PART II

CHALLENGES

5 CHALLENGES FOR THE STATUTORY AGENCY

OVERVIEW

The strong national message in relation to child protection is that 'child protection is everyone's business'. It is vital that this message continue to be promoted. The statutory agency is a crucial part of the system and should be the agency that leads child safety in the state. A functional child protection system should be led by a highly functioning expert statutory agency.

Child protection is complex and difficult work. Every day workers make decisions that have the capacity to fundamentally change children's lives. Getting it right can deliver extraordinary benefits to a child, and getting it wrong can unnecessarily tear families apart.

The expert panel who reviewed practice within Families SA (the Agency) for the Royal Commission was struck by the complexity and difficulty of the work it performed. They noted evidence of entrenched inter-generational patterns of family dysfunction, including welfare dependence, domestic violence, housing instability, substance abuse and mental health issues. In the majority of cases examined, most or all of these factors were present. The panel observed that the files reflected a sobering and tragic picture of family life for many children in the 21st century. It is in this complex social environment that Families SA practitioners work to secure the safety of children.

Children who participated in the Commission's consultation[1] demonstrated a good understanding of why the state had become involved in their family. They understood the benefits that state intervention had brought to their lives:

The reality is that some parents aren't capable of being with their kids.

If I had stayed with my parents I would not have ended up the person I am now....It might not have ended up so good.

In facing these substantial challenges, workers do not appear to be well supported by their organisation. The Commission heard overwhelmingly of an organisational culture that was top heavy, procedure driven and risk averse. The mood of the workforce was described as at an all-time low, driven by a combination of internal pressures and external publicity following the Chloe Valentine Coroner's inquest and the events surrounding the exposure of Shannon McCoole.

Many committed front-line child protection workers told the Commission that they felt disillusioned about their circumstances. They felt a high level of anxiety about the level of risk being carried by the Agency because of vulnerable children to whom they simply could not provide a service.

One highly experienced child protection worker encapsulated the challenges facing the workers in the statutory agency:

The role of a care and protection worker is complex and difficult ... Research on the experiences for children, parents, foster carers and other agencies of the child protection system is replete with criticism: service recipients and agency partners feel excluded and not listened to, with a significant lack of respect and significant power imbalances prevailing in favour of the statutory agency. It is definitely not a partnership process, despite the espoused rhetoric.

The causes of tensions and difficulties are very complex, and simplistic explanations that blame individual workers are faulty. Some of the explanation lies in the nature of the work itself: child protection is fraught with conflict, emotion and often disputed accounts. Conflicting ideologies about the rights of children and parents and the expected role of the state is often the unarticulated subtext. Decision making seeks to be evidence-based, but in practice often requires a high degree of subjectivity ... As commentators have often remarked, social workers may do everything right and still end up with bad outcomes, given the highly unpredictable nature of human behaviour. The individual blame game has too often prevailed in analysis of child protection processes, and it is never helpful, as the causes are always multiple and systemic.[2]

Social workers may do everything right and still end up with bad outcomes

In order for the system to work more effectively and efficiently, the statutory agency at its apex should be significantly reformed and reoriented to better meet the substantial challenges of protecting the most vulnerable children.

This chapter principally relates to the Commission's Terms of Reference 5(a) to 5(h), in the context of Terms of Reference 2 to 4.

A WICKED PROBLEM

As outlined in Chapter 2, child protection is a 'wicked problem': that is, a problem which is complex and highly resistant to resolution. The term has been applied to describe problems that cannot be resolved within a single organisation, and which attract disagreement about the best approach.[3]

In its 2009 'Inverting the Pyramid' report, the Australian Research Alliance for Children and Youth (ARACY) outlined the characteristics of 'wicked' problems and applied them to the issues arising in child protection.[4]

The characteristics of wicked problems

From the literature, several key characteristics of 'wicked' problems emerge. Generally, 'wicked' problems:

- are difficult to clearly define. The nature and extent of the problem depends on who has been asked; that is, stakeholders have different versions of the problem. For example, in child protection, practitioners from primary systems conceptualise the problem very differently from those providing tertiary services.

- have many interdependencies and are often multi-causal. Stakeholders may disagree based on the different emphasis they place on causal factors and how to focus efforts. Child protection is interrelated with other similarly complex policy problems including poverty, mental health, and drug and alcohol use.

- are often not stable. The context and/or evidence base is often changing as policy makers are attempting to address the problem. In child protection, changes in legislation and political responses to crises have the ability to significantly change the operating environment.

- usually have no clear solution. Solutions to wicked problems are often not right or wrong, but rather better or worse or good enough. Wicked problems also have no 'stopping rule'; that is, the problem can never be completely solved.

- are socially complex and hardly ever sit conveniently within the responsibility of one organisation. The social, rather than technical, complexity of wicked problems generally overwhelms traditional problem-solving and project management approaches. Solutions to wicked problems generally involve coordinated effort by a range of stakeholders including government organisations (at several levels), non-government organisations and individuals.

- involve changing behaviour. Solutions to wicked problems often involve changing the behaviour of individual citizens and organisations. This is certainly true for preventing child abuse and neglect, where the solutions involve building capability in vulnerable families.

In addition, some wicked problems are characterised by chronic policy failure.

TACKLING WICKED PROBLEMS AT AN ORGANISATIONAL LEVEL

Some authors have argued that the key to tackling wicked problems is to identify the most appropriate management approach. Problems that have a limited scope and a natural stopping point where they can confidently be declared 'solved' may be dealt with through administrative and management measures.[5] Wicked problems, however, demand a special type of leadership, one that involves 'coaxing people, both professionals and the lay public, to an acceptable solution', because we do not know what the right answer is.[6] Leadership in this context involves acknowledging that child protection is a risky business. While revised process and procedural controls might provide organisational comfort, it is a false comfort if they serve to undermine the professional skills and competence.

The Commission heard evidence from Families SA employees at all levels of seniority and experience, in both country and metropolitan locations. A consistent theme was that while there was tight control of decision making at a high level, there was a deficit of true leadership. Workers spoke of feeling that their professional expertise was not valued and that there was little investment in growing practitioners' knowledge base. They felt that their professional practice was restricted by administrative processes and rules that focused on agency risk management rather than the best outcomes for children.

There is, however, a tension between observing that the quality of practice is poor and needs to be improved, and advocating a more hands-off management approach to allow people to apply and develop their professional judgement. Professor Eileen Munro in her review of child protection practices in the United Kingdom observed that there is a need to strike a balance between reducing the level of prescriptiveness in an organisation to give workers a chance to demonstrate professional judgement but at the same time ensuring they have the capacity to do so where prescriptiveness is absent. She emphasises that prescriptiveness must be reduced in tandem with the development of a learning system, and that the process must be conceptualised as a longer term proposition. [7]

The same observations apply to reform of the statutory agency in this state. Although the necessary shift will not occur quickly, it is critical to long-term success that a greater emphasis be placed on professional skill, knowledge and influence.

THE GROWTH OF PRESCRIPTIVE MEASURES OVER PRACTICE

In the context of what research tells us about the best ways to grapple with wicked problems, of particular concern is the move by Families SA towards providing detailed instructions on how each job is to be performed, in the expectation that this will improve the quality of decision making. This 'command and control' approach assumes that failures can be reduced by tightly controlling the processes by which a job is performed. [8] If there is a failure and harm is caused, there is a presumption that instructions or guidance were insufficiently clear, and processes and protocols are rewritten. [9] This systematically reduces the need for employees to think for themselves about important professional and moral issues that are part of risk assessment and decision making. [10]

Command and control has produced perverse and particularly widespread side-effects in sensitive human service environments such as child protection systems. The approach perpetuates risk-averse and defensive practices, thereby de-skilling workers and worsening rather than improving outcomes for children. Munro's review observed that the cumulative effect of a heavily bureaucratised system is a shift towards defensive practice where concern with protecting oneself or one's agency has competed with, and sometimes overridden, a concern with protecting children. [11] A command and control strategy is unable to grapple with complex wicked problems.

Sue Macdonald, the Director of Quality and Practice for Families SA, acknowledged the dangers of growing prescriptiveness in the Agency. She said:

I think the danger in having guidelines that are too prescriptive is that actually, what it does is make people anxious because what it makes you do is worry about following the procedure rather than engaging with the family. And so … it is that fine balance between ensuring that people have sufficient access to information to assist them to do their job, while also encouraging them to bring their skills and knowledge to the work. We are increasingly … a workforce that has overall a fairly limited experience base at the moment … so the lack of experience married with some of the other … things that have happened, public scrutiny, increasing workload, all those things … I think has created anxiety, so in those times, people do want to grab onto something that they feel sure about. The challenge is to move people to a point where they feel sure about the work they are doing, rather than … how it is prescribed. [12]

The challenge is to move people to a point where they feel sure about the work they are doing, rather than how it is prescribed

The danger lies not in the existence of the guidance alone, but in the manner in which it is used. The growth of prescriptive processes without a corresponding investment in the workforce may lead to technical competence, not quality practice. [13] The Commission heard that a significant number of practitioners lack a solid understanding of the rationale for the mandated processes. [14] This situation has grown out of the focus on processes and protocols replacing investment in professional judgement. The Agency, a former executive observed, had become 'bureaucratised and over-mechanised to the point of stupidity'. [15] The Commission's examination of the available policies, process guides and work instructions in a number of areas confirmed the validity of this criticism.

A LACK OF CLARITY ABOUT APPLICABLE POLICIES

The Commission was regularly confounded by the array of documents that child protection workers were expected to consult. Commonly, different versions of documents existed, and there was doubt about which were the current operational versions.

The Child Protection Manuals Volumes 1 and 2 contain the most comprehensive guidance on the issues confronting workers but they are so out of date that they still refer, in some instances, to the Client Information System (CIS) database, which was superseded by a new case management database in 2009.

The Care Planning Policy, a seminal document which sets out the principles under which decisions about the care of children should be made, has an uncertain status. Rosemary Whitten, the Executive Director in charge of Metropolitan Services and Residential Care at Families SA, was not certain whether the document was current, and could not say with clarity whether it might have been superseded by a new document. Ms Macdonald noted that the most recent version of the document retained Department of Families and Communities branding, so had not been updated since the merger of Families SA with the Department for Education and Child Development (DECD) in 2011.

Ms Whitten agreed that the Agency faced significant challenges identifying what was and was not current policy. 'Redesign', a recent reform program, has exacerbated rather than resolved these issues. Under Redesign a large number of new documents guiding practice have been produced but many have been released to the workforce as trial processes, not yet final or approved. As a result, staff remain uncertain about their status. [16] Despite the release of these new documents, there has not been a corresponding rationalisation of other documents, a situation that has further troubled an anxious workforce.

An audit of policies and process documents is necessary to identify which documents are current, which are outdated but still apply, and which have been superseded. They should be organised into a single database that is easily accessible to staff through the Agency's intranet. Documents that are outdated in some respects but remain relevant to practice should be clearly identified as such.

A LACK OF TRUST IN FRONT-LINE WORKERS

Evidence also suggested a level of confusion about decision-making delegation within the organisation. A number of more senior staff members held the view that decision-making delegation had moved upwards in recent times. Supervisors within local offices are not authorised to approve interstate travel for children in care. They may not authorise payments over $500 and they may not authorise annual leave requests by staff under their management for periods exceeding one day.[17] In remote areas where workers frequently need to cross state borders to deliver services (the APY Lands being the most obvious example, where the closest hospital for residents is in Alice Springs), permission must be obtained on each occasion from an assistant director.[18] Managers at the local office cannot authorise foster parents to take a child on a short interstate trip, and requests to travel overseas are escalated to the Deputy Chief Executive for approval.[19]

Consultations with children and young people in care revealed that the challenges that high level delegation bring also have an impact on the ability of children and young people in care to live the most normal way possible. They told the Commission:

> You have to ask a million people to do anything—the social worker asks the senior who asks the big boss. Last-minute things cannot be organised, like normal sleep-overs. [20]

Etienne Scheepers, the Deputy Chief Executive of the Office for Child Protetction (as such, head of Families SA), told the Commission that in general terms he regarded the current operational delegations as appropriate. He believed that there might well be good reason that interstate travel, for example, should be escalated beyond the local office for approval, because some decisions required distance between the decision maker and the case manager. Mr Scheepers considered that the additional risk posed to a child travelling away from their home environment might justify the escalation of such a decision. However, it is difficult to understand why the level of risk inherent in travel necessarily escalates with the movement of a child across a state border.

Mr Scheepers also made the point that the organisation had difficulty with accountability for decisions. Some decisions that should be made at a lower level are escalated because there is an unwillingness at that level to assume accountability.

In late 2015, a group of senior executives seconded from other government departments was tasked with investigating opportunities for improvement within Families SA. The resulting report identified a number of reform priorities. The group's observations about delegation were consistent with those made by the Commission. The group observed that the consistent focus on responding to crises had led to an erosion of autonomy from non-executive leaders and the upwards movement of decision-making power. The impact of this had been to focus 'executive leaders on operational decision making at the expense of setting strategic directions and resolving complex problems; and it disempowers and demotivates non-executive leadership (particularly at the manager level) within the agency'.[21] The current hierarchical arrangements are set out in Figure 5.1.

The group further observed that the separation of routine decision making from the everyday management of the child is not always in the child's best interests. That is, risk aversion at higher levels can lead to greater weight being placed on organisational risk, rather than the interests of the child. Restricting the need for executive level staff to become involved in everyday decision making would also send the important message to the community that children and young people are in 'experienced, safe hands'.[22]

The group's enquiries suggested that the current delegations resulted at least in part from a concern about the quality of non-executive leaders in the Agency. They concluded that stronger human resources processes should be made available to manage performance deficits, rather than implement a structure that 'assumes poor performance from its non-executive leadership'.[23] The group recommended that existing delegations be reviewed and rationalised.
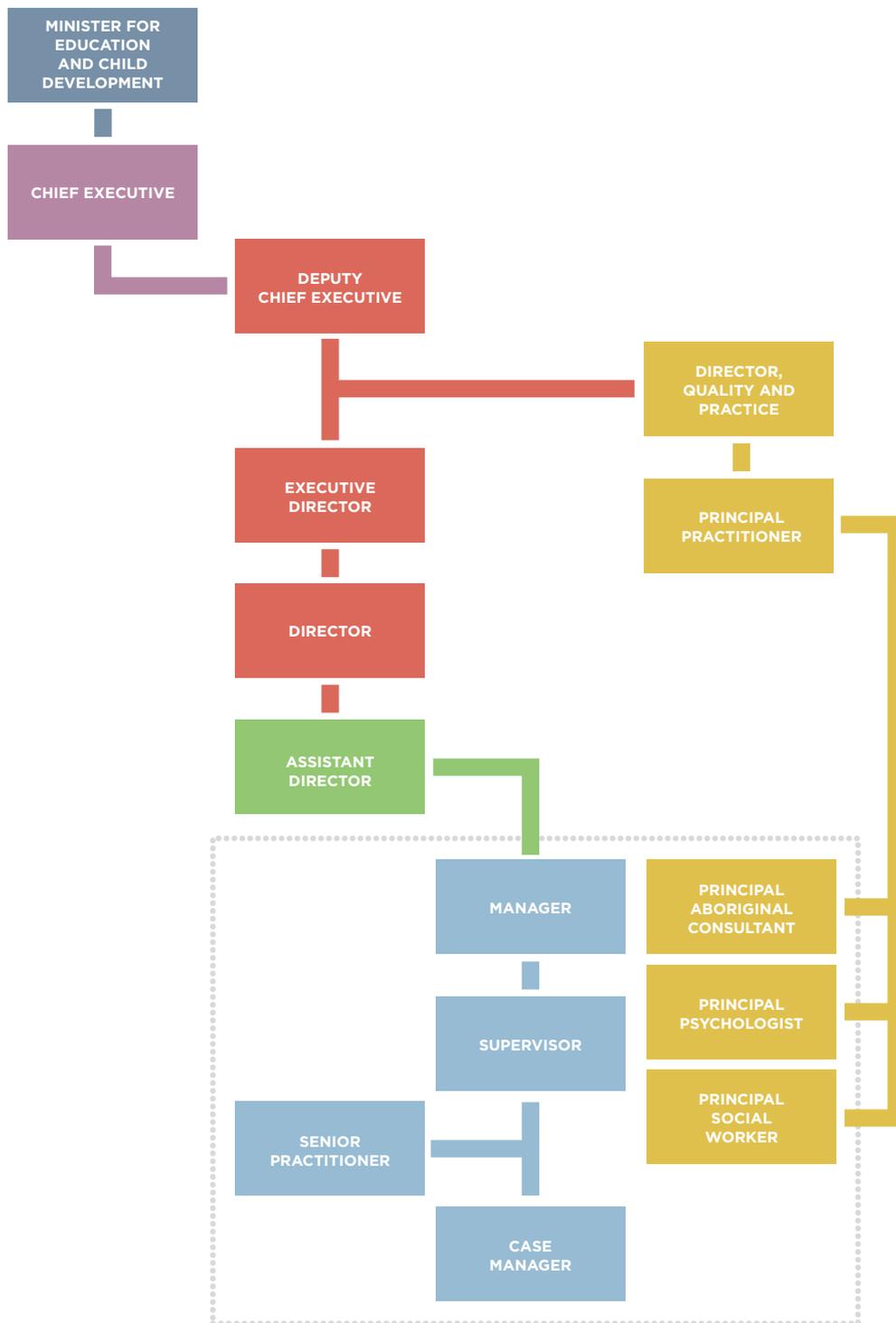
Figure 5.1: Multiple layers between the Minister and case managers

Notes: At June 2016, the position of Principal Practitioner was vacant and the future of the reporting line for the principal's group (gold) was unclear. The dotted line indicates the consultation relationship between the principal's group and front-line practitioners (blue).

This recommendation is supported by the Commission. All decisions that affect the experiences of children in care should be delegated at a level that gives precedence to knowledge about the individual child. This of course should be balanced against the need for fiscally responsible decision making and ensuring safety for children in care. The Commission considers that the current balance needs adjustment, and greater weight should be given to the experience and knowledge of front-line workers.

Nathan—A child with complex needs in out-of-home care

(The full case study of Nathan is in Volume 2, Case Study 4: Nathan—Children with complex needs in out-of-home care.)

The story of 'Nathan' highlights the difficulties that arise when case management decisions are escalated beyond the local office and executive staff become involved in operational matters. Nathan's background of severe abuse and neglect meant that his needs were complex. It was clear to his case management team that significant financial investment was needed to support an appropriate care model. A plan was developed for him to be accommodated in premises separate from other young people, with selected carers with whom Nathan had positive connections. It was appropriate that expenditure of the order contemplated in this plan was escalated to a high level for approval. However, the Commission heard evidence of numerous meetings and conversations from which Nathan's case manager was excluded. Such processes led to a level of confusion on the part of those responsible for Nathan's care about what was and was not possible for him long term.

Rosemary Whitten, the Executive Director for Metropolitan Services and Residential Care, became involved. Between Ms Whitten and the caseworker responsible for Nathan's day-to-day care were a director of metropolitan services, an assistant director, a local office manager and a social work supervisor. Because Nathan was housed in residential care, a manager of residential care and a director of residential care also became involved. It is hardly surprising given the enormous layering of bureaucracy associated with this decision making that the proposal ultimately 'drifted into obscurity'.[1] No one who gave evidence about the plan for Nathan was able to identify the person responsible for not approving the plan. Ultimately, the state of inertia continued to the point that the care workers originally identified to care for Nathan had moved on, and Nathan's level of functioning had deteriorated to such a level that the original proposal was no longer appropriate.

[1] Oral evidence: R Whitten.

A ROTTEN CULTURE

In 2007 a Select Committee was appointed by the Legislative Council to examine and report on Families SA. The Committee heard overwhelming evidence from foster parents, family members, advocacy agencies, staff and experts in child protection that a 'culture of arrogance, mistrust, bullying and dishonesty is endemic within the department'. The Committee heard of a 'pervasive and rotten culture'.[24] There were complaints that policy decisions were made without consulting those working at the coal face.[25] The Committee handed down 16 recommendations, one of which was that the Minister take steps to address the rotten culture.[26]

Despite these observations and recommendations being made in such strong terms, evidence to the Commission suggested that nothing has changed. The overwhelming message from witnesses was that the culture described in the Select Committee report in 2007 remains pervasive. One former worker described the culture in the organisation as 'conformist, expedient and anti-intellectual'.[27]

VALUING PROFESSIONAL SKILL

A common reason cited for a level of professional dissatisfaction in the organisation was a feeling that tertiary qualifications and social work knowledge were not valued. There has been a movement towards employing operational level staff in positions traditionally held by tertiary qualified workers, due to budgetary pressures and a growing workload. Operational stream workers are employed in country offices as caseworkers doing all but the most complex work expected of qualified AHP (allied health professional) staff. In metropolitan areas, operational workers have recently been employed as caseworkers for older teenagers who have started the process of transitioning from care.

Workers feel that they are heavily managed from a high level, particularly by executives who micromanage casework decisions and do not give sufficient weight to the professional expertise held by staff. The following words from various workers in the agency represent the overwhelming sentiment:

- *They felt hugely disrespected [and] demoralised that their expertise wasn't valued.*[28]

- *I would say the last two years have been the worst two years I've ever experienced in any employment in my whole life … the goodwill of social workers in our department is unbelievable—not just social workers, I mean anyone who works there … and I think the organisation has taken advantage of that goodwill … I personally don't believe that we are being listened to. You know, people in the field have not been consulted enough.*[29]

- *The culture of our department in the last five or six years has been very one way, one-directional, top-down and any worker, whether it be a supervisor or manager, who … speaks out tends to leave the agency very quickly.*[30]

- *I've definitely seen changes in the last probably six or so years. I think there is far less consultation with the field; I think there is much denigrating and dismissal of social work as a profession and social workers, I don't think they're valued at all by executive or their opinions or their assessments. I think that there is a culture of bullying; I think there's a culture of blame; I think people have been very badly treated; and I think people are quite fearful and find it a very difficult culture in which to work.*[31]

- *They're pretty disenchanted with the whole de-professionalisation of social work … and the micromanaging, it's just horrendous.*[32]

The Australian Association of Social Workers (AASW) told the Commission:

> *The AASW believes that Families SA has recently become de-professionalised with professional opinion about child protection decisions being ignored or minimised. One of the problems affecting the practice of the department is a too great concern about the political ramifications of any decision. This means decisions are top down and not taking into account the actual face-to-face experiences of those doing the work. The professional knowledge of assessment, systemic influences, social disadvantage, child development, neurobiological reactions to trauma are overridden by political and risk-averse decisions made too far from the 'coal face' to be fully relevant, timely and useful to individual cases.*[33]

Many significant decisions about children's lives have come to rest with local office managers, or higher. Many of these positions are held by staff who do not have a professional child protection background or formal qualifications in child protection. As one former employee observed, 'It would be unheard of for the CEO of Health to give advice or make decisions on clinical matters, yet the equivalent of this routinely happens in Families SA'.[34] The job and person specification for managers at each local office require that the incumbent 'provide leadership and direction of critical, complex and highly political case management issues involving children with high and complex needs that are at risk of death or serious injury'.[35] They are required to perform this role, notwithstanding that there is no requirement that they hold a tertiary level qualification in any human services field. At the highest level of leadership, the current Deputy Chief Executive holds formal

qualifications in law and management, but was appointed to the position with no previous experience in child protection.[36]

THE CHALLENGE OF REDESIGN

The state of the Agency, and the deficits in its ability to manage the increasingly complex demands of child protection, were formally acknowledged in 2012, when the Families SA Executive resolved to embark on a complete reform program. The Executive was interested in the advantages of driving its own agenda, rather than being driven (as is often the case in child protection reform) by an external review such as an inquest or Royal Commission.[37] The reform needed to be ambitious and comprehensive. In one former executive's words:

> *This ship was going down and, you know, nothing short of a nuclear option was going to save it.*[38]

By February 2013, a business case had been prepared, and Families SA Redesign was launched. The program was required to be completed without additional staff and within existing budgetary restrictions.[39] The board of management for the reform was the Families SA Executive, which was tasked with managing the process in addition to its substantial normal workload.[40] An external change management consultant, Genene Kleppe, was engaged to assist. Ms Kleppe had extensive experience in change management but very little exposure to human services environments, and no professional experience in child protection. This appointment became a source of dissatisfaction within the Agency.

There is no doubt that the reform agenda identified was well aimed and necessary. The way in which the reforms were developed and implemented, however, caused dissent and disquiet throughout all levels of the Agency, including the Families SA Executive. Three of the original eight Executive Board members left the Agency at least in part due to issues arising from Redesign.

The Commission heard considerable evidence about the Redesign process. Overwhelmingly the message was that workers felt shut out, silenced and disrespected. The process was the source of a great deal of ill feeling across the Agency.

It is not within the terms of reference for the Commission to apportion blame or responsibility for the various failures of that reform. It is sufficient to observe that there exists a widespread perception that the Redesign process further disengaged front-line child protection staff and devalued the contribution of professional staff in the Agency.
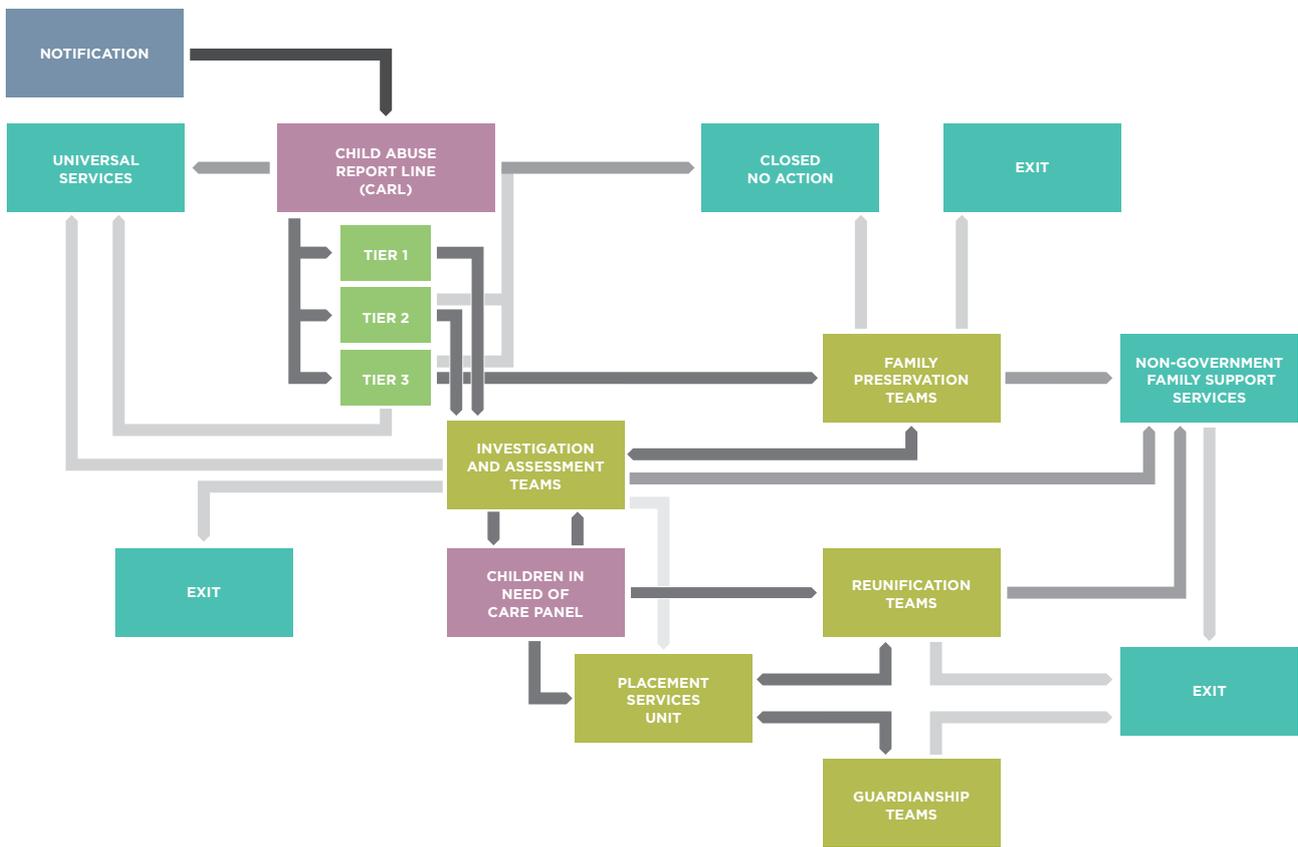
Figure 5.2: Families SA Redesign process flow chart (the 'factory model')

The high levels of resentment felt in the organisation towards the process impeded the workforce's acceptance of the significant reforms that needed to be made.[41] Workers in the field came to associate Redesign with two reform processes: the move to a specialist hub structure and the implementation of a universal practice approach (Solution Based Casework™). As will be further discussed in this chapter, both were poorly managed.

The promoted change agenda was based on what came to be known as a 'factory model'. One version of that model is reproduced at Figure 5.2. The idea that the complexities of child protection could be reduced to a factory process offended many professionals, and led them to conclude that those leading the reform had an insufficient understanding of the complex system they had been tasked to reform.[42]

In 2014 Ms Kleppe's engagement ended and a new manager for the Redesign process, Shirley Smith, was appointed from within Families SA. Ms Smith had experienced some of the reform process from her previous position as Manager of Service Accountability

and Development. She observed that one of the things that most concerned her about the process was the lack of engagement with experts and practice leaders within the Agency, in particular principal social workers and principal psychologists. She described it as 'one of the most disrespectful things I have come across in my career'.[43]

The Families SA submission in 2014 to the Select Committee on Statutory Child Protection and Care in South Australia referred to the Redesign process. It boasted an 'ongoing consultation with staff complemented by a strong and effective communication strategy'.[44] The evidence heard by the Commission does not bear out this claim. Rather, it is apparent that the processes adopted further alienated the workforce and exacerbated an already toxic state of affairs. Staff continued to feel almost completely disengaged from important decision making.

SPECIALIST HUBS

One of the major reforms advanced through the Redesign process was the rearrangement of work management across local offices. Prior to Redesign, the Families SA offices delivered services covering each stage of a child's journey in the child protection system: assessment and support, protective intervention, and long-term guardianship.

The metropolitan offices were located in Adelaide, Woodville, Blair Athol/Modbury (office split across two sites), Salisbury, Elizabeth, Noarlunga, Aberfoyle Park, Marion; country offices were located in Gawler, Port Pirie (satellite office at Kadina), Port Augusta, Whyalla, Port Lincoln, Ceduna, Mount Barker (satellite office at Victor Harbor), Murray Bridge, Limestone Coast (located at Mount Gambier) and Coober Pedy.

The geographical reach for service delivery was restricted to the immediate local area, bringing advantages of a greater local focus.[45] This included accessibility and reduced travel time for clients. For staff, there was the capacity to hold a high level of knowledge about local conditions, local services and particularly vulnerable families in the local catchment area. The reduced travel burden permitted a greater percentage of working time to be spent in family engagement.

Redesign aimed to specialise functions, increase worker skill, and quarantine some resources for the important role of protective intervention, a function that had become neglected in busy offices attempting to manage a heavy workload of new intakes as well as the long-term guardianship of children.[46]

Redesign's solution was a restructure of functions in the metropolitan area to create specialist hubs. The metropolitan offices were divided into north, south and central groups, and each office within that area was assigned a specialised function:

Assessment and Support (intake and initial assessment)

• Elizabeth (North)
• Noarlunga (South)
• Woodville (originally based at Adelaide) (Central)

Long-term Guardianship

• Salisbury (North)
• Marion (South)
• Hindmarsh (originally Woodville) (Central)

Protective Intervention

• Blair Athol (North)
• Aberfoyle Park (South).

The specialist hub structure builds into the system response (assuming that the child is taken into care on a long-term order) at least three different workers, and attendance at three different locations. The move reduced the range of functions being performed at each office, and expanded the geographic reach over which it was to be performed. Challenges for already vulnerable clients attempting to engage with the system were multiplied. One witness described the change for clients negotiating the child protection system as turning a 'sheer rock face into a bit of an overhang'.[47]

The scope of the restructure was restricted by the availability of only eight metropolitan offices, and no capacity to develop a ninth. The specialist hub structure ideally required nine sites, to deliver three functions in the north, south and central regions. Ultimately, a decision was made to implement the hub structure with two rather than three protective intervention centres. Ms Whitten described this decision as a 'flaw' that she has been working on ever since.

Ms Whitten told the Commission that the issues outlined above were well known prior to the decision to restructure to specialist hubs. She thought that many of them were issues that existed even with the functions combined in local offices. In the end, it was the desire to build specialist centres of expertise that won the day.[48]

It seems that some of the benefits of specialisation have been realised in the guardianship hubs where opportunities have been capitalised to bring together communities of foster parents around common challenges and experiences.[49] The experience in assessment and support and protective intervention has been less positive.

The challenge with separating assessment and support from protective intervention is that the two are enmeshed to a great degree, and court processes dominate the timeframes that potentially drive both. Intervention in families is a continuum and in some respects it is artificial to divide it across two phases.

As originally conceived, the specialist hub structure contemplated the exit of a number of cases at the protective intervention phase. It was assumed that intervention would resolve the areas of risk and provide services that would enable the family to leave the system at that point (see Figure 5.2).

The reality did not match this expectation. The fact that families entering the system were generally highly dysfunctional, with complex and entrenched problems, meant that there was reduced scope for interventions that would, in the short term, address the issues and enable those families to safely leave the system.[50]

In many cases protective intervention simply exposed a level of family dysfunction that made removal of the children for the sake of their safety inevitable.

As a result of the blockage of workflow to the protective intervention hubs, assessment and support workers often held on to files well after short-term guardianship orders were made. This in turn meant that capacity to act on new notifications became blocked, contributing to a rising rate of notifications coded Closed No Action, which indicates that Families SA has closed the notification without taking any action.[51] Previously these issues could be dealt with in the local office by temporarily redeploying resources; now, a higher level negotiation between offices is required.[52]

The most urgent need in this regard was reported to be in the northern hubs. The significant socioeconomic disadvantage in these areas has led to a high service demand, and the Blair Athol protective intervention hub has struggled to keep pace. Families SA argued for a third protective intervention hub and the area of greatest current need was the Elizabeth/Salisbury area.[53]

It is argued in this chapter that the statutory agency urgently needs to invest in upskilling the knowledge base of its staff, and treat child protection work as a profession that demands the attention of the best and brightest professional workforce. The move to the hub structure was motivated by a desire to move in that direction, to provide an environment where specialisation of skill and quality practice was supported. The move has, however, come at a price. The Commission regards it as counterproductive to wind back the clock to reclaim the benefits of the local office structure. However, Families SA should continue to work towards a better integration of the assessment and support and protective intervention work, so that a more flexible approach to changing workloads is possible. This is especially important when the improvements anticipated through the growth in early intervention and preventative services are realised.

SOLUTION BASED CASEWORK™

As part of the ambitious process of reform proposed by Redesign, executive staff were asked to consider the value of adopting an overarching practice approach across the various functions of Families SA, to overcome a perceived lack of consistency and quality.

Mr Tony Kemp, then Director of Practice and Policy, conducted a comprehensive survey of practice approaches which showed promise for the South Australian environment. He ultimately favoured an approach developed in the United States of America called 'Solution Based Casework™' (SBC), developed by Dr Dana Christensen.

The approach had been implemented in a number of jurisdictions in the USA, but was at that stage entirely untested in the Australian social environment.[54]

SBC draws on three theoretical foundations: family life cycle, relapse prevention and cognitive behavioural therapy, and solution-focused family therapy.[55] Those foundations support three fundamental assumptions for casework:

- Full partnership with a family is a critical and vital goal for every case.
- The partnership for protection should focus on the patterns of everyday life of the family.
- The solution should target preventative skills that are needed to reduce risk in everyday situations.[56]

SBC focuses on the family unit and the everyday lifestyle of its members, endeavouring to help them find their own solution to problems. Once identified, problems become the target of specific plans of action that the whole family agrees to work on under the supervision of the caseworker. The model places a heavy emphasis on encouragement, and celebrating success when families achieve even small changes.[57] Witnesses described SBC as 'common-sense social work'[58], a description endorsed by its creator.[59]

SBC places a heavy emphasis on partnerships with families, and reaching consensus with a family about their challenges.

In selecting SBC as the preferred practice model, Families SA was heavily influenced by the existence of research which showed that, if properly implemented and used with a high level of fidelity to the model, the approach was effective in supporting families. The same results were not observed in the absence of good implementation and high fidelity.[60]

The research also showed that the approach, if used correctly, reduced the rate of child removal. This aspect of the evaluation particularly appealed to Families SA. It is critical to understand, however, that a reduction in child removal is not an aim of the approach, but simply a by-product of the good practice that the approach supports. Where there is poor implementation, and workers are not sufficiently trained in the model, there is a danger that the *effect* of improved practice becomes conflated with the intent of the model. That is, workers mistakenly believe that the model endorses a different approach to decisions about safety for children, and a tolerance of a higher degree of risk.[61]

The other major danger of SBC when poorly implemented is that the emphasis on consensus goals and family engagement is mistaken for a requirement that therapeutic work should proceed on terms dictated by the family, and workers lose sight of child safety.[62]

The initial training in SBC was delivered to all staff during a two-and-a-half-day training session, beginning in June 2013. It was expected that this session would equip staff to begin a 'case consultation' process, which was the second stage of learning, and involved a group discussion led by a supervisor about the application of SBC to a particular case. The case consultation stage was designed to enable staff to consolidate and build on the theoretical learning delivered during the initial training. It was critical therefore that the case consultation phase follow closely the initial training.[63] However, after the delivery of the initial training, there was no centralised structure to support and promote engagement with the model. Although local office managers were trained as SBC 'coaches', many of them experienced their own uncertainties and anxieties about their role, and ongoing support for that function was not available.[64]

As part of the contractual conditions of using the SBC model, practitioners work towards proficiency certification. However, at the time that the initial training was rolled out, there was no clear plan available for workers to understand what processes and steps sat between the training and their ultimate certification. There was no guidance about how long the case consultation phase would last, and what process would follow to enable staff to become certified.[65]

In March 2014 a survey of managers from local offices revealed a high level of anxiety and confusion about SBC. A number of office managers not trained in social work were concerned that they lacked the knowledge to lead implementation. Many managers complained that there was no ongoing support available in the field to answer questions about the SBC model and the certification process.[66]

It was not until May 2014, 11 months after initial training, that a detailed commissioning plan for the approach was developed.[67]

In October 2014, a further review was conducted. The resulting report concluded:

> The uptake and application of [SBC] across Families SA has not progressed as well as expected. Dr Christensen's recent September visit to South Australia identified that the current approach to certification with Families SA, while starting to show some signs of improvement in practice, is not achieving traction and application at the desired level.[68]

The evidence supported the conclusion that good implementation was not achieved in the initial phases. Practice leaders in the organisation were excluded from implementation plans[69], the success of which depended on the model being accepted as credible and useful in the field. The absence of a comprehensive implementation plan guiding work from the outset resulted in uncertainty and frustration in the field, undermining the implementation of the model.

In May 2015, it became clear that a reorientation of implementation was needed, and the involvement of the principal practitioners was vital. A 'recommissioning' was launched, driven by principal practitioners as practice leaders.[70] This was augmented by the development of a certification manual completed in May 2015.[71] SBC training is now also being delivered to not-for-profit agencies who work with Families SA.

Many workers who gave evidence were concerned about the suitability of the SBC model for the complex issues they were being asked to manage. In particular, many witnesses were concerned by the family rather than child focus of the SBC model. While the two are not always incompatible, there was a concern that the focus on family engagement and consensus might overshadow a close forensic examination of the safety of the child in their environment.

Dr Christensen, the architect of the model, acknowledged that there were concerns of this kind held by workers within Families SA but he regarded this as a function of an incomplete immersion in training, and the lack of opportunity to correct misconceptions that might arise with the workers' cursory exposure.[72] Rebecca Starrs, an experienced SBC trainer, agreed that the model was appropriate for complex work, and felt that the widespread belief to the contrary was a function of the model introducing demands that had not been present before, and requiring a much deeper understanding of, and engagement with, family dynamics.[73]

The productive deployment of SBC in child protection work assumes that workers also have a good working knowledge of child safety. Dr Christensen emphasised that workers:

> need to know, for instance, knowledge about bruising, maltreatment … They need to know some medical knowledge about what kinds of things can lead to bruising other than physical assault. They need knowledge about domestic violence and the various forms that it can take. They need to acknowledge the dynamics of sexual abuse victims so that they are sensitive when they interview. All these are layered-on skills … Solution Based Casework doesn't try to do all of that. It tries to give them a structure within which they can make sense of all the knowledge that they have to have.[74]

It is critical that an ongoing effort to properly embed SBC is accompanied by a high level of investment in the workforce's knowledge base more generally. A failure to do so compromises the Agency's ability to deliver a better quality service, but also risks practitioners applying a simplistic and erroneous version of SBC that potentially endangers the safety of children. To properly evaluate the extent of the problem, a critical review should be undertaken to assess the degree to which current practice is applying SBC in compliance with the model. To support implementation and skill development, there should be ongoing consultation on SBC with principal social workers and the provisions of accredited trainers.

SBC was rolled out as a practice approach which was to have application across the three phases of work: assessment and support, protective intervention and long-term guardianship. Its focus on family strength lends itself most naturally to work being done in the protective intervention phase. Evidence before the Commission, however, raised valid concerns about its suitability and application in assessment and support and long-term guardianship work.

Because the model had not been well embedded in the current work of Families SA, the Commission heard very little evidence about how it was being applied in situations beyond family strength focused work. In these circumstances the Commission is not in a position to draw a conclusion about its effectiveness across all three work phases. It will be necessary to address the issues in training, accreditation and documentation before its effectiveness can be properly assessed. It is appropriate to record, however, a note of caution about the applicability of the approach to all aspects of Families SA's work.

RECORD-KEEPING CHALLENGES

Families SA's ability to perform its statutory functions efficiently and effectively is also undermined by deficiencies in record-keeping systems and processes. These challenges, particularly those originating in electronic information management, are not unique to South Australia, but are experienced by other child protection agencies and practitioners more broadly.

Research supports the conclusion that electronic information systems often undermine the practice of front-line social workers, and are not fit for purpose.[75] Child protection reviews and inquiries have reported on observations that these systems substantially increase workloads and lack reporting functionality[76], are a burden rather than a tool which supports casework practice[77] and create 'substantial obstacles to good practice'.[78]

There is no doubt that 'recording is a key social work task and its centrality to the protection of children cannot be overestimated'[79], and that effective recording systems that support rather than drive practice are critical.[80] Quality record-keeping is especially significant for children who in later years want to understand their life in care.[81]

FROM CIS TO C3MS

Prior to 2009, the work of Families SA was recorded on the Client Information System (CIS) database. CIS stored information as a history that could be reviewed by scrolling through a continuous narrative of the child's contact with the statutory agency.[82] It provided a longitudinal picture: a record of each occasion a child came into contact with the child protection system.[83] CIS was used in conjunction with hard-copy files, with some records being handwritten or typed for filing, rather than being recorded on CIS.[84]

In 2009 Families SA introduced the Connected Client and Case Management System (C3MS). This development brought significant changes in recording practices. Whereas CIS was a mere information database, C3MS was a case management system.[85]

C3MS was introduced to become a 'repository of knowledge about a particular case'[86]. It was anticipated that C3MS would be the primary source of client information and only very limited information would be maintained in hard copy.[87] Practitioners, it was thought, would no longer be hindered by having access to a partial picture of a child's experiences through the electronic system.[88]

The experience of the Commission suggests that this aim has not been fully realised.

C3MS is a modified version of the Client Relationship Information System (CRIS), developed for use in child protection by the Victorian Department of Human Services.[89] Families SA determined that the broad architecture of CRIS would be suitable for use in South Australia. Families SA procured CRIS for a nominal fee and focused expenditure on customising and enhancing the system for its use.[90]

THE DEFICITS OF C3MS WERE WELL KNOWN

Families SA acquired C3MS at a time when CRIS was being heavily criticised in Victoria. It was reported that, among other failings, CRIS was not more effective than its predecessor, that it impaired efficiency without providing adequate functionality, and was a significant contributor to the system's lack of responsiveness.[91]

Families SA was aware of these criticisms. The Commission was told Families SA therefore had 'a lot of opportunity to step back and learn from what Victoria had done'.[92] Nevertheless, the evidence leads to the conclusion that similar limitations to those identified in Victoria have been experienced in this state.

THE SHORTCOMINGS OF AN INCIDENT-BASED SYSTEM

C3MS is incident-based. It encourages practitioners to only address immediate child protection concerns. It places practitioners at risk of missing critical information about a child's story as it does not promote exploration of the cumulative picture.[93] Instead, C3MS was described by one user as being 'like a jigsaw puzzle and it's still in the box … in discrete pieces and, yes, you can eventually put a picture together but not easily and not in a reasonable time'.[94]

The Commission reviewed a number of files directly through C3MS and also considered large amounts of information extracted from it. Continuous and sequential narratives were not readily attainable. The files do not give a sense of people or the nature of their relationships. Files contain disparate pieces of information that are not well integrated or ranked by importance.

It is a laborious and frustrating task to read a C3MS case file, particularly for the purpose of developing a picture of a child and their situation. There are strong disincentives to consider current events in the light of any previous notification history.

DRIVING PRACTICE AND IMPAIRING PROFESSIONAL JUDGEMENT

C3MS was described as a tool that drives rather than assists practitioners: 'It is so prescriptive … and humans are not like that; lives are not prescriptive'.[95] An overly prescriptive system, particularly one incorporating risk assessment tools like C3MS, 'may inhibit the professional development of new staff and restrict the creativity of experienced staff.'[96]

The need to standardise information for recording purposes can lead to superficial descriptions of actions rather than meaningful explanations of assessments or planned interventions.[97] Focusing the attention of practitioners on standardised data input may minimise the importance of using professional judgment and developing professional expertise.[98]

This challenge is not one that will be overcome simply by opting for a different electronic information system or by modifying C3MS. Practitioners should be given the confidence to approach practice not in accordance with C3MS recording requirements but with sound professional judgment. This confidence will not be developed through interaction with C3MS: it will develop over time through meaningful training, support and supervision.

THE ADMINISTRATIVE BURDEN OF AN ELECTRONIC INFORMATION SYSTEM

Electronic information systems that are not fit for purpose can dominate workloads and distract front-line staff from their primary task. Practitioners are spending a disproportionate amount of time recording data on, or retrieving information from, an unwieldy system[99]; some spend more time completing administrative tasks on C3MS than engaging in social work. For those who strive for meaningful and comprehensive client engagement, this can come at the cost of office-based work. However, if records are lacking on C3MS, practitioners are unable to account for their actions if an adverse incident occurs.[100]

THE CONTRIBUTION OF RISK AVERSION

The preoccupation with recording may not simply be the product of a burdensome information management system, but rather a broader systemic aversion to risk, which can cause responsibilities to the Agency to be prioritised over accountability to clients.[101] When quality practice is equated with documentation, effort is devoted to paperwork.[102] As risk aversion increases and practitioners focus their attention on recording rather than doing, the engagement and time spent face to face with clients decrease.[103]

C3MS also provides a monitoring and surveillance tool for management, which can review and examine the records kept on any child, and allows access to client information at all levels of the Agency. This can be used or misused in a micromanagement setting, with some workers complaining they felt spied upon when managers chose to examine practice concerns by reviewing C3MS documentation rather than addressing the worker directly.[104] In this sense, it is not C3MS that is to blame: it is how Families SA chooses to use the technology, which is no doubt a symptom of the hierarchical issues and the distrust that is evident between front-line workers and management.[105]

REDUCING THE BURDEN

To reduce the administrative burden and encourage staff to treat C3MS as the single repository of information, Families SA should consider who should be responsible for administrative data entry. Supporting practitioner teams with a dedicated administration officer who can assist with administrative and organisational tasks should redirect the attention of practitioners from the office to the clients. This has proven effective in other child protection areas.[106]

A further option is to make better use of C3MS in an online environment, as there is scope for practitioners to have remote portable access to C3MS. Armed with the right equipment, a practitioner would be able to access C3MS away from the office, allowing them to enter information at a point closer to their activity. This has the potential to reduce double-handling and promote greater client interaction. It should encourage efficiencies and support practitioners to better balance their time between field work and office-based tasks.[107]

The Commission proposes that initially there be a pilot program for remote access to C3MS in country regions where the burden of travel away from the office can magnify the administrative burden. Evaluation of this pilot should examine whether there have been resource savings (in terms of time and money), and also assess whether the information captured is more valuable. It should also critically examine whether the availability of technology disrupts engagement with clients or diminishes communication and relationships between the practitioner and supervisors.[108]

REAL AND APPARENT GAPS IN ELECTRONIC CASE FILES

The effectiveness of C3MS as a case management system is also undermined by the manner in which information is input by users. It is often not entered correctly and the system is swamped with duplicate entries and documents. Evidence consistently given to the Commission was that finding and extracting data from C3MS is a cumbersome process.

Families SA staff receive limited training on the use of C3MS and there is little clarity as to what, and how, information should be recorded.[109] Although there is probably no practical limit to how much information can be stored on C3MS[110], the system is already slow at retrieving data because of the quantity of information stored. This situation will deteriorate as it is inundated with more.[111]

FINDING RELEVANT INFORMATION

Several witnesses told the Commission that finding information in C3MS is increasingly akin to finding the proverbial needle in a haystack. Important information is essentially irretrievable when stored in a generic section of C3MS among a raft of other information, such as emails and miscellaneous notes.[112] C3MS does not provide easy retrieval of information about a child's journey in care, including how many, and the type of, placements a child has had, or basic information about their medical history.[113]

Navigating C3MS to obtain a narrative of a child's history would be less onerous if all staff entered data onto the system consistently and in the correct location.[114] However, inconsistent storage of information is encouraged by the diversity of descriptors available to users of C3MS.[115] This contributes to difficulties in retrieving information. The sea of descriptors should be rationalised. It is essential that Families SA establish very clear naming conventions and guidelines regarding the storage of information on C3MS. This should improve the ease with which information can be located and retrieved.[116]

There is also a need to provide staff with comprehensive training about the recording of information. It should resolve who is responsible for entering data, with the aim of reducing duplication of records. It should emphasise the practice implications of the system's incident focus, which does not easily produce a picture of a child's cumulative experience. A balance should also be struck between accountability and the recording of information that is relevant to the needs of the client and the provision of care.[117]

The gaps in electronic case files cannot be entirely attributed to information becoming lost within C3MS. The Commission's examination of C3MS revealed examples of what appeared to be poor case management resulting either from deficiencies or inactivity in casework. However, some of these gaps may have been the result of information simply not being uploaded. While recording on hard-copy files is reducing, the Commission discovered that some staff, rather than upload information to C3MS, keep large private holdings of documents (discussed later in this chapter). Satisfactory explanations were not supplied to justify this practice. C3MS therefore does not provide a single source of truth about a child's journey.

DATA INTEGRITY

Accurate statistical data is critical to the effective functioning of Families SA. The reliability of C3MS as a tool for statistical analysis is heavily dependent on the consistency and accuracy of the data recorded.[118]

Data needs to be captured and stored in a way that supports the sometimes competing requirements of practice, retrieval and statistical analysis. Without a capacity to extract accurate and reliable data it is difficult to understand how the Agency can monitor the needs of children, and scrutinise its performance in responding to those needs. Accurate data is also critical to future planning.

In the course of this Inquiry the Commission summonsed a large quantity of statistical data from Families SA. The examination of the summonsed data was important for a number of reasons.

To understand the magnitude of the challenges facing the statutory agency and the broader child protection system, it was necessary to analyse trends and patterns in how the statutory agency responded to children and families. It was also necessary to consider to what extent the data supported some of the contentions made in evidence before the Commission.

In responding to summonses, Families SA repeatedly demonstrated a compromised ability to produce sound statistical data from C3MS. The Commission's work was regularly thwarted by incomplete, inconsistent or inaccurate data. These deficiencies were more often than not only uncovered following queries or concerns raised by the Commission.

For example, the Commission issued a summons for annual data about the number of children who had entered the care of the Minister pursuant to the *Children's Protection Act 1993*. A query about the figures produced revealed they were incorrect: they excluded children who had entered the care of the Minister pursuant to a voluntary custody agreement (section 9 of the Act) or an investigation and assessment order (section 21 of the Act). Families SA had, however, included children who entered care under other legislative instruments, such as the *Adoption Act 1988* (SA) and immigration laws.

The Commission has gone to significant lengths to verify that statistical data produced by Families SA is accurate, or at the least that the limitations of the data are known. Nevertheless, the data extracted from C3MS appears at times to be unreliable and easily manipulated. Fundamentally, C3MS was not designed as a tool for statistical analysis. But currently, and for the foreseeable future, it is the tool on which Families SA must rely. In doing so it should be mindful of the deficiencies in the reporting functionality of C3MS.[119] Regrettably, this caution was frequently lacking in Families SA's approach to producing statistical data to the Commission.

ENHANCING C3MS

Families SA has an ongoing process to identify and address deficiencies in C3MS functionality and develop enhancements. The timeframe to implement enhancements depends on their complexity and staffing availability. To date, the challenge for Families SA has not been the resolution of technological issues but rather the time lag for development. The estimated completion time for some enhancements is well over 200 days, and in some cases almost 500 days.[120]

In 2009 the Victorian Ombudsman recognised a need to consider whether the Department of Human Services' incremental improvements strategy could ultimately deliver a satisfactory case management system.[121] In 2014, the Victorian Auditor-General, reviewing the Department of Human Services' residential care services, criticised

CRIS for being 'cumbersome and disorganised'[122], observing that the system was operating 'as a depository rather than a Client Relationship Information System' and that important documents were 'often buried amongst hundreds of other documents'. The Ombudsman also observed that compliance reporting based on data in the system was unreliable.

Evidence before the Commission suggested there was scope to continually enhance C3MS. However, this may be a treacherous path, given that over the course of about five years the Victorian statutory agency has struggled with this approach.

Like CRIS, C3MS has become a vast repository of information about vulnerable children in this state. In the short term, the statutory agency should create smarter ways for practitioners to access its contents.[123] In the immediate future the enhancement program should continue. Currently, some important enhancements are delayed by more than 12 months. These delays should be addressed, and constructive and practical benchmarks should be established for their development. In the longer term, the viability of C3MS as a supportive case management system should be critically reviewed.

C3MS BEYOND THE STATUTORY AGENCY

There is scope for agencies beyond Families SA to be given access to portions of C3MS to promote information sharing and encourage efficiencies in the child protection system. For example, C3MS is used in youth justice, and health and education professionals are able to input information directly into a child's life domains. There is the opportunity for key stakeholders to become part of the C3MS workflow, such as not-for-profit organisations who assess foster parents or Child Protection Services in SA Health who receive and respond to referrals from Families SA.[124]

C3MS could also be better utilised to share information with a child's care team across services and agencies. CRIS, for example, includes a common client layer to allow various practitioners to see interactions between the client and other parts of the system. CRIS has also been released to non-government service providers.[125] The manner in which this is approached should be guided by the extent to which it will improve service coordination, collaboration and transparency.

There is scope for limited aspects of C3MS to be accessed and contributed to by service users, such as foster parents and children in care.[126] The Australian Centre for Social Innovation (TACSI) has developed the concept of Single View, a computer application that would overlay C3MS and extract information to provide a snapshot of a child's or family's details. Single View screens could be created for children and carers, giving them easy access to relevant information.[127]

THE FUTURE OF ELECTRONIC INFORMATION SYSTEMS IN THE STATUTORY AGENCY

There is no doubt C3MS is shaping and constraining professional activity in Families SA, disproportionately consuming the time of practitioners and fragmenting the recording of client experiences.

The Commission is not aware of any comprehensive evaluation of the performance of C3MS, nor is there any evidence that a better electronic information system currently exists. However, the Commission is not confident C3MS can meet the needs of the statutory agency into the future.

Families SA is not alone in grappling with this challenge. Electronic databases are a fact of contemporary child protection practice. Effective electronic information management is an issue facing many child protection agencies and one that receives international attention. Concurrent with enhancing and refining C3MS, Families SA should dedicate resources to monitoring research and developments in this area, and contributing when opportunities present. A system is needed that can effectively manage the dual functions of organisational administrative oversight, as well as the recording of developmental, relational work with clients.

A decision to replace C3MS with a more suitable and effective electronic information system should be evidence based, and accompanied by a comprehensively planned implementation program, including the review of a pilot system and the thorough training of staff.

An effective electronic information system will not solve organisational culture issues.[128] Technological improvements are unlikely to realise their full potential if the culture of avoiding blame rather than maintaining quality practice is not shifted.[129] It is critical that new technology does not become infected with Families SA's old way of doing things.[130]

SUMMONS NON-COMPLIANCE

Beyond data integrity issues, the Commission's inquiries were repeatedly frustrated by Families SA's incomplete compliance with summonses. This came to a head during the hearing of Case Study 4: Nathan, when it was discovered that before producing a summonsed document, senior staff within Families SA had made substantial alterations to it.

This discovery necessitated the calling of evidence to understand the circumstances in which that occurred, and whether those circumstances resulted in the alteration of other documents. The evidence relating to this issue revealed a fundamental misunderstanding by senior staff within the Agency of their specific legal obligations, but not a dishonest intent to circumvent the Commission's processes.

THE SUMMONSED DOCUMENT

The document in question, referred to as a background situation report, was prepared by Nathan's social worker. The report contained a summary of Nathan's entry into care, his placement history and his current circumstances. The social worker made a series of candid observations on system issues that, in her view, had prevented the achievement of better outcomes for Nathan.

Mr Scheepers on behalf of Families SA was legally obliged to produce to the Commission any document that answered the terms of the summons on the date it was served. The terms of the summons required the production of the report authored by the social worker. At the time that the summons was served, a document answering the description existed, at least in draft form.

After the summons was served, instructions were given from within Families SA that any document would have to be reviewed prior to being produced.[131] Caroline Keogh was an assistant director for the southern region and the review was to be undertaken by her.[132] However, any review of the document by Ms Keogh or any other person, according to law, would be restricted to whether the document answered the terms of the summons and whether any grounds existed to legally resist production or redact portions.

The Crown Solicitor's Office (the Crown) acted as the legal representative for Families SA in making arrangements for the production of documents on summons. Summonsed material was forwarded by Families SA to the Crown, and from the Crown to the Commission, subject to any legal advice given by the Crown to the Agency.

Before the original report was produced to the Commission, Mr Scheepers became aware that the Crown had raised an issue of concern about the report.[133] Rather than focusing on his legal obligations pursuant to the summons, Mr Scheepers asked himself whether the document was in a proper form and had been approved through the required channels.[134] However, those matters were irrelevant to the question of the Agency's legal obligations.

A series of emails then ensued between Mr Scheepers and senior staff. Susan O'Leary, the Director of Metropolitan Care and Protection Services, undertook to ensure the report was 'done properly', noting it had not 'gone through the correct channels'.[135] In response, Mr Scheepers queried if the report could still be amended.[136]

Ms Whitten was concerned that the social worker's report lacked endorsement from any senior officer. She took the view that in these circumstances it could be considered a draft and did not have to be produced to the Commission.[137] Ms Whitten's actions were dictated by a preoccupation with the usual authorisation processes and the document's adherence to a particular form, rather than a consideration of the agency's legal obligations.

EDITING THE DOCUMENT

Ms Keogh, at the direction of her manager, Ms O'Leary, then edited the social worker's original report.[138]

A number of the social worker's observations that reflected poorly on Families SA were removed. Some of the observations made by the social worker were altered to convey an entirely different meaning. Ms Keogh denied in evidence that her intent had been to provide a sanitised account. Her intent, she said, had been to remove personal opinion and present a more professional document to the Commission.

Ms Keogh's alterations, in total, had the following effect:

- All references to the deleterious impact that Nathan's period in emergency care had on his development and psychosocial functioning were excised.
- Criticisms of the failure of the Education arm of the Department to provide a suitable educational environment for Nathan were deleted.
- Observations of some challenging aspects of Nathan's living environment were deleted, as were references to the inappropriateness of a residential care unit for Nathan.
- The social worker's opinion that Nathan's needs were not being adequately met by Families SA and the Education arm of the Department more broadly were removed.

The document produced to the Commission in response to the summons could not be said to have been authored by the social worker (as required by the summons). Rather, unbeknown to the author, Ms Keogh's amendments changed the overall thrust of the report. It was this amended document that was then produced in answer to the summons.

The extensive editing that had occurred after the report left the social worker's hands was not declared on the face of the document. It was presented to the Commission in a way that suggested it was the work of the social worker alone. This had the potential to mislead the Commission and misrepresent the social worker's well-informed professional opinions.

Producing the altered document, and failing to produce any report authored by the social worker, was a clear breach of the summons. A number of factors contributed to the breach:

- an absence of training regarding the Agency's legal obligations for all staff involved in producing documents in answer to a summons;
- poor communication from higher management levels through to the social worker, about the state of the report at the time the summons was served;
- a culturally ingrained lack of organisational candour as to the challenges the system has faced caring for Nathan;
- an organisational culture that encouraged uncritical compliance with direction rather than independent thinking about the action being proposed; and
- an unquestioning acceptance of 'chain of command' requirements within the organisation.

A CLAIM FOR LEGAL PROFESSIONAL PRIVILEGE

During the critical period where the obligations to produce were being considered, Families SA obtained legal advice from the Crown. The advice clearly concerned the Agency's obligations pursuant to the summons. In the usual course of events, contents of legal advice would be privileged from disclosure to the Commission. Mr Scheepers had previously declared an intention to be open and transparent with the Commission, saying he regarded that as the way in which appropriate reform would be accomplished. In the course of evidence Mr Scheepers was given the opportunity to waive the privilege that prevented the Commission from understanding the nature of legal advice given with respect to this document. Mr Scheepers declined to do so. The maintenance of the claim obscured the Commission's ability to fully understand the events that resulted in the production of the altered document.

In particular, it is impossible to ascertain whether the failure to comply with the summons was the result of Families SA's decision making or whether its actions relied on legal advice.

Some Families SA staff involved in these events gave evidence that they believed that both the original and the altered report were to be produced to the Commission. The maintenance of the claim of privilege over the contents of the advice means the Commission is unable to explore these claims. The Commission is therefore unable to determine the ultimate responsibility for the failure to produce the original report.

A MUCH BROADER PROBLEM

The discovery of the irregularities relating to compliance with this particular summons prompted the Commission to embark on a wider inquiry into Families SA's processes with respect to its response to summonses.

Significant deficits were uncovered in the processes employed to identify relevant records for production. These deficits were compounded by inconsistent record-keeping practices which created formidable barriers to the statutory agency meeting its legal obligations.

The Commission issued three summonses to capture all records, whether held electronically or in paper form, relating to Nathan. Investigations revealed that compliance with these summonses was incomplete. Searches conducted within Families SA to respond to the summonses were insufficient to identify the range of records that were held by different workers and in different offices. Many important records were later located in the private email holdings of senior staff members, including members of the Executive. C3MS was found to have been interrogated inadequately, and critical records from that system had not been produced. There was a clear lack of structure and consistency in the management of the child's records. This must challenge a practitioner's ability to obtain a comprehensive understanding of relevant decision making. Importantly, in the long-term, poor record keeping undermines the statutory agency's ability to provide children with a complete and genuine picture of the care provided to them by the state.

SYSTEMIC FAILURES

Non-compliance with the summonses in relation to Nathan's records was not an isolated oversight. It was just one example of a series of failures by Families SA to comply with summonses.

Failures were identified in three principal areas:

* failure to produce a particular category of hard-copy file across six separate summonses. The evidence before the Commission did not permit a conclusion as to the reasons for this failure;
* incomplete interrogation of C3MS across 56 summonses resulting in potentially widespread non-compliance; and
* records relevant to the care of children being held personally by staff, including very senior staff members, rather than being uploaded to C3MS.

In the lead-up to the case study into Nathan's care, documents produced by the Guardian for Children and Young People alerted the Commission to important events that should have been detailed in Families SA

records. Repeated enquiries were made to Families SA about full compliance with the summons, which had been due about six months earlier.

For two weeks after hearing of evidence commenced, Families SA continued to produce additional records to the Commission in a piecemeal fashion. The Commission was repeatedly assured there were no further records to be produced and that the process was complete, only to be repeatedly faced with the discovery of additional records.

C3MS IS NOT THE SINGLE SOURCE OF TRUTH

The extent of the problem was astounding. Approximately 1000 further pages were produced to the Commission six months after the original date for compliance with the summons. These were, in the main, records about Nathan that were stored in places other than the central repository for his records.

Various reasons were given by Families SA for this failure:

* When the summons was initially received, some staff members involved in decision making relevant to Nathan's care were not asked to produce documents.
* Correspondence, in particular emails, relating to Nathan's case management were held privately by senior staff members including Ms Whitten, Ms O'Leary and Ms Keogh, and not stored on C3MS.

A considerable portion of the records belatedly produced to the Commission were stored by Ms Whitten in her government email inbox. They documented her involvement in the management of Nathan's care over a number of years. These documents, along with those held by other senior staff, revealed important features of the statutory agency's response to Nathan's care needs and the relationships between Families SA and other stakeholders, particularly in the face of differing views and priorities. Ms Whitten's records contained key directions about significant aspects of Nathan's case management. No satisfactory explanation was provided to the Commission as to why these records were not uploaded to C3MS. Layer upon layer of staff not only involved themselves in the decision making for Nathan, but their private holding of relevant documents fragmented the overall record, making it almost impossible to obtain a complete picture of events.

A GROSS BREACH

The breach of the legal obligations imposed by the service of summonses relating to Nathan highlighted major deficiencies in Families SA's systems. Evidence about the extent of the non-compliance uncovered a significant misunderstanding about basic concepts such as what the term 'document' encompasses. There was an alarming disconnection between staff responsible

for coordinating responses and field staff who had the most detailed knowledge of how and where records were retained.

There is no doubt the strong hierarchical culture within the organisation contributed to Families SA's inability to structure itself to properly comply with summonses. It relied on a complex layered structure to communicate requests for documents, with no individual in the hierarchy taking responsibility for quality assurance.

When Mr Scheepers joined Families SA in November 2014, he became responsible for compliance as the person to whom summonses were generally addressed. Mr Scheepers accepted the assurances of existing staff that the processes in place were robust and effective. To the contrary, however, the Commission's inquiries revealed that those processes were inadequate from the outset and over time proved to be deficient.

As a result of these issues the Commission cannot be confident that there has been proper compliance with all the summonses issued to Families SA.

Although it is not intended to impose a penalty on anyone in Families SA for non-compliance with the four summonses issued in Nathan's case, it is necessary to record a formal finding that there was a failure to comply with summonses to produce documents in breach of section 11(1)(f) of the *Royal Commissions Act 1917*.

A STRUCTURAL SOLUTION

It is clear that the problems of child protection cannot be solved by the statutory agency acting alone. These problems require the coordinated and collaborative attention of various services across the government and non-government sectors. In South Australia, there has been a growing awareness of the potential advantages of aligning Families SA with other services whose services are complementary. In recent times Families SA has been the subject of considerable negative media attention and some reports raised the question of whether a structural solution (that is, the realignment of departmental and ministerial responsibility) might contribute to improving the outcomes of children's safety. However, some contributors urged a cautious approach to the issue of change, bearing in mind the number of changes that Families SA has already undergone in recent times and the impact of this on the workforce.[139] Any consideration of a structural solution needs to carefully balance the benefits of such a change against the appetite and capacity of the Agency for that change.

A BRIEF HISTORY OF THE STATUTORY AGENCY

In the late 19th century, relief and care of destitute persons, including children, was provided by the Destitute Poor Department throughout South Australia. The Children's Department later assumed responsibility for state children until 1927 when the Children's Welfare and Public Relief Department took on that responsibility. In 1965 this department was renamed the Department for Social Welfare, and approximately five years later, joined the Department of Aboriginal Affairs to form the Department of Social Welfare and Aboriginal Affairs. A further change in 1972 saw it become the Department for Community Welfare. Mr Ian Cox, who had a background in social welfare, was the Director-General of that department from 1970 to 1984. Under his leadership, the department underwent reforms which included new ways of working with families and children with disabilities as well as advocating for the rights of parents to own their information and have their voices heard in professional discussions about their children.

In 1990 the Department became the Department for Family and Community Services (FACS). In 1998 FACS amalgamated with Health and Housing to form a 'super department', the Department of Human Services. The child protection agency then became known as Family and Youth Services (FAYS). From that point to the present, child protection functions have been located within larger departments and managed alongside other human service functions.

In 2004, the Department of Human Services was reconfigured and FAYS was replaced by Children, Youth and Family Services (CYFS) as part of the newly created Department for Families and Communities. In 2006 there was yet another name change when CYFS was renamed Families SA.

In 2011/12, as part of state government changes, the Department for Families and Communities was renamed the Department for Communities and Social Inclusion (DCSI) but Families SA was merged with the new Department for Education and Child Development (DECD). In the move, Families SA was separated from youth justice functions, and the College for Learning and Development.

THE MOVE TO THE DEPARTMENT FOR EDUCATION AND CHILD DEVELOPMENT

The news release on 21 October 2011 that accompanied the amalgamation of services for children in the new department said:

> The Department for Education and Child Development will work with children and their families to lead and deliver high quality public education and care to give every child in South Australia the best start in life. Key services of the current Families SA will be brought together with the Education and Child Development roles into one department.[140]

The merger of Families SA with DECD was intended to provide 'stronger integration of education, early childhood health and protective services, as well as strengthen partnerships across government and community so that every child will get the best possible start in life'.[141]

Keith Bartley had been appointed the Chief Executive of the Department for Education and Children's Services in January 2011 to lead the reform of school and preschool education. At the time of his appointment, Mr Bartley was the head of England's professional teaching regulatory body of the General Teaching Council. He had previously run the integrated education and children's services department of Oxfordshire in England and had been a high school teacher and school leader for 13 years. Mr Bartley was subsequently appointed as the Chief Executive of the new department.

Although planning for these changes must have been in progress well before the public announcement, the then head of Families SA, David Waterford, was not advised until the date of the public announcement in October 2011. He had not contributed to discussions preceding the announcement, and was interstate at the time. Immediately thereafter, Mr Waterford was asked to move his office location to join other DECD executives.[142] The changes officially took effect on 1 January 2012.

A project team, 'Integrated Services, Improved Outcomes', was established to identify opportunities arising from delivering services in a more integrated way.[143] The research and engagement project findings were intended to be used to inform future planning.[144]

In April 2013 DECD's 'Brighter futures … From blueprint to action' plan was published.[145] The document described the Agency as having been involved in a 'period of intense discussion, consultation and organisational change, in order to achieve the state government's vision of a fully integrated child development, education and child protection system for South Australia'. The plan argued that the DECD workforce needed to take collective responsibility for all children and young people,

and that the department needed to work differently to fulfil its mandated role. The plan introduced the idea that DECD would be structured into five separate offices, starting March 2013 with the Office for Child Safety, through to July 2013 when other offices would follow:

- the Office for Education;
- the Office for Children and Young People;
- the Office for Child Safety (Families SA);
- the Office for Resources, Operation and Assurance; and
- the Office for Strategy and Performance.

More detailed planning was to occur and be shared with DECD staff by July 2013. It was anticipated that changes would be in place from January 2014, together with plans about how the organisation would move through 2015 to 2016.

On 1 July 2013, Commissioner Debelle published a report on the failure of a metropolitan school to notify parents about an incident of child sexual abuse. The Debelle Inquiry found significant failings in DECD's handling of the matter and made relevant recommendations.[146]

About a fortnight after publication of the Debelle Inquiry, Mr Bartley resigned his position, citing health and family reasons. Tony Harrison, a former Assistant Commissioner of Police, was subsequently appointed to replace him. With Mr Bartley's departure went his expertise and experience in the delivery of integrated education and children's services.

INTEGRATION ISSUES

Mr Waterford continued as Executive Director of Families SA (later Deputy Chief Executive, Child Safety) in the move to DECD. Notwithstanding that he was not consulted about the move, he told the Commission that he 'saw the theoretical value in associating child protection with an Education and Child Development Department'. He had a concern, however, that:

> the Department for Education and Children's Services, as it then was, was essentially a schools department—it wasn't an education and child development department. If it had been an education and child development department, then placing child protection in there would have, I think, enhanced the state's response to child protection issues. Because it was a school's department, in essence ultimately as I feared, it did become quite burdensome and eroding of capacity experience for child protection.

He was also concerned that the relative sizes of the existing education arm of the department would swamp the much smaller Families SA in terms of strategic agenda. This had been the experience of the statutory

agency when it was placed within the large Department of Human Services in the 1990s. Mr Waterford had not sensed the same dilution of focus when the Agency had been managed within the Department for Families and Communities, although that was also a large department. He observed that senior executives within that department had experience in, and understood the business of, child protection. The client groups serviced by the various agencies within the department had similar challenges, and the operational demands were similar. The agencies within that department, Mr Waterford observed, 'understood one another's positions and the corporate services were structured to support those operational requirements'.

It was obvious that, as part of the move to DECD, corporate services would need to be rationalised. The challenges of this process were underestimated, and as the merger proceeded additional challenges emerged.[147] Assumptions had been made about how resources were being used within each agency, and how much rationalisation would be possible. Staff from Families SA were integrated into areas working alongside workers from education. They soon realised that historical considerations meant that staff from education were classified at a much higher level than staff from Families SA for the same work. These unforeseen issues delayed integration and resulted in continued duplication of functions.

A critical corporate service for Families SA was human resources. In the merger, Families SA lost human resources staff who had an established expertise in the demands of the Families SA workforce. Mr Waterford said he complained of a resultant 'lack of corporate understanding'. There was a significant distance between human resources support and line management, and the level of support Families SA had been used to was no longer provided.

As part of delivering savings across government, executive positions within the new department were reduced. Resignations from Families SA, and a failure by the education side of the department to achieve its targets, resulted in an overall loss of expertise from child protection that was not replaced.[148]

Also lost was the College for Learning and Development, a registered training organisation that delivered training in-house to Families SA workers, enabling them to obtain formal certificate qualifications in relevant areas. The college remained part of the newly formed DCSI, and there were issues with continuity of learning for Families SA staff.

One witness described the benefits of the college as follows:

> Some 25–30 years ago, Families SA had a learning and development branch that was focused on preparing and supporting staff to be competent and capable child protection operators. There was a clear training program facilitated by personnel who were or had been child protection practitioners in their own right. This unit was significantly impacted when Families SA became part of the Department of Human Services. During this period, significant funding was transferred to Health and the role of the learning unit minimised. It has struggled to recover, despite efforts by previous Chief Executive Officers such as Sue Vardon to reinstate its important role.
>
> For a time there was a defined learning program based on job roles and this worked reasonably well and was TAFE-accredited. However the establishment of DECD again saw the learning and development component of Families SA falter.[149]

Another senior and experienced former staff member observed:

> Previously we were offering staff who came in as child protection workers, that they could do a course which was accredited as a diploma in child protection, and then that would give them some status and additional knowledge. Now that we've moved into this Education and Child Development, that's gone.[150]

A number of present and former employees of Families SA referred in evidence to their concerns about the placement of Families SA within DECD. Some witnesses considered child protection to be a specialist welfare function, which belonged in a department that had links to other family and community services for children and young people.[151] However, the majority understood the rationale behind the move and had no reservations about collocation with other services. Some recalled past benefits as a result of physical collocation with offices such as Centrelink, Housing SA, Child and Family Health Services, and Drug and Alcohol Services.

Rodney Squires, a former executive in Families SA, had extensive experience with the department in its various historical iterations including previous mergers. He regarded this merger as the poorest he had experienced.[152]

The respective staff sizes of education and child protection is an important consideration. At June 2015 DECD had a total of 29,793 employees[153], with Families SA having 1742[154]. One worker described Families SA in a larger department as 'the poor relation ... we need someone who understands the work that we do—and it's completely different to education'.[155]

Another observed that:

I understood the vision … When Families SA first went to DECD I was like, 'You know, that could really work'. I think there are some real benefits to it because education, child development, and then the trajectory of that child coming into care is so interrelated. So it really works on paper, but I think it's just the amount of staff that are in DECD compared to our little pond, just really bad behaviour … I have never been spoken to the way that I've been spoken to by DECD employees … I don't know, we're clearly not wanted.[156]

The Commission was told that Education, in the main, had not embraced its relationship or role with regard to child protection, despite the amalgamation. There was a strong sense that Education staff wanted to focus on the core business of education, and felt that departmental arrangements that widened this focus were not in their interests. At an individual level educators wanted to focus on educating, and were reluctant to embrace a role that required them to monitor and contribute more widely to children's wellbeing more widely.

The Commission heard a number of examples of educational staff insisting that Families SA contribute financially for educational services and support for children in care that other children were entitled to have supplied to them free of charge. This was particularly evident in a number of squabbles about funding for school support officers (SSOs). SSOs are provided within the education system for children with high needs who require extra support in the classroom environment. Parents and caregivers are not asked to contribute financially to this support. For children in care, however, the Commission heard that Families SA was frequently asked to contribute to the cost of these supports, and negotiation about these matters delayed enrolment and service provision for vulnerable children.

The perception that Families SA has not truly been accepted into the larger department was summarised by former Families SA executive Mr Kemp in the following way:

Bureaucracies being what they are … the small guy gets swallowed up by … big education departments; the Families SA is sort of sitting over here on the sidelines, waving to this huge great big dinosaur of a department called the Department of Education which just swallowed us up, basically. And, you know, a year into the project…there were still teachers who didn't know that Families SA was part of [DECD] so we hadn't landed what this was about.

… If Families SA left in the morning or Education left in the morning, nobody would notice.[157]

The impression that Families SA had not been accepted or wanted by those in Education is to some extent borne out by a media release issued by the Australian Education Union (SA Branch) on 2 February 2015. The release coincided with the announcement by Ms Jennifer Rankine that she would be resigning as Minister. The State President of the Australian Education Union, Mr David Smith, issued a statement arguing that the resignation provided the state government with an opportunity for Education and Families SA to return to operate as separate departments. Mr Smith stated:

Both Education and Families [SA] are major departments that require their own leadership and focus to function properly. We are particularly concerned that the combination of the two departments has led to a loss of focus on the provision of high quality education for our children.

Teachers and leaders working in public preschools and schools feel that since the departments were combined, Families SA issues have very much replaced teaching and learning as the key focus of the Education Department (DECD). They believed strongly that a return to the previous arrangement where Education was managed by a dedicated department with its own Minister led to better outcomes for preschools, schools and their students.

Today, AEU branch executives passed a resolution calling on the Premier to act in the best interests of South Australian public education and the thousands of children who attend public preschools and schools by returning the department's focus to teaching and learning.

Now is a good time for the Premier to concede the combining of two departments is a failed experiment. We strongly urge his government to reinstate DECD and Families SA as two separate departments who can cooperate in the best interests of our children.

Further, we see it as vitally important that the Department of Education's leadership is strongly grounded in education, theory and practice. We have hundreds of experienced educators in this state and it's time we looked to them to provide leadership for our preschools and schools.[158]

Although there appeared to be a high level of dissatisfaction about the way in which the merger had occurred, there was a general acknowledgement of the value of the original founding principles. It is difficult to identify exactly why advantages that were initially envisaged were not realised, but the difference in size between the two departments of education and child protection, and the challenges in merging two disparate cultures, appear to have played some part.

A STAND-ALONE DEPARTMENT

Careful consideration has been given to whether the necessary reforms to the Families SA organisational culture, workforce capacity and quality of work can be achieved if it continues to be located in the larger department. There is a danger that the department's strategic focus will continue to prioritise the much larger educational arm. If Families SA is to transform itself it needs careful and close attention. It requires leadership from executives who have an understanding of the challenges of child protection work. Some witnesses argued that these things should be developed in the focused environment provided by a stand-alone department with a direct line of ministerial responsibility.

However, there are advantages to collocation, some of which have been realised in more recent times. Mr Scheepers told the Commission that he considered that Families SA had now realised the benefits of shared corporate services. He pointed to the advantages of access to highly experienced finance officers in DECD who were used to engaging in long-term budget discussions at a level that had not previously been possible for Families SA.[159] He also pointed to the recent development of an important joint education/child protection initiative of placing child wellbeing practitioners in schools, a development he did not think would have been possible from a stand-alone department.[160]

A move to a stand-alone department would therefore require the development of corporate services that are currently shared with other functions within DECD in order to accomplish the wholesale reform anticipated by this report.

Across Australia, each jurisdiction arranges its child protection functions in slightly different ways. The size of the jurisdiction and the spread of the demographic serviced will dictate many aspects of the arrangements. It is important to note that no jurisdiction collocates child protection with education functions.

A SEPARATE DEPARTMENT: THE WA EXPERIENCE

In 2007 a review was conducted of the WA Department for Community Development (the Ford Review). That department was responsible for child protection but also included a number of other functions. The department had originally been created with the objective of responding effectively to the needs of all Western Australians and to help individuals, families and communities shape their own lives positively.[161]

The Ford Review found that the department's mandate was all-encompassing, and that child protection had 'lost its focus'. The reviewer observed that there was confusion about the dual role expected of the department: on the one hand, child protection and accompanying supervision and potential removal; on the other, more positive family support, advice and positive interventions for families in need.[162] The review was satisfied that the system was 'close to collapse' and a different approach was needed.[163]

Some of the review findings were:

* The child protection system was overwhelmed, with the system being unable to meet the demand for the increasing number of notifications.
* The number of children being taken into care had increased by over 75 per cent in eight years.
* The system was operating beyond capacity.
* The foster care and relative care systems were under significant pressure.
* Children in care were not receiving the services they needed.
* There was poor interdepartmental cooperation.

There are obvious parallels with the current predicament of Families SA.

The Ford Review recommended the establishment of a new Department of Child Safety and Wellbeing to draw a sharper focus on vulnerable children and young people in the context of their families and community. The reviewer observed that:

> The decision to make this recommendation was not taken lightly. Structural change alone has all too frequently been the unsuccessful panacea for perceived underlying policy tensions, lack of coordination and cultural issues. Moreover, the creation of two departments comes at a non-monetary as well as financial cost as a result of the inevitable periods of uncertainty experienced by staff and the necessary effort required in establishing new planning and operational systems.[164]

The stand-alone Department for Child Protection and Family Support as at 30 June 2015 had 2765 full-time employees.[165] Departmental responsibilities include:

* child protection;
* protection of children and young people from harm;
* supporting children and young people in CEO's care; and
* supporting families and individuals at risk or in crisis.

THE WAY FORWARD

There is no doubt that public confidence in the ability of Families SA to fulfil its statutory mandate is at an all-time low. The system has not been working for some time and is now in crisis. Greater resourcing is part of but not the whole answer.

Families SA needs to be completely overhauled. The critical issue is whether this can be achieved within the current structures of a larger department or whether it should be a new independent structure with a reinvigorated leadership that values and promotes expertise in child protection.

The Commission is mindful of the potential impact of further change on a workforce that is overwhelmed by the challenges it faces on a daily basis; however, public confidence in the capacity of the Agency must be restored. Child protection workers cannot continue to function in an environment where their difficult professional decisions are questioned and criticised at every turn, and where they feel unsupported by senior management.

The Agency tasked with primary responsibility for child protection needs a fresh start. It needs to be closely monitored and supervised by a refreshed leadership that has recognised credibility in child protection work and is capable of modelling the standards of professional excellence that should be expected of staff. The Agency's agenda cannot continue to be subservient to the overpowering agenda of the larger department.

Child protection is a difficult business which requires many departments and agencies to work together. This includes Education, Police, Housing and Health as well as services for disability, mental health, financial counselling, drug and alcohol treatment, domestic violence (such as the Multi Agency Protection Service, or MAPS) and early intervention programs. Each of them has a part to play in the protection of vulnerable children. However, in the four years since Families SA has been part of DECD there appears to have been limited progress towards the holistic approach initially contemplated by the merger of the two departments. The integration of corporate services mentioned by Mr Scheepers in evidence has only occurred relatively recently, and the joint Education and child protection initiative to which he referred was an initiative of Families SA but was not progressed until after an informal recommendation in support was made by this Commission. That initiative is as much an example of what can be achieved by two departments working together cooperatively as it is the product of Families SA being within DECD.

If public confidence in the Agency is to be restored, Families SA needs to be established as a department in its own right with a strong commitment to the care and protection of children. That does not mean that it should operate in isolation. On the contrary, it should be a forward-thinking and proactive department that acts as the lead agency to coordinate and bring together other departments and agencies, both government and non-government, and to engage the community to develop programs and systems that focus on the safety and welfare of children everywhere.

In order to gain the necessary leadership credibility, the Agency's executive staff should have recognised expertise in child protection. Front-line caseworkers should be confident that the staff tasked with making critical decisions understand the core business of the organisation from the inside out. The promotion of bureaucratic over professional skills in the organisation sends the wrong message about the focus and priorities of the organisation. Professional skills and knowledge should become the central commodity of the organisation.

These changes will also require a rebranding of Families SA to demonstrate that the new department's focus is on the care and protection of vulnerable children and young people in our community.

The distance between front-line workers and executive managers should be reduced. It is not acceptable for multiple layers of consultation to slow the making of important decisions. The organisational structure needs to be significantly flattened to improve executive engagement and communication with the workforce.

The Commission is not in a position to be prescriptive about how this department would be structured and managed, and does not exclude the possibility of it sharing some corporate services with a larger department. However, any such arrangement should not compromise the foundational elements of the department, set out below.

The new independent department for child protection should have the following elements:

- a Chief Executive who is capable of leading by example in professional practice, and who has recognised professional credibility in child protection and a direct line of ministerial responsibility;
- corporate services staff who are experts in their field, particularly in finance and human resources. The department should have the ability to negotiate for funding in the long term and at a high level in order to process the reforms proposed in this report. Human resource support is also critical and should be resourced to acknowledge the challenges for this agency in performance management, recruitment and retention. A proactive and high-profile human resources function is critical to cultural change;
- a dedicated learning and professional development section that is equipped to source and deliver training that is appropriate for both tertiary qualified professionals who make up the bulk of the case management workforce and operational staff, especially those working in residential care;

- a dedicated data collection and research division that has the capacity to evaluate programs and interventions that are relevant to the new department;

- a procurement and service accountability function that is resourced to carefully supervise the quality as well as the quantity of work delivered by not-for-profit agencies contracted to deliver services;

- a flattened structure with a closer connection between executive management and the front-line workforce;

- decision-making delegations that permit most decisions about children to be made at a local level, except in cases of special risk or extraordinary expenditure;

- consideration of the appropriate location of the various hub offices. In the longer term, as opportunities arise, efforts should be made to relocate them in accordance with community need; and

- a willingness to contribute to public debate on child protection issues, as part of a wider, positive public engagement to promote the message that child protection is everyone's responsibility.

The Commission is mindful of the scepticism with which some may view another structural change. It is also aware that structural change and a change of name alone are not enough to fix the problems that currently beset Families SA. To succeed, the change of departmental location should be accompanied by a committed, serious and profound shift in leadership and culture. It is also critical to the success of this change that staff in the organisation are closely consulted. There is an enormous appetite within the Agency to grow and share the knowledge base of the organisation to produce better outcomes.

A refreshed organisation should be outward looking and promote an open culture. It should also invest resources to engage with the media about the substantial challenges facing child protection, how the Agency grapples with those challenges and how the community can help.

This important reform will need to be guided by the practice leadership of the new executive team. It is an organisational change that should be carefully managed. The lessons of Redesign should be heeded. Business-as-usual functions should not be compromised in order to achieve the structural changes.

The changes should be properly resourced to ensure that the creation of the new department does not overshadow the implementation of other urgent reforms that will make an immediate difference to the lives of children and young people.

RECOMMENDATIONS

The Commission recommends that the South Australian Government:

5   Move the office of child protection and the functions of Families SA out of the Department for Education and Child Development to establish a separate department that has the business of child protection as its primary focus, and which has elements and functions as set out in this report.

6   Appoint a Chief Executive of the new department who has strong leadership skills and recognised credibility in child protection work, and who has a direct line of ministerial responsibility.

7   Implement a structure in the new department that reduces the hierarchies between leadership and front-line workers.

8   Establish a refreshed leadership in the new department with emphasis on the attraction and retention of leaders who have recognised credibility in child protection work, and who have the capacity to lead a major reform of organisational culture.

9   Review the delegation of powers to enable decision making to occur at the closest possible level to the child, subject to questions of fiscal responsibility and sensitivity or complexity of the issues.

10   Adopt a policy that gives a child's caseworker the primary responsibility for case management and, except in special circumstances, ensures that the caseworker is made aware of all discussions and decisions that affect the child.

11   Conduct a formal review of Solution Based Casework™ (SBC) to critically examine whether the model is being used with fidelity to the original model in practice.

12   Provide an ongoing SBC consultation and training service to be delivered by principal social work staff and appropriately accredited trainers in SBC who remain within the Agency.

13   Audit the range of process and policy documents to identify and discard those that are out of date. Develop a single database that is accessible to all staff via the Agency's intranet, to electronically file all current documents.

14   Employ administrative assistants at adequate levels of expertise to support casework teams to manage the administrative requirements of C3MS.

15   Develop clear guidelines for recording information on C3MS, which identify those responsible for data entry and the categories under which data is entered. Rationalise available categories to limit inappropriate categorisation of important information.

16   Develop training in the use of C3MS to ensure that practitioners understand their obligations in uploading data, and the limitations of the incident-based nature of recording.

17   Provide practitioners with mobile devices to allow access to C3MS from remote locations.

18   Permit stakeholders such as other government agencies and not-for-profit organisations limited access to C3MS to facilitate cooperation, collaboration and transparency.

19   Set constructive and practical benchmarks for the development of critical enhancements to C3MS.

20   Conduct a review of the long-term viability of C3MS, and monitor research and developments in the area of electronic information management systems with a view to determining whether C3MS should be replaced with a more suitable and effective electronic information system.

NOTES

1. Office of the Guardian for Children and Young People (GCYP), *What children say about child protection and out of home care: A consultation report for the South Australian Child Protection Systems Royal Commission*, GCYP, Government of South Australia, October 2015, p. 20, www.agd.sa.gov.au/child-protection-systems-royal-commission

2. Submission: Name withheld (S84).

3. Australian Public Service Commission (APSC), *Tackling wicked problems: A public policy perspective*, Australian Government, 2007, updated May 2012, www.apsc.gov.au/publications-and-media/archive/publications-archive/tackling-wicked-problems

4. Australian Research Alliance for Children and Youth (ARACY), *Inverting the pyramid: Enhancing systems for protecting children*, Canberra, 2008, p. 10.

5. D Carson, M Nash & S Clift, 'Responsibility for public protection and related risk decision-making', *The Police Journal* 86, no. 4, 2013, p. 312.

6. ibid., p. 313.

7. E Munro, *The Munro Review of Child Protection. Final report: A child-centred system*, Department for Education, United Kingdom Government, May 2011, p. 10.

8. D Carson, 'Reviewing reviews of professionals' risk-taking decisions', *Journal of Social Welfare and Family Law* 34, no.4, 2012, pp. 395, 406.

9. ibid.

10. D Carson et al., 'Responsibility for public protection', pp. 307, 314.

11. E Munro, *The Munro Review*, p. 19.

12. Oral evidence: S Macdonald.

13. Oral evidence: A Kemp.

14. Oral evidence: S Macdonald.

15. Oral evidence: A Kemp.

16. Oral evidence: R Whitten.

17. Oral evidence: Name withheld (W111).

18. Oral evidence: E Scheepers.

19. ibid.

20. GCYP, *What children say about child protection*.

21. Families SA, 'Time to think differently: A report of the Executive Change Management Team', internal unpublished document, Government of South Australia, February 2015, p. 5.

22. ibid., p. 6.

23. ibid., pp. 5–6.

24. Legislative Council of South Australia, *Report of the Select Committee on Families SA*, Parliament of South Australia, 17 November 2009, p. 20.

25. ibid., p. 5.

26. ibid., p. 8.

27. Submission: Name withheld (S84).

28. Oral evidence: Name withheld (W45).

29. Oral evidence: Name withheld (W25).

30. Oral evidence: G Kakoschke.

31. Oral evidence: Name withheld (W50).

32. Oral evidence: A Flesher.

33. Submission: Australian Association of Social Workers.

34. Submission: Name withheld (S84).

35. Families SA,Role description: Office Manager, approved October 2011, Review date February 2013.

36. E Scheepers, curriculum vitae, tendered as evidence 23 October 2015.

37. Oral evidence: D Shen.

38. Oral evidence: A Kemp.

39. Families SA, 'Families SA Redesign programme—Programme charter', internal unpublished document, version 04a, 10 November 2014, p. 13.

40. ibid., p. 19.

41. For example, submission: Name withheld (S105).

42. Submissions: Name withheld (S59); name withheld (S84).

43. Oral evidence: S Smith.

44. Families SA, *Submission to the Select Committee on Statutory Child Protection and Care in South Australia*, September 2014.

45. Oral evidence: A Johnston.

46. Oral evidence: R Whitten.

47. Oral evidence: Name withheld (W48).

48. Oral evidence: R Whitten.

49. Oral evidence: S O'Leary.

50. Oral evidence: S O'Leary and R Whitten.

51. Oral evidence: S O'Leary.

52. Oral evidence: Name withheld (W61).

53. Oral evidence: R Whitten.

54. Families SA, 'Solution Based Casework: Case management, application and certification in Families SA', unpublished PowerPoint presentation, no date.

55. ibid.

56. D Christensen, Solution Based Casework, website, 2016, www.solutionbasedcasework.com/about/, accessed 6 May 2016.

57. ibid.

58. For example, oral evidence: Name withheld (W8); name withheld (W5).

59. Oral evidence: D Christensen.

60. BF Antle et al., 'The impact of the Solution Based Casework (SBC) practice model on federal outcomes in public child welfare', *Child Abuse and Neglect* 36, 2012, pp. 342–353.

61. Oral evidence: D Christensen.

62. ibid.

63. Oral evidence: R Starrs.

64. ibid.

65. ibid.

66. Families SA, 'SBC—Health check in the field: Field Manager's direct responses to questions', internal unpublished document, March 2014.

67. Families SA, 'Practice approach and Solution Based Casework', internal unpublished document, 10 November 2014, p. 2.

68. Families SA, 'Solution Based Casework health check', internal unpublished document, October 2014, p. 1.

Some oral evidence, witness statements and submissions were received on a confidential basis.
The source is known to the Commission, and is identified by a number in the endnotes.

NOTES

69 Witness statement: Name withheld (S68).

70 Families SA, 'Solution Based Casework—Implementation review and recommissioning (Feb. 2015)', internal unpublished document, 31 January 2015.

71 Families SA, 'Solution Based Casework certification manual', internal unpublished document, June 2015.

72 Oral evidence: D Christensen.

73 Oral evidence: R Starrs.

74 Oral evidence: D Christensen.

75 P Gillingham, 'Electronic information systems in human service organisations: The what, who, why and how of information', *British Journal of Social Work* 45, no. 5, 2015, pp. 1598–1599.

76 Ombudsman Victoria, *Own motion investigation into the Department of Human Services Child Protection Program*, Victorian Government, 2009, pp. 28–29, 110.

77 J Wood (Commissioner), *Report of the Special Commission of Inquiry into Child Protection Services in New South Wales*, vol. 1, NSW Government, 2008, p. 19.

78 E Munro, *The Munro review of child protection*, p. 111.

79 ibid.

80 ibid.

81 Oral evidence: Name withheld (W25); P Gillingham, 'Electronic information systems', pp. 1598, 1608–1609.

82 Oral evidence: D O'Hare.

83 Oral evidence: A Kemp.

84 Oral evidence: K Taheny; H Steffensen-Smith.

85 Oral evidence: D O'Hare.

86 Oral evidence: A Kemp.

87 Oral evidence: K Taheny.

88 Oral evidence: A Kemp.

89 Oral evidence: R Skilbeck.

90 ibid.

91 Ombudsman Victoria, *Own motion investigation*, pp. 26–29, 42.

92 Oral evidence: R Skilbeck.

93 Oral evidence: A Kemp.

94 Oral evidence: D O'Hare.

95 ibid.

96 P Gillingham, 'Electronic information systems', pp. 1598, 1610.

97 ibid.

98 J Burton & D van den Broek, 'Accountable and countable: Information management systems and the bureaucratization of social work', *British Journal of Social Work* 39, no. 7, 2009, pp. 1326, 1340.

99 P Gillingham, 'Electronic information systems', pp. 1598, 1600.

100 Oral evidence: Name withheld (W25).

101 J Burton & D van den Broek, 'Accountable and countable', pp. 1326.

102 M Tsui & FCH Cheung, 'Gone with the wind: The impacts of managerialism on human services', *British Journal of Social Work* 34, no. 3, 2004, pp. 437, 440.

103 Oral evidence: M Ellis.

104 Oral evidence: A Johnston.

105 PM Garrett, 'Social work's "electronic turn": Notes on the deployment of information and communication technologies in social work with children and families', *Critical Social Policy* 25, no. 4, 2005, pp. 529, 531.

106 Oral evidence: Name withheld (W25). S Cross, A Hubbard & E Munro, *Reclaiming social work: London Borough of Hackney Children and Young People's Services—Part 1: Evaluation*, The London School of Economics and Political Science, 2010, pp. 2–3, 21, 25; P Gillingham, 'Electronic information systems', pp. 1598, 1607.

107 P Gillingham, 'Electronic information systems', pp. 1598, 1609.

108 ibid., pp. 1598–1599.

109 Oral evidence: Name withheld (W8); name withheld (W29).

110 P Gillingham, 'Electronic information systems', pp. 1598, 1600.

111 Oral evidence: S Smith.

112 Oral evidence: L Kelly.

113 Oral evidence: A Flesher.

114 Oral evidence: Name withheld (W8).

115 Oral evidence: A Flesher; name withheld (W17).

116 Oral evidence: R Skilbeck.

117 P Gillingham, 'Electronic information systems', pp. 1598, 1606.

118 Oral evidence: R Skilbeck. T Carrilio, T Packard & J Clapp, 'Nothing in – nothing out: Barriers to the use of performance data in social service programs', *Administration in Social Work* 27, no. 4, 2003, pp. 61, 62–3.

119 Ombudsman Victoria, *Own motion investigation*, p. 110.

120 Oral evidence: R Skilbeck. Families SA, 'Connected Client and Case Management System (C3MS) change requests —Planning and prioritisation master sheet 2014 & 2015', internal unpublished document, 2014.

121 Ombudsman Victoria, *Own motion investigation*, p. 42.

122 Victorian Auditor-General, *Report into residential care services for children*, Victorian Auditor-General's Office (VAGO), Victorian Government, 2014, p. xii.

123 Oral evidence: R Skilbeck.

124 ibid.

125 ibid.

126 P Gillingham, 'Electronic information systems', pp. 1598, 1607.

127 Oral evidence: C Curtis.

128 P Gillingham, 'Electronic information systems', pp. 1598, 1606.

129 T Carrilio, T Packard & J Clapp, 'Nothing in—nothing out', pp. 61, 72.

130 P Gillingham, 'Electronic information systems', pp. 1598, 1606.

131 T Worth (Senior Policy and Project Officer, Families SA), email to A Reilly (Manager, Southern Guardianship Hub, Families SA), Subject: RE: URGENT—Summons to Produce CPRC-163-15, 6 August 2015.

132 Oral evidence: Name withheld (W62); C Keogh.

Some oral evidence, witness statements and submissions were received on a confidential basis.
The source is known to the Commission, and is identified by a number in the endnotes.

133 Oral evidence: E Scheepers.

134 ibid.

135 S O'Leary (Director, Metropolitan Care and Protection Services, Families SA), email to R Whitten (Acting Executive Director, Operations, Families SA), Subject: RE: Summons to Produce [CPRC]163-15 – Due Monday 5.00pm, 10 August 2015.

136 E Scheepers (Deputy Chief Executive, Families SA) email to S O'Leary (Director, Metropolitan Care and Protection Services, Families SA), 10 August 2015.

137 Oral evidence: R Whitten.

138 Oral evidence: C Keogh.

139 For example, submission: Name withheld S128.

140 J Weatherill (Premier and Minister for State Development), *New Cabinet announced*, media release, Parliament House, Adelaide, 21 October 2011.

141 G Portolesi (Minister for Education and Child Development), House of Assembly, Hansard, Parliament of South Australia, Adelaide, 8 November 2011, pp. 5690–5691.

142 Oral evidence: D Waterford.

143 DECD, *Annual report 2012*, Government of South Australia, 2013, pp. 10–11.

144 Oral evidence: D Waterford.

145 DECD, *Brighter futures … From blueprint to action: Implementing new directions for the Department for Education and Child Development*, Government of South Australia, April 2013.

146 B M Debelle, *Royal Commission 2012—2013: Report of Independent Education Inquiry*, Independent Education Inquiry, Adelaide, 2013.

147 Oral evidence: D Waterford.

148 ibid.

149 Submission: Name withheld (S113).

150 Oral evidence: R Squires.

151 Submission: Name withheld (S64).

152 Oral evidence: R Squires.

153 Office for the Public Sector, *Workforce information report 2014–15*; Government of South Australia, 2015, http://publicsector.sa.gov.au/about/our-public-sector/workforce-information/

154 Department for Education and Child Development (DECD), 'Office for Child Safety (FSA)—Summary', internal unpublished document, Government of South Australia, June 2015.

155 Oral evidence: Name withheld (W64).

156 Oral evidence: Name withheld (W29).

157 Oral evidence: A Kemp.

158 Australian Education Union—SA Branch, *Ministerial restructure: Opportunity to separate Education and Families SA*, media release, Australian Education Union, 2 February 2015.

159 Oral evidence: E Scheepers.

160 ibid.

161 P Ford, *Review of the Department for Community Development: Review report*, Department for Community Development, Government of Western Australia, 2007, p. 19.

162 ibid., p. 40.

163 ibid., p. 37.

164 ibid., p. 45.

165 Department for Child Protection and Family Support, *Annual report 2014–2015*, Government of Western Australia, 2015, p. 96.

Some oral evidence, witness statements and submissions were received on a confidential basis.
The source is known to the Commission, and is identified by a number in the endnotes.

6

CHALLENGES FOR THE CHILD PROTECTION WORKFORCE

OVERVIEW

'Above everything, child protection is a human undertaking, and good outcomes depend on the calibre and capacity of the human beings who are doing the work.'[1]

The workforce is a fundamental component of an effective and safe child protection system. A supportive and strategic human resource setting is integral to developing and maintaining a skilled, stable workforce that is committed to quality practice.

Training and education, recruitment and selection, professional development, industrial conditions and performance management define and shape a workforce and service delivery. These organisational responsibilities can be managed, reformed and improved through strong human resource capabilities.

The workforce in Families SA (the Agency) has been under significant pressure for a long time. The human resource challenges are now considerable and entrenched. The reasons for this are numerous and include: the inadequacy of proactive and deliberate human resource systems, a lack of accessible human resource expertise, poor leadership and the failure of management to strategically address human resource demands and workforce deficits.

The failure to establish a robust human resource function has affected the Agency's capacity to attract and retain a workforce that is complete in number, knowledge and skills.

Despite these challenging working circumstances, the Commission was impressed by the commitment and passion of Agency staff. It is clear many are drawn to this complex work because of their desire to improve the lives of vulnerable children. The Agency's human resource system should support its practitioners to deliver skilled and effective child-focused services.

This chapter sets out the current workforce profile of Families SA, highlights gaps in the human resource systems and examines approaches to resolving those deficits. It discusses the steps required to establish and maintain a healthy, functioning workforce for the benefit of the children in this state.

While the focus is on the Families SA workforce, particularly the front-line staff, some of the observations apply more broadly to other workers in the child protection system.

This chapter principally relates to the Commission's Terms of Reference 5(f) and 5 (h), in the context of Terms of Reference 1 to 4.

Related topics, such as staffing the residential care workforce and child-related employment screening, are examined in Chapters 12 and 20 respectively.

ENTRENCHED HUMAN RESOURCE CHALLENGES

During the past 13 years, the South Australian child protection system has been the subject of a series of independent reviews, all of which have made commentary and findings on human resource issues in the Agency.

In 2003, the Layton Review highlighted[2]:

- the incident- and crisis-driven approach of workers in the Agency, resulting in only cases of serious risk being followed up;
- the use of contract, inexperienced and untrained workers, leading to children and families receiving less than optimal services;
- workers having a poor understanding of child development, mental health issues, the impact of drug and alcohol abuse and early intervention models, as a result of inadequate university and/or in-house training; and
- the lack of appropriate management and measurement of workloads.

These factors, characteristic of a system in crisis, coincided with difficulties in recruitment and poor staff retention. In part, this was attributed to the use of contract positions, disparity of wages and classification levels between the Agency's social workers and others across the public sector, and a lack of career progression.[3]

In 2008 the Children in State Care (CISC) Inquiry heard evidence that the Agency continued to face difficulty in recruiting and retaining social workers. The reasons given then for the high turnover of staff included large case loads, poor supervision and support, stress and workers being young and inexperienced.[4] To achieve better service delivery for children in care, the inquiry recommended that[5]:

- sufficient resources be allocated to recruit and retain qualified social workers, with emphasis placed on their professional development and support;
- all social workers employed in supervisory roles undertake mandatory training in supervision; and
- a system of registration or accreditation for social workers be developed, which required ongoing professional development and training.

In 2009 a parliamentary Select Committee reporting on the Agency concluded the statutory child protection system was in crisis, finding that[6]:

- many of the recommendations made by the Layton Review still required action;
- staff were under-resourced, overworked and under-trained;
- building the capacity of the workforce had not been a priority; rather, it tended to employ poorly trained and inexperienced workers to save expenditure on wages; and
- there was ample evidence of dysfunctional behaviour that could be described as professional misconduct and that the 'pervasive culture' was entrenched and widespread.

In September 2015 another parliamentary Select Committee found that Families SA's resource needs required urgent reassessment; front-line staff were under significant workload pressure, which was affecting their capacity to deliver services; and social workers needed support in their professional development and training in child development.[7]

The evidence before this Commission is to similar effect. In 2016 the attraction and retention of social workers persist as significant issues, the training of social workers in areas relevant to child protection is wanting, there is limited attention given to professional development and supervision of staff at all levels, senior staff are generally not trained in supervision or management, and no system of registration or accreditation for social workers has been implemented.

The challenge for this Commission is to make recommendations to improve the human resource function of the Agency to better support the workforce entrusted with the difficult work of child protection.

HUMAN RESOURCE MANAGEMENT IN FAMILIES SA, 2011–14

When Families SA merged with the Education department in 2011, the Agency brought with it a heavy human resource workload in areas such as workers compensation claims, performance management, investigations and conduct management.[8]

In December 2012, the Office for Corporate Services in the new Department for Education and Child Development (DECD)[9] completed a review of the Families SA workforce.[10] The review identified the perpetual human resource issues of staff attraction and retention and, more specifically, noted that:

- there was a decreasing supply of social workers;
- very experienced staff were leaving Families SA;

- graduate social workers were not equipped for child protection work;
- attracting staff to regional locations and attracting Aboriginal staff were particularly challenging;
- no person in Families SA was responsible for improving retention;
- career progression in Families SA was limited;
- some social workers were being asked to undertake an unreasonable workload;
- there were difficulties with team structures and disparities in the number of staff being managed within teams; and
- further analysis of the workforce was required to determine where and what positions had a high turnover rate.

The findings led the former Executive Director of the Office for Corporate Services, Phil O'Loughlin, to form the view that Families SA had a 'burn and churn' workforce. They demonstrated that the Agency had failed to improve its human resource processes despite the recommendations of the earlier reviews. There did not even appear to be a strategic plan in place to deal with well-documented issues.

Families SA had a 'burn and churn' workforce

Families SA Executive and management were to respond to the issues identified in the 2012 review.[11] It is not clear what human resource expertise was available to help with this task. However, recent history suggested leaving Families SA to sort out its human resource deficits was unlikely to achieve the desired results.

In 2012 a human resource function sat in the Office for Corporate Services, outside the Office for Child Protection (which encompasses Families SA).[12] This was staffed predominantly by pre-existing Education department human resources consultants. Families SA was to seek guidance and assistance on an 'as needs' basis. However, many of the entrenched issues required specialist human resources assistance and there was no-one in Families SA clearly responsible for that task. Executive and managers were focused on operations rather than strategic workforce planning. Mr O'Loughlin commented that while the intention was there, staff were probably subsumed in the day-to-day realities of the workplace.

REDESIGN

In early 2013 Families SA embarked on the Redesign reform process (discussed in Chapter 5). Although the internal review the previous year had identified that the workforce was not in a healthy state and had not been stabilised, the Redesign business case did not expressly deal with how the human resource issues would be resolved.

In the first half of 2014, amid a struggling Redesign, Mr O'Loughlin concluded that the way Families SA tackled human resources had to be reformed. It was proposed that engaging a human resources expert in Families SA would be a powerful way to shape human resources policy, build systems and structures, and attempt to overcome Families SA's strong cultural resistance to the merged department. A human resources expert started in about June 2014, just before Families SA was rocked by the arrest of residential care worker Shannon McCoole for serious sexual offences against children (see Vol. 2, Case Study 5: Shannon McCoole).

THE HYDE REVIEW

Following the arrest of McCoole, concerns were raised about the standard of care being provided to children under the guardianship of the Minister who were placed in residential care.

As a result, the Minister for Education and Child Development commissioned a review into the residential care workforce to be undertaken by the former South Australian Commissioner of Police Mal Hyde (the Hyde Review). The review took place in August and September 2014 and focused solely on Families SA's residential care workforce, in part considering the human resources practices of the residential care directorate. The review is discussed in more detail in Chapter 12.

The Hyde Review made a number of findings, including highlighting potential operational risks. The residential care directorate did not have a workforce management plan that outlined a strategic approach to recruitment, selection, training and retention. There was no data that clearly identified where the vacancies were in the directorate. The management style of the directorate was reactive, not proactive, and decision making was concentrated in key executives and managers.[13] There was a 'lack of an effective performance management and a managerial accountability culture and system'.[14] Such findings epitomise the significantly compromised human resource function of Families SA.

THE IMPLEMENTATION OF THE HYDE REVIEW'S RECOMMENDATIONS

The significant deficits in human resource management in the residential care directorate identified by the Hyde Review required urgent attention. Unlike the earlier 2012

review, the implementation of the recommendations was not left to Families SA. Instead, a project team was established that, while still within the Department, was external to the Office for Child Protection. It was crucial that the recommendations were addressed outside the Office for Child Protection, as implementation required independence from the operational demands and inadequacies of Families SA.[15] Mr O'Loughlin was not confident that Families SA staff had the skills and abilities required to implement the recommendations, because of an absence of significant human resource expertise.[16] It was intended that the project team would eventually embed the recommendations in Families SA. The work of the project team is discussed further in Chapter 12.

The findings of the Hyde Review were not circulated in Families SA. At October 2015, the Director of the residential care directorate, who held significant responsibility for the functioning of the workforce, had not been provided with, or read, a copy.[17] In October 2015, the Deputy Chief Executive of the Office for Child Protection, Etienne Scheepers, told the Commission he had received a copy of the Hyde Review 'the other day'.[18] It is surprising that the head of the Office for Child Protection and the head of the residential care directorate were not provided with a copy of the review soon after it was finalised. It directly related to their business. It was important that they understood the effect of the identified deficits, and ensured any decisions that were made with a view to improving or developing the workforce were consistent with the recommendations.

FACTORS THAT HAVE CONTRIBUTED TO THE FAILINGS

Despite the past reviews and recommendations, little appears to have been done to address the challenges facing the Agency's workforce.

It was evident to the Commission that both executive and managerial staff in Families SA were highly operational and constantly responding to the crisis of the day. There was no discipline in the Agency to look beyond the crises and think strategically about the future of the workforce.[19] As discussed in Chapter 5, micromanagement became a feature of the Agency's business. Micromanagement of casework has overshadowed strategic management.

There does not appear to be any one factor to blame for the Agency's failings in its human resource processes. However, the lack of clear responsibility for the work at a strategic level, the lack of accountability on the part of management and the Executive, the absence of in-house human resource expertise and running the Agency in crisis mode without the resources to strategically address short- and long-term functioning all appear to have played a part.

ESTABLISHMENT OF THE HUMAN RESOURCES UNIT

In September 2014, a specialist Human Resources Unit (the HR Unit) was established in Families SA. The HR Unit became responsible for [20]:

• recruiting across the agency (with the exception of Executive appointments and administrative officer employment);

• implementing whole-of-workforce recruitment strategies;

• managing workforce data;

• providing specialist human resources support and expertise to all Families SA staff; and

• managing the peer assessment process for staff in the allied health practitioner (AHP) stream. This process, also referred to as peer progression, allows staff at the first classification level (AHP1), when they have fulfilled certain criteria, to apply to a peer assessment panel to be reclassified to AHP2.[21]

However, the task facing the HR Unit was immense and improvements were not immediate. Mr Scheepers, who had started as Deputy Chief Executive in November 2014, said there was no 'meaningful HR system, HR process, HR policies, workforce planning … all the HR components were either not done or done ad hoc'.[22]

By late 2014 there were a range of longstanding issues that needed attention, all of which were urgent, but a number of barriers stood in the way. These issues are discussed below.

COMPILING THE VACANCY DATA SET

Reliable workforce data is essential for making key decisions about employment contracts, deployment of staff resources and, more generally, the budget.[23] However, for a number of years Families SA has been operating in the absence of reliable and accurate data on vacancies, turnover and retention, making it difficult for management at all levels to run the business.[24]

A number of witnesses reported a high level of vacancies in Families SA to the Commission. Accurately identifying how many positions were vacant in the Agency, and where they were located, was fundamental to the HR Unit fulfilling its mandate and tackling many of the workforce challenges.

Due to an absence of appropriate reporting systems, the HR Unit struggled to compile an accurate vacancy data set.[25] While efforts were made to collate the data systematically, the HR Unit initially had to rely on managers of local offices to identify vacancies.

The Commission was informed that accurate vacancy data would be finalised by the end of October 2015. However, Families SA did not provide this to the Commission until February 2016.

The inability of Families SA to produce basic workforce data demonstrates the lack of attention it paid to human resource functions. It could not have escaped the attention of the Executive over a number of years that the level of vacancies, and challenges in recruitment and retention, were significant issues affecting the workforce, requiring a whole-of-agency response.

THE ABSENCE OF A WORKFORCE PLAN

Workforce planning provides a framework for 'getting the right number of people, with the right competencies, in the right jobs at the right time'.[26] It is a 'process in which an organisation attempts to estimate the demand for labour and evaluate the size, nature and sources of supply which will be required to meet that demand'.[27] In other statutory child protection agencies around Australia, targeted workforce planning strategies have been developed.[28] Such strategies provide a useful tool to address the types of human resource issues that have impeded Families SA for a long time.[29]

The Commission had no evidence that a workforce plan, including robust attraction and retention strategies, has been developed, endorsed or put into action, despite being told this was to be completed by the end of January 2016.[30] This should be a fundamental priority for the Agency.

Strategic workforce planning should now be undertaken to map how the capacity of the workforce, in terms of number, skill and experience, will be developed and stabilised over the short, medium and long term.

EMPLOYMENT RECORDS

The method of creating and storing employment records should also be addressed urgently. It is concerning that the creation and storage of personnel records, such as employment applications and contracts, have been decentralised, fragmented and held inconsistently across individual sites.[31] The Commission discovered that supervision records were also held in ad hoc ways, with local offices lacking any system for their filing and storage.[32]

A consistent storage method is necessary to support the management and development of staff, both individually and across the Agency. The supervision of an employee should not become disjointed because of a change in line manager or office. The Commission understands that through centralisation, the HR Unit is endeavouring to gain visibility and control of all employment records.[33] Electronic systems should also be put in place to allow line managers, and other relevant senior staff, ready access to records that may be germane to the day-to-day management, supervision and professional development of their staff.

THE FUTURE OF THE HR UNIT

Families SA has operated for a long time without sufficient human resources expertise that is tailored to the organisation. Human resource issues have been left to managers and senior staff to manage in a decentralised manner.

The HR Unit has appeared to operate in crisis mode, with the resources primarily directed towards filling vacancies. However, the human resource function is more than this. A high functioning HR Unit is essential to the future of the Agency. The unit should be able to provide expertise in workforce planning, particularly in attracting, recruiting and retaining staff. It should sit outside the operational arm of the Agency, so as not to be distracted by day-to-day practice matters. It should be sufficiently resourced to undertake strategic planning, which is desperately required, and not be left to tackle staffing issues in crisis mode.

It has been said that a good child protection system depends on:

> building and sustaining intelligent, compassionate and imaginative staff who have the courage to engage with the complex circumstances our societies' most vulnerable children live in.[34]

The leadership of the Agency, guided by the expertise of the HR Unit, should strive to build and sustain such a workforce.

THE EDUCATION OF CHILD PROTECTION WORKERS

As part of its inquiry into the staffing of the state's child protection system, the Commission sought to gain an understanding of issues relevant to the education of social workers, the registration of their profession and human services workers more broadly. To assist with these matters, Di Gursansky, a member of the Commission's Expert Advisory Panel, prepared a discussion paper to seek comments on social work education, professional development and registration.[35] The paper was circulated to 13 stakeholders from academia, the social work professional body, Families SA, the two schools of social work in South Australia and other social work educators. There were seven responses to the paper, including from both the national and South Australian branches of the Australian Association of Social Workers (AASW), Mr Scheepers, and the two South Australian schools of social work, at the University of South Australia and Flinders University.

The Commission also received written submissions from a number of contributors, including Emeritus Professor Dorothy Scott, Adjunct Professor, Australian Centre for Child Protection, and Professor Lesley Cooper,

Professor of Social Work, University of Wollongong. The submissions, together with evidence given to the Commission, covered a range of issues including how social workers are educated, the nature of the degree, the role of field placement, the role of the AASW as the professional body, how social work education intersected with professional development and the appropriate educational pathway. All of these matters were incorporated into a paper prepared by Ms Gursansky on behalf of the Commission[36] and this paper has informed the Commission's consideration of those issues.

THE CURRENT WORKFORCE PROFILE

At 30 June 2015, the Department had 29,793 employees, of which about 23,550 were full-time equivalents (FTEs).[37] Families SA had 1742 employees (about 1634 FTEs), which is only 6 per cent of the Department's workforce. Table 6.1 outlines the demographics of Families SA's workforce from 2012 to 2015.

In terms of FTE positions, the workforce has only increased by 4 per cent from 2012 to 2015. Against the background of significant increases in workload across the Agency during the same period (at the most basic level demonstrated by the number of notifications received and the number of children coming into care), this increase is negligible.

At June 2015, 5 per cent of the workforce identified as Aboriginal—a slight decrease from the previous year.[38]

The workforce is predominantly female (on average making up 74 per cent of employees). This is consistent across Australia, with women making up more than 75 per cent of the statutory child protection workforce.[39] Since 2012, there has been a 22 per cent decrease in the number of part-time employees. At June 2015, 17.3 per cent of the workforce was working part time. These figures are somewhat surprising in light of the expected need to support the female workforce through flexible working arrangements. In comparison, part-time (including casual) employees made up 45 per cent of the General Government Sector workforce in June 2015.[40]

Since 2012 there has been a significant increase (34.7 per cent) in the number of persons employed temporarily, from 294 to 396, and a marginal increase (0.5 per cent) in permanent employees, from 1394 to 1401.

Families SA has a gradually ageing workforce with 41 per cent of staff aged 45 and over in 2015.

All these characteristics need to be factored into workforce planning.

Table 6.1: Workforce demographics of Families SA, 2012 to 2015

	2012	2013	2014	2015
Total employees	1725	1704	1690	1742
Full-time equivalent (FTE)	1570.9	1563.6	1585.1	1634.0
Aboriginal	N/a	N/a	92	87
Females	1274	1257	1237	1303
Males	451	447	453	439
Full-time employees	1339	1363	1406	1441
Part-time employees (percentage of total)	386 (22.4%)	341 (20%)	284 (16.8%)	301 (17.3%)
Permanent employees	1394	1373	1375	1401
Temporary employees	294	296	353	396
Average age	41	42	42	42
Percentage of workforce aged 45 and over	39%	40.9%	40.5%	41.1%

Note: Permanent and temporary employees are subject to different counting rules to other categories in this table. This accounts for the variation between these and other categories, for example between total employees and the sum of permanent and temporary employees.

Source: Data from DECD, 'Office for Child Safety summary' and 'Office for Child Safety—Aboriginal and Torres Strait Islander workforce profile', internal unpublished documents, Government of South Australia, June 2015.

CLASSIFICATION STREAMS AND SALARIES

The Families SA workforce consists of six classification streams: allied health professionals (AHP), operational services officers (OPS), administrative services officers (ASO), managers—administrative services (MAS), South Australian public sector executives and health ancillary employees. The breakdown of the workforce by classification is shown in Table 6.2.

Table 6.2 shows that the workforce is predominantly made up of staff classified as either OPS (40 per cent) or AHP (35 per cent). These proportions have been constant since 2012.[41] Staff in these two classification streams deliver services directly to the clients of Families SA. The OPS workforce is mainly located in the residential care directorate, as discussed in Chapter 12, although some front-line roles are also filled by OPS staff.

In the Agency, front-line child protection work is predominantly undertaken by staff in the Assessment and Support, Protective Intervention and Long-term Guardianship teams (in both metropolitan and regional offices) and the Call Centre. Staff employed as principal social workers, principal psychologists or principal Aboriginal consultants (the principal's group), in part provide a consultative role to front-line staff. They are not collocated with front-line staff.

As shown in Table 6.3, qualified social workers are employed across levels 1 to 5 of the AHP stream, with case loads carried by practitioners at the lower classifications. Families SA also employs psychologists in the AHP stream, who are not collocated with the front-line staff. Aspects of the role of the Agency's psychologists are discussed in Chapters 9 and 10.

Not all front-line staff are required to hold a qualification in social work. As shown in Table 6.4, some workers employed at the OPS3 classification carry case loads despite not being required to hold a qualification. While some office managers do hold a social work qualification, it is not universal and not a requirement of their role. Nevertheless they are expected to contribute to decision making on important, complex and highly political case management issues.

Table 6.2: Families SA workforce by classification stream, June 2015

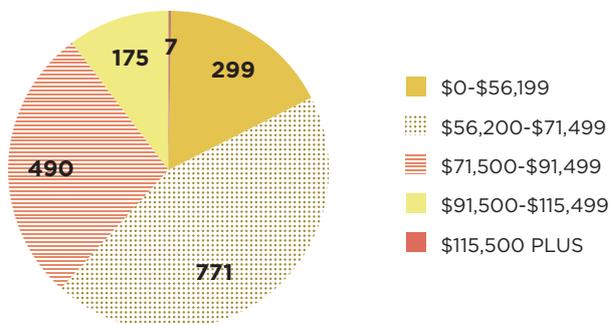| CLASSIFICATION	EMPLOYEES	FTE
Administrative services officers (trainees and levels 1 to 8)	391	365.4
Allied health professionals (levels 1 to 5)	605	574.6
Operational services officers (levels 1 to 5)	698	646.4
Manager—administrative services (levels 2 and 3)	38	37.9
South Australian Executive services (levels 1 and 2)	6	6.0
Health ancillary employees[a] (levels 2 to 4)	4	3.7

[a] These employees work as cooks in the Agency's large residential care units.

Source: DECD, 'Office for Child Safety summary', internal unpublished document, June 2015.

Figure 6.1: Families SA workforce by salary bracket, June 2015

Source: Data from DECD, 'Office for Child Safety summary', internal unpublished document, June 2015

Figure 6.1 shows that 61.4 per cent of Families SA employees earn less than $71,500 a year. The General Government Sector average salary at June 2015 was $76,440.[42] For an agency that undertakes such difficult, complex and important work it is surprising that more than half its workforce receives less than the average government salary. This may be a factor affecting staff attraction and retention.

VACANCY LEVELS

As noted, the Commission had difficulty obtaining accurate data on vacancy levels across the Agency. In lieu, the HR Unit had to estimate AHP vacancies using information from local offices.[43] In March 2015, the HR Unit manager estimated there were 70 AHP vacancies in the Agency, with a high proportion of these being in regional areas.[44] At about the same time, an experienced human resources staff member told the Commission they had not previously seen vacancy levels of this severity in a government agency.[45] In October 2015 the Commission was given a figure of 100 AHP vacancies (50 in regional areas and 50 in the metropolitan area), despite recruitment occurring between March and October 2015. This figure was still not precise.[46]

Four months later, the Commission received a complete set of Agency workforce data figures. At 19 February 2016 there were 293 vacant positions (272.42 FTEs), or approximately 17 per cent of the workforce, including 104 positions in the AHP stream.[47]

Staff on temporary contracts were filling 160 vacant positions (152.62 FTEs), leaving 133 positions without a staff member appointed. The classifications of these 133 vacant positions were: 40 AHP, 41 ASO, 47 OPS and one managerial (MAS3). The four health ancillary positions (residential care cooks) were also vacant. Of the AHP vacancies, 19 of the 40 positions were in regional locations.[48]

The persistent vacancy levels across Families SA, and the use of temporary staff to fill positions, places pressure on staff to work beyond their capacity and serves to destabilise the workforce. In turn, service delivery is compromised, potentially risking the safety of vulnerable children.

Table 6.3: Front-line and consultative social work roles in Families SA

POSITION TITLE	CLASSIFICATION	WAGE ($)	REQUIRED QUALIFICATION	CASE LOAD	ROLE
Social worker	AHP1	58,555–71,864	A degree or qualification which gives eligibility for full membership of the Australian Association of Social Workers In South Australia these degrees are Bachelor of Social Work, Bachelor of Social Work/Social Planning or Master of Social Work	Yes, with the exception of social workers in the Call Centre	Provide a statutory child protection service to respond to the needs of children and their families, including: • undertaking child protection investigations and assessments • planning and delivering focused intervention to safeguard children • assisting families to reunify children into their care • working with children in the care of the state
Senior social worker	AHP2	75,856–87,833	As above	Yes, with the exception of social workers in the Call Centre	As per social worker, undertaking more complex cases
Senior practitioner	AHP2	75,856–87,833	As above	No	Quality assurance, enhance social worker capacity and the principles of social work practice
Supervisor	AHP3	90,495–96,484	As above	No	Lead, develop and manage the performance of a social work team
Principal social worker	AHP4	99,810–109,126	As above	No	Provide high quality information and practice advice to staff to improve outcomes for vulnerable children, their families, and their carers, including: • identifying practice quality issues and proposing ways to resolve them • contributing to the training, learning and development of staff • contributing to departmental practice policy and development of programs/initiatives
Principal Practitioner[a]	AHP5	111,788–122,433	As above	No	To lead practice in Families SA, including departmental practice, policy and development programs/initiatives

[a] In May 2016 the Principal Practitioner was appointed to the newly created position of Director of Quality and Practice. Since that time, no person has been appointed to this position.

Note: Persons of Aboriginal or Torres Strait Islander descent who have the appropriate background and skills but do not have the essential qualification, can apply for any Allied Health Professional roles requiring a qualification in Social Work in Families SA.

Sources: Office for the Public Sector, *South Australian Public Sector Wages Parity Enterprise Agreement: Salaried 2014*, Department of the Premier and Cabinet, Government of South Australia, 1 October 2015; Families SA, Role descriptions for front-line and consultative social work roles, September 2013, February 2014 and May 2014.

Table 6.4: Front-line roles, other than social work roles, in Families SA

POSITION TITLE	CLASSIFICATION	WAGE ($)	REQUIRED QUALIFICATIONS	CASE LOAD	ROLE
Support/access support worker	OPS2	49,565–53,661	None	No	Assist social workers to provide an efficient client service and maintain and enhance positive relationships between children and their birth families
Family development worker	OPS3	57,738–61,822	None	No	Support parents to strengthen their capacity to provide a safe and nurturing family environment
Case/care and protection worker	OPS3	57,738–61,822	None	Yes	Undertake case management, under professional direction, of care and protection or guardianship cases
Office manager	MAS3	112,260	None	No	Lead staff and manage resources of a Hub or local office, including: • building and fostering positive community relationships and strategic inter-agency partnerships • providing leadership and direction of critical, complex and highly political case management issues involving children with high and complex needs that are at risk of death or serious injury • assisting in the development of, and effectively implementing, policy

Sources: Office for the Public Sector, *South Australian Public Sector Wages Parity Enterprise Agreement: Salaried 2014*, Department of the Premier and Cabinet, Government of South Australia, 1 October 2015; Families SA, Role descriptions for front-line roles, other than social work roles, September 2013 and October 2013.

WORKERS COMPENSATION CLAIMS

The level of workers compensation claims in an organisation is a good indicator of the wellbeing of the workforce.[49] In 2012 Families SA staff, particularly residential care workers, were over-represented in workers compensation claims made across the Department. Although there have been incremental improvements since that time, the underlying problems have not been addressed.[50]

Between July 2011 and December 2014, Families SA staff reported 1719 workplace incidents, with the number of incidents steadily increasing each year. Generally, a workplace incident is one that results in an injury or has the potential to cause an injury. Hazards in the workplace may also be reported as incidents. About half the reported incidents involved deliberate injury, verbal harassment and/or workplace bullying or a traumatic experience.[51]

About 20 per cent of the 1719 reported incidents resulted in a workers compensation claim. 'Mental stress' and 'Being hit by moving object' have been the most common type of injury mechanism. About 55 per cent of claims were made by OPS classified staff working in the residential care directorate.[52]

Table 6.5 shows work pressure was the major cause of mental stress. Its incidence increased significantly in the first six months of 2014/15. This coincided with the aftermath of McCoole's arrest, when the residential care workforce was the subject of a review and affected by significant staff shortages.[53]

Poor staff selection, inadequate training and professional support, unrelenting workloads, the stressful and traumatic nature of child protection work and the lack of access to specialised psychological support all contribute to mental stress claims.

Table 6.5: Families SA workers compensation claims as a result of 'Mental stress' or 'Being hit by moving object', 1 July 2011 to 31 December 2014

MECHANISM	CAUSE	2011/12	2012/13	2013/14	1 JULY 2014— 31 DECEMBER 2014
Mental stress	Work pressure	11	14	15	20
	Exposure to workplace or occupational violence	3	11	10	5
	Work-related harassment and/or workplace bullying	5	7	8	6
	Exposure to traumatic event	3	1	1	Nil
Being hit by moving object	Being assaulted by a person or persons	10	13	22	4
	Being hit by moving object	2	10	7	Nil

Source: Data from Families SA.

Exposure to traumatic events and occupational violence are to some extent unpredictable. However, good leadership, management and supervision can ease other causes of mental stress such as work pressures, harassment and bullying.

The Agency should establish appropriate structures to support staff who are experiencing mental stress or suffering other injuries in the workplace. All staff have access to counselling services through an employee assistance program but this must be sought out by the individual on an as needs basis. A more proactive, targeted approach to supporting staff is required, particularly when an adverse or traumatic event occurs.[54]

The increasing level of mental stress claims requires attention and action. Improving the support to staff through meaningful supervision, effective management and a commitment to ongoing professional development should have a positive effect on employee wellbeing. In addition, as part of its HR Unit, the Agency should establish a psychological service to share responsibility for employee wellbeing with the leadership of the agency. The service should complement good management practices, and not be seen as a substitute for them. The service should also take steps to identify underlying causes of mental stress in the workforce and develop strategies to address them.

RECRUITMENT

THE CENTRALISATION OF RECRUITMENT

Until recently the recruitment of staff to Families SA offices, both metropolitan and regional, was undertaken in a decentralised manner. If an individual office identified a vacancy, they would advertise the position, undertake a selection process and appoint an applicant.

In early 2015, as a result of concerns highlighted by the Hyde Review and the establishment of the Families SA HR Unit, the recruitment of AHP and OPS staff was centralised.[55] The HR Unit was initially consumed by coordinating the recruitment of residential care workers. This responsibility was then shifted to the Hyde Review project team.

Significant vacancies across the Agency required a major recruitment of social work staff and this occurred under considerable pressure.[56] The task was made more difficult because of the longstanding absence of workforce planning and lack of any clear strategy to attract workers to the much-maligned Agency.

The Commission was told that centralisation provided a more consistent approach to recruitment by ensuring that processes aligned with merit selection principles.[57] Concerns had been identified in the Agency that some local selection processes were influenced by favouritism, cronyism or nepotism. Centralisation reduces the risk of a selection process being infected in this way.[58] It also ensures selection panels include human resource expertise.

However, local offices expressed concern that centralised selection processes took longer than those run locally and could lead to the appointment of staff who were not the right fit for an office.[59] The HR Unit has been taking steps to address these concerns by including local staff members on selection panels, appointing additional staff to assist with the timeliness of selection processes, and prioritising recruitment to positions that the local offices identify as essential.[60]

Given the Agency's need to fill widespread persistent vacancies and to develop meaningful strategies to attract the right staff, the Commission supports the continuation of a specialist human resources unit that is responsible for centralised recruitment.

The timeliness of recruitment processes is essential. This needs to be constantly monitored and, if necessary, further resources assigned. The key to the success of a centralised recruitment system is open and transparent communication between the HR Unit and the local offices, and an understanding of each other's needs. While the needs of the Agency as a whole will guide the HR Unit's overall approach to recruitment, the needs of local offices should also be given weight.[61]

Centralised recruitment would also allow for staffing levels to be managed in line with the Commission's recommendations, such as achieving suggested benchmarks in some of the Agency's core business areas and the transfer of some functions to the non-government sector.

THE NUMBER OF AHP STAFF RECRUITED IN 2015

As shown in Table 6.6, 145 applicants were recommended for AHP positions in Families SA in the 10 months to December 2015. They included 129 applicants in metropolitan locations and 16 in regional locations. Despite this, as highlighted above, 40 AHP positions remain without a staff member. It is not clear whether this is a result of pre-existing vacancies that are yet to be filled or ongoing staff turnover, with staff not being replaced as quickly as they are leaving. Some recruitment processes for regional locations offered positions in both the AHP and professional officer streams, and this is discussed below.

The 145 applicants were selected from a total of more than 550 applications. That is, only about one-quarter of applicants were considered suitable for an AHP role. While 360 applications (65 per cent) came from persons external to the Agency, only 24 of these (less than 7 per cent) were recommended for positions. Given the persistent vacancy levels in the Agency, the low yield of staff from recruitment processes is concerning. It calls into question whether the Agency is attracting applicants with the right skills and experiences. It also

requires consideration of whether there are aspects of the selection process that are unnecessarily screening out suitable employees.

The Commission was told the HR Unit had identified a need to work towards improving the yield of external applicants, without compromising the quality of staff recruited to the Agency.[62] The HR Unit considered improvements could be achieved by better targeted recruitment drives to attract more suitable applicants and selection panels giving weight to transferrable skills that could be developed by the Agency, rather than simply focusing on an applicant's experience in child protection. As Table 6.6 shows, the appointment of staff is skewed significantly in favour of internal applicants (more than 80 per cent of recommended applicants were internal). This could be indicative of the Agency appointing temporary staff to ongoing positions, or internal applicants applying for advertised positions at higher classifications in circumstances where they have not been re-classified through peer progression. Placing too much weight on an applicant's experience in child protection may also skew recruitment in favour of the internal workforce, particularly given the limited opportunity outside Families SA to obtain experience in child protection.[63]

THE SELECTION PROCESS

The Agency has now developed a more coordinated and targeted approach to advertising vacant positions. Positions have been advertised across multiple sources and represented differently in the marketplace: as 'careers' in child protection.

The HR Unit also made a major change to the process of selecting AHP staff, by requiring applicants to undertake a psychometric test. The testing tool used was the same as the Agency had used for a number of years in the recruitment of residential care workers. This test was designed to be used when selecting staff for public safety roles, not for the selection of social workers.[64]

It is not clear why the Agency decided to use the psychometric tool in the selection of social workers. Unlike the residential care workforce, the Agency's social worker selection processes had not been the subject of a comprehensive review. It is also not clear what shortcomings had been identified in the current workforce that it was thought the tool could help prevent in the future.

There is not sufficient evidence before the Commission for a conclusion to be reached as to whether psychometric testing has a role to play in the selection of social workers. The low yield of appointments (see Table 6.6) suggests the Agency should carefully consider the value that psychometric testing adds to the selection process.

Table 6.6: Applications and recommendations for AHP positions in Families SA, April 2015 to December 2015

	METROPOLITAN	REGIONAL
Total applications	484	70
Internal applications (percentage of total)	171 (35.3%)	23 (32.9%)
External applications (percentage of total)	313 (64.7%)	47 (67.1%)
Total recommendations (percentage of total applications)	129 (26.7%)	16 (22.9%)
Internal recommendations (percentage of total recommended)	108 (83.7%)	13 (81.3%)
External recommendations (percentage of total recommended)	21 (16.3%)	3 (18.7%)

Note: Some recruitment processes for regional locations included offering positions in the AHP stream and the professional officer (PO) stream.

Source: Data from Families SA.

It would be disappointing if suitable applicants were being screened out because the Agency was using a tool that was not fit for purpose.

ADDRESSING VACANCY LEVELS

There is an urgent need to address vacancy levels, but crisis-driven recruitment will not provide the workforce with long-term sustainability. In the face of immense pressure to recruit staff and fill longstanding vacancies, robust recruiting practices should be developed and maintained.

Informed by the Commission's observations in this chapter regarding the attraction and retention of staff, the HR Unit should review the processes used to recruit front-line workers to the Agency. The Agency should develop an evidence-based best practice approach with the aim of selecting staff who not only meet the required competencies, but who are also fit for the role and committed to a career in child protection. Consideration needs to be given to the skill sets of front-line staff to ensure that applicants are not overlooked because of a lack of experience in child protection. Recent selection processes conducted by the HR Unit should be examined to determine at what stage applicants are being screened out and on what basis. The review should be guided by human resources expertise, with input from an organisational psychologist and front-line staff. Selection processes used in child protection workforces in other jurisdictions may also inform the review, as well as consultation with members of the tertiary education sector involved in the training of social workers.

It is estimated that in the next five years, demand for social workers across Australia will increase by nearly 30 per cent.[65] Even as an employer of choice, it would be difficult to fill every position with a social worker.[66] However, there may be advantages in having a stronger, multidisciplinary base of professionally qualified staff. There appears to be uncertainty as to the appropriate qualification for a child protection worker across Australia.[67]

It is estimated that in the next five years, demand for social workers across Australia will increase by nearly 30 per cent

Unlike most other jurisdictions, South Australia restricts its workforce to those holding an undergraduate or postgraduate degree in social work. As shown in Table 6.7, although social work qualifications are generally preferred, other jurisdictions recognise a broader range of qualifications related to human services fields.[68] The Commission understands that previously in South Australia a wider range of graduates was also considered eligible in the AHP stream for work with Families SA. The Commission is unaware of the reason for subsequently limiting the workforce to social workers.

Instead of recognising a wider range of qualifications to broaden the pool of applicants, Families SA recruited unqualified staff to the OPS classification as 'care and protection workers' and 'caseworkers' who perform essentially the same role as a qualified social worker, with similar case loads and work complexities.[69]

Families SA adopted the use of the unqualified OPS classification without exploring the recognition of broader human services qualifications as has occurred in other jurisdictions. Nor does it appear that any additional training was provided to address the skill and knowledge base of OPS staff.

Given the complexity of the work, child protection practitioners should hold a degree-level qualification relevant to their role.

THE PROFESSIONAL OFFICER STREAM

The South Australian Public Sector Wages Parity Enterprise Agreement: Salaried 2014 (the Enterprise Agreement) provides for a professional officer (PO) stream, which encompasses a diverse range of roles across the public sector that require a degree-level qualification. The remuneration levels of PO classified workers are comparable to those in the AHP stream.

Recruiting to PO classifications in addition to AHP classifications throughout the state would increase the selection pool, and has the potential to diversify the workforce through fostering multidisciplinary teams. For example, the qualifications of teachers, early childhood educators, and occupational therapists could be recognised under this classification.

There is merit in adopting the approaches taken in other jurisdictions, where social work is regarded as a preferred qualification, but other relevant qualifications are also recognised.

FACTORS THAT AFFECT THE ATTRACTION AND RETENTION OF STAFF

WORKPLACE CULTURE

The negative organisational culture in Families SA is discussed in Chapter 5. Staff do not want to be a part of an organisation that:

- does not value, respect or trust the ability of front-line staff;
- encourages blame avoidance and blame shifting;
- emphasises risk aversion over client outcomes;
- does not support staff when under fire from external scrutiny;
- does not welcome differences in professional opinion or fresh ideas;
- allows career progression to be driven by personality not merit; and
- does not stamp out bullying.

The observations in this chapter regarding the attraction and retention of staff are directed towards developing a workforce that is encouraged and valued for its professional practice and is supported by the leaders of the Agency; one that can treat an adverse event as a learning opportunity as opposed to an occasion for blame.

THE FAMILIES SA BRAND

It is evident that in recent times Families SA as a brand has been tarnished, in part due to chronic public scrutiny and adverse commentary through previous reviews, reports, inquiries, coronial investigations and the media more generally. Against that background, it is not surprising that Families SA would not be considered an employer of choice.

UNMANAGEABLE WORKLOADS

The Commission received a considerable body of evidence about high workloads. One senior staff member described it as 'more dire' than she had seen across her almost 20-year career with the Agency. She told the Commission:

> the things that [we] have to approve at the end of the day to say, 'We're not going to go and investigate this,' are horrific … it's difficult to go home sometimes and think, 'I can't believe we can't get to that child'… It's a real crisis.[70]

The effects of high workloads are far-reaching. Significant strain is placed on staff, but more importantly staff are unable to respond to the needs of the state's vulnerable children. A supervisor who has worked in Families SA for more than 30 years told the Commission, 'the workload has become unmanageable because we're just not getting additional staff to meet the additional children coming into care'.[71]

Table 6.7: Qualifications required for a child protection practitioner in Australia

JURISDICTION	ROLE	QUALIFICATION REQUIRED	ENTRY-LEVEL WAGE ($)
Australian Capital Territory	Case manager	Tertiary qualifications in social work, psychology, social welfare, social science or related discipline[a]	55,410–70,598
New South Wales	Caseworker	Australian Association of Social Workers (AASW) accredited degree preferred (Bachelor of Social Work, some combined or double degrees that include a Bachelor of Social Work or Master of Social Work) Bachelor-level degrees with child protection core content or diploma-level qualifications that include child protection core content also accepted[b]	62,587–86,472
Northern Territory	Child protection practitioner	Relevant degree of an Australian tertiary institution that gives eligibility for membership of the Australian Community Workers Association, the AASW, the Australian Psychological Society or equivalent or a Diploma of Child, Youth and Family Intervention *and* Vocational Graduate Certificate in Community Services Practice (Statutory Child Protection)	63,661–73,619
Queensland	Child safety officer	A degree in social work, human services, social welfare, psychology or behavioural science or Master of Social Work (Qualifying) Other bachelor degrees are considered provided certain criteria are met[c]	55,750–71,354
South Australia	Social worker	An AASW-accredited degree (Bachelor of Social Work, Bachelor of Social Work/Social Planning or Master of Social Work)	58,555–71,864
Tasmania	Child protection worker	Bachelor of Social Work or a diploma of Community Welfare Work Other qualifications will be considered on application[d]	52,833–66,857
Victoria	Child protection practitioner	AASW-accredited degree preferred (Bachelor of Social Work, Bachelor of Social Work/Social Science, Bachelor of Human Services/Master of Social Work or Master of Social Work) Bachelor-level degrees with child protection core content or diploma-level qualifications that include child protection core content also accepted[e]	60,551–73,521
Western Australia	Child protection worker	A Bachelor of Social Work, Bachelor of Psychology or Master of Social Work Other degrees in a relevant human services area will be considered on an individual basis[f]	65,156–89,345

[a] Community Services Directorate, Position description: Case manager, website, ACT Government, www.jobs.act.gov.au/__data/assets/pdf_file/0008/782171/P00608-Selection-Documents.pdf, accessed 28 June 2016, p.5.

[b] Department of Family and Community Services, 'Qualifications assessment guide: Caseworker, casework manager and helpline team leader', website, NSW Government, 2014, www.facs.nsw.gov.au/__data/assets/file/0012/300018/Qualification_Guide_Caseworker.pdf, accessed 28 June 2016, pp. 2–6.

[c] Department of Communities, Child Safety and Disability Services, 'Applicant guide: Information about the child safety officer application process', Queensland Government, website, 2015, www.communities.qld.gov.au/resources/careers/child-safety/cso-info-guide.pdf, accessed 7 June 2016.

[d] Department of Health and Human Services, 'Working in child protection in Tasmania', Tasmanian Government, website, www.dhhs.tas.gov.au/career/home/statewide_services/children_and_youth_services/child_protection_work, accessed 7 June 2016.

[e] Department for Human Services, 'Qualifications for careers in the Victorian child protection program', Victorian Government, website, January 2014, www.dhs.vic.gov.au/__data/assets/pdf_file/0008/669923/2014-Guidelines-on-child-protection-qualifications.pdf, accessed 7 June 2016.

[f] Department for Child Protection and Family Support, 'Child Protection Qualifications Framework', website, Western Australian Government, 2010, www.dcp.wa.gov.au/Organisation/employment/Documents/Child%20Protection%20Qualifications%20Framework.pdf, accessed 7 June 2016.

Note: In some jurisdictions, staff who identify as Aboriginal are not required to hold degree-level qualifications.

The inability to respond to children who are at risk or who have been brought into care leaves many practitioners questioning the worth of their role and the compromise of their ethical obligations as professional practitioners. Although employed by the Agency, social workers have to 'live with [their] own conscience and [their] own professional wellbeing'.[72]

An experienced supervisor who had formerly worked for Families SA referred to the high workloads and said:

I've seen workers burning out ... I've seen bad decision making because people don't have the time to think about what they're doing and to reflect about their practice ... it leads to no space to even think about training.[73]

Not only are practitioners contending with highly complex and skilled work, they also face 'after-hours work, it's going out on removals on a public holiday. It's not a 9 to 5 job and it never could be'.[74]

High workloads also affect child protection practitioners' access to professional development, supervision and time for reflective practice.[75]

'I've seen workers burning out. I've seen bad decision making because people don't have the time to think about what they're doing and to reflect about their practice'

WORKLOAD MANAGEMENT TOOL

The Layton Review recommended that Families SA develop 'a workload measurement and management system that appropriately calculates workload volume and takes into account regional and sociodemographic factors.'[76] This has not yet been developed for use across the organisation, although initial planning for it was underway in October 2015. It is concerning that managers and supervisors are still not able to determine easily the extent of work being undertaken by teams and individuals at any point in time.[77]

While individual case loads can be counted, this is not generally an accurate reflection of workloads. Complex cases consume much more time than less complex cases. In practice, cases regarded as low complexity are often few and far between.[78]

One local office developed its own workload management tool to[79]:

- provide a snapshot of the workforce and the work being undertaken;
- account for the varying complexities of cases;
- measure, over a period of time, how the office was performing; and
- highlight the actual risks the office carried.

Unfortunately the growth of this initiative beyond the local office was not supported by upper levels of management. This work needs to be progressed as soon as possible.

OFFERING TEMPORARY POSITIONS

The Layton Review highlighted the use of contract staff as an issue affecting the attraction and retention of Families SA staff.[80] Temporary staff, also referred to as 'term employees', have a fixed contract for a set period of time, generally up to two years but sometimes as short as four weeks.

In March 2015 it was suggested that the number of employees on temporary contracts was reasonably high due to the need to backfill staff who were on maternity leave or acting in higher roles.[81] In October 2015, Families SA could not identify how many staff were employed on an ongoing (permanent), term (fixed contract) or casual basis.[82] This was an impediment to forward planning and the guiding of future recruitment processes.[83] It is yet another example of the Agency operating in the absence of essential information about its workforce.

The Commission was eventually informed that 461 staff, or 26 per cent of the Families SA workforce, were on temporary contracts as at 19 February 2016. In relation to the AHP stream, of the 673 positions, 201 (33 per cent) were filled by a person on a temporary basis. The length of each temporary contract varied, ranging from a month to two years, with the average AHP1 contract being eight months.[84] The Commission was not able to ascertain from the data provided by Families SA how long a position had been filled by an employee on a temporary contract, or whether an employee on a temporary contract held a permanent position elsewhere in the Agency.

Substantive positions that have been vacated indefinitely should not be filled through the use of temporary contracts and employees should not continue to sit in vacant substantive positions on successive temporary contracts. However, rolling temporary employees into permanent positions should only occur with a comprehensive review of their employment.

Whether a position is advertised as temporary or permanent can affect the number and quality of applicants. For example, when residential care positions were advertised as permanent rather than temporary there was a significant increase in the number of applications received, as well as in the number of applicants recommended for the positions.[85]

Recruitment processes should give attention to whether a position is temporary or ongoing as the position may be more attractive to potential applicants if advertised as a permanent position. A robust recruitment process, followed by a properly managed probationary period, should be used to give the Agency confidence in the appointment of ongoing employees to the public sector.

THE TURNOVER AND SEPARATION OF STAFF

The Layton Review highlighted that a high staff turnover rate has a significant negative impact on the Agency's effectiveness and morale, through impeding the development of collaborative relationships with clients and other service providers and destabilising teamwork in local offices.[86]

Research suggests that a range of organisational workforce mechanisms can adversely influence staff retention. These include poor management and leadership, inadequate supervision, a lack of opportunity for ongoing professional development, poor induction, high workloads and poor workforce culture.[87]

Current and former Families SA staff spoke of a high turnover of staff and, consistent with the research, attributed it to a number of factors, including[88]:

- the high workload demands placed on staff;
- the pace and confronting nature of intake work;
- a lack of training and support provided to new staff;
- a lack of appreciation for good, hard-working employees;
- a lack of career progression opportunities;
- the use of short-term contracts for staff, resulting in a lack of job stability; and
- a long-established culture of bullying.

A consequence of staff turnover, particularly the loss of experienced workers, is the loss of key skills that benefit clients. Clients, including children in care, birth families and foster parents, may be faced with engaging with multiple practitioners.[89] This can be challenging for clients who struggle to establish relationships and find it difficult, and sometimes traumatic, to retell their stories.

Staff turnover also affects the ability of Families SA to engage with other stakeholders in the child protection system. While some stakeholders work hard to connect and establish constructive relationships with local Families SA offices and individual practitioners, staff turnover undermines this. Relationships need to be constantly re-built and this frustrates the progression of cases and, more broadly, strategic planning.[90]

Staff turnover can also increase pressure on recruitment and training resources. Valuable relationships between colleagues may be lost and the stress on remaining staff increases as they carry a greater workload. This persists while new staff are trained. Turnover also reduces the access of newer staff to experienced practitioners who may be able to guide and mentor them.[91]

TURNOVER AND SEPARATION RATES

Table 6.8 shows Families SA's turnover rate since the 2010/11 financial year and Table 6.9 shows the separation rate annually from 2013 to 2015. The turnover rate indicates the number of permanent staff who have left Families SA, while the separation rate represents both permanent and temporary staff who have left the agency. The turnover figures do not take into account all movement of staff away from the Agency, for example, they do not include employees who have left on long secondments to other government departments or agencies and still retain a permanent position with Families SA. This movement of staff is accounted for in the separation rates.[92]

Table 6.8: Families SA turnover rates, 2010/11 to 2014/15

FINANCIAL YEAR	PERMANENT STAFF WHO CEASED EMPLOYMENT WITH FAMILIES SA	TURNOVER RATE
2010/11	96	5.42%
2011/12	74	4.80%
2012/13	81	5.36%
2013/14	98	6.29%
2014/15	N/a	About 7%[a]

[a] Figure not available at the time turnover data was sourced from Families SA; subsequently provided in oral evidence by the acting manager of the Families SA HR Unit.

Source: Data from Families SA and oral evidence from M Pamminger.

Table 6.9: Families SA separation rates, 2013 to 2015

	PERMANENT AND TEMPORARY STAFF WHO HAVE SEPARATED FROM FAMILIES SA	SEPARATION RATE
2013	246	12.6%
2014	211	11.1%
2015	175	9.1%

Source: DECD, 'Office for Child Safety summary', internal unpublished document, June 2015, p. 5.

While the loss of permanent staff has increased, the separation rate has decreased, which may indicate that staff employed on a temporary basis are continuing in their positions.

A HIGHER TURNOVER IN PARTICULAR AREAS?

In October 2015, Families SA could not produce accurate data to inform the Commission whether particular offices or areas experienced higher turnover rates.[93] Using the workforce data set that has now been compiled, the Agency should be able to identify areas where there is a need to reduce high turnover. Such data should continue to be maintained to give the Agency a clear picture of staff movement at any time.

Evidence before the Commission suggested some areas of the Agency had a much higher turnover of staff than others. A number of witnesses reported that the Northern Protective Intervention hub at Blair Athol had a staff turnover rate of about 75 per cent since Redesign in November 2013.[94] The Commission was told this had a significant effect on casework and that morale was very low. The turnover and its effect could have been a consequence of the decision under Redesign to create only two Protective Intervention hubs in the metropolitan area. It would be understandable if staff left the office as a result of feeling overwhelmed by the enormity of their workload.

It was also reported that the Northern Assessment and Support office at Elizabeth had a 40 per cent staff turnover rate between May 2014 and January 2015.[95] An experienced, senior staff member who had recently worked in the office described the workload as 'insane' and 'not sustainable for most people'.[96] This is not surprising. In 2014/15, this office received by far the largest proportion (28 per cent) of screened-in notifications of any office across the state and 45 per cent of all screened-in notifications in the metropolitan area. Due to a lack of resources, the office closed 84 per cent of the screened-in notifications it received without actioning them (see Chapters 7 and 9 for discussion on notifications received and the practice of coding screened-in notifications as Closed No Action).[97]

This 'deluge' of work[98] and the level of unmet need no doubt have an effect on the resilience of staff and their willingness to remain working under those pressures.

The turnover and separation figures reported by staff on the front-line are higher than the official figures shown in Table 6.8 and Table 6.9. This may be indicative of staff remaining with Families SA, but moving to a different office or area. The work across the various hubs and locations brings different pressures and complexities. Retention strategies should be targeted to the type of work being undertaken or the particular location.

If offices are resourced inequitably, staff may look to change offices. Table 6.10 shows the staffing levels of the three metropolitan Assessment and Support offices at 19 February 2016. The proportion of screened-in notifications being received by the Northern Assessment and Support office are not reflected in the comparative staffing levels. That is not to say that resources should be taken from other offices and moved to the Northern office. The evidence before the Commission demonstrates that all three offices are struggling to meet demand. However, the Agency needs to pay closer attention to workloads in particular areas, determine where further resources are required and deploy resources to best meet need.

REDUCING STAFF TURNOVER

High staff turnover is an issue in statutory child protection agencies around the world. Approaches to counter this in Families SA have been identified in previous reviews and inquiries and, more generally, in the research.[99] Despite this, there is little evidence of the Agency taking action to reduce turnover. Although the former acting manager of the HR Unit told the Commission the turnover rate compared favourably with that of the public sector[100], other evidence indicated that it was having an effect on remaining staff, clients and other stakeholders.

The Agency should put a plan in place to encourage staff to remain. There should be an investment in staff: in their supervision, professional development and good management. It requires senior staff to acknowledge the pressures on the workforce and provide tangible, supportive leadership with demonstrated confidence in the capacity of staff.

STRATEGIES TO IMPROVE THE ATTRACTION AND RETENTION OF STAFF

LEADING PRACTICE IMPROVEMENT

During the period of Redesign, investment in the development and improvement of clinical skills was neglected. Sue Macdonald was appointed Principal Practitioner in October 2014. At the time of her appointment, she was to lead clinical practice across the Agency, focusing on quality assurance and practice improvement.

Table 6.10: Staffing levels in Families SA metropolitan Assessment and Support offices

	TOTAL POSITIONS	AHP POSITIONS	OPS POSITIONS	ASO POSITIONS	PROPORTION OF SCREENED-IN NOTIFICATIONS CLOSED NO ACTION (CNA) 2014/15
Northern	49	37	8	4	83.58%
Central	45	33	8	4	71.18%
Southern	40	28	8	4	54.34%

Source: Data from Families SA

In 2016 Ms Macdonald was appointed to a newly created executive position of Director of Quality and Practice. This position, and the directorate Ms Macdonald oversees, are integral to the ability of the Agency to develop a workforce that is capable of delivering a high standard of care to the state's vulnerable children. Some other statutory child protection agencies have a similar clinical leader role. New South Wales has an Office of the Senior Practitioner, which is 'dedicated to practice leadership' and 'to promote good practice, inspire, support and review the work of the front-line.'[101] Victoria has the Office of Professional Practice, which 'provides practice leadership and evidence-informed directions and recommendations about human services, policy and service design to promote continuous improvement in client outcomes'.[102]

The Commission endorses the creation of the position of Director of Quality and Practice. It is a positive step and the clinical leader should continue to be part of the executive to ensure the Agency establishes and maintains a commitment to practice quality. The clinical leader should have recognised expertise in child protection and the capacity to be a leader of practice.

It is not clear whether the Principal Practitioner position still exists following Ms Macdonald's promotion, but an experienced practitioner should continue in that position to support the work of the Director of Quality and Practice.

The quality and practice directorate in Families SA has a diverse range of functions including the Learning and Practice Development Unit (LAPDU) and practice inquiry/adverse events.

PRACTICE INQUIRY/ADVERSE EVENTS

In the past the Agency has had an Adverse Events Review Committee, which, in recent times, has been engulfed by other operational needs and has suffered from a lack of staffing. It appears that recommendations following adverse events reviews have not been implemented systematically. Internal inquiries into

adverse events are an important mechanism to develop a reflective child protection agency, dedicated to continual practice improvement.

THE LEARNING AND PRACTICE DEVELOPMENT UNIT

LAPDU is tasked with providing training opportunities for all staff. In February 2015 it consisted of 12 staff, including nine trainers, a decrease from 2005, when the unit had 22 staff.[103] In about the same time, the number of staff in Families SA has grown from 1089 FTE (in 2003)[104] to 1643 FTE (in 2015). Not surprisingly, LAPDU has been hampered by resource constraints, which has affected the type and frequency of training that it can offer staff.[105] It has been forced to focus on particular areas of the business, leaving others areas, such as kinship care support, financial counselling and business support, neglected.[106]

There were also no courses available for staff who wanted professional development to be able to be considered for leadership roles.[107] Since about 2007 supervisors have had few opportunities for training in supervision, performance development and performance management.[108] This is concerning, particularly given the importance of these areas to developing and maintaining a high-functioning, professional and stable workforce.

The Redesign process and the implementation of Solution Based Casework™ significantly impaired the ability of LAPDU to deliver its usual suite of training.[109] Topics necessary to arm new staff with basic knowledge and skills for their work in statutory child protection could not be accessed. Despite expectations, new training programs did not emerge from Redesign.[110] The Agency has failed to support staff with a well-resourced and comprehensive internal learning and development unit. This has compromised the professional development of staff.

The need for a dedicated learning and development section in the new Agency has been recognised in Chapter 5. This section would have a fundamental role to play in the ongoing professional development of staff.

ONGOING PROFESSIONAL DEVELOPMENT

The ongoing professional development of staff is essential to increase their capacity and capability. It contributes to morale and keeps staff up to date with current and emerging practices, and encourages new ways of thinking. Professional development opportunities influence how well organisations perform their functions and play a crucial role in staff retention.[111]

Families SA supervisors expressed frustration to the Commission about the lack of funding available for training to develop their staff. They explained that when areas of improvement were identified as part of an employee's professional development plan (discussed below), there was often no way to finance the recommended training.[112]

Mr Scheepers told the Commission that Families SA's investment in professional development and support for staff had either disappeared or dropped off significantly since 2010. He acknowledged staff had 'been let down, to a large extent, by the organisation in supporting them in the direction of their development', but he was planning to invest significantly in building the capacity of staff.

Staff had 'been let down, to a large extent, by the organisation in supporting them in the direction of their development'

While lack of financial investment is a key factor in the reduction in professional development, other factors contribute. They include high workloads, the failure of the Agency to value learning and create a positive learning culture, and the lack of staff incentive to undertake professional development.

The professional development of staff is not necessarily costly. An essential factor is the provision of time to allow staff to attend courses or conferences, review relevant research or literature, undertake secondments in other locations or agencies, shadow a more experienced worker or talk to a peer mentor.

Professional development is an ongoing requirement throughout a practitioner's career, no matter the level of their experience. Supporting the workforce to undertake a minimum amount of professional development per year would be beneficial to staff and lead to an increase in professionalism.[113]

THE REGISTRATION OF SOCIAL WORKERS

Unless a social worker is a member of the Australian Association of Social Workers (AASW), they are not obliged to complete a certain number of hours of professional development each year. There is also no obligation on Families SA social workers to undertake professional development as part of their employment. As a result, individual practitioners are left to be responsible for their own professional development.

In 2008, the CISC Inquiry recommended that a system of registration or accreditation for social workers be introduced, which included ongoing professional development and training requirements.[114] This recommendation was not implemented. The question of registration is a longstanding issue. Early advocacy for registration divided the profession and state governments were not satisfied there was sufficient risk to dedicate resources to a more robust model of accountability.

According to AASW and other supporters of registration for social workers:

> A statutory model of regulation will provide a legally enforceable set of probity, qualification and practice standards for entry into the profession and maintenance of continuing professional development as a requirement for maintaining registration and accreditation. It will therefore provide members of the public with greater confidence that a person stating they are a social worker is qualified and conforms to ethical practice.[115]

It is expected that through statutory registration and accreditation a registration board would be given powers to investigate practitioners following complaints and provide legally enforceable penalties where a breach of a standard occurs including, in serious cases, removal from the register of practitioners. Formal adverse findings would make it difficult for a social worker to move without detection to another organisation.[116]

Recently the South Australian Coroner recommended registration of social workers following his inquest into the death of Chloe Valentine.[117]

While the Commission understands the benefits of registration, and does not discount the evidence of witnesses who regard it as essential, it is also important to recognise that achieving registration would not resolve all concerns in child protection practice. Systemic, organisational and industrial issues that have been at the crux of many complaints about the practice of social workers will not be overcome through statutory registration and accreditation. There is also a risk that through complaint mechanisms and investigative and deregistration processes, registered professionals will become scapegoats for what are in fact failings of the system, not failings of an individual. This risk will be particularly high where practitioners find themselves contending with a culture that is risk averse and quick to apportion blame.

Much of the demand for registration focuses on social work. Whatever direction emerges from the current dynamic environment of regulation it is essential to recognise the range of occupational groups that can be engaged in child protection work. Some of those professions are already regulated but the focus is on their primary professional tasks and within their institutional base. Consideration needs to be given to the specifics of practice in child protection across professional and occupational groupings if there are to be standards of practice that can be endorsed and enforced. It could be argued that practitioners need to be identified as child protection workers and that it is this activity that is being registered, rather than the social workers who might be in the role.

The registration of social workers is considered to be a national issue. State-based registration would not protect the public from practitioners who have been the subject of professional misconduct from moving between jurisdictions. AASW considers the National Registration and Accreditation Scheme (NRAS) to be the only pathway to achieve statutory professional standards for social workers. National support would be required for social workers to be included in the scheme.[118]

The AASW President, Karen Healey, states that AASW will continue to lobby for registration as it will improve public safety in relation to all social workers. The professional association acknowledges the limitation of self-regulation, because it applies only to members and has limited impact on employment options for anyone breaching standards. In addition, AASW has indicated it will continue to work with other allied health professions to establish a National Alliance of Self-Regulating Health Professions.[119]

Because statutory regulation is more expensive than self-regulation, it requires policy makers and legislatures to be satisfied that social work poses sufficient risk to the public to warrant the additional expenditure. Despite the registration of social workers being a persistent issue, with strong advocacy from AASW, to date it has not gained national traction.[120] The need for cross-jurisdictional involvement takes the issue of registration beyond the scope of this Commission's Terms of Reference.

The Commission believes that at this stage the emphasis should be on effecting improvements with respect to the education, training and professional development of child protection practitioners. However the efforts of AASW to achieve national registration are encouraged and, the Commission would support South Australia's participation in a scheme which may eventually be established.

INDUCTION

The deficiency of Families SA's induction process was a consistent theme across the evidence. Senior staff questioned the quality of the process and whether it met the needs of new staff.[121] There was said to be variability

between local offices, a likely consequence of the lack of formal guidelines setting out how new staff were to be inducted.[122] High workloads made it difficult for local offices to put the time and energy into the training of new staff.[123]

Effective induction processes are important in supporting new staff to manage both the professional and personal demands of the work and develop essential skills. Ultimately, they have a role in staff retention.

In the second half of 2015, the Agency introduced a 10-week induction program for AHP and OPS front-line staff, which covered topics including attachment and childhood trauma, child development, models of practice and Solution Based Casework™, information gathering and assessment skills, and report writing. It is delivered both centrally in a classroom scenario and in the offices where new staff are located.

During the first six weeks of this program, it is intended that new staff should not be allocated a case load. In the final four weeks, it is expected that new staff will shadow more experienced workers in their local office.[124] This is an important change. Previously, new staff were often assigned casework on their first day and, on occasion, had removed children from their parents and were writing the ensuing report for court in their first few weeks.[125]

Ms Macdonald said that the primary aim of the new induction program is to ensure that the Agency is:

> inducting people in a way where they feel they are safe to do this sort of work. The work is hard, and there is no getting around that … and there is no getting around the confrontational nature of taking a child away from [his or her] parent … that's not a job that is pleasant for anybody. Even where children are … in terrible situations it's still a parent and it's still a person you are interacting with.

She went on to say that they were trying to support the staff in the first 12 months to see if they could resolve some of the retention issues.[126]

There is insufficient evidence for the Commission to draw a conclusion as to the efficacy of the new program but it appears to be a significant improvement on previous practices. The effectiveness of this program should be monitored and evaluated regularly. Evaluation should include feedback from facilitators of the program as well as participants and, importantly, staff who are responsible at a local level for the supervision of new staff. Understanding how the new program is contributing to practice quality and service delivery would underpin its continuing development.

Inviting experts external to Families SA to deliver some aspects of the induction program would also strengthen the learning opportunities and foster relationships between the Agency and other stakeholders in the child protection system.

SUPERVISION

Supervision is regarded as central to the development and maintenance of best practice social work and all staff involved in child protection.[127] It aims to [128]:

- enhance the professional skills and competencies of social workers;
- engage social workers in ongoing professional learning that enhances their capacity; and
- retain social workers in organisations by supporting and resourcing them to provide a quality service.

The importance of supervision to child protection practice has been long recognised and was highlighted in the Layton Review.[129] Supervision encompasses three elements that are interrelated and will often overlap: accountability, education and support. The accountability aspect of supervision relates to the oversight of day-to-day work and ensures adherence to organisational practices. The educational aspect focuses 'on developing practice-based knowledge, understanding and skills that will improve the competence and the professional satisfaction of social workers'.[130] It also involves encouraging social workers to engage in critical reflection on practice. The support element of supervision involves recognising the personal impact of the work on practitioners and allowing them a space where they can 'become more aware of how their work is affecting them and, in turn, how their personal reactions and emotional state are impacting on practice'.[131]

Child protection practitioners often confront disturbing, painful and distressing situations. The supportive function of supervision can assist practitioners to manage the effects of these stresses through creating a safe environment in which they can acknowledge the demands of their practice and reflect on their experiences. Through this process, supervision can also support practitioners to build and maintain resilience, which is essential throughout a career in child protection.[132]

Despite the clear benefits, supervision in the Agency has been described as 'ad hoc'.[133] In February 2014, Families SA undertook an internal Performance Culture Pilot Project, with the aim of ascertaining what supervision was taking place, the barriers to good supervision and how it could be improved. The project highlighted a number of issues including[134]:

- there was no supervision policy or preferred theoretical model for supervision;

- a lack of consistency in the structure and provision of supervision, including how and when supervisors address an employee's professional development;
- there was no quality control of supervision;
- Solution Based Casework™ was unable to fulfil the function of a supervision framework; and
- there was no document management system for the filing and storage of supervision records, resulting in them being stored informally by supervisors.

The current status of the project is unknown. While a supervision policy and implementation plan was put to the field for comment, leading to some changes being made to the plan, by October 2015 it appeared to have reached a standstill.[135]

Supervision enables staff to build on their skills in a structured, professional manner and demonstrates that the Agency values staff as a fundamental resource. It is required across all levels, from the most recent graduate to the most senior child protection practitioner. The Agency should develop and implement a supervision framework for all front-line staff. Any staff member responsible for delivering supervision should be given clear guidelines and training. Staff require adequate time to provide and engage in supervision. External practitioners may be an additional resource for professional supervision.

OTHER INTERNAL PROFESSIONAL DEVELOPMENT STRATEGIES

PERFORMANCE DEVELOPMENT

Department policy requires each staff member to have an annual performance development plan. The aim of the plan is to improve the staff member's professional capacity.[136]

The Performance Culture Pilot Project identified confusion among Agency managers and supervisors about their responsibilities in relation to the performance development of staff, including the documentation and storage of plans. The staff also appear to be unclear about instituting formal performance management processes.[137] Inadequate guidance from the Department's human resources function[138], together with the failure of the Agency to invest in the training of supervisors and managers, has contributed to this confusion.

Every staff member should have a current, individualised performance development plan. This should be developed annually by a line manager, in collaboration with the staff member, and be informed by performance strengths and weaknesses. Staff should be given the opportunity to meet the aims of their plan. This would include accessing professional development.

STUDY SUPPORT POLICY

A Study Support Policy gives Families SA employees who want to undertake study the possibility of fee reimbursement, support for field placements and study leave.[139] Applicants approved by the Study Support Panel and in turn an executive director are eligible to be reimbursed 75 per cent of their course fees upon successful completion. Aboriginal employees are reimbursed all their course fees upon successful completion.[140]

The Commission was told some staff would use study support and then leave the Agency after they had completed their course.[141] This denies the Agency the benefit of the skills development it has financed. Supporting staff to undertake study is an important component of encouraging ongoing professional development, and may be attractive for those considering a career with the Agency. While the policy expects the employee to be committed to long-term employment with the Agency, consideration needs to be given to mechanisms and improvements to assist in the retention of staff when they complete their study, such as career pathways or improved wages and conditions.

CENTRAL CONFERENCE FUND

The Agency has a Central Conference Fund with an annual budget of $20,000.[142] The purpose of the fund is to encourage staff to attend conferences and bring back to the Agency their learning and improved knowledge. Across a workforce of about 600 practitioners in the AHP stream, the fund provides a meagre $33 per person. This is significantly less when the large OPS workforce in residential care is taken into account.

Due to its limited size, staff must compete to receive financial support from the fund and generally only five or six are successful each year. Many staff simply opt not to apply and are left to fund these learning opportunities themselves.[143]

In contrast to the Central Conference Fund, SA Health administers the Allied Health Professionals plus Professional Development Reimbursement Program (AHP+PDRP).

There is an expectation under the Enterprise Agreement that employers will reimburse the reasonable cost of appropriate professional development expenses of staff in the AHP stream. The Enterprise Agreement provides for staff in the AHP stream to undertake 2.5 days professional development each year, with agencies funded to backfill staff. Rather than using this funding to backfill positions, SA Health has created a professional development reimbursement fund for staff. It uses this fund to reimburse the reasonable costs of its AHP staff undertaking professional development.[144]

Through the AHP+PDRP, qualifying staff can access up to $2000 worth of professional development funds each year and individuals can pool their allocation and undertake professional development as a group where appropriate. This is a prominent policy in SA Health and well regarded by staff.[145]

The Central Conference Fund administered by the Agency pales by comparison. This may also be a factor relevant to staff attraction and retention. It appears there is scope in the Enterprise Agreement for the Agency to explore establishing a similar scheme to SA Health. This should be pursued.

DEVELOPING A CAREER PATHWAY

Developing a career pathway is an important aspect of the attraction and retention of all staff employed by the Agency.

At present, AHP2 level is the ceiling for social workers who carry case loads in the Agency. For a social worker to progress beyond this classification, they must be appointed to a supervisory role. Although the Commission was told that supervisors in some areas were managing cases due to a high volume of work[146], this is outside the position's role description. Generally, supervisors should not be expected to have a case load. Similarly, for a supervisor to progress they must be appointed to a principal social worker position or move out of the AHP stream into a managerial position, where they will often focus more on resources than clinical practice.

KEEPING EXPERTISE ON THE FRONT LINE

It is necessary for the Agency to recognise that not all front-line staff will want to pursue a managerial, supervisory or consultative position. Importantly, service delivery will benefit from having clinical specialists carrying case loads on the front line. This is warranted by the complexity of the work. How staff progress beyond the AHP2 classification should be reviewed.

There is a need to provide a career pathway that encourages experienced staff to remain in front-line roles. To retain staff in these positions, they must be presented with advancement opportunities and pay and conditions that are attractive when compared to those offered in management and administrative stream positions.

Chapter 5 observed the need to flatten the hierarchical structure of Families SA. An opportunity exists to remove a layer between the Director level and the local offices. This should coincide with a greater investment in decision making and clinical expertise in the local offices. This could be achieved by offering positions that carry complex case loads at an AHP3 level. For example, consideration could be given to recasting the

senior practitioner role at a higher classification with an expectation that complex cases will be carried, in addition to the quality assurance and mentoring role.

Chapter 5 highlighted that involving unqualified and clinically inexperienced office managers in practice decisions is not indicative of sound practice. Reforming this aspect of the office structure presents an opportunity to offer supervisors a progression pathway with a focus on clinical practice. The appointment of a clinical manager in each office would ensure an experienced practitioner was responsible for leading clinical practice, supporting complex interventions, overseeing learning and development of clinical staff, and providing a clear link with the quality and practice directorate. The office manager would in turn have oversight of the office's resourcing, both financial and staffing; be responsible, in collaboration with the clinical manager, for the strategic direction of the office in line with the broader agency; and provide leadership in engaging the office with other local stakeholders.

With this reformed office structure, it would be necessary to revise delegations. This would address many of the concerns about micromanagement that have been identified as a weakness in the current system.

Training to enhance the competence and confidence of front-line staff is an important tool in addressing issues of micromanagement. Staff need to be supported to engage in training. Senior staff need to be aware of the training that is delivered and acknowledge child protection practitioners' increased competence.[147]

How classifications in local offices sit against those in the Agency's principals' group (principal social workers, principal psychologists and principal Aboriginal consultants) also needs to be considered. The principals are called on to consult on cases, but most decision-making authority sits with supervisors who are appointed at a lower classification. An office manager told the Commission that this can lead to tensions:

What then happens is a supervisor will come and say, 'I think we need to remove these children on the grounds of'—they are expected to consult with the principal social worker of which some have not been in the field for decades … They consult with the principal social worker … in my opinion, their job is to add value to the bigger discussion, not to make a decision on whether we should or shouldn't [remove the child] … The culture of the organisation is that whatever the principal social worker says, goes. The risk sits with my office; it is our decision, and at the end of the day I tell my staff, 'You get what you need to from a lot of sources, then you make the decision'.[148]

Every person in a front-line clinical position should have the opportunity for career development, in terms of professional development, classification levels and recognition of expertise. Roles and classification levels

need to be explicitly defined in terms of expected skill and demonstrated capacity. This will provide staff with an identifiable career pathway and allow tailored professional development so that interest and skill sets are aligned either to clinical practice or to resource and strategic management.

THE NEED TO DEVELOP MANAGEMENT CAPABILITIES

Many aspects of the Agency's attraction and recruitment strategies rely heavily on the capability of managers who have day-to-day supervision of front-line staff. Evidence before the Commission indicated that the breadth and depth of management skills and experience were very low. Mr O'Loughlin described the line management as:

very underdeveloped … quite dissipated, and it didn't have a managerial culture … of people understanding and seeing as integral to their role that they fulfilled line management responsibility as regards managing people. It was a bit like it was an annexure.[149]

Unwillingness and a lack of capacity of some of the Agency's managers to deal with staff performance and misconduct issues were identified as a problem. Some seemed unaware of their responsibilities and performed their roles with a lack of structure, discipline or follow-through.[150]

The former head of the Agency, David Waterford, told the Commission that management capacity was in short supply across Families SA. While some senior staff were very competent at managing the supervision and development needs of their staff, others were verging on incompetent. This had the potential to affect the Agency's capacity to fulfil its legislative mandate.[151]

Nevertheless, it does not appear that there has been any attempt by the Executive leadership of Families SA to ensure managers and other senior staff are trained and developed in their key roles. The lack of management density has been amplified by the absence of an effective human resources unit within the Agency. It has essentially been left to staff in management positions to fulfil human resource functions with very little support, while managing crisis driven day-to-day work.

The management capabilities of staff across all levels of the Agency need to be developed. The Agency should be committed to identifying and developing potential managers, and increasing the skills of existing managers. The Agency should require staff who take on management positions to undertake appropriate courses, aimed at building management skills.

THE COMPETITION WITH OTHER AGENCIES FOR SOCIAL WORKERS

In the face of a poor brand and culture, the Agency has had to compete with other, often more attractive agencies that require staff with similar skill sets. The

Agency struggles to compete for social workers with several other government departments, including agencies in SA Health that play a significant role in the child protection system (in particular Child and Adolescent Mental Health Services and Child Protection Services), and with agencies in the non-government sector. One reason advanced for this was wage parity, particularly with SA Health.

THE ISSUE OF WAGE PARITY

Some witnesses told the Commission about SA Health 'poaching' social work staff, who were lured by better pay and better working conditions.[152] Some staff in the Agency held the view that SA Health employed graduate social workers at the AHP2 level, rather than the entry-level AHP1 classification offered by the Agency, making it difficult for the Agency to compete for the state's best graduates. It was suggested that the Agency's major leverage against SA Health was a basic ability to attract those graduates who specifically wanted to work in statutory child protection.[153]

The Layton Review highlighted the importance of wage parity between Families SA and other government agencies in South Australia, particularly SA Health. All public sector social workers in South Australia, regardless of the department in which they work, are subject to the Enterprise Agreement. This agreement states that the AHP2 classification is not entry level and requires post-qualification experience. SA Health informed the Commission that all AHP2 social work roles in its department require post-qualification experience.[154] That is, SA Health does not employ graduate social workers at an AHP2 level.

SA Health determined that some positions were not suitable for graduate social workers due to the complexity of the work or additional requirements of the role. The client groups, the complexity of the client groups' illnesses and situations, and the specialisation of the position are all relevant factors to this determination. Some of these positions are in child protection teams.

It is possible that graduate social workers who obtain post-qualification experience at the AHP1 level with the Agency, successfully apply for AHP2 positions in SA Health rather than remaining with the Agency waiting for their classification to be peer progressed to an AHP2 level. This may create the perception of poaching. The challenge for the Agency is not only to attract graduates, but to retain them.

THE IMPORTANCE OF EFFECTIVE RELATIONSHIPS WITH THE UNIVERSITIES

There should be close links developed between the Agency, the local universities and social work students. The Agency must demonstrate to students the merits of practising in child protection and the career opportunities in child protection that are available in the organisation. Ms Macdonald has recently engaged with the local universities and started to strengthen the Agency's relationship with the tertiary education sector. The HR Unit has also facilitated the Agency attending careers fairs and has timed recruitment rounds to coincide with the graduation of social work students.[155]

The Commission was told that in 2008 the Families SA office at Elizabeth created a regional field education coordinator position, to attract more social work students to undertake placements at the Agency's northern metropolitan offices. In about 2014, the coordinator became responsible for the oversight of social work student placements in the Agency as a whole. The Commission was told in August 2015 that Families SA had become a sought-after placement for students, with more applications than placements available.[156]

The schools of social work at the University of South Australia and Flinders University have provided detailed submissions to the Commission as to core course requirements and field education[157], and it is important that the Agency collaborates closely with both schools.

OBTAINING A QUALIFICATION SPECIFIC TO CHILD PROTECTION

Previously, the College for Learning and Development (see Chapter 5) provided child protection workers with the opportunity to obtain a diploma in Child, Youth and Family Intervention. The diploma covered essential topics such as working with children with complex trauma and attachment issues; working with adolescents, including those experiencing drug-related issues; and mental health.[158] Staff employed as youth workers in the OPS stream could also obtain a qualification relevant to their role.[159]

The obtaining of a qualification will not necessarily improve practice.[160] A distinction can be drawn between training—a simple transfer of knowledge—and learning and development, where what is learnt is embedded in a person's day-to-day practice.[161] The latter must be the aim of the Agency's learning and development section.

It is essential that the Agency focus on the content of the training it delivers internally, ensuring that what is taught is relevant and improves practice. There may be other ways to offer child protection qualifications to staff, including collaborating with the tertiary education sector to offer postgraduate qualifications to degree-qualified staff. The Agency should provide leadership across the child protection system in this regard.

For example, in Victoria the Department of Human Services has two accredited pathways for experienced statutory child protection staff, which are used to improve staff retention, make the sector an employer of choice and improve outcomes for children. Two courses are offered: a graduate certificate in Child and Family Practice and a graduate diploma in Child and Family

Practice Leadership. The graduate certificate is for staff with at least two years' experience in front-line work, while the graduate diploma is aimed at more senior staff as it covers leadership capabilities. Both courses are funded by the Department of Human Services, with positions available to child protection practitioners in both the statutory child protection agency and the non-government sector.[162]

POSTDOCTORAL RESEARCH MODEL

Another way to build a mutually beneficial relationship with the tertiary education sector is to commission research in an area of interest to the Agency. There is a clear need for the Agency to evaluate programs independently and be able to conduct research into best practice. The Australian Centre for Child Protection (ACCP), a research body at the University of South Australia, was established in about 2004 to bridge the gap between what is known in child protection and what is done in child protection. It aims to produce new evidence and research to support policy and practice development, and where research and evidence do exist, translate that into policy and practice.[163]

ACCP has established a research model that allows a postdoctoral research fellow to undertake an independent program of research for three years. The Western Australian Department for Child Protection and Family Support has recently funded such a research program with ACCP. The research relates to the Signs of Safety approach, which has been introduced in WA's statutory child protection practice.[164]

If the Agency invested in a postdoctoral research fellowship program, it would be able to identify and dictate research areas of interest and relevance to its work. Such an investment would also assist the Agency to develop a closer relationship with the university sector in South Australia.

PARTICULAR CHALLENGES

ABORIGINAL STAFF

The Agency's ability to attract Aboriginal staff is a challenge that requires particular consideration. In 2012, an internal review found that Aboriginal staff have not been well supported in the Agency, affecting staff performance, recruitment and retention.[165] The roles undertaken by Aboriginal staff in the Agency, and how the Agency may better support them, are discussed in Chapter 16. In October 2015, the Agency appointed a Strategic Aboriginal Advisor, and it is expected the role will include the development of a strategy to attract Aboriginal staff.[166]

REGIONAL STAFF

The Agency's challenge to attract and retain staff in regional locations was a consistent theme in the evidence before the Commission. Some regional offices reported high and longstanding vacancy levels.[167] While the Commission's observations in this chapter are generally applicable to staffing in regional areas, the regional workforce faces particular challenges (see Chapter 17).

THE CHILD PROTECTION WORKFORCE BEYOND THE AGENCY

Although this chapter has focused on the child protection workforce in the Agency, it is important to acknowledge that the child protection workforce in this state is broader than the statutory agency. The workers in the Agency are an integral element of the child protection system, but the Agency does not have the expertise or resources to meet the needs of the entire system, and some services are more appropriately delivered by other stakeholders. In addition to contracting with non-government organisations, the Agency relies on other government agencies, such as Child Protection Services, the Child and Adolescent Mental Health Service and Drug and Alcohol Services South Australia, to deliver assessment and therapeutic services that are outside its area of expertise.

The National Framework for Protecting Australia's Children 2009–2020 has recognised that 'the attraction and retention of an appropriately skilled and qualified workforce—including statutory and non-government service workers, as well as voluntary carers—is a high priority'.[168] All organisations in the system, government and non-government, should have highly skilled, well-functioning workforces with relevant expertise in child protection. While each organisation is primarily responsible for the development of its workforce, consideration should be given to how stakeholders can work together to develop a strong, sustainable workforce across the whole system.

The need for system-wide child protection workforce strategies has been recognised in other jurisdictions.[169] For example, in January 2016, the Queensland Family and Child Commission released a draft workforce strategy aimed at encouraging stakeholders to work together to strengthen the child protection and family support workforces. The strategy recognises that apart from children and their families, the workforce is the most vital element of the service delivery system. It highlights the need for a whole-of-sector focus on professional development, career progression, building leadership and the sharing of learning. Importantly, the strategy recognises the importance of attraction and retention to the system as a whole, not simply an individual organisation.[170]

There is value in stakeholders in the South Australian child protection system collaborating to develop a workforce strategy that brings together employees, organisations and professional culture.[171] There would be cost efficiencies for all stakeholders where opportunities are taken for shared learning.

THE FUTURE WORKFORCE

The Agency should value professional development and encourage staff to draw on their learnings and try different approaches. Staff should be encouraged to voice professional opinions without fear of repercussions and apply their professional expertise to decision making, rather than being weighed down by bureaucracy. They should be able to practise in an environment of trust, not risk aversion, fear and disrespect. Flexible working arrangements should be a strategy to attract and retain staff. Senior staff must have the ability and capacity to manage in both an operational and strategic sense.

Staff should be encouraged to voice professional opinions without fear of repercussions and apply their professional expertise to decision making, rather than being weighed down by bureaucracy

PRIORITIES

Transformation of the system cannot happen overnight. Planning needs to be initiated and systematically pursued. The priorities are:

• appointing departmental executives with the knowledge and understanding of the demands and complexities of child protection work, who are able to support the child protection workforce to deliver quality service;

• establishing a high-functioning human resources unit, which combines human resource expertise with an in-depth understanding of the Agency's core business of statutory child protection;

• developing a comprehensive workforce plan, including how the Agency will attract, recruit and retain staff to lead to a sustainable, well-functioning workforce;

• assigning responsibility for oversight of the workforce strategy to ensure it is implemented and progress is monitored and reviewed over time;

• appointing leaders who are capable of fulfilling all aspects of their management duties, including supporting the professional development and supervision of their staff; and

• transforming organisational culture, to cultivate a positive and supportive workplace that values and respects staff, is committed to learning and is able to deliver a high quality child protection service to the state's vulnerable children.

The workforce plan should allow the Agency to address human resource issues proactively, rather than reactively. It should be a plan that allows the Agency to stabilise and manage its workforce, anticipate change and meet its statutory obligations.

The human resources unit should be appropriately resourced to provide operational services, such as recruitment, oversight of performance management and advice to staff and managers, as well as strategic services, in particular development and oversight of the workforce plan.

The Commission recognises the human resources unit's operational services will be under significant pressure until vacancy levels are reduced and the workforce is stabilised. However, the unit should not be required to operate in a crisis mode. This has been the failing of the Agency for far too long.

RECOMMENDATIONS

The Commission recommends that the South Australian Government:

21 Establish a human resources unit in the Agency that has sufficient specialist expertise and resources to develop and implement strategic workforce plans and to manage operational demands to ensure high quality child protection practice.

22 Establish a learning and professional development unit in the Agency to lead training and professional development, for both professional and operational staff.

23 Require professional staff in the Agency to complete a minimum number of hours of professional development each year as a condition of their employment.

24 Charge the executive of the Agency, through the human resources unit, with a review of current practices and the development of evidence-based strategies relevant to:

    a workforce records and data management;

    b workforce qualification profiles, including requiring any staff holding a case load to be degree qualified in a discipline relevant to child protection;

    c the recruitment, selection, induction and retention of staff, including managing all recruitment and selection centrally;

    d career, including management, pathways;

    e workload management;

    f performance planning, support and monitoring for enhanced staff performance; and

    g professional development requirements, opportunities and resourcing, including adopting a professional development reimbursement program modelled on that operating in SA Health.

25 Provide a psychological service to work with the executive to address the high levels of workplace stress in the Agency.

26 Appoint clinical managers to each metropolitan hub and regional office of the Agency and review professional line-management structures accordingly.

27 Invest in clinical management, supervision and practice improvement, including the development of a supervision framework.

28 Establish formal and regularly evaluated relationships between the Agency and the tertiary education sector that are designed to:

    a enhance student and academic knowledge and experience of child protection practice;

    b attract desirable graduates;

    c expand and focus child protection practice research; and

    d ensure that the Agency and its staff are kept abreast of contemporary professional research and literature.

29 Establish a postdoctoral fellowship program in conjunction with the tertiary education sector to advance areas of research relevant to the Agency.

30 Require the Agency to take a lead role with other stakeholders to develop and implement a workforce strategy designed to improve staffing practices and performance across the broader child protection system.

NOTES

1 A Turnell, E Munro & T Murphy, 'Soft is hardest: Leading for learning in child protection services following a child fatality', *Child Welfare* 92, no. 2, 2013, p. 211.

2 RA Layton (Chair), *Our best investment: A state plan to protect and advance the interests of children,* Report of the Review of Child Protection in South Australia, Department of Human Services, Government of South Australia, Adelaide, 2003, p. 9.4.

3 ibid.

4 EP Mullighan, *Children in State Care Commission of Inquiry: Allegations of sexual abuse and death from criminal conduct*, Children in State Care Commission of Inquiry, Adelaide, 2008, pp. 392–394.

5 ibid., Recommendation 14.

6 Legislative Council of South Australia, *Report of the Select Committee on Families SA,* Parliament of South Australia, 17 November 2009, pp. 5, 25–26, 34–36.

7 Legislative Council of South Australia, *Interim report of the Select Committee on Statutory Child Protection and Care in South Australia*, Parliament of South Australia, 23 September 2015, p. 12.

8 Oral evidence: P O'Loughlin.

9 In 2012 it was known as the Office for Resources, Operations and Assurance.

10 Department for Education and Child Development (DECD), 'Overview of Families SA—HR focus, research project, internal unpublished document, Government of South Australia, December 2012.

11 Oral evidence: P O'Loughlin.

12 The Office for Child Protection is the administrative division of the Department for Education and Child Development that is responsible for child protection. 'Families SA' refers to the office's service delivery or operational arm, although the name is often used to refer to the office as a whole.

13 M. Hyde, 'Residential care workforce review', internal unpublished document, DECD, September 2014, p. ii.

14 ibid.

15 Oral evidence: P O'Loughlin; J Richards.

16 Oral evidence: P O'Loughlin.

17 Oral evidence: N Stasiak.

18 Oral evidence: E Scheepers.

19 Oral evidence: P O'Loughlin.

20 Oral evidence: M Pamminger. DECD, 'HR business model for Families SA critical deadline(s)', minutes, internal unpublished document, February 2015, p.23.

21 Office for the Public Sector, *South Australian Public Sector Wages Parity Enterprise Agreement: Salaried 2014*, Department of the Premier and Cabinet, Government of South Australia, 1 October 2015, p. 87.

22 Oral evidence: E Scheepers.

23 Oral evidence: M Pamminger.

24 ibid.

25 ibid.

26 A Sinclair & D Robinson, *Workforce planning: The wider context. A literature review,* 2003, p.5, cited in M McArthur & L Thomson, *National analysis of workforce trends in statutory child protection,* Institute of Child Protection Studies, Australian Catholic University, Canberra, 2012, p. 20.

27 P Reilly, *Human resource planning: An introduction*, The Institute for Employment Studies Report 312, United Kingdom, 1996, p.2, cited in M McArthur & L Thomson, *National analysis of workforce trends*, p. 20.

28 McArthur & Thomson, *National analysis of workforce trends*, p. 21.

29 Oral evidence: S Niehuus.

30 Oral evidence: M Pamminger.

31 ibid.

32 Families SA, 'FSA Performance Culture Pilot Project critical deadline(s)', minutes, internal unpublished document, Government of South Australia, no date, p. 4.

33 Oral evidence: M Pamminger.

34 Turnell, Munro & Murphy, 'Soft is hardest: Leading for learning in child protection services following a child fatality', pp. 199, 213.

35 D Gursansky, *Discussion paper prepared for the South Australian Child Protection Systems Royal Commission: Social work education, professional development and registration: Perspectives, issues and implications*, Adelaide, August 2015, www.agd.sa.gov.au/child-protection-systems-royal-commission

36 D Gursansky, *Commentary paper–Staffing the child protection system: Education, professional development and regulation. An analysis of evidence before the Royal Commission*, Adelaide, June 2016, www.agd.sa.gov.au/child-protection-systems-royal-commission

37 DECD, 'Office for Child Safety summary', internal unpublished document, June 2015, p. 1.

38 DECD, 'Office for Child Safety—Aboriginal and Torres Strait Islander workforce profile', internal unpublished document, June 2015, p. 1.

39 McArthur & Thomson, *National analysis of workforce trends*, p. 5.

40 Office for the Public Sector, *Workforce information report 2014–15*, 2015, p. 16.

41 DECD, 'Overview of Families SA—HR focus, research project', internal unpublished document, December 2012, p. vi.

42 Office for the Public Sector, *Workforce Information Report 2014–15*, p. 6.

43 Oral evidence: M Pamminger.

44 Oral evidence: S Niehuus.

45 Oral evidence: Name withheld: (W75).

46 Oral evidence: M Pamminger.

47 Data from Families SA.

48 ibid.

49 Oral evidence: P O'Loughlin.

50 ibid.

51 Data from Families SA.

52 ibid.

53 Oral evidence: M Pamminger.

54 Oral evidence: J Richards.

55 Oral evidence: M Pamminger.

56 Oral evidence: Name withheld (W75).

57 Oral evidence: M Pamminger.

58 ibid.

59 Oral evidence: Name withheld (W23).

Some oral evidence, witness statements and submissions were received on a confidential basis.
The source is known to the Commission, and is identified by a number in the endnotes.

60 Oral evidence: M Pamminger.

61 ibid.

62 ibid.

63 ibid.

64 Oral evidence: Name withheld (W75).

65 Department of Employment, '2016 Occupational Projections—Five years to November 2020', webpage, Australian Government, http://lmip.gov.au/PortalFile.axd?FieldID=1463122, accessed 7 June 2016.

66 McArthur & Thomson, *National analysis of workforce trends*, p. 6. 67

67 ibid., p. 20. 68

68 ibid., p. 6.

69 Oral evidence: J Caputo; Name withheld (W73).

70 Oral evidence: Name withheld (W61).

71 Oral evidence: G Kakoschke.

72 Oral evidence: Name withheld (W76).

73 ibid.

74 Oral evidence: Name withheld (W18).

75 Oral evidence: Name withheld (W25).

76 Layton (Chair), *Our best investment*, p. 9.4, Recommendation 39.

77 Oral evidence: Name withheld (W58); R Skilbeck; S Smith.

78 Oral evidence: Name withheld (W62).

79 ibid.

80 Layton (Chair), *Our best investment*, p. 9.5.

81 Oral evidence: S Niehuus.

82 Oral evidence: M Pamminger.

83 ibid.

84 Data from Families SA.

85 Oral evidence: M Pamminger; J Richards.

86 Layton (Chair), *Our best investment*, p. 9.4.

87 McArthur & Thomson, *National analysis of workforce trends*, pp. 17–19.

88 Submission: Name withheld (S33); P Rayment.

89 McArthur & Thomson, *National analysis of workforce trends*, p. 20.

90 Oral evidence: M Clark; P Evans; C Scalzi; H Ward. Also, M Baginsky, *Retaining experienced social workers in children's services: The challenge facing local authorities in England*, August 2013, p. 6.

91 McArthur & Thomson, *National analysis of workforce trends*, p. 15.; Baginsky, *Retaining experienced social workers*, p. 6; K Healy, G Meagher & J Cullin, 'Retaining novices to become expert child protection practitioners: Creating career pathways in direct practice', *British Journal of Social Work* 39, no. 2, 2009, pp. 299–317.

92 Oral evidence: M Pamminger.

93 ibid.

94 For example, oral evidence: Name withheld (W35); name withheld (W12).

95 Submission: A Neville.

96 Oral evidence: Name withheld (W61).

97 Data provided by Families SA.

98 Oral evidence: S Macdonald.

99 See, for example, McArthur & Thomson, *National analysis of workforce trends*, pp. 38–48.

100 Oral evidence: M Pamminger.

101 K Alexander, 'The critical importance of supervision in child protection: Harnessing the energy of teams', webinar presented on 26 November 2014, Australian Institute of Family Studies, Australian Government, https://aifs.gov.au/cfca/events/critical-importance-supervision-child-protection-harnessing-energy-teams, accessed 14 June 2016.

102 Office of Professional Practice, website, Human Services Department, Victoria Government, www.dhs.vic.gov.au/about-the-department/our-organisation/organisational-structure/our-groups/office-of-professional-practice, accessed 14 June 2016.

103 Oral evidence: Name withheld (W29).

104 Layton (Chair), *Our best investment*, p. 9.4.

105 Oral evidence: Name withheld (W29).

106 ibid.

107 Families SA, 'FSA Performance Culture Pilot Project critical deadline(s)', minutes, no date, p. 6.

108 ibid.

109 Oral evidence: Name withheld (W29).

110 ibid.

111 McArthur & Thomson, *National analysis of workforce trends*, p. 20.

112 For example Oral evidence: Name withheld (W67); name withheld (W51).

113 Oral evidence: Name withheld (W29).

114 Mullighan, *Children in State Care Commission of Inquiry*, Recommendation 14.

115 Australian Association of Social Workers (AASW), 'Frequently asked questions: The AASW campaign to achieve registration of social workers in Australia', website, www.aasw.asn.au/document/item/1818, June 2012, accessed 4 June 2016. See also AASW, *National Bulletin* 25, Issue 2, Winter 2015, p. 3.

116 AASW, 'Frequently asked questions'.

117 Coroners Court of South Australia, *Finding of the Inquest into the death of Valentine, Chloe Lee*, Inquest number 17 of 2014, p. 156.

118 AASW, *Inclusion of social workers in the National Registration and Accreditation Scheme (NRAS) will better protect the public*, fact sheet, 2012, www.aasw.asn.au/document/item/2992, accessed 4 June 2016; AASW, *NRAS and the National Regulation of Social Work: Implications for social workers in non-health settings,* June 2014, p. 2, https://www.aasw.asn.au/document/item/6032, accessed 4 June 2016*.

119 AASW, *National Bulletin* 25, Issue 2, Winter 2015, p. 3. See also Gursansky, *Commentary paper–Staffing the child protection system*.

120 AASW, 'Frequently asked questions'; AASW, Registration campaign, webpage, www.aasw.asn.au/social-policy-advocacy/registration/national-registration-and-accreditation-scheme, accessed 4 June 2016.

121 Oral evidence: Name withheld (W73); name withheld (W58); name withheld (W35).

122 Oral evidence: Name withheld (W27).

123 Oral evidence: Name withheld (W30).

124 Oral evidence: S Macdonald.

Some oral evidence, witness statements and submissions were received on a confidential basis.
The source is known to the Commission, and is identified by a number in the endnotes.

125 Oral evidence: S Macdonald; name withheld (W35). Submission: T Liston.

126 Oral evidence: S Macdonald .

127 L Frey et al., 'The pivotal role of child welfare supervisors in implementing an agency's practice model', *Children and Youth Services Review* 34, no. 7, July 2012, pp. 1273–1282.

128 ibid.

129 AASW, *Practice standards*, 2013, p. 2; RA Layton (Chair), *Our best investment*, p. 9.4.

130 AASW, *Supervision standards*, 2014, p. 3.

131 ibid.

132 J Lishman, 'Personal and professional development', in R Adams, L Dominelli & M Payne (eds), *Social Work: Themes, issues and critical debates,* 2nd edn, Palgrave, Basingstoke, 2002, pp. 95–106.

133 Oral evidence: Name withheld (W58); name withheld (W10).

134 Families SA, 'FSA Performance Culture Pilot Project critical deadline(s)', minutes, p. 2.

135 Oral submission: Name withheld (S132).

136 DECD, *Performance and Development Policy* and *Performance Development Guideline*, June 2014.

137 Families SA, 'FSA Performance Culture Pilot Project critical deadline(s)', minutes, p. 5.

138 ibid.

139 Families SA, 'Families SA Study Support Policy', internal unpublished document, November 2013.

140 ibid., p. 5.

141 Oral evidence: Name withheld (W73).

142 Oral submission: Name withheld (S134).

143 ibid.

144 Information provided by the Office for Allied and Scientific Health, SA Health.

145 Oral evidence: S Macdonald.

146 Oral evidence: Name withheld (W51).

147 RH Searle & V Patent, 'Recruitment, retention and role slumping in child protection: The evaluation of in-service training initiatives', *British Journal of Social Work* 43, no. 6, 2013, p. 1126.

148 Oral evidence: J Caputo.

149 Oral evidence: P O'Loughlin.

150 ibid.

151 Oral evidence: D Waterford.

152 Oral evidence: Name withheld (W67); name withheld (W51).

153 Oral evidence: M Pamminger.

154 C Turnbull, response to questions from the Child Protection Systems Royal Commission, 5 February 2016.

155 Oral submission: H Thompson.

156 Oral submission: Name withheld (S133).

157 Gursansky, *Commentary paper–Staffing the child protection system.*

158 College for Learning and Development, 'Snapshots of Diploma of Statutory Child Protection', Department for Families and Communities, Government of South Australia, undated.

159 Oral evidence: Name withheld (W29).

160 ibid.; Oral evidence: A Kemp.

161 Oral evidence: A Kemp.

162 Arthur & Thomson, *National analysis of workforce trends*, p. 41; La Trobe University, 'Graduate Certificate in Child and Family Practice', *University handbook 2016*, www.latrobe.edu.au/handbook//2016/postgraduate/she/health-sciences/coursework/hgccfp.htm, accessed 4 June 2016; La Trobe University, 'Graduate Diploma in Child and Family Practice Leadership', *University Handbook 2016*, www.latrobe.edu.au/handbook//2016/postgraduate/she/health-sciences/coursework/hgdcfp.htm, accessed 4 June 2016; Department of Human Services, 'Graduate Certificate in Child and Family Practice application form and frequently asked questions', webpage, Victorian Government, 2015, www.dhs.vic.gov.au/about-the-department/documents-and-resources/forms-and-templates/graduate-certificate-in-child-and-family-practice-application-form-and-faqs, accessed 4 June 2016.

163 Oral evidence: F Arney.

164 ibid.

165 P Kinnear & B Boyce, 'Review of Families SA services to Aboriginal and Torres Strait Islander people in the Adelaide metropolitan area', report prepared for DECD, internal unpublished document, 2012, pp. 20,30.

166 Oral evidence: E Scheepers.

167 Oral evidence: J Caputo; name withheld (W73); name withheld (W23).

168 Council of Australian Governments, *Protecting children is everyone's business: National framework for protecting Australia's children 2009–2020*, Australian Government, 2009, p. 25.

169 J Wood (Commissioner), *Report of the Special Commission of Inquiry into Child Protection Services in New South Wales,* NSW Government, 2008, p. 75; M. Bamblett, H. Bath and R. Roseby, *Growing them strong, together: Promoting the safety and wellbeing of the Northern Territory's children,* Report of the Board of Inquiry into the Child Protection System in the Northern Territory, Northern Territory Government, Darwin, 2010, pp. 467–468.

170 Queensland Family & Child Commission, *Strengthening the sector: A strategy for working together for a responsive and sustainable service system across the child protection and family support sector,* Draft version 2.0, Queensland Government, January 2016.

171 ibid.

Some oral evidence, witness statements and submissions were received on a confidential basis.
The source is known to the Commission, and is identified by a number in the endnotes.