



**CHILD** AND **FAMILY FOCUS** SA

**Final Report on the Out of Home Care  
Workforce Mapping Project  
May 2023**

## Acknowledgements

*We acknowledge the traditional lands of the Kurna people and acknowledge the Kurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kurna Elders past, present and emerging.*

*We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains, and pay our respects to all Aboriginal Elders past, present and emerging.*

*We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.*

The wisdom and experience of many voices can be heard through this report. We thank the young people and the carers who provided rich information about what is needed from the workforce by those who live or have lived within the system every day. Their insight and wisdom are invaluable and always provides the most important information of all in any research or planning work.

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CAFFSA thanks the many people who work in the sector, who gave us their time in the middle of busy days to share their experience and their ideas, plans and aspirations for ways to improve the sector. The passion and the heart of the out-of-home care sector is evident throughout this report and, despite the range of complex challenges identified, the sector is filled with capable and committed hands.

We also acknowledge Skills SA (then the Department for Innovation and Skills) for funding this project and extend warm thanks to Andrea Konigsmann for her inclusive and insightful progress of this work in her role as the Project Officer.

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## Purpose of this Report

In 2022, the then SA Department of Skills and Industry (now Skills SA) funded Child and Family Focus – SA (CAFFSA) to conduct a sector mapping exercise across three main priorities areas. The aim was to identify key challenges and gaps faced by the workforce and recommend potential solutions to equip the sector with the skills, expertise and knowledge required to improve the outcomes of children, young people, and families in South Australia.

### **The three main priority areas were:**

- Workforce recruitment and retention
- Qualifications, skills, and training
- Skills, training and development needs and gaps

## Project outcomes

1. A desktop data analysis of state, national and international out-of-home care (OOHC) sector to identify: a. The skills knowledge required for a well-prepared sector, including capacity for change b. The skills knowledge required for well-prepared, effective service providers c. Existing workforce development planning in the child protection government and non-government sectors d. Sector workforce baselines, capability gaps and training needs.

2. A Literature Review, to explore current and available research on: a. Current workforce recruitment and retention b. The qualification skills and training held by staff c. The skills, training and development needs and gaps to improve the sector.

3. Development of a proposed monitoring and evaluation tool – although out of scope for current project, a monitoring and evaluation tool should be developed, which can be deployed at a future time to track changes in the workforce composition, including skills and qualifications.

4. Consultation with the sector (questionnaires and face to face consultations) involving the establishment of a Project Governance Committee and Project Working Group with representatives from Department for Child Protection, Department for Industry and Skills, Department for Human Services, CAFFSA Member Organisations and Peak Bodies.

5. Final Report, which includes results from the above investigations, with recommendations around the need for a future industry blueprint and a sector workforce development strategy to address the key challenges and barriers faced by the sector workforce.

The Out of Home Care Workforce is defined as those working in Residential Care, including Specialised Disability Residential Care and Supported Independent Living, and Family Based Care, including specialised Family Based Care and Specific Child Only Care.

Work on the Out of Home Care Workforce Mapping Project began in July 2022, incorporating oversight by a Governance Group and a Working Group.

### **Governance Committee and Working Group**

The Governance Committee and Working Group were each established at the inception of the project with membership comprising Government representatives from Department of Human Services, Department for Child Protection and Skills SA. The South Australian Community Controlled Organisation Network were also represented, along with representatives from CAFFSA member organisations. Membership of the Governance and Working Groups is attached at Appendix 1.

The Governance and Working Groups provided invaluable advice and oversight and played an integral part in designing the survey and consultation questions.

### **Executive Summary**

This report is underpinned by the understanding that a key desire of young people in out-of-home care is continuity of staff and consistency in follow-up. This is currently being disrupted by a range of issues that impact the stability of the workforce.

During 2022/23, CAFFSA conducted an environmental scan, a literature review and a comprehensive survey and consultation process to explore current issues for the NGO sector providing out-of-home care services in South Australia. The focus was on:

- Workforce recruitment and retention
- Qualifications, skills, and training
- Skills, training and development needs and gaps

Data were gathered from a survey, along with individual, and group consultations, ensuring a wide range of views were gathered from the sector. Network analysis, statistical analysis, and thematic analysis were conducted to provide evidence of the current state of the workforce in the OOH sector in South Australia.

The analysis of the data highlighted the need to undertake an Aboriginal-led process to examine workforce issues as they impact on Aboriginal staff and fund ACCOs sustainably. Addressing these issues will ensure ACCOs can engage in the range of work required to assist to the sector to achieve much needed cultural competence and

safety. Therefore, while the below findings are also applicable to the Aboriginal workforce, further examination is needed to provide appropriate recommendations.

There is a range of occupational pathways undertaken by those in primary occupations in the OOHHC sector. Recruitment is challenging, particularly in the attraction of applicants that both meet mandatory qualification criteria and have the personal skills suitable to working in OOHHC. The training and learning journeys are not currently well understood and need to be mapped further, however this report presents initial evidence.

High dropout rates from Certificate IV courses and resignations during the probation period and first year of work were identified. This impacts the quality of service provided and incurs additional costs for agencies and the department's that fund them.

Mechanisms to incentivise staff to work in this sector should consider potential acceleration of the Certificate IV in the workplace. Certificates that are currently mandatory in the industry could be recognised by universities providing Bachelor degrees through the RPL process. This would significantly streamline employment pathways by increasing the pool of candidates with the appropriate qualifications of Certificate IV or Bachelor degrees.

Developing standardised sector training in relation to foundational skills may improve competency across the sector. An information session could be developed, serving as a starting point for those considering a career in child protection or transitioning into this sector from a related field in community and human services. Further training could address key competencies and separate modules could focus on the skills and capabilities required for management and leadership in the out of home care sector.

This standardised, structured training, which would be certified and endorsed by the industry, could reduce the burden of retraining staff when they move organisations. It could also be mapped across other sectors, given there are similar skill and training gaps in other sectors such as mental health.

Industry knowledge could be retained by encouraging skilled and experienced staff, who may be considering leaving the sector, to complete a Certificate IV in Training and Assessment. This would retain knowledge within the industry and ensure assessment activities, overall assessments of competence, and the design and development of assessment tools and learning programs are undertaken by a person with the highest level of knowledge, skills, and experience available.

Cross-sector coordination is vital. While this report focussed on the workforce in out-of-home care and residential care from the NGO sector, inclusion of the broader sector of early intervention, intensive family support and reunification services would provide a more complete picture. This would align with the national focus on prevention, early intervention, and restoration.

In order to undertake the significant body of work identified, it is further recommended that funding for a period of 2 years be provided in the first instance. An ACCO should



be funded to progress the recommendations requiring Aboriginal-led processes. Child and Family Focus – SA, the recognised peak and industry representative body, should be funded to progress the remaining recommendations. This would enable an innovative and tailored project to be implemented to meet critical sector needs. This would include building partnerships with relevant RTOs to develop sector specific training mapped against ASQUA standards and progress a Workforce Development Strategy.

## **List of Recommendations**

**Recommendation 1: A separate Workforce Mapping and Workforce Development Project should be undertaken by an Aboriginal organisation or ACCO addressing the needs of the Aboriginal workforce in the area of Residential and Family Based Care for Children and Young People.**

**Recommendation 2: Provide adequate and coordinated funding to ACCOs to provide comprehensive cultural awareness training across the sector and consultation regarding the recruitment and retention of Aboriginal staff.**

**Recommendation 3: Undertake mapping of occupational pathways to better understand what training and skill development workers currently receive, at what point and for what purpose to further scope opportunities to meet gaps and needs.**

**Recommendation 4: Work with the industry and the training sector to develop a micro-credentialled introductory module on roles and responsibilities of the child protection workforce, including the care team.**

**Recommendation 5: Work with the industry and the training sector to develop a micro-credentialled Practise Skills Essentials course.**

**Recommendation 6: Work with the industry and the training sector to develop a micro-credentialled Management and Leadership Essential Course.**

**Recommendation 7: Investigate alternative methods of delivery for the relevant Certificate IV qualifications to incentivise recruitment.**

**Recommendation 8: Conduct a feasibility study to provide an RPL pathway from VET training into Bachelor of Social Work, Bachelor of Social Science, and the Bachelor of Psychology.**

**Recommendation 9: Explore the possibility of Skills SA trialling a scholarship program for the Certificate IV in Training and Assessment for targeted industry staff.**

**Recommendation 10: Resource and undertake a comprehensive workforce development plan that positions the broader sector to meet the needs of vulnerable children and families into the future.**

**Recommendation 11: Identify funding sources to enable Child and Family Focus – SA to progress the identified recommendations 3 – 10 and an ACCO to progress recommendations 1 – 2.**

## **Section 1: Introduction**

The Alternative Care / Out of Home Care (OOHC) sector in South Australia has faced a growing number of challenges over the past twenty years. There has been a steady increase in the number of notifications and children entering OOHC. Families are presenting with greater complexities as well as comorbid issues.

At the same time, multiple inquiries and reports have highlighted significant areas that require urgent attention within the child protection workforce, suggesting that it is characterised by inadequate training and qualifications, high staff turnover and insufficient industry planning.<sup>1</sup>

Employment in the sector is expected to grow by 15.8 per cent over the next five years, yet labour shortages in the care workforce are already acute and expected to worsen.<sup>2</sup>

The purpose of this project was to conduct a sector mapping exercise across three main priorities areas: recruitment and retention, qualifications, and skills training. The aim was to identify key challenges faced by the workforce and current gaps to better equip the sector with the skills, expertise and knowledge required to improve the outcomes of children, young people and families in South Australia.

### **What young people with a care experience say they needed from their workers**

In September 2022, CAFFSA partnered with the South Australian office of the CREATE Foundation to run a consultation with Aboriginal young people with a care experience. This was to shape a response to the South Australian Commissioner for Aboriginal Children and Young People’s Inquiry into the Application of the Aboriginal and Torres Strait Islander Child Placement Principle in the removal and placement of

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<sup>1</sup> Russ, E., Morley, L., Driver, M., Lonne, B., Harries, M., & Higgins, D. (2022). *Trends and needs in the Australian child welfare workforce: An exploratory study*. Canberra: ACU Institute of Child Protection Studies. <https://doi.org/10.24268/acu.8x396>

<sup>2</sup> The Treasury (2022) *Jobs + Skills Summit – Issues Paper*. Australian Government, Canberra.

Aboriginal children in South Australia. The CREATE Foundation represents the voices of children and young people in Australia with an out-of-home care experience.

As part of that consultation, the young people talked about their experience with their workers in their time in care. The focus on recruitment and training was strong throughout the consultation.

*I think that workers need to have PD's that require them to engage better with Aboriginal young people and make an effort to connect them with their culture; they also need to start transition planning much, much earlier. This is where most things stuff up because things are not implemented earlier. It should be mandatory for workers to do cultural fitness training and it should always be done by an Aboriginal person.*

Young Aboriginal woman with a care experience

All participants agreed that a much stronger focus on appropriate recruitment and training was vital.

*Psychological evaluations don't show really good connections with young people.*

Young Aboriginal Residential Care Worker

*Kids who've been in care should be helped into Cert 3, particularly youth work.*

Young Aboriginal woman with a care experience

*Some qualifications don't replace lived experience or cultural knowledge. There should be mandatory training by people with lived experience. Attention to cultural fitness should occur every three months.*

Young Aboriginal Residential Care Worker

Despite some difficulties experienced in the residential care and foster care sector some of the young people felt their experience with 'good workers' had made a real difference in their lives.

*Some understood that resi care was institutional and would make a cup of coffee for me from their machine, drop me off at the bus for school and have normal conversations with me.*

Young Aboriginal woman with a care experience

They also all agreed that it was beneficial when workers 'let you into their world.' Those workers that were able to help the young people feel that they mattered outside of the 9-5 business day were extremely validating.

In closing, there was an overriding sense from the young people that those working in the child protection system recognise their power and do all they can to improve the system.

*Workers have the potential to change people's lives. Some of us have no Mum or Dad to make proud – lots of us do it for the workers.*

Young Aboriginal woman with a care experience

No Capes for Change is the Young Persons Group that works with DCP to provide feedback and advice on DCP projects and policies. In early 2023 representatives from No Capes for Change participated in a video presentation for DCP's Workforce Summit on Child Protection, providing their key messages on workforce in the care environment. Themes included the need for workers to demonstrate compassion, empathy, consistency and have the ability to build trust with young people. Trauma and lived experience training was seen as vital, as was training in mental health.

*Some compassion, some empathy, some sympathy a little throughout, not too much of it.*

*But I think to just have an understanding of what this child's going through.*

Young Person from No Capes for Change

*Every case is different.*

*You get a whole variety.*

*So I think they should have training on borderline personality, bipolar, schizophrenic, anxiety, depression.*

Young Person from No Capes for Change

*Lived experience training from kids in care that have exited care to teach these workers on what is actually like to live it day in, day out.*

Young Person from No Capes for Change

The consistent message was the importance of workers in the young person's life and the difference just one good worker can make. In paying attention to this message, the need to get recruitment and retention right in the child protection and out-of-home care sector becomes a very pressing and personal one for young people.

## What foster carers say they need from workers

The Statement of Commitment for South Australian Foster & Kinship Carers is a partnership project between Connecting Foster & Kinship Carers SA – the independent organisation that provides support and advocacy for and behalf of South Australian foster and kinship carers, CAFFSA and DCP. The Statement, which was the subject of extensive consultation with carers, aims to improve engagement between Carers and the child protection system and focuses on five principles that aim to ensure carers are:

- informed
- supported
- consulted
- valued
- respected

It further states:

Partners will work together to support and value carers as an essential and respected part of the care team for children and young people in care.

CAFFSA issued a request to consult with foster carers to determine what skills carers were looking for from their support agencies. Two carers were interviewed and highlighted skills and experience that echo the five principles identified in the statement.

The carers spoke about the need for strong communication skills and that they really valued being heard. Carers clarified that the concept of 'being heard' encompassed the worker trying to understand what they were saying, validating it, remembering the content and acting on any of the agreements arising from the discussion.

They also identified the need for staff to have the skills and ability to advocate on their behalf and work in the spirit of genuine teamwork and partnership. Being proactive was important, and carers expressed a desire for staff to anticipate their needs and raise possible areas for assistance with them. This was preferred to workers waiting for the carer to request assistance, given that many needs for carers are predictable and consistent across time.

Carers highlighted the significant training and assessment they received. One carer felt that support agency staff should understand that carers have gone through seven – nine months of training and assessment prior to receiving a child for placement. The carer thought that support agency staff should do the same training, such as Shared Lives, to assist in common understanding and language. It should be noted that many agencies identified during this project that their foster care staff do undergo the same training as the as foster carers as part of their induction or ongoing learning plan.

One carer felt it was important to fully explore how much knowledge a carer has before assuming the worker is more knowledgeable. They felt workers should communicate

respect in relation to the body of skills, experience and knowledge many experienced carers hold.

*There's a mismatch of skills, between a carer with experience with a new worker. But we're looking at workers as the experts. There's support workers who just don't have the same level of trauma knowledge.*

Foster carer consultation

It was noted that those in leadership and executive positions also have a role in making carers feel valued, which is a key retention strategy. As supporting carers is relationship-based, all staff should consider attending recognition events and make an effort to genuinely get to know carers. Carers also need to have access to team leaders and management.

Carers also experienced retention challenges first-hand. They highlighted that it was disrespectful to fail to inform carers when a worker was going on leave or had resigned. The carers strongly encouraged agencies and the department improve retention strategies to address this given the disruption to key relationships in their lives.

### **What the literature says children, young people, carers, and families need from workers**

As researchers from the Institute of Child Protection Studies have noted workers with a focus on child safety and wellbeing deal with some of the most complex issues within the community service sector.<sup>3</sup> Embedded within this complex landscape are the highly sensitive and emotional worlds of families, their cultures and their communities. These contexts all generate highly personal approaches concerning the care and wellbeing of their children and young people.

The decisions that workers make involve vulnerable children, young people and their families, and can comprise extremely complex situations and involve multiple stakeholders. The decisions may be ethically fraught and emotionally challenging, demanding a high level of knowledge and skill. To support workers in ensuring the safety and wellbeing of children and young people, all organisations that offer services to vulnerable children and families, directly or indirectly, need to be able to attract, recruit and sustain a reliable and appropriately qualified and skilled workforce. Such a workforce needs broad-ranging community support networks, formal and informal, with capacity to introduce efficacious prevention strategies and interventions.

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<sup>3</sup> Russ, E., Morley, L., Driver, M., Lonne, B., Harries, M., & Higgins, D. (2022). *Trends and needs in the Australian child welfare workforce: An exploratory study*. Canberra: ACU Institute of Child Protection Studies. <https://doi.org/10.24268/acu.8x396>

A limited amount is known about the skills required by the child and family workforce and there is little consensus internationally about which skills are most vital. A recent systematic review of research pertaining to essential family support skills found that most studies did not define specific skills, drew on small samples and contained bias precluding the ability to identify a definitive list of skills<sup>4</sup>. The skills that were reported as vital were consistent with what young people with a care experience and carers identified, as discussed in the opening section of this report.

The review categorised family support workforce skills in three topics: (1) the qualities of the professionals (attitudes and attributes), (2) technical skills, and (3) specific knowledge. Several studies suggest that accuracy, empathy, warmth, and genuineness are associated with higher client satisfaction towards social workers and other professionals. To a lesser extent, studies also show that these qualities are related to positive client outcomes. The technical skills often referred to included ways to empower and enable families as well as communication skills. Only three studies detailed which communication techniques were more effective. For instance, in child protection work, if empathy, reflection and good listening are combined, social workers can reduce parents' resistance and promote meaningful change. In addition, other specific communication techniques can promote parents' satisfaction and adherence to professionals' recommendations. These include:

- To give narrative support and professionals techniques, such as facilitation, showing empathy, repetition, clarification, or interpretation.
- To give information or provide counselling, using exemplifying to detail behaviour, reasoning to identify knowledge, and motivating and rewarding, among others, to transform beliefs.<sup>5</sup>

The Australian Association of Social Workers also identifies the knowledge, skills, values, and personal qualities required of social workers in child protection practice.<sup>6</sup> The infographic is consistent with the literature already discussed, particularly noting the importance of relational qualities such as empathy and genuineness.

Overall, the views of children, young people, and foster carers align with the literature and identify the attributes required to advance a high-quality workforce. The following section provides background information that outlines the state and national initiatives already occurring to enhance the workforce.

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<sup>4</sup> Zegarac, N., Isakov, A. B., Nunes, C., & Antunes, A. (2021). Workforce Skills in Family Support: A Systematic Review. *Research on Social Work Practice*, 31(4), 400-409.

<sup>5</sup> Burgund, A., Nunes, C., Zegarac, N., & Antunes, A. (2021). Systematic review of Family Support workforce skills: conceptualization, process, and findings. *EurofamNet*.  
[https://eurofamnet.eu/system/files/wg4\\_systematicreviewfsworkforceskills\\_0.pdf](https://eurofamnet.eu/system/files/wg4_systematicreviewfsworkforceskills_0.pdf)

<sup>6</sup> South Australian Child Protection Practice Group. *Working together for best practice in child protection*.  
<https://my.aasw.asn.au/s/article/Working-together-for-best-practice-child-protection?articleType=Document>

## Section 2: Background

This section presents background literature to provide contextual information to the report findings. Previous reviews of the child protection system and current frameworks guiding practice all influence the skills and training landscape within the South Australian OOHC sector.

### National Framework: *Safe and Supported*

Under *Safe and Supported*, the Australian Government, state and territory governments, Aboriginal and Torres Strait Islander representatives and the non-government sector are working together towards the shared goal of reducing the rate of child abuse and neglect and its intergenerational impacts.

It sets out a 10-year strategy to improve the lives of children, young people and families experiencing disadvantage or who are vulnerable to abuse and neglect. The strategy drives change through collective effort across governments and sectors that impact the safety and wellbeing of children and young people.

*Safe and Supported* is backed by two sets of Action Plans. The *Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan (Action Plan)*, in parallel with the *Safe and Supported: First Action Plan*, outline the scope of activity from 2023 to 2026.<sup>7</sup>

Action 3 of the *First National Action Plan* focuses on workforce development by committing to agree a national approach for a sustainable and skilled workforce. It further commits to develop strategies to ensure the future sustainability of the child and family sector workforce and to better support the four identified *Safe and Supported* priority groups. This includes attraction and retention, capacity and capability approaches, embedding trauma-informed and culturally aware services, and peer support.

*Safe and Supported* also addresses the Aboriginal and Torres Strait Islander workforce through the *Aboriginal and Torres Strait Islander First Action Plan 2023-2026*. It outlines a national approach to continue building a sustainable Aboriginal and Torres Strait Islander child and family sector workforce.

Anticipated deliverables include:

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<sup>7</sup> Commonwealth of Australia, *First Action Plan 2023-2026*.

[https://www.dss.gov.au/sites/default/files/documents/01\\_2023/final-first-action-plan.pdf](https://www.dss.gov.au/sites/default/files/documents/01_2023/final-first-action-plan.pdf)



- A child protection and family support workforce development report that contains:
  - an analysis of current and projected workforce needs across states and territories, including formal and relevant qualifications
  - the identification of barriers and opportunities to inform development of strategies for a sustainable workforce.
  
- Jurisdictional strategies to grow the Aboriginal and Torres Strait Islander workforce, such as:
  - vocational training
  - tertiary education pathways and embedding cultural safety within tertiary education
  - attraction and retention of Aboriginal and Torres Strait Islander staff
  - direct support to ACCOs to develop, support and attract Aboriginal and Torres Strait Islander staff.

### South Australian frameworks

*Safe and Well: Supporting Families, Protecting Children*<sup>8</sup> is South Australia's whole of- government reform plan to better support vulnerable families and children. It was developed in response to recommendations from South Australia's 2014 Child Protection Systems Royal Commission, the Royal Commission into Institutional Responses the Child Sexual Abuse, and other related inquiries. The aim is to shift towards a contemporary view of child protection as a whole-of-government system with collective responsibility for the safety and wellbeing of children and young people. Areas of focus are:

- Providing earlier, intensive, targeted support to families with multiple and complex needs.
- Protecting children from harm, including when they come into care, using a trauma responsive, development-focused services.
- Investing in children in care and in their transition from care.

*Safe and Well* focuses on developing the skills, professionalism and sustainability of the workforce to work with families and children in need of services, building quality and safeguarding into all parts of the child protection system. The reform will develop

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<sup>8</sup> Government of South Australia. *Safe and well: Supporting families, protecting children*. [https://www.childprotection.sa.gov.au/data/assets/pdf\\_file/0011/126497/19-070-Safe-and-Well-State-Reform\\_final.pdf](https://www.childprotection.sa.gov.au/data/assets/pdf_file/0011/126497/19-070-Safe-and-Well-State-Reform_final.pdf)

a learning culture, where research, data, evaluation and shared learnings are a valued part of work. Carers, the government and non-government workforce will all be encouraged with further training and support to provide trauma-responsive and culturally-informed care.

Key directions in the *Growing a skilled and stable workforce* section (p19) include:

- Support our staff to use professional judgement and clinical expertise in the decisions they make to keep children and young people safe.
- Embed a restorative and relational practice approach that is solutions-oriented and supports creative problem solving.
- Develop a future workforce strategy to ensure sustainability of our services.

*Every effort for every child – South Australia’s strategy for children and young people in care 2020 – 2023*<sup>9</sup> is part of the government’s broader plan for protecting South Australia’s children and young people. It is a 3-year plan describing directions and priority actions for reforming the care system for children and young people.

The plan makes a range of commitments to staff in the residential care sector, including building workforce capability to improve responsiveness to trauma, developmental needs and cultural responsiveness. It further commits to grow the Aboriginal workforce to better reflect the cultural needs of Aboriginal children and young people across the care system. More broadly, it commits to better educate and support our staff to use professional judgement and clinical expertise in their practice relating both to children and carers and to improve recruitment and retention of staff to build positive, continuous and strong relationships with children and young people.

## Findings from previous South Australian reviews into child protection

A number of parliamentary enquiries and the Nyland Royal Commission have focussed on issues and concerns in the SA child protection system in the recent past.

In 2022, a review was commissioned to assess the status of all previous coronial and other recommendations relating to child protection - a recommendation from the coronial inquest into the deaths of Amber Rose Rigney and Korey Lee Mitchell in

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<sup>9</sup> Government of South Australia. (2020). *Every effort for every child*. [https://www.childprotection.sa.gov.au/data/assets/pdf\\_file/0004/135148/Every-effort-for-every-child-February-2020\\_final.pdf](https://www.childprotection.sa.gov.au/data/assets/pdf_file/0004/135148/Every-effort-for-every-child-February-2020_final.pdf)

2016. The report of that review, called *Trust in Culture*<sup>10</sup>, made several observations relevant to this project.

At a meeting with industry heads, the reviewer queried whether the South Australian workforce, across both the statutory and broader sector, is adequately trained and equipped for the work. There were 26 participants and not one of them believed this to be true. Critically, all leaders were eager to couple this view with great respect for the workforce. Indeed, their perspectives were not heard as a criticism of the people in the system; rather, as a wish for the preparation within formal qualifications to be more tailored to child protection and an increase in resources to enable continuous learning and skill development.<sup>11</sup>

The continued reliance on residential care, means the workforce is large and requires constant recruitment to manage both its growth and turnover. Residential care is managed both by DCP and non-government agencies. The *Trust in Culture* review reported difficulties associated with recruiting and retaining skilled workers and the shortage of workers. At the heads of industry forum, this challenge was raised and one leader said:

*There is not an endless supply of resources. There is an end point where staffing and resources will run out. We are at that point.*<sup>12</sup>

The Human Resources Unit in the Department for Child Protection recognises these concerns and maintains a continual focus on residential care recruitment, employment and the ongoing professional development of this workforce.

The report of the 2022 *Independent Inquiry into Foster and Kinship Care in SA*<sup>13</sup> also made a number of recommendations with implications for the NGO workforce, as follows:

*Recommendation 8:* That implementation of the Statement of Commitment, including requirements for consultation and participation, be adequately resourced and undertaken as an active process, including increasing awareness of the Statement in the Department and support agencies, providing widespread training and supervision across the organisation in relation to the Statement, and develop key performance measures in relation to the Statement that are monitored and reported on. One such indicator should include carer consultation in relation to children and young people's Annual Reviews<sup>14</sup>; and

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<sup>10</sup> Alexander, K. (2022). *Trust in culture*. <https://www.childprotection.sa.gov.au/documents/report/trust-in-culture-a-review-of-child-protection-in-sa-nov-2022.pdf>

<sup>11</sup> Ibid, p. 72

<sup>12</sup> Ibid, p. 73

<sup>13</sup> Arney, F. (2022). *Independent inquiry into foster and kinship care in SA*.

[https://www.sa.gov.au/data/assets/pdf\\_file/0004/816547/Report-of-the-Independent-Inquiry-into-Foster-and-Kinship-Care.pdf](https://www.sa.gov.au/data/assets/pdf_file/0004/816547/Report-of-the-Independent-Inquiry-into-Foster-and-Kinship-Care.pdf)

<sup>14</sup> Ibid, p. 74

*Recommendation 10:* That the Department and other persons or bodies involved in foster care or kinship care commit to train and supervise staff in their obligations under legislation regarding the creation, sharing, accessibility and accuracy of information and documentation and in the importance of records created and kept to meeting the current and long-term information needs of children in care.<sup>15</sup>

## Findings from recent South Australian consultations

### CAFFSA Forum - May 2022

A priority-setting forum held by CAFFSA in May 2022<sup>16</sup>, with 68 participants attending from 28 of CAFFSA's member organisations. It identified how critical the workforce issue is and highlighted the need to develop, support and retain the current good staff and carers we have, as well as attracting new staff and carers to the sector. It was noted that this is especially hard in the face of media coverage of tragedies and a national workforce shortage.

*Adequate support, professional development, training and remuneration for workers, carers and organisations working in this space, particularly for workers who are expected to work outside of 9 to 5 in order to be effective in regards to relationship building with clients and families.*

CAFFSA 2022 Priority Setting Forum Participant.

*Increased workforce development to keep staff in their roles. Understanding that meaningful change occurs in the context of safe, supported relationships. So for client outcomes, staff retention is key.*

CAFFSA 2022 Priority Setting Forum Participant.

### Families Australia - August 2019

In August 2019, Families Australia led a consultation on the successor plan for the *National Framework for Protecting Australia's Children 2009-2020* (National Framework) on behalf of the National Coalition on Child Safety and Wellbeing. The session was attended by around 50 participants including Senior Officials from State

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<sup>15</sup> Ibid, p. 93

<sup>16</sup> CAFFSA. (May, 2022). *Improving Family Wellbeing and Child Protection: What are our priorities for the next four years in SA.* <https://childandfamily-sa.org.au/wp-content/uploads/2022/10/CAFFSA-May-Forum-Report.pdf>

and Federal governments as well as executives and representatives from the non-government sector.

In the report<sup>17</sup>, workforce issues were identified a vital policy issue, with the key elements and success factors in this area identified as follows:

*Key elements most likely to produce the best outcomes and balance child and family wellbeing with safety*

- Promotion and implementation of strengths-based approaches that value and prioritise moving away from risk averse practices, creating safe service access and family-led approaches.
- Communities of practice are established to support practitioners.
- Scaling up of approaches that are evidence-based/ informed.
- Practitioners are empowered and supported to be brave in decision making about what does and doesn't work.

*What will success look like?*

- Support for professional development, practice leadership, supervision.
- Workers have the required skills and supervision to shift organisational cultures and practices to meet the national vision.
- Professional development is supported through the successor plan eg. Child Aware Conferences under the National Framework.<sup>18</sup>

### **CAFFSA Survey - 2017**

CAFFSA surveyed its members in 2017 regarding existing training and development available to frontline workers in the OOHC sector along with any training gaps and/or barriers to accessing training opportunities. Analysis from the twelve member organisations that responded included identified gaps in:

- Disability awareness
- Child protection process, including removal, visitation / access, what it means to be in care and how this impacts children and families
- Effects of trauma and trauma-informed care
- Logging critical incidents and report writing

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<sup>17</sup> Families Australia. (2019). *After the National Framework: Building the National Child and Wellbeing Plan beyond 2020*. [https://familiesaustralia.org.au/wp-content/uploads/2019/11/Beyond-2020\\_Adelaide-consultation\\_Synthesis-of-key-outcomes.pdf](https://familiesaustralia.org.au/wp-content/uploads/2019/11/Beyond-2020_Adelaide-consultation_Synthesis-of-key-outcomes.pdf), p. 63

<sup>18</sup> Ibid.

- Personal boundaries training and working together in teams
- Cultural awareness training for all staff
- Skills for working effectively with foster carers – effective communication skills, sharing information
- Managing challenging behaviour / the impact of trauma and skills for coaching foster carers in this area
- Child development and the impact of trauma
- Common approach to assessment - ARACY training
- Sexualised behaviours and protective strategies - assisting assessment and support workers to identify concerning characteristics of possible perpetrators.

Recommendations from agencies included:

- The development of a training package for Aboriginal cultural training or other child protection training specific to the foster care sector.
- Improving access to formal training opportunities that are rarely offered in rural areas.
- Providing the opportunity to combine training with other agencies and/or DCP, including the development of a shared foster care training/event calendar across the state to improve sharing of resources, knowledge and training opportunities.
- Analysis and recognition of the time away from the workplace and the associated costs of training for providers (particularly country providers).

### **The need for a separate framework that addresses the Aboriginal and Torres Strait Islander workforce**

Across Australia, increasing numbers of children and young people are being removed from their families and placed in care in response to significant safety concerns. This is a deeply traumatising experience that can continue to impact health and wellbeing throughout life and across generations.

For Aboriginal families, the numbers of children and young people in care continues to rise at a shocking and utterly unacceptable rate.<sup>19</sup> This is compounded by the intergenerational trauma from children being forcefully taken from their communities and culture. The continuing over-representation of Aboriginal and Torres Strait Islander children in OOHC demands major changes to the governance, design, practice, and workforce of early intervention services. The sector must work together

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<sup>19</sup> Lawrie, A. (2022). *The inquiry into the application of the Aboriginal and Torres Strait Islander child placement principle in the removal and placement of Aboriginal children in South Australia*. [https://cacyp.com.au/wp-content/uploads/2023/10/CACYP\\_Preliminary-Report-2023.pdf](https://cacyp.com.au/wp-content/uploads/2023/10/CACYP_Preliminary-Report-2023.pdf)

to address the impacts of intergenerational trauma from experiences of colonisation, the Stolen Generations, and other past discriminatory government policies.

In South Australia, despite making up just under 5 per cent of the population, in 2020–2021 Aboriginal children accounted for 28 per cent of screened-in notifications assessed by DCP<sup>20</sup> and SA has the second highest entry of Aboriginal children into OOHC in the country.<sup>21</sup>

Target 12 of the *National Agreement on Closing the Gap* is to reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children in OOHC by 45 per cent by 2031.<sup>22</sup> The Australian Government’s Department of Social Services *Safe and Supported: The National Framework for Protecting Children 2021–2031*<sup>23</sup> includes ‘addressing overrepresentation of Aboriginal and Torres Strait Islander children and young people in child protection systems’ as one of the four focus areas.

*In South Australia’s* child protection plan, *Safe and Well*, culture and connection to community are seen as ‘important protective factors in the health and wellbeing of families, children and young people. Keeping Aboriginal children and young people connected and safe in their community is one of the best ways we can reduce their disproportionate vulnerability.’<sup>24</sup>

As noted earlier, the Federal Government released *The Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan*. The need for a specific workforce plan focussing on the needs of the SA Aboriginal workforce is consistent with findings from research, reports and consultations with Aboriginal Community Controlled Organisations, broader agencies and the Aboriginal community themselves.

In 2021, the national non-government peak body for Aboriginal and Torres Strait Islander children, SNAICC, conducted a series of national consultations to guide the

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<sup>20</sup> Productivity Commission. (2022) *Report on Government Services: Child protection services*. Table 16A.5.

<sup>21</sup> SNAICC. (2022). *The Family Matters Report - Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia 2022*.

<https://www.familymatters.org.au/wp-content/uploads/2022/11/20221123-Family-Matters-Report-2022-1.pdf>

<sup>22</sup> Australian Governments and the Coalition of Peaks. (2020). *National Agreement on Closing the Gap*.

<https://www.closingthegap.gov.au/national-agreement/targets>

<sup>23</sup> Commonwealth of Australia (Department of Social Services). (2021). *Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031*.

[https://www.dss.gov.au/sites/default/files/documents/12\\_2021/dess5016-national-framework-protecting-childrenaccessible.pdf](https://www.dss.gov.au/sites/default/files/documents/12_2021/dess5016-national-framework-protecting-childrenaccessible.pdf)

<sup>24</sup> Government of South Australia. *Safe and well: Supporting families, protecting children*.

[https://www.childprotection.sa.gov.au/data/assets/pdf\\_file/0011/126497/19-070-Safe-and-Well-State-Reform\\_final.pdf](https://www.childprotection.sa.gov.au/data/assets/pdf_file/0011/126497/19-070-Safe-and-Well-State-Reform_final.pdf), p. 15



co-design of the successor framework to the National Framework for Protecting Australia's Children.

They recommended *“Increased self-determination for Aboriginal and Torres Strait Islander people, including a transfer of control and power from non-Indigenous organisations and governments to Aboriginal and Torres Strait Islander peoples, communities and organisations.”*

This was to be achieved by:

- increased funding for ACCOs
- increased Aboriginal and Torres Strait Islander self-determination and leadership across all facets of child protection, including in government departments, and workforce development, both to improve support and legitimacy of Aboriginal and Torres Strait Islander workers and to improve cultural capabilities within the government and NGO non-Indigenous workforce.<sup>25</sup>

In May 2023, SNAICC released the report<sup>26</sup> of a research project identifying the strengths, needs, barriers and opportunities of ACCOs delivering programs to children and families funded by DSS.

Consistent with the findings from the existing literature, the findings highlighted the importance of workforce development, primarily by increasing the number of Aboriginal and Torres Strait Islander people across all roles and levels (from direct practitioners through to senior management) in the children and family services workforce.<sup>27</sup>

The report further recommends that DSS should develop and implement funding models for ACCOS that recognise the historical exclusion of Aboriginal and Torres Strait Islander people and organisations from access to assets, and adequately allocate a proportion of total funding that can be used to support the core operational needs of ACCOs, including workforce development and growth.

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<sup>25</sup> SNAICC. (2021). *National framework for protecting Australia's children 2021-2031: Successor plan consultation report*. <https://www.snaicc.org.au/wp-content/uploads/2021/11/SNAICC-ConsultationReport-successor-plan-Nov2021.pdf>, p. 31

<sup>26</sup> SNAICC. (2023). *Stronger ACCOS, stronger families: Final report*. <https://www.snaicc.org.au/wp-content/uploads/2023/05/SNAICC-Stronger-ACCOS-Stronger-Families-report-2022.pdf>

<sup>27</sup> Ibid, p. 38



Consultations during this project clarified the urgent need for attention and improvements in the recruitment and retention of Aboriginal staff in the child protection field and that there must be an Aboriginal-led process for identifying issues and strategies to address this.

All agency representatives consulted during this process agreed that the experience of Aboriginal people working in child protection is unique and cannot be understood through a non-Aboriginal lens. These issues should be examined and tackled through Aboriginal-led processes and dealt with via Aboriginal-led solutions.

### **Section 3: Literature**

This section outlines the research that has been conducted relevant to workforce development in the OOHC sector. The literature covers changes in the child protection workforce over the last decade, the work of other South Australian peak agencies and government departments, interstate workforce development activities, and international best practice.

#### **Changes in the national child protection workforce over the last decade**

Two studies were conducted by the Institute of Child Protection Studies at Australian Catholic University (ACU) approximately one decade apart. The results of the two studies and the conclusions drawn about trends in the workforce demonstrate that much remains unchanged in the last 11 years.

#### **The Australian child protection workforce in 2012**

In 2012, ACU undertook a national analysis of workforce trends and approaches that affected Australia's statutory child protection workforce.<sup>28</sup> Institute staff visited the statutory child protection authorities in each state and territory, consulted with key stakeholders involved in the recruitment, training and management of the statutory child protection sector and distributed a survey to child protection authorities, with the aim of developing a basic workforce profile.

##### *National trends*

There were a number of national trends identified which impacted upon recruitment and retention: broad structural trends. These included economic conditions, including downturns and booms; context-specific issues (such as housing costs in mining areas); competition for workers with other government departments; changing and

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<sup>28</sup> McArthur, Morag and Thomson, Lorraine. (2012). *National analysis of workforce trends in statutory child protection*. Australian Catholic University. <https://acuresearchbank.acu.edu.au/item/87y0q/national-analysisof-workforce-trends-in-statutory-child-protection>

unpredictable demand for child protection services; reviews and inquiries; restructuring of departments; demographics of the workforce; and negative press about child protection and child protection practitioners.

### *Common workforce concerns*

Jurisdictions were most concerned about identifying appropriate qualifications for child protection workers, reducing turnover, and recruiting Aboriginal staff.

### *Recruitment strategies*

Jurisdictions were employing the following strategies: improved, streamlined recruitment and marketing processes; partnerships with education providers; and international recruitment. Increasingly, it is understood that, if unsuitable staff are recruited, who either do not stay for long or who stay but cannot work effectively, then recruitment is not effective. Where potentially suitable people are recruited but do not stay, the link between recruitment and retention becomes of paramount importance.

### *Key recruitment issues across jurisdictions*

The data showed that there were not enough social workers graduating each year who were considering child protection as a career. Recruitment in regional and remote areas faced additional challenges. Nationally, there were difficulties in recruiting Aboriginal staff, with tertiary degree requirements creating a barrier for many Aboriginal applicants.

### *Retention strategies*

The aim was to retain the 'right' people for the jobs in order to provide quality services. There were four main categories of retention strategies evident from the consultations with the jurisdictions: incentives; professional development, including core training; building a supportive workplace environment; and job redesign, together with opportunities for career progression.

### *Key retention issues across jurisdictions*

Some jurisdictions identified that they still needed to improve retention. More evaluation was seen as needed to determine the extent to which new strategies were working to place the right people in the right jobs and keep them there for the right length of time. It takes time to build positive workplace cultures. If educational

providers could offer more qualifications, which include child protection-relevant units, child protection authorities would have to do less training of new recruits.<sup>29</sup>

*Recommendations from the report:*

**National data development to enable workforce planning.** To undertake sophisticated workforce planning at both state/territory and national levels, comprehensive data are needed. Whilst states and territories have their own data systems, they are not necessarily conducive to understanding the national child protection workforce (statutory and the wider child protection workforce). With agreed variables and counting rules, such data would facilitate the evaluation of recruitment, retention and workforce development strategies.

**Development of national standards and education, possibly through a national entity.** There was a widely held view that professional leadership is needed for the statutory child protection workforce. Considerable state and territory resources are currently devoted to identifying the qualifications and attributes needed for statutory child protection work and seeking to access these from the supply of workers available. Agreement on the nature of the statutory child protection practitioner role is critical to the identification of these qualities and attributes and to the development of a professional identity for this workforce. Development of a national capability framework and minimum educational standards, and raising a positive profile for child protection practitioners, could be part of this process.

**Para-professional workforce development.** Given the barriers identified above, para-professional workforce development could increase the participation of Aboriginal and culturally diverse staff in statutory child protection work. This may involve paraprofessionals taking on roles that do not require the qualifications of professional-level staff, affording qualified child protection practitioners more resources to engage in more complex work. Para-professional monitoring may occur through the development of a national capability framework.

**Pre-employment capacity building, particularly for Aboriginal young people.** Alongside paraprofessional strategies, pre-employment capacity building was identified as important for enhancing the Aboriginal workforce. To do this, appropriate steps must be taken to forge educational and employment pathways through school to human service work. This should include using creative strategies and scholarships to reduce educational barriers.

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<sup>29</sup> Ibid, p. 4-5

## The Australian child protection workforce in 2022

Ten years after the previous study, ACU re-analysed the workforce.<sup>30</sup> The focus of the study was the readiness of the child protection workforce to implement the core public health principles of the National Framework for Protecting Australia's Children 2009-2020. One of the key principles was shifting the resources of the workforce towards early intervention. The authors identified numerous barriers to implementing the required early intervention and family support programs, and community development strategies.<sup>31</sup>

Among the findings, the following are particularly relevant to this report, supporting many of the findings of this project's survey and consultations:

- The diversity of the workforce is not consistent with the population trends. Given disproportionate representation of some population groups, such as Aboriginal and Torres Strait Islander children and children with disability subject to tertiary child protection intervention, this poses a challenge in providing services responsive to diverse populations.
- Workforce turnover and retention has been a longstanding issue in child protection, particularly the statutory context. High proportions of staff working in the tertiary/statutory context leave these positions within the first few years. Many staff transition to find employment in related non-statutory child protection jobs in the secondary and primary tier services.
- There is a high level of casualisation in some of the categories that make up the child welfare workforce, especially where staff engage in shift work.
- Many staff working in the primary, secondary and tertiary services are inadequately prepared for the complex and skilled work required to recognise and assess risk of harm of child abuse and neglect, notwithstanding that the tertiary workforce has high levels of bachelor-qualified staff.
- The workforce across all three tiers is overrepresented by female workers.

The study concludes by highlighting that the above factors “point to some serious issues in relation to the preparedness for the child welfare workforce into the future,

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<sup>30</sup> Russ, E., Morley, L., Driver, M., Lonne, B., Harries, M., & Higgins, D. (2022). *Trends and needs in the Australian child welfare workforce: An exploratory study*. Canberra: ACU Institute of Child Protection Studies. <https://doi.org/10.24268/acu.8x396>

<sup>31</sup> Ibid, p. 9

especially in the context of implementing a public health approach”.<sup>32</sup> Issues identified include:

- With the current data, it is not possible to plan and develop a workforce that will be effective in meeting the growing demand for prevention services and programs and upholding best practice principles. There needs to be a clearly defined and quantified workforce grounded in consistent reporting regimes across all jurisdictions for primary, secondary and tertiary tiers of the child protection sector.
- The under-representation of men in the child welfare workforce has the potential to perpetuate the gendered perception that child welfare work is ‘women’s work’ and, hence, perhaps less worthy of research and development and resources. This has the potential to further jeopardise the implementation of the public health approach.
- The lack of diversity in the workforce has implications for the provision of services that are appropriate and responsive to the needs of diverse populations of children and families that are disproportionately represented in child welfare systems.
- Insufficient focus on skill development of the workforce, in all tiers, jeopardises the consistent provision of high-quality professional supports. Staff who work in primary tier services, and who hold child protection roles and responsibilities, require greater direction and guidance to support the wellbeing of children. Developing a suitably qualified workforce, across statutory organisations as well as a range of other organisations within the health and community service sector, remains a significant issue. Under-developed staff may use ineffective prevention strategies, resulting in families moving further across the child protection continuum.
- The higher levels of casualisation of some workforce populations has the potential to create instability. This negatively impacts the overall workforce development and service quality and consistency, especially in the primary and secondary tiers, where casualisation is highest.

### **The workforce development initiatives of other South Australian peak agencies**

This section presents recent developments by peak agencies in other sectors also delivering human services. Workforce development concerns have been identified across both drug and alcohol services and public health.

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<sup>32</sup> Ibid, p. 12

## **The South Australian Network of Drug and Alcohol Services**

The South Australian Network of Drug and Alcohol Services (SANDAS) is the peak body for non-government drug and alcohol services in South Australia. SANDAS has identified a range of workforce issues, including that the AOD workforce is predominantly female, ageing, and has a significant proportion working part time. There is an urgent need to recruit new workers to address the current levels of shrinkage in the workforce (driven by retirement and workers moving to work in other sectors that can provide greater job security and workforce development). There is also a need to develop strategies to support the emerging AOD peer workforce, their managers and organisations.

SANDAS included workforce development in its South Australian State Election Platform 2022, as follows:

Fund development of a state-wide workforce development strategy (approximately \$500k pa) that enables the training of new and existing AOD workers at vocational and higher education level (traineeships, scholarships, ongoing professional development) and AOD training for workers in related fields (child protection, housing, homelessness, disability, education, primary care etc.) to ensure adequate sector staffing levels and skills profile.<sup>33</sup>

## **South Australian Public Health Consortium**

The South Australian Public Health Consortium comprises the South Australian branches of the Public Health Association of Australia (PHAA) and the Australian Health Promotion Association (AHPA), as well as the South Australian Council of Social Service (SACOSS). All partners of the consortium have an interest in promoting health in the community through disease prevention. They have expressed concerns regarding the reduction in the public health workforce capacity in South Australia in health and community services. This has led to a lack of focus on and capacity to address the preventable causes of death and disability at the population level.

The Consortium's 2022 Election Platform included:

A comprehensive review of the scope of the preventive health workforce in South Australia to provide greater understanding of sector characteristics, core activities, and needs. The review would then inform the establishment of a

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<sup>33</sup> SANDAS. (2022). SANDAS South Australian State Election Platform 2022. <https://sandas.org.au/wp-content/uploads/2021/11/20211116-Sandas-State-election-platform-2022.pdf>

dedicated employment training and development program for health promotion and disease prevention practitioners.<sup>34</sup>

## **The workforce development activities in South Australian government departments**

This section identifies workforce development activities being undertaken by several South Australian government departments. The departments also highlight workforce gaps that are required to ensure all South Australian children, young people, and families have adequate support.

### **The Department for Child Protection**

The Department for Child Protection convened a workforce summit in April 2023, focussing on building workforce capacity for the future.

Representatives from government and non-government agencies, Aboriginal-led organisations, universities, peak and oversight bodies, as well as carers and young people, explored ideas to elevate child protection as a career of choice and best meet the changing needs of the sector going forward.

The findings of the summit will be formalised through the development of a Workforce Strategy for the broader child protection sector.

The Department also convenes the Family Based Care Recruitment and Retention Taskforce and co-convenes the Residential Care Recruitment and Retention Taskforce with Child and Family Focus – SA, both of which focus on identifying and delivering strategies aimed at increasing recruitment and retention.

Development of a national approach to building a skilled and sustainable child and family services workforce was recently agreed, as part of Safe and Supported, the National Framework for Protecting Australia's Children.

Drawing on the national framework, the major shift to Aboriginal-led services for Aboriginal children and families will be a fundamental factor in the thinking about the future of the South Australian child protection workforce.

DCP has also responded to a number of recommendations from the Nyland Royal Commission with the following:

- The building of strong relationships with the university sector, and internally, to enhance pathways to employment for graduating social work students and build

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<sup>34</sup> South Australian Public Health Consortium. (2022). *Ensuring a healthier Australia for years to come*. [https://www.healthpromotion.org.au/images/com\\_eventbooking/SA\\_Election\\_Platform.pdf](https://www.healthpromotion.org.au/images/com_eventbooking/SA_Election_Platform.pdf)

the knowledge and understanding of foundational theories in child protection practice for new graduates entering the workforce.

- Strengthening approaches to growing a multi-disciplinary workforce through broadening the accepted qualifications for roles in child protection practice and strengthening the disability support capability.
- An agreement reached in May 2020 with TAFE South Australia for the delivery of the Certificate IV in Child, Youth and Family Intervention for employment of the residential care workforce. This includes a reviewed and updated approach to the induction and orientation of this workforce.
- Commencing the planning and design phase for the implementation of a therapeutic model for residential care, which will include developing the skills and capability of the workforce to support the delivery of trauma-informed residential care services.
- Creating pathways for the employment of Aboriginal young people through offering traineeships with a Certificate III in Business Administration and are planning to expand upon this to offer traineeships with a Certificate III in Community Services to improve employment pathways into direct service delivery settings.<sup>35</sup>

*There is a fitness to practice issue. There are no shortage of students coming forward but they are not adequately equipped for the work.*

Manager, non-government organisation<sup>36</sup>

## **The Department of Human Services**

The Child and Family Support System is an integral part of the whole of government reform. Under the South Australia's child protection system Workforce (CFFS) Project, government agencies are working in partnership to:

- support families at risk of entering the child protection system
- protect children from harm including when they come into care, and
- invest in young people in care, so they leave care with opportunities for a bright future.

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<sup>35</sup> Alexander. (2022). *Trust in culture*. <https://www.childprotection.sa.gov.au/documents/report/trust-in-culture-a-review-of-child-protection-in-sa-nov-2022.pdf>, p. 68

<sup>36</sup> Ibid, p. 68



The project utilised extensive consultation via focus groups, along with audit data related to workforce demographics, role characteristics, training, professional development, and experience, active allyship and clinical supervision of practice.

The following is drawn from the DHS Official Briefing Paper (see Appendix 5).

The availability of a skilled workforce is a significant concern across the sector and remains a growing issue. In recent years, there has been a shortage of social workers in South Australia, significantly impacting on the delivery of services in the non-government sector. The shortage of social workers is not unique to South Australia but is a national and global issue. The Australian Association of Social Workers (AASW) and Jobs and Skills Australia predict workforce growth needs to be somewhere between 15% and 23% to meet current demand over the next few years.

Feedback from the focus groups identified that the workforce must have expertise in working with families with complex needs and/or within the child protection system. The workforce must also be able to work autonomously while still accessing guidance and support. These factors make it more difficult to recruit appropriate staff. This shortage is likely to be exacerbated by the ageing workforce, which is expected to lead to a significant number of retirements in the coming years. Specific challenges in recruiting and retaining Aboriginal staff and providing culturally appropriate supervision and workplace support were noted, along with the need to develop greater access to cultural leadership across the sector to support Aboriginal and non-Aboriginal staff.

To address these challenges, the sector is exploring whether employing staff from alternative disciplines will enable the access an appropriate workforce when it is most needed. Another suggested area for change is increasing the flexibility for recruitment of staff in regional areas and acknowledging the breadth and depth of demands placed on them. To increase retention, enhancing resilience, capacity building and specialised training to support the complex needs of the CFSS population is also identified as high priority. To achieve this, clinical and cultural governance needs to be embedded across the CFSS and plans for this are underway.

A draft workforce plan has been developed. The scope of the plan focuses on the CFSS to deliver a range of early intervention services for South Australian families and children at risk of harm, neglect and family violence. It includes specific actions regarding the Aboriginal workforce by recognising the strong role CFSS plays in disrupting the patterns of intergenerational trauma, and, increasing the number of children able to be cared for safely in their homes. This can only be achieved by keeping children connected to community and culture. The workforce plan recommended 8 priority actions be taken:

- Create the right structures and role designs reflecting the nature of the work into the future.
- Attracting, growing, nurturing and retaining talent.

- Efficient, effective and flexible recruitment processes, accessing workforce when most needed.
- Building the capability of our workforce to be able to work in the most challenging environments.
- Support our Aboriginal staff with the right environment to enable them to flourish.
- Embed clinical governance and workplace support mechanisms to operate safely and deliver quality outcomes.
- Build a sustainable and integrated approach to workforce planning across the sector.
- Empowering government and non-government organisations to manage, grow and evolve their own workforce with the right support.

Future strategies include:

- Establishment of a CFSS wide Workforce Governance Group.
- CFSS Workforce Governance Group workshop to undertake Strategic Foresight planning facilitated by DPC.
- Utilising Communities of Practice forums to progress workforce strategies and enable ongoing consultation.
- Exploration of CFSS services that are trialling peer support models, traineeship development programs, micro-credentialing opportunities, trauma responsive and culturally safe practices.
- Linking CFSS workforce plan to other strategic plans and initiatives in the sector (eg Closing the Gap, CAFSSA Out-of-Home care workforce project).

### **The Department for Health and Wellbeing**

SA Health has a range of initiatives, such as the Rural Workforce Collaborative, launched in December 2022. Its purpose was to identify barriers and solutions associated with improving health care for rural South Australians with a focus on overcoming South Australia's regional workforce challenges. Peak bodies, advocacy groups, government, health professionals and staff, clinicians, executives and managers of regional Local Health Networks contributed to the development of recommendations for the State Government's policies, strategies and priority setting. This will shape the rural, regional and remote workforce over the next four years.

One of the main priorities is improving the recruitment, training and retention of the rural workforce across all health professions. Data will be gathered through a review

of the implementation status of six previously developed Rural Health Workforce Plans, including the Allied Health and Aboriginal Health Workforce Plans.<sup>37</sup>

Specific to this project, the SA Health Department for Health and Wellbeing is developing a high-level workforce plan, including addressing at-risk allied health professions. Strategies such as building stronger connections with universities, incentives to attract and retain staff and international recruitment are being considered.

SA Health also has a Child Protection Services (CPS) response. CPS staff are specialists in child protection and psychosocial trauma. CPS comprises administrative, allied health, medical staff and at Northern Adelaide Local Health Network, Aboriginal health workers.

Staffing complement, FTE, reporting lines and structures vary across each of the services as does access to workforce outside of the units to support service functions. There is also some inconsistency in the allied health position level required for the same functions across the CPS. A Clinical Services Capability Framework (CSCF) - Child Protection Services module was published by SA Health in 2019 to ensure a consistent approach in the planning and description of tertiary Child Protection Services.

The CSCF provides a broad description of workforce requirements by service type and service level and identifies a skilled, multi-disciplinary workforce as a key underpinning principle of a tertiary child protection service:

Developing a multi-disciplinary and skilled workforce which may include Aboriginal specific roles, as this is required to deliver high quality, timely, evidence-based and trauma informed forensic medical and psychosocial services to infants, children and young people who have experiences of abuse and neglect.<sup>38</sup>

During a recent process of co-design to establish a statewide model of care for CPS, it was noted that there are difficulties in attracting and retaining a medical workforce due to the complex and challenging nature of child protection work. This has meant there are widespread issues of supply, attraction and retention in psychology and many other allied health disciplines. These issues create the potential of burnout for existing staff and problems with longer-term sustainability of services. Furthermore, disparity in employment conditions across government and non-government agencies create competition in attracting the limited workforce pool.

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<sup>37</sup>SA Health. (December 2022). *The new Rural Workforce Collaborative*.

<https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%20Content/SA%20Health%20Internet/About%20us/Our%20Local%20Health%20Networks/Regional%20health%20services/Rural%20Workforce%20Collaborative>

<sup>38</sup> Child Protection Services. SA Health. (n.d.) *Clinical services capability framework*

<https://www.sahealth.sa.gov.au/wps/wcm/connect/ba516711-be10-4a7e-a131-488380fe0011/11+Child+Protection+Services.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ba516711-be10-4a7e-a131-488380fe0011-ojNXtb->

Learning and development programs, clinical support structures and appropriate recognition of the complexity of the work are essential components to attract and retain workforce and build capability in child protection both within the CPS and the wider health workforce.

With enhanced CPS activity data collection and the use of population growth and complexity data, there is greater capacity to plan the future CPS workforce needs.

Recommendations currently being considered include:

- Develop a CPS short- and long-term workforce plan considering existing and future demand based on state population projections and levels of disadvantage and vulnerability.
- Create Aboriginal health worker positions within the CPS.
- Ensure learning and development programs and clinical support structures are in place for all staff as outlined and recommended in the Medical Forensic Assessment and Therapeutic Interventions papers.
- Ensure consistency of position level and function across services.
- Consider joint CPS recruitment processes.

The Department for Health and Wellbeing Workforce department is also currently developing a high-level workforce plan for SA Health, including at risk allied health professions. Strategies such as building stronger connections with universities, incentives to attract and retain staff, and international recruitment are being considered.

## **The Department for Education**

With 33,000 employees, the South Australian Department for Education is developing a Workforce Strategy, divided across four integrated chapters or workforce plans, to focus on the differing needs and responses for the various workforce groups.<sup>39</sup>

The first 2 chapters (the Aboriginal Workforce Plan and the Educational Leaders and Teachers Workforce Plan) have been released and the design of Chapter 3 is now underway. The third chapter focuses on how workforce supports and structures can optimise the impact of School Services Officers, Early Childhood Workers and Allied Health Professionals on learning and development outcomes in the classroom. School

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<sup>39</sup> Department for Education. (July 2023). *Workforce strategy*. <https://www.education.sa.gov.au/department/strategies-and-plans/workforce-strategy#developing-the-strateghigh>

Services Officers who perform duties relating to school and preschool operations, such as business, finance and administration, will be included a fourth plan.

A workforce plan will be developed for each workforce group which, together, will form the Workforce Strategy. The design of this workforce plan is currently underway with department employees and those who represent them.

### *Aboriginal workforce*

The Aboriginal Workforce Plan 2021 to 2031 was launched in early 2021.<sup>40</sup> This plan addresses how to build and grow the Aboriginal workforce across the department and outlines how the department will develop cultural understanding, respect and capability. The plan highlights improving cultural safety within the workplace and listening to the voices of Aboriginal staff.

### *Educational leaders and teachers*

The Educational Leaders and Teachers Workforce Plan was launched in 2022.<sup>41</sup> This plan identifies the recruitment, development and support of quality leaders and expert teachers to achieve growth for every child, in every class, in every school and preschool.

### *Support for teaching and learning – classroom and student support*

This plan will focus on employees working directly with children and young people, including School Services Officers, Early Childhood Workers, and Allied Health Professionals.

## **The workforce development activities of interstate peak agencies**

There have also been significant workforce development activities for child and family peak agencies in other states. NSW, Victoria, and Queensland have all implemented significant projects to enhance workforce development.

### **NSW**

The Association of Children's Welfare Agencies (ACWA) is the peak body representing the voice of community organisations working with vulnerable children, young people and their families in NSW. The Centre for Community Welfare Training (CCWT) is ACWA's learning and development arm.

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<sup>40</sup> Department for Education. (2020). *Chapter 1: Aboriginal workforce plan*.

<https://www.education.sa.gov.au/docs/system-performance/data-reports/aboriginal-workforce-plan-2021-2031.pdf>

<sup>41</sup> Department for Education. (2021). *Chapter 2: Educational leaders and teachers workforce plan*.

<https://www.education.sa.gov.au/docs/sper/workforce-strategy/workforce-strategy-chapter-2-educational-leaders-and-teachers-workforce-plan.pdf>

CCWT been operating as a Registered Training Organisation for more than 20 years, delivering training that is tailored to meet the needs of the NSW community services workforce, particularly those working with vulnerable children, young people and families. CCWT provides both short courses and in-house training, as well as specialised programs, coaching and supervision.

ACWA worked with the Aboriginal Child, Family and Community Care State Secretariat (AbSec), Fams, Office of the Children’s Guardian, the NSW Department of Communities and Justice (DCJ) and other stakeholders in the child and family services sector, to develop a Child and Family Workforce Skills Strategy (WSS).<sup>42</sup>

The project was carried out in three stages:

1. Building the case for change by synthesising existing data and conducting a workforce survey to develop a discussion paper.
2. Consultations with the sector, young people, family members and carers.
3. Workforce Skills Strategy Blueprint integrating components from the project consortium with consultation and survey themes.

The 2023 WSS White Paper concluded, “There needs to be active engagement and partnership across the spectrum of the industry, from government, service providers and education, to ensure there is an adequate pipeline of adequately skilled and qualified workers, able to engage with families with complex issues.”<sup>43</sup> To achieve this, six strategies were developed:

- **Workforce policy and planning:** Significant reforms across the child and family sector in NSW requires the sector to develop specific approaches, techniques, and strategies for working with parents and carers.
- **Workforce recruitment and induction:** Develop clear, consistent recruitment messages, including realistic job profiles. Use professional marketing techniques to attract people from diverse backgrounds.
- **Workforce skill capability and development:** Identify skills and attributes that are essential for practitioners, and approaches to training that prioritise efficiency and embed learning into practice.

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<sup>42</sup> Research Centre for Children and Families. (2023). *NSW Child and Family Workforce Skills Strategy*. [https://www.acwa.asn.au/wp-content/uploads/2023/09/CFWSS\\_White-Paper\\_July-2023-FINAL.pdf](https://www.acwa.asn.au/wp-content/uploads/2023/09/CFWSS_White-Paper_July-2023-FINAL.pdf)

<sup>43</sup> Ibid, p. 75

- **Workforce education and qualifications:** Pursue greater consistency in the type and quality of training offered to practitioners, with content aligned to diverse service requirements.
- **Workforce engagement and resilience:** Foster self-care and critical reflection through access to on-the-job support such as coaching, mentoring and supervision.
- **Workforce cultural safety and sensitivity:** Incorporate cultural safety as an ongoing process, involving continuous learning and quality assurance processes across the organisation, with structures for accountability.

The White Paper provided further detail on areas that strongly support the consultations within this report. First, the paper recognised that the links between higher education and industry are underdeveloped and encouraged greater alignment of tertiary curriculums with the needs of the industry. Employers are therefore required to educate staff across the 'skills gap' not covered by training bodies. A pertinent component of this gap is the lack of culturally safe training. The training environment in NSW was described as "fragmented, resource intensive and highly specialised". It was recommended that entry level programs be matched to the essential criteria/competencies for different job functions and allow for career progressions.

Second, the White Paper highlighted the challenges to recruitment. It recommended that "agencies need to develop a clear, consistent recruitment message; a realistic job profile; use professional marketing techniques to positively influence public perceptions about child and family welfare work; and increase employee benefits." Once recruited, retention efforts should focus on regular coaching and mentoring as evidence-based strategies. Creative strategies are needed to provide mentoring and coaching to Aboriginal staff. Possible pathways include videoconferencing for staff in remote areas.

## **Victoria**

In Victoria, the Centre for Excellence for Child and Family Welfare *is* the peak body for child and family services. The Centre provides fully funded training to Victorian residential care workers, funded by the Victorian government. The training is extensive, including nationally recognised training to organisations and individuals working in child and family services. Their RTO has been in operation since May 1997.

The Centre is currently partnering with the Victorian Government on a version of *Frontline UK* which will involve a pilot of 'career changer' recruits for a Master of Social Work using an 'earn and learn' model. This is a sector-government collaboration aimed at attracting a diverse cohort of recruits into child and family services. Part of the program will involve setting up student alumni who successfully complete the course. The pilot will run for three years.

The Centre developed a four-year Industry Plan in 2018, intended to guide the sector's transition from a service system focused on crisis response to one characterised by early intervention, evidence-informed practice and a more seamless response to meeting the needs of children, young people and families who are disadvantaged or experiencing vulnerability.

The Victorian Government has a broader strategy called *Jobs that Matter* which involves a campaign to attract students to TAFE courses in the community sector, guaranteeing jobs for those who complete. *Jobs that Matter* raises awareness of the community services sector, its importance in Victoria and the rewarding nature of the roles. It showcases the people and the broad job opportunities available across the community services sector in the areas of disability, children and families, housing and homelessness, child protection and family violence and prevention sectors.

The Victorian Government partnered with community services organisations to help recruit the right people for the right jobs to work in thousands of jobs needed by the sector. Recruitment focuses on reaching capable and diverse people who are qualified or have experience, career changers, Aboriginal, culturally and linguistically diverse and regionally-based Victorians, as well as young people thinking about their career.

## **Queensland**

PeakCare is the QLD peak body for non-government organisations involved in the delivery of child protection, out-of-home care and related services.

The *Workforce Connect Fund* is one of the flagship components of the *Good People. Good Jobs: Queensland Workforce Strategy 2022-2032*. As part of this initiative, \$915,000 has been allocated to Peakcare Queensland for a Workforce Hub to address the attraction, retention and participation issues experienced by the child protection industry in Queensland.

PeakCare also delivers the *Hope and Healing Framework*, developed in 2015 through a partnership between Queensland Department of Child Safety, Youth and Women; PeakCare Queensland Inc; Encompass Family and Community Pty Ltd; and Paul Testro Consulting. In 2020, PeakCare commenced the adaptation of the Hope and Healing Framework for Residential Care to meet the needs of Foster Carers. The framework is a shared sector-wide practice framework across government and non-government services.

PeakCare developed the framework, and associated training in consultation with the sector. The training is available through online learning modules where people have continued access to the modules. Measures are in place which monitor engagement of the training, and PeakCare advise that participants return to the training at later stages. There is also the capacity to notify individuals who have previously undertaken the training when updates are incorporated. PeakCare receives funding to host and support the training online and do minor maintenance tasks such as keeping links up



to date. While not accredited training, it is mandatory under the minimum qualifications' framework for Queensland.

PeakCare are also currently working on two initiatives – one being the extension of *Hope and Healing* through an online masterclass on *Positive Behaviour Support* and *Managing High Risk Behaviour* which should be released very soon.

## International Best Practice

There are also many examples of international practice that showcase systemic responses to workforce development issues. This section presents findings on Scotland and New Zealand, highlighting recent reforms.

### Scotland

The country with possibly the best-known and most highly regarded current reforms in the area of child protection is Scotland.

A 'root and branch' review of the Scottish care system was announced by Nicola Sturgeon in October 2016 and the Independent Care Review commenced February 2017. The review heard the experiences of over 5,500 care experienced infants, children, young people, adults and members of the paid and unpaid workforce. The resulting Child Protection Improvement Programme report set out 35 Actions, including workforce development.<sup>44</sup> It also made 12 recommendations, some that cover matters of leadership, governance and accountability. The Independent Care Review commissioned an Evidence Framework, from which the following findings were drawn.

As part of the review, a survey asked questions about the workforce. Respondents ranked factors that were important to their work, between one (very important) and eight (least important). These factors included: how teams work together; level of support available in your work; knowing that good quality work is valued; good outcomes for children and young people; adequate resources; job security; qualifications; and training and guidance. Overall, the top three factors contributing to job satisfaction were good outcomes for children and young people, adequate resources and level of support available. The least important were job security and qualifications. There were slight differences by role, however, with social workers and team managers ranking adequate resources higher than all other groups which ranked how teams worked together as more important.

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<sup>44</sup> Scottish Government. (2017). *Child Protection Improvement Programme*. <https://www.gov.scot/publications/child-protection-improvement-programme-report/>

The review conducted a survey that highlighted challenges in workforce capacity.<sup>45</sup> Almost 40% of survey respondents described the impact of staff shortages, high turnover on increasing caseloads, increasing levels of paperwork, and reducing the time for supervision and reflection. There had also been a reduction in administrative positions to provide support. Social workers reported significant negative impacts. They experienced increased levels of stress and anxiety and reduced the time available to spend with children, young people and their families.

Further suggestions were in relation to training and education.<sup>46</sup> Respondents emphasised training should occur across sectors such as health, education, and social work, and include foster carers. The most identified topics for training were the impact of loss and trauma on children's development and behaviour, trauma-informed care, Adverse Childhood Experiences, assessment and understanding and managing risk. These trainings were needed in addition to social work education, which provided a foundation but "did not prepare students fully for the realities of practice". One respondent recommended a joint training agency that could centralise training across the sector.

The children and young people consulted felt that training, and the associated skills, were needed by their social workers, carers and by those who had 'supportive roles' in their lives such as teachers or police.<sup>47</sup>

The workforce identified factors such as high-quality supervision, opportunities for reflection, organisational and peer support, the ability to make a difference and feeling valued as contributing to wellbeing. Conversely a culture of blame, stress, burnout and overly bureaucratic systems can lead to poor well-being. The report concluded with range of actions to promote workforce well-being and minimise burnout and compassion fatigue. These include:

- Regular high quality and reflexive supervision.
- Opportunities for staff development and relevant training.
- Space for peer support.
- Providing manageable tasks and workloads.
- Helping staff recognise the indicators of compassion fatigue in themselves so they can adopt good self-care and coping strategies.
- Avoiding an organisational culture of blame by identifying systems failures rather than blaming individuals.
- Ensuring staff feel valued and empowered in their roles.

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<sup>45</sup> Independent Care Review. (2020). *Evidence Framework*. [https://www.carereview.scot/wp-content/uploads/2020/07/ICR\\_Evidence\\_Framework\\_v2-1.pdf](https://www.carereview.scot/wp-content/uploads/2020/07/ICR_Evidence_Framework_v2-1.pdf), p1556

<sup>46</sup> Ibid, p 1567

<sup>47</sup> Ibid, p. 1032-1033

- Reducing the stigma of stress so that it is openly discussed in organisations to help build organisational cultures that support emotional resilience.
- Supportive managers who model self-care to the workforce.
- Good relationships between young people and families, managers and peers that lead to feeling valued.

One of the key challenges to promoting good relationships for children, young people, and families is high staff turnover. The ongoing instability in the workforce eliminates the possibility of relationship-based practice for many families.<sup>48</sup>

The evidence obtained during the independent review in Scotland showed that:

- Supervision and support (particularly peer support) were identified as important factors when considering the resilience and well-being of staff.
- A range of individual ‘interventions’ are also available to help bolster workforce well-being, such as mindfulness training.
- A supportive organisational culture can address the poor morale of the workforce by focusing on the wider context.
- The workforce felt that centralised training across the sector will harmonise practice.
- Both the workforce and children report valuing relationship-based practice. This requires a supportive organisational culture to succeed.<sup>49</sup>

After the review concluded, a vision was set out in *The Promise*<sup>50</sup> which reflected what was heard and detailed the foundations that Scotland’s care for its children and families must be built on.

Following *The Promise*, there are plans to have a national values-based recruitment and workforce development framework in place by 2024. These will be adhered to by all organisations and professions involved in supporting children and their families. This includes organisations that have responsibilities towards care experienced children and families, and those on the edge of care. Organisations must demonstrate that they are embedding trauma-informed practice across their work and within their workforce.

In 2020, a detailed briefing on workforce reforms<sup>51</sup> was released, with the key undertakings including (but not limited to):

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<sup>48</sup> Ibid, p. 1020-1021

<sup>49</sup> Ibid, p. 1022-1023

<sup>50</sup> Independent Care Review. (2020). *The Promise*. [https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise\\_v7.pdf](https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf)

<sup>51</sup> The Promise Scotland Ltd. (2023). *Workforce*. <https://thepromise.scot/resources/2020/keepthepromise-workforce.pdf>

- Supporting the workforce to care must be at the heart of Scotland's service planning.
- Supervision and reflective practice are essential for all practitioners who are working with children, regardless of their professional discipline or role.
- Children who have been harmed through relationships, must have supportive relationships in order to heal.
- Scotland must support and encourage the workforce to bring their whole selves to their work, and to act in a way that feels natural and not impeded by a professional construct.
- There must be a rethinking of learning and training in Scotland to create a well-supported workforce that can operate across disciplines.
- Learning must support the interaction between Family Carers and other professionals. It should nurture equal partnerships and encourage joint learning, with informal learning, mentoring, coaching and support networks, and opportunities for joint reflective practice.

Embedded in *The Promise* is *Getting it Right for Every Child (GIRFEC)*, a Scotland-wide, consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people.<sup>52</sup> Its primary components include:

- a common approach to gaining consent and sharing information where appropriate
- an integral role for children, young people and families in formulating assessment, planning and intervention
- a co-coordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the wellbeing indicators
- a skilled workforce within universal services that can address needs and risks at the earliest possible point.

The GIRFEC is monitored by 8 wellbeing indicators, ensuring children are safe, healthy, achieving, nurtured, active, respected, responsible and included. Organisations are provided with assessment tools to engage with children on the 8 indicators. Statutory guidance is provided to embed these indicators within all practice.

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<sup>52</sup> Scottish Government. (2022). *Getting it right for every child*. <https://www.gov.scot/policies/girfec/>

## **New Zealand**

Oranga Tamariki, also known as the Ministry for Children is a government department in New Zealand responsible for the well-being of children, specifically children at risk of harm, youth offenders and children of the State.

A Workforce Working Group was established in December 2018 by the then Chief Executive. Its purpose was understand the workforce operating model and its implications and opportunities. It also aimed to ensure that local, regional and national responses were being developed collaboratively to address any issues.

### *Children's workforce plan*

The Working Group developed a plan<sup>53</sup> outlining the actions needed to develop a children's workforce to enable tamariki and whānau (children and families) to flourish.

The plan covers both the Government and NFP sector and aims to provide training tools, frameworks and resource development to facilitate shared training and resource development locally. The four goals are:

1. Mauri tangata – the right level of funding for the workforce needed.
2. Mauri ngākau – a workforce with the Māori cultural competency needed.
3. Mauri tikanga – people with the skills, values and attitudes needed.
4. Mauri tau – the required workforce mix, where it's needed.

The plan specifically references pay equity and workforce funding issues across the sectors, shared learning and development programs and platforms and collaborative career pathways across the children's workforce. One of the main actions is to collect data nationally on the levels of needs for services and roles into the future. This will develop an understanding of the current workforce and the gaps required to adequately resource services in the future.

Recruitment is also addressed within the plan. The supply of workers will be increased by engaging with training partners, such as universities and creating a balanced workforce by partnering with sectors such as health. This will support shared recruitment and development activities.

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<sup>53</sup> Oranga Tamariki. (2019). *Children's workforce plan*. New Zealand Government. <https://www.orangatamariki.govt.nz/assets/Uploads/Working-with-children/Information-for-providers/Workforce-Working-Group/Childrens-Workforce-Plan.pdf>

## Section 4: Methods

The Workforce Survey that forms the basis of the rest of this report was developed by CAFFSA with the input and advice of a Project Governance Committee and the Project Working Group (see Appendix 1 for membership and terms of reference for each group. The survey opened in early August 2022 and remained open for 3 weeks.

The data was cleaned and associations were made across the respondents, creating a table of 'nodes and edges'. This was exported into Gephi analysis software to examine the network connections.<sup>54</sup> A visual representation was exported, showing the pathways taken into the OOHC sector.

Statistical analysis was undertaken to determine any significant associations amongst the relevant data. All statistical analyses are shown in Appendix 3.

73 staff currently working in the sector responded to a survey, and detailed interviews with nine individuals, and focus groups with seven teams, comprising 18 senior managers and HR personnel were undertaken. The findings from the survey, interviews and focus groups were then validated across a range of meetings with 42 agency representatives from a range of agencies (see Appendix 2 for the list of agencies consulted.) A mix of representation from small and large, country and metropolitan and Aboriginal and non-Aboriginal organisations, as well as the spread of service types was incorporated at each stage.

## Section 5: Findings

The findings are presented separately for the survey, individual consultations, and management consultations.

### Out-of-home care workforce survey

The survey received 73 responses from a range of respondents in different roles across the OOHC sector. The data was analysed to determine the demographics of the respondents, analyse their pathways through the sector, assess their reasons for entering the sector, and the factors affecting the retention of the workforce.

### Demographics

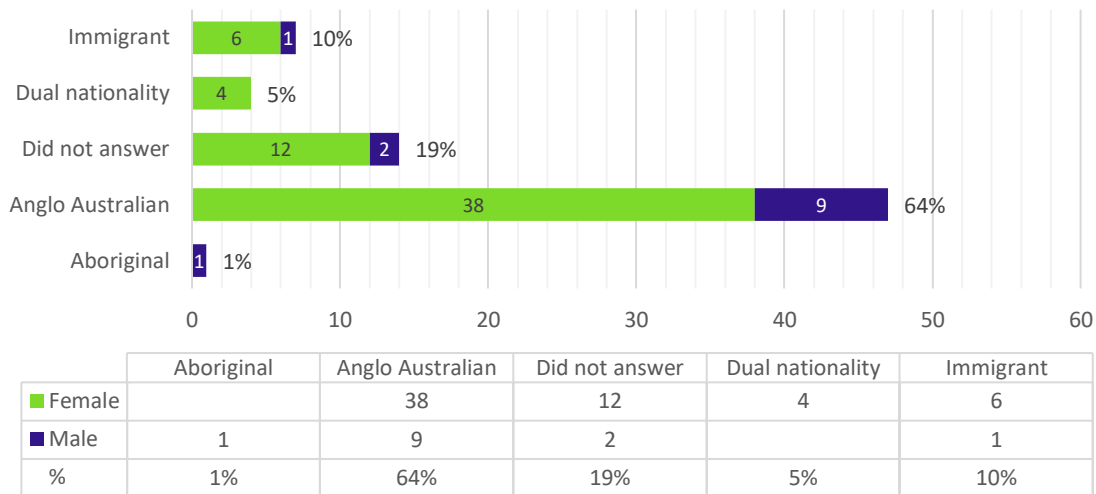
#### *Cultural and gender identity*

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<sup>54</sup> Bastian M., Heymann S., Jacomy M. (2009). *Gephi: An open source software for exploring and manipulating networks*. International AAAI Conference on Weblogs and Social Media. <https://gephi.org/users/publications/>

Only 59 (81%) of respondents answered all the demographic questions. As shown in Figure 1, the majority (52%) identified as Anglo-Australian females and there was only one Aboriginal respondent, who identified as male. 10% of respondents identified as immigrants and 5% as holding dual nationality. Nationalities identified were British, Italian, Eastern European, Sri Lankan, Taiwanese, or Greek. British was the most identified nationality (12%) for respondents who had immigrated.

**Figure 1: Cultural and gender identity of the respondents**



Number and percentage of respondents

It is worth noting that the question regarding cultural identity was open, allowing respondents to describe their identity. 2 respondents identified ‘none’ or ‘NA’ in response, and 5 (8%) identified only ‘Caucasian’, ‘Anglo’, or ‘White’. 19% of respondents did not answer. For data analysis, respondents identifying as ‘Caucasian’, ‘Anglo’, or ‘White’ were classified as Anglo Australian.

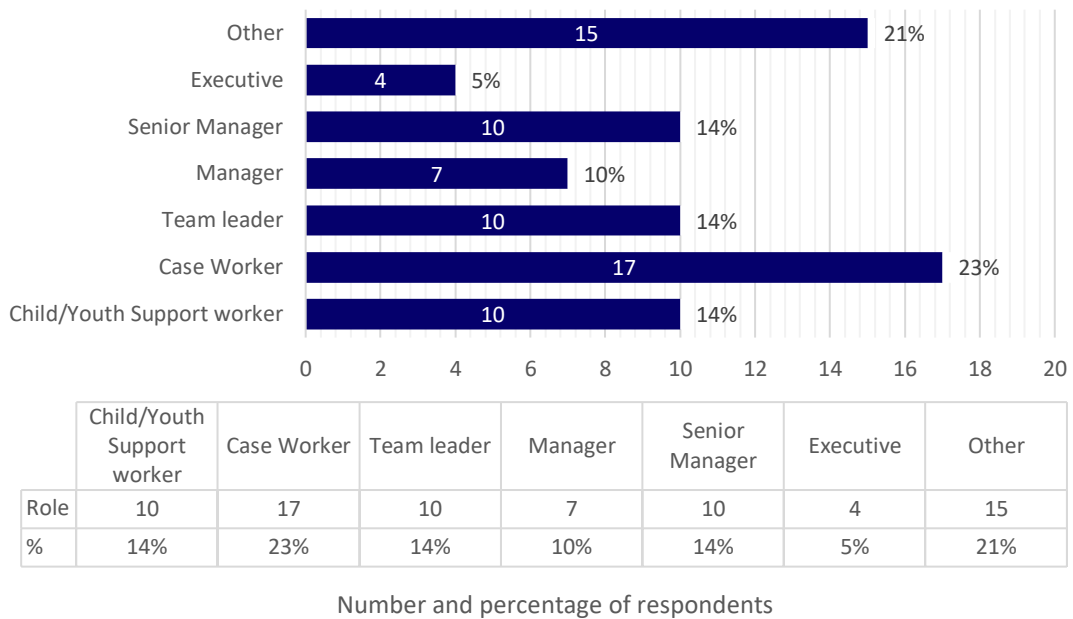
4 respondents (5%) identified as people with disability, 3 (4%) did not disclose and 66 (90%) identified as people without disability.

7 (9.5%) respondents spoke a language other than English. The languages spoken were Sinhala, Portuguese, Mandarin, Auslan, Turkish, and Greek.

**Current Role**

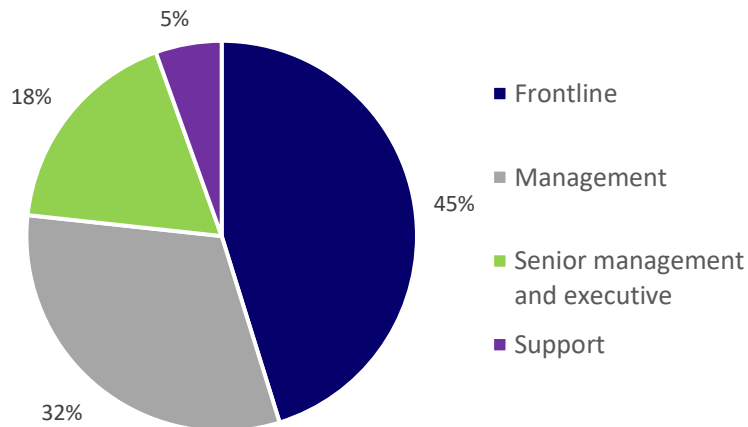
Figure 2 shows the roles of the respondents. They were distributed across child/youth support worker, case worker, team leader, manager, executive (including Chief Executive), and other roles. Those who identified their role as ‘other’ listed roles such as finance, administrative coordinator, and house supervisor. 3 foster care assessors also included themselves in this category.

**Figure 2: Current roles of the respondents**



When recategorized into frontline, management, senior management and executive, and support roles, frontline staff were the most represented, followed by management. The proportions are shown in Figure 3. Overall, the role distribution reflected typical organisational structures in the community sector, aligning with similar research.<sup>55</sup>

**Figure 3: Proportion of roles held by respondents**



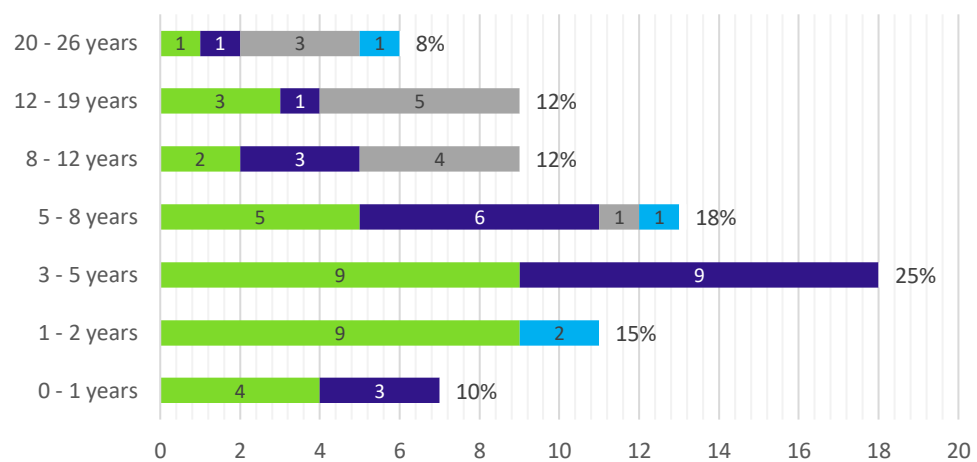
<sup>55</sup> Cortis, N. and Blaxland, M. (2023). *At the Precipice: Australia's Community Sector through the Cost-of-living Crisis*. ACOSS, Sydney. <https://www.acoss.org.au/acss-april-2023/>



### Length of time in the sector

Figure 4 shows the length of time employed in the OOHC sector as categorised by role type. Most respondents (25%) were employed for between 3 and 5 years. Respondents in this category were equally distributed between frontline and management roles. 3 respondents indicated they were in management roles whilst having been employed in the sector for less than 1 year. All three respondents worked in residential care. 1 respondent had previously been employed as a frontline worker within the human and community services sector. The other 2 respondents had previously worked in management in the human and community services sector.

**Figure 4: Length of employment categorised by role**



|                                   | 0 - 1 years | 1 - 2 years | 3 - 5 years | 5 - 8 years | 8 - 12 years | 12 - 19 years | 20 - 26 years |
|-----------------------------------|-------------|-------------|-------------|-------------|--------------|---------------|---------------|
| ■ Frontline                       | 4           | 9           | 9           | 5           | 2            | 3             | 1             |
| ■ Management                      | 3           |             | 9           | 6           | 3            | 1             | 1             |
| ■ Senior management and executive |             |             |             | 1           | 4            | 5             | 3             |
| ■ Support                         |             | 2           |             | 1           |              |               | 1             |
| %                                 | 10%         | 15%         | 25%         | 18%         | 12%          | 12%           | 8%            |

Number and percentage of respondents

### Part of sector

Respondents identified working across the sector, with many holding positions that engaged multiple parts of the sector. Figure 5 shows the number of respondents working in different parts of the sector, segregated by their geographic location. Participants working across more than 2 parts of the sector were categorized as 'multiple'. In total, 57% of respondents worked in metropolitan Adelaide and 42% worked in regional, rural and/or remote locations.

**Figure 5: Part of the OOHC sector categorized by location**

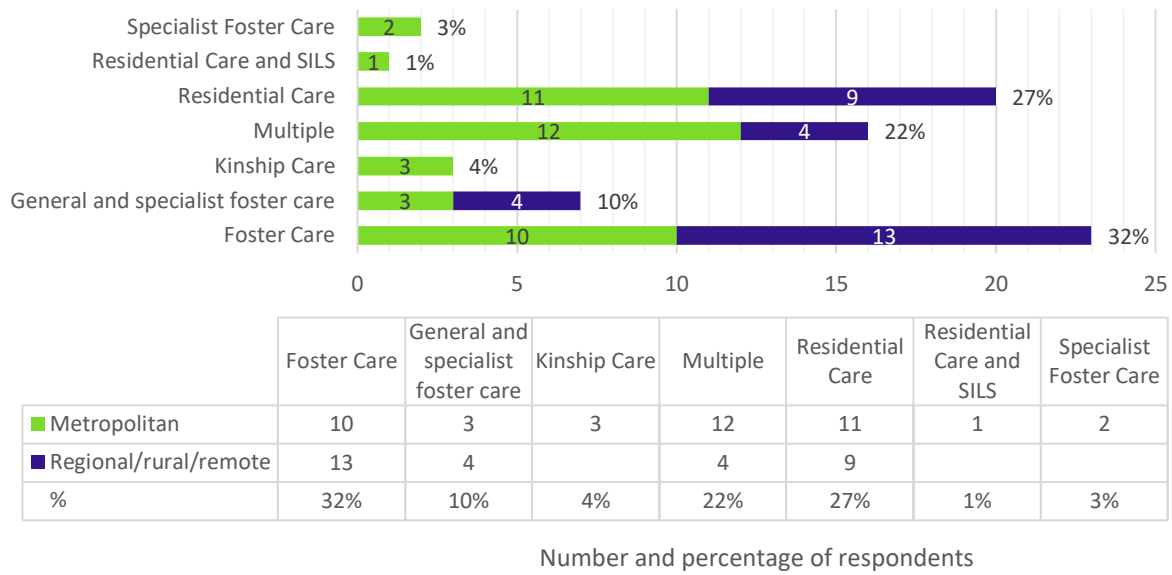
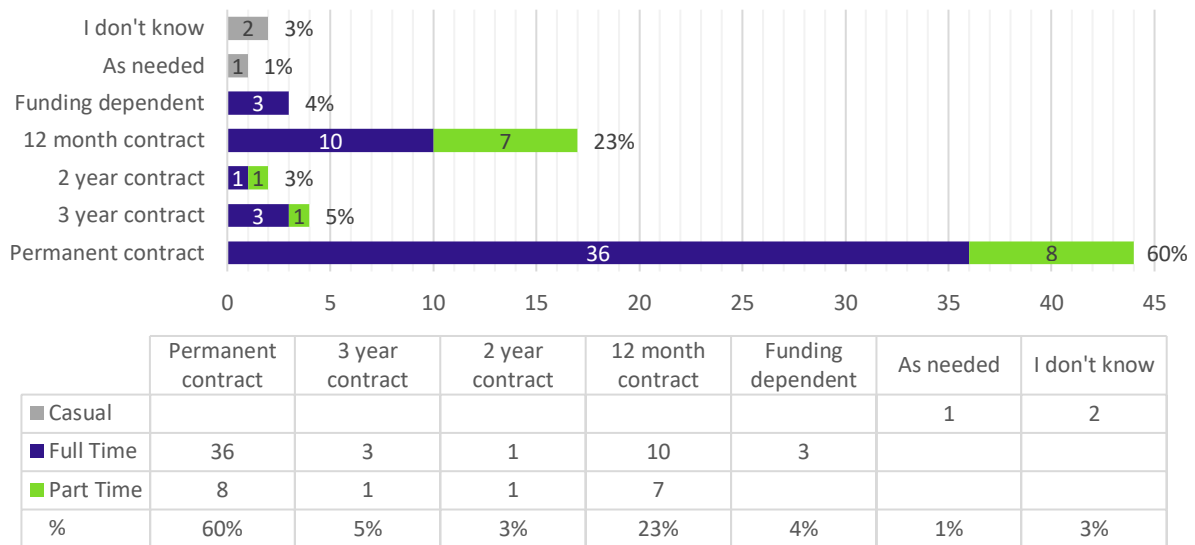


Figure 6 shows the employment status of the respondents, categorised by FTE and type of contract. Interestingly, most of the respondents identified as full-time permanently employed (49%), contrasting with the casualisation of the workforce findings presented earlier.<sup>56</sup> The second most common category was employment by 12-month contract (23%). 3 respondents highlighted that their employment was dependent on further funding and so they could not state their anticipated length of employment. Additionally, 2 respondents did not know their employment contract details and 1 respondent was employed ‘as needed’. Most respondents (93%) worked for only one provider, with the remaining 7% employed by two providers.

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<sup>56</sup> Russ, E., Morley, L., Driver, M., Lonne, B., Harries, M., & Higgins, D. (2022). *Trends and needs in the Australian child welfare workforce: An exploratory study*. Canberra: ACU Institute of Child Protection Studies. <https://doi.org/10.24268/acu.8x396>

**Figure 6: Employment status categorised by length of contract**

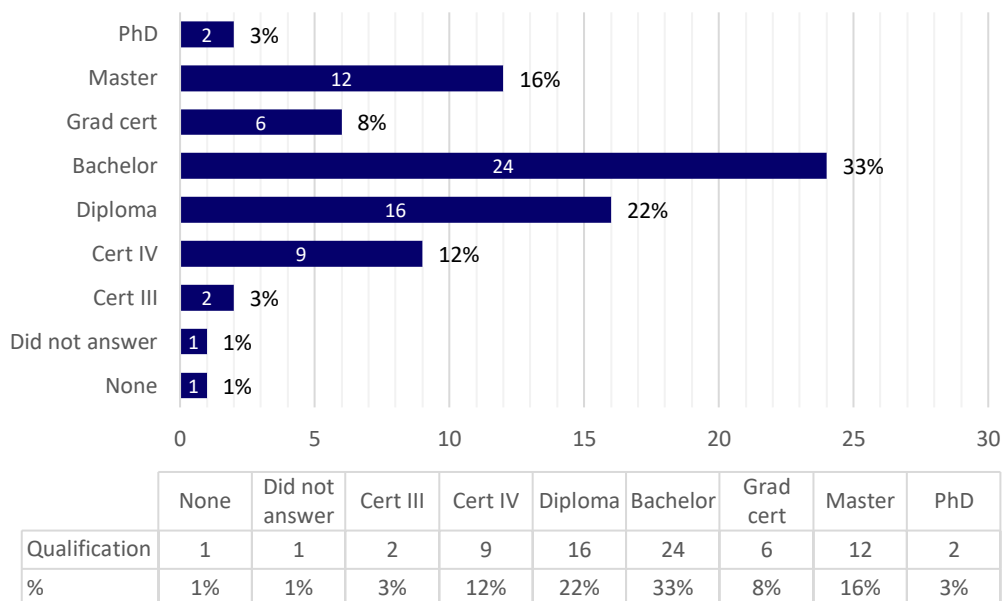


Number and percentage of respondents

### Qualification level

The details of the respondents' qualification levels are shown in Figure 7. Except for one respondent, all held a Cert IV as a minimum level of qualification. Of the total respondents, 26 (37%) held no qualification higher than a diploma. The most common level of qualification was a bachelor's degree (33%). Many respondents (27%) studied further, obtaining graduate certifications, master's degrees, or a PhD.

**Figure 7: Highest qualification level held by respondents**



Number and percentage of respondents

The details of the qualification types are discussed in the next section, analysing the pathways of the workforce through the sector.

### Pathways through the sector

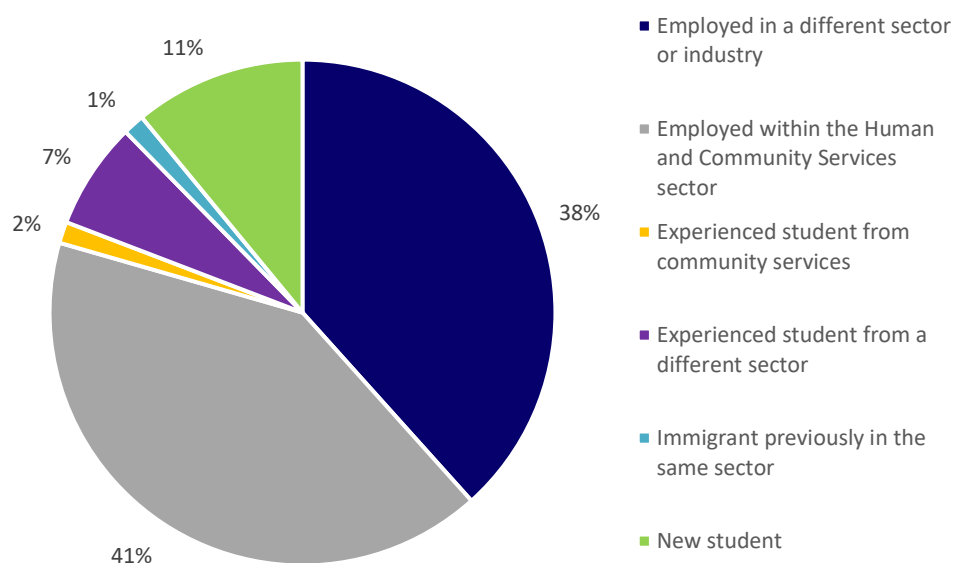
The full network analysis, illustrating the pathways of respondents, is shown in Figure 9. The analysis identifies the roles of respondents prior to entering the OOHC sector, the qualifications they obtained before, during, and after their employment in the OOHC sector, their current role, and the training and qualifications that they intend to study in the future.

The primary pathways identified by the analysis showed 2 main pathways into the OOHC sector:

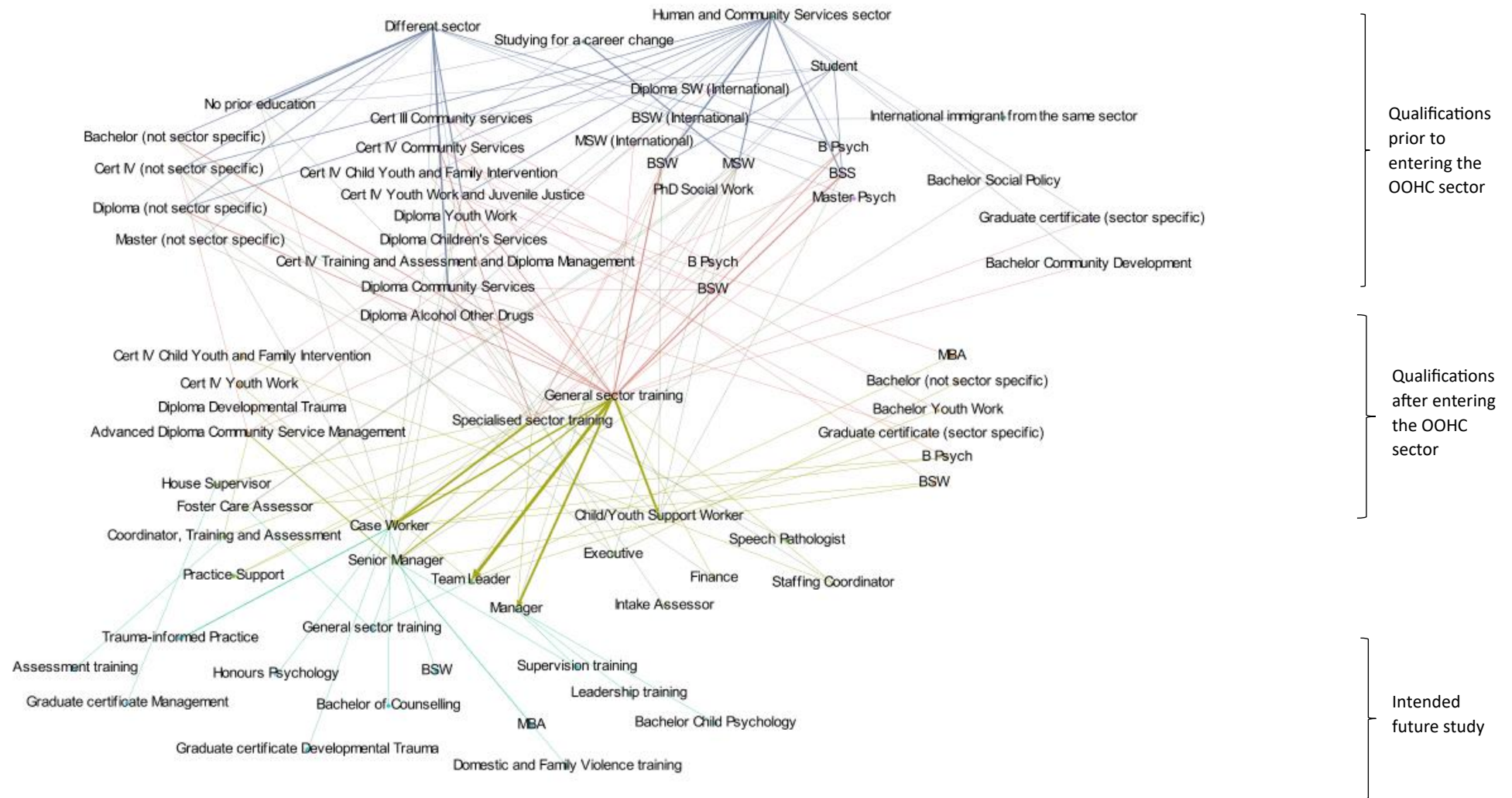
1. Respondents were employed in a different sector and studied a Diploma in Community Services.
2. Respondents were employed in the human and community services sector and studied a BSW or MSW.

Few respondents studied during their employment in the OOHC sector, with most stating their qualification was obtained prior. Figure 8 shows the roles staff held prior to entering the sector. Some respondents were new students, indicating that they did not have significant employment experience prior to study and entry into the OOHC sector. Other respondents had significant employment and made a career change through further study. Often, respondents were working in government (29%) and moved into the OOHC sector.

**Figure 8: Roles held by respondents prior to entering the sector**



**Figure 9: Full pathways analysis**



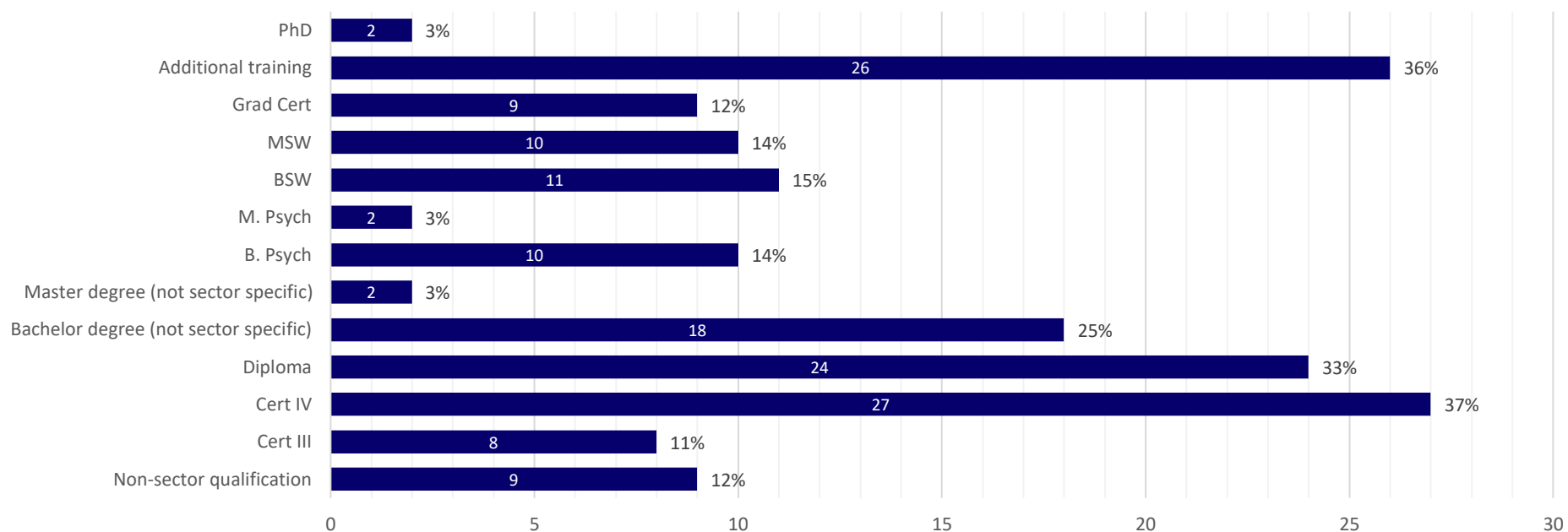
Note: Thicker lines indicate that more respondents used this pathway.

Figure 10 shows the qualifications held by respondents. The most common qualification was social work (32%), with 11 (16%) respondents holding a Bachelor of Social Work, and 10 (14%) holding a Master of Social Work. Other notable qualifications were degrees in Psychology and Psychological Science, collectively identified by 12 (17%) respondents.

Further, 9 (13%) respondents did not hold any qualifications specific to the sector. Most of these respondents held qualifications in management or human resources, however, various qualifications were listed such as accounting, personal fitness trainer, or architectural drafting. 6 of the respondents identified themselves in administrative roles, such as recruitment or finance.

Many respondents (34%) identified receiving training provided to the sector, such as Therapeutic Crisis Intervention and Critical Incident Stress Management. With the exception of executives, all types of roles showed engagement with sector training. Caseworkers were the most likely to engage in specialised sector training, such as the Shared Lives accreditation.

**Figure 10: Qualifications held by respondents**



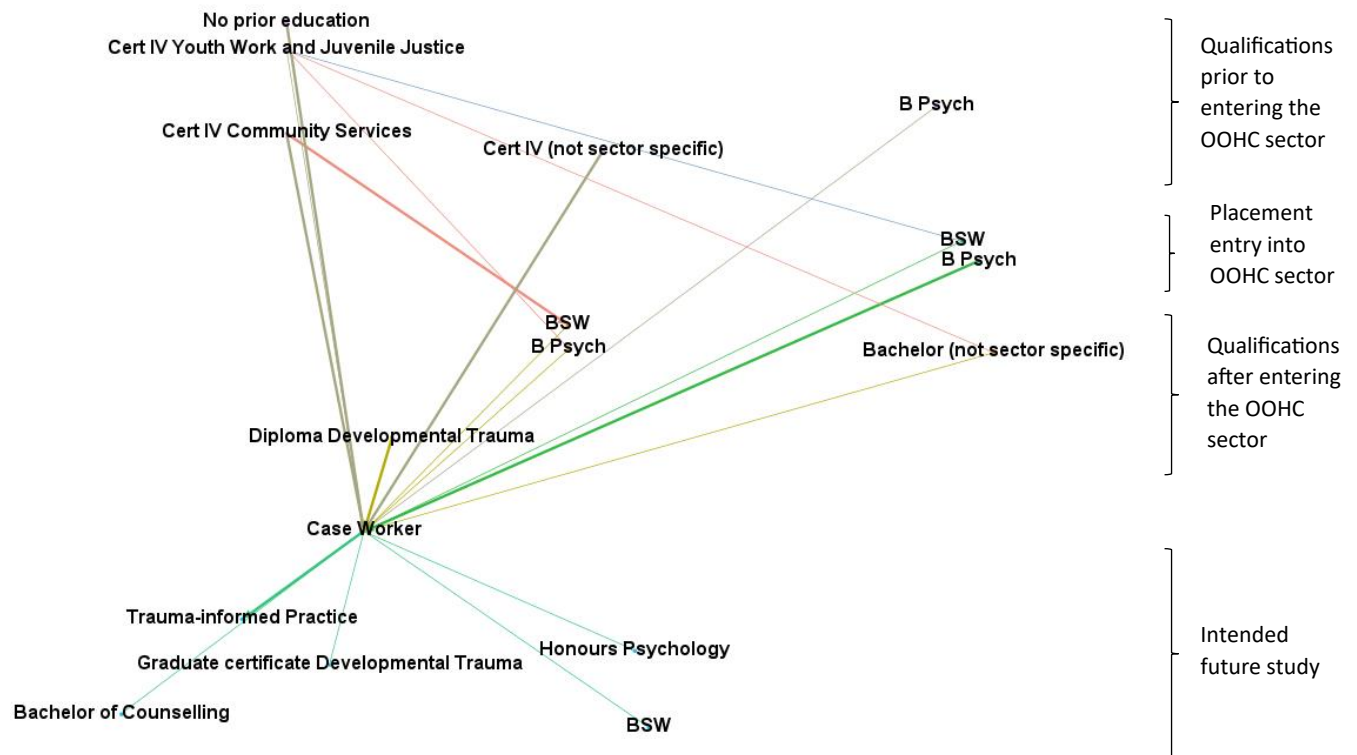
|               | Non-sector qualification | Cert III | Cert IV | Diploma | Bachelor degree (not sector specific) | Master degree (not sector specific) | B. Psych | M. Psych | BSW | MSW | Grad Cert | Additional training | PhD |
|---------------|--------------------------|----------|---------|---------|---------------------------------------|-------------------------------------|----------|----------|-----|-----|-----------|---------------------|-----|
| Qualification | 9                        | 8        | 27      | 24      | 18                                    | 2                                   | 10       | 2        | 11  | 10  | 9         | 26                  | 2   |
| %             | 12%                      | 11%      | 37%     | 33%     | 25%                                   | 3%                                  | 14%      | 3%       | 15% | 14% | 12%       | 36%                 | 3%  |

Number and percentage of respondents

*Note.* Totals go beyond 100% as respondents held multiple qualifications

A more detailed analysis of the main pathways is shown in Figure 13. Here, only the formal qualifications and primary pathways to OOHC roles are shown. Of interest, there was an apparent weaker relationship between caseworkers coming directly from the BSW and MSW compared to diplomas or Cert IVs. Instead, the Cert IV Community Services appeared to be a pathway either directly into case work or to further study in the BSW or B Psych. This relationship existed for both respondents who studied while employed in the OOHC sector in a position requiring fewer qualifications, and those who studied after obtaining their current case worker role. Those who did not yet hold a degree highlighted obtaining the BSW and Bachelor of Counselling as future goals. Further statistical testing showed that there was no significant relationship, however this may be due to the small sample size.<sup>57</sup> Further research would be beneficial to determine the significance of this pathway. There was also a strong relationship between caseworkers studying trauma-informed practice after entering the OOHC sector. These case worker specific relationships are shown in Figure 11.

**Figure 11: Pathway analysis of the caseworker role**



<sup>57</sup> Statistical analysis is shown in Appendix 3.



There was a clear pathway for managers, especially senior managers, via the Advanced Diploma of Community Service Management. Most executives had bachelor degrees in areas such as business or HR but were less likely to have sector specific degrees, such as psychology, social sciences, or social work.

There was a connection between team leader status and holding a graduate certificate specific to the sector. This likely indicates those with advanced sector knowledge moving into team leader positions. Managers and senior managers also indicated a desire to enhance their leadership skills through further training. Team leaders were most likely to study supervision training, managers leadership training, and senior managers to study an MBA. These leadership specific pathways are shown in Figure 12.

**Figure 12: Pathway analysis of leadership and management roles**

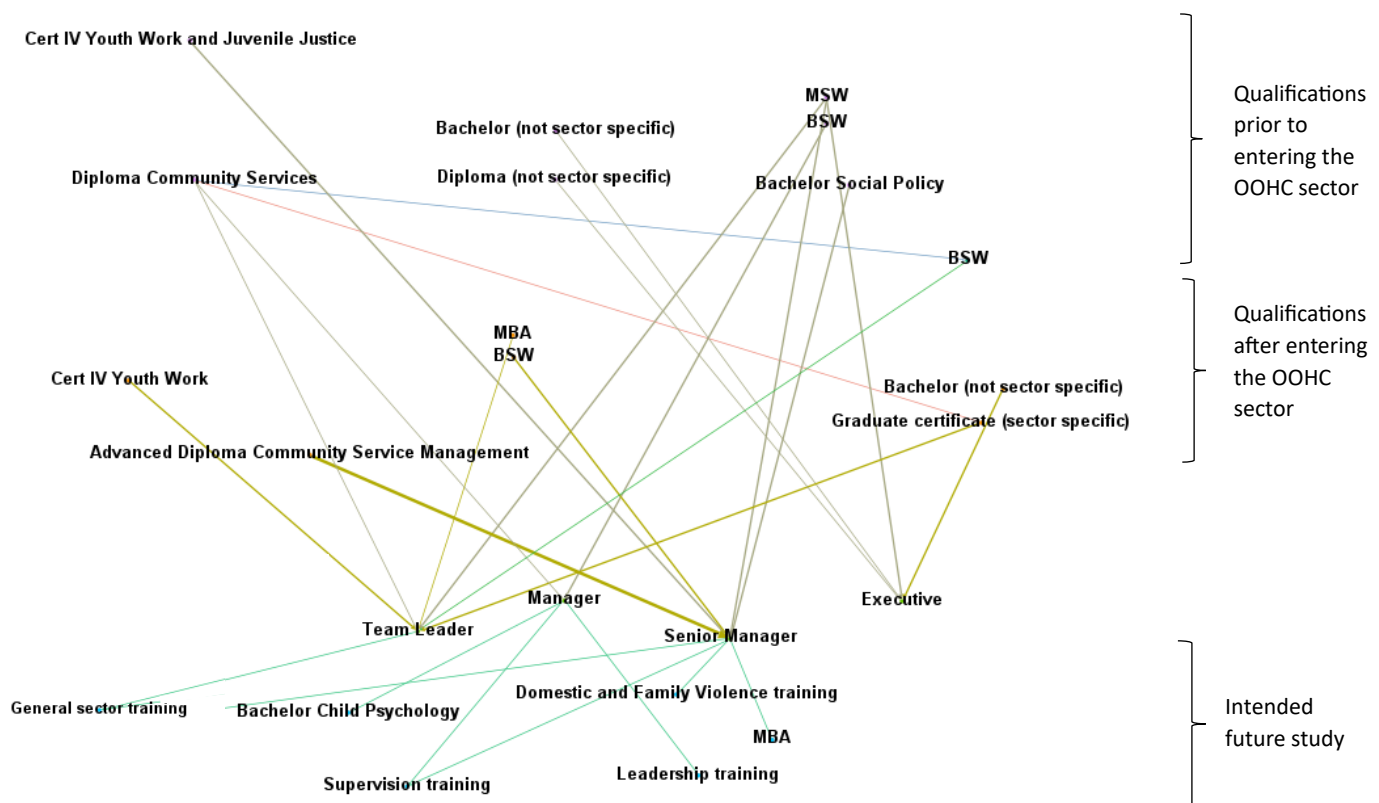
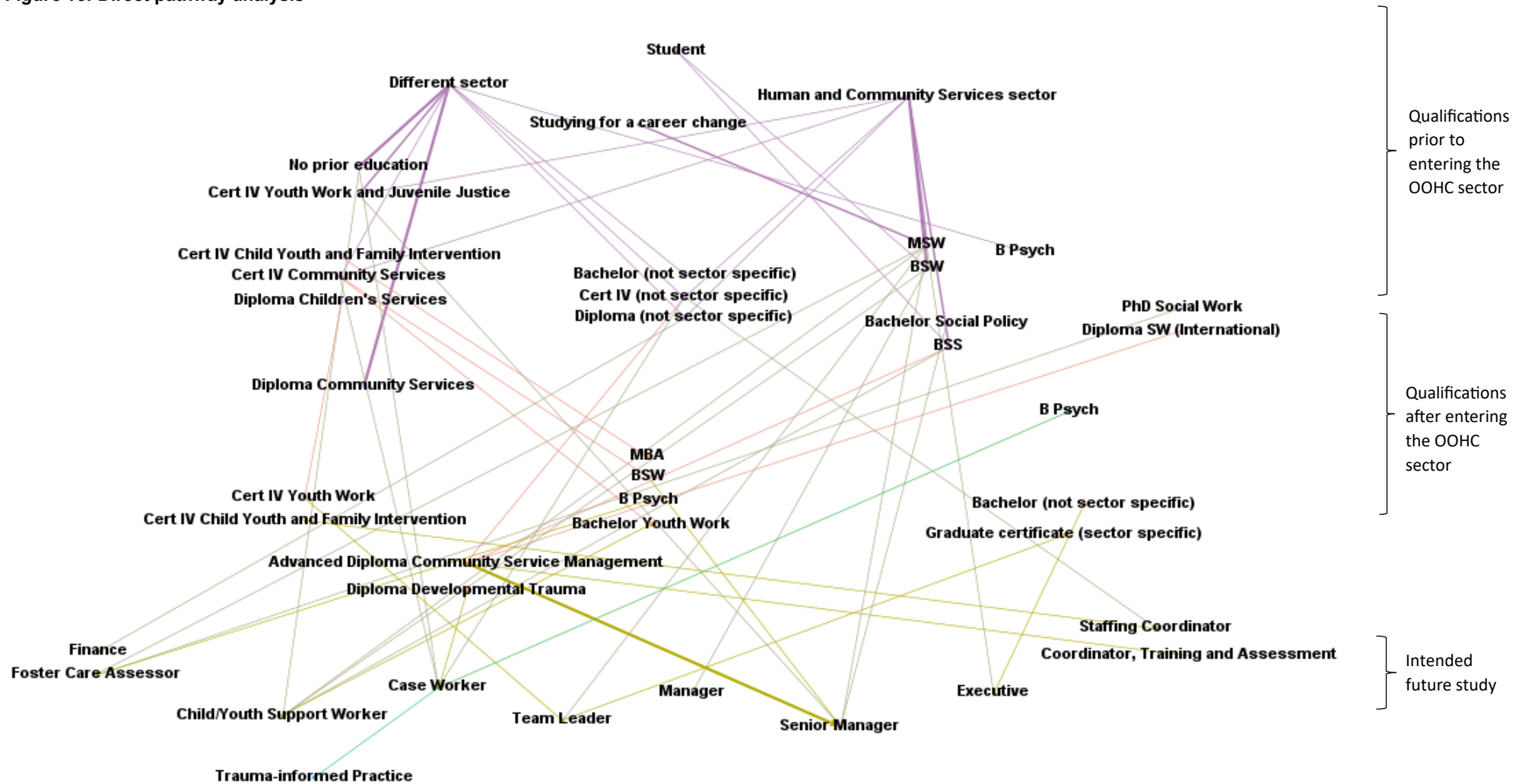


Figure 13: Direct pathway analysis



Note: Thicker lines indicate that more respondents used this pathway.

## Recruitment into the sector and levels of preparedness

Respondents were asked about why they were drawn to work in the OOHC sector, as shown in Figure 14. 40% of respondents stated it was their values in working with vulnerable children, young people, and families. 22% of respondents were drawn to the sector because of a particular job opportunity, with 6% identifying other pragmatic reasons. 23% were interested in the sector, with many stating they had studied and wanted to put their knowledge into practice.

Other responses included specifically wanting to support foster carers, the pay and conditions, work-life balance, employment after a student placement, having an organisation recommended to them by a friend, and being a person with lived experience.

**Figure 14: Reasons for entering the sector**

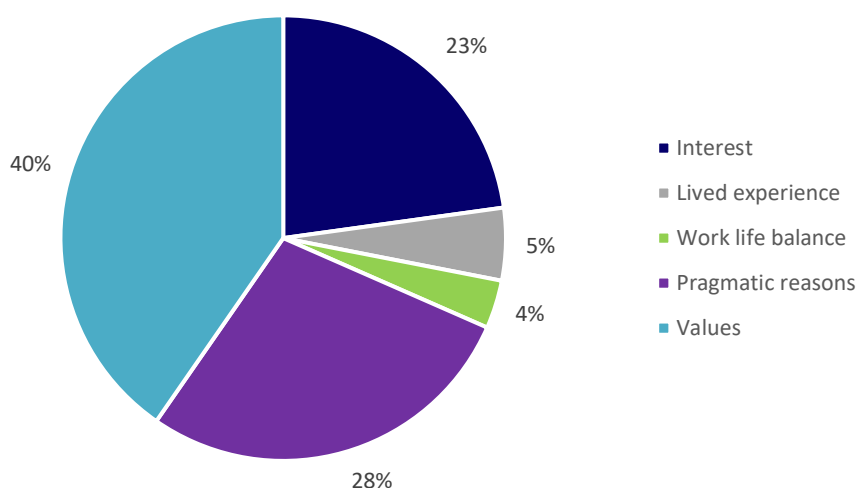
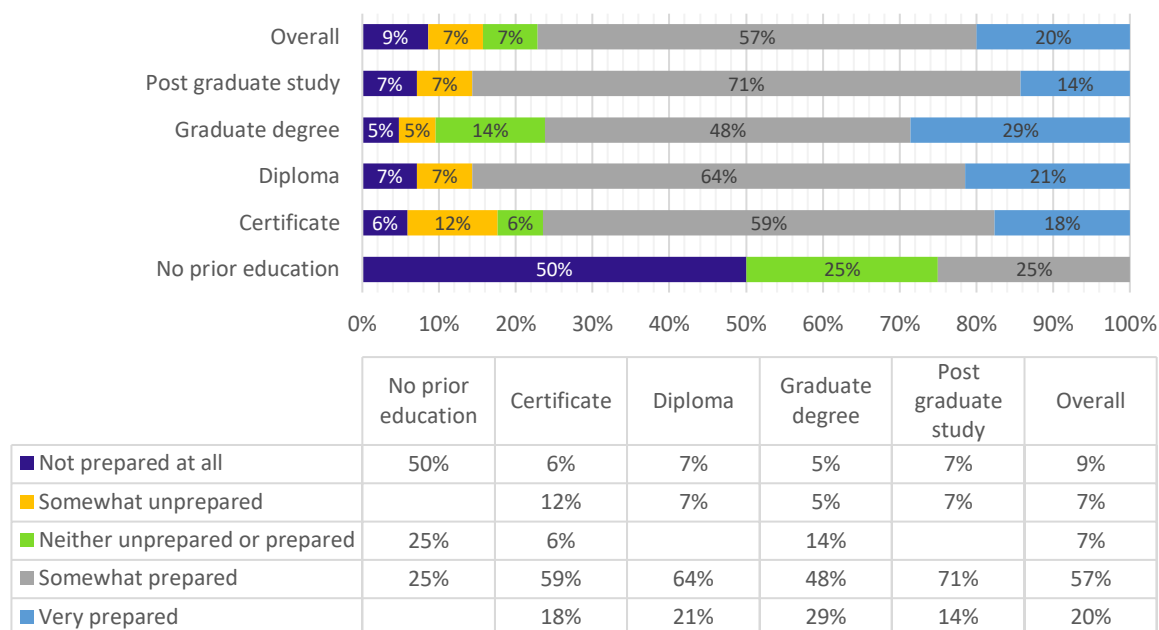


Figure 15 shows the respondents reported levels of preparedness for entering the sector, based on the level of qualification they held *when entering the sector*. Most respondents (57%) indicated that they felt 'somewhat prepared', and this was similar regardless of the qualification held. Those most likely to indicate feeling 'very prepared' held a graduate degree.

**Figure 15: Levels of preparedness when entering the sector categorized by qualification level**



Percentage of respondents by type of qualification

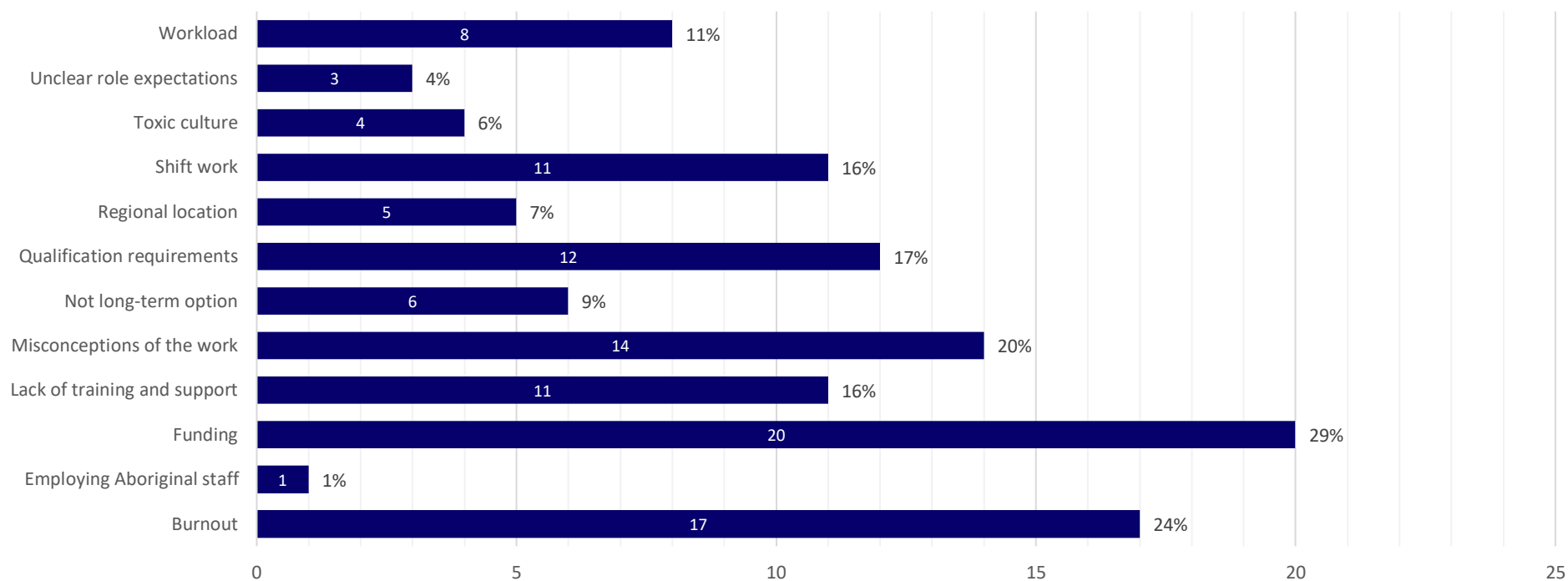
To further understand these patterns, mean scores were calculated (1= not prepared to 5 = very prepared) and compared against the respondents' level of qualification obtained prior to entering the OOH sector. When analysing the mean scores<sup>58</sup>, the data showed that there was a statistically significant difference between the level of qualification that respondents held prior to entering the OOH sector, and their perceived levels of preparedness. Those with only a certificate felt the least prepared and those with post-graduate study felt most prepared. Having at least a diploma significantly improved the perceptions of being prepared. To further understand the importance of these findings, further data would need to be collected on entry positions that respondents obtained when entering the OOH sector. This would help to determine what qualifications best support entry into specific positions.

Respondents were asked about the barriers to recruitment, shown in Figure 16. The barrier most identified was that of funding (29%). Typically, this barrier referred to the level of remuneration offered to staff; however, some respondents also highlighted the available budget to hire and train staff. The second most common barrier was that of burnout. Here, respondents highlighted that burnout was common, especially by a staff member's second year of employment. Many factors affected burnout, including

<sup>58</sup> Statistical analyses are shown in Appendix 3.

feeling that the system was not helping children, concerns about physical and psychological safety in the workplace, and staff who lacked resilient personalities.

**Figure 16: Barriers to recruitment**



|          | Burnout | Employing Aboriginal staff | Funding | Lack of training and support | Misconceptions of the work | Not long-term option | Qualification requirements | Regional location | Shift work | Toxic culture | Unclear role expectations | Workload |
|----------|---------|----------------------------|---------|------------------------------|----------------------------|----------------------|----------------------------|-------------------|------------|---------------|---------------------------|----------|
| Barriers | 17      | 1                          | 20      | 11                           | 14                         | 6                    | 12                         | 5                 | 11         | 4             | 3                         | 8        |
| %        | 24%     | 1%                         | 29%     | 16%                          | 20%                        | 9%                   | 17%                        | 7%                | 16%        | 6%            | 4%                        | 11%      |

Number and percentage of respondents

*Note.* Totals go beyond 100% as respondents identified multiple barriers.

Other commentary included the need for more training and support, poor 'image' of role or reputation of agency, emotionally challenging work, issues with DCP, constant media reports creating misconceptions about the work, casualisation of the sector, competition from other sectors, lack of support, long onboarding processes, seeing role as 'stepping stone' to more desirable work, long onboarding processes, difficulty recruiting Aboriginal staff, impacts of COVID, and fear of staff being blamed for systemic inadequacies.

### **Factors affecting retention in the sector**

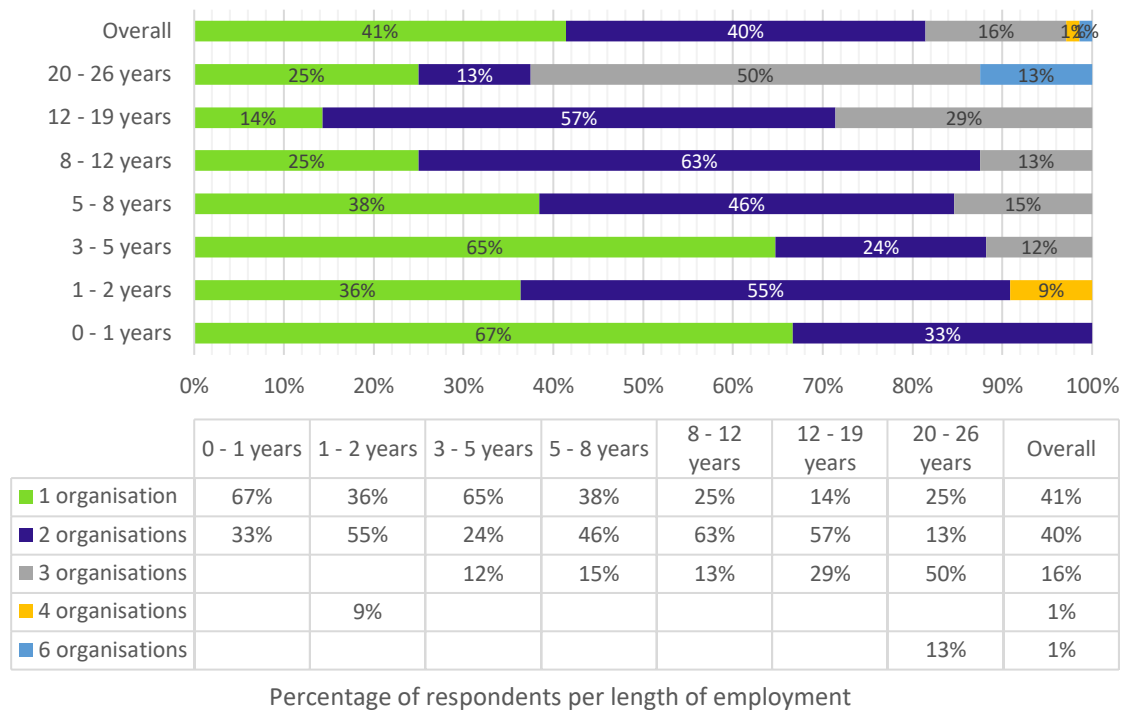
Respondents were asked about their job transitions within the sector, whether they felt there was sufficient staffing, and their intentions to leave the sector.

Figure 17 shows the percentage of respondents, from each category of employment length, distributed across the number of organisations in their employment history. As expected, those with longer employment histories had worked at more organisations. Of interest was that 6 (55%) of the respondents with only 1-2 years of employment in the OOHC sector had already worked for more than one organisation, with one of those workers being employed concurrently. One respondent (9%) worked simultaneously for 2-4 different organisations as a child/youth support worker in residential care. These findings indicate that there may be a trend of increasing turnover for newer staff, however the statistical analyses were non-significant.<sup>59</sup> It is recommended that a larger sample size be analysed to determine any significant trends.

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<sup>59</sup> Statistical analyses are shown in Appendix 3.

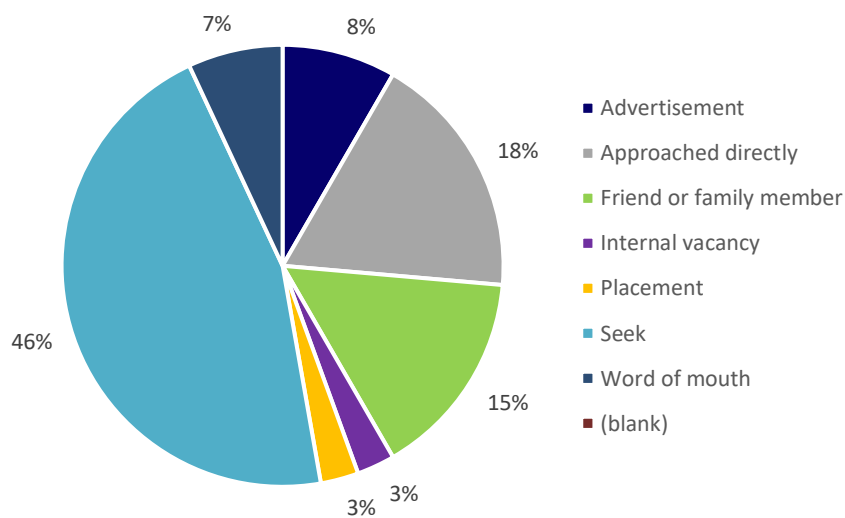
**Figure 17: Length of employment categorised by number of organisations in career history**



Note. Only 70 respondents answered this question.

When examining how respondents were recruited into their current role, most (46%) used Seek to search for employment. A notable portion were referred by a friend or family member (15%) or approached directly (18%) indicating relational pathways of recruitment. These findings are shown in Figure 18.

**Figure 18: Method of recruitment**





Respondents were asked whether they perceived that there was sufficient staffing in the OOHC sector. The response was clear, with 87% of respondents stating 'no', 6% stating 'yes', and 7% unsure.

In the free text accompanying this survey question, 35% of respondents said there were staff turnover issues in their agency and the sector and nearly 20% stated that the Department for Child Protection was understaffed. Over 26% felt that workloads were large because of understaffing with 12% citing rising administrative burden on staff exacerbating the issue. Nearly 20% of respondents cited a shortage of skilled workforce driving difficulties in recruitment, with this seen as a particular issue in the regions, and a number of people described the workload impact of the increasing complexity of clients, which also makes it more difficult to recruit skilled enough professionals.

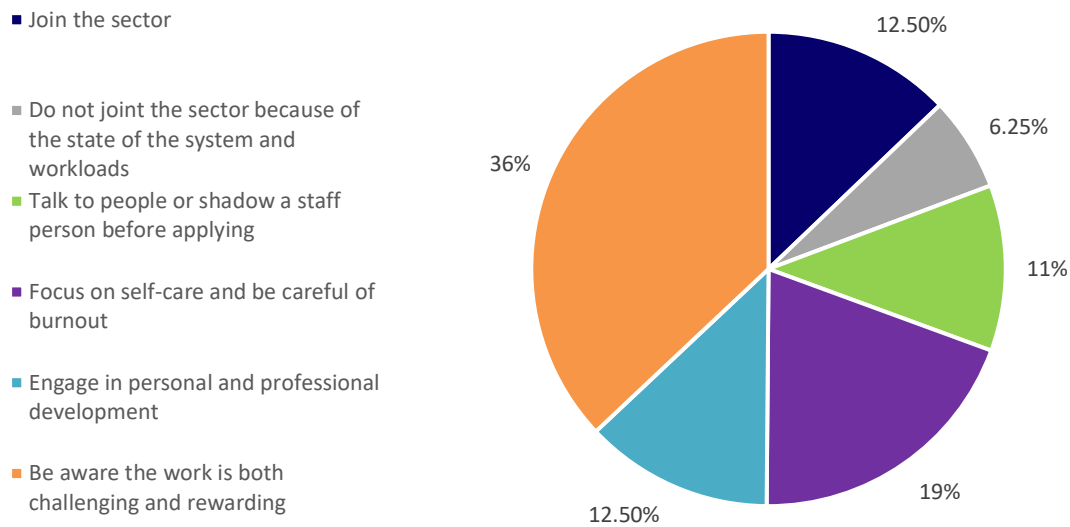
*Turnover is high, stability is low for families to maintain a close relationship with their caseworker, working 6 years in a role I am one of the longest serving caseworkers in my program (that's saying a lot for longevity in a role)*

Survey Response

As discussed earlier, respondents also identified burnout as a significant issue. Burnout was conceptualised as being unable to continue to work in the sector due to a loss of psychological safety. Respondents stated that this occurred due to factors such as being physically and verbally abused by clients, feeling overwhelmed by the workload and therefore unable to safely manage risk or have a significant positive impact on a child, and the prioritisation of KPIs and administrative work which reduces the opportunities to connect with children and families. Overall, the factors associated with burnout often negatively impacted the reasons listed for why respondents came into the sector – most often to make a difference in the lives of children and young people.

Respondents were asked about what advice they would give to someone wanting to pursue a career in the sector. Most respondents (36%) were still encouraging, stating that the career was challenging but also rewarding. Only 6.25% of respondents stated that they would not recommend someone to join the sector. The remainder highlighted actions, such as self-care or professional development as vital to ensuring a sustainable career. The findings are shown in Figure 19.

**Figure 19: Advice respondents would give to a potential applicant**



Other comments included ‘be prepared for difficulties with DCP’, ‘don’t listen to the media’, ‘only work in small, therapeutic NFPs’, ‘work part-time’, ‘you’ll always get work’, ‘it depends on the role – work in foster care - not residential care’ and ‘make sure you know about child protection and trauma.’

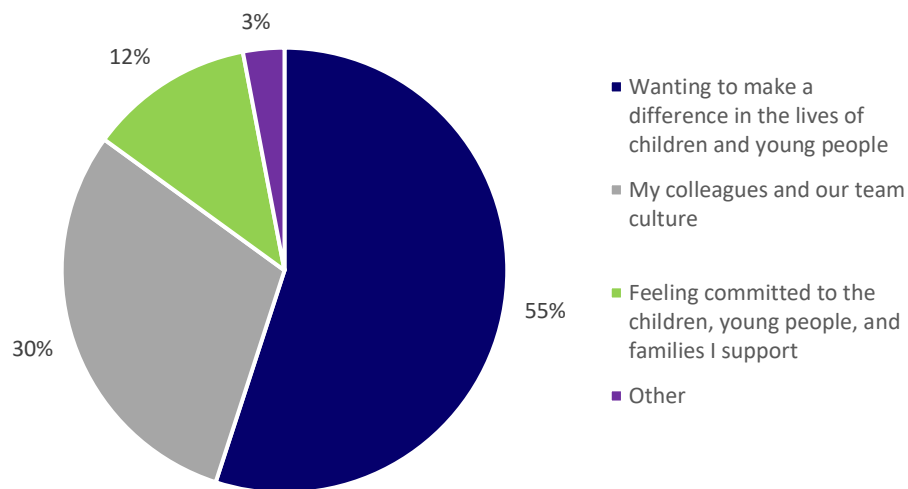
Respondents were asked about what motivates and incentivises them to remain in the sector. Again, respondents focused on their values (55%), highlighting that they wanted to make a difference in the lives of children.

*Wanting better outcomes for children - and recruiting foster carers who can meet these children's needs. As much as there are challenges within the sector, when you see children thriving in foster placements with carers who are attuned to their needs - this is very rewarding and keeps you going on the tougher days.*

Survey Respondent

Other respondents (30%) spoke of the team members they work with and the positive culture of their organisation. Many respondents (12%) formed relationships with the children, the young people or the families that they work with and stayed out of commitment to them. Other reasons included flexible working conditions, working with foster carers, working within their community and working for an NGO rather than government. The findings are shown in Figure 20.

**Figure 20: Reason for remaining in the sector**

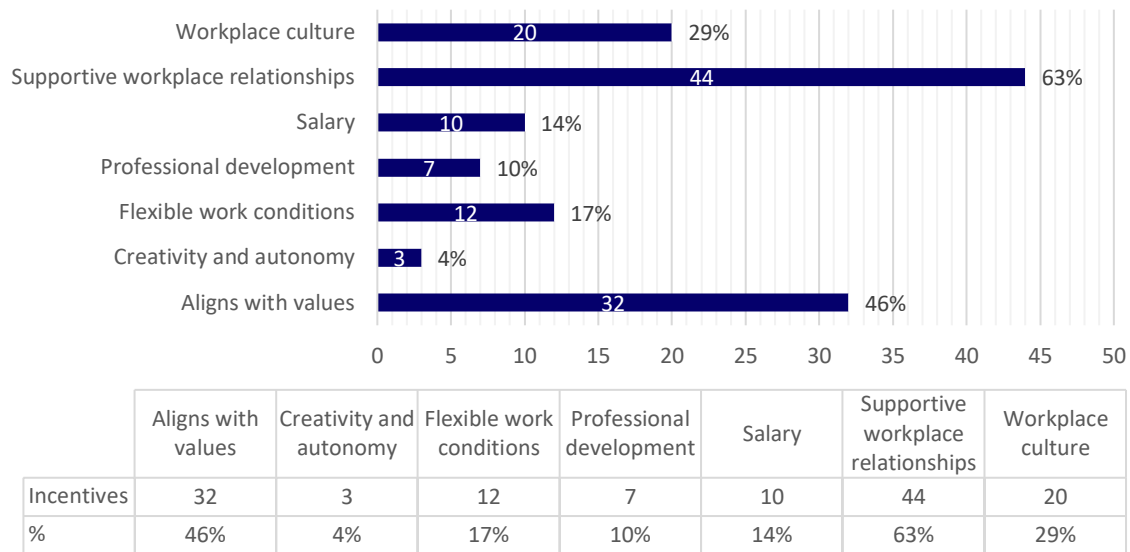


Respondents also identified specific incentives in their current role. Most respondents identified the importance of the workplace fitting with their needs. This included supportive relationships with colleagues (63%), having a positive culture (38%), and feeling that the organisation aligned with their values (46%). More concrete factors were having flexible work conditions (17%), professional development opportunities (10%), and the salary, including salary packaging (14%). The data is shown in Figure 21.

*I enjoy the work. As I have been around for a while there is quite a lot of autonomy, I work with a great team who all have similar values (purposefully employed in this way). The whole team want to make the world a better place. this continues to support and drive me.*

Survey Respondent

**Figure 21: Incentives to retain staff**



Number and percentage of respondents

These findings are consistent with research by Russ, Lonne and Lynch<sup>60</sup> who identified that the relational context was seen as a particularly important part of retaining ‘resilience’ in child protection workers. This was not simply perceived as access to social support but a recognition of the relational features of the working environment and the work itself. Child protection workers identified that quality contact with peers, supervisors and managers was key to resilience. Supportive supervision and management that acknowledged the stressors, and emotional labour, and the impact of these upon workers, and encouraged debriefing, reflection and learning, were seen as enabling increased resilience. Similarly, peers who knew and understood the work were valued sources of support. Those who had experienced the role were perceived to better understand the challenges. These peer and supervisory relationships provided the opportunity to process the emotional impacts of the work and build practice knowledge and wisdom.

Respondents reported on whether they were considering leaving the OOHC sector. Most (42%) thought that they would leave ‘at some stage’ while a notable portion (37%) could not ever ‘imagine leaving’. Only 13% thought that they would leave in the next 12 months. There was no significant relationship between the type of role held by the respondent and their intention to leave.<sup>61</sup>

<sup>60</sup> Russ E, Lonne B, Lynch D. Increasing child protection workforce retention through promoting a relational-reflective framework for resilience. *Child Abuse Negl.* 2020 Dec;110(Pt 3):104245. doi: 10.1016/j.chiabu.2019.104245. Epub 2019 Nov 26. PMID: 31784023.

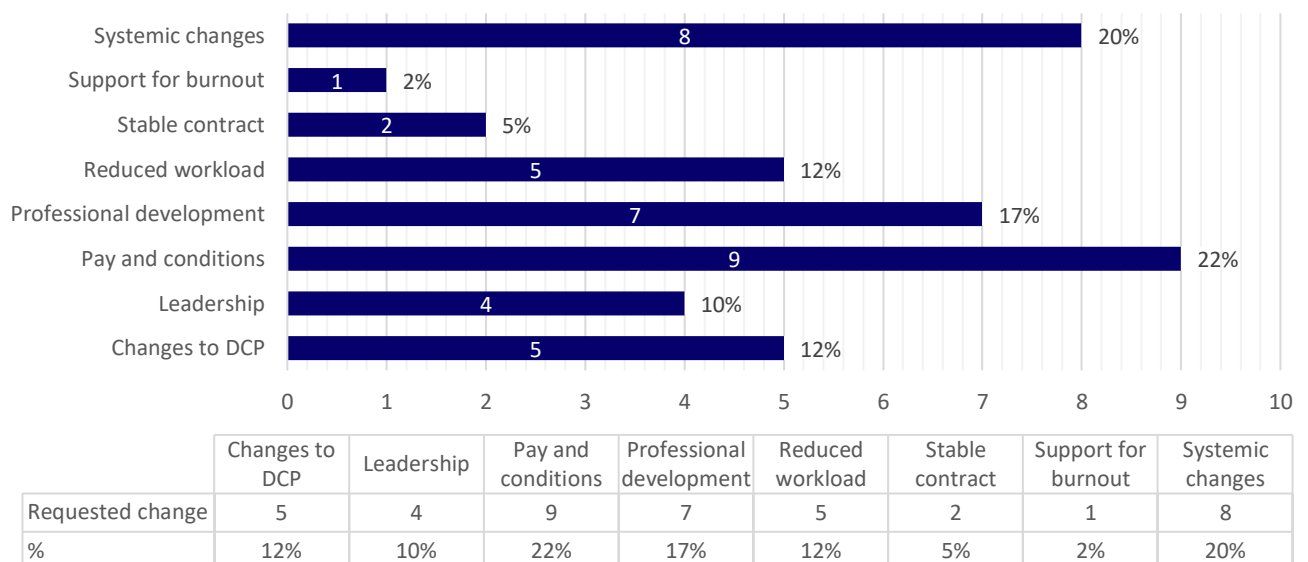
<sup>61</sup> Statistical analyses are shown in Appendix 3.

When asked to expand on their answer, 18% of respondents highlighted positive commentary about their role, their job and/or their organisation. They identified either a commitment to staying in their role, or highlighted the reasons they would remain longer despite the challenges. 8% of respondents stated that they would leave, identifying they were looking for a change of role, seeking relocation or a promotion, or looking for a new challenge. Finally, 5% of respondents cited burnout, with two respondents describing ‘the broken system’, two highlighting unsustainable workloads, one wanting to leave because they feel undervalued, one because of the behaviour of DCP, and one feeling ready for retirement.

Of those who were considering leaving OOHC, 23% were interested in working in family and domestic violence services, and 20% in family and relationships services, and youth work or child protection respectively. The disability, mental health, homelessness sector and reunification sectors were all mentioned, as was education.

Respondents also identified what would need to change for them to remain in OOHC. The most commonly identified response (22%) was the pay and conditions. This included a better salary and factors such as better organised shifts or protection from physical harm during work hours. Many (20%) also identified wanting changes to the child protection system, such as a focus on early intervention and better funding for NFPs. The findings are shown in Figure 22.

**Figure 22: Factors proposed to increase retention**



Number and percentage of respondents

*Note.* The percentages only reflect the proportion of those 36 respondents who answered.

Respondents were also asked to reflect on what they considered to be the biggest barrier to staff remaining in the OOHC sector. The findings were similar to those barriers personally identified by respondents. Most respondents (29%) identified burnout as the greatest challenge to staff retention, closely followed by poor work conditions (24%) and systemic issues (24%). These factors were also interrelated, with respondents identifying that systemic issues and poor work conditions led to burnout. A notable portion of respondents (15%) also identified the poor working relationship with DCP as a challenge. This included rigid requirements, lack of trust from DCP, and bullying from DCP staff. The full data is shown in Figure 23.

*The role and sector is not understood and therefore is not offered the right support. until the complexity of trauma and disability is really understood and acknowledged the staff will not get the right level of support or training. you can't hold staff in a role they are not equipped to do. we see too much burnout and compassion fatigue due to lack of appropriate support and training.*

Survey respondent

*The sector is so regulated and risk managed, underfunded and in crisis mode that staff often feel they have very little scope to be themselves, make a difference, or have a voice.*

Survey respondent

*DCP does not value the workers working along side foster carers and we seem to work at odds against each other at times.*

Survey respondent

### **Factors to improve skills, knowledge, and develop leadership**

Respondents were generally ambivalent about working in leadership or management. 41% of respondents stated they would want to work in leadership or management, 32% would not, and 27% were unsure.

Some respondents (18%) did not have any negative perceptions of working in leadership/management and instead identified that they were happy in direct client work and were not interested in management.

*I look to work more intimately with clients. I don't feel like I would be able to maintain a work life balance in a leadership position.*

Survey respondent

Interestingly, 12% of respondents had a very negative view of the management role (as opposed to the people in the roles) and were strongly opposed to working at a management or leadership level.

*I have worked in a supervisory capacity previously and would not pursue this again. I can see that of the two supervisors I have had since being at (identifies agency), both of them have stressful workloads and have to work a number of additional hours to try and achieve this. Where a supervisor's workload is too much they have less capacity to support their staff.*

Survey respondent

Respondents were also asked about what training or support would improve their practice and preparedness for their role. 15% of respondents answered there was nothing to report, or they were unsure.

Of the other respondents, 45% identified trauma informed practice and 27% child development training. Other areas highlighted were parenting, disability, coaching and mentoring skills, cultural responsiveness, project and change management leadership and ability to teach life skills, self-care and self-awareness, drug and alcohol, suicide prevention, grief and loss and training and assessment skills.

As shown earlier in Figure 9, sector training was common in addition to formal qualifications. The most common trainings were Therapeutic Crisis Intervention (TCI) for Families, Life Buoyancy Institute: IMPACT and Shared Lives.

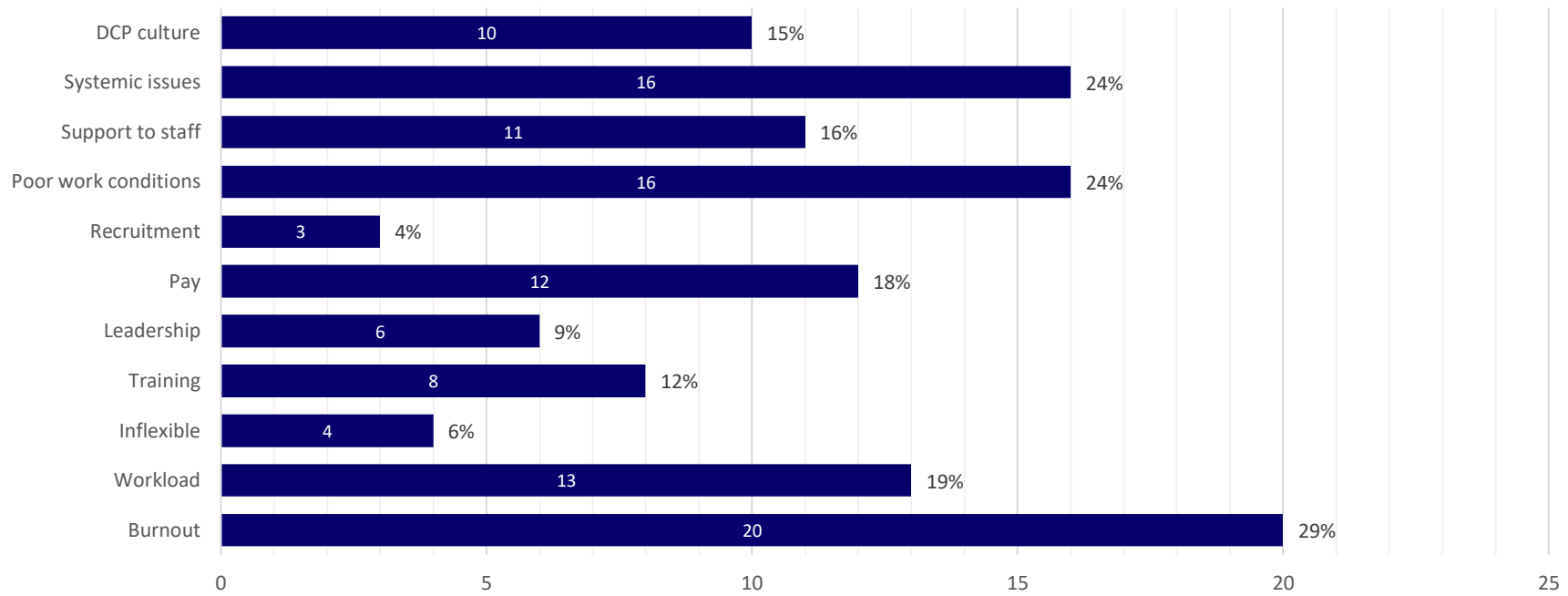
**Common trainings:**

Understanding statutory, government and legal processes  
Trauma and TCI  
People management  
Leadership  
Supervision training  
Mental Health  
Disability and the NDIS  
Counselling and therapeutic skills  
Coaching  
Child development

**Uncommon trainings:**

Case Management  
Training and Assessment (TAE)  
Cultural Awareness  
Vicarious Trauma

**Figure 23: Barriers to effective recruitment and retention**



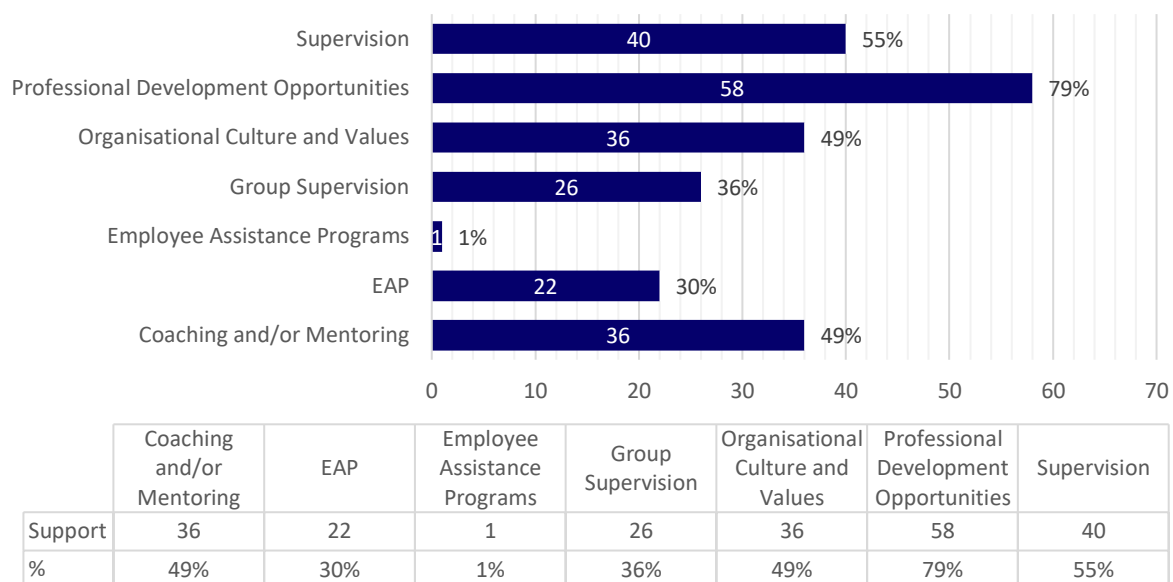
|           | Burnout | Workload | Inflexible | Training | Leadership | Pay | Recruitment | Poor work conditions | Support to staff | Systemic issues | DCP culture |
|-----------|---------|----------|------------|----------|------------|-----|-------------|----------------------|------------------|-----------------|-------------|
| Challenge | 20      | 13       | 4          | 8        | 6          | 12  | 3           | 16                   | 11               | 16              | 10          |
| %         | 29%     | 19%      | 6%         | 12%      | 9%         | 18% | 4%          | 24%                  | 16%              | 24%             | 15%         |

Number and percentage of respondents



Respondents identified non-training factors that would enhance their practice, shown in Figure 24. The most commonly identified factor was professional development (79%) followed by supervision (55%).

**Figure 24: Factors proposed to enhance practice**



|         | Coaching and/or Mentoring | EAP | Employee Assistance Programs | Group Supervision | Organisational Culture and Values | Professional Development Opportunities | Supervision |
|---------|---------------------------|-----|------------------------------|-------------------|-----------------------------------|--|-------------|
| Support | 36                        | 22  | 1                            | 26                | 36                                | 58                                     | 40          |
| %       | 49%                       | 30% | 1%                           | 36%               | 49%                               | 79%                                    | 55%         |

Number and percentage of respondents

*Note.* The totals go beyond 100% as respondents identified multiple supportive factors.

## Individual consultations

During 2022 and 2023, CAFFSA undertook a broad range of consultations with direct service staff, managers and leaders and HR staff across its member agencies. The following is a summary of the findings.

Managers were consulted individually about agency practices and the themes they noted for staff. They discussed qualifications and preparedness, induction of staff, recruitment and retention, burnout and compassion fatigue.

### Qualifications, skills and training and level of preparedness for the sector

In the individual consultations, there was a range of views about how well Certificate IV, diplomas, graduate and non-graduate training prepared people. Many participants did not feel well prepared through tertiary education— for example one respondent felt the B Psych degree did not provide content about trauma, the stress response, or the impact of trauma on child and human development, and no placement experience. Social work was reported to have a theory base, provided placements, and taught some key core skills. These included active listening and communication, some

understanding of child protection system, mental health, social justice, and key theories. However, there were concerns that there was still limited content on trauma.

There was generally more positive feedback about studying while working. Concurrent work and study was seen as both practical and helpful in building skills to deal with the complexities of the work in practice. It also connected key social work theories such as child development and the impact of trauma directly to practice.

Some participants said that their qualifications had not prepared them for the reality of the work, with trauma mentioned frequently. There was also a view there was a gap in the Cert IV in youth and family work regarding the use of therapeutic practices. Those participants consulted identified the need for a course on understanding one's own trauma and dealing with children's trauma responses, as well as identifying, managing, and preventing vicarious trauma.

Other participants identified bodies of knowledge beyond trauma. This included a thorough understanding of autism and ADHD, which are common diagnoses in this sector.

The level of skill was also a consideration for progression into leadership. Many participants raised the issue of social workers moving into the leadership positions, unprepared through their training for managing staff, and managing change.

Most participants also discussed the need for training, with a number suggesting core standardised training that sits across the whole sector. Topics included:

- Understanding trauma, and vicarious trauma
- Self-awareness, effective communication and decision making under stress
- Negotiating difficult conversations
- Active listening
- Advocacy
- Written and verbal communication
- Rapport building
- Strengths-based strategies
- Report writing
- Wellbeing and self-care
- Managing difficult conversations
- Introduction to child protection
- Forming relationships with DCP
- Understanding the roles and responsibilities for the different people of the care team.

Participants also considered addressing skills through reflective practice groups. This would include discussing aspects of diversity such as gender, Aboriginal and Torres Strait Islander communities, CALD communities and emerging communities, LGBTQI intersectional identities.

It was also seen as important to ensure there are opportunities for group supervision, through peer learning and peer supervision. Participants noted that, within current funding structures, there is little room for building the level of trusting relationships required for reflective practise. Mentoring or coworking is essential but it requires skill and time to develop within an agency. One participant talked about their Young Worker Advisory Group, which provides opportunities to gather with other support workers in the sector.

One participant stated their agency has changed the induction to a practice base. They recognised that 'everything can't be in induction, or it can be an information overload.' There is now a structured pathway for professional learnings with some topics been pulled out of induction and introduced at different points. This scaffolds new staff members. Reflective conversation often occurs after a staff members first shift, with reflective group discussions also available. This was seen as very successful as it assists a range of workers in similar roles develop relationship skills such as communication, listening, and teamwork.

### **Induction experiences of participants**

Some of those consulted had a very supportive and engaged induction process, with formal schedules of meeting others and assistance to understand roles and responsibilities across agencies. Others talked about an orientation plan that was aligned to roles, taking approximately 6 – 8 weeks and involving extensive feedback during the first six months, followed by a development plan. Others did not receive induction because they had entered a new role. All had the mandatory training made available.

Many staff and managers that were working in the foster care area had undertaken the courses and workshops that foster carers are required to do as part of induction.

As noted above, some felt that a thorough understanding of autism and ADHD would have been very useful in the first 6 months. They also felt early access to training about the health needs of children and young people with disabilities would have been beneficial.

Some participants felt that, while there were shadowing opportunities for established roles, there should be greater assistance for those moving into management and leadership. They suggested having a community of practice for emerging leaders with other organisations. It was further felt that ongoing peer support would have been helpful in the beginning for any role where there is an element of leadership. This included roles leading practice development, implementing trauma informed practice, and all other elements of managing and leading specific to the sector. Participants also highlighted the benefits of training in an inter-agency context, advising that this could build relationships in the sector. One participant felt that this could improve relationships with DCP.

## Improvements to recruitment and retention

Every participant in the individual consultations identified flexibility, work life balance, and the importance of self-care as promoting staff retention. COVID shifted expectations, with higher numbers of staff looking for greater flexibility. Some participants mentioned that there were competitive flexibility options in other sectors, which could lure staff away from the sector.

This flexibility was valued over other factors, with many participants stating that retention is 'not all about salary anymore'. One participant described that they asked for flexibility but what was implemented was a (significant) pay increase, however, these are not equivalent. The same participant felt that agencies needed to value staff more than output - otherwise they would not be able to recruit and retain staff sufficiently.

*Demonstrating that you value people and clients is the ultimate recruitment and retention strategy.*

Individual consultation participant

Although many participants felt salary was not always a priority, others commented that 'most people are really battling financially and staff are wanting job security'. One agency identified that they are increasingly seeing people accepting multiple shifts with multiple organisations. While this increases financial security for staff it also leads to a lack of stability for the young people who have little predictability about who will be caring for them.

The issue of lack of parity in government vs the NGO sector was also raised as a recruitment issue. One respondent stated that they accepted a significant pay decrease when moving into the NGO sector. They also noted that 'the higher the level, the more attractive it is to stay in government', which would likely impact recruitment into management and leadership roles.

In terms of recruitment, all felt it was an 'applicant's market'. Most felt their recruitment processes are slow and wanted to streamline the process. A lengthy recruitment process forces current staff to take on extra duties because of the unfilled position. This is intended as a short-term measure but can drift if recruitment is not successful, contributing to stress and burnout for current staff.

To address these issues, one participant said their HR has begun engaging in more network-based recruitment to make offers to applicants as soon as possible. They also identified focussing on finding roles for good social work students on placement. The participant felt that there was an urgent need to find pathways into employment for students.

Other participants spoke about scenarios where they are unable to fill shifts. They felt that staff working across different agencies exacerbated the challenges of filling a shift as it makes scheduling more complicated. Staff have additional options for preferable

shifts, such as being closer to home. In this situation, agencies are competing with each other and unable to fill less-desirable shifts.

It was noted that since the requirements for qualifications has changed, the sector can recruit people who have a certificate in disability or aged care. While reducing some of the barriers, this was also seen as potentially problematic as the applicant may not have been exposed to children with trauma. A 'bridging' certificate was suggested, where people wanting to change sectors, and move into child protection, could gain the requisite skills and knowledge.

Some participants felt that personal attributes were more important than experience. They discussed recruiting values and character, which can be hard to influence, rather than skills that can be taught.

*I am more likely to hire someone who may not have experience but has an attitude and passion for working with children and young people.*

Individual consultation participant

Retention was seen as difficult to address due to burnout and compassion fatigue. The psychological safety of staff was seen as a very important, values based activity, and the responsibility of supervisors. Those interviewed that were from agencies that were implementing the Sanctuary model felt that the model has the potential to significantly improve psychological safety.

*The workplace culture – ie the Sanctuary model - being psychologically safe, being an inclusive work place, they are wanting a diverse workplace where there's people from different backgrounds and heritage, that peoples voices are heard and respected... This generation has an expectation that we will be inclusive of gender, cultural background. And people are expecting this to be the norm.*

Individual consultation participant

One person consulted suggested that their own retention would be more assured if their supervisor engaged them in conversation and dialogue and assisted them to 'think outside the box.'

A focus on wellbeing was also commonly mentioned. An applicant's ability to manage workloads, stress and risk was often explored at interviews. In the first 6 months of employment, wellbeing was considered part of onboarding and regularly reviewed with staff. Participants from agencies implementing the Sanctuary model again felt that it helped to promote wellbeing.

*This is something that we foster, my expectation is that they know their team well, and my manager expects I know my team well.*

Individual consultation participant

One agency formally advised that staff have 30 minutes a week they can spend for personal wellbeing. Whilst this is not a large amount of time, it does promote awareness and recognition across all levels of the workforce that the agency values and promotes wellbeing.

Providing developmental opportunities to staff and helping them grow into other programs and creating opportunities to move in different positions in the organisations were also seen as important retention strategies.

*Trying a new position gave me a renewed sense of wanting to stick to it.*

Individual consultation participant

One participant felt retention within the sector could be improved if there was a central body that could advertise or highlight opportunities available, encouraging knowledge and skills to stay in the sector. They further considered secondment opportunities after a determined period between organisations, where staff could learn new skills and try something different.

### **Burnout and compassion fatigue**

Supportive management was identified by all consulted participants as a mechanism for preventing burnout. One participant also felt that part of each staff member's role was to look after themselves, stating that staff are accountable for taking responsibility for their own wellbeing. This encourages staff to have safe conversations with their manager about what they need.

*If I didn't have that trust, it might be very difficult. I need to see some change to feel hopeful that things will change.*

*If people see nothing change despite best efforts, that's when people get affected.*

Individual consultation participant

Rostered days off were mentioned as a factor promoting wellbeing. One participant stated that a quarterly day off was provided in recognition of the work of the staff member.

Most participants reported regular supervision, access to Employee Assistance Programs, and the regular monitoring of TOIL and TOIL usage as strategies to reduce burnout. Some participants required self-care plans for all staff.

One participant reported allocating every residential care worker a line manager at the start of their induction. The staff member was to meet with the manager and encouraged to contact them if needed. The line manager would regularly check-in and encourage the staff member to be talk openly about any concerns. The participant considered this strategy to be more about support than monitoring of staff members.

Staff were also encouraged to decline shifts rather than feel obligated to work, which can lead to burnout.

*Sometimes it does feel like work to do self care, those strategies that you know that you need to do can really feel like work. There's lots of great resources, books, neuroscience research, how the stress response works. How to calm our system down. There's a lot of research that can help with this. Grit – some days it's just grit. There's nothing else. You just keep going.*

Individual consultation participant

Two other issues were raised in the individual consultations. The first was the burden of completing administrative data. This burden increased workload and left staff feeling scrutinised about their KPIs. The second issue raised was the need for staff and management to receive regular training in vicarious trauma.

### **Human resources and senior service manager consultations**

Human resources and senior service managers were invited to participate in consultations to gain a deeper understanding of recruitment and retention practices within organisations, along with the training and development opportunities provided to staff. Nine consultations occurred with groups of staff from a mix of metropolitan and regional, Aboriginal and non-Aboriginal, and small and large organisations. The discussion was open-ended but guided by the following questions:

1. What measures or innovations are you undertaking that contribute to workforce planning and development? Such as structured training and professional development pathways, traineeships and programs/placements for students and graduates.
2. What is the recruitment and onboarding process, what innovations are you practicing in this area and to what extent do your client groups inform this process?
3. How is your organisation mitigating burnout and compassion fatigue? In what ways does your organisation support diversity and inclusion? This includes gender and sexual diversity, disability, Aboriginal and Torres Strait Island people, and Cultural and Linguistic diversity?
4. What are the remuneration levels, and can Job Descriptions be provided? What incentives do you offer to retain staff?

## **Agency required training and the implementation of the Mandatory Training Requirement Matrix**

All agencies reported having mandatory induction training that staff were required to complete. The most common training involved manual handling, bullying and harassment, work health and safety, and cultural awareness training. Some agencies said they are now requiring training in other matters such as supervision, case note writing and one organisation had developed their own training on burnout and compassion fatigue. All elements of DCP's Mandatory Training Requirement Matrix had been introduced.

Several agencies noted the difficulty of absorbing the costs of changes to training requirements, such as the introduction of new Mandatory Training Requirements Matrix. It was noted as particularly challenging in regional areas, due to covering large service areas and the operational costs of providing services in these regions.

Some organisations, particularly in the regions, were focusing on e-learning to ensure training is accessible for staff. This allows staff to undertake the training on their own at a time convenient for them, however it can reduce their experience of being part of a team and the advantages of learning from others. One regional agency also stated that the provisions associated with 10-hour shifts in the SCHaDS Award has impacted on attendance at training.

Some agencies reported engaging in an annual reflection with senior leadership. They reflected on training provided, emerging needs, and quality improvement. Monthly sessions focussing on clinical practice also inform part of the ongoing training of residential care workers. This is an extension of the IMPACT model developed by the Life Buoyancy Institute and was seen as flowing well into Therapeutic Crisis Intervention approach.

Agencies also discussed developing staff training calendars each financial year with input from leadership. New software has been utilised where onboarding training is tailored to suit individual roles.

Larger agencies identified having a training coordinator and learning and development working groups with representatives from across the organisation. One regional provider reported having a full-time training position that manages, develops, and delivers training based on identified needs within the organisation.

One of the largest agencies reported having their own leadership and development program, through which they provide training for staff. Audits are conducted regularly, with recommendations provided to teams and senior managers and executives about training gaps. All agencies reported that they provide regular supervision on either a group or individual basis, or both, which also plays a vital role in learning and development.



One small, regional agency discussed the qualification requirement, indicating that it has caused considerable challenges. They have difficulty recruiting people who are qualified as the availability of the workforce is extremely limited. Instead, they run a model where a house supervisor in residential care is a qualified position and supports the staff while they obtain their qualifications. As staff turnover in residential care is quite high, keeping qualified staff is proving difficult and costly to the organisation.

Funding for training was also raised as a major issue by regional agencies (noting that these consultations occurred prior to the announcement by the government to subsidise the Certificate IV training.). On-line training is used extensively but is seen as working for some people and not others. It was noted that for some people re-entering the workforce, the idea of studying can be daunting and online learning may not be a good fit. However, the agency made the decision that online learning would be the most effective, as staff may otherwise not get the opportunity to do the training.

One agency providing disability support said they had been advised that training staff too early creates a risk for the client as staff knowledge quickly becomes out of date. As the disability sector does not require a Certificate IV, ensuring staff are appropriately qualified has been problematic but they have been able to meet that requirement in-house.

A level of training fatigue was discussed in most of the consultations.

*They do want training, but they need training that is relevant. We understand the mandatory need, but we don't want to fatigue them, and give them things that they want to be trained and that's relevant.*

Agency group consultation

It was felt that it would be beneficial to have training delivered consistently and in one place that meets all the competencies and requirements. Staff felt it was nonsensical to have different agencies delivering the same training and instead they should be trained at certified agencies. This was likened to how First Aid, or Child Safe Environments currently operates. It was felt that the training could have multiple modules and would be cost efficient compared to the current system.

*Multiple staff work for multiple providers, so they are multiplying training staff, and paying organisations to do the same thing.*

Agency group consultation

Centralised training was also seen as a recruitment and retention strategy, as staff might be more inclined to commit to children's services if they knew that they did not need to go through the same training again. This would give them flexibility to easily move to another provider. It was also suggested that standardised training with modules and competency could be reviewed every 3 years to make sure that it is fit for purpose. The lack of review requirements in the mandatory training prescribed by

DCP was raised, as was the omission of some key topics such as duty of care and manual handling.

*It's the cost of training, how much we're asking them to do, and how much is relevant. If they don't pass probation, thousands of dollars have been spent. And add the cost of the PSA into this also.*

#### Agency group consultation

It was noted that a sector-developed induction could bridge the knowledge and skills for those new to, or transferring into, the sector. The induction could provide an overview of information, and in particular include trauma training. This would be useful for prospective students to determine if they wanted to study further (given the number of people that drop out of education, particularly at the Cert IV level.) The induction could be facilitated by experienced staff from member agencies and relevant departments across a range of roles and cover both residential and foster care.

However, there was a view from one agency that standardisation of introductory training could be detrimental to service models in organisations if there is not compatibility. A lot of practice is intertwined around service models in agencies, to ensure consistency for workers, so this would need to be carefully managed.

Other agencies felt that consistency across the range of training topics discussed would be extremely useful as so many agencies, particularly smaller to medium-sized ones, who were 'reinventing the wheel.' They also felt working with DCP to encourage consistency across both sectors would be ideal. One participant commented that using the Sanctuary model would be ideal to promote the continuity of care for young people, but in the absence of funding for a sector-wide roll out of Sanctuary this would not be feasible. However, other ideas could be implemented such as encouraging common language and a common approach to care with all staff similarly trained as they move across care environments and organisations. This would help address the trauma of children and young people by providing consistency.

### **Workforce development innovations**

The consultations showed that agencies are undertaking many initiatives and strategies to support the workforce. These involve workforce planning, recruitment and induction, mitigating burnout, supporting diversity, and improving remuneration and incentives.

#### *Workforce planning*

Most agencies talked about leadership training. One agency runs a six month externally facilitated leadership program, with similar content to Cert IV in Line Management. The agencies work to create networks of support, thus increasing

connections and facilitating a safe space to talk about issues for those who have undertaken the leadership training.

Several agencies offer Aboriginal traineeships – primarily for roles in administration, with the majority enrolling in Cert III in Community Services, Business Administration. One agency had two participants undertaking a community services certificate who were previously children under Guardianship who had turned 18. Although neither completed the certificate, both have gone on to employment - one with DCP and the other into a non-associated trade.

All agencies host regular student placements and some also encourage volunteers. One agency has a succession planning guideline and mobility guideline. Here, intra-agency movement of staff is encouraged and supported, allowing staff to move laterally in the agency.

Another agency had difficulty recruiting people in a competitive space and recognised that other agencies were offering more money or more incentives. The leadership discussed with staff whether they were interested in an increase in salary to increase their case load. Staff said that they were willing to do this, so the decision was taken to increase the staff salary by a percentage. As a result, the loss of staff to other agencies plateaued.

The cost of psychometric testing was raised as a barrier to more flexible recruitment, such as placing social work students in residential care facilities. This included specialist children's disability services. Removing this barrier would facilitate greater experience for students and streamline pathways into employment.

Other initiatives included:

- Working with universities to formalise linkages with formal learning institutions.
- Regular workforce surveys and monitoring of training needs arising from performance reviews across the agency.
- Utilising a purpose-built, co-located space to encourage a peer learning environment.
- Plans to launch a reward and recognition program for staff.

### *Recruitment and onboarding processes*

Agencies reported implementing a new HR process that automates the onboarding process and addresses specific program requirements.

One regional agency highlighted the power of 'word of mouth' and social media in their recruitment. They created a concerted strategy to ensure good news stories about worker achievements or positive experiences are shared as broadly as possible.

Networks were also used for targeted recruitment, particularly if there might be someone suitable from a culturally diverse group. One agency had success asking staff to recommend people who they knew who they thought would be suitable. This yielded the best round of recruitment they'd had for some time. Rather than going out to market, asking staff who already know their friends whether they would fit with the agency, how they operate and whether they would be suitable, proved to be an effective strategy. Agencies also identified the importance of showcasing that they offered a safe and inclusive workplace culture. This includes ensuring messaging, such as e-mail signatures, is as inclusive as possible (including, for example, using pronouns.)

Most agencies identified that they engage in any career promotion opportunities across their organisational footprint to both increase visibility of the sector and to potentially yield applications.

Given the variety of people that apply through *seek.com*, one agency keeps a pool of people to assess against new vacancies as they sometimes interview people with qualities that could be a fit for other roles in the organisation.

All agencies stated they have a targeted Aboriginal employment strategy. One agency reported that while working on a Reconciliation Action Plan, the group identified barriers for Aboriginal people in their standard recruitment strategies. As a result, they modified their strategies.

#### *The costs of onboarding and induction in the first twelve-months*

Recruitment, onboarding, and induction can incur significant costs. One specialist disability provider described holding a standard induction, a site induction, and a full day children's services induction. During the induction week, they delivered a clinical orientation section, and the additional full day children's services induction covers the system, care concerns, and information related specifically to the program such as the difference between DCP and NDIS. There are two buddy shifts, where the new worker meets the young person before they go on shift so they can get used to the environment and get to know the child. The full process takes about a week, which is a substantial human and financial commitment of resources.

Six agencies, ranging from small to large and country/metropolitan were asked to provide a detailed breakdown of the hours involved in onboarding and induction/orientation, along with a breakdown of training and development activities within the first 12 months.

It should be noted the following average costings **do not** include employment related costs such as advertising, checks etc, training fees, material, and administration costs. They represent the hourly rate of staff only, excluding superannuation, insurances etc. and are calculated at the SCHaDS Award hourly rate although many agencies are paying above award for recruitment and retention purposes.

|  | Average hours | Average hourly rate        | Total cost |
|--|---------------|----------------------------|------------|
| Induction (first three months) for residential care staff member                                     | 75            | \$32.37 (SCHaDS Level 2.3) | \$2427.75  |
| Induction of residential care staff member by supervisor/manager                                     | 21.5          | \$46.94 (SCHaDS Level 5.3) | \$888.38   |
| At 12 months for residential care staff member (training and supervision, including induction costs) | 218           | \$32.37 (SCHaDS Level 2.3) | \$7056.66  |
| Induction (first three months) for foster care staff member  | 64.5          | \$40.29 (SCHaDS Level 4.2) | \$2598.70  |
| Induction of foster care staff member by supervisor/manager  | 30.5          | \$46.95 (SCHaDS Level 5.3) | \$1260.26  |
| At 12 months for foster care staff member (training and supervision, including induction costs)      | 174.75        | \$40.29 (SCHaDS Level 4.2) | \$1225.07  |

### *Mitigating burnout and compassion fatigue*

All agencies have an Employee Assistance Program available to staff and most mentioned trauma training for all staff, including identifying and understanding vicarious trauma.

All agencies also cited flexible work practices, where these could be supported. All mentioned regularly 'checking in' with staff either formally through supervision and informally through 'touching base' and chatting.

One agency reported committing substantial time and resources to prepare leaders to initiate conversations with staff early if they notice changes in behaviour or attitude. The number of grievances dropped substantially following this initiative. They have also established a very engaged and supportive probation process, recognising that it is preferable for employment to finish during, rather than after, this period.

All agencies identified staff engagement surveys, and one cited wellbeing surveys and a pulse survey once a quarter. This agency is also considering 'stay interviews' – conversations with staff about what would it take for them to stay. These would also explore what staff are they looking for if they wanted to change and assist the agency to understand what they are getting right.

One agency identified 67% of staff had never attended an agency event so held and 'all staff day.' In evaluating the initiative, 40% answered that they felt more connected, 86% that they built other connections, and 96% rated feeling 'very valued' by the organisation.

Almost all agencies described 'self-care' training and wellbeing training. One agency launched a wellbeing program called "I live well", which is accessed through their intranet and has links to other support resources and services. The agency uses this as a platform to provide education and support to staff, with an electronic platform, workshops, webinars for staff to participate in and continue to look at. Workshops are run by an industrial psychologist, training staff to recognise burnout and compassion fatigue. Staff also complete a self-assessment questionnaire and determine what further support they need. Each quarter focuses on an aspect of mental health. During COVID, different exercises were implemented, such as coffee catch ups, and informal exercising.

One agency introducing Sanctuary through the Mackillop Institute outlined the strong focus the program has on the wellbeing of the staff and the organisation. The same agency runs Mental Health First Aid and was looking to introduce Mental Health First Aid champions.

### *Diversity and inclusion*

Agencies advised of the following initiatives:

- Reconciliation Action Plan (some agencies at the Stretch level)
- Aboriginal Recruitment and Retention Strategy
- Aboriginal Cultural Learning Plan
- Organisational support of the Uluru Statement of the Heart
- Disability and Inclusion Workforce Strategy
- Employee Assistance Program with a specific hotline for LGBTIQ and an Aboriginal-specific EAP provider
- An agency-specific welcome video highlighting diversity
- White ribbon accreditation
- Sanctuary rooms for people to go when they need time for personal reasons, such as religion or culture and consulting internally with what is appropriate.
- Employment practices that ensure if someone identifies as having particular cultural needs, the agency appropriately supports their needs and ensures the workplace is set up for that person.

Training is provided on:

- Working with culturally and linguistically diverse communities
- Gender identity training (in one agency all staff have done this and, in most agencies, the use of pronouns is encouraged.)
- Equal employment opportunity training
- Disability awareness
- Discrimination and Equal Employment Opportunity

- Diversity in the workplace
- Managing unconscious bias
- Mental health awareness, supporting people with depression
- Sexual harassment prevention
- Domestic and family violence response training and contact officers.
- LGBTIQ + Awareness information sheet and video

### *Remuneration levels and incentives*

All agencies either paid at the appropriate SCHaDS Award level or slightly higher or had an enterprise agreement where the pay levels corresponded with the SCHaDS level or slightly higher.

Most agencies raised the impact of lack of parity in pay and conditions between DCP and NGO services as genuine recruitment and retention disincentives for the sector. Residential care tenders prescribe wages at Level 2 for NGOs while they are paid at Level 3 in DCP-managed facilities. DCP also pay staff for 'active' overnight shifts but prescribe payment as 'passive' for the same shift in the sector, adding to the lack of parity. These differences are regularly cited by potential applicants when recruitment drives are occurring in the sector. As noted earlier in the report, there is also a view the lack of parity becomes more marked as the seniority of the position increases, impacting on competition between government and non-government services for management and leadership staff.

Several agencies have engaged in consultations of staff retention through mechanisms such as focus groups, on-line consultations, or regular, specific questions during supervision. One agency selected 400 people to participate in focus groups then drew up action plans from the results. All agencies reported that the dominant theme was workforce flexibility, with the ability to work from home through the COVID period having had a dramatic impact on staff. Many staff advised working from home increased their productivity and improved their work/life balance and nominated it as the highest reason for why they would stay or leave an organisation. Agencies also reflected on the emerging need to develop consistent practices in relation to working from home, as it is emerging as an incentive that staff will continue to seek longer term.

Incentives offered to improve recruitment and retention included:

- Options to work from home for a nominated part of their working week, where feasible and possible
- Salary packaging (all agencies)
- Paid grace days – time off between Christmas and New Year period without using leave.
- Employee discounts negotiated with local or national companies, e.g. reduced rates with BUPA, one agency has a holiday house with a reduced rate

- Various forms of an annual ‘employee appreciation day’
- Salary continuance insurance for managers
- Leadership development training
- Some staff have access to a motor vehicle, which can be nominated for personal use
- Leadership development training and a focus on developing pathways for career growth, development and progression
- Provision of ‘therapeutic work environments’ including, but not limited to, Sanctuary
- Formal and informal mentoring
- Conference participation, including opportunities to present at conferences
- Annual end-of-year functions for staff, small gifts for staff.

## **Section 6: Discussion and recommendations**

Following the evidence gathered through the consultation process and survey, the following recommendations were developed. These recommendations address both the occupational pathways to training and development and creating a workforce development plan for the sector. They arose from the consultations themselves, or were tested with some or all of the participants in the focus groups.

### **Supporting the Aboriginal workforce**

As noted earlier, increased self-determination for Aboriginal and Torres Strait Islander people, including a transfer of control and power from non-Indigenous organisations and governments to Aboriginal and Torres Strait Islander peoples, communities and organisations is seen as essential in the escalating crisis in relation to the removal of Aboriginal children and young people.

In order to facilitate self-determination and culturally-led leadership across all facets of child protection, it is recommended that an Aboriginal-led process for investigating challenges for workforce development and growth in the ACCO sector is resourced and undertaken by an ACCO.

Consultations during this project clarified the urgent need for attention and improvements in the recruitment and retention of Aboriginal staff in the child protection field and the need for an Aboriginal-led process for identifying issues and strategies to address this.

All agency representatives consulted agreed that the experience of Aboriginal people working in child protection is unique and cannot be understood through a non-Aboriginal lens. These issues should be examined and tackled through Aboriginal-led processes and dealt with via Aboriginal-led solutions.



## **Recommendation 1**

**A separate Workforce Mapping and Workforce Development Project should be undertaken by an Aboriginal organisation or ACCO addressing the needs of the Aboriginal workforce in the area of Residential and Family Based Care for Children and Young People.**

## **Recommendation 2**

**Provide adequate and coordinated funding to ACCOs to provide comprehensive cultural awareness training across the sector and consultation regarding the recruitment and retention of Aboriginal staff.**

Consultations raised the need to invest in Aboriginal Community Controlled Organisations (ACCOs) to provide training in cultural awareness in a comprehensive and culturally appropriate manner. Adequate and coordinated funding to allow ACCOs to provide cultural awareness training across all tiers of the child protection system, as well as training and consultation to organisations wishing to attract, recruit and retain Aboriginal staff in non-Aboriginal services was seen important.

Culturally responsive and accountable training is one of the essential elements outlined in DCP's Service Provider Personnel Requirement Matrix. This aspect of the matrix was strongly endorsed by the sector given the over-representation of Aboriginal children in out of home care and the higher likelihood of Aboriginal children coming into contact with child system.

Multiple smaller agencies, however, reported issues in accessing this training (both in terms of cost and accessing training providers.) Given the centrality of appropriate training to create culturally responsive and safe services, along with the well documented need to improve the capacity and sustainability of ACCOs, it is recommended that certainty in role and funding be assured for a local ACCO or ACCOs to deliver these essentials.

Consultations with the ACCOs undertaken for this report, along with representatives from non-Aboriginal agencies identified a growing call on ACCOs to provide cultural advice or consultation in relation to matters impacting on Aboriginal people in South Australia. These requests include culturally safe and competent workforce recruitment and retention processes and initiatives. While these approaches are welcome as they demonstrate a growing awareness of the importance of seeking guidance and support from Aboriginal people, ACCOs are not currently funded to undertake this work. Adequate and coordinated funding should be allocated for this important and growing role for ACCOs as a matter of priority.

## **Better understanding occupational pathways to training and development**

Throughout the survey, individual consultations and focussed agency level consultations with senior managers and HR specialists, a number of key themes arose, with emerging recommendations. These were then the subject of validation consultations at a range of sector meetings with staff and managers from over 42 agencies. These themes, and the corresponding recommendations, appear below.

### **Recommendation 3**

**Undertake mapping of occupational pathways to better understand what training and skill development workers currently receive, at what point, and for what purpose, to further scope opportunities to meet gaps and needs.**

There is a range of occupational pathways undertaken by those in primary occupations in the out-of-home care sector, however these are not currently well understood. From the contemplation of study phase in order to join the sector, through onboarding and orientation and on to skill development for deeper practice skills, management and leadership, staff are taking different journeys that could be better supported. A mapping exercise to provide the information required to build a competency-based training and skills development program will address the current gap in a sector that can ill-afford workforce gaps.

### **Recommendation 4**

**Work with the industry and the training sector and to develop a micro-credentialled introductory module on roles and responsibilities of the child protection workforce, including the care team.**

There is a need to provide more information about the roles and responsibilities in child protection to prospective applicants. The high drop-out rate from the Certificate IV in Child Youth and Family Intervention is driven partly by people realising, after they have commenced, that they are not well suited and/or satisfied by child protection work.

An introductory module could be developed, serving as a starting point for those considering a career in child protection or transition into this sector from a related field in community and human services.

This introductory module would allow people to understand the roles and responsibilities of those who work in the Out of Home Care Sector, including the function of the Care Team. It may also serve a function to screen potential candidates and provide an earlier opportunity for people to self-select out of this sector prior to undertaking more formalised qualifications.

An organisation such as CAFFSA could be funded to work with the Department for Child Protection, member agencies, and relevant Registered Training Organisations to develop a micro-credentialled module. This would allow people to make an informed choice about working in the sector, as well as contributing to their achievement of a Certificate IV.

## **Recommendation 5**

### **Work with the industry and the training sector to develop a micro-credentialled Practise Skills Essentials course.**

The survey response and consultations during this project highlighted the importance of introducing standardised sector orientation training in relation to foundational skills. Topics most identified in training and skills gaps include:

- Introduction to Child Protection
- Understanding the Legislative Framework and Statutory Process
- Child Development and Trauma
- Trauma Informed Practice
- Working Therapeutically with Children, Young People, and Families
- Culturally Responsive Practice
- Disability and Trauma
- Working as Part of a Care Team (understanding and engaging with those with different roles and responsibilities)
- Vicarious Trauma and Self Care.

Some of the elements identified above have been introduced as a mandatory requirement for funding through DCP's Service Provider Personnel Requirement Matrix. Some on-line training is now available on DCP's service provider portal and is a welcome initiative. There is, however, a lack of consistency in detailed training on all these topics across the sector and there is not yet a fit-for-purpose product that is used widely in South Australia.

Designing a training package would provide consistency, standardising orientation training and facilitating an industry recognised product. As one organisation representative remarked:

*It would be really beneficial to have one place that hits all the competencies and meet the requirements. Multiple staff work for multiple providers, and are continually repeating the training. It would make sense that people come certified with appropriate training and they can move throughout agencies, much like how First Aid, or Child Safe Environments is structured.*

Standardised, structured training which is certified and endorsed by the industry would reduce the burden of retraining staff when they move organisations. It could also potentially be mapped across other sectors, such as mental health and drug and alcohol, given the similar findings in relation to skill and training gaps in those sectors.

## **Recommendation 6**

### **Work with the industry and the training sector to develop a micro-credentialled Management and Leadership Essential Course.**

During consultations, direct service workers and those in management and leadership roles identified key skills and capabilities required to work in the out of home care sector. These are included in the list below. The first two points arose from consistent feedback from young people in care or with a care experience that they need to feel seen and heard by workers. This is one of the qualities that matters most to them.

The practise skills and capabilities that require detailed attention are:

- active listening and communicating empathy and compassion
- skills in talking with children and young people
- conflict de-escalation and resolution skills
- written and verbal skills
- basics in understanding and responding to mental health issues
- disability and the NDIS
- counselling skills
- the impacts of family and domestic violence
- advocacy skills
- the fundamentals of reflective practice
- basics in understanding and responding to alcohol and other drugs.

The survey highlighted that 40% of respondents were interested in working in leadership and management. There was also a considerable proportion of the workforce looking to develop their skills and abilities in this area. Many of those consulted had completed Diploma level qualifications but felt it did not prepare them for work in this sector. Therefore, high quality supervision and management training is also essential.

There was a strong view that a greater emphasis on leading and managing people in the context of child, youth and family services, and supporting staff in a trauma organised industry is required. Respondents identified that they needed more understanding of managing change and reform processes, providing reflective practice supervision, and developing coaching and mentoring skills as well as project management. Delineating the differences between management and leadership, and

the development of leadership abilities would also be worthwhile. It is noted that people reported that they had positive work experiences where social learning was valued, and there was opportunity to learn from their peers and while 'on the job.'

### **Recommendation 7**

#### **Investigate alternative methods of delivery for the relevant Certificate IV qualifications to incentivise recruitment.**

The sector survey and consultations clearly indicated that barriers to retention and recruitment include both locating applicants holding the requisite Certificate IV qualification and the length of time it takes to complete it. Mechanisms to incentivise staff to work in this sector should consider potential acceleration of the Cert IV in the workplace, using on-site TAE assessors. Exploration of online delivery, incorporating pre-recorded webinars with some live tutorials to facilitate workplace learning should also be undertaken.

### **Recommendation 8**

#### **Conduct a feasibility study to provide an RPL pathway from VET training into Bachelor of Social Work, Bachelor of Social Science, and the Bachelor of Psychology.**

Some respondents to the survey or consultations who had completed Certificate level qualifications were considering undertaking Bachelor level qualifications but expressed uncertainty about entry requirements. It is worth exploring how the Certificates that are currently mandatory in the industry could be recognised by universities providing Bachelor degrees. Exploration with the VET and tertiary education sectors to encourage further study and development pathways for those working in the sector is warranted, including Recognition of Prior Learning.

### **Recommendation 9**

#### **Explore the possibility of Skills SA trialling a scholarship program for the Certificate IV in Training and Assessment for targeted industry staff.**

One of the issues that was raised several times during the consultations was the concern that some trainers lacked significant and recent industry experience. This impacted the quality of the teaching and the depth of answers provided to students with questions. At the same time, the industry is losing extremely experienced and knowledgeable workers who are experiencing burn out, compassion fatigue, secondary trauma syndrome or are just seeking a change.

It was suggested that directing these staff into a Certificate IV in Training and Assessment (TAE40116) could help address both issues concurrently. Encouraging

experienced staff into these courses retains significant industry knowledge within the sector. It also ensures that assessment activities, assessment of competence, and the design and development of assessment tools and learning programs are undertaken by a person with the highest level of knowledge, skills, and experience available. Skills SA provides targeted scholarship programs to assist people with the costs associated with undertaking the Cert IV in TAE (such as travel and equipment.) Pairing a promotional strategy with a scholarship for relevant staff that are planning to leave the industry may prove to be an excellent strategy for attracting them into the training sector.

### **Creating a workforce development plan for the sector**

Based on the above themes, the following recommendations are made for further research and development to adequately address the needs identified in this report.

#### **Recommendation 10**

**Resource and undertake a comprehensive workforce development plan that positions the broader sector to meet the needs of vulnerable children and families into the future.**

This report focussed on the workforce in out-of-home care and residential care from the NGO sector and found a range of areas that would benefit from further examination and incorporation into a workforce development plan.

This report also examined a range of activities occurring in relation to workforce both within the out-of-home care sector and more broadly across the areas of early intervention and reunification, funded by DHS and other sectors such as health and education.

There are also sector-specific issues emerging such as the pending registration and accreditation of social work as a profession in South Australia to consider. This will have a financial and operational impact on government and the sector through the need to release staff for training each year. A collaborative planning approach to issues such as these could streamline and enhance responses.

Given that there are many activities occurring across the sector, it would be worthwhile to coordinate this work as much as possible. While this report focussed on the workforce in out-of-home care and residential care from the NGO sector, inclusion of the broader sector of early intervention, intensive family support and reunification services would provide a more complete picture, given the desired focus on prevention, early intervention and restoration responses of both Government and the NGO sector.

As well as taking a broader, whole-of-sector view, internal issues could also be examined. As discussed, many respondents raised the fact that the residential care workforce in the non-government sector is not on pay parity with the government residential care workforce. Residential care workers in DCP are on a separate agreement. Government tenders for residential care cost staff salaries at SCHADS Level 2, however a DCP worker undertaking the same duties is paid at a rate equivalent to SCHADS level 3.

The current South Australian Labor Government made an election commitment to develop a child protection *workforce plan, in consultation with workers and their unions and community organisations, to ensure sustainable, safe staffing levels for the future* and work is well underway within DCP to address this. However, if a more comprehensive view, as discussed above, is to be taken, the focus could include the Department of Human Services and the Department of Health and Wellbeing, given their role in providing and funding relevant services.

The purpose of the workforce development plan could include the following:

- Articulate a shared vision for the sector that will enable a coordinated approach to planning for future demand and workforce requirements.
- Incorporate current challenges, emerging trends, and capability gaps to position the sector to be able to respond effectively to these.
- Identify new opportunities for growth to enable the sector to respond to changing social, political, and community requirements, including the development of a capability and outcomes framework.
- Promote the value of the sector and acknowledge the social and economic contributions of our workforce to supporting community cohesion and wellbeing and reducing the impact of trauma.
- Identify priorities for workforce development investment to align with key legislative and social reforms and initiatives, including any changes arising from the new child protection legislation.
- Provide a series of actions to help guide the sector's approach to future demands.

## **Recommendation 11**

**Identify funding sources to enable Child and Family Focus – SA to progress the identified recommendations 3 – 10 and an ACCO to progress recommendations 1 – 2.**

The work identified is significant, requiring resources to support high quality implementation. It is recommended that resources be identified to fund an ACCO to progress the recommendations requiring Aboriginal-led processes. It is recommended

that resources be identified to fund the recognised peak and industry representative body, Child and Family Focus – SA. Both should be funded for a period of two years in the first instance to enable them to work with relevant RTOs and universities to develop the sector training identified in this report, as mapped against ASQUA standards, and progress a Workforce Development Strategy.

This will allow for the design, development, delivery, evaluation, and review of the work program on a yearly basis for an initial two years, with review for further extension.

Funding is required for:

- A Sector Development Lead to oversee the considerable body of work required in the development of the Workforce Development Strategy and the new training program/framework, liaise with DCP and other Government departments, RTOs and Universities, other sector peaks etc.
- A Training Coordinator to work directly with RTOs to establish the training units identified as required in this report and coordinate the delivery and assessment.
- Training Assessors to assess the identified training competencies.



## Section 7: Conclusion and key findings

This report highlights the significant challenges faced by the OOHC sector in supporting a sustainable and skills workforce. There are both clear challenges in the sector and a lack of information about the current pathways of staff, making it difficult to provide effective solutions. It is vital that these gaps are addressed to ensure the sector can continue to provide high quality care for children and young people.

### Key findings:

- Agencies across the sector identified critical challenges in the workforce that require further support. Without addressing these challenges, children and young people may be placed at risk.
- There is a need for collaborative planning to streamline pathways into employment in the OOHC sector.
- There are key competencies required by staff across the sector that should be standardised to improve competence and flexibility when moving throughout the sector.
- There are opportunities to retain the industry knowledge of experienced staff by enhancing pathways into training and assessment.
- Future leaders and managers require further support to ensure they are competent, confident, and remain in the sector. This will likely have a significant roll-on effect to help retain frontline staff.
- Establishing a comprehensive workforce development plan will ensure the sector is able to meet the future needs of vulnerable children and young people.

This report has highlighted that there are currently many challenges in the sector, including staff shortages, high turnover, and increased caseloads. The report further identified gaps in training, such as disability awareness, trauma-informed care, and cultural awareness, which are required competencies for all staff working in the sector. Both issues are critical to safeguarding children and young people.

The literature shows that high turnover rates and workforce instability in the OOHC sector can have significant implications for children and young people's safety and stability.<sup>62</sup> This includes feelings of loss and distrust of professionals in the child protection system. Children and young people may have their relationships disrupted

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<sup>62</sup> Edwards, F., & Wildeman, C. (2018). Characteristics of the front-line child welfare workforce. *Children and Youth Services Review*, 89, 13-26.

by high turnover and staff who are experiencing burnout, impacting their sense of psychological safety.<sup>63</sup>

Moreover, high turnover leads to substantial costs for agencies, which must invest time and money in recruiting and training new workers, further straining resources. Recruitment pathways can be improved by aligning tertiary curriculums with industry needs and centralising core competency training across the sector.

The recommendations presented will advance South Australia toward the fourth focus area of the *National Framework: Safe and Supported* by strengthening the child and family sector and workforce capability.

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<sup>63</sup> Middleton, J. and Potter, C. C. (2015). Relationship between vicarious traumatization and turnover among child welfare professionals. *Journal of Public Child Welfare*, 9(2), 195-216.  
<https://doi.org/10.1080/15548732.2015.1021987>

## Appendix 1

### Terms of reference for the Project Working Group

#### Overview

The three main priority areas for the **CAFFSA Alternative Care Sector Workforce Mapping Project** are:

- Recruitment and Retention
- Qualifications, Skills and Training
- Skills, training and development needs and gaps

CAFFSA, in consultation with the NGO Out of Home Care (OOHC) child protection sector, and in collaboration with DIS, DHS, DCP, and non-government sector stakeholders and service providers, will conduct a sector mapping exercise to identify key challenges faced by the workforce which include recruitment and retention, gaps in worker knowledge and training, improvements to agency staffing practices and performance and other issues that arise during consultation.

The project will focus on non-government agencies working in OOHC and aims to identify the current gaps that are needed to equip the sector with the skills, expertise and knowledge required to improve the outcomes of children, young people and families in South Australia.

#### Scope

The role of the project working group is to provide the operational support required for the project, and to assist with the implementation of the project objectives in accordance with the funding guidelines.

The scope of the workforce for the purpose of this project is Non-Government Organisations in the Out of Home Care, specifically Family Based Care (Foster Care and Kinship Care), Residential Care and Supported Independent Living.

#### Role and purpose

The working group provides the operational support required for the implementation of the project, assisting to generate support and engagement from key project participants.

The working group supports the building of positive working relationships across organisations in order to achieve the project objectives, and to assist to maximise participant involvement in the project, including in focus groups, one-to-one interviews and the answering of survey instruments.

#### Term

July 2022 to March 2023 (duration of the project)

## **Membership**

Membership will comprise representatives from a cross section of the workforce in the NGO OOHC sector:

- CAFFSA project lead (Chairperson)
- CAFFSA project officer (Secretariat)
- four to six representatives from CAFFSA's Policy and Advocacy sub-committee
- four to six representatives from CAFFSA's network forums
- representative with lived experience of OOHC
- other relevant representatives

## **Meetings**

**Frequency of meetings** – 4 weekly for 60 minutes

**Secretariat** – secretariat support to be provided by CAFFSA

**Agenda** – to be circulated at least one week prior to meetings

**Records of meetings** – to be circulated at least one week after meetings

## **Responsibilities**

**Members** – members are active participants. Members will read meeting papers prior to each meeting and undertake any consultation appropriate to contribute informed input to the meeting agenda and represent their business area.

Members are each responsible for identifying risks and to work with members to mitigate risks in a timely manner.

All members will nominate a proxy for attendance when they are not available and ensure that the proxy is provided with appropriate context and information to enable participation. If business unit representation changes, the exiting member is responsible for fully informing the incoming member to ensure continuity.

## **Communications**

The Chair is responsible for approval of external communications regarding project activities, including outcomes and actions arising from governance group meetings.

## **Working Group Members**

| <b>Last Name</b> | <b>First Name</b> | <b>Organisation</b>          |
|------------------|-------------------|------------------------------|
|                  | Steph             | CREATE young person          |
| Buik             | Alana             | DHS                          |
| Court            | Kerry             | Uniting Country SA           |
| Cugley           | Scott             | Uniting Country SA           |
| Gibson           | Melissa           | CAFFSA                       |
| Harvey           | Karen             | Lutheran Care                |
| Koen             | Joanne            | AFSS                         |
| Konigsmann       | Andrea            | CAFFSA                       |
| Lamb             | L                 | Uniting Communities          |
| Manser           | Sandra            | ac.care                      |
| Martin           | Rob               | CAFFSA                       |
| Mason            | Kate              | Junction                     |
| Norton           | Ashleigh          | CREATE Foundation            |
| Oakley           | Dawn              | Lutheran Care                |
| Paddon           | Rebecca           | CAFFSA                       |
| Schofield        | Mark              | Infinity Community Solutions |
| Smith            | Shirley           | DCP                          |
| Stasiak          | Nicole            | (Anglicare SA)               |

## **Project Working Group Meetings**

15 July 2022

9 August 2022

6 September 2022

28 November 2022

## Terms of Reference for the Project Governance Group

### Overview

The three main priority areas for the CAFFSA Alternative Care Sector Workforce Mapping Project are:

- Recruitment and Retention
- Qualifications, Skills and Training
- Skills, training and development needs and gaps

CAFFSA, in consultation with the NGO Out of Home Care (OOHC) child protection sector, and in collaboration with DIS, DHS, DCP, and non-government sector stakeholders and service providers, will conduct a sector mapping exercise to identify key challenges faced by the workforce which include recruitment and retention, gaps in worker knowledge and training, improvements to agency staffing practices and performance and other issues that arise during consultation.

The project will focus on non-government agencies working in OOHC, and aims to identify the current gaps that are needed to equip the sector with the skills, expertise and knowledge required to improve the outcomes of children, young people and families in South Australia.

### Scope

- The role of the project working group is to provide the operational support required for the project, and to assist with the implementation of the project objectives in accordance with the funding guidelines.
- The scope of the workforce for the purpose of this project is Non Government Organisations in the Out of Home Care, specifically Family Based Care (Foster Care and Kinship Care), Residential Care and Supported Independent Living.

### Role and purpose

The governance group provides support and guidance for the implementation of the project, assisting to generate support and buy-in from key project stakeholders across the relevant government and non-government sectors.

The governance group supports the building of positive working relationships across stakeholders and their organisations in order to achieve the project objectives, and to assist to overcome any unanticipated challenges or obstacles to project success. The group will also enable the leveraging of existing workforce strengthening activities and studies across the sector.

Members of the governance group will also serve as the principal agency contact for all project related correspondence between CAFFSA and their agency / organisation.

## **Term**

July 2022 to March 2023 (duration of the project)

## **Membership**

Membership will comprise representatives from:

- DIS, DHS and DCP senior management/leadership
- CAFFSA CEO (Chairperson)
- CAFFSA project lead (secretariat)
- CAFFSA project officer (secretariat)
- four to six CEOs or senior delegates from a selection of metro, regional and rural community service organisations, covering small, medium and large service providers.
- Representatives from Aboriginal Community Controlled Organisations

## **Meetings**

Frequency of meetings – 4 weekly for 45 minutes for the first four meetings then 8 weekly until the end of the project

Secretariat – secretariat support to be provided by CAFFSA

Agenda – to be circulated at least one week prior to meetings

Records of meetings – to be circulated at least one week after meetings

## **Responsibilities**

Members – members are active participants. Members will read meeting papers prior to each meeting and undertake any consultation appropriate to contribute informed input to the meeting agenda and represent their business area.

Members are each responsible for identifying risks and to work with members to mitigate risks in a timely manner.

All members will nominate a proxy for attendance when they are not available and ensure that the proxy is provided with appropriate context and information to enable participation. If business unit representation changes, the exiting member is responsible for fully informing the incoming member to ensure continuity.

Members of the governance group will also agree to proactively serve as the principal agency contact for all project related correspondence between CAFFSA and their agency / organisation, and to disseminate relevant information within their organisation in relation to the project when and as required.

## **Communications**

The Chair is responsible for approval of external communications regarding project activities, including outcomes and actions arising from governance group meetings.

The Chair will ensure that all project related communication with members of the governance group is directed to them in the first instance as the nominated representative of their agency.

### **Governance Group Members**

| <b>Last Name</b> | <b>First Name</b> | <b>Organisation</b>                            |
|------------------|-------------------|--|
| Armiento         | Tina              | DCP  |
| Gibson           | Melissa           | CAFFSA from February 2023                      |
| Gough            | Laura             | DHS from September 2022                        |
| Haddad           | Leanne            | Centacare                                      |
| Hawke            | Sarah             | SAACCON – for Christine Brown (ALRM & SAACCON) |
| Kemperman        | Mark              | DIS  |
| Konigsmann       | Andrea            | CAFFSA   |
| Maddocks         | Shane             | ac.care  |
| Martin           | Rob               | CAFFSA   |
| McAuley          | Karen             | DCP  |
| Muller           | Gayle             | DIS  |
| Paddon           | Rebecca           | CAFFSA   |
| Penna            | Nancy             | Anglicare & CAFFSA Chair                       |
| Pharo            | Henry             | DHS from January 2023                          |
| Rigney           | Craig             | KWY for Doug Clinch (KWY)                      |
| Smith            | Shirley           | DCP  |
| Taylor           | Claire            | Junction                                       |
| Westwood         | Tania             | DHS from September 2022                        |
| Willis           | Alisa             | DHS until September 2022                       |

### **Project Governance Meetings**

8 July 2023

9 August 2023

6 September 2023

29 November 2023

21 March 2023

18 May 2023





## Appendix 2

### Consultations via Membership Forums

07/09/2022

10.00 -11.30am via Zoom

CAFFSA Policy and Advocacy Committee Consultation

Consultation on survey findings

Members: Simone Mather – Chair (LWB), Alex Ingleton (Mission Australia), Harry Randhawa (UCSA), Susan Johnson (AnglicareSA), Amalie Mannik (Centacare), Michael Ainsworth (Key Assets), Rosalie Pace (Baptist Care), Nadia Berginetti (The Reiley Foundation), Kerry Court (UCSA), Ashleigh Norton (CREATE), Alasdair Rodgers (UC), Melissa Gibson (CAFFSA), Rob Martin (CAFFSA), Rebecca Paddon (CAFFSA)

14/09/2022

10.30 – 12.00 via Zoom

CAFFSA Training Requirements Working Group

Consultation on the possibilities of joint training frameworks to address training gaps in the sector

Members: Tim Koster (Minda), Kimberley Pursche (CCSA), Gayle Hillman (Hendacare), Claire Taylor (Junction), Andrew Berkinshaw (RASA), John Merrett (Baptist Care SA), Kylie Flynn (Hendacare), Karen Wauchope (UCSA), Michelle Toogood (ac.care), Rebecca Paddon (CAFFSA), Paula Davis (Uniting Communities), Jay Nasser (Your Kids), Rosalie Pace (Baptist Care), Cheryl Gayle (UCSA), Amy Kane (Key Assets)

02/11/2022

10.00 – 11.30am via Zoom

CAFFSA Policy and Advocacy Committee Consultation

Consultation on retention issues and solutions – via Zoom meeting

Members: Ashleigh Norton (CREATE), Abdhesh Gupta (CAFFSA Student), Amalie Mannik (Centacare), Rosalie Pace (Baptist Care), Claire Taylor (Junction), Louise Davies (Minda), Simone Mather – Chair (LWB), Susan Johnson (Anglicare), Alex Ingleton (Mission Aust), Kerry Court (UCSA), Samantha Forsyth, Varinderjit Kaur (CAFFSA Student), Nadia Berginetti (Reily Foundation) Michael Ainsworth (Key Assets), Melissa Gibson (CAFFSA), Rob Martin (CAFFSA), Rebecca Paddon (CAFFSA)

20/02/2023

10.00am – 12.00 noon via Zoom

CAFFSA Residential Care Network Forum

Consultation on survey findings

Members: Claire Taylor (Junction, Chair), Sandra Mancer, (ac.care) Ariella (student – ac.care), Shane Catterall (AFSS), Louise Davies (Minda), Tracey Kemp (SYC), Jenny Suter (Act for Kids), Mark Schofield (Infinity Solutions), Katherine Doyle (Uniting Communities - for Candace Alusiola) Karrin Blatchford (LWB), Cassandra Mills (CCSU), Lourindi Unnedu (CCSA), Scott Cugley (UCSA), Deanne Reid (UCSA.)

20/02/2023

12.30 – 2.00pm

CAFFSA Family Based Care Network Forum

Consultation on survey findings – via Zoom meeting

Members: Sarah Kemp and Amanda Flanagan (UCSA), Sharee Borlace (CFKC-SA), Michelle Casey and Deborah Whitelock (LCCC), Cassandra Mills (CCSA), Marsha Lynch (Anglicare), Sandra Dzafic (Junction), Lourindi Uneddu (CCSA) Andrea Konigsmann and Melissa Gibson (CAFFSA)

08/03/2023

10.00 – 11.30am via Zoom

CAFFSA Policy and Advocacy Committee Consultation

Consultation on recommendations

Members: Melissa Gibson, CAFFSA, Louise Davies, Minda, Samantha Forsyth, CCCSA, Alex Ingleton, Mission Australia, Alasdair Rodgers, Uniting Communities, Sharee Borlace, CFKC-SA, Susan Johnson, Anglicare, Michael Ainsworth, Key Assets, Michelle Casey, Lutheran Care, Claire Taylor, Junction, Leisha Olliver, Uniting Communities, Nadia Berginetti, Reily Foundation, Michelle Toogood, ac.care, Dan Mitchell, ac.care, Josie Kitch, Benevolent Society, Andrea Konigsmann, CAFFSA, Dani Atkinson, , ac.care, Chloe Henderson, RASA, Amalie Mannik, Centacare, Maryke van Diermen, KWY, Amanda Shaw, Infinity Community Solutions, Laura Hooper, CREATE Foundation.

29/05/2023

10.00am – 12.00 noon via Zoom

CAFFSA Residential Care Network Forum

Consultation on recommendations

Members: Claire Taylor, Junction (Chair); Sandra Manser and Trudi Matthews, ac.care; Thomas Rhodes, Act for Kids; Cassandra Mills, CCSA; Deanne Reid, UCSA; Venessa Guymmer, UCSA; Yvonne Barker, UCSA; Scott Cugley, UCSA; Mark Schofield, Infinity CS; Sue Wood; Melissa Gibson, CAFFSA (secretariat.)

29/05/2023

12.30 – 2.00pm via Zoom

CAFFSA Family Based Care Network Forum

Consultation on recommendations

Members: Cassandra Mills, CCSA, Sherrie Winter, accare; Marsha Lynch, Anglicare; Kerry Court, UCSA; Donna Barnes, UCSA; Nusrat Harper, LWB; Melissa Gibson, CAFFSA (secretariat.)

21/07/2023

9.30 – 11.30 via Zoom

CAFFSA Training Requirements Working Group

Consultation on issues in training for the sector

Members: Yasmin Salerno (HenderCare), Tina Binder (LWB), Vinia Zagotsis (Martinthi Kinship), Jay Nasser (Yourkids), Sarah Hendriks (AnglicareSA), Rosalie Pace (Baptist Care), Alicia Remedios and Jennifer Boyle (Centacare), Dani Atkinson (ac.care), Kasey Holyman (Junction), Paula Davis (Uniting Communities), Steve Beaven (Lutheran Care) , Judi Kammerman (AnglicareSA), Andrew Berkinshaw (RASA), Claire Taylor (Junction), Rob Martin (CAFFSA), Andrea Konigsmann

(CAFFSA), Melissa Gibson (CAFFSA), Cassandra Mills (Centacare Country), Sarah McPharlin and Amy Kane (Key Assets), Kerry Court (UCSA), Mark Scofield (Infinity Community Solutions), Louise Davies (Minda), Karrin Marshal (LWB), Kylie Adams (AnglicareSA), Kylie Flynn (HenderCare), Rebecca Paddon (CAFFSA), Dawn Oakley (Lutheran Care), Karen Harvey (Lutheran Care), Rob Martin (CAFFSA)

25/07/2023

2.30 – 4.00pm

CAFFSA Intensive Family Support and Reunification Network

Consultation on Issues to be canvassed in relation to movement into the sector

Members: Michelle Blackwell (for Judi Kammerman, Anglicare); Wendy McDonald (Uniting Country SA); Matt Hancock (UCSA); Kerry Court (UCSA); Rachel Mayfield (Uniting Country); Nadia Berginetti (The Reily Foundation); Tom Steeples (ac.Care, Mt Gambier); Samantha Barret (LWB); Melissa Gibson (CAFFSA)

### **Individual Carer Consultations**

5 March and 16 March 2023

### **Individual Agency Consultations with Service Management/Staff and/or HR staff**

27/10/2022

Organisation: Lutheran Care

Role of people present: Operations Manager, Foster Care Case Worker, Operations Manager, Foster Care Case Worker, Recruitment and Retention Coordinator, Foster Care Specialist Case Worker

27/10/2022

Organisation: Baptist Care

Role of people present:

Agency staff Support Coordinator

31/10/2022

Organisation: Minda

Role of people present: Youth Support Leader, Youth Support Leader, Disability Support Worker, Youth Disability Support Worker

01/11/2022

Organisation: ac.care

Placement Support Worker, Regional Manager Limestone Coast, Manager Foster Care Services Placement Support Worker, Placement Support Worker, Placement Support Worker, Placement Support Worker

7/11/2022

Organisation: ac.care

Role of people present: Acting Manager Foster Care Services Riverland, Foster Care Placement Support Worker Riverland

23/11/2022

Organisation: AnglicareSA

Role of people present: Head of Children, Youth, Families and Homelessness, Principal Practitioner, Senior Manager Family and Youth Services, Senior Manager Out of Home Care, Manager Integrated Family Services, Manager Northern Foster Care

### **Individual Agency Consultations with Senior Management and HR staff**

2/11/2022

Organisation: Lutheran Care

Role titles of people present: Exec Manager, People and Culture, Exec Manager Specialist Services.

2/11/2022

Organisation: ac.care

Role of people present: Executive Manager Residential Care and Business Services, Senior Manager Residential Care, Executive Manager Foster Care and Aboriginal Services

16/11/2022

Organisation: Anglicare

Role of people present: Senior Manager resourcing and talent, Senior Manager benefits and wellbeing, Manager of prevention and wellbeing

18/11/2022

Organisation: Centacare Catholic Country SA

Role of people present: Program Lead for Child Protection Program – General and Specialist, Residential Care and Reunification. Manager of People and Culture, Manager, HR – WHS and Quality, Regional Manager Port Pirie, York Peninsula, Mid North and East (Riverland).

18/11/2022

Organisation: Minda

Role of people present: General Manager Children's Services, Group Manager Peoples Services and Experience, Children's services CPI – Crisis Prevention Institute.

### **Consultations with Individuals by Professions**

17/10/22

Individuals Qualifications: Bachelor Psychological Science, Master Of Social Work; Professional Diploma of Therapeutic Life Story Work

26/10/2022

Individuals Qualifications – Advanced Diploma in Community Sector Management, and Diploma in Drugs and Alcohol.

9/11/2022

Individuals Qualifications – Associate Diploma in Early Childhood Education; Bachelor in Aboriginal and Multicultural Work; Masters in Social Worker; Masters in Counselling and a Masters in Mental Health.

10/11/2022

Individuals Qualifications: Diploma of Management, Cert IV in Youth Care and Cert IV in Alcohol and other drugs; Cert IV in Workplace Training and Assessment, Shared Lives, Safe Environments, TCIF.

14/11/2022

Individuals Qualifications: Bachelor Social Work and Social Planning and a Grad Dip in Developmental Trauma (ACF)

15/11/2022

Individuals Qualifications: Bachelor of Applied Science majoring in Youth Work. Diploma in Leadership and Management and Diploma in Children's Services.

### **Management Consultations**

Consultation with SA Mental Health Council re Workforce Development Initiatives in that Sector

31/01/2023

Consultation with SA Network of Drug and Alcohol Services re Workforce Development Initiatives in that Sector

15/02/2023

Consultation with DCP Executives and Managers re SA Government Workforce Development Initiatives

22/02/2023

Consultation with CEO and Executive from Queensland's PeakCare re Workforce development initiatives in Queensland

08/03/2023

Consultation with CEO, Connecting Foster and Kinship Carers SA re Workforce Development Requirements for staff Supporting Carers

09/03/2023

HR and Exec Management consultation with Aboriginal Family Support Services

14/03/2023

CEO, HR and Exec Management consultation with KWY

15/03/2023

Consultation with CEO and Executive Management of the Victorian Centre for Excellence in Child and Family Welfare re Victorian initiatives

16/03/2023

Consultation with Victorian Centre for Excellence in Child and Family Welfare

18/03/2023

Consultation with CEO and Head of Training re NSW Workforce development initiatives  
22/03/2023

Consultation with SA Dept of Health and Wellbeing Manager re SA Government Workforce Development Initiatives  
22/03/2023

Consultation with DHS Managers re SA Government Workforce Development Initiatives  
23/03/2023

Consultation with Sector Managers and HR Managers re draft recommendations  
16/05/2023

## Appendix 3

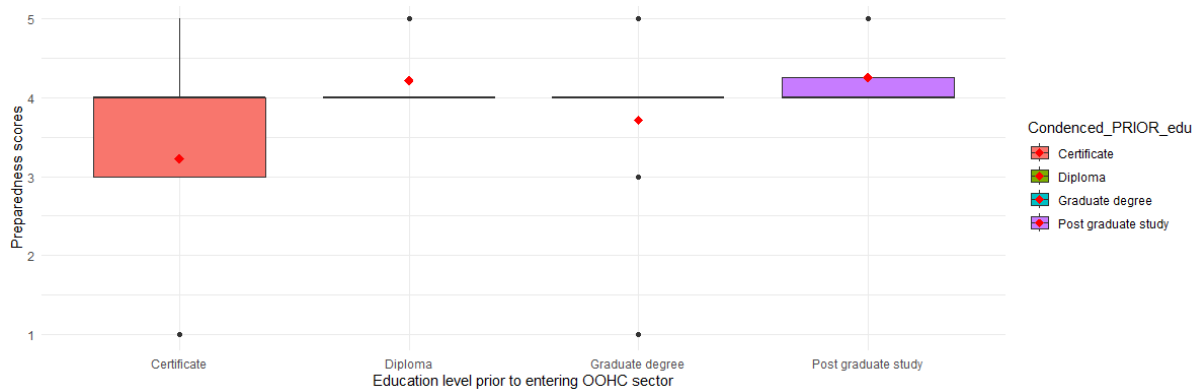
### Analysis 1

Examination of level of education prior to entering the sector and perceived preparedness for entering the sector. The data is shown and plotted in Figure 25.

There was a statistically significant difference between the levels of education and respondents' perceived preparedness for entering the sector,  $H(3) = 9.7, p = .02$ .

Post hoc Dunnett tests show that there was a statistically significant difference ( $p = .02$ ) between respondents holding a certificate ( $M = 3.2, SD = 1.3$ ), those holding a diploma ( $M = 4.2, SD = 0.4$ ), and those with post-graduate study ( $M = 4.3, SD = 0.5$ ). There was no statistically significant difference for any other group comparison, including those with a graduate degree ( $M = 3.1, SD = 1.2$ ) and those with a certificate ( $M = 3.2, SD = 1.3$ ).

**Figure 25: Analysis of level of preparedness of respondents based on their qualifications**



|                     | Mean | SD    |
|---------------------|------|-------|
| Certificate         | 3.22 | 1.31  |
| Diploma             | 4.21 | 0.426 |
| Graduate degree     | 3.71 | 1.23  |
| Post graduate study | 4.25 | 0.452 |

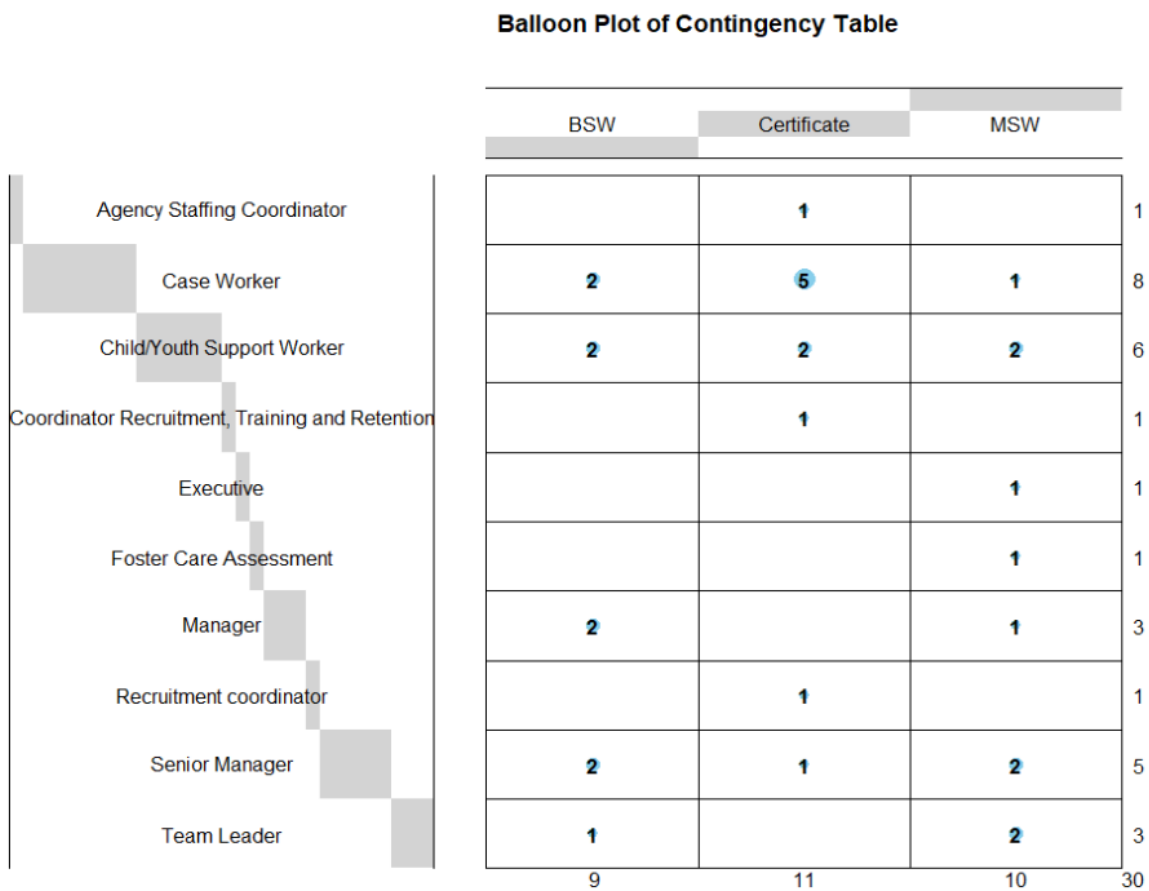
### Analysis 2

Examination of the relationship between the type of qualification respondents held and their role as a caseworker. The data is shown plotted in Figure 26.

There was no statistically significant relationship between the type of qualification and employment status as a case worker,  $X^2(18, N = 30) = 16.95, p = .50$ .



Figure 26: Analysis of the relationship between current role and type of qualification

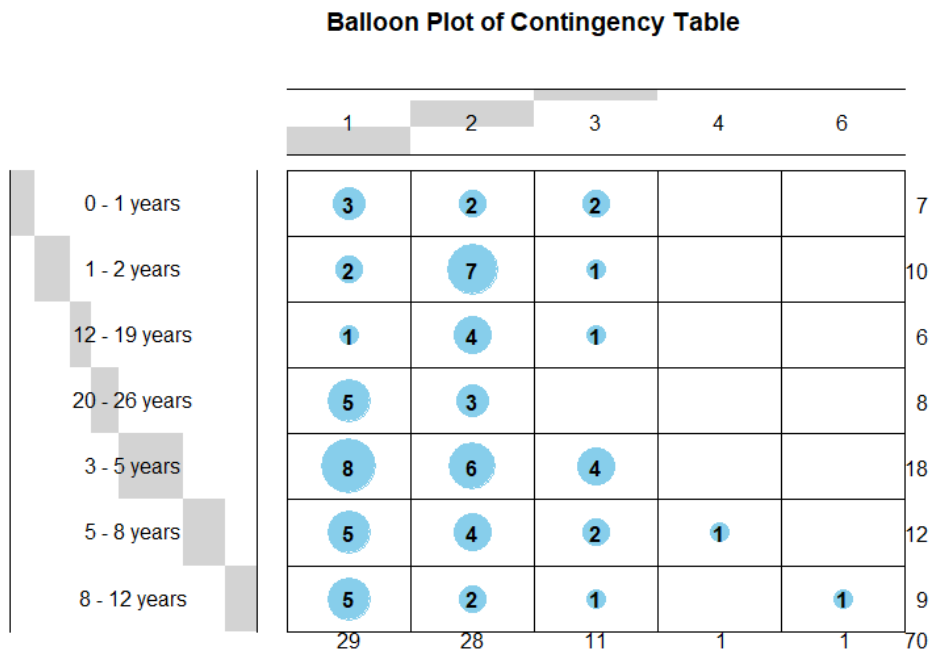


### Analysis 3

Examination of the relationship between length of time employed in the sector and number of organisations worked for. The data is shown and plotted in Figure 27.

There was no relationship between the length of time worked in the sector and the number of organisations worked for,  $X^2(24, N = 70) = 22.36, p = .60$ . Given the small sample size, Fisher's exact was also calculated, however there was no significant relationship ( $p = .60$ ).

Figure 27: Analysis of relationship between length of employment and employment history

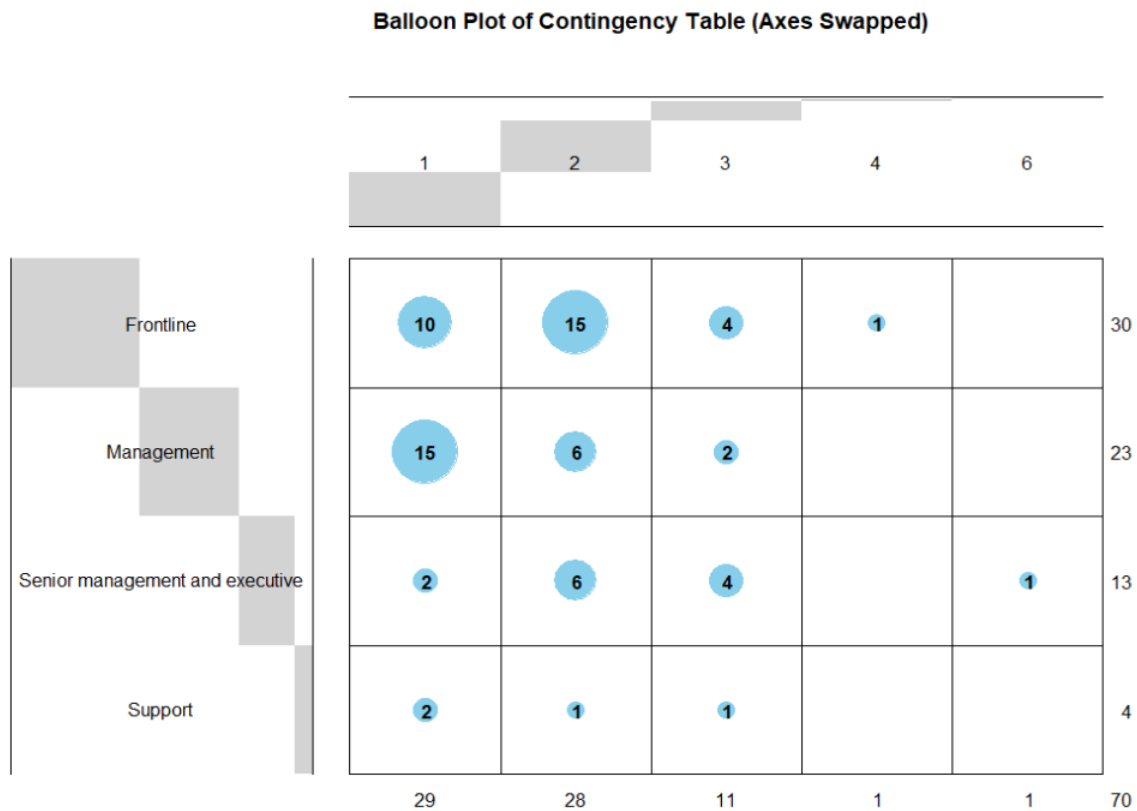


#### Analysis 4

Examination of the relationship between the type of role held by respondents and the number of organisations they worked for. The data is shown and plotted in Figure 28.

There was no statistically significant relationship between the role held by a respondent and the number of organisations they worked for,  $X^2(12, N = 70) = 16.67$ ,  $p = .16$ . Given the small size of the data, Fisher's exact test was also calculated, the findings remained non-significant ( $p = .07$ ).

Figure 28: Analysis of relationship between current role and employment history

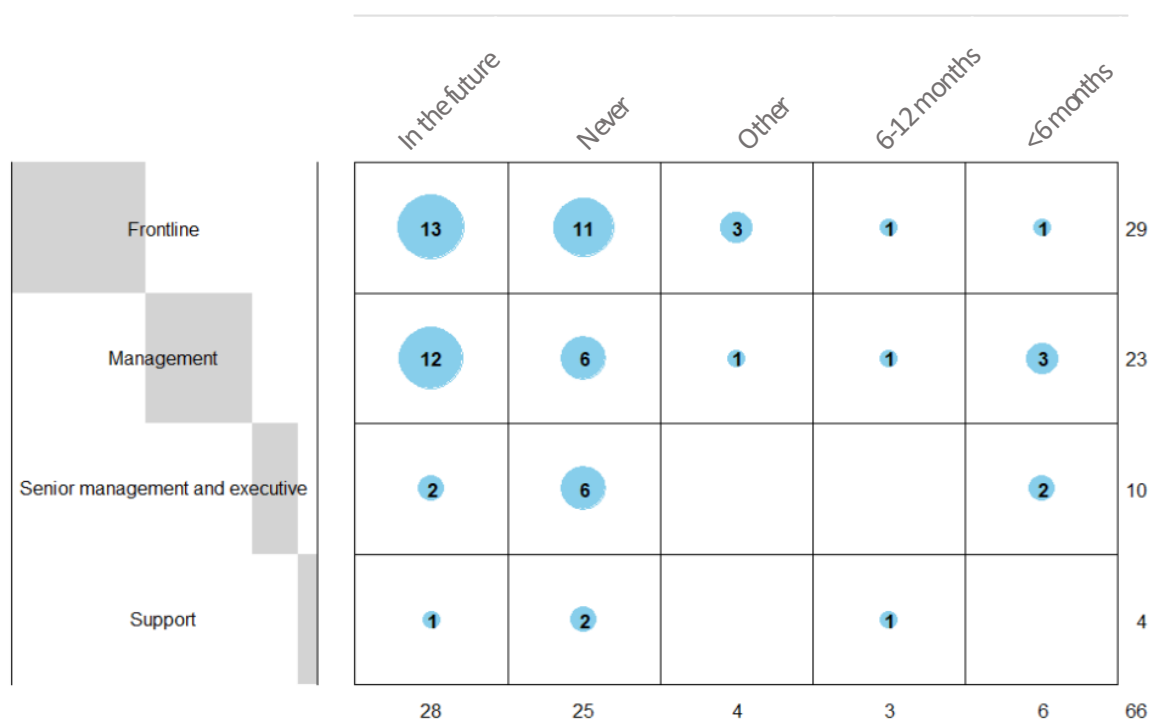


### Analysis 5

Examination of the relationship between the type of role held by respondents and their response about leaving the sector. The data is shown and plotted in Figure 29.

There was no statistically significant relationship between the role held by a respondent and their intention to leave the sector,  $X^2(12, N = 71) = 13.45, p = .33$ . Given the small size of the data, Fisher's exact test was also calculated, the findings remained non-significant ( $p = .36$ ).

**Figure 29: Relationship between intention to leave and type of role**



## Appendix 4

Range of training required by agencies:

- Aboriginal cultural awareness/competence
- Cultural and linguistic diversity
- Introduction to child protection
- Trauma Responsive Practice and the Respond Rather than React  
Therapeutic Crisis Intervention
- Child car restraint training through Kidsafe
- Fire safety Therapeutic Crisis Intervention Family
- Discrimination, bullying and harassment
- Child Safe Environments, Through Their Eyes
- Workplace Health and Safety
- Risk Assessment Training
- IMPACT
- Group and individual supervision
- Respectful relationships (in house developed package, bullying discrimination  
and harassment),
- Case Notes
- Mental Health First Aid
- Culture and Wellbeing for leaders.
- Unconscious bias
- Supporting colleagues with anxiety and depression
- Fair treatment
- Fair work
- Manual handling
- Child safe policy
- Risk management training
- Prevention of violence against women
- Safety essentials
- Safe and Respectful relationships
- Burnout and compassion fatigue (developed in house)
- Infection control
- LGBTQIA+
- Records management, National Principles
- Cyber safety
- Professional Supervision
- PPE
- Specialist disability training (NDIS provider)
- Training re individual clinical needs (NDIS provider)

## Appendix 5

# CFSS WORKFORCE PROJECT | Overview

*VISION: A capable, safe, and rewarded workforce supported with the tools to deliver efficient and effective services for those most in need.*

## WHAT IS THE CFSS

The Child and Family Support System (CFSS) is an important part of the whole of government reform of South Australia's child protection system – [Safe and well: Supporting families protecting children](#).

Under the strategy, government agencies are working in partnership to:

- support families at risk of entering the child protection system
- protect children from harm including when they come into care, and
- invest in young people in care, so they leave care with opportunities for a bright future.

The Department of Human Services (DHS) is leading the reform of services that support families earlier, using data to ensure the right support is available at the right time.

This includes opportunities to pilot initiatives, learn and adapt to changing circumstances, build our evidence base of what works to improve outcomes for children and families, and develop initiatives and responses adapted to local needs.

The shared vision for the CFSS is that all children are safe and well at home in family, community and culture.

## WORKFORCE PROJECT BACKGROUND

A comprehensive, sector-wide strategy is required by the CFSS reform to address the chronic and urgent short fall in skilled, confident, and well-resourced staff. Staff who are able to work with families who are dealing with multiple and complex needs whilst, also navigating intricate systems to access and advocate for appropriate supports.

In recent years, there has been a shortage of social workers in South Australia, which has had a significant impact on the delivery of services in the non-government sector. The shortage of social workers is not unique to South Australia but is a national and global issue. The Australian Association of Social Workers (AASW) and Jobs and Skills Australia predict workforce growth needs to be somewhere between 15% and 23% to meet current demand over the next few years<sup>1 2</sup>.

To create meaningful and sustainable change, the CFSS has been designed together with the people who need the services and the people who deliver the services. A comprehensive, statewide co-design process was led by EIRD in 2019 to inform approaches to and priorities for the reform of the CFSS. Stakeholders across government, the sector and communities have all agreed on how we will work together to support our states families. A shared commitment to bring together knowledge from diverse sources – data, research, practice and lived experience – will continue to create and sustain a more evidence-informed and culturally responsive system.

To shift the focus of our system to families with multiple and complex needs, we must support our workforce to make this transition. Well-supported, trained, compassionate and motivated workers,

able to practice with integrity in difficult situations, are critical in delivering effective service outcomes for children and families. The Child and Family Support System workforce must operate 'as one' so all families receive the same healing approach and quality of service, based on a shared foundation of knowledge and practice skills across all services. The system will have a purposeful and unwavering focus on building the Aboriginal workforce and supporting non-Aboriginal staff to work well with Aboriginal communities. This means supporting staff to embed the Aboriginal and Torres Strait Islander Placement Principle (identification, prevention, partnership, placement and participation).

This system requires a flexible adaptive workforce, that can provide the right service response and intensity over the right during, according to the level of complexity faced by families. The project will further explore evidence-informed sector responses to workforce enhancement and mobilization. This will include moving toward a flexible adaptive workforce stream, sharing skills across the broader sector. We will seek to explore opportunities for an untapped workforce and a multidisciplinary future focus for the CFSS. Workforce planning requires a specialist focus, beyond business-as-usual Human Resources processes. We need to identify the capabilities that our desired future CFSS workforce will possess, incorporating learnings for sector and industry experts and informed by an epidemiological approach.

A CFSS wide workforce strategy and associated action plans are required to ensure the CFSS workforce is appropriately resourced, with the ability to be flexible to need across the sector, capable and supported with the tools and structures to deliver effective and efficient services to those most in need.

In 2022, Independent consultant Workforce Planning Global was commissioned to facilitate focus groups and utilise audit data to develop a recommended workforce plan for CFSS. Audit information was collected related to workforce demographics, role characteristics, training, professional development, and experience, active allyship and clinical supervision of practice. Practitioners and leaders were also asked to share perceptions via participation in 7 focus groups facilitated by Workforce Planning Global.

Participants from across the CFSS were invited to attend the focus groups. There were 93 unique participants registered to attend the focus groups, with many registering for more than 1 session.

Topics included:

|  |
|--|
| <b>Aboriginal Staff:</b> exploring attraction and retention strategies, as well as workplace and cultural safety practices to support Aboriginal staff working in the CFSS. Designed for individuals who identify as Aboriginal and Torres Strait Islander.  |
| <b>Culturally Responsive Leadership and Allyship:</b> exploring workplace, cultural safety practices and cultural barriers that exist when non-Aboriginal staff are supervising Aboriginal workers. Designed for individuals who supervise practitioners who identify as Aboriginal and Torres Strait Islander.                                |
| <b>Practitioners:</b> investigating work stress, supportive practices, and the typical day of practitioners. Designed for frontline practitioners.   |
| <b>Regional:</b> exploring the challenges and strategies for staff located in regional areas. Designed for supervisors and frontline practitioners.  |
| <b>Imminent Risk:</b> exploring the challenges and workplace supports provided to staff working at a high level of intensity with families that are at the greatest risk of having their children placed into out of home care. Designed for supervisors and frontline practitioners from the Out of Home Care prevention pilots and programs. |
| <b>Managers and Supervisors:</b> exploring the ideal workforce, supervision and support arrangements that would reduce issues of work stress, and turnover, and increase staff development. Designed for managers and supervisors.   |
| <b>New Workers:</b> exploring the experience of study, entering the sector and job specific preparation undertaken to work in the CFSS, including any gap in expectations to reality of the work. Designed for individuals with less than 1 year of experience in the sector.  |

## KEY THEMES

The report has identified key themes aggregated from focus group and individual consultations across the CFSS sector with nominated stakeholders.

The themes are as follows:

- Models of operations specifically work management and the agency practices.
- Workloads and the nature of the work. This includes workforce safety.
- Supply, how staff are attracted and retained in positions.
- Constraints of the sector which prevent workplace staffing and recruitment.
- The capability of staff, inclusive of their qualifications, training and experience.
- Considerations to Aboriginal staff, how these roles are utilised, capability of staff, attraction, retention, and other considerations.
- Structure of staffing, including classification, team sizing and composition, specific rural and NGO sector considerations.

## DISCUSSION

The availability of a skilled workforce is a significant concern across the sector and remains a growing issue. The CFSS employs approximately 340 staff to deliver their family support programs. Recruiting and retention of staff continue to be ongoing challenges making it necessary to develop a strategic plan to tackle this issue. Social Workers are a crucial part of the CFSS, providing support to families and children experiencing safety concerns. Feedback in the Workforce Planning Global focus groups identified a need to source a workforce who have expertise in working with families with complex needs and/or within the child protection system and who can work autonomously with guidance and support.

This shortage is likely to be exacerbated by the ageing workforce, which is expected to lead to a significant number of retirements in the coming years. Specific challenges are also being faced in recruiting and retaining Aboriginal staff and providing culturally appropriate supervision and workplace support to enact a trauma responsive system which is at the heart of everything we do. Apparent in CFSS workforce reviews was the need to develop greater access to cultural leadership across the sector to support Aboriginal and non-Aboriginal staff. Having access to cultural knowledge can assist in culturally safe decision-making regarding outcomes for children.

As a result, it is imperative that other strategies are implemented including exploration of employing alternative disciplines and supports to enable the sector to access an appropriate workforce when it is most needed.

Suggested areas for change include greater flexibility in recruitment, acknowledging the breadth and depth of demands placed on regional staff. Enhancing resilience, capacity building and specialised training to support the complex needs of the CFSS population is also identified as high priority. Clinical and cultural governance needs to be embedded across the CFSS and plans for this are underway.

In Phase One of the CFSS Workforce Project extensive strategic partnership building has occurred. This has included exploring strategic alignment with other workforce initiatives, such as those internal to DHS, for the Sector and other national initiatives. Consultation has also occurred with key partners, specifically Child and Family Focus SA (CAFFSA), South Australian Aboriginal Community Controlled Organisation Network (SAACCON) and KWY, with relevance to Phase Two deliverables, and to explore opportunities for Phase Three. CAFFSA are undertaking a Workforce Project for the SA Out-of-Home Care Sector and DCP are also undertaking their own Workforce Project. Further consultations with DPC Strategy and Policy to undertake strategic foresight to build a clear vision for the CFSS into the future. Liaising and partnering with these agencies are critical to success for the CFSS Workforce.



## RECOMMENDATIONS

### A draft workforce plan has been developed.

The scope of the plan focuses on the CFSS to deliver a range of early intervention services for South Australian families and children at risk of harm, neglect and family violence. It includes specific actions in relation to the Aboriginal workforce in recognition of the strong role CFSS plays in disrupting the patterns of intergenerational trauma, and, increasing the number of children able to be cared for safely in their homes —connected to community and culture. The workforce plan recommended 8 priority actions be taken:



Create the right **structures** and role designs reflecting the nature of the work into the future



Attracting, growing, nurturing and retaining **talent**



Efficient, effective and flexible **recruitment** processes, accessing workforce when most needed



Building the **capability** of our workforce to be able to work in the most challenging environments



Support our **Aboriginal staff** with the right environment to enable them to flourish



Embed **clinical governance** and workplace support mechanisms to operate safely and deliver quality outcomes



Build a sustainable and integrated approach to **workforce planning across the sector**



**Empowering** government and non-government organisations to manage, grow and evolve their own workforce with the right support.

## CFSS WORKFORCE PROJECT ENABLERS

The CFSS Roadmap to reform Priority 2: Service Integrity, Strengthening and supporting our workforce emphasised the need for workforce and sector development plans to support and enhance CFSS service delivery state-wide.

A number of projects are underway in accordance with the CFSS Roadmap to reform. These projects will continue to intersect and inform many of the CFSS Workforce project deliverables. These include the Trauma Response System Framework, which has strong links with recommendations around supporting CFSS staff around vicarious traumatization and working in an environment of complexity. Common elements approach and the ASK website professional portal, enhancing the capability of the sector. Practice Guidance continues, and this will inform and support the development of CFSS wide governance. Consulting with Practitioners and Communities of Practice are avenues where direct feedback will continue to inform the workforce plan.

## NEXT STEPS

The CFSS sector plays a critical role in delivering services to vulnerable families and children in South Australia. However, the sector is facing significant challenges, including a shortage of skilled social workers and the need to provide culturally responsive services using a trauma-responsive and strengths-based approach. To address these challenges and provide effective and sustainable solutions, it is essential to support the non-government sector to develop a long-term workforce strategy. This strategy should focus on building the capacity of the workforce and ensuring that services are delivered using a trauma-responsive, strengths-based, and culturally responsive model to enable children to stay safe and well with their families connected to community and culture.

To address its workforce issues, and to compete with similar system who are also vying to attract and retain skilled staff, CFSS effectively needs to become a **'system employer of choice'** – a preferred system for people to work in. This is related to, but different from, current organisations/employers within CFSS. We recognise that recruitment alone is not going to address the gap, and we need to also look creatively at how we design and deliver the work of the CFSS now, and what we anticipate that this will look like into the future. We will identify what essential skills are required and how growth will look in sector. Thus, we will consider strategies to address this such as micro credentialing, recognising packages of learning and experience, and exploration of peer support roles. This workforce project will search for opportunities to explore 'flow' across the sector. Finally, we will look for opportunities to manage this system-wide problem, identifying solutions to address this issue collectively.

**We need to support the workforce to feel connected, valued and rewarded.**

**We need to attract talented professionals to the sector.**

**We need to redesign our service delivery to align with clear capabilities of what is required to support families including being more inclusive of a flexible and multidisciplinary approach to delivering services.**

**We need greater access to cultural governance, safety and advisory.**

**We need more opportunities to support lived experience and peer support roles.**

**We need to do this as a sector, collaboratively and with evidence informed strategic foresight lens.**

Strategies to support us to do this include: Establishment of a CFSS wide Workforce Governance Group, CFSS Workforce Governance Group workshop to undertake Strategic Foresight planning facilitated by DPC, Utilise Communities of Practice forums to progress workforce strategies and enable ongoing consultation. Exploration of CFSS services that are trialling peer support models, traineeship development programs, micro-credentialing opportunities, trauma responsive and culturally safe practices.; and Link CFSS workforce plan to other strategic plans and initiatives in the sector (eg Closing the Gap, CAFSSA Out-of-Home care workforce project).