm sure the directors feel the same level of stresses that we feel on the, at the – at the, at our levels. But we are the frontline. We are coping the abuse. – Lesley

According to this report, there could be a lack of systemic attention to creating a culture of leadership:

Look FACS is doing everything they can to make sure that they could hire the right people. I understand that and as I said I don't think qualifications is a sign that someone is good for the role. I'm not sure exactly what they need to do but we've had senior caseworkers go into management roles that have no idea how to manage. They have got no people skills yet they have been caseworkers, but when it comes to directing and leading staff they have got no idea. Where is the training for that? I mean they can do management training but you've got to look at a person's personality too. – Taylor

Shifting the organisational mindset from leaders as individuals with authority to leadership as an embedded process and culture throughout the organisation is not simple or quick. It requires a strategic approach that guides all organisational functions but in particular recruitment, selection and training for leadership skills.

6.2.7 Management issues with implications for employee wellbeing

The topic of leadership can't be discussed without some reference to the practical reality of high turnover and rotation in management positions. Revolving doors of management and place holding appointments are frequent:

Out west though, I had a lot of trouble with, you know, any given day we wouldn't know if we had a manager ... like they'd say, yes, you've got a manager and she'll be there two days a week. Great, that's

not helpful ... Or you'd have a manager that was there that ... wasn't capable or competent ... like just filling a seat. – Rory

This is the experience of one caseworker in an office that could be said to be lacking in both leadership and management. Lack of direction and high turnover are features of the work:

It's shambolic. Shambolic, chaotic. And sometimes, like in any organisation, I think that you can manage that, but it just reaches the point, I think, where there's a balance. So, there's a balance where – if there's relatively inexperienced people, there's still enough experienced people to support them, help them grow in the roles that they've taken on or whatever and it works ... and it's a high volume, high pressure role as it is. – Blake

The earlier discussion drew an analytical distinction between leadership and management, however, in practice one cannot occur without the other. To speak of building leadership in a context of chaotic change and reactive decision-making is unlikely to bear fruit. Leadership culture, key to employee wellbeing, manifests itself through systems, processes and policies. Both the research literature and caseworker feedback attests to this. This caseworker was asked to identify the one aspect of working at FACS that stands out as being particularly correlated with wellbeing. The response shows that it is management that makes all the difference:

If you've got a difficult workload and you've got a good manager, then it's workable, you can get through it. So, for me, I think it would have to be good management. Yep. – Blake

For some staff, however, effective management is not a common experience. This comment describes loss of direction, hidden agendas, lack of coordination, poor communication and dysfunctional organisational politics:

So, the organisation is still as dysfunctional – leaderless I'd say. They have many agendas I think going at the same time and I don't think people work collectively or in a coordinated way that they actually have an idea, and this is how we're going to do it. I think it's sort of – probably what happens is you've got individuals within certain areas or fields that are pushing their own agendas, and no-one communicates to the other or there's power plays or whatever happens within – on that level of – it's hard to know. – Bill

Poor management practices and inconsistencies in communication and the implementation of policies are evident in the stories of some caseworkers. These events can greatly undermine the credibility of FACS' leadership in its willingness to take care of its workers. One story is of a woman who actually received confirmation of her eligibility for maternity leave which was later withdrawn after her manager disputed the dates:

I got pregnant shortly after starting the role and got an email from pay office saying, yep, we confirm you'll get paid maternity leave ... and I then got an email from [a particular manager] in [month] that said, oh, actually your dates are pretty close, and your paid maternity leave won't be happening. You won't – it's not going to be approved. You're not going to be paid because if you have the baby any day before [date], you won't be entitled. Even though I'd provided a medical certificate from the doctor saying my estimated delivery was the [date] that was my due date, it was all lined up ... I didn't get paid maternity leave, so we had to take an \$18,000 personal loan to pay our rent, which I'm still paying off.

Q: So, from what you're saying, the work is a joy and easy compared to actually managing and dealing with the management systems in the place?

A: Absolutely. It's poison from the director down. – Rory

What's relevant in the story above is not who was right or wrong but rather how a situation like that could develop if there had been clear and transparent policies and procedures in place.

In sum, even if we treat reports of management shortfalls at FACS as exceptions there is not an identifiable leadership culture that suggests to staff that they are working collectively for a meaningful cause. There is almost no evidence of 'captain-coach' leadership emanating from senior leaders. Captain-coach leadership is characterised by leaders 'being around and available to people, having (had) the skills they need to speak with authority, supporting and encouraging people to show how the goals of the organisation can be achieved' (Hubbard 2019, p. 361). This is an area of growth for FACS in examining strategies for enhancing employee wellbeing.

6.2.8 Middle and frontline managers

Middle and frontline managers can be very much the 'meat in the sandwich' between the performance imperatives and directives from senior management and being a prime point of contact with the organisation for employees and their issues of wellbeing. Many managers take their pastoral care responsibilities for staff seriously and manage challenging workloads and cases deftly to reduce stress on staff and to create an atmosphere conducive to workplace wellbeing.

There are systemic problems with management staffing that impact negatively on employee wellbeing: fast rotation of positions; inappropriate placement; lack of training and/or skills in group supervision; understaffing.

Beyond these systemic management issues there may be a lack of high level organisational commitment and communication on the issue of staff wellbeing. Mixed messages and poor communication mean that managers may not be evaluated on their ability to build strong teams and flourishing cultures as well as achieving performance targets.

Section 6.2 has shown that the leadership space is a potential leverage point for action that could build organisational trust and where FACS could provide greater responsiveness to employees' wellbeing needs. More specifically, the process of supervision is vital to the building of positive relationships among staff and providing the necessary support for personal and professional development. The following section will elaborate on a number of opportunities for the routine activities of management to become sites of leadership: supervision; performance management; and handling of bullying and disciplinary procedures.

6.3 Supervision – participants' perspectives

The review of FACS policies demonstrated awareness of the need for and of efforts to facilitate adequate support for caseworkers. Both group and individual supervision are identified in the policy framework as designed to provide caseworker support. Each participant interviewed was provided with the opportunity to identify and reflect upon 'what supports FACS already has in place to provide support for workers?' with a further prompt asking 'what does FACS say to do when you notice you're not travelling well?'

6.3.1 Group supervision

Thirty-eight of the 40 participants spoke of group supervision. In contrast to the views expressed in the section that follows in relation to individual supervision, perspectives and experiences of group supervision were strongly polarised.

Group Supervision



Figure 6-3: Factors Contributing to Good Group Supervision

In one location, group supervision was viewed as positive, had become practice as usual and was generally viewed as an effective process that enhances team cohesiveness and provides support for caseworkers.

Yeah we've been doing it for a long time here. We were one of the first sites to do it. So we have been doing it since 2013 or something, but it's good, it's just a routine now and everyone just kind of gets in on a Thursday and we get a lot from it because the whole team brings their best efforts I suppose and we generally discuss at least one family – sometimes two and we go through the specified template and everything but we often go off topic as well which you need to I think to do the family justice. – Ryan

While group supervision was acknowledged as helpful by other caseworkers, this came with a caveat i.e. helpful, but time consuming. For some, it seemed that this was added on top of an already heavy caseload with no reduction in workload to allow for the group supervision session nor for preparation by those who were scheduled to present a case.

It's three-and-a-half hours that you're supposed to put aside each week for group supervision, and that doesn't take into account prep time if you're the person who's presenting a case. So, yes there was time put aside for that in the workload planner, but I don't actually know that anyone who had their caseload reduced to accommodate that three-and-a-half hours a week. – Charlie

We do have group supervision which I enjoy but again it takes four hours out of each week. – Chrys

Yes, there are some substantially good things in terms of learning, but it is like a giant case review and three hours that you can't do any work ... spend a lot of those - two hours out of the three thinking

about what you're not getting done, so and then take that home in the afternoon after you've left. – Terry

Others expressed perspectives that suggested ambivalence as to the usefulness of group supervision while also acknowledging the potential benefit or helpfulness. A skilled and experienced facilitator with a sound knowledge of the caseworker role within FACS was identified as essential if group supervision was to be beneficial.

When it's facilitated well it's a useful process. – Morgan

Having people who know what the work looks like running the group supervision would be more helpful. – Cam

While the process was recognised as potentially helpful in enhancing learning and building consistency of practice, group supervision was not viewed as a replacement for individual supervision.

*As much as I don't think it replaces individual supervision, I think it was a really **good addition** in terms of decision-making and making things consistent. – Jules*

Some of them (group supervision sessions) are really good ... in general I think it's good, learning from each other. – Cam

Other caseworkers expressed their disappointment when their expectations and anticipation of group supervision were unfulfilled. Many were quite clear that group supervision as conducted in their workplace was merely case review and had limited if any beneficial impact on wellbeing. The sessions were reported as almost entirely 'case-focused' with an emphasis on productivity, rather than on ensuring trust within the team and a means to enhance workplace wellbeing.

I was excited about it when they sold it to us – I thought this will be great because my experience (of group supervision in another context) has been great. It's not it was just case discussion rebranded ... Relabelled and so there is no benefit in terms of wellbeing. – Peta

It's more of a case consult, a case conference really. A few heads are better than one when you're stuck with an idea of what to do. – Courtney

It's about what's happening for that case. That the case is going well or not going well, what is the worker doing about that case? 'Have you done that-that-that-that and tick-tick-tick-tick-tick' and it's done. So you kind of feel, like – let's come in, do our stuff, focus on the next meeting and you're out of here. So there's no kind of relationship building happening. – Lesley

In stark contrast to the discourse from the team where group supervision was embedded, viewed as positive and working well, was the description of a process that was not prioritised and seems to have almost disappeared from view. The primary reason cited was that of workload and the pressure to meet the required KPIs.

There was, when you first started. It was more like, everywhere you – in the lift and along the office ... there's posters about group supervision and its importance and ... I don't know what happened ... at some point, those papers just came off everywhere ... with – nobody knew what happened to group supervision. It's still there, because we were supposed to be having group supervision once a week but ... it was never consistent, it was never there and it was purely because of the workload. Either the manager is at a manager's meeting or the manager is either out with another caseworker or ... response or doing something else or caseworkers ... now the workload takes preference over that and that was purely the reason, nothing else. So it became just more of an idea, it's there but it was not consistent. It was not consistent at all. – Niall

Of particular concern, were the descriptions from caseworkers of participation in group supervision as leaving them feeling unsafe, vulnerable and, at times, humiliated. For these participants, group supervision was observed to be an opportunity for apparent bullying behaviours.

Initially it was if you had to present a case it was before the Spanish Inquisition and there was a lot of judgement about your case work, and I have seen caseworkers leave in tears. – Morgan

I found it as a forum for manager to humiliate and we all go because we have to – it's mandatory. – Peta

While group supervision had been explained as a safe place where participants could feel able to describe their struggles and challenges, a number of caseworkers described this as unrealistic and questioned the likelihood of creating and maintaining a supportive environment.

I can only talk from personal experience, but if you're having an issue with your manager, you're not about to voice that in a group setting. So, there's no forum to say, I need help, and I'm not okay. – Quinn

This participant also observed that

It's also the expectation that in group supervision that the caseworker is able to say, I am not okay, and this is why. In order to do that, you need to have the trust of those in the group. – Quinn

6.3.2 Individual supervision

Almost half of the participants spoke of individual supervision, and with the exception of one person, described the concept of individual supervision as more useful than group supervision. Individual supervision was identified as an essential activity to support caseworkers and address the interpersonal elements of working closely with troubled families.

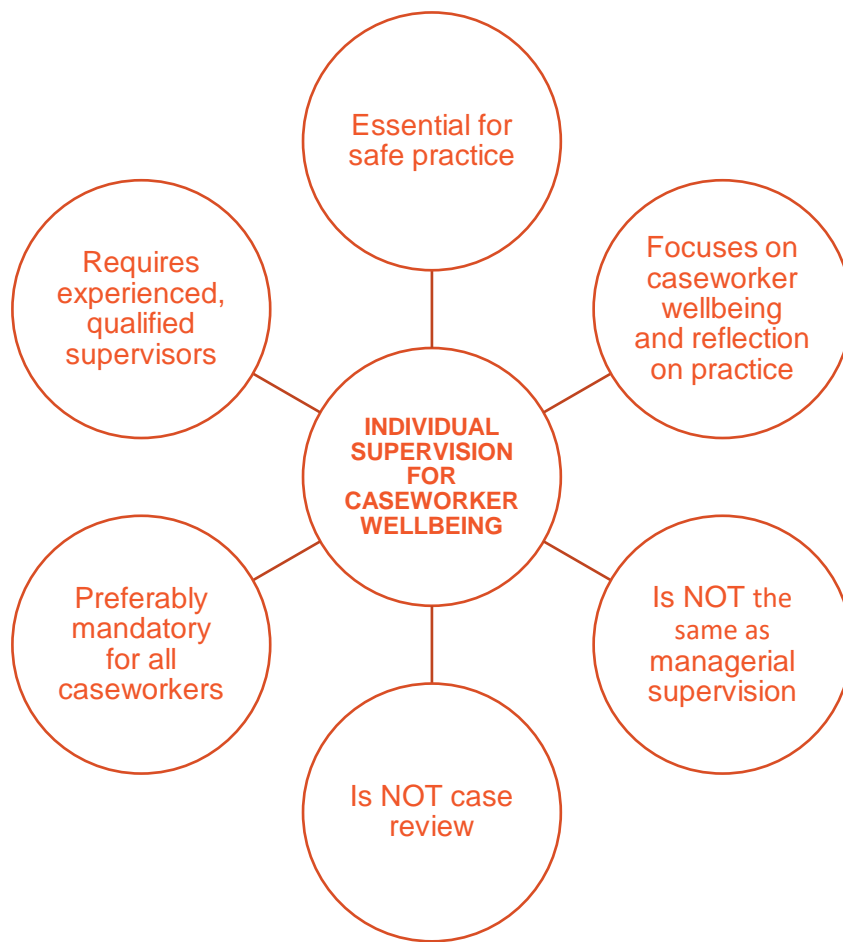


Figure 6-4: Factors Contributing to Good Individual Supervision

I strongly believe in individual supervision. – Courtney

I always thought when they got rid of one-on-one supervision and stopped making it compulsory that that was a really bad decision because I think that it then meant that there was less focus on workers and how they were coping and more focus on how we were coping as a Department with certain families rather than an individual caseworker and I do think that it has not helped some people. – Jules

This participant, along with others, suggested a link between the perceived shift to focusing almost solely on case review at the expense of supporting caseworkers, wellbeing impacts, and turnover:

It's probably been a reason why some people have left the Department because they've had to manage things on their own or deal with things or haven't felt comfortable talking about it and I think if they brought that back, they'd be able to support people a lot better so people didn't leave and were able to talk about what was worrying them, what was stressing them, where they were at with their job, why were they unhappy with it. If you know why someone's unhappy before they leave, then maybe they could try and do something to keep people rather than them just kind of going, but if there's no avenue to check in with that person regularly that's compulsory, then they're going to miss out on that for some people. – Jules

I wonder how much more supported that stuff would be if external supervision was implemented in the office. – Jill

The introduction of group supervision had also led to apparent confusion as to the requirements, availability and frequency of individual supervision.

So largely they did away with the one-on-one supervision with your manager or workload planning and just said 'no we are using group supervision'. – Morgan

We don't have supervision anymore. We haven't had supervision for two years. – Quinn

This participant also noted that:

There's been a direction in the last few months that one-on-one supervision is to return, but only four times a year to talk about the PDP, so a professional development plan. – Quinn

Some noted that there appeared to be a return to individual supervision.

We're supposed to have – we just started, like monthly individual supervision. Monthly is not very often is it? No, well, it's probably more often than the five years that I've been here, and I haven't had one. – Alex

Participants noted that the now apparent voluntary nature of individual supervision eroded the valuing or prioritisation of this activity.

We can book in supervision with management if we need it, but it's not prioritised, so if I asked my manager for supervision, but something else came up, she would cancel that. – Jill

Because it isn't compulsory, then there's always something else that's going to be more of a priority. – Jules

The lack of availability of one-on-one support from managers was described as contributing to the impression that meeting deadlines, ticking boxes and reporting requirements were more important.

We don't really get a lot of individual one-on-one, it's more things being addressed to groups in unit meetings – that kind of thing. Sometimes it doesn't feel like there is that actual caring for individuals. – Riley

It's more about ticking boxes than it is worrying about the wellbeing of the caseworker. – Ash

As described earlier, group supervision was not always seen as a safe place to raise issues of concern or to express vulnerability. Some participants recognised that there was the option to request individual supervision to address issues. However, the non-compulsory nature of individual supervision exposed caseworkers to judgements or perceptions that asking for individual supervision was a sign of weakness.

I wouldn't want people to then think that I wasn't coping because I had requested supervision ... when it was set that everyone had to have it, no-one was then getting singled out as not coping ... there's kind of that view that if you request it, you're not coping, whereas before, when it's compulsory, it didn't matter because everybody had to do it so then no-one would know if you weren't coping or not. No-one could assume, is probably the best way to put it. – Jules

While individual supervision was identified as important to caseworker wellbeing and longevity in the role, participants noted that just as with group supervision, individual supervision was primarily focused on casework rather than on caseworker wellbeing and reflection on practice. A number of caseworkers were able to clearly describe what they believed would constitute effective individual supervision.

It's quite a different understanding of what supervision, I think, is about. – Lesley

There needs to be more done about people understanding what effective supervision actually means which is not a case review. It's actually about understanding how the person is functioning and their reactions to situations and why do they do that or what did it evoke in them which caused them to do this and it's really I mean supervision should be about reflecting about stuff that you do and what caused you to say what you said. What did it evoke in you? – Brooklyn

Some participants had experienced individual supervision when employed in another organisation.

I look at supervision from professional development, employment, satisfaction, that sort of thing, your wellbeing in the workplace, it's got no element of that and I don't think group supervision should take the place of individual supervision, I think there should be a minimum, yeah, at least bi-monthly individual supervision that's not about workload, that's not about cases, that's purely about yourself in the workplace. – Courtney

I mean they say they do supervision, but this rarely happens ... through my whole CDP course, which is the first four months ... I had supervision probably twice, because everyone was too busy. But then when I have done the supervision, it's very superficial ... you not really getting that proper supervision that you would get if you went to, say an external place or external supervisor. So it's, again it's sort of very service level. – Ellen

The wellbeing checks were not seen as a suitable replacement for professional supervision.

You only get two a year, one every six months. – Courtney

Participants' described individual supervision when it did occur as limited in value given that the person's line manager was also tasked with providing supervision.

There's always inherent conflicts of interest in it because it's managerial supervision. It's not actually professional supervision. – Pat

I think sometimes when you're actually talking to the direct people that you're working with, you kind of have to buffer it a bit so that you don't offend anyone and you're not frustrating other people. – Jill

For another caseworker, individual supervision provided a potent example of boundary crossing on the part of the manager.

*When I had my supervision, she would discuss other caseworkers with me. And told me how inefficient they were. She would cry in front of me, which was bizarre. And she said, oh, you know, that I'm easy to speak to – and so, this is – **you have to remember this is in my supervision.** – Anna*

Mismatch in age and experience between a manager and caseworker likewise demonstrated the impact of attempting to implement individual supervision without experience.

She'd say, 'So, hi, how – [participant], how are you going?' And I'm like, 'Okay. Not too bad.' 'All right. Oh, I really want you to be able to come to me if you're feeling it.' And I'm thinking ... you're younger than my youngest child. – Blake

While most spoke of the inadequacies of individual supervision as they had experienced it while employed by FACS, one participant spoke of a manager describing her as:

Exceptional – she gets things done but she is the most caring and supportive manager I've met since I've been with FACS. – Taylor

Section 6.3 has highlighted some of the strengths but also many of the weaknesses of group and individual supervision in practice and how this can be deleterious for employee wellbeing. This issue is related to the general lesson for FACS on nurturing organisational cultural values of collaboration and shared leadership. These values must be embedded in organisational processes such as recruitment, training, rewards and performance management, to which the next section turns.

6.4 Performance management

Performance management at its best is a valuable tool for organisational practices that have been shown to foster employee wellbeing through: performance feedback; continual improvement; developing resilience; supervisory help in problem solving and professional development (Munro 2011; Kuntz *et al* 2017)

About one-quarter of interviewed caseworkers spoke about how performance management impacted on their wellbeing. A particularly interesting finding was the frequency with which respondents used the expression of being 'performance managed'. That is, seeing performance management in a specifically negative light directly connected with controlling or punitive actions by management to address under-performance or push individuals out of the job.

In the following data analysis reference to being 'performance managed' will no longer be put in quote marks and we take the respondents' perception based on the common experience that performance management is in fact synonymous with being 'performance managed' along with the reactionary and negative connotations that phrase suggests.

Caseworkers reported that managers were often unsympathetic to their huge workloads and believed that any caseworker who was running behind in their tasks needed to be performance managed. While caseworkers thought that there were times when performance management was appropriate (such as regularly being caught avoiding work, not being productive within work times, and not being able to complete tasks), they reported that most of the times it was suggested by management were times when a little support would have made all the difference.

A disconcerting finding was that there was a perceived lack of fairness in the way performance management was implemented. Staff reported that lazy workers were rarely performance managed, rather it was used on the hard workers who had been performing above and beyond who then finally needed some support or extra time. Despite trying to explain that working late and starting early was not sustainable, caseworkers were told they were not performing as well as they should (or were when they were working overtime). One caseworker was angry at seeing performance management being used on people for poor and weakly argued reasons:

My experience has been the people that are the malingerers and know the system and just off – and they're the ones that seem to coast through ... and yet those perhaps who are, what I would regard as genuine, decent, hardworking people all, sort of, try and try and try for ages and then they – then they end up with performance management issues because of the fact that they're not performing. And why are they not performing? Because of – blah, blah – in my view. – Blake

Other staff shared this frustration, and reported feeling that no caseworker could be expected to keep up with their workload once anything extra (such as court, removing a child, sick leave or mandatory training) was added to their schedules. If being behind on their work was enough reason to be performance managed, staff felt most of the workforce would require these measures at some time.

If I was still in child protection now I think I probably would have folded and been brought forward to be performance managed, because there's just so much to do, especially when you put a, you know you end up having to put a kid in care. And even if it's family, you've got time limits to make sure that all the details to get a person on as a carer is, every procedure is followed to the letter, and there's like 20 different things that you have to do, and you've got to get them done as quick as you can. – Marty

It was this lack of consideration of extra work demands that angered some caseworkers. The responses suggest that with quotas, benchmarking and turnover being continually monitored, the Department

seemed quick to suggest anyone not meeting high numbers needed to be managed. However, caseworkers reported that these numbers were not seen to give due consideration to the intensity of cases, and therefore staff with the most challenging clients felt even more stressed because their number of cases was lower than others, making them an easy target. The Department did not seem to recognise the amount of work and energy complex cases required – instead they repeatedly questioned the caseworker’s capacity and suitability to the job.

There’s a big thing at the moment where some of the directors and staff are saying well that person has only got I don’t know 10 kids on their books or whatever and they might be able to have some more but they are 10 extremely complicated little beings so you are like no that person can’t have any more – and why not – do they need to be performance managed? No they don’t need to be performance managed – they are just very complicated kids and well they should be able to have more – well no they shouldn’t be able to have more. – Ryan

In some cases, staff reported that the Department and management tried to use performance management as a way of pushing slower staff out of their roles. This job insecurity was reported as adding huge amounts of stress to the already struggling caseworkers who felt they only needed a little support but were repeatedly told that their numbers showed they were not capable.

Well, the organisation now is set targets and benchmarking ... it’s about quotas now ... If you don’t cope under the stress, all these things that are happening, maybe you should be doing checkout or something. That was the messages that people were getting ... part of the bullying and stuff which is ... there’s this – sort of, the push under-performance. You’re not performing, you’re not meeting, you need to be doing this and if you can’t do it, well, you should be looking for something else ... [so] they have a mental breakdown, they go on stress level six months or whatever, they come back and then they’re targeted again because they want them out. You’re in the way. You’re not performing. It’s not our fault, it’s you. – Bill

Caseworkers did not consider performance management as an organisational support to help these caseworkers prioritise or complete tasks, rather they saw it as a way to mark caseworkers as bad employees. One caseworker thought performance management could be used to support and benefit caseworkers if it separated them from distractions and non-essential tasks and allowed them to work uninterrupted – such a ‘quarantine’ would allow caseworkers to close cases and get back on top of their workload. However, this caseworker saw that happen rarely. Instead, caseworkers were notified they were being managed, but the competing priorities from different managers and cases continued, but this time without the support of peers, as colleagues were told to stay away from the caseworker being managed. This isolation only added to this caseworker’s deteriorating wellbeing, and the inability to get any focused time to close cases meant he remained on performance management longer than necessary.

I carried 30 cases at that time ... probably 10 of them I could close, but they would never give me the opportunity to actually spend the time to close them. And I saw everyone in our office at one time or another, get quarantine time when they were busy and had too much; their managers would say ‘Look you need to just not do anymore case work ... not take any new things, not be interrupted for the next 4 weeks, and just try and get as much as you can closed’ ... I requested that all the time, I even asked in supervision ‘Can I get a chance to close some of these?’ ... and it just sort of fell on deaf ears, and then next, the next day it’d be ‘Oh [participant], there’s another one here for you’ ... – Marty

Numerous caseworkers reported seeing performance management used as a way to push someone out of the Department. Some of the reasons given for marginalising caseworkers through performance management were: keeping up with quotas; bullying to remove disliked staff members; removal of staff after the disclosure of physical or psychological issues; or staff asking or having the potential to ask for

flexible work arrangements. This is reported as creating a climate of non-disclosure and lack of trust which has been discussed earlier as not conducive to employee wellbeing.

There's a problem with some management if they find out that you've, you've got stress and all a sudden they can then performance manage you ... so there's an issue there with caseworkers being medically discharged if they don't like you. So you've got to, you've got to keep stuff from them. – Dave

Other comments indicate a climate of constant high alert, which takes a toll on wellbeing, for example:

*It's like, we get told over and over and over again that this is a safe place. We come in here to, you know, this is us. What happens here, is we help each other. R U OK day, what a f***ing joke. Anyway, and then they go and just do that, and then all they're looking for is an excuse to put you on work performance, to get you flicked. – Liam*

In some particularly toxic offices, caseworkers were encouraged to report on their colleagues who could be performance managed. One caseworker told the story of when his 'commitment' to his work was discussed among his peers at group supervision. This humiliation impacted him greatly, as did the way his manager asked his peers to suggest strategies for him, as if he was suddenly incapable of doing the job he had been doing for over a decade.

There's more and more pressure on me to do more ... we talked about me and my level of commitment and workload at our group supervision just last week, saying 'How can the team help [Bill] get through all the stuff that he's got to do?' But I also think deep down, it is at the beginning of a way to manage, performance manage ... and get my colleagues to come up with ideas and ways, or identify what's not working. – Bill

Repeatedly caseworkers reported performance management was used on individuals that managers wanted to push out, or as a punishment for bad decisions or cases that went wrong. When asked what the Department could do to improve caseworker wellbeing, one caseworker reported this very issue as the number one priority:

Number one, stop the blame game. Stop all this accountability crap. And that's not to say we're not [accountable]. But it's to say that it's killing people. I know a bloke in there, he's got heart problems, and it's from stress from work. I've just recently gone on blood pressure tablets, and I know it's from stress from work. So stop this bloody blame accountability you're out crap, for number one. And say okay ... there's been a stuff up, we're not going to put you on performance improvement plan, or this work performance crap or any of this stuff. What we're going to do is we're going to look at their workload and see if we can't reduce it a little bit ... help them out, get stuff done, get on top of their workload, because usually these mistakes happen because everybody's overworked. – Joe

Caseworkers indicated that the threat of performance management could often send their wellbeing and stress spiralling, as any delay in completing their work was seen as a problem with their time management or casework ability, not as a symptom of being overloaded with responsibilities. Some offices were reported to have regular (weekly or monthly) meetings to check how everyone's quotas were going, and these meetings were where performance management was threatened to those who were not on schedule. A number caseworkers spoke of the angst and anxiety they felt in the days leading up to this meeting:

Every time that meeting happens once a month, I don't sleep for two days, because at the end of the day – it's mostly put across but the underlying communication is quite clear: you're not performing, you're not managing, there must be something wrong with you. And it's not just me, that's across the board. – Stacey

It was clearly reported by the caseworkers interviewed that being performance managed or being told you need to be performance managed had a negative impact on wellbeing. This was largely because caseworkers felt that performance management was handed out unfairly: not taking into consideration the workload or specific work demands placed on them, as a way to push people out of the Department, in response to a mistake that was made largely due to a lack of support, or to name the caseworker as the problem. The stress of needing to meet quotas to avoid being managed was reported as impacting on the sleep and mental wellbeing of some caseworkers.

This perception of performance management by caseworkers is far removed from the more enlightened notion of performance management presented at the beginning of Section 6.4. It is a perception that is firmly grounded in employee experience as the data indicates. Instead of the performance management process being welcomed as an opportunity for staff development and mutually supportive avenue of communication between caseworkers and their supervisors, it is rather dreaded as an unjust punishment or threat to livelihood. This situation escalates stress and anxiety and closes off a potentially constructive point of contact between FACS and the frontline staff.

6.5 Bullying and disciplinary procedures

Bullying is endemic in any large organisation the size of FACS. However, this does not mean employers can ignore its impact on workers' wellbeing. In fact, recent changes to workplace health and safety legislation that recognise the impact of bullying increase the necessity for employers to have clear, transparent and timely mechanisms for dealing with bullying in the workplace.

Bullying was identified by participants as one of the most significant factors impacting on staff wellbeing and it was linked in most narratives to a sense of fairness or natural justice within the organisation. While no single region could be identified from the data as a more significant location for bullying it appeared there were pockets of poor practice across all regions. It was notable that there were a number of claims from participants that a particular region or office was 'the worst in the state', however, given individual perceptions of bullying can vary, this response was not consistent across all participants within a particular region.

Participants noted a range of bullying experiences, from peer-to-peer, frontline managers to caseworkers and, in some instances, caseworkers towards their frontline managers. There were also a number of reports of CWMs and MCSs being bullied by more senior staff. Participants called for clear and transparent handling of bullying cases along with just and equitable implementation of codes of conduct, complaint procedures and solutions to bullying.

6.5.1 Peer-to-peer

At the peer level, bullying manifested as an exclusionary culture or 'clique-y-ness' with tight-knit groups of workers excluding others within their workgroup, or newcomers to the workplace.

One ex-caseworker who had left the organisation within six months of joining experienced an extreme version of this stating:

The culture where I was working was probably the most hostile I have ever experienced in my life. It was – and I've worked in corporate ... I've had some jobs that have been challenging, but it would be the most hostile environment I've ever come across ... I think that after the first day, I walked in and just introduced myself, and spoke and said, 'Hi, I'm, [Anna]', and I'm a very friendly person, and you know. I

would walk in and just say hello, and people would just not even speak with you, which I found unbelievable that there was no, just common courtesy. And you know, I didn't know people's life stories, obviously, I just wanted to say hello, and just be welcomed. – Anna

Another longer-term participant noted that exclusion occurred to most newcomers to a unit, stating:

So if you walk into a new space, which I've had to do a couple of times, when you've got your clique-y groups that you've got to try and fit into and then the bullying. – Brooklyn

In such an environment, a frontline manager needs to be able to show leadership and establish a culture of inclusion in the workplace, presenting a zero tolerance policy towards exclusionary behaviour.

Strong, supportive relationships between peers are crucial for wellbeing and social support among workers. This is well documented as contributing to psycho-social wellbeing (Hone *et al* 2015). This is even more important for workers experiencing challenging, or even traumatic, work tasks, where workers need opportunities to de-brief with colleagues. A cohesive workplace supports workers on two levels – addressing the social wellbeing needs and helping staff to be resilient in the face of traumatic events. Many participants did identify the support of their peers or colleagues as an important element in their wellbeing. However, when that cohesion of a group operates to exclude certain workers, which can be corrosive to wellbeing.

6.5.2 Relations between caseworkers and frontline managers

Bullying was most often identified as occurring at this level and manifested primarily as managers withholding access to leave or flex arrangements, but could also be expressed as increased workload, increased complexity of cases, a lack of support or the removal of caseworker autonomy through micro management. Perhaps the worst examples occurred where staff had experienced a physical or even mental injury and felt targeted by managers who did not want to manage the complexity of such cases.

It wasn't too bad for me until I fell once on the way home from work and I [experienced a significant injury], so a lot of damage done inside, and then I had a frozen shoulder from it, so yes, so I had to go back to work. I was off work for quite a number of months and not able to drive or anything and then I was able to return to work for three days a week, I got clearance for three days a week, and the manager said to me on the first day of return, 'You don't need three days a week, you don't need a return to work plan, do you?' And I said, 'I'm sorry, I do'. And he sat me down in a desk that I couldn't move or adjust, even though I'd asked for one I could adjust so I could stand up and work at times and change my position, and at the end of that day he came around and he whispered to me, 'How does your shoulder hurt sitting in the one place all day?' And the harassment that went on during that time was horrific. – Eden

This example was also combined with a perception of age discrimination. It is notable for the surreptitious approach taken by the more powerful manager.

In a number of cases, caseworkers were denied leave during times of stress and personal grief, and while there are always extenuating circumstances in refusal of leave, the reports indicate that the overall impact among staff is that such refusals create a perception of unfairness and that the culture of the organisation lacks an element of compassion that should be fundamental in such an organisation:

A colleague she – a family member had died and it was relating about time off to go to a funeral and I thought the manager was really out of line with what was said and that person also resigned. Like it

seemed like a pretty simple request ... FACS is this human organisation was not very human and it was pretty shocking. – Sam

Another caseworker gave the example of a colleague whose family circumstances changed for three months, however, when she asked for flexible work for this period she was refused access to these entitlements:

[The manager] told her, no. That she couldn't have unpaid leave; that she couldn't have flexible working; that she couldn't have altered start times. And still she tried, and still she tried and eventually he said to her, 'Look, you're going to have resign your role'. – Rory

Given the high level of turnover among caseworkers, and the challenges involved in recruitment, particularly in regional NSW, it seems counterproductive to allow bullying and disagreements over access to leave entitlements to contribute to these issues. Other caseworkers identified how control over access to leave was combined with humiliation of staff:

Well that's happened here as well, humiliation and I've addressed it with the person who does it to me. And so my manager, as I said I've told you about having to jump through hoops to get annual leave and things but I feel that she likes to humiliate me in front of people, and she has done it several times, and I have addressed it with her twice and where the manager client services was brought in. – Peta

Humiliation was also discussed as a bullying tactic that was particularly used in conjunction with group supervision, and this is discussed in more detail in Section 6.23 Supervision. However, there were also examples of performance data being shared across a group, ostensibly to motivate staff, but with the outcome of shaming and humiliating some caseworkers:

They did a whole sample of our numbers within the office, and put it up on the whiteboard, putting them all like on the board and said, 'This is where you are, so you need to be, this is where other people are', and like real comparison of our work against other people's work. A lot of the caseworkers, and this is while I was fairly new, so I was just like 'What's happening?' A lot of the caseworkers were pretty upset about it. – Jules

One caseworker identified a range of strategies used by her MCS to target caseworkers and MCWs who were not compliant or weren't part of his broader networks:

I've worked in an office with that man being the upper-level manager and decision-maker for families and wellbeing of children and wellbeing of staff and it's been absolutely miserable to be singled out and bullied ... I've suffered under three-and-a-half years of the most awful bullying you can possibly, probably imagine ... so he changed my flexible working conditions in his first week in the work ... He would walk the floor and completely ignore people. He tapped people on the shoulder for promotional opportunities, he picked favourites and gave them better positions or roles that weren't available to others ... some managers were ... never told of the opportunities. He made life as difficult as possible as he could for the people that he didn't want there or who weren't in his 'gang'. – Rory

In these and a number of other cases, the bullying by managers could be linked to a lack of capacity to manage complexity in the workplace. Some managers seem to prefer to target staff who are 'difficult' rather than managing issues that require extra resources, support, or training.

So, then there's this – sort of, the push under-performance. You're not performing, you're not meeting, you need to be doing this and if you can't do it, well, you should be looking for something else. So, that's one way of getting rid of more senior caseworkers who obviously are more able to challenge the system. So, it's a compliance issue as well. So, they – if they get rid of the senior caseworkers, well, no-one's

going to be arguing. No-one's going to be saying anything ... at meetings because people are afraid. – Bill

This in turn, may reflect a lack of training and support for those entering into line-management roles.

Once again, the perception of bullying was linked to perceptions of fairness and natural justice. While not every occasion of leave or flex refusal was seen as bullying, the data shows that a systematic refusal to allow such access or a combination of such refusals, with a lack of access to development opportunities, or an increase in the intensity of workloads could combine to increase an individual's perception of bullying.

Bullying in this form undermines staff resilience and capacity to cope with trauma from work tasks, while adding a layer of stress to workplace interactions, and in fact can create workplace trauma of a different type. Bullying has been linked to increased incidence of depression and anxiety among victims.

While the power differential at this level is such that managers are more frequently the bullies, instances were provided where managers felt that they had been bullied by caseworkers. It appears such cases arose where managers felt less secure of sure of their role and these experiences may be linked to inadequate training for managers before starting in such roles. The high incidence of 'acting up' may be a contributing factor.

6.5.3 Relations between frontline managers and senior staff

Caseworkers were also able to identify examples where they observed their line managers, both in the role of Manager Case Work and Manager Client Services, being bullied by more senior management.

The Manager Case Work, as I say, with no experience, what he's done now is turned around and said he behaved the way he did because of the Manager Client Services and how she was treating him and he feels under pressure ... The Manager Case Work that was in – that owns the position substantively ... went out on stress leave ... her defence is the same as ... this manager with no experience, and their fall-back position is, we've behaved – we did that because of the pressure we were under from the Manager Client Services. So, it's like a circus. You just think, how are we meant to be working with these complex, vulnerable families and be mindful of vicarious trauma when the trauma is coming from the workplace? – Ash

It is apparent from the responses that such cases impact on the workplace wellbeing of the individuals concerned, but also impact on all the workers in the office or region. Caseworkers are grateful to their line managers when they perceive that the line manager is protecting them from pressures from above, but also recognise that such pressures can take a toll on the line manager.

But the client services manager ... that time was not a yes sir, no sir lady, and it was 'Okay this is the job, these, this is what my caseworkers do and I'll support them to do that'... and she wasn't averse to change, but she wasn't going to ... I think she had more morals than to just blindly follow directions. So yeah, so [senior management] had a thing about her and said 'Well okay then, you're not going to agree with me blindly so we'll get rid of you', so they did, they bullied and harassed her and bullied and whatever. – Finley

Compliance was also identified as a key aspect of the authoritarian nature or culture of the organisation:

In relation to the bullying, bullying is always management top down. So, it's always the hierarchy thing. I'm the manager, I make decisions. I instruct you, I direct you ... If, of course, you have needs or you have issues, or you don't agree with it ... you become a 'difficult person'. You're not compliant, you don't follow the rules. We don't need people like that in this organisation and FACS is pretty much set in that [attitude]. – Rory

A number of caseworkers identified that such processes of bullying impacted more broadly on the culture within particular workplaces, regions or offices as the example set by more senior staff was often adopted by others within the region or office:

I observed, as did pretty much the whole office, really the systematic bullying and abuse of one of the managers, who, you know, she was a really nice lady ... she was always very helpful, worked really hard, but we watched, basically, the manager of client services, and then through ... her leadership of that being okay, people would just mock and pick on this woman until they fired her. – Charlie

For others the systematic bullying culture from the top down was part of the organisations' focus on performance and compliance:

So, head office ... management every month, they have their reviews – are we meeting the targets? And if we're not meeting targets, well, there's pressure applied. Okay. So, pressure comes from the top saying, hang on, [area] office is not doing very well this month. We need to be applying the pressure. So, then you get the lackeys – the low-level management from manager client services down to manager casework who then are trying to follow and implement policies such as performance – all the other stuff. Hang on, you haven't done this, you haven't done that, why haven't you done this? So, it becomes from a process to intimidation to harassment to questioning your capability to undermining your confidence. So, this is all about the process, but it starts at the top. The lackeys at the bottom – they have no control over that. – Rory

Once again, this example suggests that rather than attempting to train and build staff capacity, the primary response to a decline in performance is to demand more work and apply processes of micro-management and bullying to extract better performance. A more successful approach may be achieved by ensuring that middle managers have the capabilities and capacities to manage performance more effectively without using bullying techniques.

6.5.4 Responses to bullying

Participants who experienced bullying sought transparency and fairness in the processing of bullying claims, both for themselves and for other cases that they observed in the workplace. There is a perception that if issues are not dealt with clearly and promptly they can escalate and cause significant problems across a much broader group:

I have been speaking to the manager about this for a really long time, and I've been told just to put my head down and continue with my own workload and to ignore the culture and the bullying that's going on, on the floor. And then we've come into a space now where I think things have escalated and we've got 20 odd staff saying that they're feeling bullied and when they do try and confront these certain people, there is backlash and they are ostracised from the team. – Jill

The general approach that seems to be taken is either to move the person who is being bullied into a different team or region:

And she ended up, she was in tears half the time, and really horrible, the manager wasn't super supportive ... and they were like, 'Oh we'll change teams', and it's like 'What's changing teams in the office going to do?' ... So she ended up moving to a different CSC in a different area because of it.

Q: So does FACS offer any kind of mediation or anything when conflicts like that arise?

A: Not that I'm aware of, not from an external source. – Ellen

Others felt that the lack of transparency allowed bullies to continue operating in different areas of the organisation:

I've been in this department for [over 10 years], there's been bullying and harassment, the same people that do that are still here, there's cover-ups, it's just crazy. – Stacey

Caseworkers felt quite strongly that those who have contravened the code of conduct should not simply be moved to another area and allowed to continue operating, but should be disciplined.

Another thing would be don't move the bully. Don't move the bully. If they're a bully in that position, they're going to be a bully in another position ... Why do we give them opportunities when they've broken the code of conduct ... the bullying policies? When they've breached policy, you don't reward them with another project ... Because at the end of the day, I'm the one that's injured and leaving my ... career because of this [person] who is still there. – Ash

While it was noted that FACS has a code of conduct and disciplinary procedures as well as grievance procedures and even formal mediation processes for addressing bullying, it was felt that these were not necessarily accessible or effective, and that the words of more senior staff carried greater weight than those of more junior staff.

I had gone through proper process to try and address that, to the nth degree and I felt as though the agency and the district and the hierarchy I was working under just went, well, you know what? He's a higher grade than you so we value what he's saying more – we value what he contributes more. – Oli

It was also felt that it was difficult to substantiate claims of bullying:

People have raised grievances, have supposed external investigators which are paid by [FACS] which always come back with the same outcome – not confirmed. Not – that 'all these things never happened'. But – 'they couldn't substantiate your claims'. So, sometimes you can follow the process as you ought to, to highlight the concerns or issues at that low level, but really nothing changes. – Joe

There was also a perception that investigations into bullying were not given adequate resources to be completed in a timely manner:

So there's still no feedback as to what's happening with improving the other areas that we've complained about and all we got was, 'We didn't realise that this investigation was going to be as big as it is and we should have got [external person] in to investigate this because I'm still trying to do my own job at the same time', which ultimately has led to it being drawn out. – Ash

Caseworkers identified that the code of conduct and the disciplinary procedures were frequently not applied to those accused of bullying, but seemed to be another way in which managers could bully or target caseworkers:

So they didn't get him a work car weekends or afterhours or anything. This kid ended up turning up at his place one day, so he took her back ... to the carers in his own car ... thank god he never had sexual allegations raised against him or anything like that ... And although he breached the code of conduct, he absolutely breached the code of conduct. But they set him up for it. And he made it work out of the goodness of his heart, because he was asked to by the manager who then put in the complaint. – Joe

A number of caseworkers were not able to identify appropriate processes and steps such as conflict resolution, mediation, grievance and complaint processes that could be used to resolve issues of bullying more promptly. One caseworker identified that it was something of a novelty when the more senior staff recognised that the impact of a particular bully was being felt across a whole office and identified a strategy to address the problem collectively, rather than individually.

And so it was actually interesting this week that the managers were saying we're happy to take a written statement from everyone and actually address this at a higher level ... And I'm like this is just, you know, there's got to be a better solution. – Jill

A clear and insightful point was made by one caseworker about the links between culture and bullying. Where a bullying culture exists, strategies are needed to address the problem from the top down.

So, how do you change the culture of bullying, intimidation? Well, it starts at the top not at the bottom ... Culture needs to change at the top because usually [when it comes from below] nothing changes, because people, I think, are people and they just comply and they do as they're being told generally. It takes a confident, strong person to say 'no I disagree with that'. – Bill

6.6 Implications

Values are an essential element of organisational culture and set the tone for employee actions and commitments. They permeate all relational aspects throughout the organisation. Caseworkers were troubled by the divergence of social work practice values and the managerial approach of the organisation. While the practice guidelines were identified as a key statement of the organisation's values, there was a strong sense that the same values were not being applied to caseworkers themselves by the organisation.

Examining the five contrasting dimensions of leadership versus management shows that leadership in a collective sense embedded in organisational strategy and culture is not characteristic of FACS. This is an important finding given that leadership has been found to play such a key role in employee wellbeing initiatives. FACS needs to explore how to nurture a strong leadership culture throughout the organisation that can provide a vehicle for driving change that enhances employee wellbeing.

Leadership culture, key to employee wellbeing, manifests itself through systems, processes and policies. FACS needs to develop a captain-coach leadership culture. Captain-coach leadership is characterised by leaders 'being around and available to people, having (had) the skills they need to speak with authority, supporting and encouraging people to show how the goals of the organisation can be achieved' (Hubbard 2019, p. 361).

Supervision is an important element of professional practice for workers in the community services sector. There is a role for both group supervision and individual supervision within FACS, however, care needs to be taken in implementing such strategies, to ensure that the needs of individual caseworkers are recognised. Supervision needs to be embedded in a culture of guiding, coaching and supporting staff, and it is important that supervision not become part of the performance management processes within the organisation as this could see it becoming an element in a bullying culture, used to humiliate staff and undermine professional standing. Given that managers may be focused on their own performance goals and KPIs, it is crucial that supervision processes be kept separate from management processes. Managers should not be involved in group or individual supervision, as managerial supervision may reduce caseworkers' capacity to speak freely and admit vulnerability or poor wellbeing.

Performance management is an essential element of organisational performance for all public sector organisations, especially those with limited resources. However, it is important to ensure performance management is not used unethically (to bully un-liked people or to push employees out). FACS needs to carefully consider how performance management 'quarantine' can be used effectively to boost caseworker productivity. Caseworker performance management needs to be embedded in a culture of guiding, coaching and supporting staff. Peer support is also an important element of managing the performance of caseworkers.

Bullying is a major contributor to poor workplace wellbeing within the organisation. FACS needs to take a 'zero tolerance' approach to bullying in the workplace. Ideally the organisation needs to develop a culture that is focused on supporting, encouraging and building skills at all levels of staff, including caseworkers, Manager Case Work and Manager Client Services. In this light individual performance management data should not be used to embarrass or humiliate workers. Similarly, authoritative, top-down processes of demanding improvements in achieving targets are unlikely to be successful unless they are supported with adequate resources, training and development. More sophisticated analysis of HR data may be needed to ensure that causes in the decline in performance, such as staffing levels, workload allocations and time-out (as will be discussed in Chapter 7) are clearly identified and addressed.

Managers also need to be able to access the resources and support needed to manage complex staffing issues such as access to flexible work, return to work after an injury, and team-based workplace conflicts. Frontline managers are often required to 'act-up' in higher level positions at short notice, and may not receive adequate training in conflict management and leadership functions. A more pro-active process of training potential managers may support more cohesive transitions to management roles.

Part of the zero tolerance approach to bullying needs to include clear explanations to staff of what constitutes bullying, how it contravenes the code of conduct, and the disciplinary processes that will follow from cases of bullying. Clear and transparent timelines and resources for investigating complaints and grievances must be provided and implemented. While it is acknowledged that grievance procedures do exist, caseworkers may need clearer instructions on how they can access mediation processes and grievance procedures to address instances of bullying promptly and resolve issues at the local level. It may also be necessary to identify clear and transparent workplace conflict resolution processes, and to provide training more generally to both frontline managers and staff on conflict resolution. Specific resources for mediation and conciliation may also support the development of cohesive workplace cultures in locations that are particularly problematic.

Transparency and fairness need to be built in to all aspects of managing staff and responding to bullying.

7 Elements of Organisational Operations that impact on Caseworker Wellbeing

Operational workplace systems are another crucial organisational element that can support caseworkers and make a significant difference to their wellbeing. These systems include: workload, information systems, access to family-friendly flexibility provisions to enable work-life balance, recruitment and retention processes, training and development, job rotation, security and promotion. These elements will also be examined in this chapter.

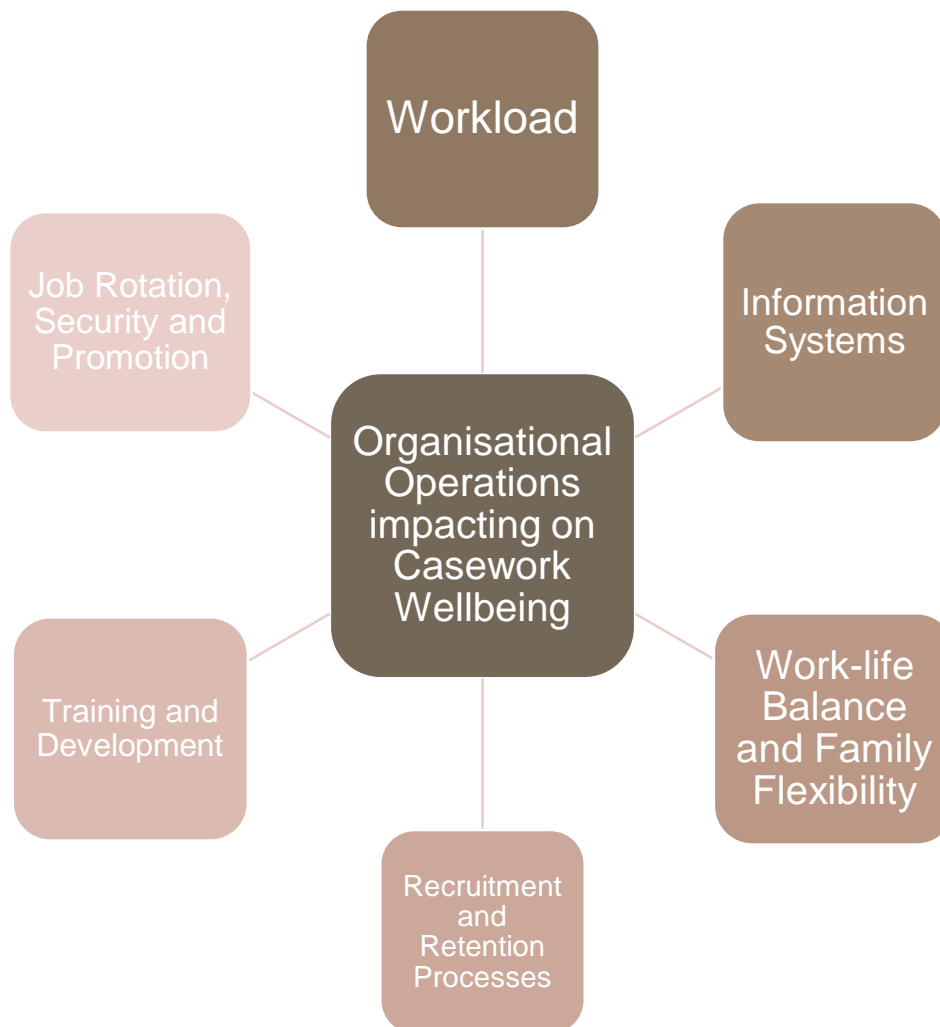


Figure 7-1: Organisational Operations Impacting on Wellbeing

7.1 Workload

Workload was reported as one of the most significant organisational contributors to workplace wellbeing for caseworkers at FACS. As discussed in Section 4.2 Challenges of the job, the role of the caseworker is highly demanding in terms of caseloads and crisis management, managing the emotional needs of clients

and other ongoing demands. Managing workloads is highly complex for caseworkers and their frontline managers, with the need to balance the number and intensity of cases. Socioeconomic factors within and across regions contribute to this complexity and it is challenging to identify standard measures of workload that are comparable and meaningful across all locations. Short timeframes and deadlines, combined with targets for new cases and case completions create significant time management challenges for caseworkers. Caseworkers identify a range of strategies to manage their workloads, some of these strategies support wellbeing, while others have a significant role in undermining wellbeing.

7.1.1 Workload demands

All of the participants in the interviews were able to identify that casework requires a high level of commitment and dedication to working with children and families.

Because if you're very dedicated, and generally most people that work in this field are, they don't go there because of the money, they go there because they ... feel like they want to contribute or add something positive to these children's life because their lives are pretty screwed up. And so, be there for them – yeah – it requires more than you actually have. – Bill

Most felt that the job was relentless and that there was always more that could be done, saying:

The work never stops so you can always work if you wanted to really. – Sidney

You are constantly busy and then there's always high demand. – Loretta

Never, ever, ever ending. There is not a quiet day, literally. Yeah, I've never had a job like it. You just can't catch a break. – Alex

Caseworkers reported that there is also an enormous variety in the work, and they are required to be flexible and resilient in every aspect of their role.

There's just so many ... areas that we're expected to meet targets for or that we need to demonstrate that we're doing it all and I don't think it's realistic. – Ash

Every single day, every single family is different, and they have different challenges, and you know, keeping up with everything is a huge workload, and then, you know, court work and having to learn all that, and deadlines, and assessments, and you know ... notes and files, and responsibilities and follow-up ... – Alex

Unlike other types of jobs, the role is not systematic or predictable and caseworkers need to be able to manage a range of complex tasks and respond quickly to changes in priorities:

So, you know, you don't just get given work in a linear fashion. Work comes from all sorts of different directions, and everything has a different timeframe, and you know, you'll have case plans due at the same time as you've got to do home visits, or at the same time that you've got to make sure that you've checked that children have all their dental work done and put those reports onto the system, at the same time as you've got to be talking to family, managing carers, you know, there's a lot of things that are all happening at one time. – Charlie

Even being prepared for the broad range of tasks that are required in the job, there is always the potential for unexpected changes in priority or flare-ups and crises:

Day to day, you're dealing with a lot of crises, and spot fires that you have to, kind of put out, as well as, like other things that need to be done, you know, in a timely manner, as well as your assessments, as

well as all of your visits and dealing with the issues, there's also all of these crises that come up and you have to deal with straightaway, so just every day, I don't know, you make more work for yourself, I suppose. – Alex

The regularity of crises in the day-to-day work means that caseworkers must be able to respond and reprioritise and continue to juggle all the other aspects of their work at the same time:

A crisis is where something's come up in the day that wasn't expected that impacts on all the other plans that you've got for the day and it's something that you have to deal with that day that can't wait until tomorrow. That's what I define as a crisis for us where you had a plan to go and do something, go and visit someone or go and have a certain conversation and then there's something comes in like a report that can't be put off until a few days, you need to get out there that day, or even such as a family rings you and tells you they've just been evicted, sometimes that happens and we had no idea and that's a crisis for us because where do we then put that family that day, and then you spend a lot of work trying to support that family and get them through. – Jules

Regional and rural-remote areas that cover a significant region of New South Wales also create extra demands for time-management, with one caseworker reporting they covered 'about a thousand square kilometres' (Joe). For remote workers, travel time to and from clients combined with unexpected and urgent responses can add hours to already long work days:

So we left the office about 4:30; we didn't get to [location 7] till nearly 7 and we had the police with us and we had a bit of chaos happen of course as you always do, and then we didn't even up leaving [location 7] till half past 8 so we didn't get back into town until... 10:00 – 10:30 something like that – yeah it was crazy ... and people don't really consider it but when you have got no rain and stuff there is kangaroos everywhere that you're going to hit on the way in, and you can't really go very fast because you will hit kangaroos. – Ryan

The combination of caseworkers' commitment and dedication to the job with the unpredictable and insistent nature of the work means that they may take on high workloads out of a sense of obligation or compulsion. This may result in workers exceeding their weekly or monthly hours on a regular basis:

If you want to sometimes do your actual work as expected then you kind of have to and so you forfeit your hours pretty much. And we shouldn't have to really. But sometimes it just feels like – when caseworkers do, do that and they get a lot of work done then it – I've been in meetings that other managers then say oh well this caseworker got it done and I'm like yeah well how much hours did they lose that month? – Sidney

For caseworkers who are new to the job there is the added pressure of learning the ropes and trying to demonstrate a high level of competency:

My first year that you know you start a new job you want to make a good impression and do your best and all that sort of stuff and then after a year of when the flex – the whole flex – like the whole year was finished I sort of added up all my hours that I kind of lost and I think it was over three weeks' full-time work. – Sidney

High levels of turnover and staff shortages that were reported often mean that new staff do not have a period of grace where they are able to start with a small number of cases and build up skills and expertise:

I, as a new caseworker, had 21 kids on my case load which was the highest out of all the caseworkers. I got no support, there was one Manager Case Work there at the time where I came out of my CDP, she did not have time to give me because she was so under the pump with trying to keep everything and everyone else supervised and responded to and all the like. I just had legal, all this legal work to do with timeframes that were so unrealistic, I was never going to get it done and no support. – Ash

This is also a problem for those who take on opportunities to act in other roles and have found that they are unable to backfill their own positions as rapidly as they need:

So, the day that I started acting up was the day that she started. And that was the day that the other manager left. So, I've had to take over the manager role and try to get [the new caseworker] to do – so, basically, I'm just delegating some tasks to her while I'm still trying to tidy up some of the stuff that I can do. Because also in the last two weeks before I started acting up, I was on duty two days and I got matters on those two days which I should've have ... And nothing was ever done to say, look, [colleague] can't take these matters so I'm going to allocate them to someone else. It was just – no-one else was going to do it if I didn't. – Jesse

The same participant also acknowledged that even experienced caseworkers feel the strain and stress of the role and would like greater recognition of their efficiency and effectiveness:

I think that they need to have more realistic expectations of caseworkers and the amount of work that you can get done. I do believe that there are obviously some caseworkers that are more efficient than others, but even the most efficient caseworker is overworked. – Jesse

Caseworkers are aware that their managers have a challenging task and there is also a strong recognition among caseworkers that there is a trade-off between workload and the number of cases to be seen:

Yeah, and I guess it's Catch-22, because to do that, we need more manageable caseloads, but then there are kids that aren't being seen, you know, families that are falling through the cracks, so to say, because well, you know, the next time we might have capacity to take them on, they're already closed down, you know what I mean? – Alex

There is a perception among caseworkers that their frontline managers, the Managers Case Work, are so focused on ensuring that all the work gets done and that no cases fall through the gaps or get left behind, that they are not always focused on the wellbeing of caseworkers.

So a lot of times I find that managers don't go and ask: 'Have you had lunch?' or 'Take a break' or something like that. But we still put half an hour break and they're supposed to have one hour lunch but I don't see any of the team members having [lunch]. – Lesley

Often caseworker wellbeing becomes a low priority when urgent issues arise.

Not everyone is ensuring that their mental health is okay. So you will get some people if you said: 'I am going to put on a wellness day' and everyone is like 'Oh my god another day from work, another day off the floor'. – Brooklyn

Caseworkers also perceived that there can be a disconnection between the priorities set at the senior management level, compared to the priorities of the Manager Case Work or Manager Client Services. This results in mixed messages being communicated to frontline workers:

And the director we had previously had sent an email advising staff are not to come on weekends ... 'This is your time, you're here to work for the time that you get paid'. People were still coming in because under the pressure ... Their manager's applying pressure – 'We need to do this, you need to do that, you need to do 10,000 things'. There's just not enough time to do them. – Bill

7.1.2 Staffing levels

Caseworkers recognise that offices are regularly short-staffed. There were also instances where some caseworkers were not seen to be carrying their weight.

Enough staff? No, we really are pushed for caseworkers. – Alex

We are often short-staffed and it is stressful. – Terry

People that are the malingers and know the system and just ... they're the ones that seem to coast through. And then of course, the position is occupied. That position is still occupied. You can't put anyone else in it, so you're down staff again. – Blake

They weren't actually increasing staff numbers they were just increasing the expectation. – Bill

Being short-staffed was presented by a few caseworkers as part of a cycle: staff leave or under-perform when they are overwhelmed by the workload, which means that the necessary work must be done by fewer people, resulting in more people leaving or under-performing as they burnout. Staffing levels were also clearly linked to poor wellbeing:

They're just under the pump constantly. They've got to stop that. They're killing caseworkers. – Joe

7.1.3 Intensity and number of cases

A particular challenge for managers in distributing workload among their caseworkers appears to be balancing the number of cases that need to be allocated with the complexity of the cases. For caseworkers fresh out of training it is difficult to judge whether their workload is 'normal' or excessive, as they do not seem to be aware of the benchmarks or expectations that are placed on them:

I am eight months in and I had 22 cases. Now I thought that was pretty normal regular until I started talking to colleagues and I know some have got a few less and that's neither here nor there because some cases are more complex than others so if I am running on 20, others are running on 15, some might be 30. Some of the people who have been there a long time have been on 30 but you can't just measure the numbers. You've got to look at the family itself. So one case, so each child is a case, but that child might be of a family of eight so that case becomes very complex because you are managing that, and then there are others that there is one child, one case – that's it the only child in the family can be that easy. – Sam

The size of the family and the number of children provides one measure of complexity:

As you can imagine, say, a situation which is, maybe, less complex and maybe where there's only one little person is so much easier than a matter where there's really complex stuff going on and maybe four or five children and they might be, in a sense in – sort of staying with other families. So, in the past, it would be – well, in a sense, they were almost given equal weight. So – but now I think they tend to recognise perhaps that some are more complex than others. And it used to be that if you had, say, a sibling group and they were all in the one placement that would be considered one. But if they were in four different placements where you've got arguably four different carers and everything, then that would be regarded as four. – Blake

However, the geographical parameters of the region also create levels of complexity, both in terms of the distances that need to be covered and the socio-economic factors that contribute to the needs of families in the region:

So it's hard and especially in this CSC because we are small and we cover a very large area. We cover way out ... and unfortunately the welfare of children decreases in lower socio-economic areas, and so we have people that experience that often move out here because rents are cheaper – it's a cheaper cost of living out here and so for a small office we have a huge case load. – Peta

High levels of Indigenous disadvantage in particular regions, combined with low numbers of Indigenous caseworkers can also lead to particular caseworkers having ongoing and consistently heavy caseloads, as they were expected to take on all new Indigenous cases.

Caseworkers recognise that workload allocation is a particular challenge for their managers. They acknowledge that managers attempt to create systems that recognise individual caseworker capacity, the different types of casework and the complexity of cases:

So the managers use a tool where they look at how many, it's actually worked out on how many months the caseworker's been employed with the department, and then how many ... cases, so whether there's just open child protection cases, whether there's any restoration cases, whether there's any that are out of home care, whether they've been case managed by other agencies. And then that kind of gives them the figure of what we should be allocated. So I think there's no average number, but I think my caseload sits at around 9 that I'm meant to be allocated. But at this time that's made up of 33 children, and that's an extra, all different, you know, some are out-of-home care, some are child protection. – Jill

However, even the systems that have been developed are perceived as lacking some transparency and there were a number of caseworkers who were unable to specify what would be a fair number of cases for a full-time workload. There seemed to be some confusion as to maximum and minimum levels of case load. Ellen suggested a maximum of six cases:

Technically we're not supposed to have more than six cases on our case load, we've got caseworkers with 16. – Ellen

While Sam suggested that six represents a minimum:

I think the Public Service Association have basically come to an agreement with FACS that at least six cases. – Sam

Caseworkers reported that the range and type of work, from case visits, to reporting and legal matters varied from case to case. It was also identified that there is a lack transparency regarding how managers take into consideration existing workload before allocating new cases:

Yeah I think like getting allocated a lot of cases when the managers don't know how many cases we have or what complexity they're at. You will just kind of get ... more cases without any ... [existing load] being considered at all which can be quite tricky. Like knowing the details of complex cases so when things kind of blow up or when things are taken up to a higher level. If it's a contentious matter or like a ministerial comes in or something like that they won't know what's happened with the case. So that can be really tricky at times. I think it's particularly in my office where we kind of will just every week someone gets a new case without it being reviewed but where are you up to with your old cases and how many cases are on charge; how many cases are closed; how complex are the cases you are dealing with at the moment? So that can be a bit tricky and I think a bit contentious for some people. – Cam

It appears that in allocating cases managers also need to consider the increasing demand or flow of new cases that come in each week, and the need to keep up, closing cases as necessary. Caseworkers indicated that closing cases can be difficult when completions require interaction with external parties who are outside the organisation and hence outside their control and influence.

The caseworkers acknowledge that the allocation of cases cannot be an exact science and sometimes cases that appear straightforward may be more complex than expected.

It's so hard because all we go off when – all the managers go off when they're allocating a case is the report we got and if we have any previous information. So if we had no previous information, we just have some reports and we've never worked with the family, then they're kind of going blind in terms of what amount of time that matter would need because there's been times where we've gone out and it seemed relatively okay on paper and we've gone out and it's just, it's not okay at all. But you never know that until you go in the door, and there's been other times where you go out thinking it's going to

be the worst of the worst and you get out there and it's actually pretty alright, but you just don't know.
– Jules

This may be exacerbated when combined with legal issues and the development of matters that need to meet legal timeframes outside the control of the organisation, and such timeframes can contribute to higher levels of stress and poorer wellbeing. Levels of accountability and risk management contribute to the sense of constantly feeling pressured and monitored.

It's the amount of work you have to do in a very short amount of time, the amount of accountability you have for every single task that you've got to do, and the constant negative feedback around, well you're not up to date with this, you haven't done this, you need to more, and you know, not directed to an individual, necessarily, but across the board that stuff was said all the time. – Charlie

The nature of cases and the unpredictability of their complexity makes it difficult to allocate workload fairly and to know accurately whether a particular caseworker has a heavy load of complex cases. As a result, caseworkers suggest that there needs to be a flexible approach in allocating time for particular work tasks and in ongoing review of workload. At the same time caseworkers recognise that passing cases between caseworkers can undermine the successful management of a particular case:

Also it's easy to say, yes, at times I have too many cases and too many families, but if you've already started working with a family, the impact sometimes of changing casework on that family outweighs the impact of other stuff, so you always have to look at that because I don't think it's fair for families to have to change caseworkers just because we haven't figured our things out in terms of the families that we've allocated to certain people, yeah. – Jules

There was also a recognition that some more senior caseworkers provide mentoring and support to newer caseworkers, but this is rarely factored in to their workload.

But the senior – the caseworkers that have been around for a while actually help the other ones that have just come in but it's more an unofficial capacity, so-

Q: So not built into your workload at all?

A: No, absolutely not. If you've got someone new who doesn't know what they're doing, who doesn't want to learn, like we've got on our team, and who ... part of the team, you're actually doing their case load as well as your own. – Stacey

7.1.4 Time management, timeframes and targets

Caseworkers reported that issues closely related to the large caseworker workload, are the timeframes and other targets. These seem to add to caseworkers' perceptions that there are unrealistic expectations about how casework should be done, and how cases should progress:

Now they're targets that are set by politicians not by the office of the senior practitioner, you know, and it becomes your life around, 'Well you've got to meet this target, you've got to meet this target, you've got to meet this target', rather than a discussion around, is that actually what's best for families. – Charlie

We had a unit meeting just the other day actually, and one of the things that MCS was putting up on the board was the numbers of how many kids we have to see, how many new kids, so there's, we have to meet targets ... I understand that it's for funding and the government and blah, blah, but the fact is like we have to see 26 new kids a month, just in our office ... 12 people to take on 26 new children per month. – Ellen

We have only 60 days from the time we're allocated a matter to complete our assessment of safety and risk and close the matter. That's also a challenge itself because it is such a short timeframe. – Courtney

Meeting deadlines and targets is not always within the caseworker's control. Issues such as being understaffed, having delays getting reports approved, and having time to engage clients in the process impact:

You're not allowed to go on home visits alone ... you're getting an email from God knows which branch sending you an email, 'Oh, you haven't done this, you haven't seen this child in X amount of days' ... everyone is so busy they don't have time to get a secondary to go with them to that home visit, so that means you start getting all those people pressuring you to 'Get this done, do this, why haven't you finished the Carer's Assessment?' I haven't because I haven't had a secondary to go with me. – Niall

The directors are getting our statistics and they are saying well why aren't you guys doing assessments within the time period that you are meant to and we are but they are just not getting approved. – Cam

There is the red spreadsheets that come out each month or each fortnight and the conversations and the expectations that you're going to get everything done on all your home visits and it's not always realistic. – Terry

The reports are just horrendous; we now have very tight timeframes around how long caseworkers have to conduct a safety assessment – how long they have it on the system; how long before the risk assessment is due and then they get virtually blamed if the family aren't engaging. – Morgan

One of the frustrations some caseworkers expressed about timeframes is that casework tends to be messy. Timeframes tend to be based on a defined start, expected progression and completion. However, caseworkers highlighted that the reality of working with many FACS clients is that there is rarely a linear progression for casework:

At the end of the day it's like you never really finish anything. You always go home with something half done and then the next day you come in and it's either the same or it's better or it's backwards. – Jules

In the business world I found it very easy to set myself certain goals and certain tasks and – and tick them off. But when you're working with people it's really – really difficult to set tasks and tick them off and it's like I sometimes go whoa that's something that I miss from those days when I could just finish, move to the next thing ... Nothing finishes here. – Lesley

This sheds light on why the timeframes and targets affect the wellbeing of caseworkers: in some cases, the realities of the work FACS does are incompatible with tight timelines and a constant need to meet targets. Many caseworkers feel that they cannot do both with integrity.

7.1.5 Strategies for managing excessive workloads

The primary strategies identified by caseworkers for managing excessive workloads involved working more hours than they are paid for. They do this in a number of ways. Some start early and finish late, others come in on weekends or on their days off, while others take work home.

People are coming in early, so they're leaving their kids early and they're coming in early, leaving late, people have left because of it, other people are just overwhelmed ... I've got little kids and that's really difficult for them because I'll be typing – they got home last night and I was on the computer typing out notes from yesterday, so you've got to wait, I've got to finish this. – Terry

I've had to come in at 7, 7:30 just to get that quiet time to get some of that stuff done before the phone opens at 9am and then you're just non-stop ... so that I can then do the things that come up during the

day, and then the number of days this week where we're not finished at 5. I think I rarely finish at 5. – Jules

Among those interviewed, almost all noted that they forfeited time at the end of most flex periods.

Some months, I can give away 25 to 30 hours of my own time above my 14 hours flex and nothing gets said. – Stacey

All of these strategies are unsustainable and contribute significantly to caseworkers' mental, emotional and physical exhaustion, while also impacting on work-life balance. These strategies also create stresses in the home as discussed below in Section 7.3 and build increased anxiety among workers:

And it's really hard and even managers as well they are working way over their hours; they are taking work home and you want to be able to take that day off but sometimes it's just – it can be really hard and if you do take the day off like you are constantly stressed or worried about work or worried about all the things that you have to catch up on when you are next in. So sometimes it just becomes 'Is it really worth it to take the day off'? – Riley

I know that often you get told you can come in later if you worked really late, but the work doesn't stop so what's the point of coming in later when you've still got the same amount of work to do, it doesn't stop. – Jules

This is one of the strongest indicators that workload is impacting on wellbeing, if caseworkers are unable to see the point in taking leave.

7.2 Information systems

A particular element of their workload that caseworkers identified overwhelmingly as contributing to their stress and poor wellbeing was the implementation of the information system ChildStory. Caseworkers reported that this system created a major change in working patterns and is a continuing source of significant concern and frustration. Caseworkers said that a system they were told would reduce administration time to release caseworkers for home visits, and other client-focused work, has instead increased their administration workload. Some caseworkers raised safety concerns for clients flowing from difficulties with the system, and also highlighted wellbeing issues affecting caseworkers due to stress and anxiety caused by the same source. Many identified that training and support in the use of the system remains difficult to access.

7.2.1 ChildStory

7.2.1.1 DIFFICULTIES USING THE SYSTEM

Many caseworkers expressed frustration with the system failing to work as promised.

The systems aren't working – the technical systems aren't working so it's impossible to meet timeframes but rather than the Department acknowledging that, they're just putting pressure on the people at the ground to make it happen. You're not meeting targets – well we're not meeting targets because we can't. – Morgan

Everything takes longer. Everything is harder. You have to re-enter data, like over seven kids, if there are seven kids in the family, instead of just doing it once, so it's more work, yeah. – Alex

So yeah there needs to be more face-to-face, and ChildStory I believe was introduced to try and bring that about and it's done the opposite. I guess you could call it a dismal failure but think of it as a work in progress and once they get it right it will be great. – Sam

It's just quite shit and it makes our jobs a lot harder and it's clunky. – Rory

Like somebody rings up for someone else's matter that we don't know about, it takes me ages and ages to find what I'm looking for, you know, and at the end of it I don't even know what I'm – you know, whether it's the right information or not. – Liam

Multiple caseworkers noted that workers with access to the previous KIDS system still use it to find information which is not available in ChildStory, and that it was much easier to link family relationships between separate client entries in KIDS:

Yeah and I have found work around and made the kind of access ... easier to get on KIDS, but I think most people in my office that do have KIDS log in still I do see them on KIDS a lot. – Cam

I go on KIDS almost every day but that only works because I am currently in Out-of-Home Care and a lot of the stuff is the older information, but if it's on CP it just wouldn't be there. – Ryan

Numerous caseworkers expressed concern in receiving minimal training, with many saying the system was not working properly during the training sessions:

And so, you'd go along but the workshops – like I said, ChildStory didn't actually work. So, they'd be saying, oh well actually, this is the way – this is what's supposed to happen if you click on here and click – so, it was put in place obviously to try to help people, but it wasn't overly helpful because it just – yeah – the system still wasn't working properly. And the people that were teaching us were just people that had sort of fumbled through and worked out how to – managed to work out one part of it. And then you only got to do a couple of workshops and then you were like, okay, right. – Jesse

Some caseworkers voiced concerns regarding reputational risk for FACS as the new system is resulting in delays in payment of services:

And that's part of the reason we have got such a bad reputation is because we don't pay our bills. – Ryan

One caseworker did comment positively regarding system support provided for ChildStory.

I think, with the introduction of ChildStory, I think that was very – it came about very prematurely. But there, in the district that I work in, there is ChildStory support that do come and sit in an office once or twice a week and give that support to the caseworkers, and they've helped me out a few times, so they are invaluable, and we need more of them. – Quinn

7.2.2 Impracticability of system design

Some caseworkers suggested the system was not designed with the business practice in mind, with the system not appearing to embrace the tasks or language of everyday actions for caseworkers:

We ended up with a system that didn't work – didn't meet our needs and every day there is changes made and if you have a problem you are told to put a request in through this system and take a ticket and your ticket might never come up. – Morgan

Well, it is because I think what's happening is the people who have the expectations of just rolling all of this out don't have the communication of the worker, the frontline caseworker ... So, you could imagine how many phone call records don't get put on, or you know what I mean, just through lack of time, or missing a kid, or something like that. And then it buggers up every now and then, so you can't do anything, or everything is lost, or everything is triplicated. – Ash

They haven't actually created a provision for us to add notes of the family, so if I do a visit that says, visit was cancelled for today, I then have to put that into four different child's records through that process. I can create a group but we're not actually – that doesn't actually work yet ... in all cases, so then records go missing. So we've had lots of records go missing or get mixed up over the last trial period. – Terry

*All the information that's in ChildStory I have to put into this Excel spreadsheet and that's what district management use to measure everything because ChildStory doesn't f***in' work. – Sam*

They have all this new language that we have to learn. – Marty

7.2.3 Caseworker concerns for children as a result of ChildStory difficulties

Some caseworkers raised genuine concerns for the safety of children due to difficulties with the system:

Now, here's an example, I had to do a risk assessment, and looking at a previous risk assessment from another caseworker, it had said that there were 17 reports of – against this family. ChildStory only showed nine. So I said to my manager, I need access to Kids. No, no, we're not allowing access anymore. Well, why not? When someone I know in [location 5], they're allowed to have it but we're not allowed, so there's inconsistencies there, but the other point to that is, when I said to my manager, so I'm doing a risk assessment, do I say that there's 17 reports or do I say nine? And she said, well you work with what's on ChildStory. I said, okay, nine.... Well, I can't report in a risk assessment effectively if I don't have access to the previous system because all the data hasn't migrated. So again, it's the impact that that has on a family. – Ash

When you want to work quickly everything stops and slows down and to me that's a safety issue. – Chryst

When we had a ChildStory person here a little while ago I showed him this which I have been having a problem with a lot of matters – I showed him that and he showed me a work around that you have to manually edit the event as ... a participant and then you will be able to see it. So then it actually shows that you were there, that you attended the event. So if I didn't know that that was the work around I would not have been able to see the previous response about the sexual abuse matter and I think it also presents a bit of an issue. Like if this ever grows – you know if these records are ever subpoenaed in the future it shows that I am an attendee at the previous response which obviously I wasn't, and then questions might be raised like why were you editing an event ... I'm just a bit wary that this could backfire really badly one day. – Cam

It really is putting children at risk and I think that's a known problem but they gloss over it. – Sam

I want to get out and see the kids, we want to get out and respond to stuff, we feel tied to our desks. – Lou

7.2.4 Effect of system difficulties on caseworker wellbeing

When discussing impacts on wellbeing, many caseworkers stated ChildStory is having a negative impact on their wellbeing, or the wellbeing of their peers.

As far as impact on workers' wellbeing I would say in the last two years because it came in – in the last 12 months at least that would be the single most impacting. – Morgan

That is not user friendly and has created a lot of angst and a lot of anxiety, in particular, one colleague in my office, she was on two weeks' stress leave and that was partly because of ChildStory. – Ash

It's demoralising ... from what I'm hearing through the grapevine, quite a few people are taking psychological leave because of ChildStory. – Chryst

It's something we need to own and we need to be honest with people and not turn around and say, oh, caseworkers, they're exaggerating, or they're making it up, which is kind of the message that got put out there, that it wasn't that bad, but it was pretty bad for us – for us that use the system. – Jules

It's caused so much anxiety for so many people and still does. So a lot of people's mental health has actually suffered from the new system. There is no acknowledgement around that. – Brooklyn

The frustration experienced as a result of the implementation of ChildStory was apparent across the entire sample, and appeared to strongly influence responses regarding caseworker job satisfaction.

7.3 Work-life balance and family friendly flexibility

The other side of the 'workload coin' is work-life balance and the impact that heavy workloads have on caseworkers' capacity to manage family and home life outside the work environment. Work-life balance and, particularly for the highly female-dominated group of FACS caseworkers, family friendly flexibility, is an important element of workplace wellbeing. As noted in Chapter 5, caseworkers identify that time with their friends and families is an important release from the stresses of the workplace and can be restorative for their wellbeing:

But because I had my own life at home and I want to protect that, and that's my happy place, so yeah, I had to put in those boundaries so I wasn't working when I had the kids, and you know, when I was with my kids, and I was able to be a mum, and then come to work and do my best casework. – Alex

However, there is substantial data indicating that many caseworkers are struggling to achieve a sense of work-life balance. Other caseworkers acknowledged that difficulties in their family and home life could impact on their workplace wellbeing:

If you don't have support it can take a toll and I mean it depends on what's going on in your own personal life, it's just the work and personal life balance; so if things were going on in your own personal life it could impact on your work life. – Loretta

For most caseworkers the greatest challenge was to prevent work from impacting on their family life, whether through long hours in the office, taking work home, or even an overall pressure to get the work completed:

That pressure to get work done that you actually lose that balance for yourself ... where you can also have your own life outside work, where the managers will tell you, 'Yeah, we know', but then at the same time, you know for sure there is the pressure that they want you to get work done. – Niall

For many staff, a key reason for working with FACS was that they felt that an organisation that is so externally focused on supporting families would be understanding of workers' family needs, and would provide flexible work, access to carers' leave and a capacity to work part-time, allowing them to develop a sustainable career that could evolve with their needs and those of their family over time. However, many participants expressed disappointment that the Department had not lived up to their expectations. While the Department has extensive family-friendly policies, it is not always easy for caseworkers to access these entitlements when they most need them.

When I took the job, we were both told that it's going to be a very family friendly and flexible arrangement, and whatever, and so, now he's like, 'Oh, this isn't what we signed up for', you know ... they make it sound so beautiful and easy, and family friendly, and meaningful, and stuff like that. So, yeah, it's harder, it is busier than I could have ever, ever imagined, yeah. – Alex

One participant noted that although she had accessed flexible start and finish hours in the past, a new manager had declared that there would not be access to flexibility in working hours in her office:

There's also the non-flexible working hours as a broad issue. We are not allowed to work flexible hours at all ... absolutely not happening. Same director sending emails out to people who are requesting 8:30am to 4:30pm – it's pretty wild. No ... we work 9:00am to 5:00pm. I don't care about your kids. I don't care about your families ... the original MCS said, 'Look, if you need to get your kids, your jobs going to be hard enough as it is, I'm not here to make your job harder. As long as you do your home visits and do your work and you're on top of your stuff – if you need to leave at 3:30pm two days a week to get your kids – we're the Department of Family. Go ahead.' We have flexible working options for a reason. He ... he told me that there were no flexible options, that our office hours were 9:00am to 5:00pm. That I'd need to be there then and if I wanted a job where I wanted to be a mother, I should find another job. – Rory

A number of caseworkers identified that with the high intensity of the work, greater access to part-time work would help them manage the demands of the job with their family responsibilities.

So it is very difficult and, for me personally, there isn't an option to be part time, there's not an option at all for workers unless there's a significant health reason and there is no flexibility, so if my children, one of my children was ill last year and I argued to try and stay on part-time for a little while and that was knocked back, so there's a fair few people that have tried that so that you can have wellbeing and work balance and it's not an option. So you either resign or you... – Terry

Access to part-time work has also been seen as a source of unfairness or poor transparency in the organisation, when some workers are able to access it, but others are denied access:

Look, I know that I feel that the balance between home and work life isn't there and I've spoken with my manager about this and I feel like if there was more opportunity for part-time work, then it would be – I would be so happy ... Yeah, and I'm also recognising that [with two school-aged children] this is probably one of the busiest times of my life, so yeah ... So I guess, for me, a big thing has been if it was part-time, that would be – if that was offered, that would be fantastic. I think that would...

Q: And at the moment it's quite hard to access part-time work within the Department, is it?

Yeah, the only – there's fairly clear reasons or allowances for part-time and that's parental leave, if you're heading towards retirement, they're the two main ones. Leave without pay is very difficult to get and there's no – you can't work part-time, but I do query that a little bit, I think there has been perhaps some – depending on, people can be subcontracted for things and I have seen people subcontracted for substantial periods of time and they used to be full-time and I just kind of wonder if there's a little bit of jobs for the boys or jobs for the girls. – Tina

A lack of access to part-time work is cited as one of the key reasons why caseworkers 'burnout' and decide to leave the organisation. Lack of access to part-time work can exacerbate turnover rates and shortages in staffing, particularly in regional areas. Another key point of friction or tension in particular offices surrounded access to annual leave, carers' leave and flex days, particularly when caseworkers wished to access leave to meet family obligations:

I have to fight for holidays, I have to fight for flex days, I have to – there's no caring for any worker in our office. – Joe

As discussed in relation to workload in Section 7.1 above, others struggle to take their leave due to the high workloads and the lack of relief or support during leave.

7.4 Recruitment and retention

Recruitment of good quality, resilient staff is an important foundation for the functionality of the organisation. FACS has a range of recruitment strategies that recognise the challenges of recruiting a state-wide workforce in urban, rural and even remote locations. Recruitment needs to be a continuous process given the high levels of staff turnover and also needs to be supported by training and development strategies, as will be discussed in Section 7.5. However, it is not sufficient to address recruitment in isolation. The organisation also needs to improve and further develop its retention strategies. Having a good understanding of what motivates caseworkers to leave the organisation and what motivates them to stay is important for the development of a more strategic approach to retention. This section explores caseworker attitudes to recruitment, their reasons for leaving the organisation and reasons for staying with the organisation.

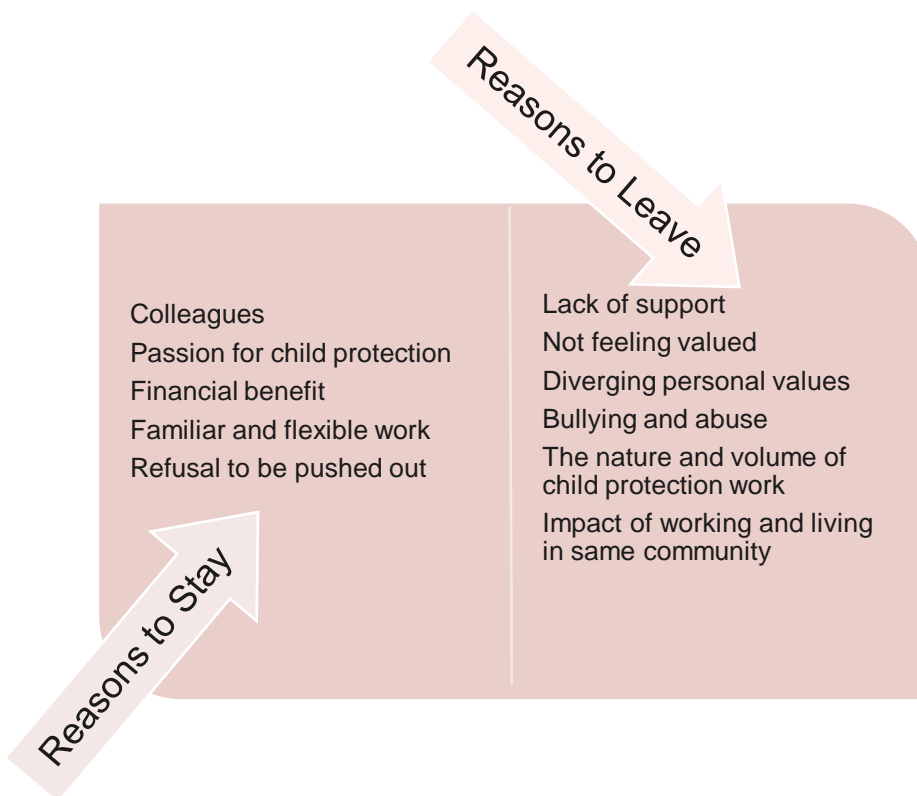


Figure 7-2: Reasons for Staying and Leaving

7.4.1 Recruitment and retention struggles

The struggle to recruit caseworkers was widely acknowledged by staff in a range of districts:

We've always had vacancies, and high vacancies. – Dave

It is [hard to staff], and I think the reason being is because it's hard to find staff in regional areas. – Ash

The continual need to advertise, interview and train new caseworkers is understandably a burden on the organisation, and FACS is therefore invested in recruiting caseworkers who are capable of and committed

to the child protection roles they would fill. Caseworkers agreed that it could be a challenge to recruit people who were resilient enough to handle the abuse stories so frequently heard. Some staff wondered whether such resilience could be screened for during the recruitment process. However, others thought that there was nothing more the recruitment team could do, as a person could only be sure of whether their personality would suit child protection work by trying it:

I do feel that a lot of people go off on stress leave and things such as that, and I think there probably should be more screening or something more so in the beginning. Like no-one is forcing us to do this work. If we can't kind of deal with the nature of what the work involves we may not be suited to the roles, and I do see that a little bit and certainly people who they can't just deal with what we have to talk about all day and I totally respect that, and I don't think that those people should be having to do a role like this. They should be kind of supported to really understand what the role would look like and make up kind of the decision – are they suited to this role? – Cam

There's only so much you can do to prepare someone and it does come down to a little bit of their own self – their personality and there's only – you can prepare people for what they're going to hear and you can give them the strategies to cope with it but at the end of the day, I don't think the job is going to suit everybody. – Laura

Caseworkers also reported the struggle of retaining new caseworkers. It was clear that part of the understaffing state-wide was due to the continual revolving doors of caseworkers as employees left the Department just as fast as they came in.

The turnaround is crazy. – Lesley

In one office ... in a space of 12 months they lost 26 caseworkers, which is quite a lot, and it quite a significant number for a 12-month period. – Quinn

I mean there's a huge turnover of staff in child protection and that's been happening for a very long time. – Jill

I'm sure you guys are very aware of the high turnover of staff members. – Riley

You're lucky to get a person in the job for 12 months. They come in out of uni or wherever they come from, they're done with 12 months, two years max. That's it, gone. – Bill

Some caseworkers proposed that the struggle to retain caseworkers could be related to the recruitment process. Participants reported that the experience of going through the recruitment process was often quite removed from the realities of FACS and therefore set caseworkers up with unrealistic expectations before they started. This could be in relation to how well the Department promotes elements of the organisational culture (as discussed in Chapter 6) such as communication and values, or the nature of the work (as discussed in Chapter 4) such as the extent to which caseworkers would be required to be involved with families or the level of administrative functions in the role.

When you go to the assessment centre, they don't really prepare you for what the job is like at all, and then you come in the deep end once you've signed on. – Jules

The actual entry in FACS was wonderful and the whole process of being – the interview process, the how they kept in touch with me. It was wonderful. I thought this is precision, this works like clockwork ... I was really, really impressed with that. And so I guess I thought that's what the whole experience would be, and it's not. – Peta

Clients and colleagues also suffer the impact of caseworkers leaving the organisation. Participants indicated that for the clients, the constant change of caseworkers undermined the restorative work being done, created instability in an already unstable and trauma-filled environment and prevented remaining

caseworkers from building strong rapport. Caseworkers even reported carers and clients complaining about how the retention struggles of FACS impacted them and their children. Some caseworkers felt that the number of changes some clients had gone through directly relating to caseworker staff changes was bordering on unethical:

I've got a family on my case load at the moment, five children in the family, grandma is the one that has been, I think she's had the kids in her care now for three years ... I went out to do a family visit not long ago, a home visit, she said to me, '[Ash] I couldn't tell you the amount of caseworkers that I have had', she said, 'in the time that I've been carer for these kids'. I couldn't go there and tell her, 'I'm really sorry, but I'm going too'. So people lose faith in the Department. – Ash

In my teams, one group of families have had – are up to their fifth caseworker in a year. – Rory

The resignation of caseworkers had a great impact on the wellbeing of their colleagues as well. Caseworkers spoke of how being understaffed meant that remaining caseworkers had to carry more cases and cover for the missing employees for extended amounts of time. Staff highlighted how, even when a new caseworker was recruited, they were not meant to handle cases until after their CDP was completed, meaning 4-6 months would often pass before the caseworker who had left was properly replaced. In the interim, established caseworkers were expected to carry the workload of the office. Some staff reported that this was an unsustainable and unrealistic demand placed on staff and had a domino effect of someone resigning, the remaining staff having to work harder, which burnt them out and made them leave, which placed even more burden on remaining staff.

There's been a huge turnover in caseworkers at our office probably in general, right across the state. Going back six or eight years ago, we had around 50 caseworkers, we've now got about 26, so it's like halved, but the workload has tripled, not just doubled, it's tripled. – Marty

Sometimes you're so short ... because you're not allowed to go on home visits alone, you're so short that you're not able to go on home visits for two or three days and you miss that deadline ... There's a gap from when one person leaves ... to fill that space, it takes quite a while and before that happens, there's that period where things are down two to three persons ... two people have left a team of six, because usually it's six caseworkers per team and you've lost two people, the workload is still the same, so the office could be, say, down four to five caseworkers for two to three months, the workload is still the same ... So the four people that are left on the team would have to pick up the extra work that those people left and then the pressure on them is like, they're expected to get all that work done, even though it wasn't even theirs. – Niall

Not only did resigning colleagues mean more work for staff, but it meant that working relationships and team rapport were inhibited. Two caseworkers spoke of the diminished brainstorming ability and encouragement of the team when teams of caseworkers were dissolved and reassembled due to caseworkers leaving. This meant that trust, comradery but also productivity and effectiveness were impacted, all of which then impacted on caseworker wellbeing.

You can't get used to people there. There was this quite revolving door of people coming and going, coming and going, so it became more normalised now that people, so you really, you would have this good relationship, this good work relationship with someone who you're able to work with really good and they leave, you're not able to build that relationship. – Niall

We've had some really positive wins as a result – but behind that has been a real strong working team that are all working towards a common denominator ... that team was consistent. We didn't have high turnover of staff. – Ash

The resignation of managers was also mentioned by a number of caseworkers as impacting on their wellbeing and ability to do their job. While manager consistency and its impact on caseworker wellbeing is reported elsewhere in this report, it is worth noting that some caseworkers believed the resignation reasons of managers needed to be explored more fully if the Department was to learn how to recruit and retain their staff.

One girl has been there for five years, I think she's had 14 different managers. If you've got turnover of staff to that degree, that in itself tells the story, but nobody ever does the analysis so they just go, oh, yeah, we'll just put out for a new Manager Case Worker or we'll just put out another recruitment. – Ash

7.4.2 Reasons to leave

Caseworkers interviewed reported various reasons why employees had or would leave FACS. These reasons, unsurprisingly, included cases when staff could not handle the nature or volume of child protection work, but also included bullying and abuse, not feeling supported or valued, and disagreeing with the direction or actions of the organisation.

7.4.2.1 THE NATURE AND VOLUME OF CHILD PROTECTION WORK

For some, the decision to leave FACS was largely influenced by their difficulty in coping with the content, volume and type of child protection work that was required of them as a FACS caseworker.

While most caseworkers interviewed reported having realistic expectations regarding the content they would be exposed to in their job, this was not the case for others. Staff reported that for some – particularly new graduates and young caseworkers – the frequent stories and scenes of abuse were too much. Caseworkers could become overwhelmed with the stories they heard, and their wellbeing was impacted. Those who were not supported to develop resilience skills were often quick to resign:

I've observed colleagues around me who haven't managed so well with that stuff ... not managed well and left or you know had breakdowns. – Morgan

They just leave – they just can't do it. So sometimes you will have a high turnover of work than other people, then you will get the ones that stay. So it doesn't suit everybody absolutely. – Brooklyn

I mean some people just can't do it, I've seen people come and go, who just can't do the work, they're just not suited to it. – Jill

Given that you're dealing with babies and kids and very dysfunctional families. You walk in there and it's, you see horrific things and – and a lot of the staff are young. They, a lot of them are straight out of Uni with some work experience of six months or a year and for them to see those kind of situations can be quite overwhelming and that it's going to stay with them for their entire life. So I think that, that's the scary part as well. – Lesley

One caseworker indicated that those who left FACS because of the content of casework were often more affected than others because they personalised the stories they heard and began to see their own families differently. This lack of separation between children at work and their own children meant caseworkers found it harder to switch off at home, which sometimes led to them becoming overwhelmed and resigning:

I think like if people are personally affected at like a personal level like if hearing stories or responding to matters make them think of their own experiences of abuse or like they can imagine it's happening to their children I think probably that's where they need to be able to separate from their own experiences to doing the work that we do which isn't about them as people. – Cam

Some caseworkers were not troubled by the content of child protection work but were overwhelmed at the volume of work in their jobs. While the impact that workload has on caseworker wellbeing is discussed elsewhere in this report, it is worth noting that the copious amounts of paperwork, court work and assessments, coupled with regular after hours and on call responsibilities, influenced some staff in their decision to leave.

We've had people that have just left their career, because it's just too much. They're too stressed, they're too overworked. – Alex

Q: What were some of the factors that precipitated the move?

A: Look, it was the workload, I'm not going to lie. The workload got too much ... while you're doing your own work, you also have to be secondary, so you're basically out of the office, going out and responding with other people, you spend half the time – then you're expected to write your safety assessment, get everything done, make sure it's on the system, get ready again for the following week for another two, and it was just too much ... there was quite a lot of people leaving. – Niall

Yep, [the work] was the easy part. The hard part was the office stuff ... that is what makes the case where a worker leaves, not the actual working with the families, it's the back stuff. – Quinn

The feeling of being overwhelmed by work was not uncommon among the interviewed caseworkers, but for those in rural settings their isolation compounded the problem. For caseworkers who needed to travel to clients or who had to spend more time with families because of a shortage of services, staying on top of their workload could easily become impossible. Caseworkers reported seeing colleagues crumble under the never-ending workload, which was often quickly followed by their resignation:

And caseworkers in Western don't have this organisation, or that organisation to assist them or fall back on, they're by themselves, and they're dropping like flies. – Joe

Eventually the travel just gets to them really. So they travel let's say an hour-and-a-half, maybe a little bit more, you know one way and eventually I think they just feel too tired but it just gets to them and they just can't do it anymore. – Sidney

Aside from the nature and volume of work at FACS, the type of work that caseworkers spent their time on was a potential reason to leave. Staff reported that, for those who wanted to do long-term, hands-on family interventions, the crisis-driven casework at FACS was not enjoyable. For some, they planned to leave FACS' child protection lens and move into the family work of other organisations:

I know I'm not going to stay with FACS for very long ... cos it's not the work that I want to do. I want to do a lot more therapeutic intervention with families, so that's where I'm going to be heading. – Ellen

7.4.2.2 BULLYING AND ABUSE

A number of caseworkers interviewed reported experiencing bullying, harassment and abuse at FACS. The hostile working environment and mistreatment from managers was reported as the reason for leaving FACS by some ex-caseworkers, and others indicated that many colleagues had resigned to get away from the politics and poor relationships in the Department:

Two from my CDP have already left and on both accounts it was bullying. – Ash

Caseworkers spoke of staff refusing to put up with the abuse they experienced at FACS and choosing to move to other organisations within the community services sector that were more focused on supporting families:

*It just gets worse and then people go, I'm not getting paid enough to deal with this shit. I am out of here. I've had enough. And now there's a lot of community organisations that offer various programs like Brighter Futures and – so, there's a lot of NGOs that offer similar programs. So, we all just go, f*** this place, I've absolutely had it. I'm out of here. – Blake*

They're highly educated but then when they're facing these challenges with less protection, coping abuse left, right and centre, they're making decisions to find much more straightforward jobs. – Lesley

When I started ... that MCS role changed to a new person and [they were] a tyrant. And so, I've suffered under three-and-a-half years of the most awful bullying you can possibly, probably imagine ... [since] I started, every single person who worked in that Department when I got there has since left. – Rory

Bullying and its impact on caseworker wellbeing is discussed more fully in Section 6.5 in this report, but it was clearly an influential factor for caseworkers when deciding whether to remain in their job.

7.4.2.3 LACK OF SUPPORT

Many caseworkers interviewed felt that the retention of caseworkers could be improved by increasing the support given to staff. Caseworkers reported limited opportunities for mentoring, debriefing and organisational support, which meant that many caseworkers felt isolated in their work and insufficiently supported in difficult times. Staff reported that the anxiety and stress that resulted could influence one's decision to leave FACS.

So they had five new staff, one of them didn't get through CDP, they had four there and everyone was gone after 12 months. There was no support place put in place for them, they did all the recruitment, trained them up, but they didn't have a senior caseworker there as a mentor or any[thing]. – Dave

I mean some people just can't do it ... but then there's other people that come in that I see that just aren't supported, and that's why they leave. You need support to know what you're really doing. – Jill

Participants felt that a lack of support was particularly destructive for new graduates and young caseworkers. It was reported that when colleagues and managers were too busy to provide support and mentoring, these new caseworkers felt more stressed and overwhelmed. These new staff were often given full and often intense caseloads immediately after finishing their training, which compounded their stress and often led to them leaving:

Caseworkers sign up for a job that a lot of them have studied really hard to be in and then they're set up to fail, which is what I see a lot of ... how do you expect a new caseworker to have 21 kids on the case load with no support? And caseworkers – they might have a few minutes to explain to you but they're under the pump themselves, so when you don't get the support and the expectation is that you will just know it because you've done your CDP training, I am not surprised of the high turnover of caseworkers. I'm not surprised. – Ash

I'm sure you guys are very aware of the high turnover of staff members, and I think that's particularly the case for new workers, they come in and they kind of get a full case load before they are fully ready and they get very overwhelmed and feel quite inexperienced with everything and very stressed and they decide this job isn't for them, and they decide to go elsewhere. – Riley

7.4.2.4 NOT FEELING VALUED

Caseworkers indicated that it was important to them to feel valued as employees and as practitioners, and therefore feeling disposable or underappreciated made them desire to look for employment elsewhere. Many caseworkers felt that FACS did not value their caseworkers in word or action – instead, they reported experiencing FACS management treating employees as dispensable.

The manager at the time told the colleague and said, look ... there's about a hundred or so other people waiting to take your place. That's what the manager told [them] ... you tell them there is also a hundred people or so waiting to take their place. It's – they don't value, and I think because there's that idea that, well, we can always take people from the pool so you can leave if you want to leave. – Niall

Manager Client Services don't seem to care if there's a churn, they just get another worker. And if that chair's vacant for a while, well it saves them on their budget, that's a cynical view of it. – Dave

Some caseworkers felt so offended at the lack of value and appreciation they received at FACS that they were willing to take pay cuts with less flexible working arrangements just to work in an organisation that would make them feel respected:

I'm exhausted, and I'm sick of being made to feel like I'm incompetent when I know that I'm not ... a job came up, I applied for it, I got it, and I just thought, yes, there's a downside of it, I'm going to be travelling longer, I don't get flex days anymore, it's not going to pay as much, but hopefully there's going to be less stress and more opportunity to, I guess enjoy my work, and actually see myself doing things, rather than just being constantly told, you're behind in this, you're behind in that – so, really that was what made the decision. – Charlie

Numerous caseworkers spoke of senior staff no longer being valued, but increasingly being pushed out to make way for younger, cheaper workers. These caseworkers felt that the Department had decided that the experience and expertise of senior staff were no longer beneficial, and had instead started to value flexibility and IT skills. Senior caseworkers reported that feeling devalued made moving on very tempting, particularly when underappreciation was accompanied by bullying, favouritism or ageism. For one of these senior caseworkers, the ageism seen in the Department was telling of a more subtle move away from experienced senior staff who may challenge the status quo in preference for younger staff who are more likely to be compliant:

They were always looking for people that they could mould in their own image. Okay. Even though they were employing people with experience from all sorts of backgrounds – education, health – whatever you might – they really didn't want those people because those people had been out there, had been exposed to different workplaces, had more maturity, had more capacity to express themselves, argue their position. That's not what this organisation wants. – Bill

7.4.2.5 DIVERGING PERSONAL VALUES

The interviews indicated that working within their personal ethics and values had a positive impact on job satisfaction, and therefore it was unsurprising that caseworkers who felt they were being asked to work against their beliefs considered this a reason to leave. Some caseworkers felt that the direction of FACS as an organisation was no longer in line with their values, and did not want to remain working for an organisation that acted in a way they felt was unethical. These questions and the accompanying ethical tensions were expressed by numerous caseworkers, but are illustrated well in this comment:

I see no future for this organisation. Not for myself, but for anyone. I think it's just failed. It's become too private focused and negating its responsibility to the community. Yeah. There's too many vested interests in the system now and it feels like it no longer belongs to the community. It seems like it belongs to other entities that are all hidden and smoked ... looking back to looking now, as a general statement, FACS has been a pretty poor employer ... it's been a disorganised – I would say – organisation. It's been poorly funded, poorly managed. I think often lacked direction. And I think when – it's in constant change as well. So, just when a new system is put in or trying to understand a new system, they would bring something else in. So, there's this constant change within the organisation and – yeah – which I think is disabling for a whole lot of reasons ... I think people don't have clear vision of

where this organisation is going or what its purpose is anymore. And I think that's been lost along the way. – Bill

Others were not as ambivalent but had 'voted with their feet' and resigned. No longer being part of an organisation going in a direction they did not approve of was freeing for them and gave relief from the ethical stress working at FACS had caused them.

When I left the second time, it was the – I don't agree with this reform, I don't agree with how they're rolling this reform out and what it means for children and families, my ethics don't align with the agency's ethics anymore, I'm leaving. And that was really key for me. – Oli

I just thought, this place is crazy. It never gets any better. I'm going to go on and do something – and I've always thought about doing fostering ... maybe I'll do it from that end rather than working at this crazy organisation. – Blake

7.4.2.6 COMMUNITY FACTORS

For one caseworker, the small community she was in meant that her employment at FACS was common knowledge. This made it almost impossible for her to switch off or leave work at work, rather she was constantly talking to or being questioned by her community about FACS' actions and cases involving community members. The constant community pressure was a factor in this caseworker leaving FACS:

It does take a toll on you; you live it, you breathe it and then your work; I don't have a break from it. And I think that's what made me leave last year too because I do need a rest even though I'm an Aboriginal caseworker for Family and Community Services, you'd go to things and you'd have family members ring you up because they knew you work for FACS, I need to ask you because my cousin's little girl – you know, all these questions and stuff; so you didn't have a break, you don't switch off ... I think that's what a lot of people didn't understand that in the workplace. – Loretta

7.4.2.7 CHILDSTORY

While the impact that ChildStory has had on caseworker wellbeing is discussed above in Section 6.6, one caseworker indicated the problems with the program made him very strongly want to resign. These problems included the amount of work he had to re-do and the continual failings of the Department to fix the program.

And you had this thing sitting there that was just tormenting you, driving you spare. So I was quite happy to, I was going to leave ... up and walk ... simply because of ChildStory. – Dave

7.4.3 Reasons to stay

Caseworkers interviewed also reported various reasons why employees had chosen to stay at FACS. The choice to remain with the Department was often multifaceted (as seen in the below quotes), comprising a combination of passion for their clients and work, friendships with colleagues, financial benefits and an appreciation of flexible working arrangements. For some, they stayed because they wanted to leave on their own terms.

Q: Why do you stay?

A: Because I have a mortgage, as of today. I stay because I feel very strongly about the wellbeing of the children at the core of the whole thing. Because I'm good at my job. Because if people like me who are bright and intelligent and motivated, and care don't do the job, who's going to? – Rory

Three [things]: it's the families that I work with, or that I was working with, and knowing that if I didn't leave – or I should say, if I did leave, then who would be supporting them? Caseworkers that are already

overwhelmed and stressed themselves, and have got high caseloads, or would the matters be closed, because there was no-one there to pick up the pieces in a timely manner, to take the time to recruit and get a caseworker in, so I wasn't prepared to leave the families high and dry. It was also the relationships I had and friends I had in the office that were going through a similar thing, that I wanted to be there to help and support them, even though I was struggling to help and support myself, we were a team, we were a unit, or a few of us, so we were in this together. And ... my own determination or stubbornness. I wasn't going to be the one to let my manager win. I'm going to give her the satisfaction of me walking away. Nup, I wanted to be the one to say, you're not going to beat me. May have been able to do that to others, but you're not going to succeed. – Quinn

7.4.3.1 PASSION FOR CHILD PROTECTION

It was clear from the interviews that FACS caseworkers are passionate about child protection and serving the children in their care to the best of their ability. This drive to protect their clients and work to keep families together was cited by many caseworkers as the reason they remained with the Department. For these caseworkers, the stresses and disappointments of their role could be tolerated for the sake of having good client outcomes.

I'm actually very passionate about what I do I think and that's what made me stick at it ... I did make little wins along the way. – Loretta

If I'm able to help a family out to get back on track and back to who they were or finding their strengths and – and making it a safe place for the kids to live in. That's – that's biggest achievement you have. – Lesley

I have always liked working with people and I do have the can I save the world complex, unfortunately. – Terry

I ended up staying because I really started to enjoy the work that we were doing with families. – Jules

Some caseworkers felt that they understood their clients and why they were the way they were, and felt unsure that their replacement would feel the same. Working with families and being part of seeing real change was considered a privilege, and a strong motivation to stay at FACS:

I love when I am closing a case and I have been introduced to some mother who has got a shocking drug problem and it takes over her life and the kids are being neglected and we go through the to's and fro's and we eventually get to rehab and we get through this process and I see this functioning family, and it might not be poster family but it is very functioning compared to what it used to be. That's what I love about my job ... I haven't met a kid I didn't like and some of them are little bastards – dead set little bastards, but they're just kids, and the little bastards didn't choose the situation they're in. All the circumstances are all out of their control and they have survived and done what they have done and that's where they are but you've still got to love them because they are surviving and they can be very difficult but it wasn't their fault – it is not their fault. – Sam

7.4.3.2 COLLEAGUES

For some caseworkers, the reason they remained at FACS was because of the relationships they had formed with colleagues. These caseworkers felt that being 'in the trenches' alongside their peers developed strong friendships that they did not want to leave. While some could not imagine working without their colleagues, others could not think of resigning because they knew their colleague's workload would increase in their absence.

I definitely think the relationships that you build along the way. Like I was saying before, I have got a lot of close relationships in this office. I've got probably my best friend I would say – she is my best friend. She works in this office and then I've got other good friends as well. – Riley

My colleagues: I stand in absolute awe of them. Of all the shit they throw at us, they are dedicated, motivated. They are super-human, miracle workers. They are talented, imaginative. They are good people to work with, really good people to work with. – Joe

7.4.3.3 FINANCIAL BENEFIT

For a handful of the caseworkers interviewed, their financial restrictions were the primary reason they had not left the Department. These caseworkers felt that FACS paid them better than other organisations, and their mortgage and lifestyle was reliant on the wages FACS provided. For these staff, the monetary rewards of working at the Department were what kept them there:

No-one wants to be there but because they've got bills and everything else. I'm lucky that I didn't have a home loan because I would probably still be there. It's only because I don't have a home loan that I left because I didn't have that responsibility hanging over my head. – Rani

I think for us, it's financial really, it comes down to that. It's a well-paying job and it's a job that I know that is quite stable generally. – Terry

Q: Maybe you could tell us why you're still there...?

*A: Handcuffs. Golden handcuffs ... an NGO probably wouldn't pay me enough money. I'm f***ing trapped there, and I hate it ... Off the top of my head, I can't think of anything that's good. I go to work every day, I turn up early every day, and I leave bang on time every day, and I wouldn't be there if I didn't have the golden handcuffs. If there was somewhere else I could be, that's where I'd be. – Liam*

One caseworker thought that financial incentives would be a way of reducing the recruitment difficulties experienced in the Western region. He thought that a more attractive package might tempt caseworkers to move to rural areas and take the positions that require more travel:

I've got a push in to get some workers out in those areas because it's very hard to get people out there and to stay there. So I'm asking them to incentivise, looking at incentivising like they do with police and nurses and teachers. – Dave

7.4.3.4 FAMILIAR AND FLEXIBLE WORK

A couple of caseworkers reported that the comfortable familiarity of FACS and their flexible work arrangements were reasons to stay with the Department. The regular flex days and office hours were very beneficial among caseworkers who had family commitments or wanted to avoid shift work.

Oh, look, it's a huge incentive, I mean, I didn't have it in my previous role. Whatever you worked overtime, it was tough, you lost that ... a few of the girls and I here, we say we'd never leave the Department because the benefits are just so great in terms of getting that flex overtime and even just flexibility with our working hours, being able to leave early for a personal appointment or come in late, that sort of thing, we're really good with that and I think that's really important ... it's a very attractive component of the job. – Courtney

I think the pay is good, the conditions are pretty good, it's pretty good to have a flex day once a fortnight ... it's not shift work so I would be comfortable staying here. – Cam

A big part of it's convenience – seems to generally work well for the family. – Lou

One caseworker reported that the reason she stayed at FACS had to do with the Department being a known entity. She felt that, despite all the troubles and stresses at work, she knew what was expected of

her and feared starting at a new organisation without knowing whether she could do what was required. The familiarity of FACS, while difficult much of the time, was comforting.

It's a known quantity and I'm really at a point where I know what I can do well in spite of all the frustrations that this work has, I know I can do it ... it's still better than working in NGO ... I say things like lesser of two evils or known quantity and better the devil you know. It's that sort of stuff for me. – Oli

7.4.3.5 REFUSAL TO BE PUSHED OUT

For two caseworkers, the need to leave on their own terms and the refusal to give in to bullying was reported as the reason they remained with the Department. These two caseworkers had experienced bullying at the hand of their FACS managers but refused to be pushed out of the Department. It was important to these caseworkers that they were not made 'a victim', rather they wanted the choice to leave FACS on their terms. These caseworkers spoke of being stubborn, resilient and determined to not quit in response to bullying, and therefore could be sure they did not let their managers win:

I was close to walking ... But I think in the – I didn't want them to win, I didn't want FACS to win, I didn't want FACS to beat me, and I wanted to say to myself, I can do it, I can handle it. I can handle it, it's not me, it's them, and I'm not going to let them make me leave, because that's what they want, and I didn't want to give FACS that satisfaction. – Quinn

For ... years I've worked in an office with [a particular manager] being the upper-level manager and decision maker for families and wellbeing of children and wellbeing of staff and it's been absolutely miserable to be singled out and bullied. And the reason I've stayed in – so, the reason I've stayed was to spite him, pretty much. I refuse to be removed by him. – Rory

7.5 Training and development

Almost all the caseworkers interviewed mentioned some form of training that FACS offered them, either when they initially entered the role or during their time as a caseworker. Many staff indicated that they were required to attend training frequently, but that it was more often focused on administration and compliance topics rather than training relating to their professional development and casework. They felt that the frequency of training compounded the workload stress felt by caseworkers, and the training itself was often delivered poorly. Many caseworkers also spoke of the inadequacy of the Caseworker Development Program that new caseworkers complete and the need for on-the-job mentoring.

7.5.1 Caseworker training

7.5.1.1 MANDATORY TRAINING

Many caseworkers reported that the frequency of mandatory training had an impact on their wellbeing. While specific training schedules did vary between offices, it seemed in almost every location that training – whether in a new FACS policy/framework, ChildStory or in a specific modality or topic – was regular.

The training is fairly regular. Like various kind of things that we have to attend so I would probably say like I would say at least once every two months something comes up like a training that we need to go to. – Cam

Honestly I think we're being trained out, the amount of training that we're doing now is absolutely mindboggling ... our calendars have had some sort of training nearly every week or every second week for something. – Marty

The exception to regular training appeared to be the helpline, where a caseworker reported that they had received very little training in the almost 15 years they had worked there. Aside from their initial training, the caseworker could remember only occasional incidences of mandatory training – one day of drug and alcohol training over a decade ago, a couple of hours of sexual assault training and some training in FACS computer systems. This caseworker had felt so ill-equipped that her practice was full of anxiety and she was constantly stressed, feeling that her lack of knowledge and training would lead to a fatal mistake. This caseworker has since privately organised, attended and financed training to ease her anxieties, but felt that regular and updated training on relevant issues was lacking at the helpline.

While such regular training provided many opportunities to upskill, most CSC caseworkers indicated that the frequency of training was actually a stress for them, as it often took them away from their caseload but was not factored into their workload and not considered an adequate reason for not achieving their targets. Caseworkers expressed frustration that the Department was consistently overloading caseworkers with tight deadlines, but then also pulled them away from their desks for such regular training, making keeping on top of their workload harder. This problem was compounded when travelling was involved, which is often the case for rural staff.

There is lots of mandatory training in the department. They are forever rolling out new stuff and new systems, new programs, new trials and it becomes training or mandatory briefing. So there is a lot of that and the balance between that and allowing caseworkers just to get on and do stuff that they've got to do to meet their targets and their numbers. So that's one of the things that stresses and unites and caseworkers and managers is they feel like they're just told they've got to get on and do all these home visits and their safety assessments but then they get told you've got to be at [location 4] for a whole day of training, which they see as irrelevant, and so that's two hours in the car up, several hours in the session and then two hours in the car back. – Morgan

I must admit, there's so much training ... so, what was happening, because there was so much training that was a matter of stress, because while you were doing the training, your caseloads were still building up. They didn't stop ... so it was, maybe too much training at one point in time. – Anna

Caseworkers felt that they were rarely given enough notice for training, rather it was announced either the day of or only a couple of days beforehand. This often sent caseworkers into a frenzy of rescheduling home visits and advising clients of when they would be uncontactable:

We get told last minute from the – oh, by the way, there's training on today. Sorry we forgot to tell you, or sorry it's not in your calendar. – Ash

Caseworkers expressed frustration that, despite the crisis nature of their work, training was expected to be mandatory and the first priority of their calendar regardless of the state of their clients. These feelings were even stronger if the training that had made them reprioritise their calendars was considered poorly done or irrelevant to their practice:

A lot of the training is mandatory, so regardless of what you might have had planned that day, like you need to do it, and usually we get a bit of notice on the training but sometimes we might get a week's worth or whatever and then you do have to juggle other things around in your calendar so I guess that kind of comes out of people as well – their attitude around whether they think the training is needed or whether they think it's just another – but that they need to do that's taking them away from their families. It's kind of a mixed review. – Riley

Many caseworkers expressed disappointment and frustration with the mandatory training they were required to complete. These caseworkers felt that the cost of training (e.g., time away from their desk,

increasing their workload and the stress that having an unexpected day of training had on them) was too much considering the quality of training received.

In some cases, this was because caseworkers felt the mandatory training was not relevant to them. Numerous caseworkers spoke of having to attend training that was not designed for their specific role, and therefore felt that their time was wasted by having to practice and hear about elements of casework they were not involved in.

The legal training that we went to it was around processes that we honestly do not and never will do at JIRT ... we as JIRT workers, we probably don't need the same training that they might need in out-of-home care or something like that ... To be honest yes it was a waste of my time ... a whole day of training where you are just uploading pretend applications and things like that [that] you know that you will never do. – Cam

Other caseworkers reported that the training was not effective because of ill-equipped facilitators. Some caseworkers spoke of the trainers being vastly removed from the realities of working with people, and therefore struggled to ground the training in a way that could actually be used by caseworkers. Some facilitators seemed to have never worked in the field and even had limited history with FACS. In the opinion of caseworkers, facilitators like these prohibited the training from being practical and useful.

They are often being taught by people who haven't done the actual interviewing for a very, very long time, or in fact ever ... teach us then by all means, I have nothing but respect for them, but when it's people who are just kind of coming from a more theoretical model it can be hard at times to see where they are coming from all the time. [We need] people [who] are like the best in the field, people who are like high highly regarded senior caseworkers or detectives just people who are considered the best in the field. – Cam

The person who did our training had been employed by FACS two weeks previous to the training, and was simply reading through the training book, and muddling through it. – Charlie

Still others indicated that training was ineffective because of how they felt the Department often 'moved the goalposts', releasing new and often contradictory policies or practices. Some caseworkers were frustrated that they were so often taken from their clients to attend training in a particular policy that would be replaced in a matter of months. One caseworker spoke of how her wellbeing was affected when she received what she found to be confusing, conflicting training but was then expected to know and perform the new material immediately.

Then we went and did framework training, which is another frame, like a new practice framework that's coming in, and it almost contradicted the training that we'd just been made to do ... we did the framework training in that thing and we were just like 'What was the point of that, this is completely useless?' And so I feel like they roll out all this stuff to us and say, you know 'We've told you now, so if there's any issues it's on you, we've given you the training'. But the training is inadequate, it's providing incorrect information, it's kind of making people feel crappy about themselves because they're not really identifying where the issues actually are, they put it all on the caseworkers. – Ellen

Ineffective mandatory training can lead to caseworkers not taking the training seriously, rather developing an attitude of nodding along and then returning to work as normal. In some cases, even management seemed to not take training seriously or follow up on changes supposedly implemented in the training. Instead, mandatory training was considered something to get through with little impact on practice afterwards.

I think a lot of the people who have been around for a while haven't done that ... I actually heard someone say yesterday around the interviewing technique that we are learning, is that you just have to go there and say yes and then come back and do it however you want. – Cam

People were able to sit and listen to it but it wasn't put into practice, it actually wasn't absorbed ... I absolutely loved that and took it on board but I'm not sure how many others did or whether it was encouraged, I never ... [heard it] mentioned by management after. – Eden

While caseworkers reported a lack of adoption was in response to poor teaching of practical skills (as previously mentioned), on other occasions it was because they felt they were again being asked to do something they had no time for. Feeling too overworked and under-equipped to implement changes stressed some caseworkers, and they regretted not being able to implement the training they received but saw no way of doing this under their current workload.

In the framework training it was like this is what motivational interviewing is, this is what we do when we speak to clients, this is the way that we're going to write a case plan now ... all these techniques, but it wasn't how we're actually going to do it. And I think that's what's really missing, and I think that's what a lot of people actually, like get angry about or get annoyed about, or brush off training like this and don't really put it into practice, because we're given all this stuff and no-one's telling you how to use it, and how do you use it in an environment where we're already overworked? ... They want us to be a lot more like counsellors, but they're not actually giving us the space or the ability to be able to take those tools and put them into practice ... a lot of people say, like 'How do we do this? You want us to do this but how? How do we actually do it you know?' And they're like 'Well you know, you just have to bring it into your practice' ... no-one can give you an answer, how do I actually practically do these things? – Ellen

It was clearly reported by many caseworkers that mandatory training at FACS is regular but not as effective as it could be. This makes it hard for caseworkers to justify the time they lose from their workload in attending training, and creates more stress for staff and creates a resistance to change rather than facilitating resilience in the face of change.

7.5.1.2 IGNITE

Numerous caseworkers also identified the online 'ignite' program as an opportunity for training. While some caseworkers were appreciative that the program was available, they had critiques of the modules. They felt the content was quite shallow and theoretical. No caseworkers reported feeling equipped to do better work after going through an ignite module; they felt that the lack of practical assessment didn't teach them in a meaningful way. Caseworkers were also concerned that the purely online delivery did not help them learn in a meaningful way, rather they spent all day in front of a screen and received a certificate in a topic that they still did not feel equipped to work in:

They have these computer programs you learn from – I just can't think of the name – ignite is the system. Look they have brushed over some stuff. It's very superficial, basic. – Sam

Basically it's online training. It's a bit of a joke really. You just read through, answer some questions and, bang, you get a certificate, but it's not – for people like me who like to learn kinaesthetically, we learn on the job. – Tina

There's a lot of e-learning, all this stuff on e-learning and you can spend hours on it, but to me it's irrelevant because I don't really learn that way ... how they rate the competency, you do a test at the end of it, it might be half a dozen questions. A, B, C, D or E or true or false there's no, no assessment at all. – Dave

There's been some good internal training, and it used to be really good ... it was really professional. Now this online stuff, crap that they do, it's just bullshit ... We've had people in our office, they've got to complete 10 or 12 modules or something, all day in front of the computer. – Joe

Instead, caseworkers wanted training that allowed them to practice the skills in real casework, and an assessment process that left them feeling prepared to implement their training into their work with clients. However, this type of training would need to be considered in their workload. Alternatively, they suggested FACS could support caseworkers who find their own professional development that suits their needs and learning styles but is relevant to casework.

Yeah, we do, like the things we learn, we learn by seeking it out ourselves, like you know, making our own inquiries, or doing our own research, sort of thing. So, it's just another part of our job, like it would be handy if it was supported that we, you know, could do those things. And it's only going to help our casework, really. – Alex

One caseworker reported that such caseworker-chosen training was available and often approved if they could show how it would benefit them and that it was relevant to and was approved in their professional development plan.

You've just got to identify it in your professional development plan and get some support for that ... once it's identified, like the Department is pretty good as far as training. If it's approved in your plan. Like I've always been well supported. – Morgan

As this was not mentioned by other caseworkers, it is perhaps more available in some offices than others.

7.5.1.3 OTHER OPPORTUNITIES

Other training and development opportunities were mentioned in the interviews and had a varying impact on caseworker wellbeing. One caseworker mentioned that her office had received wellbeing training. While some of her colleagues were positive about the opportunity to speak about mental health and the phone apps presented at the training, the caseworker interviewed had heard these things before and did not feel the training added anything to her wellbeing:

Well, we all did a wellbeing training course recently. I didn't find it very valuable but I think some people did. – Laura

Another caseworker spoke about how refreshed she felt when she got to attend the Practice Conference. She thought these conferences gave her valuable knowledge and ideas to use in her casework, but also found it refreshing to meet with other caseworkers away from her routine.

I've been to three practice conferences in the four years that I've been here, and I just love those. I think they're awesome. – Jesse

A number of caseworkers mentioned how unhelpful the ChildStory training had been, simply because the system was not working well during training or when they returned to their offices. The impact that ChildStory has on caseworker wellbeing is discussed elsewhere in this report, but it is worth noting that caseworkers reported feeling stressed and hopeless when the system did not work even in the training spaces.

The new ChildStory system that we got – we get this training, the system doesn't reflect what the training told us, and also even in training, they couldn't get the computer to do what they were training us to do, on the computer. That's how bad – it's the worst system. – Joe

When asked what training would be helpful for caseworkers' wellbeing, there were a few suggestions made by staff. One thought that she would have less anxiety referring clients to different programs if she herself had been exposed to what was involved in the program (such as parenting courses or drug and alcohol counselling). Another thought that training should be area-specific; Sydney training should not be rolled out state-wide, rather cultural competency courses should be particular to the area where the office was.

Look, to be honest, like when you're coming through, doing your training, I think it would be handy to know what's involved in the programs you're sending your clients to ... [if] you're sending your parents, like I just think you should sit through them yourself. – Alex

It needs to suit the community that each, depending on the office because every community is different ... So that cultural component has to blend in to the community that you work in. So I mean that's what I think, they could do that better. – Loretta

7.5.2 Caseworker Development Program

Many caseworkers spoke of their experience of completing the Caseworker Development Program (CDP) when they started at FACS. Caseworkers reported that the CDP aimed to introduce them to a range of topics that caseworkers would be working with and help them learn casework practice. While participants indicated most of the content is casework-specific, some caseworkers were encouraged that self-care and wellbeing was mentioned in the training, even briefly.

When you first start with FACS you go through a mandatory training called CDP, and then after that ... you're on like an internship, a program, with you and your manager, and they try to give you education and support on areas that you're not really exposed to, like domestic violence or sexual assault, etc., etc. And one of those is self-care. – Quinn

When you do your first lot of training with FACS you go off and CDP training and one of the things you do is they talk about your mental health and signs and not eating lunch at your desk and getting up and walking away, and all those sort of really important things. – Brooklyn

Caseworkers understood that it was FACS policy that caseworkers were to complete their 16-week CDP and be signed off as competent in all areas of work before they were assigned any cases. Unfortunately, numerous staff had witnessed new caseworkers given cases before they had completed their CDP, and in some cases had experienced this premature allocation themselves. High levels of stress were felt by new caseworkers when they were made the primary worker of a case before they had finished their training, as they felt under-equipped to do their job and, in many cases, were still learning what the job entailed. This level of stress on unprepared and often inexperienced caseworkers had a detrimental effect on their wellbeing, and in some cases led to them resigning only months after being recruited.

One of the caseworkers that had only been there for about three or four months, in tears, she says 'I don't know what to do, I've got four cases allocated to me and I'm the primary worker, and I've got to go out and do all this stuff, and I'm still at training' ... policy and procedure in the previous 16-17 years was always you are not to be allocated a case until you've been signed off from CDP ... [but] that's been happening, that's been creeping in. – Marty

During CDP you're not supposed to carry a case load ... but then I got a case load in before I finished CDP anyway. Most people do, even though you're not supposed to. Managers case work will then go to a new person because you want to fit in, you want to show that your worth. So they'll load you up with a case load before you finish your training and I see that all the time. – Dave

The people that go through training – and it's always happened – they're allocated sometimes four caseloads while they're still on training. – Stacey

While some staff were concerned that new caseworkers were being given cases before they finished their CDP, many others voiced disappointment in the CDP itself. Most caseworkers indicated that they felt the CDP content was inadequate in preparing caseworkers for working in child protection and training them in what their role would require; in fact, none of the caseworkers interviewed reported feeling satisfied with their CDP.

One of the complaints regarding the CDP was its largely online format. Caseworkers felt that new staff could not be adequately trained by keeping everything online. Caseworkers reported that the online delivery required them to be good with technology and also assumed that reading copious amounts of information was how they learnt. The online format also divorced the casework training from the colleagues and clients that it would be dependent on. While some caseworkers had seen work arounds that ensured new caseworkers were taken into the field as secondaries or observers, there was still concern about the online reliance of the CDP and its fit with kinaesthetic learners.

Because it was bound to online content, the CDP was not flexible in allowing for different levels of competency of the caseworkers. A couple of staff reported frustration that their relevant work/life experience could not be taken into account when doing the CDP, and therefore they spent what they considered to be far too long on basics of casework that they were already familiar with. This frustration at having to spend hours reading and watching unnecessary content made it difficult for these staff to enjoy their work.

But it's all online. They do sort of online training. Casework Development Program is now largely online, so people who are IT savvy and happy to sit at their desk with headphones on listening to stupid videos and stuff can progress quite quickly through that. I'm not sure it really equips you the same way ... that's something that I don't think they have ever got quite right is the new caseworker training because they get new caseworkers come from all levels – different levels of experience and education. Some just come straight out of uni and some like me who have lived rich and varied lives. So a lot of the time for me the new caseworker training felt like going back to pre-school and getting taught how to suck eggs, but you just put up with it. – Morgan

A second complaint regarding the CDP was that caseworkers perceived it as offering simplistic and often unrealistic solution to casework challenges. A couple of caseworkers noted that they found the program always presented a family or situation with a clear possible solution. By continually promoting cases that were neatly and quickly dealt with, the CDP failed to prepare new caseworkers for the complexities of working with real families. This had an impact on their wellbeing, as they could easily interpret normal setbacks as reflections on their ability as a caseworker.

The training ... didn't prepare me for how full-on it would be ... it wasn't even sugar-coated, it was, like it was confronting ... but in training there was always the solution, so that we got to look at the answer that we had. So, you know, when you get into the job and every single day, every single family is different, and they have different challenges, and you know, keeping up with everything is a huge workload. – Alex

Some caseworkers were also concerned that some crucial aspects of casework were not covered at all in CDP. One caseworker reported being surprised that there was no element of new caseworker training that developed their interpersonal and communication skills. Considering the interactions caseworkers regularly have with emotional, resistant or challenging people, she felt it was important to train new staff in how to listen well, be respectful and communicate clearly. Training them in these skills would mean they were less likely to stumble into a confrontation that would leave them shaken or traumatised – both of which would impact on their wellbeing.

I just think that it's just so essential to learn how to speak to a client ... they have to turn up on a door and knock and then do a crisis response, it's quite concerning that just having no kind of, I don't know ... just not having even the personal skills or the knowledge of how to interact with people. – Cam

Another caseworker commented that her experience of the CDP left her without the knowledge or support to complete all the paperwork and assessments required of her. As the administration burden of the role was significant, particularly in regards to court documents, she felt that the CDP should include specific training on the paperwork that would be involved in the caseworker role. By not having to learn the paperwork for the first time with a deadline hovering, caseworkers would perhaps have less stress related to trying to complete compliance tasks they were unfamiliar with.

I didn't know to write up a home visit – like to their standard that they were looking at, and I wrote some visits from previous caseworkers just to get an idea and compared them. – Taylor

The consensus among the staff was that the CDP simply did not prepare caseworkers to complete their role. The caseworkers interviewed reported that the training was simply too introductory and shallow to give new caseworkers all the skills and knowledge they would need in their jobs in a simple, stepped-out way that gave them the framework to make decisions and progress their cases.

Everything in CDP is just a snippet or an introduction to what the role is. It doesn't give you the depth of what you actually need when it comes time to do that. – Ash

The CDP program itself I think is very poor ... it didn't really give you like how to do your role, sort of like a step by step I guess in a sense. It was kind of like here's all this information and it's just lots of stuff, and just do all these things, and it's like what? – Ellen

It only just brushes the surface. When you do your training, especially when you do your initial training, that is nothing compared to what you actually have to learn on the job. It is just the tip of the iceberg. – Stacey

Oh, God, that's another bad thing, the employment of new staff. As soon as they get that CDP passing, they just get blah, you know. It's like, okay, you've just got a brand new staff member who's never been a caseworker in their life, and you just dumped all that one them, and expect XYZ, all these dates to be – everything - that's just, that's not appropriate. – Liam

If caseworkers completed the CDP and were then drip-fed cases slowly and with great support, then perhaps the training would be a good first step. However, participants felt that due to the workload of regularly understaffed offices, most caseworkers were handed full workloads straight away, as the Department operated under the assumption that these new caseworkers were competent. In far too many cases, it was reported that new caseworkers felt completely ill-equipped and overwhelmed, and their wellbeing quickly deteriorated.

I'd say the actual induction itself was pretty poor. It was more just, here's a computer, you've got to read things, you've got to tick off or read the stuff ... [at the CDP] we all sat there and basically tore it to shreds at the end of our training and a lot of the caseworkers – I'm not going to use the language used because I want to remain professional and appropriate – but they're more or less, 'We're screwed, what do we do ... we we've got no idea'. – Courtney

I spoke to my colleagues that went CPD with me and the general consensus was that we had been ripped off because here we are – they're tipping us out in the world next week and we haven't had enough training. – Sam

7.5.2.1 ON-THE-JOB MENTORING

Numerous caseworkers identified a possible solution to the problems they saw in the CDP: on-the-job mentoring. By buddying new caseworkers up with senior caseworkers, new staff could learn the skills their job required within a supportive relationship and in a way that gradually gave them more responsibility without assuming their competence immediately after completing the theory-driven CDP.

In terms of caseworker wellbeing, I think there is two things [to do]. I refer back to my days when I trained ... you do your online stuff with CDP, we then got buddied up with somebody and we shadowed that person for a period of time. So you've got the theory and the practical that go hand-in-hand. – Ash

Some established caseworkers spoke of the invaluable mentoring they had received from caseworkers before them and felt that there was no better way to learn how to be an effective and efficient caseworker in all areas – from client interactions to paperwork to court matters to office politics. Those with experience of on-the-job mentoring reported feeling disappointed that this was no longer an option at FACS, and expressed frustration that senior caseworkers were not looked after sufficiently and therefore could not help look after others to the best of their ability.

In those days we used to team up with a more senior person. And so, for – probably for that period I was quite dependent on that other person who was senior, was big man turf. So, I just allowed that person to take over and I would just be beside and learning, I guess. Until that person left and then I had to stand on my own two feet ... And these days, most people would ask me to go out with them because I'm the calm factor ... so they need me now probably in the same way that I probably needed others. But that's not available like it used to be because there's not many of me around anymore. And the expectations are very different now of me not to actually mentor because that's not considered to be important. – Bill

But [mentors] were lovely, they were supportive, they were educational, they'd tell you how to – sit with you and say 'Look that's okay, but you might want to word it this way, because the magistrate might think it's this, or the solicitor might think it's that'. So you had this kind of, I don't know what you'd call – on the job tuition that was working with you, and not this kind of stuff that we got later on, they'd call training where they'd just lecture at you and you'd be – an hour or two later you'd probably forget it. I hated that. – Joe

But even giving Aboriginal caseworkers the confidence to have those type of conversations with family, when are we going to experience that? I remember going out with a casework specialist and we were going out because there was some allegations that came through and we'd prep how the conversation's going to go, but we couldn't prep for how the carer was going to react. And she went from 0 to a 1,000 within a matter of seconds but yet she, the casework specialist, let me do the talking and she said, 'You've handled that really well,' which was good because I was so nervous but it's good to get that experience otherwise ... I would have never been able to have those conversations at all I would've just been, 'I'm out of here, see ya.' But she was really supportive and encouraging for me to have those tough conversations and if I said something wrong she would go, 'No we need to do blah.' So then I would take the lead on that again. – Rani

7.5.2.2 ACTING UP TRAINING

While the impact that acting-up, managerial changes and promotion to new roles have on wellbeing is discussed elsewhere in this report, it is worth noting that one caseworker spoke about the training provided to caseworkers when acting-up. This caseworker reported that she knew a lot of staff were aware of a 'manager's development program' and that, if management was where you wanted to head to, there was a way to plan your progression into that role. However, when acting-up opportunities arose outside of the progression plan, she felt that FACS did not provide training to caseworkers who stepped up to

manage. She was not aware of any official manager training for acting-up caseworkers; instead she felt that caseworkers were often thrown into the role without preparation or support.

There is no training, and they don't understand, and they don't get it. And that caseworker, when an acting manager opportunity comes up, is thrown in the deep end and with no support. – Quinn

7.6 Job rotation, security and promotion

Job rotation, job security and promotion have the potential to be strategic tools used to support and encourage workplace wellbeing among caseworkers. For caseworkers experiencing a level of exhaustion in one particular role or a single aspect of their role, job rotation may enable them to continue working for the organisation, when they might otherwise resign. Job rotation can also be a strategy for multi-skilling the workforce and ensuring they have the opportunity to develop new skills or a broader perspective of the organisation. The general perception of casework is that it provides a high level of job security and a long-term career with the organisation. However, there is a growing sense of insecurity among caseworkers and this can undermine their sense of wellbeing within the job. A lack of transparency in promotion processes has led to perceptions of a lack of fairness within the organisation and can contribute to an undermining of workplace wellbeing.

7.6.1 Job rotation

Opportunities for rotation between different roles appear to have been more available to some participants than others.

7.6.1.1 ROTATION PROTECTIVE FOR WELLBEING

The inherent psychological and emotional stressors of child protection are such that caseworkers describe the importance of being able to rotate to different roles within the organisation. For some, if the option to shift roles is not available, the only option then is to leave.

It's been five years that I've been doing child protection, and I think that's enough time for me from being yelled at and sworn at and having unrealistic expectations placed on a caseworker ... and I wanted a change, I wanted career progression, either management or to a project team, anything, just I need a change. And initially, it was for management, but that was not progressing, so this opportunity for this team came up, and I applied, and I got the position, and the manager, said, are you sure you want to go about this. We've got you lined for management. And I said, I don't want it anymore, either let me go to this team, or I walk. – Quinn

For another participant, limiting the time in child protection has been protective.

I have managed to keep my head above the tsunami a little bit over the years and find side projects ... that have kept me – I have done stints in child protection but it's only been for a very short period of my time with the department. – Morgan

While another person sees having a change as an option for 'time-out'.

But in other areas, I am interested in, to have that bit of a reprieve from the casework. – Alex

While side projects may be helpful in providing relief from a stressful role, for others, the short-term nature of these projects proves problematic.

7.6.1.2 ROTATION ACCESSIBLE FOR SOME BUT NOT FOR OTHERS

Participants reported different responses to a request to change role. One person found a supportive response to a request to shift teams.

I would go and express myself so therefore I was supported in that way and that's how I moved from different teams that supported me with what I was facing at that time. – Loretta

In contrast, others saw this as an option that was not supported.

The ability to leave, not just to leave FACS but to change teams like I did, is not allowed. – Quinn

But towards the end when I actually put my resignation in, she said, 'Oh, I've got you a role in [location X] if you want it'. That was the day I (had) put my resignation in, and I think, well it's a little bit too late now. – Anna

For one participant who had sought an opportunity to be challenged and to be 'revived', the lack of response to this request was described as having a markedly adverse impact on the participant's wellbeing.

*I'm f***ing trapped there, and I hate it. I'm miserable. I've told them I want to do something different, put me in a different position, and give me a new challenge, a new task, something to get me going again. – Liam*

7.6.1.3 OPPORTUNITY TO MOVE AROUND VALUED

Having the option to move around from team to team was identified by some as a positive aspect of working for FACS.

Positive things I like about FACS is there's a lot of opportunity for training, even sort of job opportunity, moving around in different teams, different areas of FACS, a lot of opportunities for career growth. – Courtney

I think that the Department offers people a lot of opportunity to move around and do different things and I really commend them for that, I think that's fantastic. – Terry

There is encouragement to build on new skills and to try new roles as well. There is always opportunities to move around and there's always positions popping up. Like they encourage you to I guess build on your skills and try different positions. – Riley

7.6.1.4 TOO MUCH CHANGE DISRUPTS RELATIONSHIPS

While the opportunity to change roles, teams or locations was seen as positive by some, other participants' experience and perspective was in marked contrast.

I've had three managers in this year. So, [F7] left, [M5] acted and then I've had [F8] since April and she's awesome. She makes all the difference. A good manager makes all the difference. But the caseworkers have constantly changed. We've had four people leave, three people come, one of them leave, one is going to maternity leave, [M5] sat in, [M5] went to another team and then they restructured our whole unit and made a guardianship team. So, then we lost two people off our team to that. – Rory

The point was made by this caseworker that the rapidity of rotation or change in managers and caseworkers was disruptive and impacting adversely on team functioning and clients.

One group of families have had – are up to their fifth caseworker in a year. So, they had – they had [F6] who went on maternity leave, then they got [M5] for a little while, while they couldn't find anybody to do her work. Because we can't take more so we can't disperse them amongst the team. Basically, they sit with the manager until a replacement comes and then the replacement comes, and it takes four months to train them because they've got to go through CDP before they can carry a caseload. So,

pretty much everybody just puts out fires for the four months ... So, they'll get their fifth caseworker this year. It's extraordinary for continuity ... And also, group supervision is just an absolute debacle because since they rolled that out in March, I've not once ever had the same group of people in group supervision. – Rory

It seemed that at times that reasons for decisions to change teams around were not at all apparent to caseworkers.

For whatever reason, they would change teams around. So, you might all be working quite happily – maybe there was six child protection teams, usually about eight caseworkers within it. So, you'd be quite happily working away, you'd built friendships, bonds with your team – and that type of job too... And then for whatever reason, which was never explained, they just decided they were going to move everyone around because maybe we were getting a bit too friendly or – I don't know. So, they would just swap everyone around ... So, all those working relationships and whatnot would just get all completely broken up. – Blake

7.6.1.5 MORE OPPORTUNITIES IN METROPOLITAN AREAS THAN IN RURAL AREAS

For those located in rural areas, opportunities to move from one team to another or to take a position with JIRT, child protection or special projects was seen as more limited.

There's really only a handful of ways – directions you can go regionally. I think there's – we see a lot of positions in the metropolis, so if some of those positions could come out regionally, I think that would be fabulous – real – that could be really, really helpful. – Tina

Well if you want to become a manager within the department ... you have to do an application process, then go and have an interview, and then you're sort of put on a list from there, and then get allocated to a position ... that's certainly happening in the city area. I think at rural, they're not doing it that way, I think it's just whoever's available can step up and act as the manager. – Jill

7.6.2 Job security

Perceptions that a job with FACS constitutes security and a long-term career varied widely.

We're all on temporary contracts and that bothers me ... I'd like to have a permanent position, but apparently you get one eventually, it might take years. – Laura

Uncertainty and a lack of clarity was described by this participant as 'sort of hopeless'.

When I applied for the job, I thought it was a permanent position and then I got the letter of offer and they said it's 12-month temporary contract and I was like – I knew we were trying to start a family and they said, no, no, you're still entitled to everything, but I still was a bit, oh, I'll take it but I don't know if this is a good idea, but apparently, I still get the maternity leave. I just don't know how it works because my contract ends at the end of the year, I'll go on maternity leave probably end of September, my contract runs out while I'm on maternity leave and I'm not really sure how that works but my manager said that she'll still be there and she'll renew my contract so that it stays current but it feels a little bit like sort of hopeless. – Laura

7.6.2.1 ILLNESS SEEN AS A THREAT TO JOB SECURITY

A number of participants were concerned that any indications they were unwell, or stressed would result in a process of performance management that would inevitably lead to termination.

There's a, there's a problem with some management if they find out that you've, you've got stress and all a sudden they can then performance manage you. There's an issue there with caseworkers being

medically discharged if they don't like you. So you've got to, you've got to keep stuff from them, from some management. – Bill

7.6.2.2 FAILURE TO MEET REQUIREMENTS THREAT TO SECURITY

Some participants spoke of implied and at times what was described as explicit threats to employment if targets were not met.

We had a client service manager come in, well if we can't get all this stuff done and we don't get accredited ... you will get the sack ... that was said openly in the office ... imagine what that does to caseworkers who are already under the pump ... basically, it said that if they didn't really see gains, then it couldn't be guaranteed that the staff would have jobs. So, you know, the implication is that everybody is sitting around doing nothing. – Joe

At times some participants found such situations at odds with the core values of FACS, i.e. to make a positive difference for vulnerable children and families.

I've seen over time ... people who have the job for a certain amount of time, and then have to reapply for it. So, you know, the pressure is on them to push down harder, to get more results in a shorter amount of time, so that they can have their position, rather than it being, well actually, we need to be doing the right thing for families. – Charlie

7.6.3 Promotion to other roles

Participants struggled to understand promotion practices. While it was acknowledged that new processes had been initiated (GFC) to ensure that promotions were awarded to those with the required qualifications and experience, participants reported that the apparent ad hoc nature of promotion continues.

They not long ago recruited for a temporary Manager Case Work ... had to have a minimum of two years' experience, yet we've got one sitting in the role with no experience and, yeah, it's just inconsistencies. – Ash

Career planning, progression planning is not that great unless you are good friends with friends of friends – of friends. – Lesley

In contrast, others saw FACS as an employer where opportunities for advancement abound.

There's always a lot of opportunities that come up as a manager; casework specialist roles; there's project officer roles. I think there definitely is room for growth within the Department. – Cam

7.6.3.1 HAPHAZARD APPLICATION OF SUCCESSION PLANNING AND CAREER DEVELOPMENT

Although there are policies that promote career planning, participants described an apparently haphazard approach to succession planning and career development for those who were interested in progressing within the organisation.

You've got to very confident in your abilities to step into a management role. Because it's not like you go off on a course beforehand. It's just basically can you start on Monday as the manager? – Brooklyn

I made the decision, roughly nearly two years ago to start succession planning, which I have received no support whatsoever. – Liam

7.6.3.2 CONFORMITY REQUIRED TO ACHIEVE PROMOTION

Participants also described a person's readiness to conform to expectations of those in higher positions within the organisation as a factor contributing to the apparent inconsistencies in who attains promotion.

But you've got a lot of younger people who come out of uni and they're 23, and they do the hard yards and, you know you've got to do that ... caseworker, as a manager, a caseworker assessment ... every 12 months to be on the eligibility list to become a manager. But you can be ... on the top of the list, but it's also you know if you're not a yes sir, no sir person, then it makes no difference that you're on the top of the list, they'll pick from the list, somebody that fits the way they run their office. – Finley

7.7 Implications

7.7.1 Workload

A significant issue for caseworkers is the intensity at which they work. Most jobs have periods of high intensity work, followed by slower periods of less intensity. For jobs that do not have such peaks and troughs the pace of work is generally set at a sustainable level. The experience of the participants is that they find themselves constantly working at peak level with limited opportunities for rest, recuperation and consolidation. This intensity can be exacerbated by the unpredictability of clients' life situations both at the start and during caseworkers' involvement with them. Working across large geographical areas can also add to the intensity of workload for some caseworkers. In this environment, the workload is not sustainable and caseworkers find it hard to take leave, manage work and family demands and avoid mental, physical and emotional exhaustion.

Caseworkers emphasise the need to increase the workforce, both to reduce the workload on current staff (in terms of and intensity and number of cases), and also to enable clients to be given sufficient time and attention to bring about meaningful outcomes.

A qualitative study such as this captures the lived experiences of caseworkers struggling to manage their workload, but cannot provide details of the scope and variability of the issue across all sections of the organisation. While the evidence is drawn from a representative study, further quantitative analysis of human resources data or staff survey data may facilitate a more targeted process of recruitment and training.

Given the cycles of overwork and staff turnover, a significant increase in staff over a short timeframe may be required for an increase in caseworkers to make a substantial change to workload issues. As the findings suggest, having new caseworkers is likely to create a new set of issues by creating a large pool of new and inexperienced caseworkers requiring training and support. However, creating workload allowances for existing caseworkers to mentor new staff is likely to help.

An alternative suggestion from caseworkers was that workload concerns could be addressed by recruiting people to take on administration roles, to allow caseworkers more time to engage with clients.

Caseworkers also had concerns about the criteria for workload allocation, and suggested that a more flexible approach was needed. Related to this was a perceived incompatibility of the type of work that caseworkers do with families, and the apparently linear and predictable premise on which targets and timelines are based. A review of the workload planning system may be advisable, along with better guidelines supplied to caseworkers for how long more predictable tasks are likely to take. In this way, estimates in the workload planner might be more accurate and make managers' workload allocations more achievable.

7.7.2 Information systems

Information systems form a vital part of the job of supporting families and protecting children. When they work well they can make the work processes seamless and reduce stress. However, the failure of such systems can create extra levels of stress and dysfunction for caseworkers. While there has been acknowledgement across the Department that the system was poorly implemented, there has been less recognition of the extra time required in workload allocation processes. Similarly, the adverse effects of problems with ChildStory on caseworker wellbeing need to be recognised as part of the factors that need to be considered in future implementation protocols. Recognition should also be given to the extra workload taken to learn to use the system and the extra load the new system created during the initial phases of implementation. Accurate evaluation and assessment of the contribution that the system makes to improving workload over time is also needed and such processes need to be monitored and factored into workload allocations.

7.7.3 Work-life balance and family friendly flexibility

While it is clear that family friendly policies do exist within the Department, it appears that some managers are unwilling to allow their staff to access such provisions. In some cases lack of access to such provisions was linked to bullying as discussed in Section 6.5. A lack of cross-organisation access to family friendly provisions and part-time work is contributing to poor workplace wellbeing and to the excessive staff turnover experienced by the Department. Given the extreme pressure on workload as discussed in Section 7.1, it is imperative not to lose staff when a reduction in their hours of work may enable them to continue contributing, thus avoiding a loss in corporate knowledge, experience and capacity to mentor new staff members.

FACS is an organisation dedicated to supporting families and communities. It is ironic that the workers in the organisation do not feel that they are equally supported in managing their own family needs. Given that a significant proportion of caseworkers are women of child-bearing and family-raising age, it is important that workplace strategies provide support and flexibility for all workers with family responsibilities.

As part of a review, frontline managers may need support and training on the importance of family flexibility, work-life balance and part-time work for reducing staff turnover and training and development costs, as well as development of skills and strategies for managing these challenges in the workplace.

Other implications for FACS may include assessing data on flex time and leave usage. Encouraging staff to take time out is important, however, forcing caseworkers to take leave is less likely to be a useful strategy, and may come across as punitive. Individual CSCs may need different strategies to encourage leave-taking.

A significant challenge, which could also make the greatest difference in this environment, is to seek increased funding to develop more achievable targets and KPIs with current staffing levels, and to support future staffing initiatives to develop improved workplace wellbeing.

A qualitative study such as this captures the particular experiences of workers in accessing family flexible work entitlements. However, it does not necessarily capture how extensive this experience is or whether it is localised in particular regions or offices. Further analysis of human resource information and data, or an intensive employee voice survey may help to quantify these issues and localise responses and remedial action.

7.7.4 Recruitment and retention

In order to address high turnover rates, FACS has tended to focus on recruitment strategies and processes for identifying whether applicants have high levels of resilience and ‘what it takes’ to be a caseworker. While it is undoubtedly important to develop sound recruitment strategies for a state-wide workforce, including recruitment in urban, regional and remote locations, a further important strategy is to also focus on retaining existing staff.

Recruitment and training costs are a significant element in FACS’ budget and savings could be made by ensuring that those investments are maximised through long-term approaches to staffing. A thorough understanding of the factors that contribute to caseworkers’ decisions to leave or stay with the organisation can facilitate improved retention strategies. This includes acknowledging that for many caseworkers it is not the difficult situations that families are experiencing, but workload, ethical stress, or issues such as bullying or harassment, or consistent lack of opportunity for debriefing difficult situations that cause them to leave. Considering whether or not ageism is also a growing problem in the organisation is also important, with perceptions that more experienced – and likely more expensive – caseworkers were seen as expendable with an ever-present pool of new graduates to draw from at lower cost to the organisation.

While some caseworkers reported that it was only by trying the role that people could know whether or not it suited them, others felt that greater transparency about the day-to-day requirements of the role would also assist retention. Recruitment could perhaps involve the provision of scenarios, or case studies, to prospective caseworkers at the assessment centre as a means of informing them of the multifaceted nature of the work. These would need to reflect the complex, unpredictable nature of many situations rather than presenting simple, linear examples as some caseworkers reported were presented in CDP training. Clarifying what is really involved in casework roles might assist in bridging the apparent gap between new caseworker expectations of the role and its realities. Targeted programs to support new caseworkers in their first year or two of casework might also assist in retaining the workforce.

In addition to the cost to FACS in monetary terms, problems with retaining caseworkers was reported to be damaging the effectiveness of ongoing engagement with clients, and causing additional work for remaining colleagues for extended periods of time. It may be that a change in mindset is needed, whereby recognising the systemic impacts of retention problems – including understanding the system-related reasons that caseworkers leave – becomes the driver of efforts to bring about improvements.

At the same time, recognising and amplifying the reasons why caseworkers stay could be a powerful tool for assisting retention. Examples were shared of teams who clearly identified their common purpose and found this sustained them across difficult times. In this way, the focus of retention may need to become about how the FACS system needs to be more supportive of its caseworkers, rather than how individual caseworkers need to be more resilient in a system that makes this near impossible.

Acting on these issues may become increasingly important with many new non-government organisations competing with FACS in the family and community services space. Caseworkers reported having left, or planning to leave FACS to take up opportunities elsewhere, hoping that they would find a more compatible work environment, even if it meant accepting lower pay to do so.

7.7.5 Training and development

Training and development must be considered as a vital element of retention strategies for the Department. However, training, in combination with a number of other development strategies such as

mentoring, succession planning, opportunities for acting in other roles, job rotation and multiskilling and promotion need to be considered strategically for the organisation. Such strategies also need to address individual caseworker's aspirations for professional and career development in order to support their wellbeing in the workplace.

Strategic approaches to training need to be accounted for in workload allocations. This includes the completion of the CDP by new caseworkers before they are allocated cases on their own. Indeed, the initial training via the CDP was roundly criticised for failing to adequately equip new caseworkers with appropriate communication skills, knowledge to complete assessments and other legal paperwork and suggestions for how to approach the complex situations that are common in casework at FACS. With placement in already under-staffed offices, and feeling inadequately equipped for the role, it is easy to understand how new caseworkers' wellbeing may quickly suffer and continuation in the role may be unsustainable. Numerous caseworkers suggested mentoring of new caseworkers as a solution to these problems, frequently reflecting on the benefits of this model that they had experienced. Again, this would rely on recognition of the time spent by mentors in their workload planner, and a lower allocation of workload for the mentee during a probationary period.

High quality internal training that is relevant and focused on practical skills for all caseworkers should also be combined with external training opportunities to support individual professional development as well as the organisation's goals. For example, making policies consistent between all offices for the consideration and approval of externally-provided training opportunities is one possibility emerging from the caseworkers' experiences.

The timing of training should also be considered, with adequate notice given so that caseworkers can plan their workload with confidence. While many caseworkers understood the reasons for online training provision, the negative experiences of various forms of online training (including CDP and mandatory training) suggest that more user-tailored, engaging content and delivery needs to be developed for these opportunities to be effective. Changes such as these are also likely to contribute to greater adoption of training content, which will ultimately support the organisation's goals.

7.7.6 Job rotation, security and promotion

While the opportunity to 'act-up' into management roles was widely reported, so too was the absence of preparation for these opportunities. Recognition is also needed of the difficulties for those located in rural areas of accessing job rotation opportunities. Another key problem relating to job rotation was the perceived absence of transparency in the decision-making process. Similar perceptions were reported in relation to promotion, despite the introduction of new processes designed to ensure equity in promotion. These dynamics were contributing to perceptions of a lack of fairness and waning trust in the organisation. Job rotation had in other cases been a successful strategy for retaining caseworkers who were experiencing burnout in their frontline roles. These successes suggest that more focused attention on offering these opportunities – with adequate preparation and attention to frequency – may also contribute to a more effective retention strategy. Similarly, attention to how well promotion processes are being implemented across the organisation is needed, as it appears that favouritism is still perceived to be widespread.

8 Conclusions: Improving wellbeing through organisational culture and leadership

This report has presented the detailed findings of the research undertaken into the workplace wellbeing of caseworkers within FACS over 12 months. Caseworkers in FACS operate within a particular environmental context that constrains and structures their practice and influences their wellbeing. In Chapter 3, it is recognised that FACS must deliver services within the current social and cultural environment, aligned with current social policies and political imperatives, ensuring that they deliver public value while managing risk and ensuring compliance. These factors set up a number of tensions for caseworkers, who, while committed to the values, functions and roles of the organisation sometimes struggle to match the values of supporting families and communities with the performance targets, and budgetary constraints of the organisation.

Chapter 4 of the report explores the nature of casework at FACS. A key finding is that most workers are there because they value working with children and families who are struggling, even when those families face the worst circumstances. Job satisfaction is high as long as caseworkers do not feel overly constrained in being able to do casework well. For caseworkers real-life indicators that people's lives are improving are more important than more easily measurable, but often superficial outcomes. The nature of the work required includes a large component of emotional labour. Caseworkers' roles are undertaken in often intensely emotional or even traumatising circumstances. In order to maintain a professional stance, some workers suppress emotional responses over a long period of time, with a subsequent adverse impact on their longer-term wellbeing.

This finding leads us to explore in Chapter 5, the individual factors that contribute to caseworkers' resilience and wellbeing. This chapter identified the ways in which individual wellbeing is closely tied to organisational structures and systems. Our evidence indicated that caseworkers identify and use a range of strategies to manage their wellbeing. Many see wellbeing as primarily their own responsibility and have an awareness of strategies that would be helpful. However, many caseworkers expressed frustration that although they understood their wellbeing needs they were unable to implement such strategies due to excessive workload demands and poor support structures within the organisation. A commitment to improving caseworker wellbeing may require a cultural shift within the organisation to affirm and support caseworkers' self-care strategies and provide time, space and support for implementation.

Following on from the finding that individual wellbeing is embedded in organisational elements, Chapter 6 explores the impact of organisational culture on workplace wellbeing. This chapter examines how culture is experienced through relational elements across the organisation, such as organisational values, leadership, supervision, performance management and bullying.

Chapter 7 explores the nature of a range of operational elements of the organisation impacting on workplace wellbeing. It examines the way that elements such as workload, information systems, access to provisions such as family friendly flexibility and other conditions that support work-life balance impact on caseworkers' workplace wellbeing. This chapter extends this exploration to the impact of other elements including recruitment and retention, training and development and opportunities for job rotation and promotions.

A significant issue for caseworkers is the intensity at which they are expected to work. Most jobs have periods of high intensity work, followed by slower periods of lower intensity. For jobs that do not have such peaks and troughs, the pace of work is generally set at a sustainable level. The experience described by caseworkers in this research is that they find themselves constantly working at peak level with limited opportunities for rest, recuperation and consolidation. In this environment, the workload is not sustainable and caseworkers find it hard to take leave, manage work and family demands and avoid mental, physical and emotional exhaustion.

Caseworkers emphasise the need to increase the workforce. The rationale for this recommendation is twofold; to reduce the workload on current staff and thus support workplace wellbeing, and to provide sufficient time and attention to bring about meaningful outcomes for the families whose complex needs have resulted in their engagement with FACS services. This need was expressed in the context of teams frequently operating at levels well below their FTE establishment.

8.1 Organisational culture

Organisational culture can be challenging to manage. However, it has real impact on organisational life and wellbeing (Santos *et al* 2012). The evidence presented suggests that the current FACS organisational culture focuses on performance outcomes and efficiency to the detriment of employee wellbeing. Balancing the demands of employee wellbeing and performance targets is a managerial dilemma and may need to be addressed through more sophisticated leadership training for frontline managers and throughout the organisation. Managers are the carriers or barriers of workplace culture, and pivotal to the wellbeing of the staff in their team. As such, investing in training and development for the manager cohort, including those who are called to 'act-up' in management roles would yield rich dividends in staff satisfaction, workplace wellness and organisational productivity.

An important mediating factor is trust. Organisational culture is very much about perception and attribution of motives. In an atmosphere of low trust between employees and management, employees are likely to make negative attributions about management's motivation for introducing wellbeing measures— is the initiative for their wellbeing or for greater productivity? There is evidence of low levels of trust between employees and management. Leadership training for frontline and middle managers with a focus on manager fairness, integrity and trust would be beneficial.

8.2 Leadership

Section 6.2 highlighted the perception of leadership as described in organisational communications. Caseworker comments reveal a view of leadership as a specific role or set of duties performed by individuals. That is, that 'leading' is synonymous with 'managing'. Contemporary thinking in leadership, however, indicates that organisational leadership needs to be understood as distinct from management and embedded and distributed throughout the organisation.

The data revealed important areas where leadership processes could be improved to enhance employee wellbeing. The analysis of data demonstrated managerial prerogatives that are more likely to be concerned with:

- Carrying out existing policies and procedures over providing vision for the future
- Using positional authority to get things done rather than leading by personal credibility

- Instructing staff about what to do over inspiring others to follow
- Monitoring and controlling for performance over guiding and coaching staff
- Getting the best out of people in their existing positions over seeking to provide opportunities to develop.

Many caseworkers spoke highly of individual supervisors, and their impact on staff morale. However this is not the norm. A leadership culture would be in evidence when all employees throughout the organisation recognise how they practice leadership within their particular sphere of influence by modelling desired behaviours, collaborating, inspiring, and developing others. Supportive leadership that builds a culture of trust has been shown to be crucial for employee wellbeing and our data reinforces that message.

8.3 Opportunities for the future

The findings of this report provide a detailed analysis of the experience and perspectives of caseworkers, the frontline workers responsible for delivery of services to some of the most vulnerable members of NSW communities. At the heart of the work required of caseworkers is the capacity to build relationships of trust in the context of distrust, abuse, neglect and hostility to enable positive change for families.

‘Staff don’t leave organisations they leave their managers’. There are opportunities to significantly enhance workplace wellbeing, staff engagement and productivity and reduce turnover by supporting and developing the leadership skills of middle and frontline managers. Managers can deliberately or inadvertently sabotage worthwhile organisational initiatives and programs, turning something designed to be positive into a negative. In the process they can erode the trust of staff in the integrity and values of the organisation as a whole. In addition to managing staff, meeting KPIs, adhering to OH&S and clinical policies managers have to manage relationships with other departments within FACS, with external organisations and the local community. Investment in the part of the workforce would yield dividends and provide a vector for the senior executive to demonstrate and communicate their commitment and leadership.

This research study has revealed the key themes and issues related to caseworker wellbeing in FACS. Many of these are common to most human service organisations, and some are unique to FACS. These findings provide a solid foundation to develop and administer robust and scientifically sound survey instruments to quantify the extent, intensity and importance of these issues across the entire organisation. It would also provide benchmarks by which to judge the effectiveness of programs and initiatives designed to enhance workplace wellbeing.

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Appendix A: Ethics Approval

A.1 Initial Approval



ETHICS AND COMPLIANCE UNIT

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25 June 2018

Dr A Ceric
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Dear Dr Ceric,

Thank you for providing further information in response to a request from the Charles Sturt University Human Research Ethics Committee relating to your research proposal.

The Charles Sturt University Human Research Ethics Committee is constituted and operates in accordance with the National Health and Medical Research Council's [National Statement on Ethical Conduct in Human Research](#) (*National Statement*).

Based on the guidelines in the *National Statement* the Committee has approved your research proposal. Please see below details of your approved research project:

Project Title: Wellbeing of case workers at the Department of Family and Community Services (FACS)
Approved until: 24 January 2019 (subject to annual progress reports being submitted)
Protocol Number: H18121 (to be included in all correspondence to the Committee)
Final Report due by: 24 February 2019

You must report to the Committee at least annually, and as soon as possible in relation to the following, by completing the 'Report on Research Project' form:

- any serious and/or unexpected adverse events or outcomes which occur associated with the research project that might affect participants, therefore, the ethical acceptability of the project;
- amendments to the research design and/or any changes to the project (Committee approval required);
- extensions to the approval period (Committee approval required); and
- notification of project completion.

This approval constitutes ethical approval in relation to humans only. If your research involves the use of radiation, biochemical materials, chemicals or animals, separate approval is required by the appropriate University Committee.

Please contact the Governance Officer on (02) 6338 4628 or ethics@csu.edu.au if you have any queries.

The Committee wishes you well with your research.

Sincerely,

A handwritten signature in black ink, appearing to read "Sue Price".

Mrs Sue Price
Governance Officer
on behalf of Associate Professor Catherine Allan
Presiding Officer, HREC

cc: Dr Larissa Bamberry, A/Professor Gene Hodgins, A/Professor Russell Roberts

www.csu.edu.au

The Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS) Provider Number for Charles Sturt University is 00009F. ABN: 83 679 708 551

A.2 Variation Approval



3 October 2018

Dr Larissa Bamberry
Email: lbamberry@csu.edu.au

Dear Dr Bamberry,

Thank you for submitting your variation request to the Charles Sturt University Human Research Ethics Committee, which was considered at the 24 September 2018 meeting.

The Charles Sturt University Human Research Ethics Committee is constituted and operates in accordance with the National Health and Medical Research Council's [National Statement on Ethical Conduct in Human Research](#) (*National Statement*).

Based on the guidelines in the *National Statement* the Committee has approved your variation request. Please see below details of your approved research project:

Project Title: Wellbeing of case workers at the Department of Family and Community Services (FACS)
Approved until: 24 October 2019 (subject to annual progress reports being submitted)
Protocol Number: H18121 (to be included in all correspondence to the Committee)
Progress Report due by: 24 February 2019

You must report to the Committee at least annually, and as soon as possible in relation to the following, by completing the 'Report on Research Project' form:

- any serious and/or unexpected adverse events or outcomes which occur associated with the research project that might affect participants, therefore, the ethical acceptability of the project;
- amendments to the research design and/or any changes to the project (Committee approval required);
- extensions to the approval period (Committee approval required); and
- notification of project completion.

This approval constitutes ethical approval in relation to humans only. If your research involves the use of radiation, biochemical materials, chemicals or animals, separate approval is required by the appropriate University Committee.

Please contact the Governance Officer on (02) 69334213 or ethics@csu.edu.au if you have any queries.

The Committee wishes you well with your research.

Sincerely,

Ms Ellen Hannigan
Governance Officer
on behalf of Associate Professor Catherine Allan
Presiding Officer, HREC

cc: Ms Jennifer Greig, A/Professor Gene Hodgins, A/Professor Russell Roberts

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The Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS) Provider Number for Charles Sturt University is 00005F. ABN: 83 878 708 551

ETHICS AND COMPLIANCE UNIT

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Tel: +61 2 6338 4628
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www.csu.edu.au/research/ethics_safety/human/

Appendix B: Internal Project Description

FACS caseworker wellbeing initiatives

Charles Sturt University and Family and Community Services project

Why are we doing this, what are we going to achieve?

Family and Community Services (FACS) is partnering with Charles Sturt University to look into the key issues and challenges impacting the wellbeing of casework staff. The emphasis of this work is an evidence-based approach to understanding the impact of organisational factors on the wellbeing of staff.

We will be asking caseworkers and managers at FACS to participate in interviews or focus groups that will take up to 90 minutes, with Charles Sturt University. You have unique insights into the job context, organisational context, and factors that impact your sense of wellbeing. Your insights will help to identify what can be done to better support caseworkers at FACS.

How do staff participate in the project?

FACS has provided contact details for all casework staff to CSU researchers. The researchers will contact staff directly and FACS will not be advised who participated in the project. Researchers will use a random sampling method to identify and approach people.

If you are contacted by a CSU researcher, you have the choice to participate or not. If you decide to participate, you will be provided with information about the project and asked to sign a consent form. You can withdraw at any time by advising the researchers that you no longer wish to be involved.

What is involved?

CSU will be organising and conducting interviews and focus groups with FACS caseworkers, casework managers and executive teams. The interviews and focus groups will be conducted at a mutually agreed time and place, taking into consideration people's need for privacy and anonymity as well as workload and time pressures. Participants' involvement in the interviews and focus groups is recognised as work time.

CSU will ask questions about job expectations, areas of work life that are important for your wellbeing, causes of stress experienced in the job, the strategies you use to deal with stress, what might affect your decision to leave your job, how organisational factors may influence

your wellbeing, organisational support received, and what you think works well, and what could be improved.

All information will be treated confidentially

All information provided will be treated confidentially, we will not use your real name in any written or verbal reports, and any information used for reports or publications will be de-identified. You are under no obligation to participate in the research project. The decision to participate or not in the project will not be recorded.

Acknowledgement

The Public Service Association (PSA) is actively consulting with FACS throughout the life of this project, and FACS would like to thank the PSA for their contributions.

Do you need more information about the project?

You can contact researchers from Charles Sturt University:

Dr Larissa Bamberry: 02 6021 9843, lbamberry@csu.edu.au

Dr Jennifer Greig: 02 6338 6530, jgreig@csu.edu.au

You can contact Michelle Kim in FACS Workforce Safety & Wellbeing:

T 02 9716 2757 | **M** 0455 084 735 | **E** Michelle.Kim@facs.nsw.gov.au

NOTE: Charles Sturt University's Human Research Ethics Committee, has approved this project.

If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee on (02) 6338 4628 or ethics@csu.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix C: Recruitment Letter

[Date]

Dear [Name],

Charles Sturt University has been contracted by FACS to conduct a research project into the wellbeing of FACS caseworkers and factors that contribute to their decisions to remain in or leave their job. It is hoped that the research will reveal the key issues, challenges and enablers of caseworker wellbeing, and therefore help FACS in their recruitment and support of caseworkers.

FACS has provided us with your name as a caseworker who has recently left FACS. We would like to invite you to share your unique experiences and opinions about frontline child protection work, what led to your decision to leave FACS, and how FACS could improve caseworker wellbeing. This would be in the form of an individual, confidential interview with two of our researchers, conducted face-to-face or via Skype at a time and place that suits you.

Please find attached to this letter an information sheet outlining the details of the project, and what would be required of you if you choose to participate. Please note that your participation is entirely voluntary and confidential, and will not be reported to FACS, nor in any way effect any future employment with FACS.

Someone from our research team will be calling you in the coming weeks to see if you are interested in participating, but if you would like to participate (or would not like to be contacted again regarding this project), or if you have any questions please do not hesitate to contact the Chief Investigator Dr Larissa Bamberry on (02) 6051 9843 or lbamberry@csu.edu.au, or the Research Officer Jessica Sowden on (02) 6338 6379 or jsowden@csu.edu.au.

Thank you for considering helping us explore how FACS can best support and improve caseworker wellbeing.

Kind Regards,

Dr Larissa Bamberry

Chief Investigator

Appendix D: Recruitment Email

[Date]

Hello [Name],

Charles Sturt University has been contracted by FACS to conduct an independent research project into the occupational wellbeing of FACS caseworkers. This research project is examining the key issues, challenges and enablers of caseworker wellbeing, and their relationship to job satisfaction and work-life balance.

We invite you to participate in an individual confidential interview with two of our researchers. This interview may be by phone, Skype or in person and will be conducted at a place and time that suits you.

Please find attached to this email an information sheet outlining the details of the project. Please note that your participation is **entirely voluntary** and all information will be treated as **strictly confidential**. Also note that even your decision to participate or not will be confidential. The PSA has been consulted on the design of this research and supports this project. The project has also been approved by the Charles Sturt University Ethics Committee.

Please let us know if you are interested in participating. If you have any questions you are welcome to contact the Chief Investigator Dr Larissa Bamberry on (02) 6051 9843 lbamberry@csu.edu.au, or Research Officer Jessica Sowden on (02) 6338 6379 jsowden@csu.edu.au.

Thank you for your consideration.

Attached: Information Sheet_Caseworker.pdf

Appendix E: Interview Schedule

Thank you for agreeing to be part of this research. In joining this project you have indicated that you are open to discussing your experiences at FACS in regards to employee wellbeing, causes of stress/career fatigue for employees/caseworkers, and the organisational context. This research invites you to tell us about your experiences.

Before we start, can I check with you that you have had the opportunity to read the information about the study? Can I also check that you've signed the consent form? (If not, read it and ask for verbal agreement.)

Our interview today will be audio-taped. After the interview, the recording is transcribed and any information that would identify you will be removed to protect your privacy.

I want you to know that we can stop this interview at any time if you feel uncomfortable with the interview process or the questions that are asked. You can choose not to answer any questions, and do not have to provide a reason for any decision not to answer a question. The recording can be stopped at any time by your request. If you find that you need a break for a little while, just let me know and we can take some time out and then commence the interview again.

Would you like to ask me any questions regarding the research before we begin?

1. INTRODUCTION & DEMOGRAPHICS (10)

Can we begin first with you telling me about your role here at FACS?

How long have you been in this role at FACS? This industry?

Could you please tell me your age and qualifications?

Marital status, children and age of children??

2. AWARENESS OF WELLBEING (20)

What do you understand by the term wellbeing?

- PROBE: what does wellbeing look like to you when you see it?

INTERVIEWER: This is a formal definition of wellbeing: *Employee wellbeing represents the physical, mental and emotional facets of employee health acting to affect individuals in a complex manner (Dejoy & Wilson 2003).* I am going to ask you some questions about each aspect of wellbeing in turn, the physical, the mental and the emotional.

How does your job here at FACS impact on your **physical** wellbeing?

Probe: What ways does the job assist your physical wellbeing? (In case they only talk about negative factors)

- What do you do to look after yourself **physically**?
- How would your colleagues know if you were not well **physically**? And your supervisor?
- What kind of workplace support do you receive for you **physical** health?

How does your job here at FACS impact on your **mental** wellbeing?

- What do you do to look after yourself **mentally**?
- How would your colleagues know if you were not well **mentally**? And your supervisor?
- What kind of workplace support do you receive for you **mental** health?

How does your job here at FACS impact on your **emotional** wellbeing?

- What do you do to look after yourself **emotionally**?
- How would your colleagues know if you were not well **emotionally**? And your supervisor?
- What kind of workplace support do you receive for your **emotional** health?

What are the indicators for you that you are not travelling well in terms of your physical, mental and/or emotional wellbeing? How do you know when you need to access extra care?

PROBE: What people at work do you talk to?

How do you manage when things about your work or in your workplace are very confronting/difficult?

What gets in the way of you looking after yourself physically, mentally or emotionally?

3. HEALTHY WORKPLACE (15)

What supports within the organisation do you (or could you) access when you feel you are struggling?

PROBE: How did that work out for you? What gets in the way of you accessing these supports?

What do you expect from your supervisor in terms of supporting you when things are difficult? (Technical help and social support)

What aspects of the organisation have you experienced or are aware of that seem to add to the difficulties experienced by caseworkers? (e.g., aggression, harassment, bullying, intimidation or assault or systems and processes that create more complexity for you i.e. computer systems or administrative processes)

4. SOURCES OF STRESS (20-25)

What are some of the challenges for you in your work as a caseworker?

I would like you tell me about what you find **most** difficult about your job.

PROBES:

- Can you give me an example/tell me a story/describe an event that can help me understand that a little more? It sounds to me like . . . (use active listening) could be a source of stress?
- How do you feel when faced with this/these . . . ? (e.g., difficult decisions, limited resources, ethical dilemmas, stressful relationships, performance targets, official procedures, bureaucratic policies, rapid change, lack of feedback etc. guided by interviewee responses)?
- Can you tell me something about how this/these . . . (any of the above) affect your wellbeing? How frequent are these episodes? How intense?

What other aspects of your work that we haven't mentioned make you unhappy with your job?

PROBES: (**Note to the interviewer:** these 7 factors lead to burnout)

- **Workload:** How many cases do you manage at the moment? Is this manageable?
- **Rewards:** How happy are you with your pay? Is this job challenging enough? And other soft rewards? Promotion or career development?
- **Control:** Do caseworkers have control in making decisions about their work?
- **Fairness:** What is caseworkers' perception of fairness in your department? For example, are decision-making processes impartial and are managers supportive?
- **Work community:** Tell me more about your colleagues, and supervisor and how they assist you in being well and doing your job well?

- **Values:** when you think about FACS' values and ethics, are these congruent with your personal values and ethics?
- In general, what is the relationship between demands of your work and the demands of your personal life?

5. JOB SATISFACTION (20-25)

Now we've spoken about some of the challenging aspects of your work, could you tell me about the aspects of your work that you enjoy?

Did you know what you were getting yourself into when you started working at FACS?

What keeps you doing this job?

FINAL COMMENTS

Do you have suggestions for other ways that FACS could support its workers?

Thinking about all the issues we have discussed today, is there anything more that the organisation could do to improve your satisfaction with the job and your ability to keep working in the job in the long term?

These are all the questions I have, do you have any comments that you would like to make at this point?

Thank you for your time and insights on your experiences with your job.

Appendix F: Focus Group Outline

Thank-you for agreeing to participate in this research project. This focus group today is part of a larger project looking at the wellbeing of caseworkers within FACS.

The aim of today's focus group is to give you the opportunity to tell us about what you've experienced and observed about caseworkers at FACS, your perspectives on what is helpful for people's wellbeing in that role and any suggestions that you have for how FACS can support caseworker wellbeing. We have some specific questions to guide us, but this is a discussion.

We know that your wellbeing as managers is important as well, and we don't want you to feel like the pressures of your role are not understood. However, this project is specifically focused on caseworker wellbeing and we have limited time today. While one of the things we are interested in is how FACS as an organisation can better support their caseworkers' wellbeing, we want you to make suggestions without feeling like it is going to result in a report that creates more work for you in your role.

We'd like to emphasise that this group should be confidential. We, the researchers, will keep people's individual contributions confidential and not report back to FACS about who did and who did not participate. We ask that, in signing the consent form, you consider yourself as agreeing to maintain this same level of confidentiality of the group.

We will be recording today's group. The recording will be transcribed and any information that would identify you will be removed to protect your privacy.

If you are uncomfortable with any of this, you do not have to proceed with participating. You are also free to leave if at any point you feel uncomfortable with the focus group process or the questions that are asked. If you find that you need a break for a little while, please feel free to step out for a little breather.

Would you like to ask any questions regarding the research before we begin?

1. Just for the transcriber, can everyone please share their first name (will be removed), and briefly what wellbeing means to you?
2. What things adversely or impact negatively on the wellbeing of caseworkers? What things help to improve the wellbeing of caseworkers?
3. What are the supports FACS has in place to support wellbeing of caseworkers? (Prompts could include whether caseworkers use them, whether they work, other ideas for support or improvements).
4. Are there expectations or demands (official or otherwise) that managers play a role in supporting caseworker wellbeing? If so, what barriers do you experience in supporting caseworker wellbeing?
5. What makes caseworkers stay at FACS and what makes them leave?

If you have less than 15minutes left, skip Q#6 and ask the last question (Q#7).

If you have at least 15minutes left, ask Q#6:

6. What are the signs that caseworkers aren't doing well in terms of their wellbeing? What things do you look out for?

7. What else do we need to think about in terms of caseworker wellbeing, from your perspective of managing?