Public Service Association of NSW
Amended answer to supplementary question 1

1 ***With regards to concerns regarding excessive caseloads – what has the Minister and the Department's response been when these concerns have been raised?***

1. HISTORY

1.1 The PSA have repeatedly raised concerns about the inadequacy of resources and workloads with the current and previous Ministers for Family and Community Services (**FACS**) (previously Department of Community Services (**DOCS**)) and the department's executive for many years.

1.2 As a direct result of PSA lobbying and the actions of our members, we have gained significant increases in resourcing going back to the Reform Program in 2003 under Neil Sheppard Director General, which resulted in an almost doubling of Community Services caseworker number between 2003 and 2008.

1.3 In 2011 and 2012 PSA members took industrial action in the form of lunch time walk outs to highlight the acute caseworker vacancies across the state under the previous Minister Goward. As a direct result of some 38 CSCs part-taking in this action over a period of almost 12 months, the department and Minister Goward reluctantly conceded that caseworker vacancies were at crisis levels. This resulted in a concerted effort over the past 3 years to fill all caseworker vacancies. According to the department, caseworker vacancy rates have fallen from over 15% to 3%.

1.4 Despite the fact that Risk of Significant Harm (**ROSH**) child protection reports and the number of children in Out-of-Home Care (**OOHC**) have continued to increase exponentially, there has been no increase in caseworker numbers since 2008. In fact, as detailed on our submission to the Inquiry[1] there has been a reduction in caseworker positions during this time mainly due to the department deleting some 120 caseworker positions in the child protection Strengthening Families program in 2012. The resourcing for these caseworker positions was transferred to the Non-Government Organisation (**NGO**) sector.

1.5 To the frustration of the PSA and its members, both Minister Hazzard and the FACS executive have refused to accept the fact that current resourcing or the lack of, is a significant factor in Community Services casework staff being able to respond to the growing numbers of children subject to ROSH child protection reports and provide the quality of casework children in OOHC deserve. The latter has been clearly exposed by the fact that despite concerted efforts by the department since 2008, only 3 of the 15

[1] PSA Submission to the Inquiry into Child Protection, Section 4.1

FACS districts have managed to gain full OOHC accreditation from the NSW Office of the Children's Guardian (**OCG**).

1.6 It would appear that the department's strategy to managing the increasing work demands in child protection and OOHC has been to increase the pressure on casework staff to try and meet these demands. This has translated at the frontline, to middle management (Managers Casework and Managers Client Services) being forced to increase their Caseworkers' caseloads to levels beyond their capacity. This fact has been borne out in recent surveys undertaken by PSA[2] in which over 70% of respondents reported regularly excessive hours – unpaid hours.

2. OUT-OF-HOME CARE (OOHC)

2.1 The increasing numbers of children in OOHC coupled with the stalled transition of children to NGOs has resulted in OOHC caseworkers having excessive caseloads. The department had reported in 2012 that by 30 June 2015 Community Services would have case management of only 3,244 children in Statutory OOHC and 2,469 children by 30 June 2016 (refer to Attachment 1, Issue 4 *Transition Program Office News*, page 5). Based on the last published statistics (refer to Attachment 2, *OOHC Transition Dashboard* June 2015) Community Services had case management of 5,629 children in Statutory OOHC. This was the last monthly OOHC transition dashboard released by FACS and it is understood that the number of children in Statutory OOHC case managed by Community Services as of 30 June 2016 has hardly changed since 2015. For reasons unknown to the PSA, the department ceased publishing this dashboard.

2.2 The casework tasks and administrative demands placed on Community Services caseworkers are significantly more than NGO caseworkers. In addition to Community Services case management responsibility of the 5,000 plus children in Statutory OOHC, there are a further 7,000 children in Supported OOHC (many Aboriginal) for which Community Services OOHC caseworkers carry responsibility. FACS financially supports all these placements (which are generally relative and kinship carers) and although the capacity to provide case management is severely restricted, there are significant casework administrative tasks involved in supporting these children's placements. It should be noted that the vast majority of these children had been previously taken into care due to abuse and neglect and are subject to Children's Court orders. The abuse, neglect and trauma suffered by these children are no less than those children subject to Children's Court orders for Statutory OOHC. The support provided to these carers should also be no less than what is provided to foster carers, however this is not the case.

2.3 There is an immense administrative burden (including Children's Court work) placed on Community Services caseworkers when a child comes into care. It is only when tasks such as family finding, placement assessments, biological family contact arrangements, getting birth certificates, Medicare cards, immunisation records etc. have been completed that a child can be transferred to an NGO.

[2] PSA Submission to the Inquiry into Child Protection, Section 4.2

3. UNFILTERED PRESSURE ON CASEWORK STAFF TO INCREASE FACS PRODUCTIVITY STATISTICS

3.4 Over the past 3 years following Localisation the FACS executive have in their actions changed direction from a focus on changing the casework culture under Practice First to a short sighted strategy of increasing productivity. Caseworkers find themselves having to churn through a never ending stream of ROSH reports and are not afforded the time to properly engage with families and the opportunity to affect change. As outlined in our submission, productivity benchmarks have been imposed on each of the 15 districts to increase the number of face to face responses to child protection reports. The department has not provided details (to either the PSA or the District Directors) as to how these benchmarks are calculated and whether these benchmarks reflect each district's capacity to achieve them. Behind the quarterly productivity Caseworker Dashboard report there is a plethora of other internal productivity reports which can drill into the monthly productivity of each caseworker in the state. Although the FACS executive state the focus "is about children and not just about numbers", they have instituted an operational monitoring system which results in caseworkers being allocated excessive caseloads coupled with the day to day threat of being subject to performance management if they do not complete all casework tasks associated with their allocated caseloads. Of great concern, caseworkers are finding that they have to compromise the quality of casework in order to keep pace with the work demands placed upon them. There have been increasing examples of records being created on KIDS with minimal or no content in order to reflect increased productivity. This does not mean that the caseworkers have not actually done the work but more not having the time to write up their assessments, case plans and home visits. As a union we are not in a position to provide specific examples to FACS as there would be repercussions for the staff engaging in this practice. It is symptomatic of a workforce under immense workload pressures.

4. CASEWORKER DASHBOARD AND CHILD PROTECTION

4.5 The inquiry should note that the caseworker Dashboard actually under-reports the work undertaken by caseworkers. An example of this is the reported number of face to face responses to ROSH reports. The dashboard statistics are based on the number of children who have had a face to face assessment in a 12 month period and not the number of actual ROSH reports which resulted in face to face assessments. According to the Caseworker Dashboard for the June 2015 quarter 20,495 children received a face to face assessment. However, the actual number face to face assessments completed by caseworkers are more that 70% more than reported. According to the 2014-15 FACS Annual Report[3] 20,603 children subject to a ROSH report received a face to face assessment, but the overall number of face to face assessments completed by caseworkers was 35,433. The difference in these figures reflect the fact that in any 12 month period, many children are subject to multiple ROSH reports, have multiple child protection responses and multiple face to face assessments by Community Services

[3] *Family and Community Services Annual Report 2014 – 2015*, page 26.

caseworkers. Based on these figures, the Caseworker Dashboard actually under reports the number of face to face assessment by over 70%.

5. RECENT APPROACHES TO THE FACS EXECUTIVE ON EXCESSIVE WORKLOADS

5.6 The PSA have had 2 recent meetings with the FACS Secretary, Michael Coutts-Trotter and Deputy Secretary, Deidre Mulkerin during which concerns were raised in relation to low staff morale and unreasonable work demands being placed on caseworker staff as well as their colleagues in administrative support positions in frontline offices. In the last meeting of 15 September 2016, the example of excessive caseloads in Liverpool office (the South Western District OOHC hub) was raised. At that time some caseworkers had allocated caseloads of 22 cases. In the same office caseworkers were individually called into meetings with management and asked to explain why they were not completing all their casework tasks. The managers had quality assurance reports for each caseworker highlighting work which had not been completed or not completed to the expected standard. It should be noted that the same district has established a Quality Assurance team (consisting of caseworkers) which monitor the work undertaken in that district and can produce Quality Assurance reports for each caseworker identifying when casework tasks are either overdue or not of the expected standard. Both the Secretary and Deputy Secretary acknowledged that such caseloads were unreasonable and expressed the view that they were not happy with caseloads of 15 cases. The Deputy Secretary committed to following up on this particular example.

5.7 At the following State FACS Joint Consultative Committee (**JCC**) on 20 September 2016, the PSA raised the concerns over excessive and unsafe caseloads. The PSA highlighted concerns that responsibility and accountability for the department's inadequate resourcing in child protection and OOHC was being pushed down onto frontline staff; that unreasonable caseloads coupled with the emotional challenges for working in child protection reflected through high rates of sick leave; high levels of Worker Compensation claims (especially for psychological injury); incidence of secondary and vicarious trauma; the exodus of experienced caseworkers highlighted concerns that as an employer, the department was failing to provide a safe working environment for its employees. As a first step to try and identify and quantify the incidence of caseworkers allocated excessive caseloads, the PSA requested that the department undertake an audit of caseloads for all caseworkers in the state. The department's response at the JCC was if the PSA wished to push this issue it would also drill into the caseworkers who had low caseloads and appeared to dismiss what is a very serious issue.

5.8 The following day Deputy Secretary Deidre Mulkerin sent an email response to the PSA in follow up to the excessive caseloads at the Liverpool office (refer to Attachment 3). To summarise her response, Ms Mulkerin confirmed that caseworkers were allocated caseloads in excess of 20 cases but that it was a local issue and needed to be addressed at the local level. This response is consistent with previous approaches to the FACS executive in raising what the PSA recognises as a serious systemic issue i.e. that any identified examples are local issues and need to be dealt with locally. The fact is FACS is aware from its own internal reports (be it casework productivity or WHS) that excessive workloads is a systemic issue across the department, admittedly some workplaces are

worse than others. It is not good enough to dump responsibility and accountability to the districts to fix. If FACS takes its WHS responsibilities seriously and truly respects and values its employees, it needs to address this centrally.

5.9 It has been over 8 years since there has been an increase in caseworker numbers. Given the ever increasing number of ROSH reports and children entering OOHC, the fact that caseworker are carrying excessive caseloads and forfeiting hours, the toll this is having on their health and only 30% of children subject to ROSH reports receive a face to face assessment, a significant increase in Community Services caseworker numbers and administrative staff is long overdue.

Public Service Association of NSW
Answers to Supplementary Questions

1 ***With regards to concerns regarding excessive caseloads – what has the Minister and the Department's response been when these concerns have been raised?***

Over many years, the PSA has repeatedly raised concerns about excessive workloads and the inadequacy of resources at both the Ministerial and Senior Executive levels. On occasion, the government has responded appropriately to these concerns. For example, in 2003 in response to representations from the PSA, the Department embarked on a program of reform that saw caseworker numbers nearly double over the following five years. Also in 2011 and 2012, following a PSA campaign about caseworker vacancies, there was a concerted effort on the part of the Department to fill vacancies. This has seen caseworker vacancy rates fall from over 15% to approximately 3%.

Currently, and to the frustration of our members, the Minister and the Family and Community Services (**FACS**) Executive have refused to acknowledge that resources are stretched to breaking point in the face of growing numbers of reports of children at Risk of Significant Harm (**ROSH**) and children in Out-of-Home Care (**OOHC**). FACS' strategy in managing increasing work demands has been to increase the pressure on casework staff to meet these demands. Caseworkers' caseloads now exceed the capacity of casework staff and our members report regularly working excessive and unpaid hours just to keep their heads above water.

At all levels of management, FACS is aware that caseworker caseloads are excessive and that this presents a serious work health and safety risk, but there is an unwillingness or inability to acknowledge that it is a serious, systemic problem. At a recent meeting between the PSA and the FACS Secretary, Michael Coutts-Trotter, and Deputy Secretary, Deidre Mulkerin, excessive workloads at the Liverpool officer were dismissed as a local issue requiring a local solution. At the September 2016 meeting of the Joint Consultative Committee with FACS, the PSA proposed an audit of caseloads for all caseworkers in the state be conducted to identify and quantify the incidence of the risk. However, this proposal was rejected by FACS.

2 ***What is your understanding of the inherent risks your members in child protection face?***

Risk of physical harm

Members in child protection face the risk of physical violence in Community Services Centres (**CSC**) and at client homes. The risks include assault, threats of harm and intimidation. The sources of the risks are not limited to parents, their extended family and

friends. Children and young people who are emotionally dysregulated, and at times under the influence of drugs and alcohol, can also respond in a physically violent manner when feeling threatened or psychologically unsafe. The risk is likely to be higher when caseworkers are engaged in frequent client contact such as supervising contact visits, and when children and young people are affected by instability due to multiple placement changes and uncertainty regarding permanency.

Risk of psychological harm

Psychological risk may come as a result of angry family members assaulting, threating, and intimidating workers. Further, hearing about the victimisation and abuse of children can be very disturbing for the empathic member and can result in feelings of helplessness, anger, and hopelessness. Exposure to the trauma experienced in the role as a helper can present as compassion fatigue (a gradual lessening of compassion over time, common in people who work directly with trauma survivors), vicarious traumatisation (an internal transformation that occurs within trauma workers resulting from their empathic engagement with trauma survivors), and secondary traumatic stress (**STS**) (the stress of helping or wanting to help a person who has been traumatised). Signs of secondary trauma include avoidance of certain clients, preoccupation with clients and/or their traumatic experiences, intrusive thoughts, hyperarousal/irritability, feeling detached or isolated, and feeling hopeless, depressed and risk of suicide. Professionals who work with traumatised parents, children and young people are also at risk of experiencing alterations in their worldview, feelings, relationships, and lives.

There are multiple sources of secondary trauma for child welfare professionals, including:

- a death in the course of casework,
- investigating a vicious abuse or neglect report,
- frequent exposure to detailed emotional trauma accounts by children,
- viewing photographic images of horrific injury or scenes of a recent serious injury or death,
- supporting grieving family members following a child abuse death,
- concerns about the continued funding and adequacy of resources for their agency, and
- concerns about being publicly scapegoated for a tragic outcome when they did not have the means or authority to intervene effectively. [1]

Child welfare professionals who are parents themselves or who have their own histories of trauma might be at particular risk for the negative effects of secondary traumatic stress.

The child welfare system itself can be a highly reactive, traumatising system without enough services and supports to effectively assist the workforce in responding. Feeling frustrated when trying to deal with a complicated, often insensitive system, and experiencing a sense

[1] Osofsky, Putnam, & Lederman (2008) How to Maintain Emotional Health When Working with Trauma' in *Juvenile & Family Court Journal*. Vol. 59 (4), pp. 91-102.

of helplessness when trying to help children heal make staff vulnerable to developing their own emotional and physical problems. Some professionals struggle with maintaining appropriate boundaries and with a sense of overwhelming personal responsibility. These challenges can be intensified in resource-strapped agencies, where there is little professional or personal support available.

a. What support is provided by the Department to child protection caseworkers who are assaulted or injured in the conduct of their job? What support is provided to prevent these injuries?

There is a FACS occupational violence procedure document which primarily focuses on the prevention and management of occupational violence. In this regard, the standard procedures are emergency response via Triple Zero, administration of first aid, offer and provision of Employee Assistance Program (**EAP**) counselling, and workers compensation entitlements. These options are the standard options provided to all FACS employees.

Staff engaged in child protection work require additional preventative and more holistic measures to address the inherent risks associated with child protection work. We have been informed that FACS is considering such measures for the 2017 policy cycle. Given our members are facing these risks every day, FACS is failing in its Work Health and Safety (**WHS**) obligations by not having an appropriate regime in place now.

b. What support is provided to prevent these injuries?

FACS has generally been reticent to fully acknowledge the dangers to staff associated with vicarious trauma and have regularly confused vicarious trauma with 'burnout'. The standard, and seemingly tokenistic, recommendation from FACS has been for workers to access EAP in relation to these types of injuries.

This kind of response has cemented opinion that FACS is either unaware, or purposely ignoring, the general effect, treatment and prognosis of workers suffering from this type of trauma. The emotional, behavioural, cognitive and physical/psychological effects of vicarious trauma can be devastating on both workers' productivity and their general wellness. Treatment often will require specialist support and mental health interventions.

FACS has not demonstrated a proactive stance to mitigate the risk of these injuries to staff. For example, there are no specific vicarious trauma training modules for staff that adequately address vicarious trauma. There are no clear and easily accessible processes in place regarding provision of professional, focussed support.

The additional pressures of unrealistic workloads exacerbate likely poor outcomes for staff suffering from vicarious trauma. The self-care regimes generally acknowledged to mitigate vicarious trauma are not fully and pragmatically supported by FACS.

The work done by Joint Investigation Response Teams (**JIRT**) exposes workers to significant risks, and the JIRT Work Health and Safety Plan '*Strategies for prevention of psychological*

illness and injury' (refer **Attachment 1**) states that all staff "are specifically trained to undertake this work, which includes self-care." However, there is only minimum coverage of vicarious trauma in the JIRT training package and strategies such as job rotation, while appearing sensible and appropriate, are no longer attractive as workers can no longer be certain of returning to a role after rotation because of the *Government Sector Employment Act 2013*.

The following additional policies and procedures are also in place in relation to child protection practise:

- Predicting and Managing Occupational Violence training course for frontline staff.
- Client Context Risk Management Tool, which should be used in a Pre-Assessment Consultation between a worker and management when there is a perceived or identified risk to a worker. This document is at **Attachment 2**.
- Collaboration with Police to limit the possibility of violence or assault towards members.
- Joint home visits (two caseworkers) when there is an increased risk of violence.
- Meetings held in CSCs in high-risk rooms, which are fitted with duress alarms, and cameras.

c. What support is provided by the Department to child protection caseworkers suffering from secondary and vicarious trauma?

To our knowledge, FACS does not currently provide any regular specific training, education, and support to staff suffering from secondary traumatic stress (STS), and vicarious trauma. FACS does not have policy on psychological harm and injury that specifically addresses the prevention and management of secondary traumatic stress and vicarious trauma associated with staff working in child protection. FACS does not utilise any measures of secondary and vicarious trauma for use with members engaged in direct client contact, even though these measures are available (for example, the *Professional Quality of Life Scale*).

Not only is there no specific support, but there are practices and ideologies which push in the opposite direction, increasing the risk for workers suffering from STS and vicarious trauma. This includes the drive for increased workloads in the context of higher demand, reduced funding and regular staff turnover. Further, there is a culture in Community Services in which bringing issues to the attention of management is perceived as weakness in the worker, and can lead to targeting through bullying, harassment and formal work performance management. Our members report they are reluctant to raise concerns relating to their psychological health and wellbeing when they have no confidence in how these issues will be managed.

d. How does this compare to supports and protections provided to similar frontline crisis workers such as police, ambulance, firefighters, and prison officers?

Other than for prison officers, the PSA has limited coverage of these areas and we do not have a full knowledge of the supports and protections available.

In prisons, the injury risks are well known and officers and their managers have established processes to minimise those risks. Corrective Services NSW has a policy dealing with support after a serious incident that details a number of supports including a debrief, but it is our experience that the processes contained in the policy are rarely observed in practice.

The PSA has coverage of civilian staff working in NSW Police, and we understand that there is a formal process to support employees involved in critical incidents, although this is only usually utilised by sworn officers. Our members, such as radio operators, triple zero operators, special constables and crime scene investigators, have in the past been excluded from such processes and supports.

The NSW Government has recently released the *Mental Health and Wellbeing Strategy for First Responder Organisations in NSW.*[2] The strategy includes various measures to promote and protect the mental health and wellbeing of workers within these agencies. The extension of this strategy to child protection casework staff would be welcome.

3 ***What impact do rapidly shifting changes in tasks and priorities have on your members? i.e. OCG compliance, pool checks, face-to-face assessments.***

a. Do caseworker staff have concerns about the effect on their capacity to do their job?

b. Do you think these rapidly shifting priorities contribute to an increased risk to children? How do they contribute?

The last four years have seen rapid, unplanned and uncoordinated change to policy, practice and procedure in Community Services. The agency continues to struggle to meet the changes that are driven by legislative amendments, the outsourcing of work to NGOs, various reviews and responses to critical incidents. Often new policy directions are not well planned or coordinated and lack a robust training component. These initiatives are fraught with risk and implementation is poor. The shift away from face-to-face training for caseworkers to e-learning leads to serious knowledge gaps and further adds to the confusion felt by casework staff.

Caseworkers often waste valuable time trying to establish which policy, procedure or guideline is current and applicable to their work. Community Services Intranet Support tools and guides are not updated in a timely manner, and it can often be a year or more until they reflect the correct information to guide caseworkers. For the same reasons, managers are unable to clarify which information is current and correct, and are unable to provide guidance. This problem is intensified when there is conflicting policy, procedures and guidelines on the Intranet, as new policy is written and old policy is not amended or removed. Understandably, this is a major source of frustration and anxiety for child protection staff.

[2] https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/First%20Responders_FINAL_WEB%20%281%29.pdf

One example of the rapidly shifting priorities impeding child protection casework is 'Project 42'. In September 2015, caseworkers were directed to complete home visits and safety checks (including compliance checks on swimming pools) on all children within OOHC. This was to occur within the very limited timeframe of 42 days. There was no consultation with staff or the PSA about this directive, and no additional resources were to be provided to complete the task. This caused a great deal of angst for our members, as there was no way to accomplish it without neglecting important child protection and Office of Childrens Guardian (**OCG**) accreditation work. The PSA sought urgent meetings with the Minister and FACS Executive to negotiate more realistic timeframes and outcomes. The additional pressure this placed on members and their vital work with children and families could have easily been avoided.

The impact of rapidly shifting demands can also be seen in the three Districts that are yet to meet OCG accreditation. Up until late 2015, our members in these Districts were being congratulated by FACS management for increasing the number of face-to-face assessments. These same members now report being regularly harangued and threatened with losing their jobs if their District does not gain OCG accreditation. The necessity of accreditation has been well known for some time, but this problem has come about because of a failure on the part of senior management to adequately plan for this work. However, it is the staff Community Services who are now acutely and personally bearing the impact of this change.

This has all occurred in the context of continual organisational restructuring and outsourcing, which in turn places additional pressure on workers delivering frontline services. Community Services staff have faced multiple phases of such changes, including the closure of the FACS delivery of Brighter Futures and Strengthening Families, localisation, the complete transfer of OOHC to the NGO sector, 'OneFACS' and now the collapse of the Districts. Our members working in child protection feel the full brunt of these changes, are changes are so frequent that they suffer change fatigue.

Valuable energy and resources are consumed by coping with rapid and constant change. Whenever the focus of a caseworker shifts away from investigation and assessment of children at risk, the risk factors for vulnerable children significantly increase. Caseworkers worry constantly about the cases they cannot get to, the children they cannot see, and the parents they cannot engage and build relationships with. This is because it is felt that there is no sharing of risk on the part of FACS; if a critical event occurs, it is the caseworker who is held accountable.

4 ***Why do you have industrial bans in place? What is the subject of these industrial bans?***

The industrial bans in place as at 30 June 2016 are listed in **Attachment 3**.

These bans have not been issued lightly and delegates on the PSA Community Services Departmental Committee of PSA Delegates are careful to ensure that compliance by members with the directions will not place any child or young person at risk. Most have the

purpose of freeing up casework staff to perform casework by reducing onerous reporting and bureaucratic demands.

A further explanation of the background of these bans follows:

i. Workload Planner – the Workload Planner (**WLP**) is a tool developed by PSA members in Community Services and has been in use for almost 20 years. Previous Director Generals for Community Services have supported the use of the WLP and lauded its benefits. It is used by managers and caseworkers in planning casework activities for the children and families allocated to a particular caseworker. It also ensures that allocated caseloads are safe, manageable and not beyond a worker's capacity. It mandates that an assessment is made before a case is allocated of the amount of work it will require. Community Services needs to be accountable for work that cannot be allocated within current staffing levels, not the caseworkers and their managers.

ii. Arbitrary caseload allocation – Caseworkers have complained that managers are pressured to allocate cases beyond a worker's capacity so that Community Services can inflate their statistics to report increased 'productivity'.

iii. Briefing notes and ministerial correspondence – This was to address the incidence of members increasingly spending their time preparing briefing notes and correspondence for the Minister and consequently have less time to work with children and families. A review undertaken into Community Services by KPMG (in 2011/12) identified a disproportionate amount of time and resources were spent collecting and reporting information to the Minister's office.

iv. Working excessive hours – It is widely known that Community Services staff work excessive hours and that about 20% of the work undertaken is unpaid overtime as they attempt to manage excessive workloads. The NSW Auditor General's 2010 report identified this as a serious WHS issue and made a specific recommendation to address this. To date, FACS has failed to act on this recommendation and in fact continues to arbitrarily increase workloads knowing staff do not have the capacity and are forced to work unsafe and excessive hours.

v. Performance Development Plan (PDP) – this ban was lifted as a result of orders issued by the Industrial Relations Commission on 27 September 2016.

vi. Structured Decision Making (SDM) Case Readings – Structured Decision Making readings are an evaluation process where casework staff and managers fill in lengthy and complex evaluation forms which are then assessed and analysed by non-operational staff. It is another method to centrally micro-monitor performance and practice of caseworkers across the state.

vii. Managers not to identify PSA members supporting industrial action – In response to the initial PSA workbans, FACS issued directions to managers to direct workers to undertake work which were covered by the workbans. If a worker refused, managers were then to

make a report. The PSA viewed this as a form of intimidation and issued this ban to protect members as well as members who held management positions.

viii. Centrelink Income Management –Income Management is discriminatory. PSA Delegates for Community Services voted unanimously to ban all work associated with the implementation of Income Management in child protection casework.

ix. E-learning – the PSA has concerns about the manner in which e-learning is being used in Community Services, and in particular that there has been no consultation about it. The biggest concern is all staff for our members is that, unlike for face-face training, no time is formally set aside for staff to complete e-leaning training modules. Consequently, many staff do not have adequate time to complete e-learning, a fact borne out by FACS' own data on completion rates.

5 ***What concerns do your members have about the transfer of OOHC services to the NGO sector?***

This issue is addressed in section 5 of our submission, which describes in detail the concerns our members have about the transfer of OOHC to the NGO sector.

Attachment 1

Issue 4

Transition Program Office News

Under the direction of the Ministerial Advisory Group (MAG), the Transition Program Office (TPO) has been working on some key documents in relation to the OOHC Transition over the last couple of weeks. These have now been endorsed by the MAG and are included in this issue of TPO News.

Transition Program Office update

Joanne Cowell commenced in the TPO on 10 April 2012 as the Community Services Policy Officer. Joanne has a wealth of experience in policy and practice in both government and non-government organisations. Since starting in the TPO, Joanne has commenced working on the review of the Case Management Policy as well as the Interim Business Rules for Exceptions Placements and Supports. Over the coming weeks Joanne will be attending Future Directions Forums as well as Regional Implementation Groups (RIGs) and is keen to meet people from the regions in her travels.

Appointments for TPO Executive representatives for ACWA and Community Services are expected to be made in the next month.

Policy Paper 1: Transition Priority Cohorts

On the 13 April 2012, the Ministerial Advisory Group (MAG) endorsed the **TPO Policy Paper 1: Transition Cohort Priority.** A copy of this document will be distributed to each RIG and is also attached to this newsletter.

The Policy Paper details the criteria for children, young people and their carers to transfer to an NGO. It aims to provide guidance to RIGs about priority groups for transition both now and into the future. The TPO acknowledges that the transfer targets as outlined in the policy are ambitious. That said, the excellent collaborative work already occurring through the RIGs means that these targets are more than achievable.

Transition achievements

Twenty-three Aboriginal children and their carers in the Northern Region have moved from Community Services to local Aboriginal NGOs since 1 March 2012. Burrun Dalai Aboriginal Corporation, Great Lakes Manning Aboriginal Children's Services and NgunyaJarjum have all taken on children and carers from Community Services.

The feedback about the transfer from foster carers as well as Community Services and NGO staff has been overwhelmingly positive. Well done to everyone involved in this initial transfer. An article about this transfer will feature in the next edition of *'Fostering Our Future'*.

Regional Transition Plan template and Reporting Tool

Part of the responsibility of each RIG, as stated in the OOHC Transition Implementation Framework, is to submit a Regional Transition Plan to the MAG for endorsement. The Plan should encompass the actions each RIG is undertaking in relation to each of the six Key Strategies. The TPO has developed a template for the Regional Transition Plan and a Reporting Tool (attached to email) to guide RIGs with planning and reports.

Each RIG, in consultation with their respective Future Directions Forums, should develop a draft of the Regional Transition Plan and submit it to the TPO by **30 June 2012**. Drafts will then be forwarded to the MAG for endorsement.

The MAG and TPO acknowledge that work being completed by RIGs may not be finalised until after 1 July 2012 therefore a **final** Regional Transition Plan must be submitted by RIGs by C.O.B on **1 September 2012**.

The Reporting Tool will need to be submitted by RIGs to the TPO on the **20th of each month.** This Tool will be the formal link between the RIGs and the TPO. The TPO will use the information in the Reporting Tool to track the progress of each RIG and report back to the MAG.

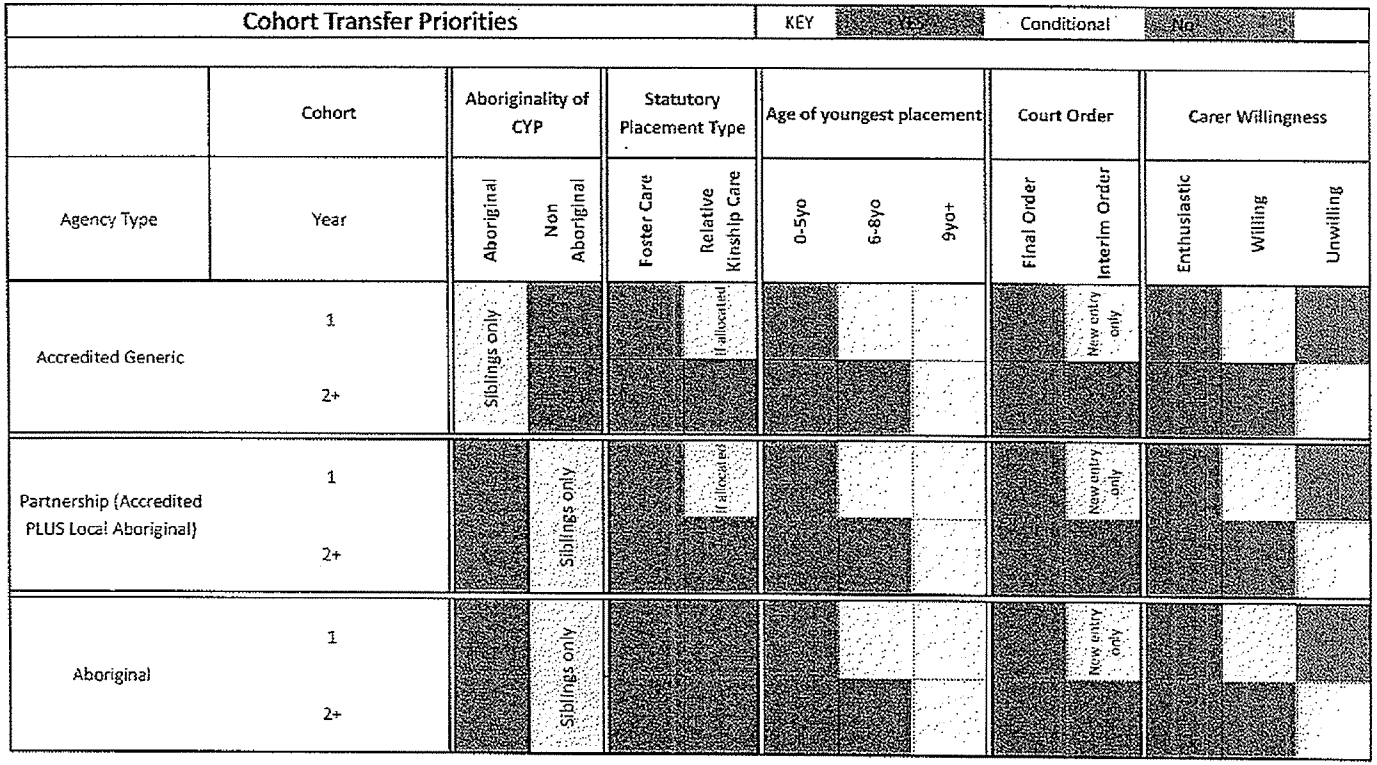
The templates have been devised so that they can be tailored to suit each region. Members of the TPO are available to guide RIGs through the template and the development of their Regional Transition Plan. Any feedback from RIGs on the layout and use of the Regional Transition Plan template and Reporting Tool can be directed by RIG co-chairs to Neha (neha@acwa.asn.au) for consideration.

RIG update

If you would like to attend an OOHC Future Directions Forum and are not currently on the mailing list please contact Neha (neha@acwa.asn.au).

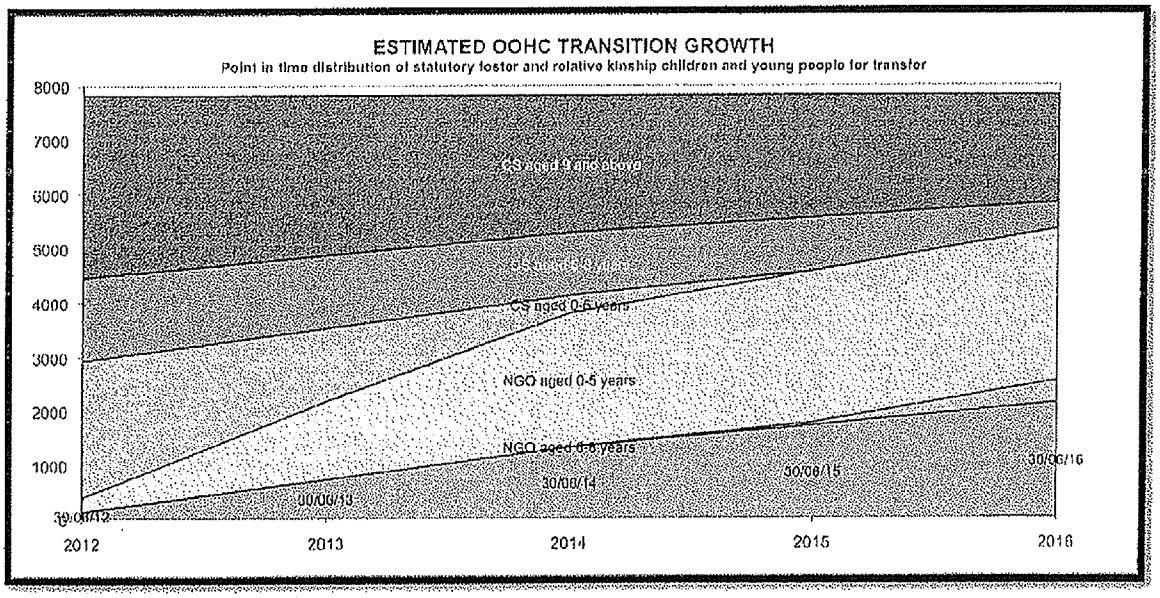
Region	Next OOHC Future Directions Forum	CS Chair	NGO Chair
Southern	3 May 2012 in Coniston	Jill Herberte, Regional Director	Chris Stubbs, CareSouth
Northern	24 April 2012 in Coffs Harbour	Susan Prilvald, Regional Director	Penny Kay, Life Without Barriers Dana Clarke, Burrun Dalai
Western	30 May 2012 in Orange	Carolyn Duncan, Principal Project Officer	David Ryan, UnitingCare Burnside
Metro South West	TBD	Clare Donnellan, Regional Director	Paul Ralph, KARI Jenni Hutchins, Benevolent Society
Metro West	TBD	Lisa Charet, Regional Director	Julia Carroll, Benevolent Society Maryanne Jacobs, UnitingCare Burnside
Hunter & Central Coast	21 May 2012 in Charlestown	Janet Vickers, Regional Director	Barbara Dow, Life Without Barriers
Metro Central	1 May 2012 in Strawberry Hills	Anne-MareeSabellico, Regional Executive Director	Margot Beach, Benevolent Society

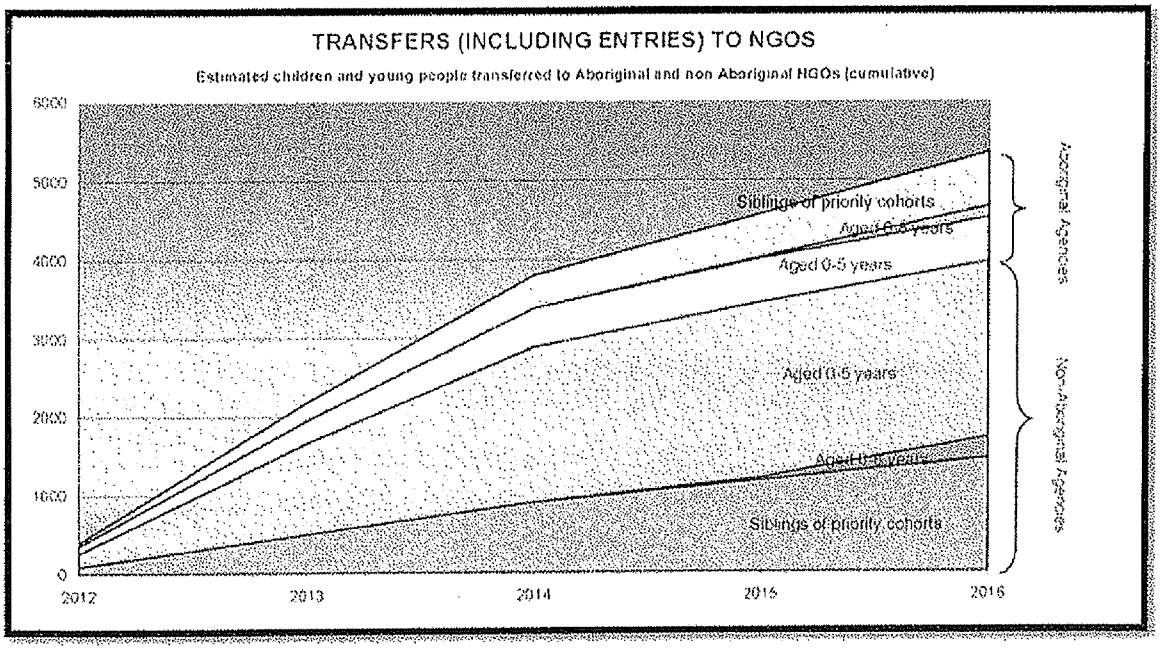
If you have any enquiries relating to the TPO please direct them to Neha Prasad: neha@acwa.asn.au, Peter Jones: accreditation@absec.org.au or Simone Czech: simone.czech@facs.nsw.gov.au


Cohort Transfer Priorities
KEY
Yes
Conditional
No
Cohort
Aboriginality of CYP
Statutory Placement Type
Age of youngest placement
Court Order
Carer Willingness
Agency Type
Year
Aboriginal
Non Aboriginal
Foster Care
Relative Kinship Care
0-5yo
6-8yo
9yo+
Final Order
Interim Order
Enthusiastic
Willing
Unwilling
Accredited Generic
1
2+
Siblings only
If allocated
New entry only
Partnership (Accredited PLUS Local Aboriginal)
1
2+
Siblings only
If allocated
New entry only
Aboriginal
1
2+
Siblings only
New entry only

Estimated Transfers to NGOs

Table 1: Statutory Foster and Relative Kinship NON-ABORIGINAL children and young people transferred (including new entries)					
Age of youngest placement	30/06/12	30/06/13	30/06/14	30/06/15	30/06/16
Aged 0-5 years	167	1165	1982	2242	2242
Aged 6-8 years	0	0	0	33	270
Siblings of priority cohorts	89	496	904	1176	1456
Total	256	1661	2886	3451	3968
Table 2: Statutory Foster and Relative Kinship ABORIGINAL children and young people transferred (including new entries)					
Age of youngest placement	30/06/12	30/06/13	30/06/14	30/06/15	30/06/16
Aged 0-5 years	93	291	495	560	560
Aged 6-8 years	0	0	0	18	145
Siblings of priority cohorts	41	232	422	549	680
Total	134	523	917	1127	1385
Total transferred	**390**	**2184**	**3803**	**4578**	**5353**
Table 3: Statutory Foster and Relative Kinship children and young people left with CS (including new entries)					
Left with CS	30/06/12	30/06/13	30/06/14	30/06/15	30/06/16
Aged 0-5 years	2542	1346	325	0	0
Aged 6-8 years	1531	1344	1157	981	488
Aged 9 and above	3359	2948	2537	2263	1981
Total remaining	7432	5638	4019	3244	2469
Total children and young people	**7822**	**7822**	**7822**	**7822**	**7822**

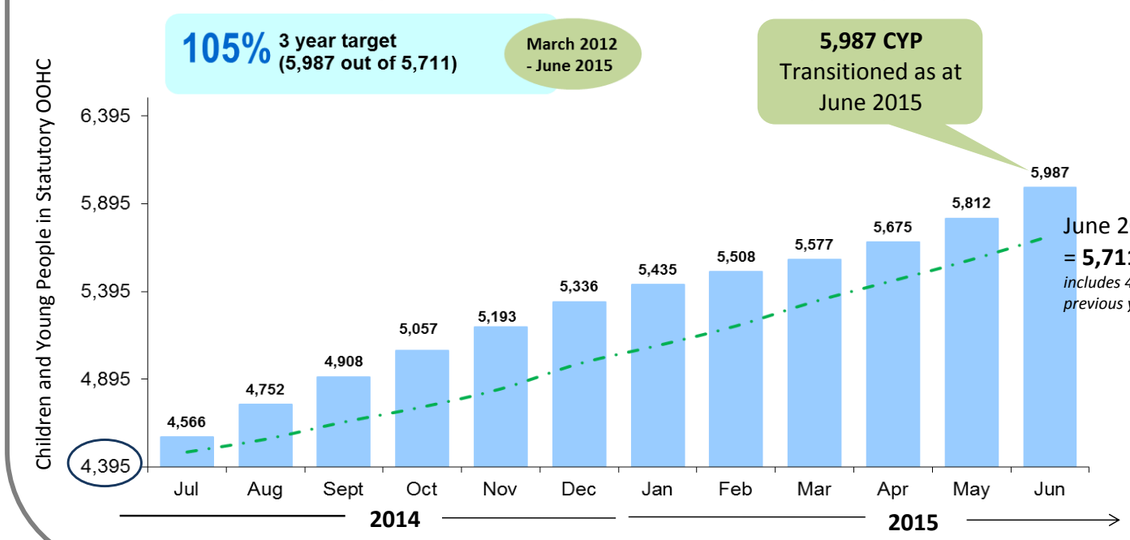

ESTIMATED OOHC TRANSITION GROWTH
Point in time distribution of statutory foster and relative kinship children and young people for transfer
8000
7000
6000
5000
4000
3000
2000
1000
0
CS aged 0-5 years
NGO aged 0-5 years
30/06/14
30/06/15
30/06/16
2012
2013
2014
2015
2016


TRANSFERS (INCLUDING ENTRIES) TO NGOS
Estimated children and young people transferred to Aboriginal and non Aboriginal NGOs (cumulative)
6000
5000
4000
3000
2000
1000
0
Siblings of priority cohorts
Aged 0-5 years
Aged 0-5 years
Siblings of priority cohorts
Aboriginal Agencies
Non-Aboriginal Agencies
2012
2013
2014
2015
2016

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Transition Progress - June 2015

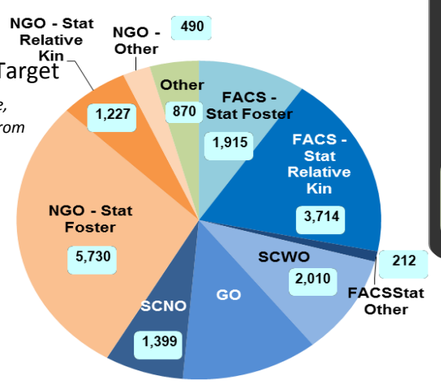
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)

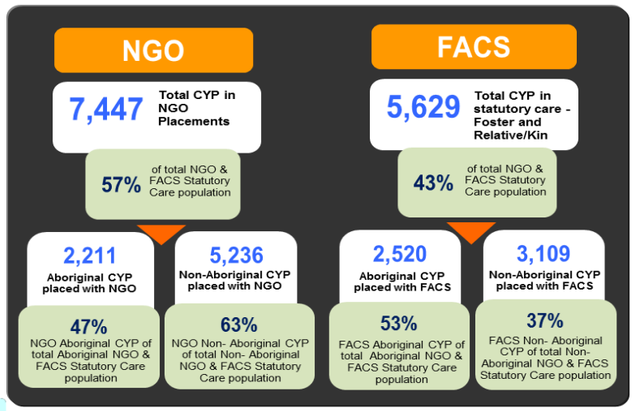


June 2015 overall OOHC population

19,997 Total CYP in Care as at June 2015^

17,567 Total OOHC population as at June 2015^^





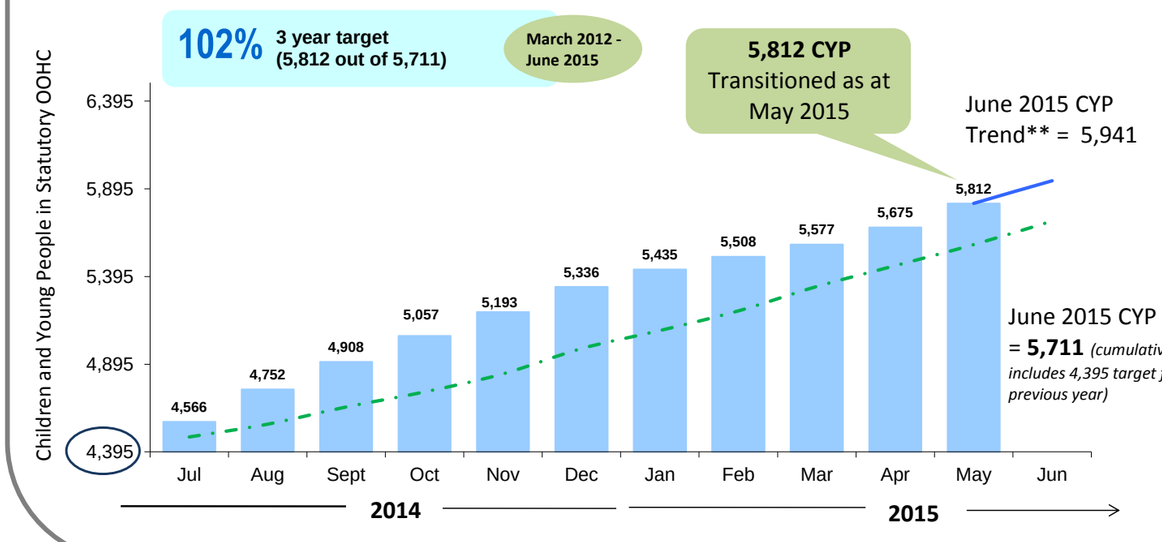
^Includes CYP with Guardianship Orders

^^Excludes CYP with Guardianship Orders

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Transition Progress - May 2015

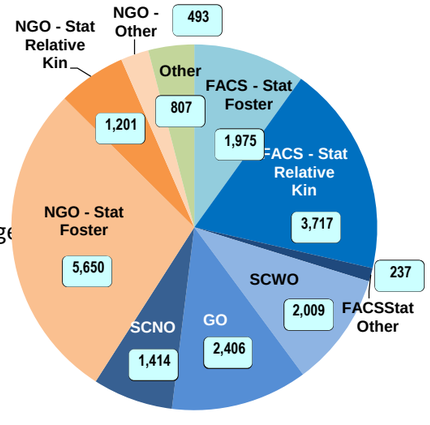
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)

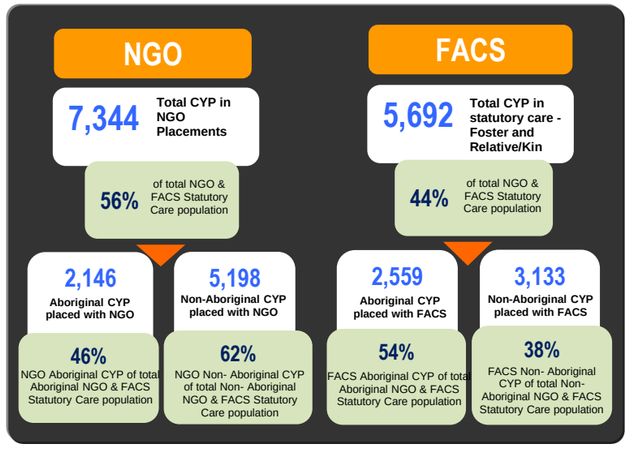


May 2015 overall OOHC population

19,909 Total CYP in Care as at May 2015^

17,503 Total OOHC population as at May 2015^^





^Includes CYP with Guardianship Orders

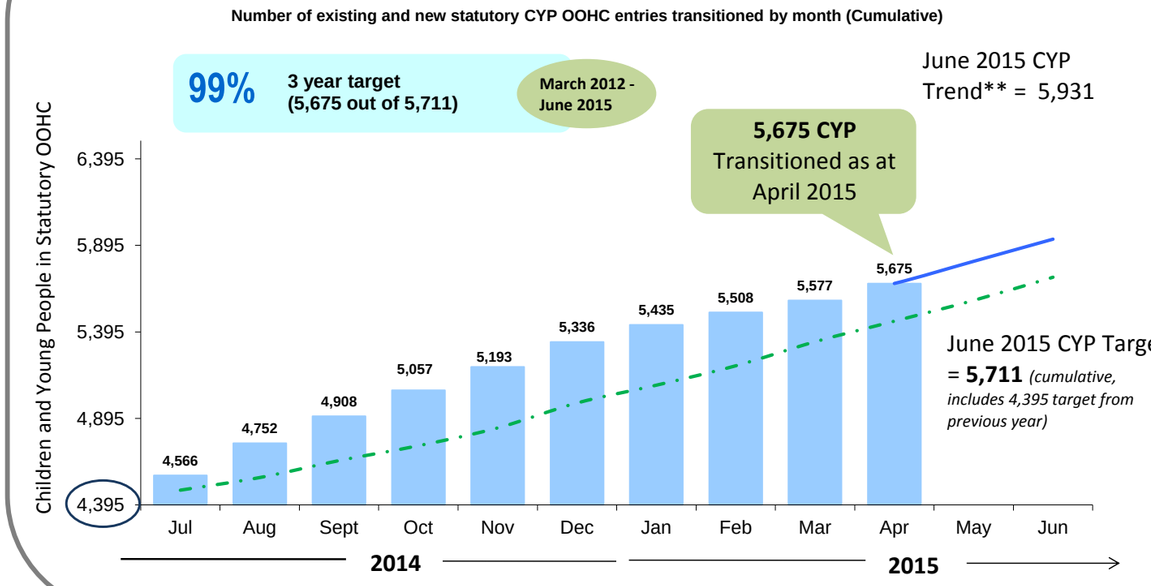
^^Excludes CYP with Guardianship Orders

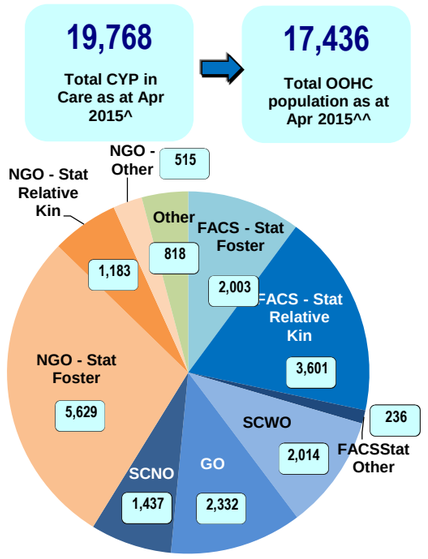
Attachment 2

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

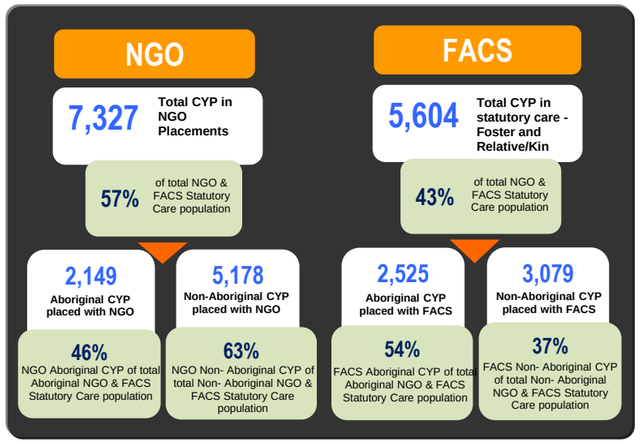
Transition Progress - April 2015

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)





April 2015 overall OOHC population



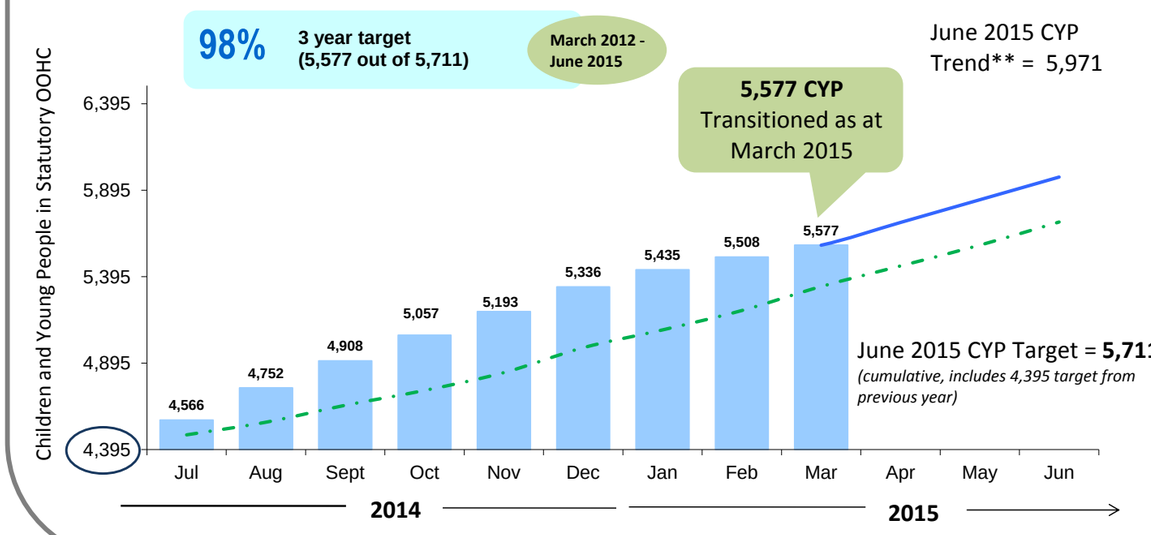
^Includes CYP with Guardianship Orders

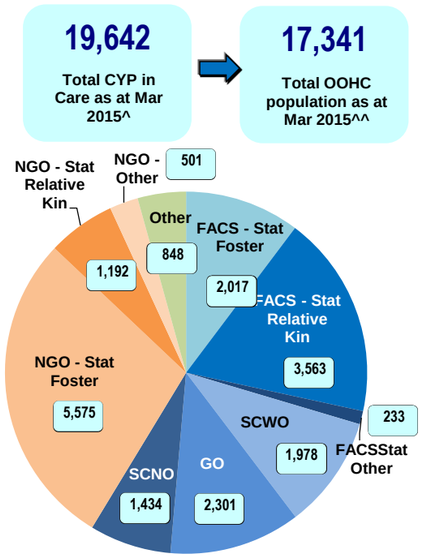
^^Excludes CYP with Guardianship Orders

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

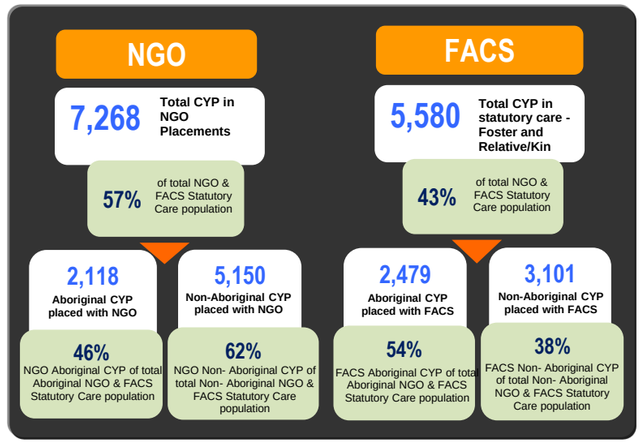
Transition Progress - March 2015

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)





March 2015 overall OOHC population



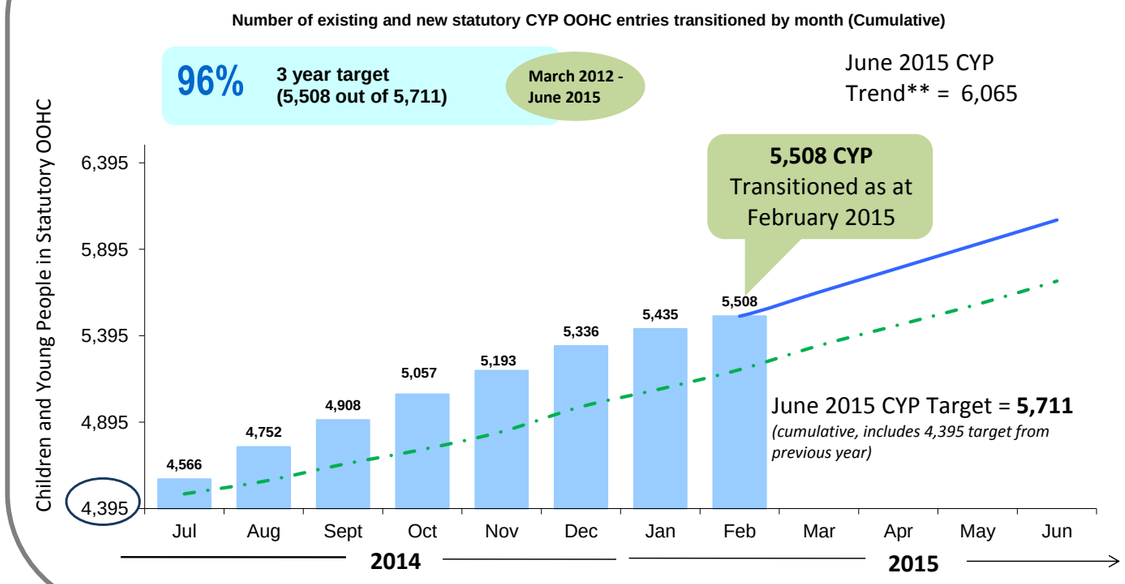
^Includes CYP with Guardianship Orders

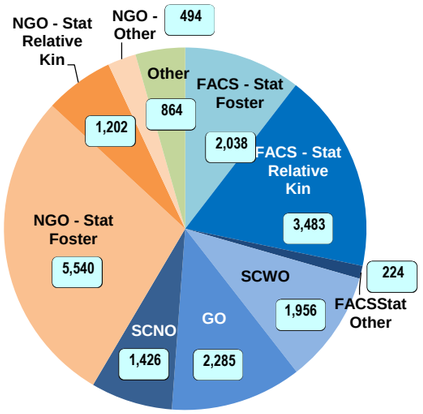
^^Excludes CYP with Guardianship Orders

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

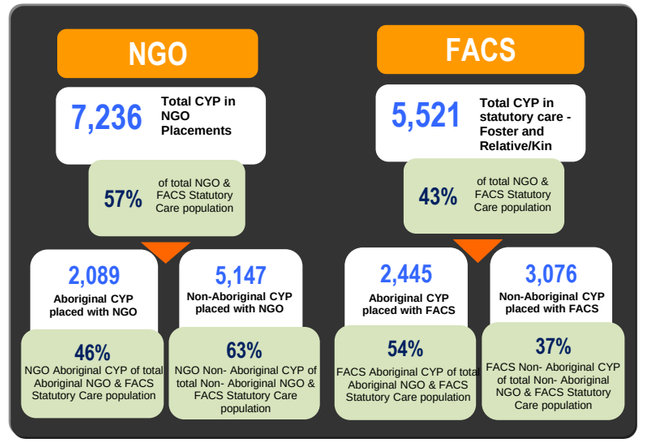
Transition Progress - February 2015

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)





February 2015 overall OOHC population



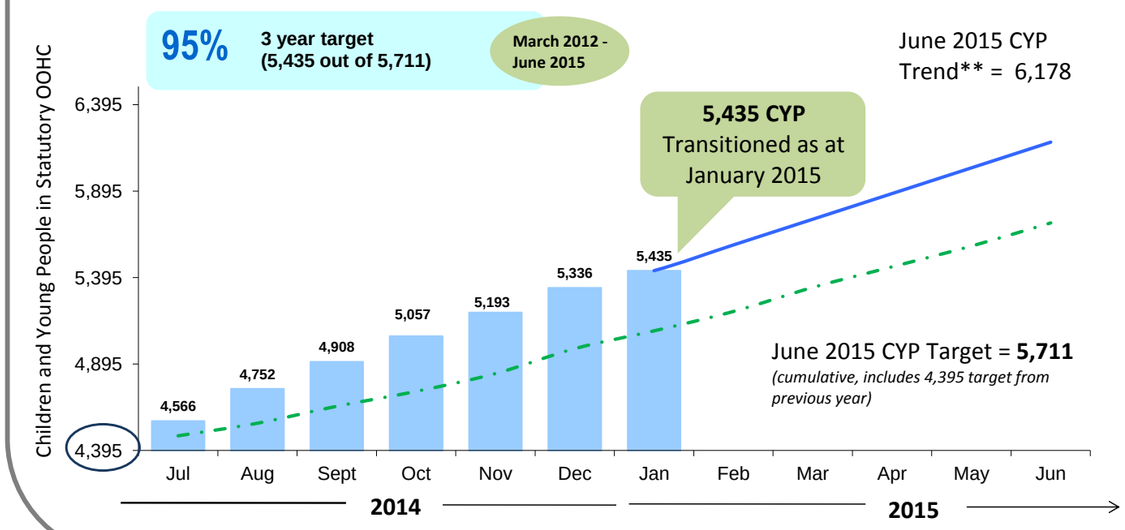
^Includes CYP with Guardianship Orders

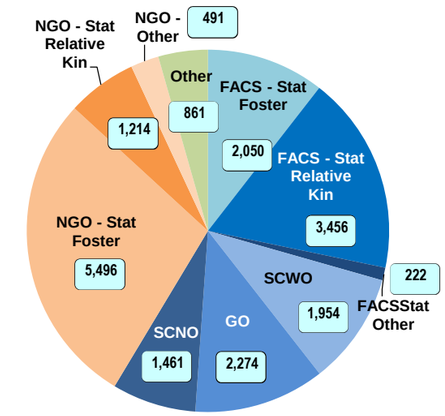
^^Excludes CYP with Guardianship Orders

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

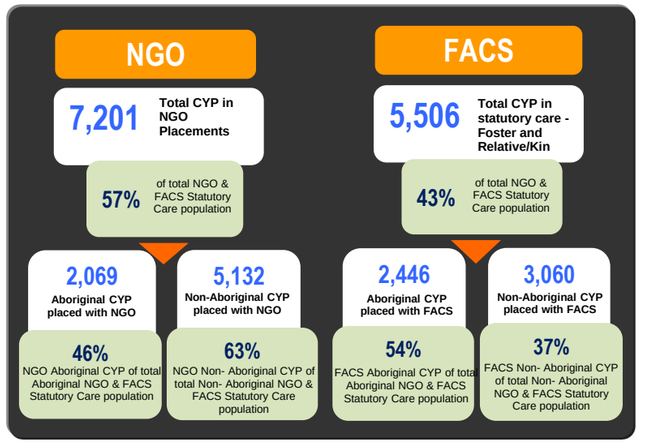
Transition Progress - January 2015

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)





January 2015 overall OOHC population

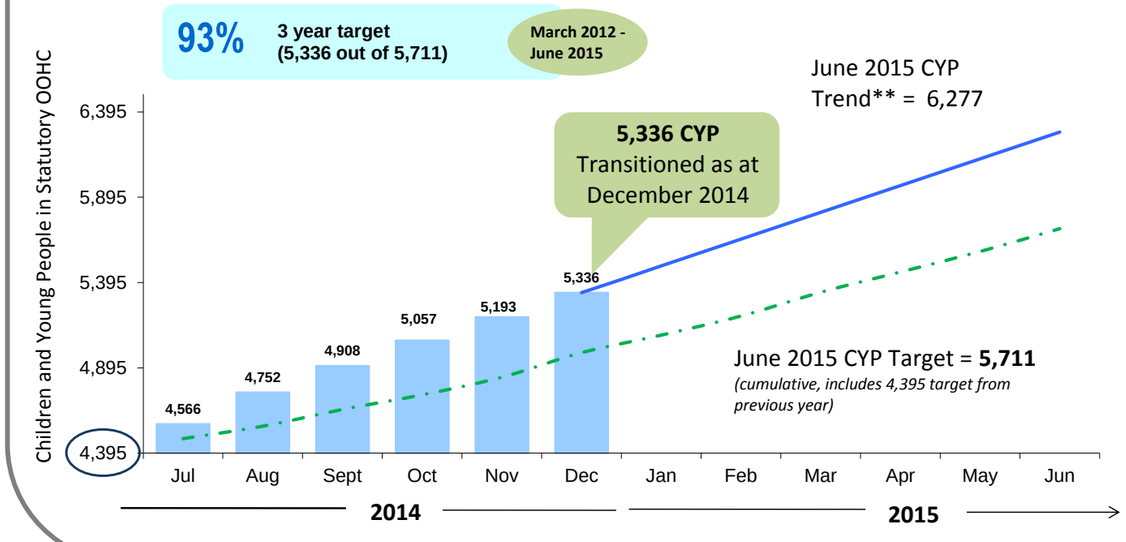


^Includes CYP with Guardianship Orders

^^Excludes CYP with Guardianship Orders

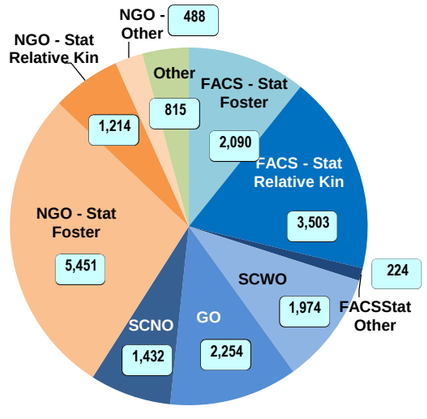
Transition Progress - December 2014

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)

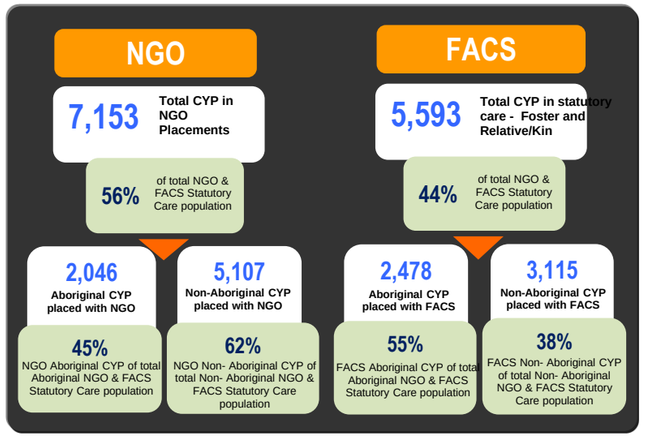


19,445 Total CYP in Care as at Dec 2014^

17,191 Total OOHC population as at Dec 2014^^



December 2014 overall OOHC population



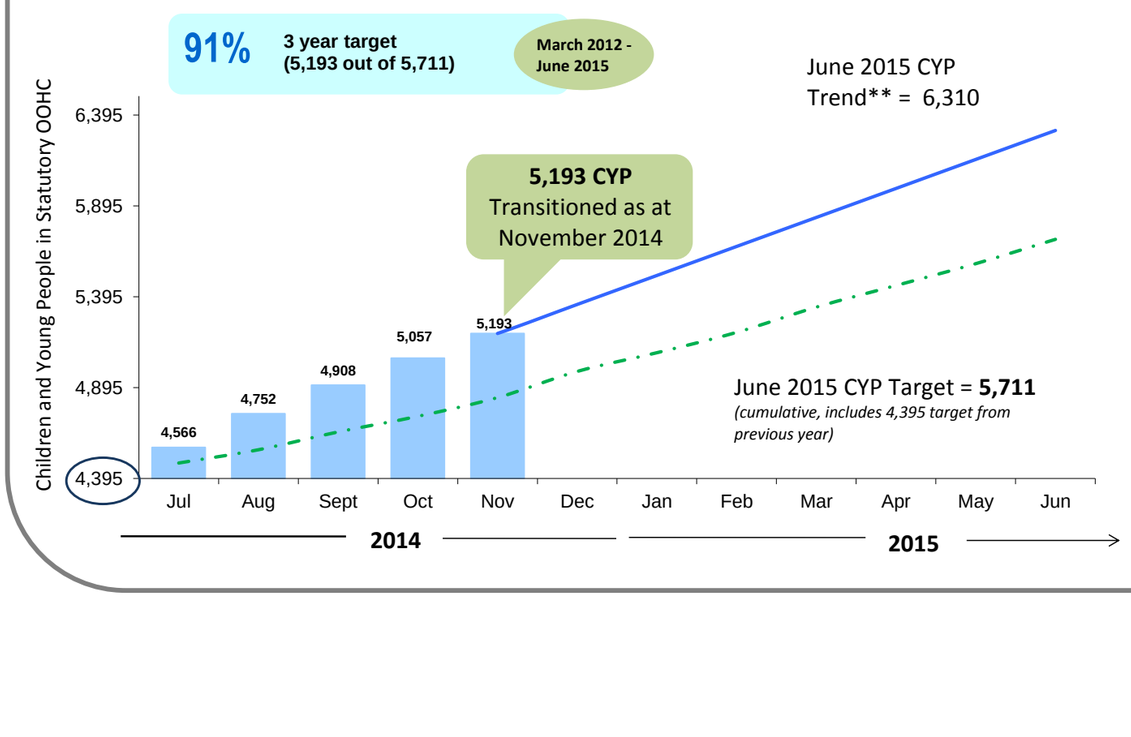
^Includes CYP with Guardianship Orders

^^Excludes CYP with Guardianship Orders

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

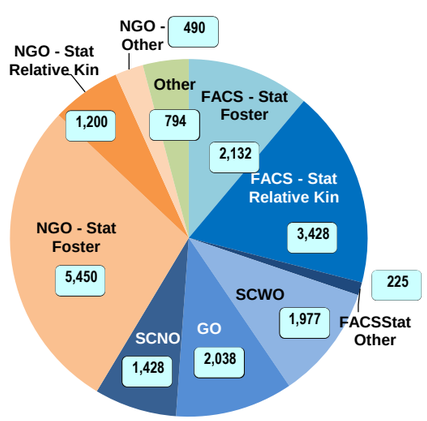
Transition Progress - November 2014

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)

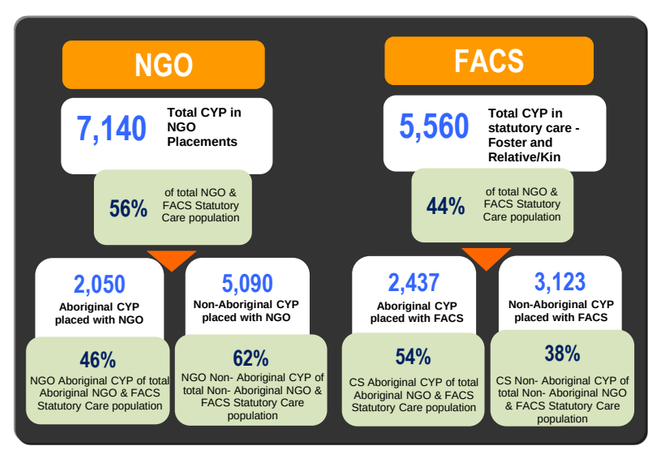


19,162 Total CYP in Care as at Nov 2014^

17,124 Total OOHC population as at Nov 2014^^



November 2014 overall OOHC population

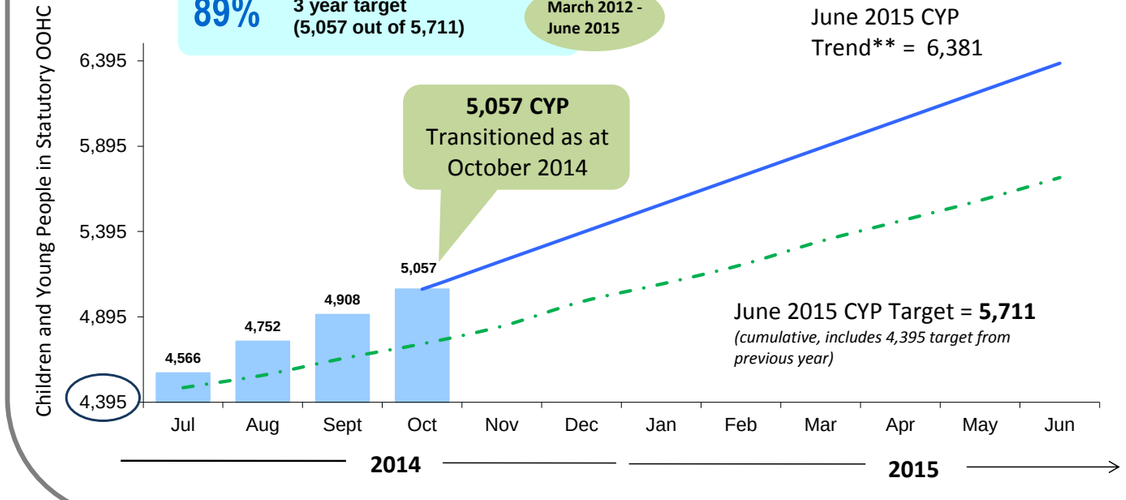


^Includes CYP with Guardianship Orders

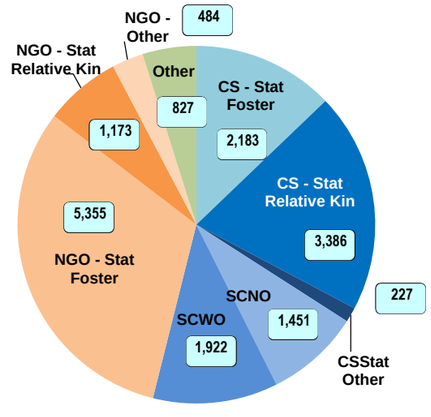
^^Excludes CYP with Guardianship Orders

Transition Progress - October 2014

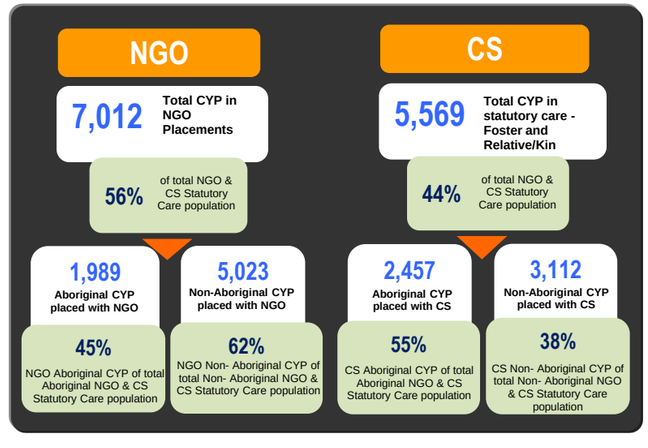
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)



17,008
Total OOHC population as at Oct 2014

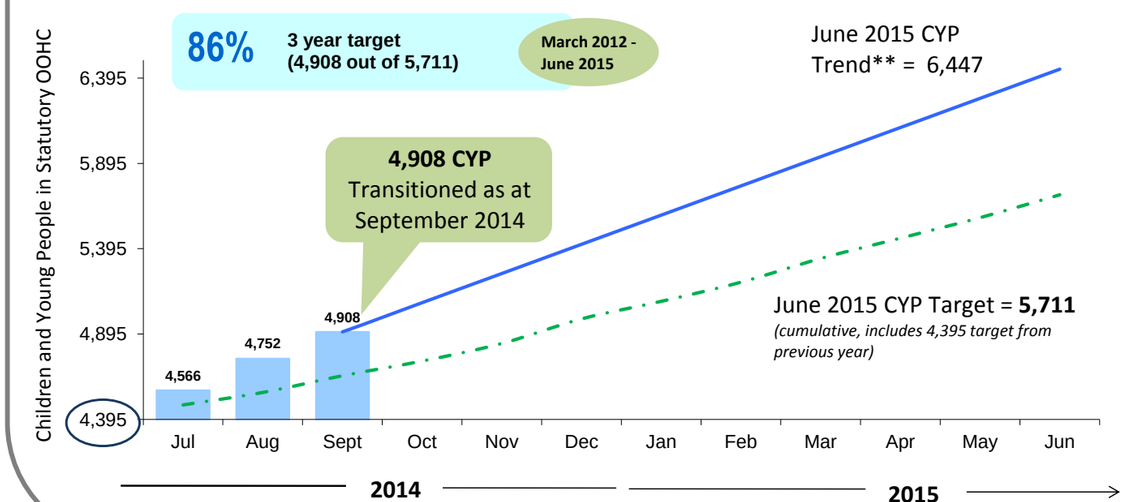


October 2014 overall OOHC population

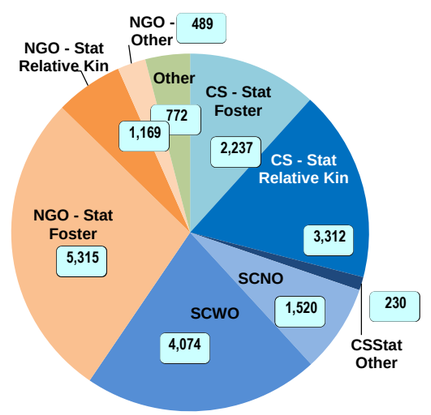


Transition Progress - September 2014

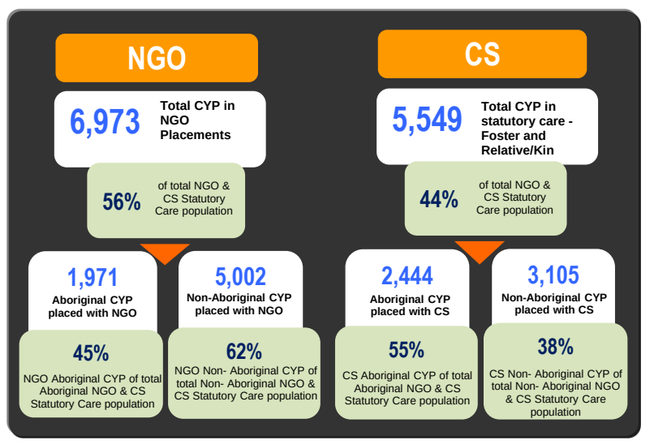
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)



19,118
Total OOHC population as at Sep 2014



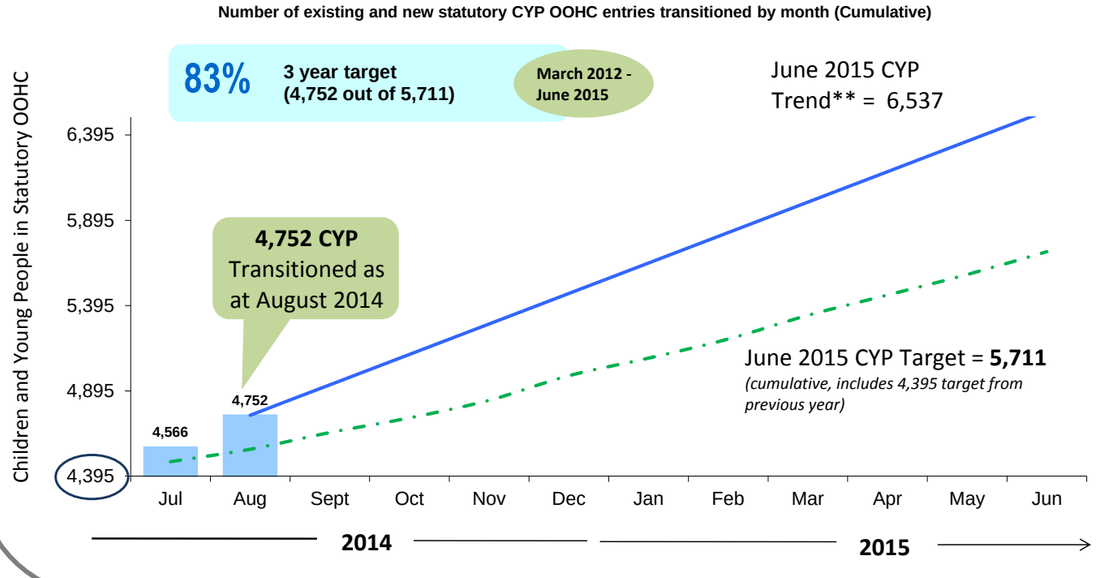
September 2014 overall OOHC population



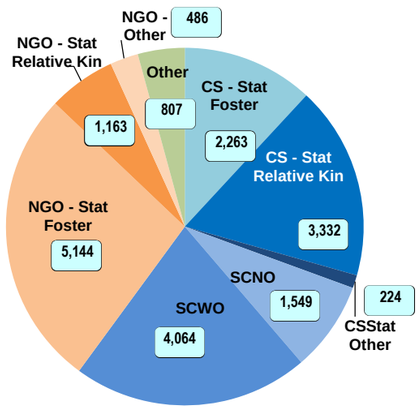
Jan Feb Mar Apr May Jun Jul **Aug** Sep Oct Nov Dec

Transition Progress - August 2014

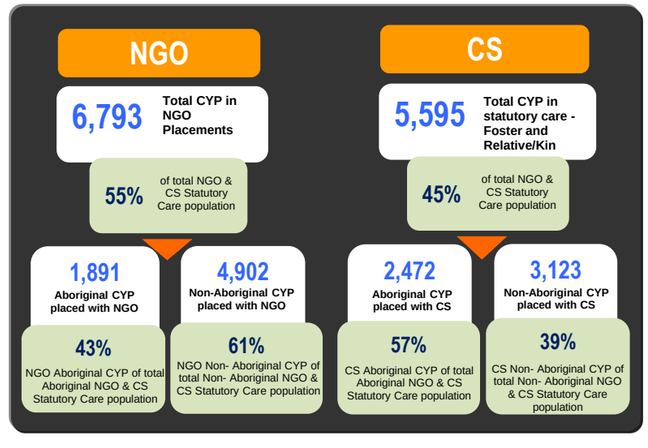
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)



19,032
Total OOHC population as at Aug 2014



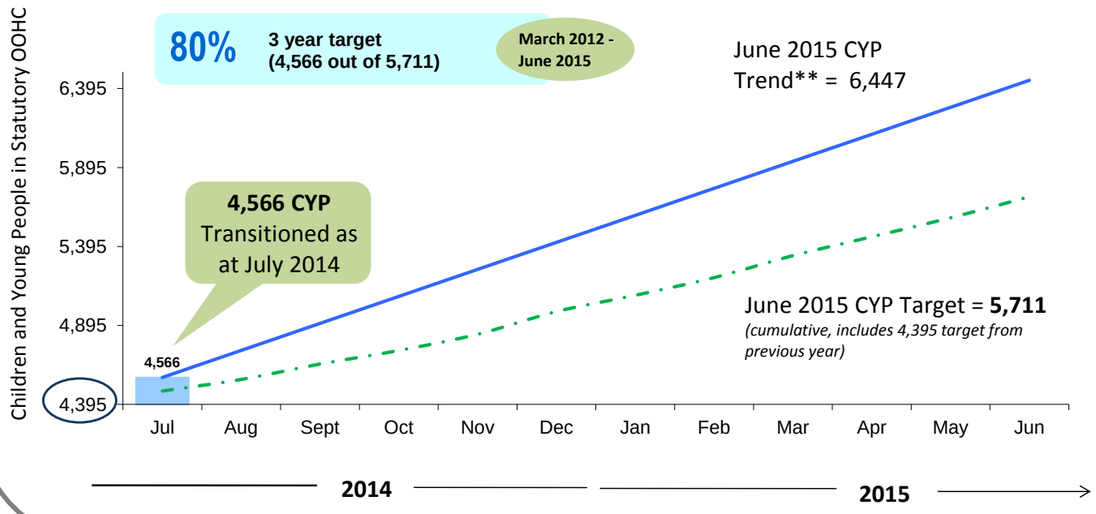
August 2014 overall OOHC population



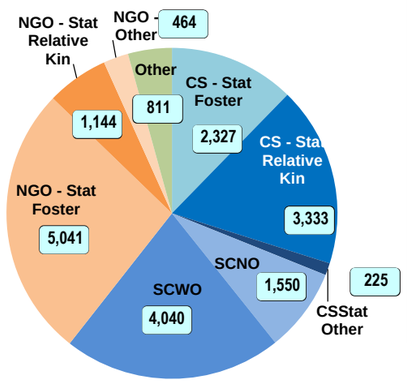
Jan Feb Mar Apr May Jun **Jul** Aug Sep Oct Nov Dec

Transition Progress - July 2014

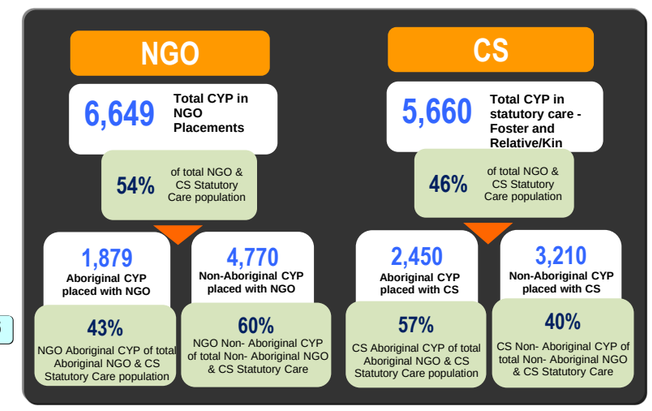
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)



18,935
Total OOHC population as at Jul 2014



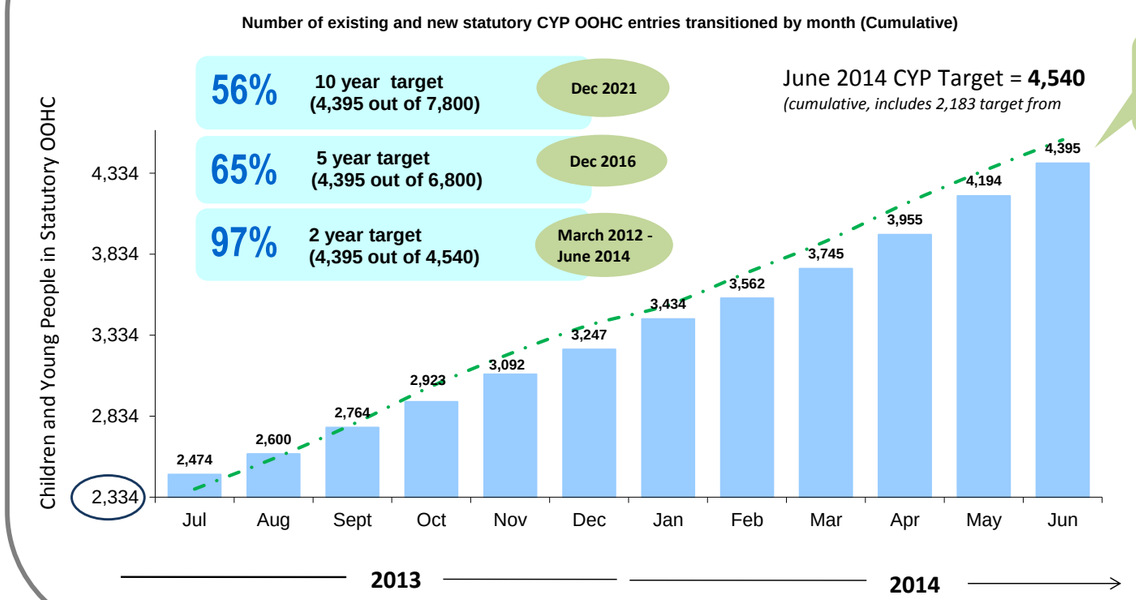
July 2014 overall OOHC population



Jan Feb Mar Apr May **Jun** Jul Aug Sep Oct Nov Dec

Transition Progress - June 2014

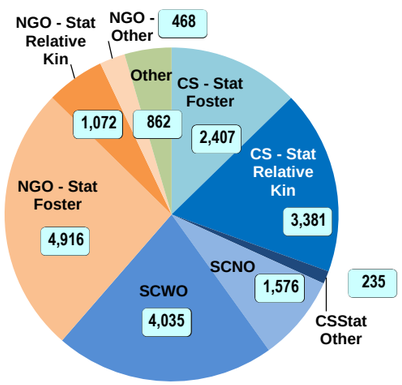
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)

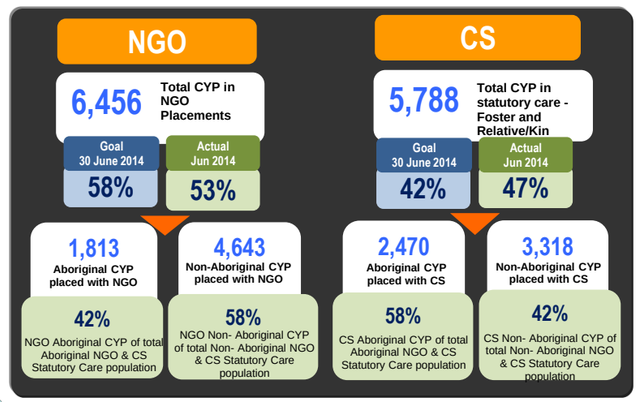


4,395 CYP Transitioned as at June 2014

June 2014 overall OOHC population

18,952
Total OOHC population as at Jun 2014

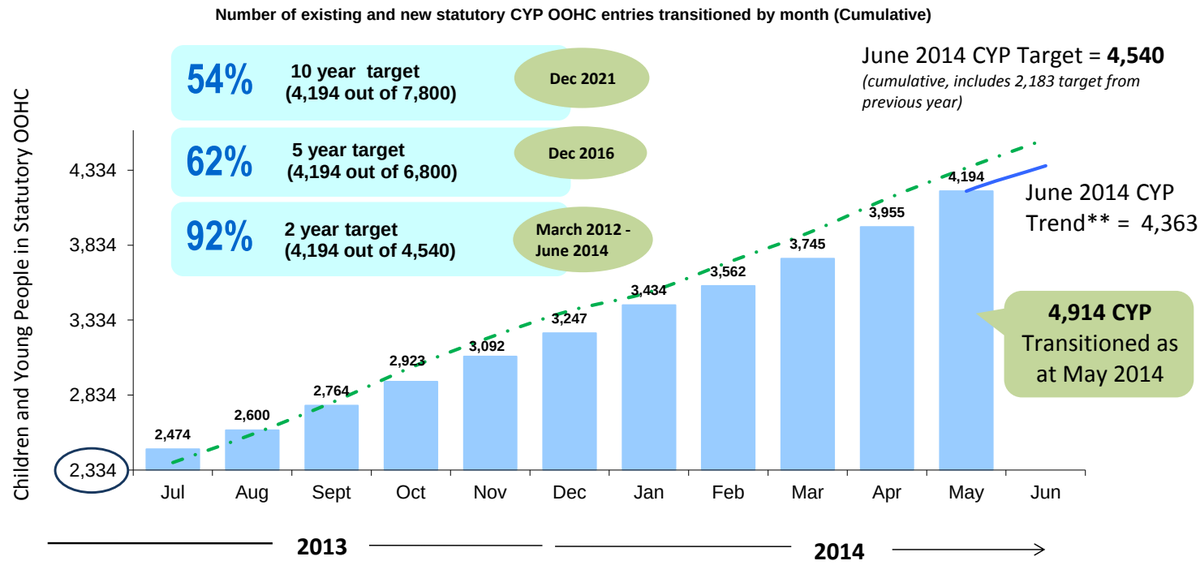




Jan Feb Mar Apr **May** Jun Jul Aug Sep Oct Nov Dec

Transition Progress - May 2014

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)

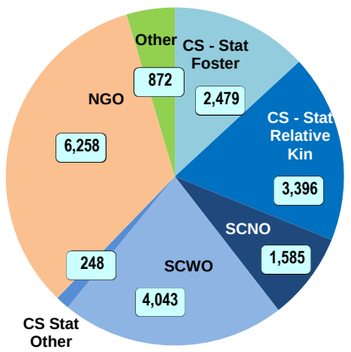


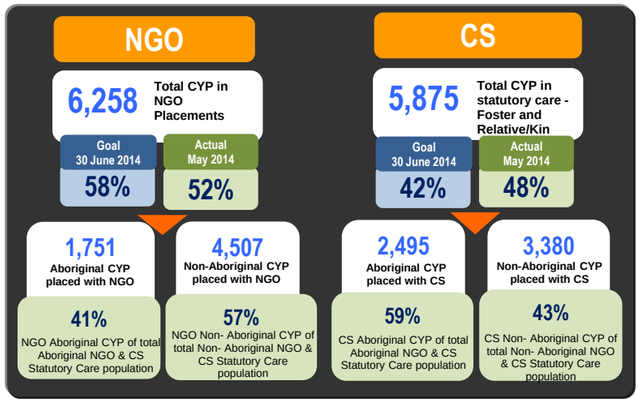
June 2014 CYP Trend** = 4,363

4,914 CYP Transitioned as at May 2014

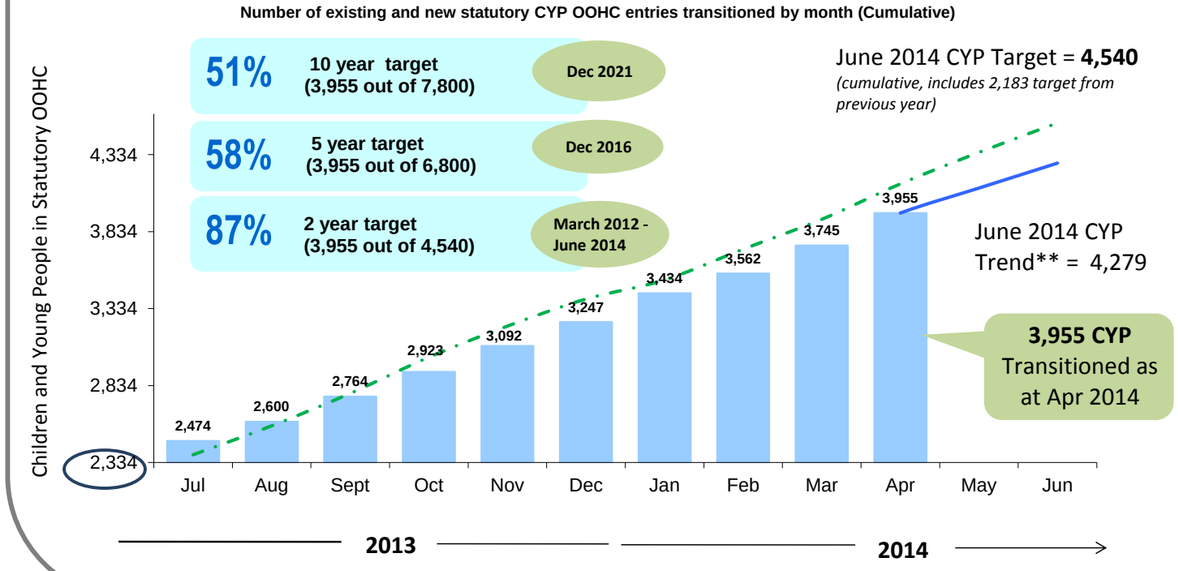
May 2014 overall OOHC population

18,881
Total OOHC population as at May 2014

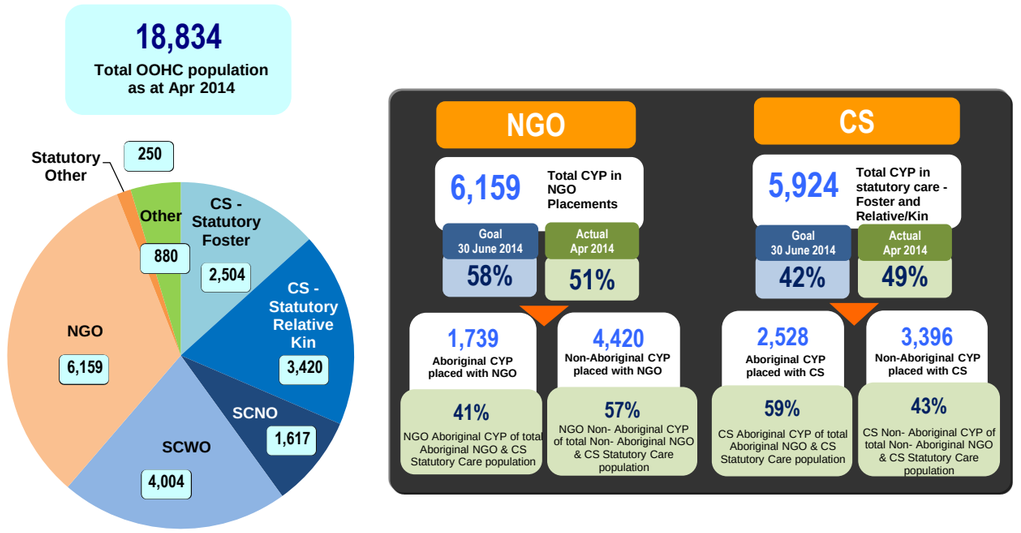




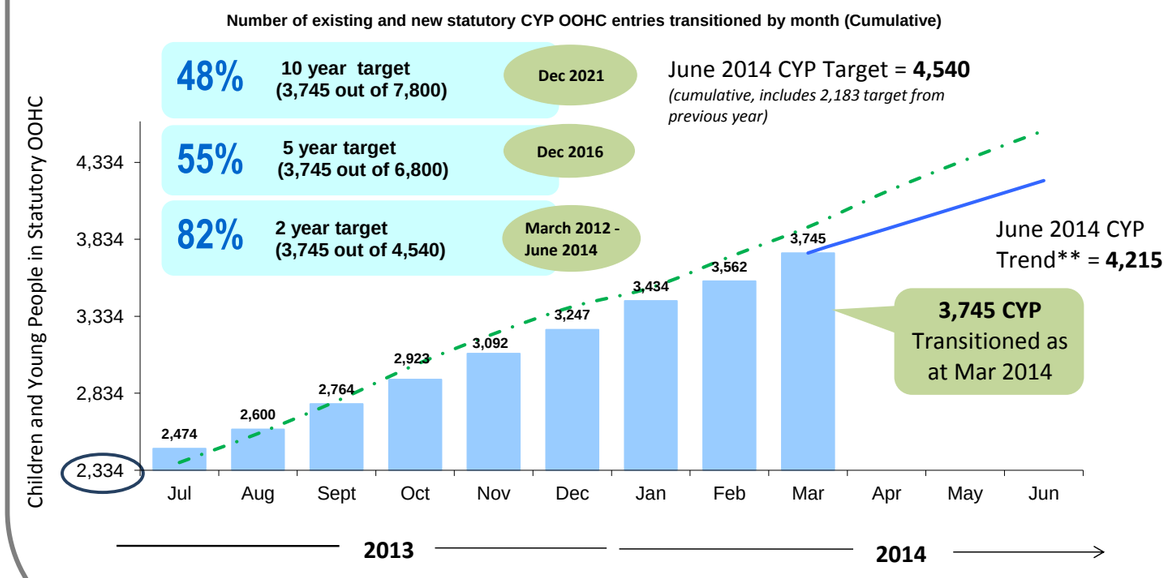
Transition Progress - April 2014



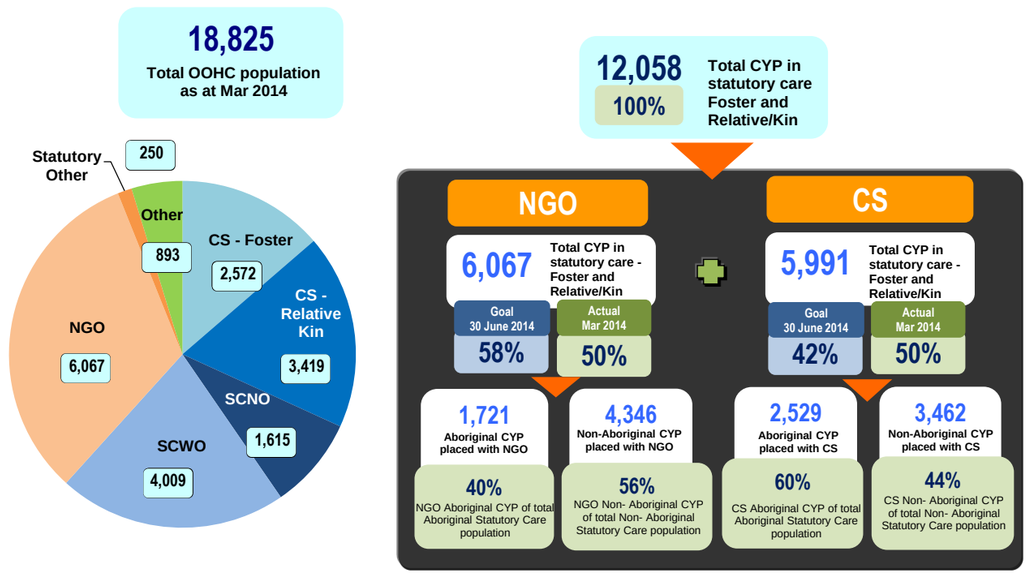
April 2014 overall OOHC population



Transition Progress - March 2014

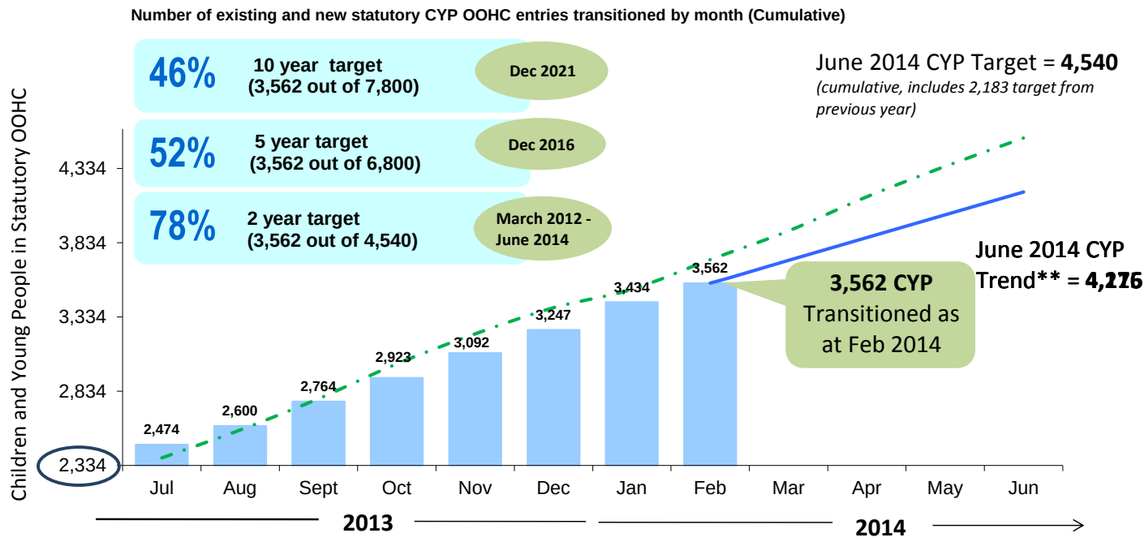


March 2014 overall OOHC population

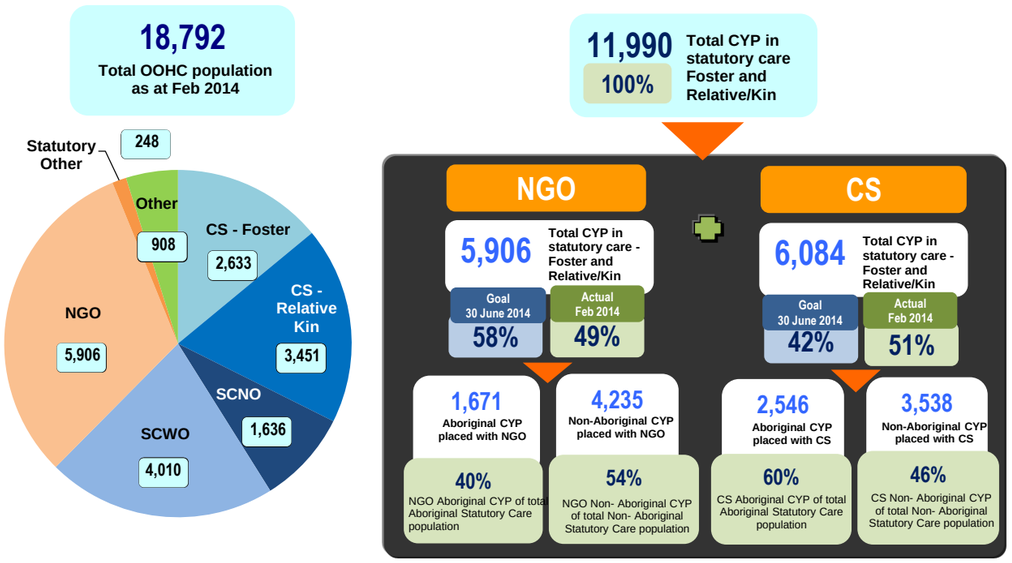


Transition Progress - February 2014

Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)



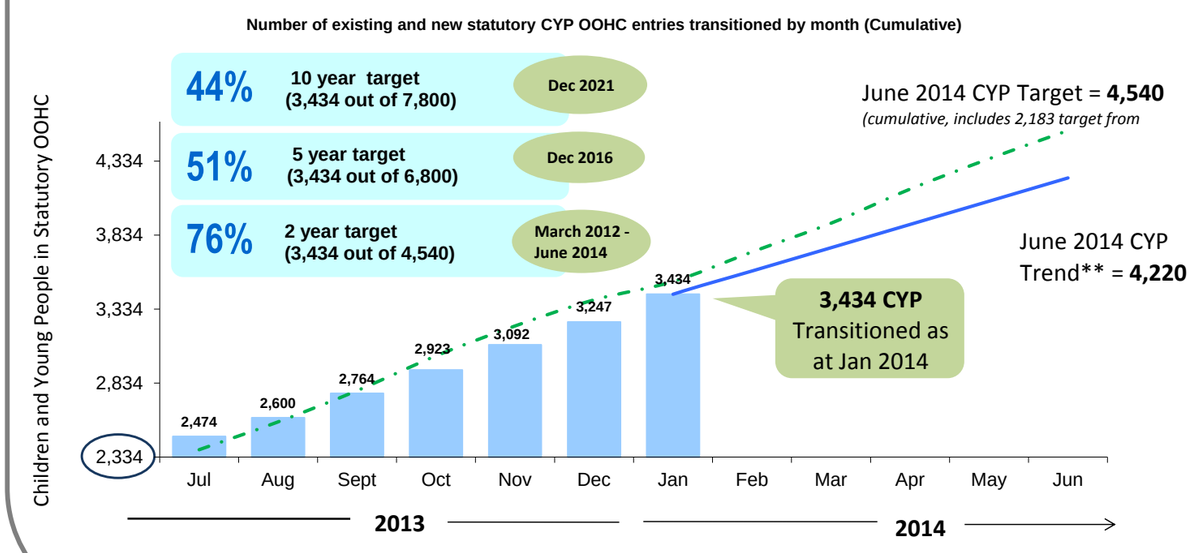
February 2014 overall OOHC population



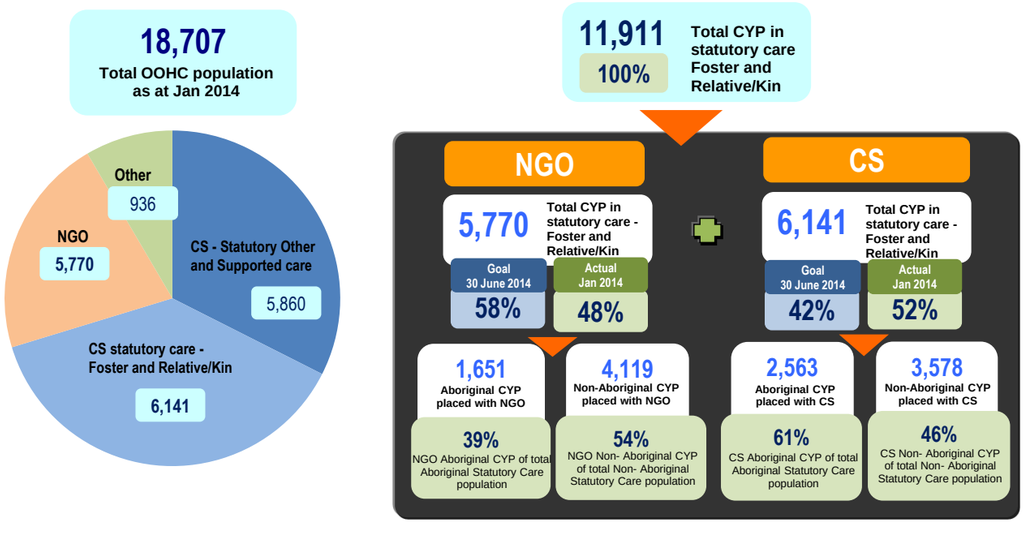
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Transition Progress - January 2014

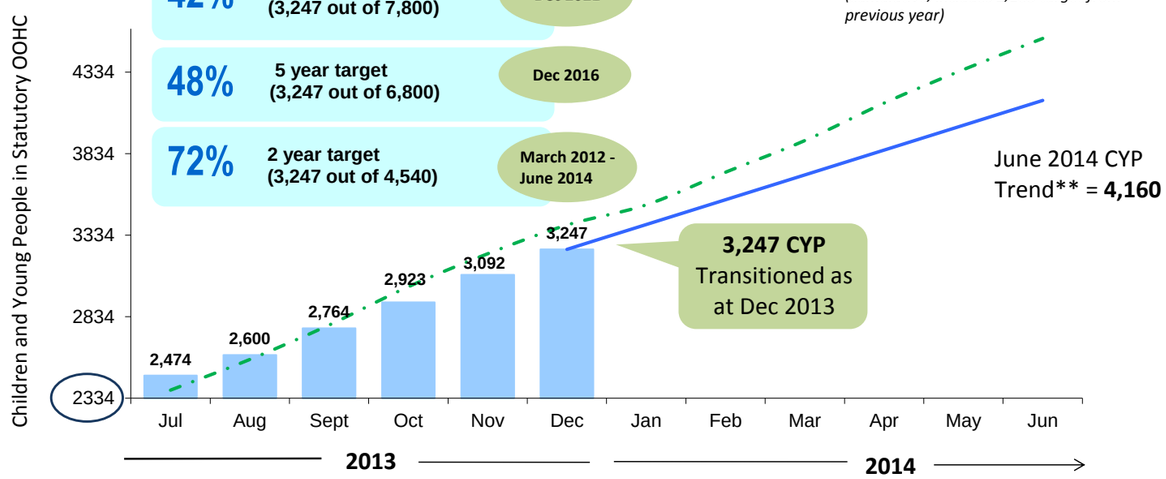
Number of existing and new statutory CYP OOHC entries transitioned by month (Cumulative)



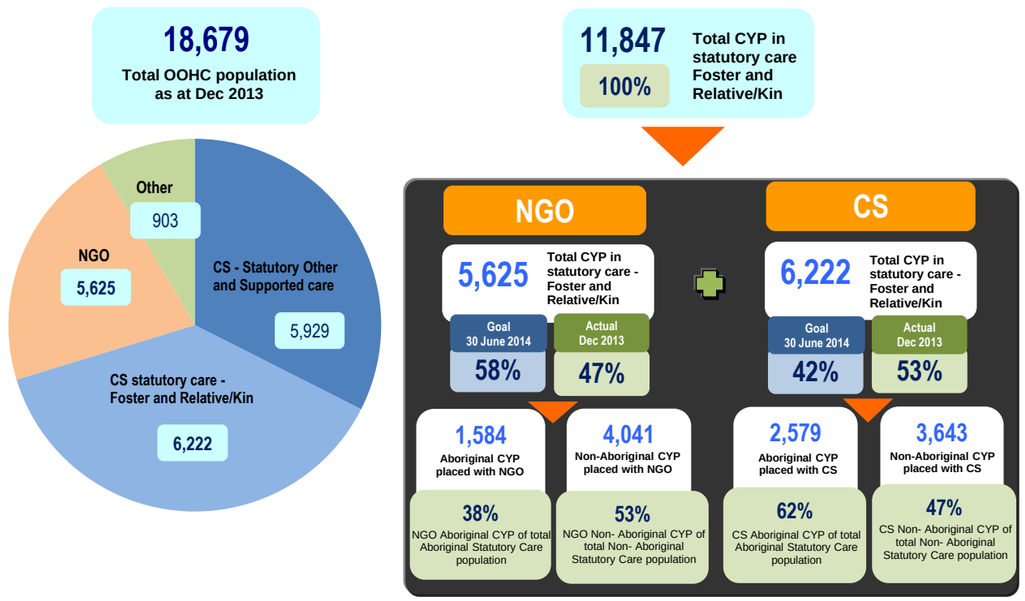
January 2014 overall OOHC population



Transition Progress - December 2013

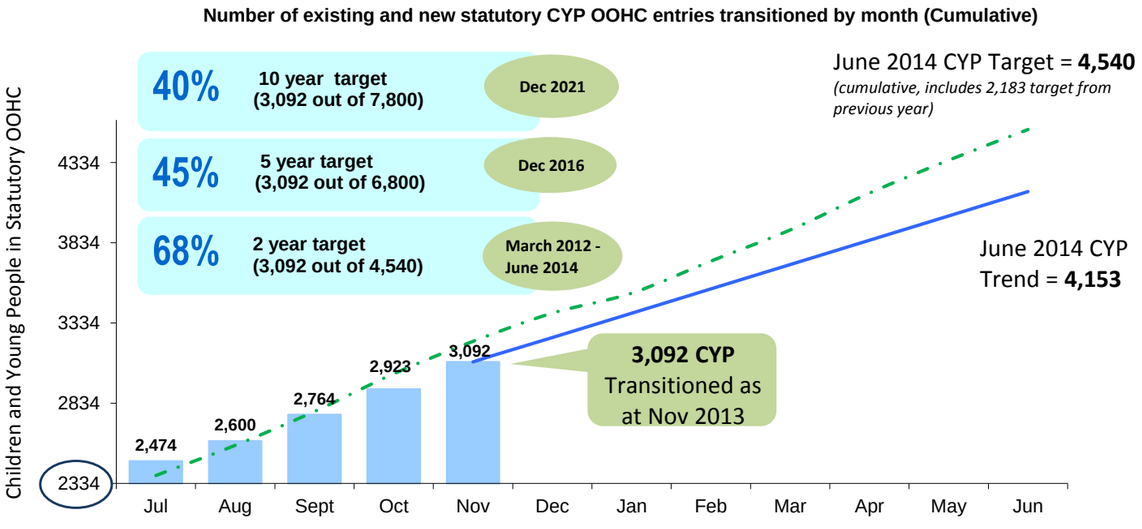


December 2013 overall OOHC population

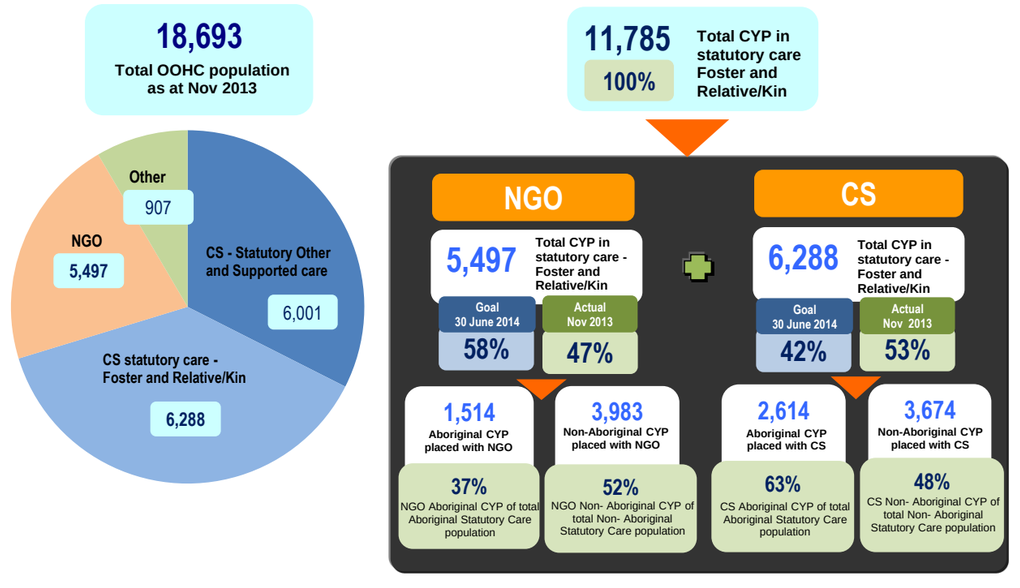


Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Transition Progress - November 2013



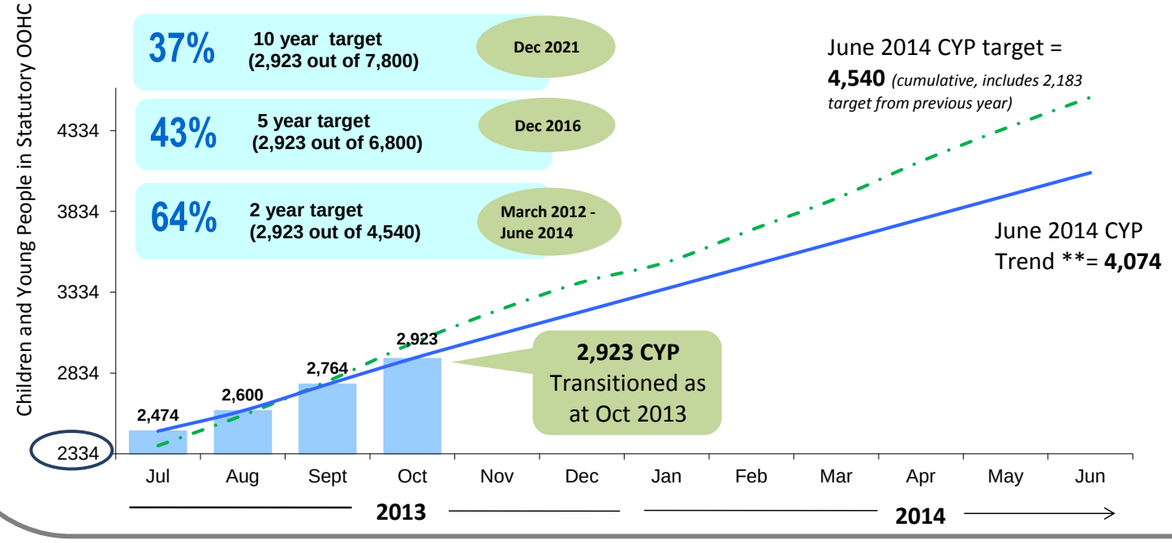
November 2013 overall OOHC population



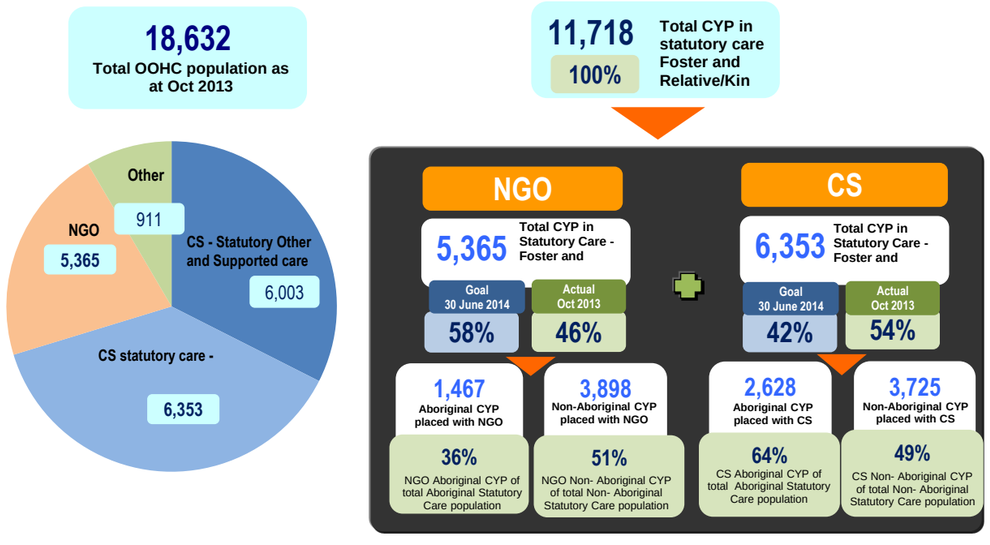
Jan Feb Mar Apr May Jun Jul Aug Sep **Oct** Nov Dec

Transition Progress - October 2013

Number of existing and new statutory Children and Young People entries transitioned by month (Cumulative)



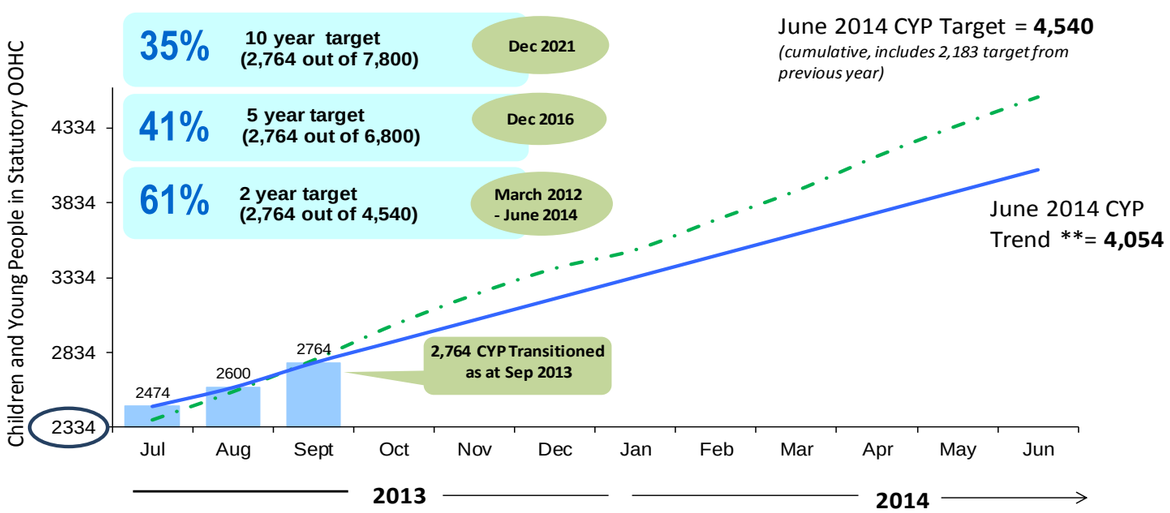
October 2013 overall OOHC population



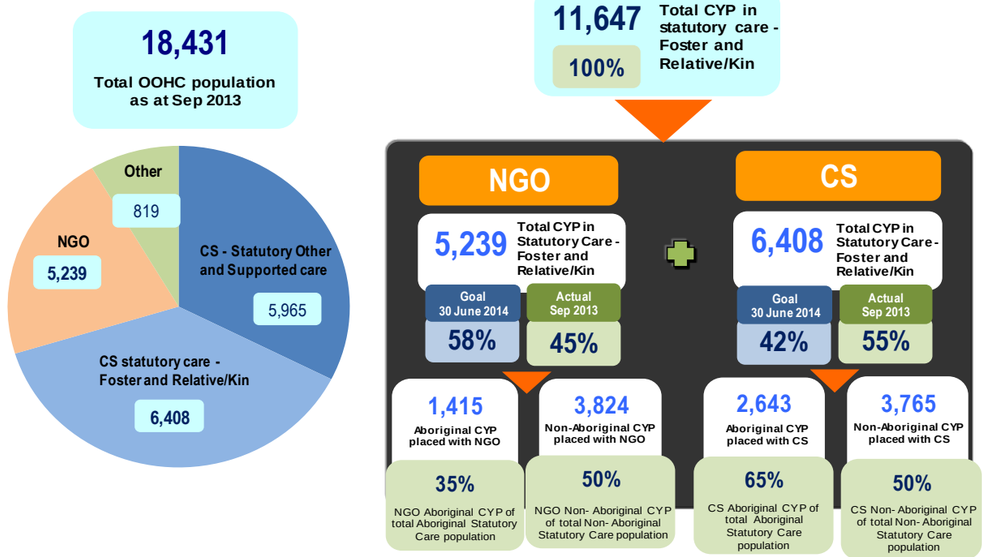
Jan Feb Mar Apr May Jun Jul Aug **Sep** Oct Nov Dec

Transition Progress - September 2013

Number of existing and new statutory Children and Young People entries transitioned by month (Cumulative)



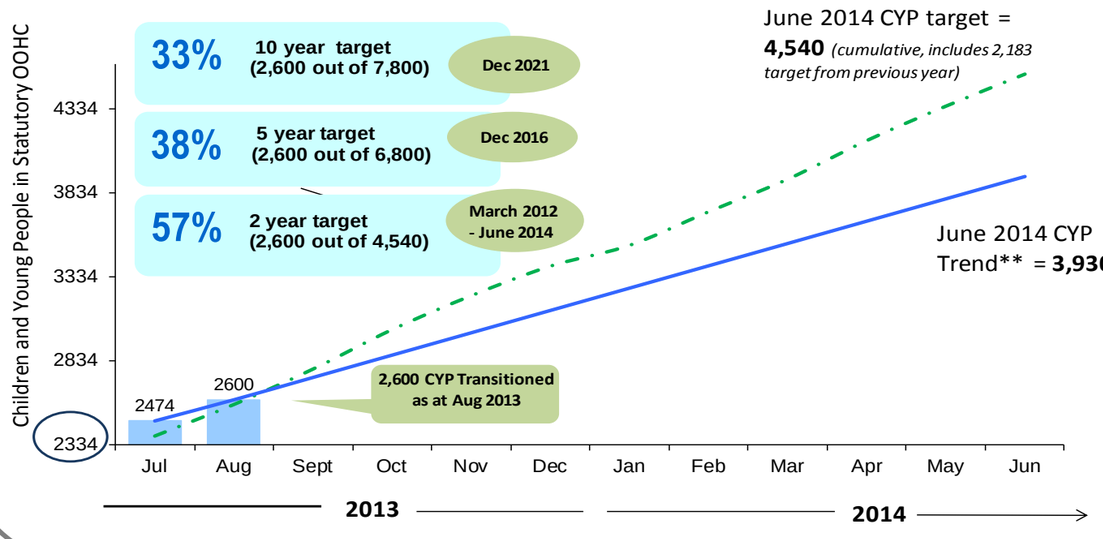
September 2013 overall OOHC population



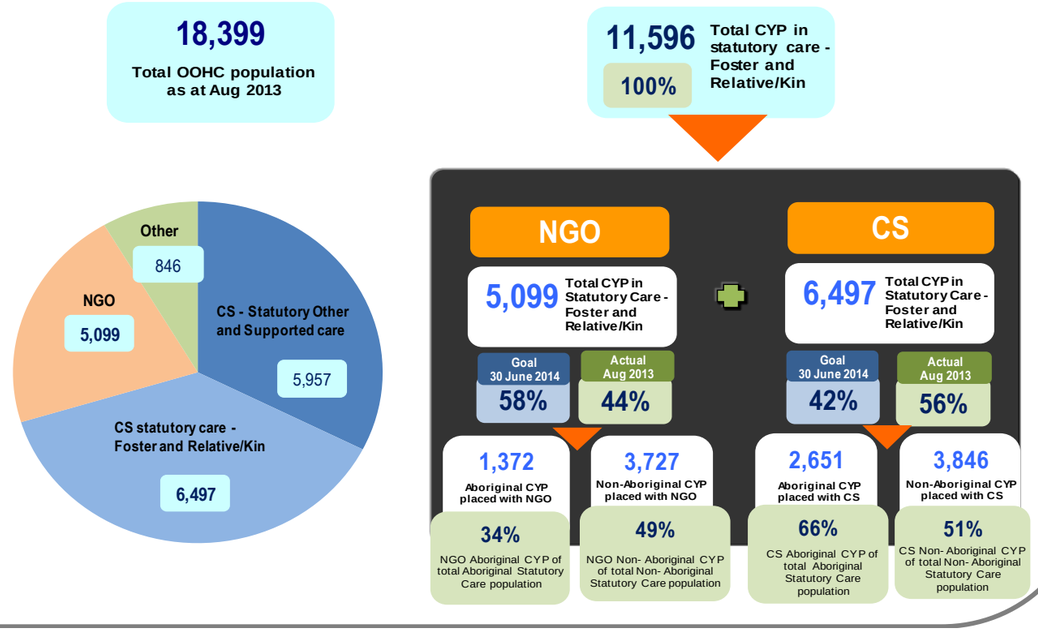
Jan Feb Mar Apr May Jun Jul **Aug** Sep Oct Nov Dec

Transition Progress - August 2013

Number of existing and new statutory Children and Young People entries transitioned by month (Cumulative)



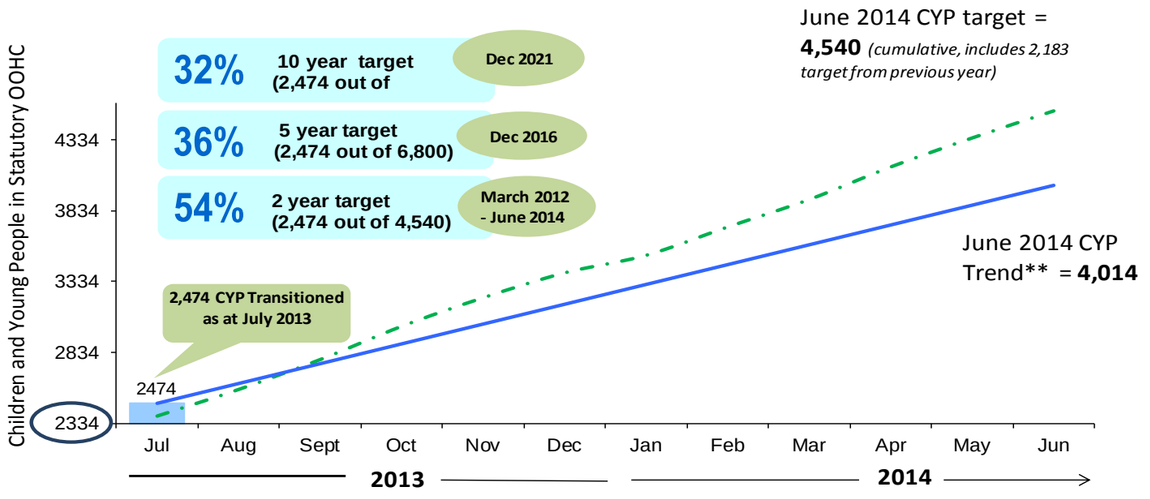
August 2013 overall OOHC population



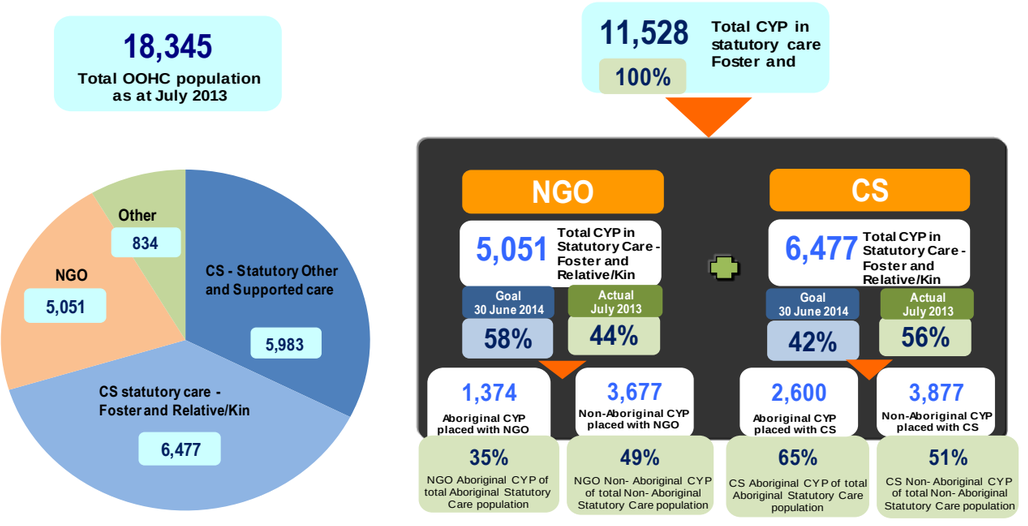
Jan Feb Mar Apr May Jun **Jul** Aug Sep Oct Nov Dec

Transition Progress - July 2013

Number of existing and new statutory Children and Young People entries transitioned by month (Cumulative)



July 2013 overall OOHC population



Transition summary - graph

The graph on the left above illustrates the cumulative number of children and young people (CYP) in statutory out-of-home care (OOHC) who have transitioned to the non-government sector.

It shows a month-to-month account of transition achievements against targets from the start of transition in March 2012.

The cumulative number in each month represents both existing CYP in statutory OOHC placements (that have transitioned from Community Services to a non-government organisation – NGO) and new statutory OOHC entries placed directly with NGOs.

The cumulative numbers per month provide a clear picture as to how transition is tracking against Year 2*, Year 5 and Year 10 targets.

The percentages highlighted in the boxes shows transition progress against our transition targets.

Changes made to the NSW OOHC Transition Dashboard in FY 14/15 (as of July 2014):
- **Five-year and 10-year targets and percentages have been removed.**
- **The remaining percentage tracking progress to target is against Year 3.*** only.**

Transition summary - pie chart and diagram

The pie chart represents the total number of CYP in OOHC up to and including the month stated. In this chart, the OOHC sector has been broken down into the following categories:

- **CYP in 'Community Services Statutory Care – Foster and Relative/Kinship'**
- **CYP in 'NGO Statutory Care – Foster and Relative/Kinship'**
- **CYP in 'Community Services – Statutory Other and Supported Care', which includes high needs CYP, intensive foster care**
- **CYP in 'Other' includes CYP in the OOHC population that have hospital placements, placed with other government agencies etc.**

Children and young people in the 'Statutory Other and Supported Care' and 'Other' categories are not eligible to be transferred.

The diagram shows the comparative number of CYP in NGO placements with Community Services placements. It also shows a breakdown of Aboriginal and non-Aboriginal CYP that are currently placed with an NGO or Community Services.

Changes made to the NSW OOHC Transition Dashboard in FY 14/15 (as of July 2014):
- **Percentages 'goals' of NGO CYP placed in Statutory Care have been removed.**
- **The 'actual' percentage of the population is the proportion of CYP remaining in Community Services and the proportion of the population in total NGO placements for each month. This population cohort is made out of CYP in Community Services Statutory Care - Foster and Relative/Kinship and total NGO placements.**

Changes to the OOHC Population from October 2014

OOHC population decreased to 17,008 as at 31 October 2014. The material decrease in the OOHC population from the previous month (19,118 as at 30 September) is primarily a result of the transfer of CYP to Guardianship Orders which occurred on the 29th of October (these children and young people have exited OOHC).

From November 2014, there will be two figures on top of the pie chart. There are 17,124 CYP in the OOHC population and a total of 19,162 CYP in Care as at 30 November 2014. The total CYP in Care is the addition of the 17,124 CYP in the OOHC population and the 2,038 CYP with Guardianship Orders (not part of the OOHC population) as at 30 November 2014.

Key:
CYP refers to Children and Young People
OOHC refers to Out-of-Home Care
NGO refers to Non- Government Organisation
***Year 2 represents the period from March 2012 - 30 June 2014**
****Trend is used as an indicator of future perfomance, based on actual past results for the state or particular region. For example, the results for June, July and Aug are averaged and used as a guide to extrapolate monthly transition CYP numbers. The trend will change from month-to-month to account for the changing average as the year progresses.**
***Year 3 represents the period from March 2012 - 30 June 2015**