

PeakCare
Queensland Inc.

Non-government sector staff attraction and retention
to implement the National Framework
Protecting children is everyone's business

2011

INTRODUCTION

The current approach to child protection, “a very wicked problem” from a public policy perspective,¹ focuses on intervention at the tertiary level. *Protecting Children is Everyone’s Business: National Framework For Protecting Australia’s Children 2009–2020* (the National Framework)² has ambitious goals to address this very wicked problem through major systemic change to a public health model for protecting children by “inverting the pyramid” to achieve a preventive early intervention approach with decreased reporting at the tertiary level and increased intervention at the primary and secondary levels. *Inverting The Pyramid - Enhancing Systems For Protecting Children* (Inverting the Pyramid)³ provides a framework to achieve the National Framework goals:

- 1) systemic change to achieve a public health model for protecting children,
- 2) preventing child abuse and neglect and
- 3) reducing the number of reports⁴ made to the tertiary level.

Working together to prevent child abuse and neglect — a common approach for identifying and responding early to indicators of need (the Common Approach)⁵ complements the Inverting the Pyramid framework and provides a mechanism for achieving better identification and response to need and referral of children and families in need of support to prevent child abuse, firstly within the primary sector and secondly if additional assistance is required by referral to the services provided by the secondary sector. Referral to the tertiary sector is a last resort. The Common Approach is intended to achieve better referral and use of primary level services. It is a very significant initiative to contribute to achieving the National Framework goals.

When the services provided by the primary sector are insufficient to meet the needs of vulnerable children who are now currently the subject of a report to the tertiary level, but where the concerns are not sufficient to warrant intervention at the tertiary level, referral to the non-government secondary sector will more than likely be required. The capacity and expertise of the non-government sector to meet the demand for the quality of secondary level services capable of responding adequately to the needs of vulnerable children and families who have multiple and complex needs and problems will be essential to achieve change to a public health model for protecting children and fundamental to the success of the National Framework.

Even if the Common Approach proves successful in increasing the take up and use of primary level services, the skill and ability of the people who deliver services at the secondary level will ultimately be the key to achieving the sustained long-term protection of children through early intervention to prevent child abuse and neglect and a reduction in reports to the tertiary sector. Furthermore, quality secondary level services are also crucial to provide services to address damage to children who have experienced maltreatment and abuse.

PeakCare considers two necessary components for secondary non-government sector development to attract and retain a skilled experienced non-government secondary sector workforce need to be addressed to ensure the sustained long term success of the National Framework. These are:

- workforce development through the provision of adequate remuneration and employment conditions coupled with
- entry qualifications for professional and paraprofessional workers with ongoing staff development.

¹ Australian Government, Australian Public Service Commission *Tackling Wicked Problems A Public Policy Perspective* 2007

² Australian Government, 2009, *Protecting Children is Everyone’s Business National Framework For Protecting Australia’s Children 2009–2020* An initiative of the Council of Australian Governments

³ See Appendix 2 for a summary overview of the *Inverting The Pyramid - Enhancing Systems For Protecting Children*

⁴ A note on terminology which varies between jurisdictions. In this paper “report” as distinct from “notification” is used when a report is made by someone to the statutory tertiary level.

⁵ See Appendix 3 for a summary overview of the *Working together to prevent child abuse and neglect — a common approach for identifying and responding early to indicators of need*

PeakCare considers that effective secondary sector workforce development, particularly through adequate training for social workers and other professionals coupled with ongoing training and clinical supervision, is a further key element which must be addressed to successfully implement the National Framework and achieve its goals. Workforce development is a key priority and recommendation of *The Munro Review of Child Protection: Final Report A child-centred system* (the Munro Report) which reviewed the child protection system in England.⁶ The need for sector workforce development was signaled by the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children in its February 2011 bulletin. PeakCare considers effective secondary sector workforce development will be crucial and indispensable to achieving the long-term sustained success of the National Framework goals of prevention of child abuse and neglect and reduction of referrals to the tertiary sector.

PeakCare considers that the Munro Report is an excellent framework which could be adopted in Australia as adapted to Queensland and the various Australian jurisdictions for implementation of the National Framework. This will bring some measure of harmony between the jurisdictions all of which have different legislations.

Further PeakCare considers development of a regional child and family services model within the broader public health model will also be necessary to accommodate Queensland's decentralization.

At the workforce development level, in principle the recent fair pay decision addresses the pay issue. A portable leave scheme for sick/personal and long service leave is also needed for non-government workers to complement adequate pay to achieve base remuneration conditions for the non-government sector.

Inverting the Pyramid provides a framework for the systemic change to achieve a public health model and also a regional child and family services model needed to address the particular issues in Queensland because of its decentralised population.

WHY SECONDARY SECTOR LEVEL WORKFORCE DEVELOPMENT IS NEEDED

Who reports how many

Changes in community expectations, recognition of and responses to domestic violence and the consequences of drug and alcohol abuse along with mandatory statutory reporting requirements have all contributed to the tripling⁷ of reports to the statutory child protection system nationally from 107,134 in 1999/2000 to 339,454 in 2008/2009⁸ although in recent years, there has been a reduction in reports. The number of child protection reports decreased nationally to 286,437 in 2009-2010⁹.

Police were the largest group of reporters at 26%. Hospital/health care, medical practitioner and other health personnel combined reported 16.1%, (Qld 17.9%); school personnel reported 13.2%; non-government organisations reported 6.7%; social workers reported 4.2%; departmental officers reported 3.4% (Qld combined for these three categories was 11.2%); childcare personnel reported 1.4% (Qld 0.9%); and unspecified others

⁶ Munro E, May 2011, *The Munro Review of Child Protection: Final Report A child-centred system*, Presented to Parliament by the Secretary of State for Education by Command of Her Majesty

⁷ Common Approach final report p vi

⁸ Common Approach final report pvi

⁹ AIHW CP Aust 2009-2010 p16

reported 6% (Qld 4.9%); Siblings/relative, friend/neighbour, anonymous, parent/guardian, and subject child combined reported 23.4% (Qld 21.9%)¹⁰.

Who maltreats and type

The available evidence indicates that “with the exception of child sexual abuse, children are most likely to be abused or neglected by parents and or caregivers”. The research about child sexual abuse perpetrators indicates they are a wider group of people including parents, other relatives, siblings friends or others known to the child e.g. sports coach, teacher, priest who are usually people with whom the child has relatively frequent contact and/or a reasonably close relationship.¹¹

A small but significant number of children are killed by acts of violence or chronic abuse and neglect over time. The first twelve months of a child’s life poses the highest risk of homicide, most frequently by a caregiver. The evidence indicates young children are more likely to be killed by parents or caregivers and older children and adolescents by peers or adults. Research using police homicide records suggests the majority of perpetrators of fatal assaults are male. However many deaths from chronic abuse and neglect may not be revealed because the evidence does not meet the criminal standard. While most people who have been abused or neglected do not themselves become abusive or neglectful, there is evidence which indicates an association between child physical abuse and neglect and intergenerational transmission.¹²

In Australia in 2009-2010 emotional abuse and neglect followed by physical abuse were the most commonly substantiated types,¹³ although research indicates that sexual abuse is often undetected or not reported. Very young children and babies are at disproportionate risk of death, serious injury or developmental delay from abuse or neglect and constitute a large proportion of verified cases of abuse and neglect and of children admitted to care.¹⁴

For 2009-2010, 35% of finalised investigations overall had an outcome of substantiated which means 65% of reported notifications were unsubstantiated. For Queensland the proportion was 40% substantiated, 60% unsubstantiated. As the National Framework states, since the majority of reports to child protection authorities in Australia were unsubstantiated, a tertiary level child protection response was not required at the time and other forms of support would have been a more appropriate response to concerns.¹⁵

The evidence unequivocally demonstrates the paramountcy for preventive early intervention at the primary and secondary levels for children in families where need and/or risk is identified to protect children from emotional and development harm.

Interventions indicated by the evidence

The early years are a crucial time for rapid physical, cognitive, language social and emotional development. Research indicates that up to 82% of maltreated infants suffer from serious disturbances of attachment with their caregivers, with a disorganised attachment relationship being among the greatest indicators of developmental and protective risks for young children. Evidence demonstrates the association between child abuse and neglect and parental substance misuse, mental health problems and domestic violence with poor

¹⁰ AIHW CP Aust 2009-2010

¹¹ Lamont A, *Who abuses children?* National Child Protection Clearing House, Resource Sheet, February 2011 pp 1-2

¹² Lamont pp4-5

¹³ AIHW CP Aust 2009-2010 p 21

¹⁴ Lamont

¹⁵ National Framework

outcomes for many children. Individually mental health problems, substance abuse and domestic violence all present a significant risk factor for child abuse.

A number of factors have an effect on the severity and longevity of harm to children including the extent and severity of the parental problem, coexistence of more than one problem, the extent to which parenting capacity is affected by the problem/s and the presence of protective factors. The harm to children who experience a diminished sense of safety and wellbeing from the “unremitting daily impact of multiple adverse circumstances and events has a profound and exponential effect on [them]” and is cumulative.¹⁶

A secure relationship with the infant’s primary carer enhances the infant’s capacity to develop ongoing relationships with other people whom the child also experiences as a source of safety and nurturing and to whom the child can turn when the primary carer is unavailable.¹⁷ Attachment theory has much to offer in understanding the effect of abuse and neglect on children and what needs to be provided by services operating at the secondary intervention level for vulnerable children and families. However, as another well qualified and experienced practitioner noted *[W]hile an understanding of personal and social wellbeing based on attachment theory is widely accepted by child welfare workers, it remains little known or truly appreciated and understood elsewhere.*¹⁸

Children who are unable to form appropriate attachments with caring adults and who experience neglect, stress and trauma from abuse in early life may have inhibited neural connections in the brain. The experiences of early relationships shape how children learn to regulate their emotions and their openness to learning. The development of neural pathways in a child’s early years lays the foundations for ongoing learning. Undoing the damage to a child’s brain and neural pathway development caused by anxiety and stress associated with abuse and neglect and overcoming the effects later on is difficult. It is unsurprising then that research indicates that children in out-of-home care placements particularly when they experience unstable placements have poor long-term outcomes.¹⁹

Parental drug and/or alcohol abuse, mental health problems and domestic violence commonly co-exist, often with other inter-related problems such as high mobility, poor education, unemployment and poverty in the context of social isolation/exclusion. Recent Benevolent Society research indicates that unemployment negatively affects children either because of the negative financial impact of unemployment or the effect of unemployment on parental mental health and parenting. The probability that a child living in a jobless family will have emotional or behavioural problems is increased by 13% compared with a child living in a family with one or more employed parents.²⁰

Social isolation/exclusion may also be a multidimensional problem often embracing chronic family dysfunction across generations and may also include lack of work skills, unstable housing and homelessness, crime, poor health and disability, teenage pregnancy and parenthood.²¹ Evidence shows that disadvantage in Australia is concentrated in particular communities and that 1.7% of postcodes and communities across Australia account

¹⁶ Bromfield et al pp2-3

¹⁷ Jordan & Sketchley p 4 and the Benevolent Society Position Paper *Investing in Children’s development: the importance of early relationships*, 2010

¹⁸ Drielsma, Paul, *Hard wiring young brains for intimacy The essential first step to breaking generational cycles of abuse and neglect* National Child Protection clearing House, Child Abuse Prevention Newsletter, Vol 8 no.2 Summer 2000, Australian Institute of Family Studies.

¹⁹ National Framework p 7

²⁰ Benevolent Society *Unemployment and the well being of children aged 5 to 10n years* Research Snapshot, October 2010

²¹ AIHW CP Aust 2009-2010 p 1 check this is the right footnote it could be bromfield or one of the others

for more than seven times their share of factors associated with inter-generational poverty including leaving school early, low income, long-term unemployment and child maltreatment.²²

Families with multiple and complex problems are now the primary client group of contemporary child protection services.²³ From the evidence, it is plain that in the main, child abuse and neglect arises from personal problems of the parents/caregivers, such as drug and alcohol abuse, domestic violence and mental illness combined with deficiencies in parental circumstances, such as lack of stable housing or employment.

“An effective intervention is planned and purposeful, based on a comprehensive assessment and staged to meet the family’s needs and capacities over time.” Drawing on Maslow’s hierarchy of needs, Bromfield et al point out that as families with multiple and complex problems are also usually poor and experiencing disadvantage, it may be futile to attempt to engage in parenting programs and counseling if they are struggling with providing basic needs such as providing food and appropriate clothing, or being able to afford to pay heating bills or see to essential car or home repairs such as to the hot water system or a broken window letting in rain or cold. Referral to other services may not be enough. Assistance in navigating these other services will also be essential.

It follows that to make any serious inroads into preventing child abuse and reducing the number of reports made to the tertiary sector, optimum use of primary services is required coupled with adequate secondary services staffed by competent well trained professionals capable of both providing and case managing therapeutic and educational interventions needed by the children to address emotional and developmental damage they have suffered and to supervise paraprofessionals in ensuring that families and children access the supports they need in community settings. This will be to assist in the take up and use of primary services within the Common Approach and to facilitate referral to and use of secondary sector services by the children, their parents and other family members according to particular need and circumstances.

As Professor Eileen Munro states:

The association between child abuse and neglect and parental problems, such as poor mental health, domestic violence and substance misuse, is well established. It is not easy to identify abuse and neglect. Signs and symptoms are often ambiguous and so it is important that those working with children, young people and adults have ready access to social work expertise to discuss concerns and decide whether a referral to children’s social care is needed.²⁴

THE NATIONAL FRAMEWORK – A PUBLIC HEALTH MODEL - Holistic, integrated collaborative service delivery

The primary level

Within a public health model, the primary level consists of those universal services which are available to everyone. The Common Approach is intended to maximize child and family access to universal services. At this level, the Common Approach is a tool designed to assist workers in the primary level sector to identify needs and to take action to facilitate child and family access to and better use of universal services particularly child care, health and education services to the greatest extent possible to optimise childrens’ development and well being potential and to prevent child abuse and neglect. The Common Approach is intended to address the current issue of inadequate referral without the proper involvement of the children and/or their families, and

²² Check if this footnote AIHW is the same for both sentences or is it one of the above

²³ Bromfield

²⁴ Munro E, May 2011, *The Munro Review of Child Protection: Final Report A child-centred system*, Presented to Parliament by the Secretary of State for Education by Command of Her Majesty p7

the provision of sufficient background information. The Common Approach also will use mutually understood language. Additionally, there will also be a need to address the issue of clients who have different but related problems needing to attend multiple services across both primary and secondary service levels.

Between 1 May and 31 July 2009, information was collected on 261,203 Australian children (97.5 per cent of the estimated five-year-old population) in their first year of full-time school. A *Snapshot of Early Childhood Development in Australia* (AEDI 2009) provides communities around Australia with information about how local children have developed by the time they start school. AEDI 2009 indicates that across the five areas of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge, the majority of children are doing well on each of these five developmental domains.

However AEDI 2009 also indicates that:

- *Overall in Australia, 23.4 per cent of children are developmentally vulnerable on one or more domain/s.*
- *Overall in Australia, 11.8 per cent of children are developmentally vulnerable on two or more domains.*
- *There are higher proportions of children living in the most socio-economically disadvantaged communities and in very remote areas of Australia who are developmentally vulnerable on each of the AEDI domains.*
- *The majority of Australian Indigenous children are developmentally on track on the AEDI domains, with the exception of the language and cognitive skills domain.*
- *Children who are proficient in English and speak another language at home are less likely to be developmentally vulnerable on most of the AEDI domains compared to all other children.*
- *There are children in Australia who only speak English, but are reported as not proficient in English. These children are more likely to be developmentally vulnerable on all the AEDI domains.²⁵*

This (and other) research will assist policy makers, program implementers and service providers to target, particularly at a regional level and within a place based approach, where the provision and/or take up of primary and secondary services is needed to maximize children's well being and developmental potential and to prevent abuse and neglect.

The secondary level

Within a public health model, many of the reports now made to the tertiary sector will (or should) be referrals to the secondary sector, which needs to be able provide the kind of intervention and services some children and families need which is not available in the primary sector. Additionally secondary sector services may also be needed to facilitate better take up of primary sector services either alone or in conjunction with secondary services. Secondary sector workers will need the necessary knowledge and skills to provide services to these children and families in an holistic, integrated, early intervention framework and context.

Within a secondary targeted system operating in a "de-siloed" environment offering integrated service delivery, not only how individual staff work with clients will need to change to a more holistic understanding of clients' needs but also some, if not most, service providers, will have to change what services are offered to adequately meet childrens' and parents' needs if child abuse and neglect is to be prevented – or at the very least, harm minimized. However, little assistance and guidance about how parental problems of domestic violence, drug and alcohol abuse and mental illness affect parenting is provided to practitioners in the child protection sector²⁶, and, it must be added, adult focused services.

²⁵ Centre for Community Child Health and Telethon Institute for Child Health Research 2009. A *Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, Canberra p iv

²⁶ Bromfield p2

Furthermore, as Bromfiled et al note, most services tend to be focused on one problem. It is not uncommon for mental health services to refuse services to a client who also has a substance abuse problem, and vice versa. People with dual diagnoses of mental health and drug use may be eligible for a service provided the person has not been an injecting drug user. Some drug treatment facilities may provide a service to the user but not to the user's partner or family or not sufficiently to both. *Adult -focused services that tackle risks and disadvantage faced by parents may be able to become secondary preventive services by expanding their mandate to include a focus on the needs of the infant and the infant-parent relationship (O'Donnell et al., 2008).*²⁷

Successful long term change and **reduction of both the occurrence of child abuse and neglect and reports to tertiary statutory agencies** will depend significantly on the capacity of the secondary sector to adequately respond to the needs of children and families which cannot be met within the primary sector and whose circumstances require the additional targeted supports and services provided by the secondary sector.

CHANGING TO THE PUBLIC HEALTH MODEL – COLLABORATION TO PROVIDE INTEGRATED SERVICES ACROSS LEVELS AND SECTORS

The major challenge for both government and non-government sectors in undertaking integrated ²⁸initiatives is to ensure that participating organisations and their staff understand the implications of collaborative working and that they do not treat collaborative intervention and service delivery as an “add on” or novelty. Collaborative initiatives, such as implementing a public health model for protecting children require significant organisation, system and process changes. As Inverting the Pyramid and the Common Approach indicate, to engender change, adjustments are required in the way people think, behave and work as well as in the language used. These changes are not and will not be easy to achieve. There are implications for all levels of operation within both government and non-government sectors at the three public health model levels of service provision.

Collaborative models require the capacity to be flexible in working styles, to cross boundaries and shift from managing services to also managing relationships at the practitioner level.²⁹ As Inverting the Pyramid so succinctly frames the task ahead:

Current systems are complex – aka ‘collaboration is rocket science’³⁰

The promise and challenge of using a public health model for the prevention of child abuse and neglect is that it requires action across many areas of government at all three tiers (Commonwealth, state/territory and local governments) cooperation between government and non-government sectors, and linkages between primary, secondary and tertiary level services. ... This comprehensive, multi-level and holistic approach often also seems very difficult to achieve in practice at the individual level. ... In 2008, the Queensland Child Death Case Review Committee recommended that consolidated case management processes be developed to address instances where a child's case involves multiple government and/or non-government agencies ... emphasized identification of children with complex cases or multiple needs and that services to these children be coordinated to ensure child-focused practices are not compromised. ... In another example, the Victorian Child Death Review Committee (2008) observed there had been insufficient case planning meetings and hospital discharge meetings, which may otherwise have increased the capacity of services to exchange critical information, clarify roles, develop appropriate plans and perhaps save infant lives. Often, initial case planning meetings that did occur did not have a follow up meeting scheduled. This means that case drift could occur or agencies were not aware

²⁷ Jordan & Sketchley p 9

²⁸ Or joined-up

²⁹ Keast paper *Joined up governance in Australia: How the Past Can Inform the Future* last page

³⁰ Inverting the Pyramid p16

when another agency concluded their service or had a change in staff. Thus a case plan that when drafted was best practice in meeting the needs of an infant and family could become derailed when a component part (e.g. the drug counseling) is no longer available. If adult-focused secondary preventative services expand their canvas to include the needs of the infant and the infant-parent relationship, then collaboration with child protection services will need to include regular planning and case goal discussion, with clearly defined roles for services providers. When services aim to work collaboratively with each other, it is important to keep all stakeholders 'in the loop' and to constantly monitor and assess the treatment goals and outcomes for infants.³¹

While these are excerpts from evaluations of the child protection system where a child, sadly, has died, the comments are equally relevant to service provision to all vulnerable children and their families to prevent further deaths and also to prevent children from experiencing a diminished sense of safety and wellbeing from the “unremitting daily impact of multiple adverse circumstances and events [that have] a profound and exponential effect on [them]” and is cumulative³².

Secondary sector non-government services and practitioners will have a vital role to play in working collaboratively to achieve better and more coordinated service delivery with all public health model service delivery levels, among community sector secondary level agencies and between the government and non-government sectors to achieve not only the goals of the National Framework but also other COAG national initiatives, such as the *National Plan to Reduce Violence Against Women and their Children 2011*³³ and COAG initiatives which support COAG targets to overcome Indigenous disadvantage which will also have a significant impact on protecting children.

As Paul Drielsma noted:

[T]he implication of the development of an infant's capacity to connect and relate is that the creation of social capital is largely dependent on healthy early childhood experiences. We cannot hope to build strong sustainable families and communities without the members of the community having this critical experience-mediated capacity for social affiliation and connection. ... We have to get this link firmly established in the minds of our policy makers to ensure that what we do now has the required positive impact on our social living experience and indeed our health and wellbeing) thirty years from now.³⁴

THE NEED FOR WORKFORCE REFORM AND DEVELOPMENT

The conclusions drawn by Gillingham and Humphries from their research into the use of structured decision making tools in child protection work in Queensland provides significant cause for concern and reinforce the need for professional development because:

The findings that the tools were not being used as intended by their designers and, in fact, tended to undermine the development of expertise by child protection workers has profound implications for the future development of technological approaches to child protection and, more broadly, human services practices.

These research findings stand alongside Professor Munro's comments about the UK child protection system and the need for its reform are apposite to the Queensland and other Australian contexts and are consistent with the changes Australian experts such as Bromfield and Healy also consider to be necessary in Australia if our child protection systems are to deliver better outcomes for children.

³¹ Jordan and Sketchley pp 21-22

³² Bromfield

³³ *National Plan to Reduce Violence Against Women and their Children, COAG February 2011*

³⁴ Drielsma, Paul, *Hard wiring young brains for intimacy The essential first step to breaking generational cycles of abuse and neglect* National Child Protection clearing House, Child Abuse Prevention Newsletter, Vol 8 no.2 Summer 2000, Australian Institute of Family Studies pp 6&11

In her final report Professor Munro states :

... This final report sets out proposals for reform which, taken together, are intended to create the conditions that enable professionals to make the best judgments about the help to give to children, young people and families. This involves moving from a system that has become over-bureaucratized and focused on compliance to one that values and develops professional expertise and is focused on the safety and welfare of children and young people.

2 The review began by using 'systems' theory to examine how the current conditions had evolved. The review's first report in October 2010 described the child protection system in recent times as one that has been shaped by four key driving forces:

- *the importance of the safety and welfare of children and young people and the understandable strong reaction when a child is killed or seriously harmed;*
- *a commonly held belief that the complexity and associated uncertainty of child protection work can be eradicated;*
- *a readiness, in high profile public inquiries into the death of a child, to focus on professional error without looking deeply enough into its causes; and*
- *the undue importance given to performance indicators and targets which provide only part of the picture of practice, and which have skewed attention to process over the quality and effectiveness of help given.*

3 These forces have come together to create a defensive system that puts so much emphasis on procedures and recording that insufficient attention is given to developing and supporting the expertise to work effectively with children, young people and families.

... The review is making recommendations to enable social workers to exercise more professional judgment but is also concerned to improve their expertise.³⁵

Significant secondary sector work force development is necessary to create the professional workforce and leadership required in the sector to achieve the National Framework's goals. The long-term sustained success of the National Framework and change to a public health model with collaborative service delivery across all sectors and levels will require that professional practitioners (in particular social workers, but also psychologists and other professionals who will be primarily responsible for delivering and/or supervising direct child and family interventions and services within the secondary non-government sector), have a wide range of knowledge and skills to be able to provide leadership and to work with and provide adequate services to families and children with multiple and complex problems "as a matter of routine practice".³⁶

Development of professional leadership and skill

It is indisputable that working with families and vulnerable children who suffer or are at risk of suffering child abuse and neglect is exceedingly complex and difficult work. It is also indisputable that this work is very emotionally demanding and draining on the workers. Professionals need to be highly skilled, experienced, dedicated and committed. Not only will they require broad knowledge and skill for delivering individual client intervention services, but also appropriate knowledge and skills for more holistic interagency collaboration, case management work with children and families and for supervising paraprofessional support workers in an integrated service delivery environment.

³⁵ Munro report pp 6-8

³⁶ Bromfield

To achieve a change to a public health model where the secondary non-government sector professionals will provide or supervise or coordinate or case manage better client access to and use of all available primary and secondary sector services in a child-centred context, the range of knowledge and skills required of secondary sector professionals will need to include:

- knowledge of what a public health model is, the rationale for changing to a public health model for protecting children and the different kinds of services provided at each level
- Inverting the Pyramid change processes for achieving systems change to a public health model and implementation skills
- knowledge about the Common Approach needs identification mechanism, its language and practice requirements, including legislation governing privacy and information sharing, and how and when to use the Common Approach
- a high level of interpersonal skill necessary to develop and maintain the trust of the clients as well as the trust and respect of a wide range of other service providers at all three public health model levels
- knowledge of child development, ages and stages and age appropriate communication skills necessary for planning, providing, supervising, facilitating and/or case managing children and families involved in child focused educational, therapeutic and experiential interventions as preventive measures or to undo the negative effects of child abuse and neglect on the child
- knowledge of both child-centred and family-focused intervention strategies and therapeutic approaches for responding to both child and parental needs for processing childhood trauma and/or other experiences and for planning purposeful intervention strategies based on comprehensive assessments with implementation staged in accordance with the child's and family's needs and individual capacities over time
- individual, team work and case management knowledge and skills
- professional ethics and leadership knowledge and skills
- knowledge of substantive areas and interrelated problems for effective support of children and families including domestic violence, drug and alcohol misuse, mental health problems, and how these problems affect a person's ability to parent and risk factors
- research and evaluation knowledge to interpret and assess research reports and information to learn about effective service delivery, interventions and public policy measures and skills to conduct research to collect relevant data to contribute to building an evidence base
- knowledge about social exclusion and client circumstances requiring redress through social inclusion and community development intervention models to provide holistic services relating, for example, to issues such as access to adequate affordable housing, income support, education, skill acquisition and training, employment or social activities
- knowledge of community development frameworks and skills for community engagement to contribute to building inclusive resilient communities
- knowledge of what concepts such as collaboration, coordination and cooperation mean, the differences between them, when which course of action is appropriate and the different skills and behaviours required for each
- knowledge of the relevant law.

Many of the skills and knowledge mentioned above and more are discussed in the Munro Report which also discusses the difference between a “‘rational-technical approach’ [providing] a picture of a managerial focus on process more than practice ...” which “has fostered a view that the more important part of social work is carried out on a computer” which, in contrast with “the perspective of children and their parents, the most important part is when social workers meet children and families, try to communicate with them, work with them, and help them to change.³⁷

³⁷ Munro Report pp 84 - 104

The Munroe Report considers that “*as a minimum, the capabilities being developed for child and family social work must include:*

Knowledge:

- *knowledge of child development and attachment and how to use this knowledge to assess a child's current developmental state;*
- *understanding the impact of parental problems such as domestic violence, mental ill health, and substance misuse on children's health and development at different stages during their childhood; and*
- *knowledge of the impact of child abuse and neglect on children in both the short and long term and into adulthood.*

Critical reflection and analysis:

- *ability to analyse critically the evidence about a child and family's circumstances and to make well-evidenced decisions and recommendations, including when a child cannot remain living in their family either as a temporary or permanent arrangement; and*
- *skills in achieving some objectivity about what is happening in a child's life and within their family, and assessing change over time.*

Intervention and Skills:

- *recognising and acting on signs and symptoms of child abuse and neglect;*
- *purposeful relationship building with children, parents and carers and families;*
- *skills in adopting an authoritative but compassionate style of working;*
- *skills to assess family functioning, take a comprehensive family history and use this information when making decisions about a child's safety and welfare;*
- *knowledge of theoretical frameworks and their effective application for the provision of therapeutic help;*
- *knowledge about, and skills to use and keep up-to-date with, relevant research findings on effective approaches to working with children and families and, in particular, where there are concerns about abuse or neglect;*
- *understanding the respective roles and responsibilities of other professionals and how child and family social workers can contribute their unique role as part of a multi-disciplinary team; and*
- *skills in presenting and explaining one's reasoning to diverse audiences, including children and judges.*³⁸

To be effective in achieving the National Framework goals to improve the well-being of the many very vulnerable children, professionals in the secondary non-government sector will need all the skills and knowledge mentioned above. At the very least, if they do not have the necessary knowledge or skills required for a particular case and situation, they will need to be able to recognize this and work cooperatively in collaboration yet authoritatively with those who do. They will need to be able to understand and appreciate the specialist expertise of colleagues in the same and other professional disciplines and sectors, to recognize when and what expertise is needed and to refer and support their clients in accessing specialist and generalist services as needed.

To make the system work, the development of a non-government secondary sector workforce whose professional service providers are capable of providing effective leadership, making independent professional decisions, delivering case management and whose highest professional duty is, as it is for the medical profession, to the client child and family, is imperative. Professional duty to the client and leadership in protecting children must be recognized, understood and seen to exceed parochial interests of the organisations for which the professionals work or who funds them.

³⁸ Munro Report p96

Providing leadership, effective intervention and case management is no small task to be undertaken by unqualified people. While life experience may be desirable, it is no substitute for professional education and training with ongoing professional supervision and skill development. Achieving the National Framework goals is a big ask. The minimum necessary requirement for professional practitioners is tertiary education and training followed up by on-going and in-service professional development and clinical supervision.

Professor Karen Healy points to the need to create the possibilities for experienced practitioners to remain in direct service roles through the creation of career pathways. This requires appropriate education to prepare professionals for effective work with vulnerable children and their families and an understanding of the disincentives to their remaining in direct service delivery, foremost among which is “the extraordinary responsibilities individual practitioners, many of whom are newly qualified, are expected to bear in Australian child protection services.” As Professor Healy states:

Along with a commitment to progressive policy change, changes in the institutional structure of direct service delivery are needed to reduce the substantial rate of frontline workforce turnover found in some forms of child and family services provision.”³⁹

Professor Healy’s views are well supported by the Munro report which states:

For child and family social work, this review gives more detail of the capabilities relating to knowledge, critical reflection and analysis, and intervention and skills. The review recommends that these capabilities explicitly inform initial social work training, continuing professional development, performance appraisal and career structures.

If, as the National Framework message reminds us *protecting children is everyone's business*, and those responsible for developing and driving the National Framework are serious about achieving the National Framework’s goals for the long term, they must heed the Productivity Commission’s call for more effective sector development and ensure the provision of work conditions which are conducive to attracting and retaining an experienced, highly skilled national workforce which can sustain provision of appropriate services to vulnerable children and their families. The value of their work in achieving the wellbeing and future of the children and for our community as a whole must be recognised and acknowledged.

In Queensland the necessity to be able to attract and retain experienced highly skilled staff in regional and remote areas, and to work with Indigenous children and their families whose involvement with the child protection sector is disproportionate, is also vital.

Standing in the way of sector development in the child and family services sector is the divide which had developed between the need for professional and/or paraprofessional workers in the sector. Undoubtedly, there is and will also continue be a need for less qualified paraprofessionals, many of whom may have valuable life and work experience and TAFE qualifications, to work with professionals in providing effective services and support for children and families. Paraprofessionals must also be offered opportunities for professional development and career advancement.

It is acknowledged that many non-government organisations do not currently have the funds to employ the highly trained and experienced professionals to appropriately provide services, case management, and supervise paraprofessionals in providing the standard and kinds of services to vulnerable children and families which will be necessary to achieve a change to a public health model, prevention of child abuse and neglect and a reduction in reports made to the tertiary sector. In the course of research for this paper it was readily acknowledged in interviews that this was not an argument for failing to recognise the need for workforce

³⁹ Healy K “Recognising and enabling social workers to promote the Wellbeing and Protection Australian Social Work Vol. 3 June 2010 pp 143

development to enable these organisations to attract and retain skilled experienced professional practitioners for direct service delivery in case management and supervisory roles if the goals of the National Framework are to be achieved. Truly collaborative planning involving the government and nongovernment sectors for these changes needs to begin.

The Munroe Report importantly notes, as is also relevant in the Queensland and Australian contexts, that:

Reform of the social work profession should significantly improve outcomes for children and young people by making best use of available evidence about what helps to resolve the problems in children's lives. Increasing the expertise of the workforce requires investment, but in areas where local reforms have upgraded the knowledge and skill of their workforce, savings have been seen overall. Skilled help can enable more children and young people to stay safely with their families, bringing significant savings. Initially resources will be required to develop the additional expertise and training necessary to set the profession off on a new path and this is an area that the review considers to be a priority for investment.

INITIATIVES TO DEVELOP A MORE EFFECTIVE SUSTAINABLE NON-GOVERNMENT SECTOR WORKFORCE

Better job design and career structures

Within a public health model, the non-government secondary sector workforce needs:

- career structures recognizing different qualifications, experience, roles and responsibilities to retain experienced capable staff in direct client service delivery
- remuneration commensurate with qualifications, experience, roles and responsibilities and conditions necessary to attract and retain professional and paraprofessional staff
- a supportive workplace culture and administrative arrangements which recognize and enable professional independence, decision making and responsibility
- appropriate professional supervision and support including continuous education and training
- workplace conditions such as flexible hours, portable sick/personal and long service leave which contribute to staff capacity to achieve a better work/life balance.

Working with vulnerable children and families is exceedingly complex, difficult and demanding work. The non-government secondary level sector will be vital in bringing into fruition a public health model for protecting children. This will require the development of an appropriate career structure to retain highly skilled, experienced, dedicated and committed workers with the necessary skills to provide the level of services required for improved secondary level interventions and service delivery. It will be necessary to have this calibre of experienced workers not only to provide direct service delivery but also to train and supervise paraprofessional staff and new professional recruits for the sector.

This necessity was recognised by the Queensland government for government sector workers following the publication of the report of the Crime and Misconduct Commission inquiry into the abuse of children in foster care⁴⁰. Higher level positions were created to retain experienced workers at the service delivery level rather than for them to have to move into management and administration, policy development, program development and implementation or out of the sector for promotion and career development. Effective workforce development needs to include the creation of a similar career structure within the non-government sector delivering secondary level services to children and families. A career structure and incentives are needed within the non-government secondary level sector to recognise their value and professionalism, to and retain experienced highly skilled people just as it is necessary in other professions such as medicine, teaching and nursing.

⁴⁰ Crime and Misconduct Commission, 2004, *Protecting Children An inquiry into the Abuse of Children in Foster Care*

Entry level standards and appropriate remuneration levels for professional and paraprofessional staff need considered attention so that they acquire the basic skills and knowledge for working in their respective roles with vulnerable children and families. Professional and clinical support and supervision needs to be provided for professionals engaged in supervising paraprofessionals, coordinating, case managing and providing therapeutic work with children and families to ensure a high standard of service delivery and skill development and to counteract staff loss through burnout. These professionals need the necessary knowledge and skills to train and properly supervise the work of paraprofessionals.

Sector wide training

Effective workforce development needs to include sector wide training, initially to prepare workers for the change to a public health model and then periodically for maintenance of an integrated service delivery system over the long term. As indicated above, workers will need training in the skills necessary for comprehensive assessment, planning and/or providing and/or coordinating and/or case managing provision of the necessary substantive services and interventions for vulnerable children and families over time. PeakCare considers that to ensure consistency and standards across all regions, in-service training conducted during work time should be designed and delivered to all service delivery workers. Provision for financial assistance for study leave entitlements should be included in work conditions offered to non-government sector workers. In-service training and study assistance, with appropriate study leave conditions should be provided from a fund separate from and in addition to service delivery funding.

Transferable or portable leave arrangements

The non-government sector competes with the higher wages of the government and private sectors and in some regional areas, the mining industry. Initiatives are necessary to make the non-government community services sector more competitive and to adequately recognise and reward the complexity of the work and the skills of staff working in direct service delivery. While the recent wage case has made a significant advance in recognising the contribution of and need for a properly remunerated community services sector, more needs to be done in workforce development to secure the long term success of the National Framework.

In 2009, the Australian Capital Territory legislated to provide a portable long service scheme for non-government community services sector workers. The *Long Service Leave (Portable Schemes) Act 2009 (ACT)*, which came into effect in 2010, has provision to accommodate inter-jurisdictional transfer with other participating states and territories. The Brumby government had introduced a bill to provide for portable long service leave for the Victorian non-government community services sector. The bill lapsed when the Victorian Parliament was prorogued before the last state election. If all states and territories enact legislation similar to the *Long Service Leave (Portable Schemes) Act 2009 (ACT)*, this will facilitate the formation of a national workforce in keeping with achieving the National Framework goals, capable of mobility which is responsive to changing demand and place and regional needs.

Most, if not all, jurisdictions have legislation and institutional arrangements already in place to provide a portable long service leave scheme for contract cleaners and construction industry workers. Legislation and institutional arrangements can be modified to incorporate non-government community service sector workers. The scheme needs to be expanded to include sick/personal and recreation leave.

Portable leave arrangements will encourage experienced non-government workers to stay within the sector, particularly if the sector also provides a viable career structure professional training and supervision. Portable leave arrangements will enable workers to move more readily among non-government organisations and regions while retaining their sick/personal, recreation and long service leave entitlements. The government already provides a component for long service leave in funding arrangements. At present, when NGO workers move to another organisation within the sector, most lose their long service entitlements, as they have not

remained with one organization long enough, that is for seven to ten years, to receive either full or pro-rata payments.

The majority of workers in the non-government community services sector are women, many of whom have family caring responsibilities. These women need to be able to carry their leave entitlements with them when they move between jobs in the sector to help them undertake their family responsibilities and to achieve a work/life balance. A worker may use their personal leave to attend to the needs of their children. At present when a worker moves to a new organization, leave entitlements other than recreation leave, which can be paid out, are lost and the worker must commence accrual again from scratch. This can place undue stress on working parents, especially women, in performing both work and family responsibilities. In contemporary society many women are the family breadwinners who must look to job security and employment conditions when deciding where and in what industry to work.

Furthermore women have lower superannuation accumulations than men because they have earned less than men throughout their working lives through a combination of lower wages and breaks from the workforce to care for children and also often aged parents. Moreover, effective sector development with more attractive work conditions may attract more men into the sector to create a more gender balanced workforce.

These three options are initiatives which will be an indispensable part of employment conditions to address the Productivity Commission element of more effective sector development. They will offer incentives for people to develop their careers and stay in the non-government sector to provide the necessary high standard of services to vulnerable children and their families which achievement of the National Framework goals requires. They offer some compensation to counteract the negative effect of non-government sector employment insecurity as a consequence of short term funding. They will enable workers to be more flexible with less personal detriment flowing from moving between organisations as community need and service funding changes. They will enhance mobility not only between organisations and but also between regions within the non-government sector and between jurisdictions.

APPENDIX 1

Summary - Protecting Children is Everyone's Business - National Framework for Protecting Australia's Children 2009-2020 (the National Framework)

Building on a consensus that Australia needed to fundamentally change its approach to protecting children from a reactive response to the abuse and neglect of children to the proactive promotion of the safety and wellbeing of children, in April 2009, the Council of Australian Governments (COAG), endorsed a long-term national approach aimed at delivering better outcomes for our children, young people and their families based on a public health model.⁴¹

The National Framework's key theme is that protecting children is everyone's responsibility - families, all levels of government, professions, services and communities. Recognising that "[C]hild protection services cannot provide a response to all vulnerable children and their families", a public health model places priority on having universal supports available for all families (for example, health and education) at the primary level. For those families who need additional assistance, services focusing on early intensive preventive interventions are provided in the community at the secondary level. Tertiary level child protection services are a last resort, and the least desirable option for families and governments.⁴²

A substantial and sustained reduction in child abuse and neglect in Australia over time is the target governments and the non-government sector have set to achieve the National Framework high level outcome that *Australia's children and young people are safe and well*. As well as reducing the occurrence of child abuse and neglect, the National Framework also aims to provide the most appropriate response to vulnerable families and those in which abuse and neglect has already occurred.⁴³

The six supporting outcomes are:

1. *Children live in safe and supportive families and communities*
2. *Children and families access adequate support to promote safety and intervene early*
3. *Risk factors for child abuse and neglect are addressed*
4. *Children who have been abused or neglected receive the support and care they need for their safety and wellbeing*
5. *Indigenous children are supported and safe in their families and communities*
6. *Child sexual abuse and exploitation is prevented and survivors receive adequate support.*⁴⁴

Each of the state and territory jurisdictions will retain their respective responsibilities including statutory protection at the tertiary level. With change to a public health model the National Framework aims to achieve its target of substantial and sustained reduction in child abuse and neglect in Australia over time through more integrated responses particularly at the primary and secondary levels which will minimise resort to the tertiary level. Furthermore, the National Framework is also intended as an "opportunity to provide improvements across all systems and jurisdictions as well as being a mechanism for engaging the non-government sector and the broader community on a national level.⁴⁵

⁴¹ National Framework pp7-8

⁴² Australian Government,2009, *Protecting Children is Everyone's Business National Framework For Protecting Australia's Children 2009–2020* An initiative of the Council of Australian Governments p7

⁴³ National Framework p 8

⁴⁴ National Framework p 11

⁴⁵ National Framework p9

APPENDIX 2

SUMMARY - Inverting The Pyramid - Enhancing Systems For Protecting Children - A systems based approach for change to a public health model for protecting children

Increasingly, nationally and internationally, governments are seeking the delivery of “joined-up” or “integrated” or “co-ordinated” or “seamless” services to the community, including for child protection services. In 2009 the Queensland Government combined the functions of six previously separate entities⁴⁶ within a new Department of Communities to provide better and more coordinated services to Queensland communities. The “no wrong door” initiative, a client-centred approach to improve service accessibility and coordination was introduced. In recent years there have also been initiatives within the non-government sector to provide more coordinated and integrated service delivery. There is also a need for better and more coordinated service delivery between the government and non-government sectors.⁴⁷

The National Framework states: *Australia needs to move from seeing ‘protecting children’ merely as a response to abuse and neglect to one of promoting the safety and wellbeing of children.*⁴⁸

*Inverting the pyramid: Enhancing systems for protecting children*⁴⁹ (Inverting the Pyramid) is a systems based strategic framework for organisation and sector change to achieve a public health model for providing services to children and families. The strategy offers a framework for managing integration of the various components within and across service systems necessary for the longer term to sustain a public health model service because “child protection is a wicked problem in its nature and would respond best to approaches that are appropriate for these highly complex problems – collaborative approaches.”

From a national perspective, Inverting the Pyramid considers sustainable change to a public health model can be achieved only if there is long-term collaboration and coordinated service delivery across all organisations and systems affecting children and youth, as between:

- **jurisdictions** –Federal, State and Territory and Local governments relating to service delivery responsibility and funding
- **sectors** - government and non-government
- **organizations** –
 - within government between core child protection agencies and agencies providing services, including primary and secondary, for children and families and
 - between non-government organizations and service providers delivering a wide range of supports for children and families
- **Human service systems** –
 - *Primary (or) universal* interventions which are strategies that target whole communities or all families in order to build public resources and attend to the social factors that contribute to

⁴⁶ Departments of Communities, Housing, Child Safety & Disability Services Queensland , the Indigenous Government Coordination Office & Sport and Recreation

In 2009, the Queensland Government incorporated the Departments of Child Safety and Housing and Disability Services Queensland into the Department of Communities

⁴⁷ Lang J, *Partnering, amalgamations, shared services: practical assistance to not for profits to provide joined up services.*, Non-government Sector Central Quarterly Meeting: QCOSS Out of session Workshop paper, 9 December 2010

⁴⁸ National Framework p 7

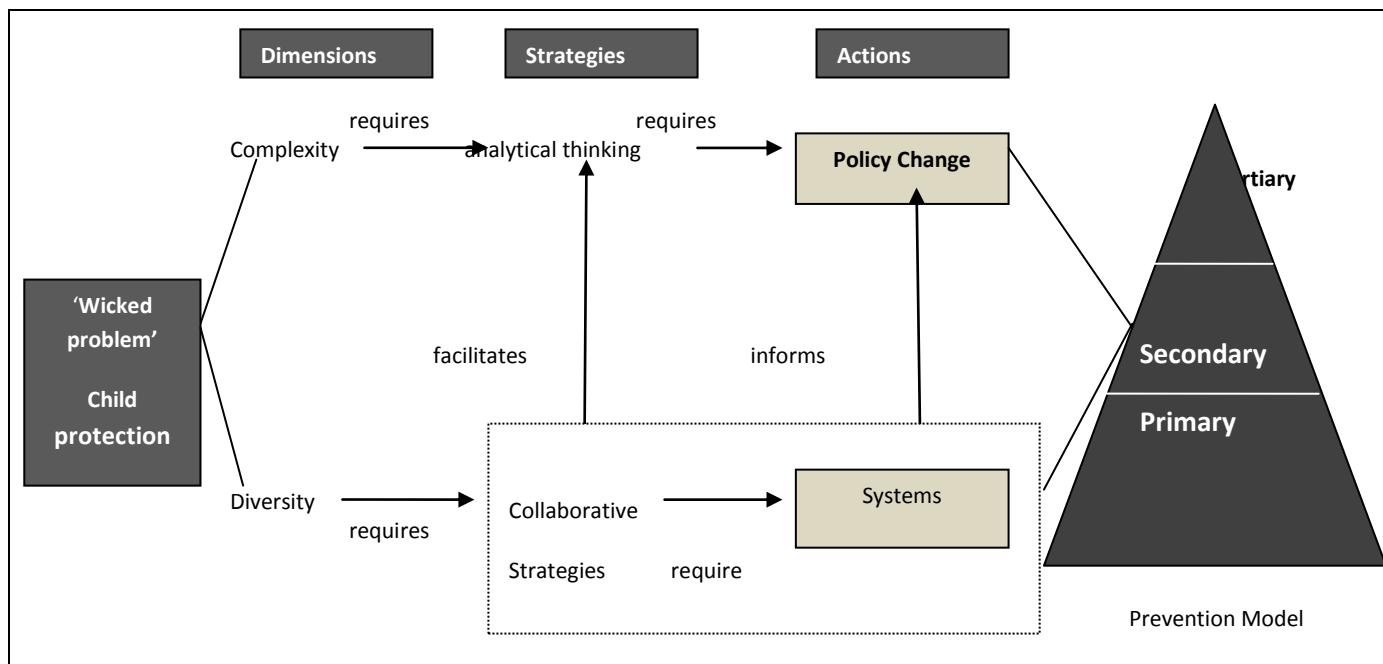
⁴⁹ *Inverting the pyramid: Enhancing systems for protecting children 2008* The Australian Research Alliance for Children and Youth (ARACY) commissioned the Allen Consulting Group

child maltreatment (for example, those services provided by doctors, maternal and child health nurses, teachers, child care workers).

- *Secondary (or targeted)* interventions which are strategies that target vulnerable families or children and young people who are at risk of child maltreatment – that is, those with special needs who are in greater need of support (for example, those services providing drug and alcohol support, mental health services, homelessness/housing assistance, crisis care).
- *Tertiary (or statutory)* interventions which are strategies that target families in which child maltreatment has already occurred, seeking to reduce the long-term implications of maltreatment and to prevent maltreatment recurring (including statutory care and protection services).⁵⁰

Conceptual framework

The inverted triangle depiction of the public health model indicates the three sectors as distinct from each other whereas, in practice, this is not strictly the case. While this is more generally so for the tertiary statutory sector, the distinction between the primary and secondary sectors can be much more blurred.⁵¹



Inverting the Pyramid conceptual framework is represented diagrammatically⁵²:

Key elements required for change to a preventive model include:

- articulation of a shared vision
- building a supportive culture
- integrated governance arrangements and
- legislative change.⁵³

⁵⁰ Inverting the Pyramid p3 &14, Common Approach p5

⁵¹ Common Approach p 4

⁵² Inverting the Pyramid p 13 & 106

⁵³ Inverting the Pyramid pp107-112

These elements are not necessarily sequential and some may interact or overlap. A change in one dimension influences and is influenced by change in another.

A **shared vision** would enhance collaboration between government agencies, between the government and non-government sectors and between organisations within the non-government sector by facilitating integrated governance arrangements for joint policy, program and service planning.

A **supportive culture** embodies:

- collaboration between organizations and services
- mutual respect and trust between professional groups and providers
- shared responsibility for vulnerable families and children rather than risk aversion
- focus on the needs of the child and working with, rather than on, families.

Inverting the Pyramid cautions that the difficulty of culture change within and between organisations and sectors and across professional groups should not be underestimated. It takes time and requires commitment and perseverance. Consideration needs to be given to which participants are best placed to deliver strategies, with some needing to step up and others needing to let go and transfer responsibility.

Effective mechanisms for building a collaborative culture identified by stakeholders include:

- liaison officers embedded with another agency to reflect values, practices, concerns and ideas to their home agency
- joint training between professionals
- training provided by child protection agencies to other professional groups working with families and children to inform about their role and practices
- common assessment frameworks and integrated case management
- co-location and integrated services bringing together a number key of services.

Integrated governance is described as:

the structure of formal and informal relations to manage affairs through collaborative (joined-up) approaches, which may be between government agencies, or across levels of government (local, state and national) and/or the non-government sector.⁵⁴

This is an important step in developing systems change for moving towards a public health model as the governance structures provide leadership and necessary oversight of processes and decision making. Integrated governance permits, supports and facilitates cooperation and collaboration among and between different agencies incorporating mutuality in terms of consultation, responsibility and accountability for policy and program development, planning, implementation and evaluation as opposed to individual action. Integrated governance structures need to accommodate specific local conditions. Integrated governance structures for remote Indigenous communities would necessarily be very different from those required for regional, cities, towns and communities and the metropolitan areas.

Funding and accountability arrangements are critical to integrated governance arrangements. Current processes for allocating funding are counterproductive to cross-organisation collaboration and cooperation,

⁵⁴ Inverting the Pyramid p110

reinforcing silo effects, competition and mistrust between organisations and service providers rather than cooperation, collaboration, respect and trust.

Legislation may be required to give effect to collaborative processes. Legislation providing for the role of secondary family support services was reported to be a key to implementation of the Victorian Child FIRST reforms as it was for the UK reforms.

Change Levers

Levers either support change and should be enhanced or do not and need to be addressed to achieve successful system change. The report sets out the list of barriers and enablers which act as levers at a whole of systems level which were identified by stakeholders during the project.⁵⁵

As is indicated in the diagrammatic representation of the conceptual framework, policy change is influenced by and influences system change and the policy approach adopted effects their respective relative importance. By way of example the report states:

*The importance of enhancing the capacity of the NGO sector presents a significant lever that would have ramifications across the whole system. In comparison, resources and regulations enable change.*⁵⁶

⁵⁵ Inverting the Pyramid p 113

⁵⁶ Inverting the Pyramid p 115

APPENDIX 3

SUMMARY - The Common Approach to Assessment, Referral and Support (CAARS) Taskforce project - Working together to prevent child abuse and neglect — a common approach for identifying and responding early to indicators of need

The groundwork for CAARS was shaped by the ARACY publication Inverting the Pyramid: Enhancing systems for protecting children, which was launched by the Minister [for Families, Housing, Community Services and Indigenous Affairs] on 28 April 2009. That launch provided the occasion for the Minister's announcement of the CAARS Taskforce and the CAARS project, one of the first to commence under the COAG-endorsed National Framework for Protecting Australia's Children 2009–2020.

The National Framework and the CAARS project share the vision of the safety and wellbeing of all Australian children, young people and families. The 'Common Approach' is designed for use by those practitioners whose day-to-day work brings them into contact with children and families – doctors, community health nurses, teachers, counsellors, child care workers and others. Able to be incorporated into existing workflow, the Common Approach aims to enhance practitioners' capacity to identify and respond early to the needs of vulnerable children and families and provide them with the assistance they need before problems escalate into crises.⁵⁷

The Common Approach relates particularly to the National Framework's outcome 2 - *children and families access adequate support to promote safety and intervene early* and outcome 3 - *risk factors for child abuse and neglect are addressed*. It focuses on prevention and aims at making more and better use of universal (primary) and targeted (secondary) services. The Common Approach was developed to be as much an engagement mechanism as a needs identification mechanism.⁵⁸

The Common Approach is designed to enable universal services providers in the primary sector who come into regular contact with children and families to be more proactive in responding to early signs of vulnerability than currently occurs. It is intended to enable universal workers to identify that a child or family is in need of support at an early stage and to take action to provide the support or link the child and family with other community supports and universal or targeted services.

The Common approach has three aims:

1. To provide an easy to use, flexible, and evidence based mechanism for universal service providers to identify and respond early to need .
2. To strengthen collaboration among service providers by providing them with a common language and consistent approach to information sharing and referral.
3. To facilitate a timely child and family friendly pathway of support.

The Common Approach's practice principles are:

1. To provide a mechanism that is simple, the child and child's best interests are central.
2. An early response focuses on positive parenting and building on family strengths
3. Shared responsibility and collaboration pave the way for effective support.
4. Responding to early indicators of need is the best way to strengthen families and prevent crises.
5. The resulting pathway of support is free of stigma and fosters child and family involvement

⁵⁷ The Common Approach final report p5

⁵⁸ Common Approach draft report p2

The Common Approach has three components:

1. Vision, aims and practice principles

These express the concepts underlying the Common approach to provide the context for universal service providers in identifying and responding to need.

2. Needs identification mechanism

This component is expressed diagrammatically by a *wheel* presenting a holistic conception of a child's life made up of six well being domains:

- Physical health
- Mental health and emotional well being
- Safety
- Material wellbeing
- Learning and development and relationships

across three spheres:

- Child
- Family
- community.

The wheel provides a structure to enable universal service providers to think about different aspects of a child's life including those outside the practitioner's professional expertise. It is complemented by:

- a *professional judgement reference point* - before engaging with the child/young person or family the practitioner uses these high-level example indicators of need and questions
- *conversation prompts* - to assist the practitioner engage with the child/young person or family about their strengths and needs
- a *self assessment questionnaire* – which children and young people may complete themselves or with adult assistance covering a range of questions and answer options to form the basis of a discussion with a practitioner to clarify strengths and needs and possible explore actions.

3. Guidance on information sharing and referral

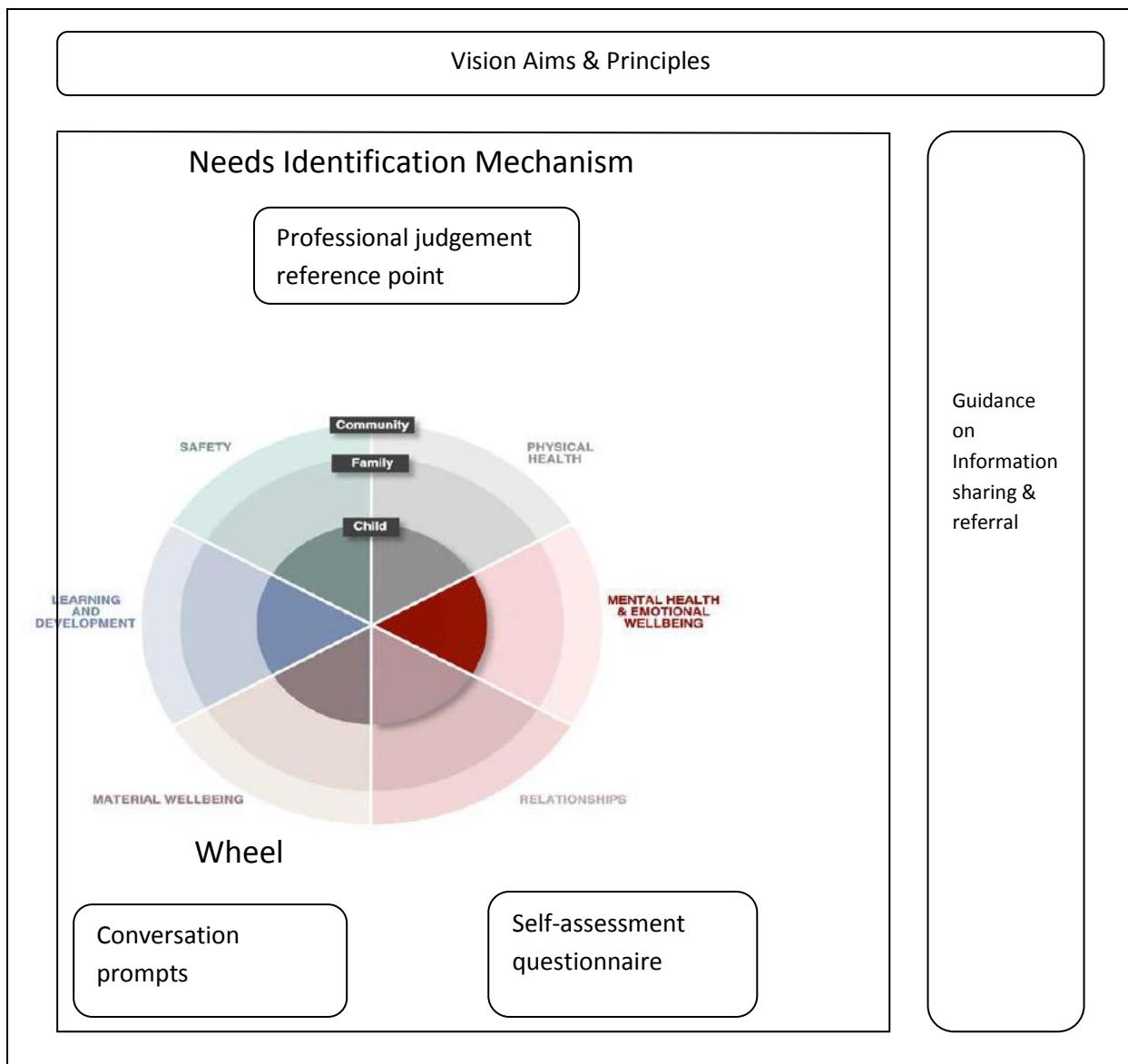
This is a guide for practitioners to move from identification to response by tapping into relevant pathways of support and, having due regard to consent and confidentiality issues, to ensure the respectful sharing of useful information.

The needs identification mechanism comprises four components that can be used together or individually. These four components are:

- *The 'wheel' – which provides a structure for universal service providers to think about different aspects of a child or young person's life, including those areas that are outside the practitioner's immediate area(s) of professional expertise;*
- *A professional judgement reference point – which comprises high-level example indicators of need and questions for use by the practitioner before engaging with the child or family. The indicators and questions serve to validate an initial concern that a child, young person or family may have a critical need requiring further support;*
- *Conversation prompts – which assist the practitioner in engaging in a conversation with children, young people and families about their strengths and needs. The prompts are open ended, non judgemental and linked to each indicator); and*
- *A self-assessment questionnaire – for use by children and young people who can complete it themselves or with an adult (a parent or practitioner). A range of answer options are provided for each question, which can help identify issues to be discussed with a practitioner to clarify the strengths and needs and explore any actions that could or should be taken.*

*The needs identification mechanism has been developed for use in paper and electronic form and can be administered by the practitioner with the child and family.*⁵⁹

The Common Approach represented diagrammatically:⁶⁰



⁵⁹ The Common approach p 21

⁶⁰ The Common approach p 20

APPENDIX 4

SUMMARY - ASSESSMENT OF QUEENSLAND'S PAST JOINED-UP OR INTEGRATED INITIATIVES

Robyn Keast has researched and provided a valuable and timely review and assessment of past Queensland initiatives to deliver more integrated services. Keast examines drivers for integration, preferred models, language used to engender change, what worked and why and importantly whether integrated reform can be sustained. Keast then offers an extended integration continuum to assist the design, monitoring and evaluation of joined-up processes.⁶¹ Keast's work offers insights into some issues which will need to be addressed, not only in Queensland, in a change to a public health model for achieving the goals of the National Framework.

Keast found that generally the actual level of connection between agencies was quite limited, with a few important exceptions. Successful genuinely collaborative efforts were the result of very strategic and deliberate match of structure, relationship strength and process and required a much higher level of investment commitment."⁶² They did not need to be fully developed but appeared to be "fit-for-purpose" where the nature of the problem and drivers for change were matched with the correct integration mechanisms.⁶³

A range of drivers were identified as influencing cross-agency or integrated models which were categorized into two key groups - instrumental and altruistic:

Instrumental	Altruistic
Resource Scarcity	Value joint working
Improve efficiency or effectiveness	Enhance client outcomes
Contract Management	Learn from others
Mandate	Using existing resources better
Funding & financial pressures	Doing the right thing
Critical situation	

Sense of a critical event appeared to be the most significant influence driving the consideration to move from silo to more joined up working approaches, the implication being that without a critical event intervening, agencies remained within their organizational boundaries. What constituted a critical situation varied. Motivators included the necessity to secure consistent funding for continued operation, complexity of operating environments and "the increasing intractable and joined-up nature of the issues" which required addressing and perceived failure of organizations to work together.

Many engaged in cross-organisation or department work processes because it was expected, to gain legitimacy and funding or out of desperation when working alone could no longer be justified. Critical incident was consistently rated by government respondents, particularly senior officers, as the highest driving influence to engage in joined-up approaches, coupled with having to respond to the Premier's directives for whole-of-government integration around key identified priority areas. However top down mandate alone was insufficient "to establish integrated practice through the layers of administration or across the state" and mechanisms to gain leverage from existing personal relationships were necessary to achieve sustained effect.

⁶¹ Keast 2010 *Joined-up governance in Australia: How the Past Can Inform the Future*, Special Edition of the Journal of Public Administration: The prospects and Pitfalls of Joined-Up Government

⁶² Keast 2010 p8

⁶³ Keast 2010 pp7-8

For government initiatives instrumental drivers were more dominant for joined-up processes shaping their form and function but also strong evidence of altruistic motivations. The structure and operations are underpinned by a horizontal governance model and varying degrees of vertical authority. In terms of impact and longevity, the most successful were initiatives included both government and non-government participants exhibiting a strong management driver coupled with personal relationships having vertical connections to authority. This ensured ongoing legitimacy and access to resources. Initiatives lacking a framework and where participants operated intuitively were problematic leading to unintended consequences, unsuccessful initiatives and funding problems.⁶⁴

Areas for change for achieving successful joined-up processes indicated from the cases assessed are:

- Funding and accountability
- human relations and resources
- Culture and training and
- Language.

Funding and accountability

The short term nature and competitive government funding environment, including funding arrangements established for collaboration, were identified as a key problem area undermining joined-up effort by promoting individual emphasis thereby resulting in unintended consequences of destroying prior networks. Pooled funding mechanisms, shared revenue streams and external funding bodies were innovative alternative funding arrangements which facilitated collaborative work. Additionally, accountability and reporting mechanisms which reflected joint work and responsibility were needed.

Human relations and resources

A human resources approach which emphasises individual gain and promotion is counterproductive to collective approaches. A culture which promotes whole-of-government operation and management was needed. Issues identified included the need to develop skills and behaviours to enhance collaborative capacity, build trust among participants, enable teamwork and mobility of public servants between and within departments and sectors. A clear change agenda and leadership providing an environment supportive to cross boundary working was identified as central to sustainability as well as training in shared leadership skills and processes. Behavioural elements are as important as structures and overcoming both structural and behavioural impediments are needed to provide a stable foundation.

Language

Consistency of language and shared understanding of the meaning of different concepts is necessary for joined-up initiatives, particularly the distinction between cooperation, coordination and collaboration. Indiscriminate use of concepts, particularly by government, and different expectations arising from the terminology used, perpetuates conflict between government and non-government sectors. "In this regard, the continuing 'cult of collaboration' evident particularly in government documentation and rhetoric has proven to be most problematic." Use of the word "collaboration" engenders an expectation of a different more egalitarian way of working, or sharing or power and decision making while government remains embedded in traditional processes.⁶⁵

⁶⁴ Keast 2010 p9

⁶⁵ Keast 2010 p11

Keast concludes that the task for developing joined-up approaches is to design them to be fit-for-purpose and their operating context. Although joined-up approaches appeared to be driven more by instrumental than altruistic drivers, particularly by government, relational governance was the principal bonding element in providing a foundation. Use of both horizontal and vertical integration is more effective and sustainable. Multi-dimensional frameworks are required for complex joined up approaches with multiple layers of operation, client groups and objectives with differing breadth and depth of intervention.

APPENDIX 5

THE COMMUNITY SERVICES SECTOR

Defining The Community Services Sector - What It Does

The National Classification of Community Services Activities⁶⁶ (NCCSA) scheme was developed by the Australian Institute of Health and Welfare in which “community services” are “... activities which assist or support members of the community in personal functioning as individuals or as members of the wider community” and “allows secondary activities to be reflected in statistics.”⁶⁷

The Productivity Commission *Contribution of the Not-for-Profit Sector* report⁶⁸ (the NFP sector report) describes community services as “the sub-set of the human services that involve a range of services that provide: relief of poverty, social disadvantage, social distress and hardship; the provision of emergency relief or support; and the advancement of disadvantaged groups.”. Human services activities are those which “seek to improve individual and community wellbeing through the provision of care, education and training and community services.”⁶⁹

The NFP sector report distinguishes “community services” from “community-based services” which are “activities that are organized by the community and benefit the community through enhancing participation in non-human service areas such as the arts, sport, recreation and environment. As used in [the NFP sector] study, this is different from human services, although these too can be delivered from a community base.”⁷⁰

Dr Marion Norton considers the community services sector definition is value-based, defined by the nature of the client rather than the employee or business and “... centred on the reason behind the activity – to reduce poverty and hardship and create a fair society.” Dr Norton describes the community services sector as dynamic, diverse, responsive to changing needs, complex, adaptable and versatile with multiple layers and policy drivers. It is organic in that “... it emerges ground-up as individual needs arise, and strategic – that is it evolves through government-led initiatives to achieve social and economic benefits for the community.”⁷¹.

The Productivity Commission report provides a comprehensive analysis of the not-for-profit sector and proposes and integrated approach to reform aimed at strengthening the foundations for continued development. The five main elements of the Productivity Commission’s reform strategy are:

- **Knowledge systems** - enable the not-for-profit sector to be better understood by the sector itself, government and business with an evidence base for learning about effective social intervention and public policy measures
- **Clearer governance and accountability** - a consolidated regulatory framework with one place for national registration and NFP tax endorsement; a proportional, ‘report once use often’, consistent and appropriate framework for reporting requirements
- **more effective sector development** - improve arrangements to promote cooperation, build governance skills, business planning, evaluation, promote workforce sustainability and enhance access to capital

⁶⁶ Australian Institute of Health and Welfare 2003. National classifications of community services. Version 2.0. AIHW Cat. No. HWI 40. Canberra: Australian Institute of Health and Welfare (AIHW). <http://www.aihw.gov.au/publications/hwi/nccsv2/nccsv2.pdf>

⁶⁷ Australian Bureau of Statistics

<http://www.abs.gov.au/ausstats/abs@.nsf/DOSSbyTopic/6E58DF468F182512CA256BD000277507?OpenDocument>

⁶⁸ Productivity Commission 2010, *Contribution of the Not-for Profit Sector*, Research Report, Canberra

⁶⁹ Productivity Commission 2010, *Contribution of the Not-for Profit Sector*, Research Report, Canberra pp xv-xvii

⁷⁰ Productivity Commission 2010, *Contribution of the Not-for Profit Sector*, Research Report, Canberra p xv

⁷¹ Norton M, *The Queensland Community Services Sector 2010, Highlights from the report*, Commissioned by the Queensland Council of Social Services p3 <http://www.workfutures.com.au/queensland-community-services-sector-2010-report.html>

- **social innovation** - provide stimulus to develop new and better ways of tackling social problems with the benefits going largely to the community rather than financial
- **relationship building** - to strengthen collaboration and effective engagement particularly in the delivery of government funded services.⁷²

In August 2010, the National Institute of Labour Studies released the report *Who Works in Community Services?*⁷³ (the NILS report). The research and report was commissioned and funded by the Structural Issues in the Workforce subcommittee of the Community and Disability Services Ministers Advisory Council. It provides a profile of the workforce in four sectors of the community services sector – the child protection (CP), juvenile justice (JJ), disability services (DS) and general community services (GCS) sectors. The NILS report used activity based definitions to define the four workforces, child protection (employing about 13,000 people), juvenile justice (employing about 3,400 people), disability services (employing about 68,700 people) and general community services (employing about 32,300 people) profiled in the report covering the subsets of activities included in the ABS's Australian and New Zealand Standard Industry Classification. The report defines these sectors:

- **Child Protection activities:**
 1. *Providing social support and social assistance services to children and young people who have experienced, or are at risk of, abuse, neglect or other harm. Such services include out-of-home care services that provide care for children and young people who are placed away from their parents or family home for reasons of safety or family crisis. (Subset of ANZSIC Codes 8790 and 8609);*
 2. *Receiving and assessing allegations of child abuse, neglect or other harm to children. (Subset of ANZSIC Code 7711 and, possibly, 7520). For the purposes of this project, children and young people are defined as those aged 0 to 17 years.*
- **Juvenile Justice activities:**
 1. *Managing and operating correctional institutions and detention centres for juveniles. These facilities are generally designed for confinement, correction and rehabilitation of juveniles. (Subset of ANZSIC Code 7714).*
 2. *Providing social support and social assistance services targeted at juvenile offenders. This includes a range of social support and assistance services including specifically targeted educational services, psychological services, work services and sport/recreation services. It also includes case management and youth conferencing. (Subset of ANZSIC Codes 8790 and 7520). For the purposes of this project, juveniles are those defined as such in the jurisdiction where the activity occurs.*
- **Disability Service activities:**

Providing social support and social assistance services to people requiring support or assistance because of a disability. Such services assist people with a disability to participate in the community. They include providing support to people with a disability in institutional settings (hostels, group homes) or in the disabled person's own home (including HACC), and respite services. (Subset of ANZSIC Codes 8790 and 8609).

⁷² Productivity Commission report p xxxiii - xxiv

⁷³ Martin, Bill & Healy Josh, *Who Works in Community Service? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*, National Institute of Labour Studies, Flinders University, Adelaide Australia, funded by Community and Disability Services Ministers Advisory Council, August 2010

- **General Community Service activities:**

Social support and assistance services provided directly to children and families. These activities include only services that are not covered by definitions of other sectors in this report, and are not directed specifically at the aged, at providing housing or supported accommodation, or crisis services. (Subset of ANZSIC Code 8790).^{74 75}

Of particular interest to PeakCare and this project is the information about the child protection and general community service sectors. Within the public health model, child protection activities are tertiary child protection intervention services predominantly provided by the government sector. General community services offer primary and secondary child protection prevention services to families and children and are predominantly provided by the non-government community sector. The juvenile justice and disability service sectors may also provide some services to children and families which would be classified as primary and secondary child protection services within the public health model.

The Non-government Community Services Sector Labour Market

It is well documented and generally accepted that the non-government community services sector is rapidly growing and characterized by:

- relative low pay
- a large proportion of part-time and casual workers
- an aging workforce
- a predominance of women
- an increasing demand for services and
- a growing skills shortage.

It is noted that an aging workforce and an increasing demand for services are among the environmental factors shaping the DOC 2010-2013 strategic plan outlined above.

Relative Low Pay

The NFP sector report⁷⁶ notes that the NFP community services sector appears to experience the greatest challenges in attracting and retaining employees. Low wages contribute to the substantial movement of NFP employees to the public sector which is compounded by the uncertainty that fixed term contracts create⁷⁷.

The Workforce Council *Industries Skills Report October 2008* indicates community services experience significant labour and skills shortages and have difficulty in attracting and retaining employees, particularly in regional areas with mining and related employment, such as north-west Queensland, Mt Isa and Emerald because of competition from mining sector higher wages and better conditions. Relatively low wages and public funding that does not account for increased labour costs are cited as one of the key barriers to attraction and retention of workers. This is particularly so for services experiencing increased demand for services without commensurate funding changes⁷⁸.

The recent fair pay case decision for community service sector workers is a welcome acknowledgement of the past underpayment.

⁷⁴ NILS Report pp 15-16

⁷⁵ The definitions were developed in consultation with the Structural Issues in the Workforce Sub-Committee of CDSMAC

⁷⁶ Productivity Commission 2010, *Contribution of the Not-for-Profit Sector*, Research Report, Canberra

⁷⁷ Productivity Commission report. p 249

⁷⁸ Workforce Council, Community Services & Health Industries Skills Alliance, *Industries Skills Report October 2008* p p4-5

A large proportion of part-time and casual workers

In the child protection sector 59% of workers are employed in the government sector whereas 85% of the general community services sector employees are employed in the non-government community services sector. For the three employment types - professional, non-professional and managers and administrators, the majority of child protection workers are employed full time in contrast with general community services workers. In this sector, while the majority of managers and administrators are employed full time, the majority of professional and non professional workers are employed part time.⁷⁹ These figures indicate significant workforce issues concerning the non-government sector's capacity and capability to contribute adequately in achieving the long term goals of the National Framework and its change to the public health model for protecting children, collaborative and coordinated service delivery.

Table 1 shows the occupation type by employer in the child protection and general community services sectors. Table 2 shows the breakdown by employment type in the child protection and general community services sectors.

Table 1: Sector employment by occupation type and sector

	Total No. ⁸⁰	% professional	% non-profess'l	% other	%admin/ manager	%gov't sector	%NFP sector	%FP sect
Child protection	13,000	56 ⁸¹	30 ⁸²	1	13 ⁸³	59	40	1
Juvenile justice	3,400	44 ⁸⁴	38 ⁸⁵	1	17 ¹²	83	17	0
Disability services	68,700	9 ⁸⁶	76 ⁸⁷	1	14 ¹²	21	73	6
General community services	32,200	29	45	5	21	15	85	0

⁷⁹ Nils report

⁸⁰ Total number of workers directly providing the particular service or managing the work of those directly providing the particular service

⁸¹ Including Professional workers included investigation officers, social workers, case managers, psychologists.

⁸² Including Direct care workers, family, youth or child support workers

⁸³ Service managers, coordinators, or administrators

⁸⁴ Included juvenile justice officers, social workers & case managers

⁸⁵ Including residential care workers and youth workers

⁸⁶ Including allied health workers, social workers and disability case managers.

⁸⁷ Including personal carers, home care workers, community care workers, disability and residential support workers.

Table 2 Sector employment by employment type and occupation

Sector & occupation	Employment type			
	% perm f/t	% perm p/t	% casual	% contract
Child Protection				
Professional	80	11	3	6
non-professional	39	29	28	4
admin/ manager	85	10	1	4
Total%	68	17	10	5
Juvenile justice				
Professional	78	9	5	9
non-professional	64	11	20	6
admin/ manager	86	10	3	1
Total %	74	10	10	6
Disability services				
Professional	52	44	3	1
non-professional	14	55	31	0
admin/ manager	68	27	3	2
Total%	25	50	24	1
General community services				
Professional	42	48	9	1
non-professional	27	44	28	1
admin/ manager	62	30	4	3
Total%	39	42	17	2

The NILS report and child protection workers.

Put in a para about numbers

The NILS report indicates that irrespective of occupation, child protection workers overwhelmingly expressed a preference for permanent employment.⁸⁸ While 67% of the sector overall were in permanent employment, it must be born in mind that 59% are employed in the government sector where permanency is more assured and work conditions are better. Even though many workers in the non-government sector may be employed in what is commonly regarded as permanent employment, the nature of the permanency is somewhat less than that in the government sector and is dependent on funding continuation.

Non-professional workers were most likely to experience the mismatch between desired and actual employment type. The report suggests non-professionals unable to move into professional type of employment would be motivated to search for alternative employment.⁸⁹ 70% of government workers indicated an expectation to be with the same employer⁹⁰ within 12 months compared with 58% of non-government workers.⁹¹ Non-professionals appeared most likely to change jobs within the sector whereas managers and administrators more frequently intended to leave the sector entirely. The report notes "...this suggests some difficulty for the sector as a whole in retaining highly qualified managers and administrators, whose skills are

⁸⁸ NILS report p 57

⁸⁹ NILS report pp 57 - 58

⁹⁰ Although it is uncertain whether "employer" means the government sector or the same department.

⁹¹ NILS report p 60

attractive both to other community service organizations and to other industries.⁹² Including all worker types, in three years 60% indicated they would still be working in the sector, 14% said they would be working elsewhere, 23% were uncertain where or whether they would be working in three years, and 2% expected to leave the paid workforce entirely.⁹³ Unfortunately there is no breakdown as between the government and non-government sectors.

However, the report notes that long experience in the child protection sector was rare. Over half of the professional and non-professional workers directly providing child protection services had been working in the sector less than five years.⁹⁴ Just over 20% of professional workers and 10 % of non-professional workers had worked a total of 10 or more years in the sector. About two thirds of managers and administrators had five or more years experience and just over 40% more than 10 years. The report indicates its results suggest that child protection is typically undertaken in the early years of a person's career, and workers typically leave before working in the sector for 10 years unless they move to a managerial or administrative position. 70% of Queensland child protection workers were in the sector for less than five years compared with less than half in Victoria and New South Wales.⁹⁵ The report does not provide a breakdown between the government and non-government sectors.

While about 33% are reported as saying they would turn down a better paid job to remain in their current organization, job satisfaction levels were a little below the national averages. Unlike Australians generally, child protection workers were much less satisfied with their pay than other aspects of their jobs. They positively assessed workplace relationships with management and colleagues. 96% indicated they would prefer to be employed on permanent contracts rather than fixed term or casual arrangements. 62% expressed satisfaction with current hours of work, 33% preferred to work shorter hours and 5% preferred more hours.

The impetus for professionals leaving the sector most frequently related to the experience of the work, with 40% leaving because they wanted more satisfying work, found the job too stressful or to avoid conflict. Only a small proportion left because of dissatisfaction with employment arrangements such as pay, shifts or hours. Non professional's reasons for leaving were relocation, to find more satisfying or contract or funding ceasing. The experience of work was a more common reason for leaving among non-government workers (about 60%) than government workers (30%). The report suggests that the major reasons for leaving child protection work relate to issues intrinsic to child protection work rather than pay or conditions.⁹⁶

The report notes that as 60% of child protection workers enter the sector from outside the sector, the ability to fill child protection positions depends on being able to attract them from outside the sector.⁹⁷

The Child Protection Skills Formation Strategy Report

In 2008, the Queensland Child Protection Skills Formation Strategy (CPSFS), managed by the Health and Community Services Workforce Council, produced its report on the non-government child protection sector in Queensland. Key findings of the Child Protection Census 2008 and state-wide forums included:

- the workforce is predominantly female, with low wages, low status and casualisation
- there appears to be two workforces one which is young and inexperienced, the other mature and highly experienced

⁹² NILS report p60

⁹³ NILS report p 61

⁹⁴ NILS report p64

⁹⁵ NILS report p 65

⁹⁶ NILS report p 66

⁹⁷ NILS report p 65

- a large proportion of managers are young and inexperienced
- the participation rate declines for the younger group after about four years
- 81% of the workforce was reported to have no qualifications
- values appeared to be the strongest attraction factor for managers with more than half indicating intended to leave within five years although succession planning did not appear to be part of human resource practice
- managers overwhelmingly stated employment conditions and wages were the greatest barrier to attraction and retention, with the nature of the work also ranking highly⁹⁸
- the non-government child protection sector relies on reaction rather than prevention and is extremely complex in terms of funding and service provision where considerable resources are spent on work associated with receiving funding rather than working on an outcome focused child protection system
- agencies reported a lack of career path and a large number of professional development activities were undertaken, but little information on whether it was for all staff
- a lack of workforce data collection, and a reluctance to share demographic data by 27% of agencies even when anonymity was assured.

The high proportion of inexperienced workers and the failure to retain workers with developed experience was a major sector wide concern, with the decline in retention after two years peaking at four years. Several regions had difficulty in attracting and retaining Indigenous workers, which was significant because of the high proportion of Indigenous children and their families interacting with child protection agencies.

Participants at regional forums identified attraction and retention of suitably skilled workers as the most important barrier to effective workplace development in the child protection sector. Barriers identified included⁹⁹:

- low wages and poor employment conditions in relation to the social value and the level of responsibility entailed in the work
- disparity between government and NGO wages and employment conditions – often leading to 'poaching' of NGO staff by government
- poor role design ... entry level positions often require workers to undertake the most difficult and harrowing work. The stressful and time-demanding nature of roles at any level was also raised
- fear about the difficult nature of statutory work and a culture of blame that may have arisen through media reports
- poor community perceptions of child protection work and of community services in general
- poor match between education and training and the role workers will need to perform once employed ... raised in relation to university degrees which were described as too theoretical and to VET qualifications
- lack of identifiable career pathways within the child protection sector ... particularly problematic in smaller NGOs and in regional and remote areas
- inappropriate recruitment practices ... poor match between skills, attributes and aspirations and the work that is to be performed
- adequate provision of services which make work possible such as housing and health services, particularly for rural and remote areas
- lack of management and leadership skills within the sector, as due to high turnover, workers are often promoted prior to developing these skills. This in turn affects their ability to create a sustainable working environment for others.

⁹⁸ CPSFS report p 31

⁹⁹ CPSFS report pp 23 and 31

General Community Service Activities and the NILS report

General community services in Australia are provided by a range of organizations, the bulk of which are government funded not-for-profit organizations. The NILS report estimated about 32,200 people were employed providing or managing providers in the general community services sector. About 23,900 were direct service workers. Reflecting the high proportion of part-time workers this translated to about 18,100 EFT workers overall and 12,300 EFT direct service workers.¹⁰⁰ Compared with the other states and territories, the estimates suggested lower levels of general community service employment in Queensland (13%) and NSW (24%) compared to their respective share of national population of 20% in Queensland and 32% in NSW.¹⁰¹

The not-for-profit general community services tend to be fairly small. About 40% employed only five or fewer workers, over 60% employed 10 or fewer and only 15% employed 20 or more. This pattern is similar in the government sector.¹⁰² As is indicated in Table 2, the majority of non-government general community service workers are employed part-time and casually.

The information provided by outlets suggested that around one third of professional and non-professional part time workers were employed for 15 or fewer hours per week whereas the workers' survey responses suggested the proportion is lower particularly for professionals.¹⁰³ Either way the hours are short.

17% of direct care general community services workers were casuals with 28% of non-professional workers employed casually mostly to replace permanent staff on leave, meet fluctuating or unpredictable service demand and less frequently to cover short notice shift gaps, (although casual employment was less prevalent in the sector than the whole Australian workforce¹⁰⁴). Contract staff were most commonly employed to work on projects or because of non-recurrent funding or less often to replace permanent staff on leave.¹⁰⁵ 90% of the workers across the three categories indicated a preference for permanent work. The report suggests the wide gap between preference and actuality in relation to permanent work might become a problem for employers if it became a motivator for workers to look for other employment.

Non-professionals were more likely to want to work more hours while administrators and managers wanted to work less which the report considered to be unsurprising as these latter workers were generally working full-time, were higher paid, older, more experienced and doing more unpaid hours.¹⁰⁶

About 60% expected to be in their jobs in 12 months time with difference across occupations not large. About 10% were confident they would leave their current job within 12 months and about 28% were uncertain. The desire to find another job was among the most important reasons given for leaving or planning to leave although 23% said they would change within the sector and 11% by leaving the sector. 14% were planning to leave for financial reasons. Professionals, managers and administrators were especially likely to indicate an intention to leave for financial reasons. Other reasons were expiry of contract (13%) and stress or burnout (9%).¹⁰⁷

¹⁰⁰ NILS report p 154

¹⁰¹ NILS report p 154

¹⁰² NILS report p166

¹⁰³ NILS report p162

¹⁰⁴ NILS report p187

¹⁰⁵ NILS Report p 166

¹⁰⁶ NILS Report p 188

¹⁰⁷ NILS Report p 190

Across the three categories 68% indicated they would be working in the sector in three years, although the proportion who intended to stay with the current employer was lower. The report concluded that workers in this sector are more motivated to leave their jobs by opportunities to advance within the sector rather than more attractive outside offers.¹⁰⁸

In terms of tenure, just over one quarter of professional and non professional workers had been with their current outlet for one year or less while just over one quarter had been with their current outlet for more than five years. About 38% of government general community services workers had been with their current employer for five years or more compared with 28% for non-government workers. The report notes that these figures indicate a significant task is faced in the recruitment of professional and non-professional workers, the majority of whom who are employed in the NFP sector. The report states:

*Government employees' tenure combines movement from one government outlet to another with initial employment by the organization, while tenure of those working in the non-government outlets mostly reflects time since initial appointment to the outlet.*¹⁰⁹

As the NILS report points out that employees' job satisfaction is a widely recognized key indicator of experience in the workplace and is related to whether workers stay in their jobs or intend to leave and is related to many aspects of their work performance. General community services workers expressed some level of satisfaction with almost all aspects of their work, with small differences among the occupational groups, although the professionals had "somewhat" lower satisfaction with their "total pay" and higher satisfaction with job security. Job satisfaction among general community services workers was comparable with the Australian female workforce as a whole except for job security and total pay which was strikingly low and lowest for professionals.¹¹⁰

The Predominance of Women in the Community Services Sector Workforce

The NILS report estimates that about 490,000 Australians, of whom about 410,000 were women, worked in residential care and social assistance services in 2009¹¹¹.

The Office for Women, *Profile: Queensland Women 2009* states:

Labour force participation by women is strongly associated with part time and casual work. Women comprised 73.9% of Queensland's part time workforce in 2008, and of all Queensland women who worked in 2008, 44.9% worked part time. ... In September 2006, 57,100 or 13.5% of female part time workers in Queensland were underemployed, meaning they would have preferred to work more hours and were available to work more hours.

*Women's overrepresentation as primary carers for children is strongly correlated with women working fewer hours in part time and casual positions. In 2006, of Queensland men who cared for their own, and/or other children under 15 (on an unpaid basis), 82.6% worked 35 hours or more each week. By contrast, among Queensland women who had unpaid caring responsibilities for their own or other children under 15, and who provided information about their hours of work, 39.6% worked at least 35 hours per week, while 58.5% worked between 0 and 34 hours per week.*¹¹²

¹⁰⁸ NILS Report p 190

¹⁰⁹ NILS report p 163

¹¹⁰ NILS report p 179

¹¹¹ NILS report pp1 &13

¹¹² Queensland Government, Office for Women, *Profile: Queensland Women 2009* p44

Research evidence is that women continue to bear the major responsibility for unpaid work in the home. In 2006, 35 per cent of women spent 15 hours or more per week on unpaid domestic work, compared to around 12 per cent of men.¹¹³ Women continue to take primary responsibility for child rearing which often involves breaks out of the workforce for significant periods, with many women then working in part-time or casual employment. As would be expected this is reflected in the community services sector.

Women are clustered in low wage sectors of a gender segregated Australian workforce, which has not exhibited a commensurate change with increased female labour force participation and education. Women constitute 78.6% of health and community services.¹¹⁴

"The causes of gender pay inequity are many, often complex and generally embedded in industrial, organisational and societal structures. They include:

- gender segregation of the Australian workforce;
- undervaluation of work predominantly performed by women;
- concentration of women in lower level classifications with fewer opportunities for training, and skill development;
- caring responsibilities being undertaken by women and the effect of breaks in workforce;
 - concentration of women in part-time and casual employment leading to fewer opportunities for skill development and advancement; and
 - reliance by women on awards as their primary wage setting arrangement."

¹¹⁵

The Queensland female labour force participation rate in December 2008 has increased by 5.3 percentage points in the ten years since December 1998 but at 61.0% it was still 12.8 percentage points below the male participation rate of 73.8% in December 2008. The greatest disparity is in the prime child rearing and career building years of 25 to 44 years. 44.9% of all Queensland women who worked in 2008 worked part time and comprised 73.9% of Queensland's part time workforce in 2008.

"Top five industry employers of Queensland women, by Indigenous status, 2006

Industry	% Indigenous women	% non-Indigenous women
Health care and social assistance	19.4%	17.4%
Public administration and safety	19.2%	5.9%
Education and training	12.4%	11.8%
Retail trade	9.7%	14.8%
Accommodation and food services	9.5%	9.0%

The same five industries were top employers for Indigenous and non-Indigenous women although differences were more significant in employment in public administration and safety retail trade."¹¹⁶

¹¹³ Australian Bureau of Statistics, 2006 *Census Tables*, Cat. No. 2068.0, ABS, Canberra.

¹¹⁴ Fisher G (2007) *Pay Equity Time to Act*, Queensland Industrial Relations Commission, September 2007, p19

¹¹⁵ Fisher G (2007) *Pay Equity Time to Act*, Queensland Industrial Relations Commission, September 2007, pp 1-2 see also The Parliament of the Commonwealth of Australia, *Making it Fair Pay equity and associated issues related to increasing female participation in the workforce*, House of Representatives Standing Committee on Employment and Workplace Relations, Canberra, November 2009 pp 8-10

¹¹⁶ Profile: Queensland Women, Queensland Government, Office for Women pp47-48

There are however variations between and within subsectors of the community services sector. In the child protection subsector, 80% of professionals and 85% of managers/administrators were in permanent full-time employment compared with 39% of non professionals of whom 29% were part time and 28% casual.

An Aging Community Services Sector Workforce

Many commentators have signaled the aging population as a significant factor for employment in the community services sector. It is well documented that the community services sector is characterized as:

- being an aging workforce
- Being comprised predominantly of women and
- having a high proportion of part time and casual work¹¹⁷.

Queensland's population is aging. Based on population estimates as at 2006, the predicted population for Queensland within 50 years was seven to 10 million people. This is between three and four times the population of 2.6 million people in 1986. An increase of 1.8 million in the following two decades from 2006 would be 300,000 more than the previous two decades. By 2013 it was predicted that 67.6% of people would live in South East Queensland, 31.1% in the Eastern Regional areas and 1.3% in Western Queensland.

The number of people aged 65 years and older was predicted to double to 1.2 million people over the two decades from 2006. In 2006, 50% of the population was aged younger than 36 years; by 2026 it will jump to 40 years and by 2056, it will be almost 45. Over one third of all growth across South East Queensland was predicted to be in people aged 65 years or older.

The long term trends and current patterns of age structure meant that some regional communities would experience rapid aging. In Western Queensland over the 25 years from 2006, it was predicted that nearly 80% of the projected growth would be among people aged 65 years and older. Most regional areas were predicted to grow more in the following 25 years than the past with the South East Queensland statistical divisions of Wide Bay-Burnett, Fitzroy and Northern projected to record the most growth. It was predicted the most rapid increases in the number of people aged 65 or older would be in the North and Far North.

The West Moreton statistical division was projected to have the fastest growth in children under 15 years. Ipswich is predicted to have one third of the expected growth of children aged younger than 15 years in South East Queensland.¹¹⁸ In its research snapshot report *Unemployment and the wellbeing of children aged 5 to 10 years*, the Benevolent Society points to the need for government policies to reduce the rate of family joblessness to minimize the negative effects on children living in jobless families and that investment needs to be target at vulnerable geographic areas where there are high numbers of children.¹¹⁹

The Child Protection Skills formation Strategy described the child protection sector as having almost two workforces – the young inexperienced and the older very experienced.¹²⁰ The Nils report considered the

¹¹⁷ Productivity Commission 2010, *Contribution of the Not-for Profit Sector*, Research Report, Canberra; Australian Services Union 2007, Building Social Inclusion in Australia, discussion paper Chapter 2

¹¹⁸ Queensland Government, Department of Infrastructure and Planning *Queensland's Future Population December 2008* pp3-4

¹¹⁹ Benevolent Society *Unemployment and the well being of children aged 5 to 10n years* Research Snapshot, October 2010

¹¹⁹ AIHW CP Aust 2009-2010 p 1

¹²⁰ Workforce Council, *Child Protection Skills Formation Strategy Report 2008* p 41

younger age profile of the child protection workforce probably reflected a career pattern in which a large proportion of these workers' careers was not in direct provision of child protection service.¹²¹

Accountability and Reporting

The majority of community services sector organizations are funded by government¹²². Many receive funding from different governments and different departments. Increased accountability mechanisms often result in multiple reporting requirements which are time consuming for all agencies but often disproportionate to the size and scope of the agency. Funding models result in a wages squeeze where services find it difficult to attract or retain professional staff, which, the NFP sector report notes, has implications for the quality of services delivered. Furthermore, the gap between wages and conditions in the community services sector and similar government positions makes retaining staff more difficult, a problem compounded by employment uncertainty associated with short term contracts. The report noted that workforce shortages are likely to become profound as the population ages and demand for services increases. It indicated the necessity for longer-term planning to address future workforce needs¹²³.

Funders and the community are increasingly demanding more of the community services sector in accountability and improved service delivery and outcomes with demonstrated results and value for money. Reflecting this approach, in response to recommendations of the Queensland Audit Office¹²⁴ and the Service Delivery and Performance Commission¹²⁵ the Queensland Government published the *Queensland Government Framework for Investment in Human Services*¹²⁶ to "provide a platform for more consistent approaches across agencies to the allocation and management of government investment." The framework notes that in some communities the government and non-government service providers have capacity to respond effectively to changing need but others "struggle to attract skilled and viable providers resulting in interrupted, declining, inappropriate or geographically distant service delivery".¹²⁷

As part of the Queensland Government's commitment to service improvement measures and new funding approaches designed to improve efficiency and effectiveness, the *Outputs Catalogue* was developed to clarify "the level and type of outputs the department [of Communities] funds and operates as a menu from which the department selects outputs when designing new initiatives or transitioning existing funding to output funding."¹²⁸

Training and qualifications

The Child Protection Skills Formation Strategy Report 2008 and the NILS report provide information about the child protection and the general community services sectors workforces.

NILS Report Tables 3.22 and 6.22¹²⁹: Highest level of education/qualification in the child protection (CP) and general community services (GCS) sectors, by occupation, 2009 (per cent)¹³⁰

¹²¹ NILS report p 200

¹²² Productivity Commission 2010, *Contribution of the Not-for Profit Sector*, Research Report, Canberra p xxv

¹²³ Productivity Commission 2010, *Contribution of the Not-for Profit Sector*, Research Report, Canberra, xxxiv;

¹²⁴ Auditor-General of Queensland, Report to Parliament No.2 for 2007, Results of Performance Management Systems Audit of Management of Funding to Non-Government Organisations

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¹²⁶ Queensland Government, *Queensland Government Framework for Investment in Human Services*, 2007

¹²⁷ Queensland Government, *Queensland Government Framework for Investment in Human Services*, 2007 p7

¹²⁸ Queensland Government, Department of Communities, *Outputs Catalogue* Non-Government Organisations Sustainability September 2010

¹²⁹ Nils Report pp 41& 171

	% Non-professionals		% Professionals		% Managers & administrators		% Total		% Australian workforce
	CP	GCS	CP	GCS	CP	GCS	CP	GCS	
Postgraduate degree	8	8	24	41	20	24	20	23	8
Bachelor degree	23	24	57	34	47	29	48	28	19
Diploma	23	22	11	15	13	21	14	19	10
Certificate 3 or 4	23	25	4	4	11	16	9	15	19
Year 12	10	7	2	3	7	3	4	4	17
Year 11 or Certificate 1 or 2	6	6	1	1	*	3	2	4	12
Year 10 or below	8	9	1	3	*	4	3	5	16
Total	100	100	100	100	100	100	100	100	100

Overall a considerably larger proportion of child protection workers hold a bachelor degree, and slightly more general community sector workers hold post graduate qualifications.

NILS Report Tables 3.23 and 6.23: Field of highest qualification in the child protection (CP) and general community services services sectors, by occupation, 2009 (per cent)¹³¹

	% Non-professionals		% Professionals		% Managers & administrators		% Total	
	CP	GCS	CP	GCS	CP	GCS	CP	GCS
Social work	13	10	40	32	27	11	34	18
Disability	8	1	*	*	*	2	2	1
Psychology, counselling	10	8	29	39	18	8	24	19
Community work	25	33	15	12	17	24	17	23
Youth work	18	10	*	1	*	2	4	5
Other	26	37	15	16	32	52	19	34
Total	100	100	100	100	100	100	N= 629	N= 998

The CP Skills formation strategy report which provides data for the non-government sector only reported that an estimated 81% of staff had no qualifications and 19% of staff were qualified as set out in the following table¹³²:

¹³⁰ Nils Report p 41 Sources: Survey of Community Services Workers 2009; ABS 2009d. * Too few responses for reliable estimate.

¹³¹ Nils Report p 41 & 171 Missing cases = 46 Source: Survey of Community Services Workers 2009. Note: Excludes workers without post-school qualifications. Within the „Other“ category, the fields reported most frequently by child protection workers were (in descending order): Education, Arts/Humanities, Business/Business Management, Children’s Services and Administration. * Too few responses for reliable estimate.

¹³² CP Skills formation strategy p 24

	% Certificate	% Diploma	% Adv. Diploma	% Graduate	% Post Graduate
sector	36	12	5	30	6
Managers ¹³³	15.6	14.3	5.2	44.2	26

The report notes that the results are hard to interpret as there were more responses than respondents so the percentages do not add up, but notes the high proportion with graduate or post graduate qualifications of managers.

In looking for any comparison between the CP Skills Formation Strategy Report and the NILS report results it is to be noted that the CP Skills Formation Strategy Report relates only to the non-government sector and the NILS report does not break down the differences between the government and non-government sectors. The NILS report indicates 59% of child protection workers and 15 % of general community services workers are employed in the government sector.

The NILS report provides information about skills utilization and mismatch. 90% of general community services workers believed they had the skill requirements of their jobs. On the other hand employers saw a higher incidence of under-skilling and greater variation in under-skilling across occupations. The workers perceived minimal over-skilling whereas providers considered some of their workers, mostly non-professionals as over-skilled. Providers also reported over-skilling among their managers and administrators.

Similarly about 90% of child protection workers considered they had the skills to do their job, whereas employers saw a higher incidence of under-skilling. The NILS report indicated that the discrepancy between workers' and employers' perceptions *"suggested that they did not share the same understanding about what skills were needed to work effectively in the child protection sector, particularly in non-professional jobs."*¹³⁴

¹³³ The CP Skills formation strategy p 29. The report notes that the results are hard to interpret as there were more responses than respondents so the % do not add up.

¹³⁴ NILS report p 45

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