

Deep dive
#2

Respecting the workforce

*How did the Queensland Child Protection
Reform Environment impact the frontline
Child Safety workforce?*

Acknowledgements

The Queensland Family and Child Commission (QFCC) acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians across the lands, seas and skies where we walk, live and work.

We recognise Aboriginal and Torres Strait Islander peoples as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to their Elders past, present and emerging.

The QFCC would like to acknowledge the generous support and assistance provided to us in completing this study. In particular, we thank the frontline staff and regional leaders from Child Safety who agreed to speak with us. We are aware that they took time from their work days, which were already overloaded with usual business and COVID-19. We want to acknowledge the Child Safety workforce who work in roles that are equally rewarding and challenging—we appreciate your honest reflections provided for this study and your dedication to your work with and for children, young people and their families.

The Queensland Family and Child Commission

The QFCC is a statutory authority of the Queensland Government. Established in 2014, it oversees the child protection and family support system. Through awareness, advocacy and accountability, the QFCC seeks to give practical effect to the rights of all children and young people in Queensland.

About this report series

The findings of the QFCC's evaluation of outcomes achieved through the Queensland Child Protection Reform Environment are described in a series of four reports.

Overall evaluation findings are presented in the report, *Measuring what matters: Evaluating outcomes achieved through the Queensland Child Protection Reform Environment (2014–2020)*.

There are also three reports describing the results of 'deep dive' studies into areas of significant reform investment in more detail. These reports should be read in conjunction with *Measuring what matters*:

- **Deep dive #1: Investing in family support services**
Has it reduced demand on the child protection system and improved outcomes?
- **Deep dive #2: Respecting the workforce**
How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?
- **Deep dive #3: Learning from evaluations**
What have we learned and how has the child protection system responded?

All links provided in reports were correct at publication. All documents are available online via the QFCC website: www.qfcc.qld.gov.au

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Executive summary

This report presents the findings of a study into the impact of investment in what the 2013 Child Protection Commission of Inquiry (the Inquiry) referred to as ‘the most vital element in the child protection system: its workforce’.¹

This study is one of three ‘deep dives’ and is part of an evaluation conducted by the Queensland Family and Child Commission (QFCC) into the outcomes achieved through of the Queensland Child Protection Reform Environment.

Study and method

This study set out to examine:

- the investment in the frontline child protection workforce since the reform period began in 2014–15
- changes to the workforce over the reform period
- challenges associated with filling vacancies and keeping jobs staffed
- the impact of the investment in the workforce—on the staff themselves and on children, young people and their families.

The study focused on frontline staff who are employed by Child Safety (now part of the Department of Children, Youth Justice and Multicultural Affairs).

We used various methods to determine what the investment has been and what effect it has had. These methods included:

- reviewing government reports and published literature
- analysing Child Safety data
- analysing QFCC workforce survey data
- consulting with senior stakeholders and frontline staff from Child Safety.

Understanding the investment

In planning this study, we hoped to be able to quantify the investment in terms of the addition of new frontline staff. However, we were unable to do so in a comprehensive manner. Data sources described the investment in different ways, so we were unable to ‘compare apples with apples’ and come up with a firm figure for the number of additional positions.

Media statements provide a cumulative number of new frontline positions. Numbers of frontline staff were also reported in departmental annual reports, but these reports did not break data down into the different types of frontline roles.

Child Safety provided data that reconciled the number of additional frontline positions described in a recent Media Statement, noting that machinery-of-government^a changes and changes to Child Safety regions made it difficult to provide reliable data about where the additional positions were.

^a A machinery-of-government change is an administrative, organisation or functional change affecting a government agency. Most result from an election, restructure, legislative change or a decision to privatise or outsource functions. In 2012–13, the Department of Communities, Child Safety and Disability Services had responsibility for Child Safety. Following machinery-of-government changes in 2017, the Department of Child Safety, Youth and Women was established and gained the responsibility of Child Safety. In 2020 machinery-of-government changes, the department responsible for Child Safety was the Department of Children, Youth Justice and Multicultural Affairs.

The frontline workforce

We were interested in understanding how the workforce has changed across the reform period to date. Child Safety advised that machinery-of-government changes made time series data about their frontline workforce unreliable. Other jurisdictions report quarterly on caseworker statistics, including the number of staff, vacancy rate alongside system demand statistics.^b

Research clearly shows that having a skilled, stable, experienced child protection workforce delivers positive results for children, young people and their families.² At present, many frontline staff experience stress, with several mentioning the influence of negative media reports on their personal wellbeing.

Many of the staff we spoke with said they do not tell friends or acquaintances what they do for a living. This is unfortunate, given the value of the work they do.

Caseload versus workload

The Inquiry stated that frontline Child Safety staff should hold caseloads of no more than 15.³ We note that, while caseloads have reduced at certain times during the reform period, they have not reduced to 15.

With each new reform, system and process, frontline staff require more knowledge and more time to do their work. In addition, cases have become more complex, for a variety of reasons. This means that even if caseloads were to reduce, the workload of frontline staff may not decrease.

In a survey conducted by the QFCC in 2020,⁴ less than half of the 210 frontline Child Safety staff respondents considered their caseloads/workloads to be manageable. Some also had concerns about the training and development opportunities on offer, as well as the availability of professional (clinical) supervision.

The future

The child protection system is clearly still stretched. While we understand there has been significant investment in the frontline Child Safety workforce, obtaining reliable time series data about change to the workforce was problematic.

Understanding who makes up the frontline workforce, the work they undertake and the professional supports they require is critical.

Our findings show that an investment in additional frontline staff is necessary, but not sufficient, to make the system more sustainable. In addition:

- caseloads need to reduce
- the increased workload for staff for new processes, systems and reforms must be quantified
- the frontline workforce needs to be supported in terms of access to quality training and development, professional supervision (from external providers if there is no internal capacity) and supportive line management.

Anecdotally, frontline staff believe many of the families they work with are getting better outcomes, and given their first-hand experience, they are probably correct. But we lack the system level data to show this. There is plenty of throughput and output data in child protection, but little in the way of data about outcomes for clients.

Overall, the lack of collecting and reporting on outcomes makes it very difficult for us to determine whether the increased investment in staffing numbers has had the desired effect.

^b For an example of how this is already done in Australia please see: www.facs.nsw.gov.au/resources/statistics/caseworker-statistics/dashboard

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1 Introduction

1.1 Background

This study is part of the Queensland Family and Child Commission's (QFCC) evaluation of the outcomes achieved through Queensland's Child Protection Reform Environment—*Supporting Families Changing Futures*. The program was developed in response to the recommendations of the Queensland Child Protection Commission of Inquiry (the Inquiry)⁵ which has resulted in substantial, ongoing changes across Queensland's child protection and family support system. Our overall evaluation findings are presented in our report *Measuring what matters: Evaluating outcomes achieved through the Queensland Child Protection Reform Environment (2014–2020)*.

This study is one of three 'deep dives' into the impact of significant government investment into specific areas of reform. It is part of the report series that should be read in conjunction with our *Measuring what matters* report.

1.2 Recommended workforce investment

The Inquiry stated that the successful implementation of its recommendations would be contingent on the capacity of the frontline child protection workforce to deliver services to children, young people and families.

The Queensland child protection and family support system serves many of the state's vulnerable children, young people and their families. The frontline child protection workforce is large and varied, working across tertiary^c and secondary^d parts of the system, and employed by both government agencies and non-government organisations.

For this study, the frontline child protection workforce is defined as the staff employed by Child Safety, and includes, but is not limited to, the following roles: child safety service centre managers, senior team leaders, child safety officers, child safety support officers, senior child safety officers, senior practitioners, regional practice leaders and cultural practice advisors.^e

The Queensland Government has made significant investments in the frontline child protection workforce following the recommendations of the Inquiry. Since 2015, it has funded 550 additional Child Safety staff for the provision of frontline services.⁶

However, increasing staff numbers alone is not enough. The Inquiry also recommended caseloads of no more than 15 per frontline officer. In June 2013, when the Inquiry occurred, the average caseload for frontline child protection officers working with children and young people in need of protection and subject to ongoing intervention was 20.9.⁷ The most recent data published by Child Safety for the 12 months to 30 June 2021 indicates that caseload was 16.1.⁸

The QFCC consulted with senior stakeholders from various agencies—including Queensland Treasury, Department of the Premier and Cabinet and Child Safety^f—who expressed an interest in understanding the impact of the workforce investment. They highlighted several priorities, including:

- exploring staffing challenges that have affected service provision, including filling vacancies and dealing with workforce attrition (the gradual reduction of a workforce by employees leaving and not being replaced)
- examining the effect of reducing caseloads on service delivery for children, young people and families
- examining whether barriers have limited the impact of the investment.

In 2017, the Apelt review *Strengthening capacity across Queensland's Child Protection System*⁹ made additional recommendations in relation to targeted increases in staffing:

1. Allocate more frontline Child Safety positions at the local level.
2. Employ more Child Safety Service Centre administrative support officers to allow child safety officers and child safety support officers to focus on their statutory child protection responsibilities and not be diverted by non-core administrative duties.
3. Establish relief pools of mobile, qualified and trained child safety officers, child safety support officers and administrative officers at the regional level, to backfill for staff on leave and to supplement overall staff numbers during peaks in activity.
4. Introduce mobile, specialist senior practice teams of child safety workers to target hot spots with backlogs, high caseloads or emerging issues and to provide practice improvement advice.

c In this report, tertiary refers to intervention services targeting families within the statutory system. The statutory system refers to all services provided by Child Safety for children and young people who are suspected of being abused, neglected or harmed and whose parents are unable to provide adequate care or protection. The term statutory is also used to refer to actions or decisions involving Child Safety.

d In this report, secondary refers to a community-based referral service (Family and Child Connect) and family support services (Intensive Family Support services and Family Wellbeing Services). These are distinct from health and education services.

e To ensure the scope of the study remained manageable, the frontline workforce included those who are employed by Child Safety and who work directly with families or those who support staff members who work directly with children, young people and families involved with the tertiary part of the child protection system.

f Prior to 12 December 2017, the department responsible for child safety was the Department of Communities, Disability Services and Seniors. On 12 December 2017, the Department of Child Safety, Youth and Women was established. On 12 November 2020, it was renamed as the Department of Children, Youth Justice and Multicultural Affairs, retaining the responsibility for child safety. For simplicity, this report refers to Child Safety, rather than using the full department title.

1.3 Influence of the frontline workforce

Research tells us that the outcomes of children, young people and their families involved with the child protection system are directly influenced by the workforce.¹⁰

Children and young people are affected by turnover in frontline staff who are responsible for the health, protection and stability of children and young people involved with Child Safety.¹¹ The turnover of these staff can have emotional and physical impacts on children and young people, including loss of trusting relationships and lack of stability.¹²

The workforce must be well supported to undertake their roles.¹³ This includes providing peer mentoring, professional supervision regarding managing complex cases and making ethical decisions, and supportive line management.¹⁴ This helps staff to undertake stressful roles and manage trauma (theirs and others') and have the space to consider crucial decisions affecting children and young people.

1.4 Aims

This study examined the impact of the Queensland Government's investment in the frontline child protection workforce since 2014–15.

We focused on the frontline child protection workforce in Child Safety, to ensure the scope of our study remained manageable.

The aims of our study were to:

- 1 Document the investment in the frontline child protection workforce
- 2 Describe the frontline child protection workforce and how it has changed over the reform period
- 3 Explore any challenges experienced in filling vacancies, and in managing retention and attrition
- 4 Explore the effect of the investment in the frontline child protection workforce on staff, and on the child protection system, including in terms of improved outcomes for children, young people and their families.

2 Method

We used a variety of methods to collect primary and secondary data to assess the impact of investment on the frontline child protection workforce. Our study involved:

- desktop scan and review of government reports and published literature. We examined reports and other sources of information, such as media statements, to determine the Queensland Government's additional investment in the child protection workforce since 2014–15
- analysis of Child Safety data regarding its workforce
- analysis of QFCC workforce survey data, including the 2020 survey—which included a flag for frontline Child Safety staff responses
- consultation with regional leaders and frontline staff from Child Safety about workload, caseload, role and tasks, and their perspectives of the impact of the investment.

Human Research Ethics Committee approval was obtained^g for methods involving data collection from human participants. Data was collected in accordance with this approval, and no ethics complaints were received.

2.1 Desktop review and data analysis

We accessed and analysed publicly available data as well as data and documents that were provided in response to our requests for information. They included:

- Child Safety data
- Annual reports of the department with Child Safety responsibility in that year
- the *Supporting Families Changing Futures* strategy and reports
- Queensland Government ministerial media statements
- Hansard for the Queensland Parliament.

If there were gaps or additional information requirements, we requested additional data from the relevant agency.

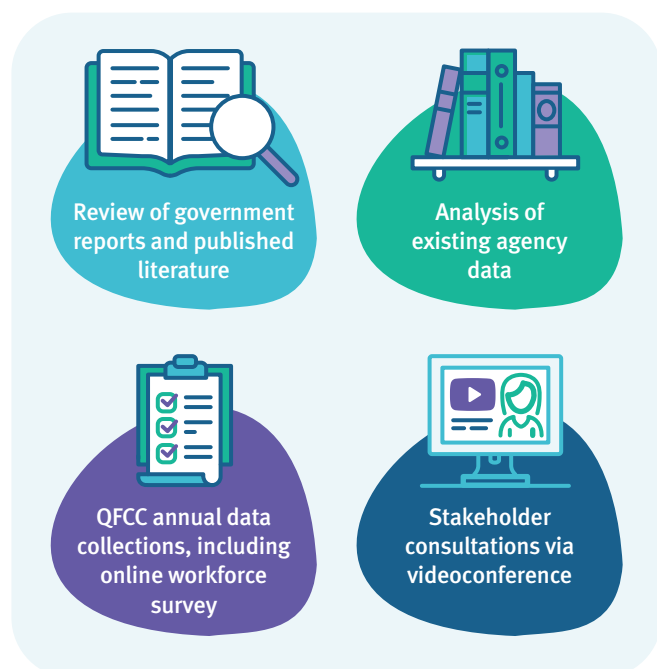
We analysed all quantitative data using Microsoft Excel. All qualitative data was organised and analysed using NVivo Pro 12 (qualitative coding software). We used deductive thematic analysis techniques to code the data using pre-determined themes and categories drawn from the research questions.

2.2 Queensland Family and Child Commission workforce survey

Since 2018, the QFCC has conducted an annual survey of the frontline child protection and family support workforce from government agencies and non-government organisations across Queensland.¹⁵

There were 761 respondents to the 2020 survey, with 412 working in government agencies (54 per cent) and 349 from non-government organisations (46 per cent).

Of the respondents, 64 identified as Aboriginal and/or Torres Strait Islander peoples (8 per cent), and 210 respondents identified as frontline staff with Child Safety (28 per cent).



^g Approved project reference numbers HREC/17/QTHS/47 and LNR/2019/QTHS/51525.

2.3 Stakeholder consultation

We intended to take a place-based approach to stakeholder consultation by visiting five locations. This was not possible, as the travel and face-to-face interviews would have been in breach of state and federal health directives in place at the time to manage the COVID-19^h pandemic. Instead, the use of videoconference facilities allowed for participation across Queensland.

We conducted eight small group discussions via videoconference with frontline staff and regional leaders from the Child Safety workforce.

Child Safety informed regions of the opportunity to participate in the study and each region nominated a coordinator who recruited participants and set the date and time for the discussion.

The following research questions were provided to the participants prior to each small group discussion:

- 1 **What does the Queensland frontline child protection workforce look like?** (covering roles, changes through the reform period, leave, vacancies and recruitment)
- 2 **What was the process of investment in the frontline child protection workforce?** (covering understanding of the investment in the workforce and addition of staff to the workforce)
- 3 **What are the main activities undertaken by the frontline child protection workforce?** (covering caseloads, workloads and complexity of cases)
- 4 **What was the impact of investment from the perspective of the workforce?** (covering capacity to provide support to children, young people and families, capacity to network and collaborate, and access to supervision and professional development)
- 5 **Has the provision of additional staff reduced system demand and/or improved outcomes for children, young people and their families?** (covering analysis or evaluations demonstrating improved outcomes for children, young people and families, and barriers to reductions in system demand and improved outcomes).

Small group discussions ran for 1.5 hours and involved participants from all of the frontline roles we focused on (see [Section 1.2](#)).

The number of participants in each group ranged from six to 12, with a total of 47 participants. The QFCC facilitated the discussion around the five research questions, then provided transcripts to participants for review prior to analysis.

Each of the five regionsⁱ scheduled at least one small group discussion. The discussions for Northern Queensland, South East, Moreton and Central Queensland regions proceeded as planned.

Unfortunately, a technical glitch meant the small group discussion with South West region did not go ahead. A summary of what was heard through the discussions with the other groups was sent to a representative from the South West region to check with their workforce. The workforce agreed with the comments made through other groups and shared the regional context for their workforce in a written response.

^h Coronavirus (COVID-19) is an infectious disease caused by a virus (SARS-CoV-2) discovered in 2019. On 11 March 2020, the World Health Organisation declared COVID-19 a pandemic, Australian borders were closed to all non-residents on 20 March 2020, and a month-long nation-wide lockdown started on 23 March 2020, www.who.int/health-topics/coronavirus#tab=tab_1

ⁱ This study was undertaken in 2020, when there were five Child Safety regions: Central Queensland, Moreton, Northern Queensland, South East and South West. From 6 April 2021, the Department of Children, Youth Justice and Multicultural Affairs realigned the Child Safety regions, with a total of six regions now in place: Far North Queensland, North Queensland, Sunshine Coast and Central Queensland, Brisbane and Moreton Bay, South East and South West. www.cyjma.qld.gov.au/about-us/our-department/regions

3 Findings

3.1 New frontline child protection positions

To examine the number of new frontline child protection positions, we requested Child Safety human resources data. We also considered departmental annual reports and government media statements. We were unable to compare and match the figures from these various data sources.

Media statements noted cumulative numbers of frontline positions added to Child Safety since 2015. For example, a media statement in August 2018 noted the funding of an additional 421 child safety positions,¹⁶ a statement from June 2019 noted the funding of more than 450 Child Safety positions¹⁷ and a media statement from March 2021 noted the funding of an additional 550 Child Safety positions since 2015.¹⁸

Data from departmental annual reports was not useful for our purposes, as the reports include the number of full-time equivalents in frontline positions in the department, with no break down for Child Safety as opposed to other types of frontline roles.

There were multiple machinery-of-government changes over the reform period. When the reform period began, the frontline child safety workforce was grouped with other frontline workers in the Department of Communities, Child Safety and Disability Services. They were later grouped with other frontline roles in the Department of Child Safety, Youth and Women from 2017 and in the Department of Children, Youth Justice and Multicultural Affairs from 2020.

Child Safety human resource data provided to us acquitted the 550 positions since 2015 noted in media statements. Table 3-1 shows how the 550 positions added to the frontline Child Safety workforce since 2015 were distributed across regions.

The highest number of new positions were added in 2017–18 –236.9 positions. Moreton region was allocated the highest number of additional positions (118.2). Most of the new frontline positions (205.7) were child safety officers.

We would have liked to understand more about the demographic characteristics of the frontline Child Safety workforce and how it has changed over the reform period, but Child Safety advised that due to machinery-of-government changes, this data would not be reliable.

Table 3-1: Number (and percentage) of new funded Child Safety positions created in each financial year, by region—2015–2021¹⁹

Year	Central Queensland	Moreton	Northern Queensland	South East	South West	Outside of regions	Number new funded positions
2015–16	2.5	5.0	5.0	2.0	3.5	15.0	33.0
2016–17	13.0	19.0	17.0	16.0	30.0	0.0	95.0
2017–18	32.0	50.7	28.2	45.0	31.1	50.0	236.9
2018–19	15.1	22.3	20.3	8.0	13.1	15.0	93.8
2019–20	5.0	13.3	10.0	2.5	8.5	7.0	46.3
2020–21	14.0	8.0	2.0	3.0	8.0	11.0	46.0
Total	81.6 (14.8%)	118.2 (21.4%)	82.5 (14.9%)	76.5 (13.8%)	94.2 (17.1%)	98.0 (17.7%)	550.9

* Child Safety data notes: Data prior to 2015–16 financial year is not available. This data reconciles media statements. Data provided based on regions as per structure in 2020. Positions outside of the regions were consolidated to 'Outside of regions'.

Table 3-2 shows the change in the number of Aboriginal and Torres Strait Islander peoples in frontline positions, compared to non-Aboriginal and Torres Strait Islander people, across the reform period. It shows that the number increased from 48.8 FTE in 2012–13 to a peak of 139.5 FTE in 2017–18. Since then, it has reduced each year, to 118.7 FTE in 2020–21.

Several different types of frontline Child Safety roles were established through the reform period. Where a position had not been established, ‘NA’ is noted in Table 3-2. Where the position was established but there were no Aboriginal or Torres Strait Islander peoples in the role, there is a zero (0) noted.

Roles such as senior child safety officer, senior service support officer and principal community services officer were established at the beginning of the reform period, while principal specialist services clinician and specialist services clinician roles were amongst the more recently established positions.

Over the reform period, Aboriginal and Torres Strait Islander peoples were most likely to work as child safety support officers, cultural practice advisors and child safety officers. There are very few Aboriginal and Torres Strait Islander peoples in positions that have supervisory or managerial responsibility.

In 2017–18, the number of Aboriginal and Torres Strait Islander peoples in child safety support officer roles sharply decreased (by 56.9 FTE) from the previous year. This appears to correspond with 61 FTE new cultural practice advisors.

It is worth noting there were no Aboriginal and Torres Strait Islander peoples in the following roles:

- principal child protection practitioner (established in 2014–15)
- principal specialist services clinician (established in 2018–19)
- specialist services clinician (established in 2018–19).

Figure 3-1 shows that the percentage of Aboriginal and Torres Strait Islander peoples in the frontline child protection workforce increased between 2012–13 through to 2017–18. However, it has dropped each year for the last three financial years, and is currently equivalent to the figure for 2015–16.

Figure 3-1: Percentage of Aboriginal and Torres Strait Islander peoples employed by Child Safety in frontline child protection roles, by year—2012–2021²¹

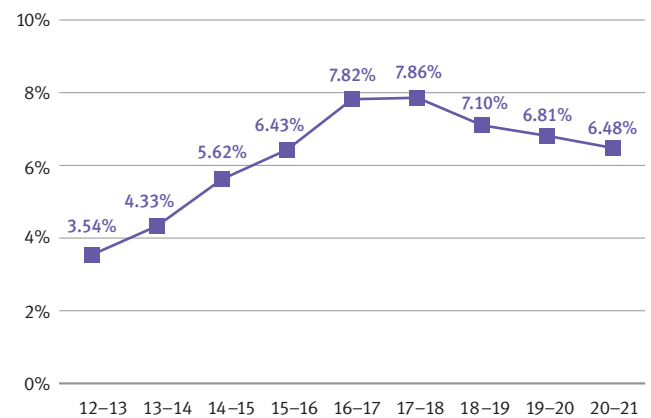


Table 3-2: Number of Aboriginal and Torres Strait Islander peoples in frontline roles (FTE), by role—2012–2021²⁰

Role	12–13	13–14	14–15	15–16	16–17	17–18	18–19	19–20	20–21
Child safety support officer	31.6	39.1	50.4	60.6	73.1	16.2	14.9	13.3	15.2
Child safety officer	13.6	17.4	24.4	25.3	31.1	31.5	28.6	25.3	24.6
Senior child safety officer	NA	0	0	0	0	0	3.0	2.5	2.0
Senior team leader	3.0	2.0	3.0	0	1.0	3.0	2.0	3.0	5.0
Senior practitioner	0.6	1.0	0	1.0	1.0	2.0	1.0	1.0	0
Family group meeting convenor	0	1.0	2.0	3.0	11.5	12	6.5	8.3	8.2
Senior service support officer	NA	0	0	0	0.8	1.8	0	0	0
Principal community services officer	NA	0	0	1.0	1.0	1.0	0	0	0
Principal child protection officer	NA	NA	0	0	0	0	0	0	0
Practice leader—Aboriginal and Torres Strait	NA	NA	2.8	5.8	7.0	6.0	5.0	7.0	7.0
Quality practice officer	NA	NA	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Senior child safety support officer	NA	NA	NA	NA	NA	4.0	3.5	3.9	1.0
Cultural practice advisor	NA	NA	NA	NA	NA	61	65.6	57.8	54.7
Principal specialist services clinician	NA	NA	NA	NA	NA	NA	0	0	0
Specialist services clinician	NA	NA	NA	NA	NA	NA	0	0	0
Total	48.8	60.5	83.6	97.7	127.5	139.5	131.1	123.1	118.7

* Data notes: A number of roles were added across the reform period. In this table, where there is a zero, this means that the position existed, but there were no Aboriginal and Torres Strait Islander peoples in this role.

The reduction of Aboriginal and Torres Strait Islander staff in frontline Child Safety roles is concerning given the over-representation of Aboriginal and Torres Strait Islander children and young people involved with Child Safety.

During consultations, frontline staff and regional leaders from Child Safety highlighted some challenges attracting experienced people to new roles, noting that new graduates were often employed.

They also highlighted that the new positions are sometimes more specialised (for example in domestic and family violence) or of a different type than required, in their view. This opinion came across consistently in all regions.

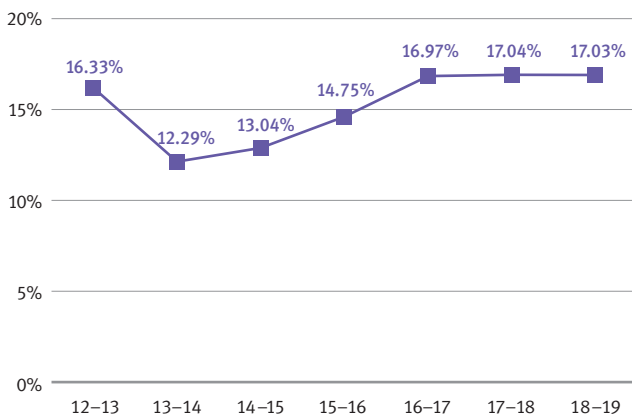
While acknowledging the value of specialised positions, the participants said that their introduction has led to the movement of more experienced child safety officers into these roles. This has meant they have lost experienced caseworkers, leaving vacancies in teams.

Additional frontline Child Safety positions were funded at the same time as secondary services (delivered by non-government organisations) were being rolled out across Queensland. This meant Child Safety and the non-government sector were ‘competing’ for the same staff. Regional leaders also noted the market for the pool of staff in some regions is much smaller, and the non-government organisations are much more competitive in relation to salary, conditions and roles than they have been previously.

3.2 Attrition

Figure 3-2 shows the attrition rates of permanent child safety officers, and that the rate of attrition initially decreased in 2013–14, only to slowly increase again. It has been above 17 per cent for two years and is higher than it was in 2012–13.

Figure 3-2: Attrition rates of permanent child safety officers—2012–2019²²



The 2020 QFCC workforce survey^j asked the child protection and family support frontline workforce about their intention to leave the sector (noting this is a different issue than the attrition data, which reports the rate of staff leaving an *organisation*).

Respondents employed in frontline roles at Child Safety were less likely than average (across all survey respondents) to agree that they intend to leave the child protection and family support sector within the next 12 months (7.1 per cent versus 8 per cent on average).²³

Literature tells us that intention to leave a sector can be a predictor of staff turnover,²⁴ so this response may indicate that the turnover of staff is lower among the Child Safety workforce, compared to their colleagues across the sector.

The Department of Children, Youth Justice and Multicultural Affairs annual report 2020–21 reports the permanent staff separation rate for the department^k was 10.47 per cent.²⁵ This compares with the following permanent separation rates for other departments who work with children and young people:

- The Department of Education reports their separation rate as at 30 June 2021 was 5.1 per cent, an increase from 30 June 2020 when the separation rate was 4.7 per cent.²⁶
- Children’s Health Queensland’s annual report notes the permanent separation rate was 5.1 per cent in 2020–21, a decrease from 6.5 per cent in 2019–20, and 6.1 per cent in 2018–19.²⁷
- The Queensland Police Service reported a permanent separation rate of 2.6 per cent in 2020–21.²⁸

3.3 Reforms and systems

Since 2014, several new processes and systems were introduced that had the unintended consequence of increasing the workload of the frontline child protection workforce.

3.3.1 Court reforms

In discussions, participants consistently highlighted court reforms^l as adding a significant burden to the workload of frontline staff. They acknowledged the positive changes the court reforms had brought about, but also spoke about the increased workload of completing affidavits—often 60 pages long—without additional preparation time and with limited training in preparing these types of documents.

This workload increases again when a child protection order is contested and the child safety officer must prepare a trial affidavit, prepare for court and give evidence, on top of their existing caseload and workload.

Some participants noted that prior to the reform environment, there may have been one or two contested hearings each year, but more recently, this has increased to one per week.

j The 2020 QFCC workforce survey was developed to gather the perspectives of the child protection and family support frontline workforce and asked about topics including learning and development, impact of the reform program and working with clients. There were 761 respondents in 2020, and 210 of these worked in frontline roles at Child Safety. www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection#block-workforce-survey-findings

k This data is not directly comparable to the data previously presented in this section, as the separation rate for the department includes Child Safety staff in non-frontline roles, and staff working in Youth Justice and Multicultural Affairs.

l Court reforms sought to achieve fair, timely and consistent outcomes in court processes by providing the Childrens Courts with tools and processes to actively manage child protection proceedings and ensure consistent outcomes. The reforms aimed to create greater accountability and oversight for applications, improve access to legal advice and support, and enable children and young people to participate in tribunal processes.

3.3.2 Interaction with other systems

Participants also spoke about the introduction of the National Disability Insurance Scheme,^m which was progressively implemented across the reform period, with full implementation in 2020.

Consistently, they spoke about the ongoing need to acquire new knowledge about how the Scheme operates, about disability and about how to engage children, young people and their families with the Scheme. Additionally, numerous participants spoke about the lengthy internal process for requesting support, funding and services, which requires sign-off from team leaders.

3.3.3 Independent person reforms

According to participants in frontline roles, the Independent personⁿ reform change has created an adjustment to the way frontline staff operate. Many acknowledged the importance of an Independent person but noted families may need encouragement and support to choose a suitable person. Some frontline staff also mentioned that including an Independent person can require more time, as they need help to orient them to their role in supporting the family.

3.3.4 Adapting to changing context

Frontline staff particularly highlighted that the recent focus on domestic and family violence has increased the need to develop more specialist knowledge and skills. There were mixed responses from participants about training and development in this area. Some felt adequate training and development had been provided, while others wanted more.

Regardless of the different opinions, this highlights the changing learning and development needs of frontline staff. They often require knowledge in very specialised areas (such as domestic and family violence, mental health, disability or early childhood) that can take years of training and experience to develop.

Participants noted that their roles had become more process driven rather than practice driven, which has a negative impact on the connection between what frontline child protection staff are doing and the resulting outcomes for children, young people and their families.

The result of all of this was summed up well by a number of participants who said the role-task balance has tipped more to administration in doing the paperwork, as opposed to engaging with families.

3.4 Caseload versus workload

One of the intents of the investment in the frontline child protection workforce was to reduce the caseloads held by Child Safety staff. Numerous media statements from the Queensland Government note the average caseload for frontline staff has reduced over the reform period.²⁹

Table 3-3 shows the average caseload of child safety officers. While caseloads have decreased since 2013–14 (the average caseload for child safety officers as of 30 June 2021 was 16.1³⁰), they are still not below the 15 cases recommended by the Inquiry.³¹

Table 3-3: Average caseload of child safety officers—2013–2021³²

Period	Average caseload
2013–14	20
2014–15	19
2015–16	19
2016–17	19
2017–18	17
2018–19	17
2019–20	18
2020–21	16

It is also worth noting that figures relating to caseloads include the ongoing intervention phase^o of child protection services only. Participants told us that caseloads during the intake phase,^p and investigation and assessment phase^q are different, and often higher.

Research informs us that it is important to consider both workload (time taken completing role tasks) and caseload (number of families that staff work with or time spent with clients) equally.³³ When both caseload and workload are appropriate, the delivery of high-quality services to children, young people and their families can occur.³⁴

m The Commonwealth National Disability Insurance Scheme funds eligible people with a disability in order for them to access services they need so they can live life as they choose. The Scheme provides people with permanent and significant disability with reasonable and necessary supports to help them achieve their goals. It was legislated in 2013 and went into full operation in 2020.

n Aboriginal and Torres Strait Islander families involved with Child Safety can have a person, who is not part of Child Safety, to help make sure their voice is heard. The person (usually an Aboriginal and Torres Strait Islander person) is called an Independent person. www.cyjma.qld.gov.au/resources/childsafety/practice-manual/info-independent-person-atsi-child-family.pdf

o Ongoing intervention is the third phase of the child protection service continuum. It occurs when it is necessary for Child Safety to provide support and assistance to a family to reduce risk to a child, or to the extent necessary to ensure that the child's protection and care needs are met. There are three types of ongoing intervention, including: a support service case; intervention with parental agreement; intervention with a child protection order.

p Intake is the first phase of the child protection service continuum. It is initiated when information or an allegation is received from a notifier about harm or risk of harm to a child or unborn child, or when a request for Child Safety assistance is made.

q Investigation and assessment is the second phase of the child protection service continuum. An investigation and assessment is the Child Safety response to all notifications, and is the process of assessing a child's need for protection, where there are allegations of harm or risk of harm to the child (*Child Protection Act 1999*, section 14).

The 2020 QFCC workforce survey asked about caseloads/workloads. Respondents employed in frontline roles at Child Safety were less likely than average (across all survey respondents) to agree that they consider their caseload/workload to be manageable (47 per cent versus 65 per cent on average).³⁵

In discussions, participants said the complexity of cases they worked with also affected their workload. They mentioned that more of the families they work with are facing multiple complexities, such as domestic and family violence and alcohol and other drug use, in addition to housing or employment instability.

Participants noted the importance of ensuring these complexities were addressed and considered in their roles and how they work so children and young people are protected. They also noted, however, that this creates a higher workload. Further, many participants reflected there was a mix of more complex cases and less complex cases within their caseloads, but that this has changed over the reform period, with most cases now being quite complex.

The majority of participants told us that with the increased complexity of cases comes an increase in risk and accountability held by individual case managers. Participants understood the need for risk and accountability, but noted that in other frontline workforces this risk and accountability is managed, protecting both consumers and individual members of the workforce.

An example offered was the care of a patient in a health setting. In a health setting, several staff can treat the patient, keep records, and patient handovers occur, keeping staff up to date on the condition of the patient.

Participants believe that a model for working can be adopted that would shift accountability and risk from individual child safety officers or case managers to a team, and provide consistent after-hours support for children, young people and their families. Participants noted that this would also support their work/life balance.

Child Safety has finalised a revised workload management policy and range of supporting tools to ensure reasonable workloads for frontline staff.³⁶ The policy and manual identify a trigger point requiring Child Safety to review an individual's workload.³⁷ The current trigger point is a caseload of 18 for child safety officers with cases in ongoing intervention; this drops to 16 on 30 June 2022.^{r,38}

3.5 Training and development

The 2020 QFCC workforce survey asked about learning and development needs. Respondents employed in frontline roles at Child Safety were less likely than average (across all survey respondents) to agree that:

- their organisation actively supports training and other learning opportunities for staff (61 per cent versus 77 per cent on average)
- they have been provided with enough training and other learning opportunities to undertake their roles well (62 per cent versus 76 per cent on average).³⁹

When discussing training and development, all participants emphasised the need for quality, timely and evidence-informed training and development. Participants shared a variety of perspectives about training and development, with some happy with the level of training and development, while others were seeking more training that ensured consistent practices across the state.

Many mentioned the importance of training and development given the high number of new graduates recruited to positions, while noting it was equally important to provide training and development to support the ongoing development of experienced staff.

3.6 Professional supervision

Consistently, participants recognised that professional supervision is an important component of training and development. Many differentiated between line management and professional supervision.

Line management, sometimes called 'operational supervision', is when discussions between an individual and their supervisor predominantly focus on the requirements of the role and day-to-day role administration.⁴⁰ Meanwhile, professional supervision, sometimes called 'clinical supervision', is when discussions between an individual and their supervisor predominantly focus on caseloads, client work and practice.^{s,41}

The 2020 QFCC workforce survey asked about professional supports. Respondents employed in frontline roles at Child Safety were less likely than average (across all survey respondents) to agree that:

- they receive the right amount of supervision to do their job well (63 per cent versus 71 per cent on average)
- they receive support from their colleagues/peers to do their job well (82 per cent versus 85 per cent on average).⁴²

Participants noted that there are often time and workload pressures that mean it is not always possible to undertake professional supervision, so the frontline child protection workforce is not always being supported in reflecting on their practice and in developing their skills and expertise.

r Child Safety workload management policy, v6 November 2021 notes ongoing intervention includes: support service cases; intervention with parental agreement; children under child protection orders to the chief executive; and children under long-term guardianship to other. Long-term guardianship to other directive order and support services cases are calculated as 0.1 of a case given the differences in legislative and policy requirements.

s Child Safety Professional supervision policy (v 404-5) notes the department's commitment to ensuring that staff who have decision-making responsibility and provide case-work services have regular, planned professional supervision. The policy also states that professional supervision allows time to reflect on practice and assess how the staff member is managing work demands. cpm.csyw.qld.gov.au/our-approach/policies

The majority of participants noted the time and workload pressures placed on team leaders, and the impact this has on capacity for professional supervision. Many noted that team leaders were constantly prioritising their workloads and deciding what they can achieve in a day. When this prioritisation involves assessment of risk, professional supervision can be low on the priority list. This is particularly true for those that support new child safety staff who are required to undertake additional training modules through supervision.

Further feedback from participants noted that they were engaged in fortnightly supervision, but it was mostly operational supervision, and did not provide an opportunity to reflect on practice or further learning and development.

Other participants noted how several reviews of the child protection system have highlighted the importance of supporting the workforce by providing them with regular clinical and operational supervision. Participants noted that despite this, there has not been growth in the number of supervisory positions.

Many participants would like to see supervision arrangements examined more carefully, including the option for seeking external clinical supervisors. Some participants told us that providing external supervision for the workforce would be an incentive to join and stay in the workforce.

3.7 Work/life balance

Participants frequently mentioned the challenges in taking planned leave (such as recreational leave), including that it requires weeks of planning. Many mentioned an awareness and level of guilt in handing caseloads to an already burdened colleague. Others expressed anxiety about where cases would be on return from planned leave, and stress when returning from leave due to the amount of work to catch up on.

They also spoke about the level of personal responsibility they feel for their cases, which increases their stress. Many participants noted that the statutory nature of child protection means that while there might be shared responsibility for case-planning, ultimately, the accountability for the consequences of statutory decisions sits with Child Safety.

They also consistently mentioned that media about adverse events often places blame on frontline staff, increasing their already high levels of stress and anxiety. For example, individual officers are criticised for their role in a critical incident.

Additionally, a number of participants told us that they feel they have very little respect from colleagues from other government departments. Some put this down to the lack of recognition relating to remuneration, which does not reflect the level of responsibility held. Others felt the lack of respect was driven by adverse events and media.

Many noted that they often do not admit to friends and acquaintances what their role is and where they work. This is sad, because they perform such crucial work.

3.8 Outcomes for children, young people and their families

The 2020 QFCC workforce survey asked about working with clients. Respondents employed in frontline roles at Child Safety were less likely than average (across all survey respondents) to agree that they are able to spend enough time with children, young people and families to do their job well (32 per cent versus 48 per cent on average).⁴³

Many participants noted anecdotally that children, young people and their families have better outcomes now, when compared to prior to the reform period. However, they equally acknowledge that there is no system level data or evidence of this, and that there is still a long way to go regarding improving outcomes for children, young people and families involved with the child protection system.

4 Conclusion

Our study aimed to quantify the increased number of frontline roles at Child Safety, as well as to understand the types of roles and where they were located.

This proved difficult, as various numbers were quoted in different data sources and they measured different things, and the reliability of Child Safety data is impacted by multiple machinery-of-government changes over the reform period.

While it is clear the number of frontline child protection positions increased across the reform period, there were challenges in filling new positions, and retaining experienced staff is a persistent problem in Child Safety.

The *Measuring what matters* report observed that the Queensland child protection system remains stretched, with the number of children, young people and their families interacting with the system increasing over the reform period. In addition, the over-representation of Aboriginal and Torres Strait Islander peoples in the child protection system has not decreased.^t

The *Measuring what matters* report also described several points of pressure in the child protection system, such as:

- a steady increase each year in the number of children and young people entering out-of-home care
- an increase in the length of time children and young people are in out-of-home care
- an increase in the number of placements while in out-of-home care.

The addition of extra frontline child protection positions does not appear to have changed the demand that is placed on the child protection system.

Perhaps this should not have been expected, given the changes to the workload of frontline Child Safety staff as a result of reforms and reported changes in the characteristics of clients and complexity of casework. Additionally, the child protection system is an interconnected system that interacts with and is affected by other systems and by social and environmental issues.

Current literature recognises that the outcomes of children, young people and their families engaged with the child protection system are influenced by the frontline child protection workforce.⁴⁴ Hence, ensuring this workforce is supported will improve outcomes for children, young people and their families.

A supported frontline child protection workforce is one which has:

- time for training and development
- quality professional supervision, which could be from an external provider if there is no internal capacity
- supportive line management
- manageable workloads and caseloads where the number and complexity of families is considered in work allocation.⁴⁵

There is an abundance of data reporting throughput and output of the child protection system, but very little relating to outcomes for children, young people and their families engaged with the system, particularly from their perspective.

Other than an anecdotal belief (from frontline staff) that clients are getting better outcomes, we were not able to demonstrate that the increase in frontline positions has resulted in better outcomes for children, young people and their families.

^t For more information, please see the *Measuring what matters* report: www.qfcc.qld.gov.au/keeping-kids-more-safe/monitoring-reviewing-systems-protect-children/evaluating-child-protection

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