

Follow-up of Maintaining the Mental Health of Child Protection Practitioners

September 2022

Independent assurance report to Parliament
2022–23:8

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ISBN 978-0-9750419-5-6

Follow-up of Maintaining the Mental Health of Child Protection Practitioners

Independent assurance report to Parliament

Ordered to be published

VICTORIAN GOVERNMENT PRINTER
September 2022

PP no 374, Session 2018–22



The Hon Nazih Elasmr MLC
President
Legislative Council
Parliament House
Melbourne

The Hon Maree Edwards MP
Speaker
Legislative Assembly
Parliament House
Melbourne

Dear Presiding Officers

Under the provisions of the *Audit Act 1994*, I transmit my report *Follow-up of Maintaining the Mental Health of Child Protection Practitioners*.

Yours faithfully



Andrew Greaves
Auditor-General
21 September 2022

The Victorian Auditor-General's Office acknowledges the Wurundjeri Woi Wurrung People as the traditional custodians of the land on which our office is located. We pay our respects to their Elders past and present.

Contents

Review snapshot.....	1
What we found	2
1. Making child protection practitioners' workloads manageable.....	5
1.1 Advising government about risks and resources.....	6
1.2 Improving demand forecasting.....	9
2. Better supporting child protection practitioners	12
2.1 Monitoring CPPs' mental health.....	13
2.2 Assessing effectiveness of mental health support tools	16
2.3 Delivering specialised support services.....	17
2.4 Promoting awareness of available support services and processes for raising mental health concerns	18
3. Improving child protection practitioners' court experiences	19
3.1 Improving CPPs' experiences in the court environment	20
APPENDIX A Submissions and comments	23
APPENDIX B Acronyms, abbreviations and glossary	25
APPENDIX C Scope of this review	27
APPENDIX D DFFH's attestations on its progress in addressing our 2018 audit recommendations	29

Review snapshot

Has the Department of Families, Fairness and Housing (DFFH) effectively responded to the recommendations from our 2018 audit *Maintaining the Mental Health of Child Protection Practitioners*?

Why this review is important

DFFH (formerly the Department of Health and Human Services) delivers Victoria's child protection system and employs more than 2,000 child protection practitioners (CPPs).

These professionals support children and families experiencing complex, high-risk and traumatic situations. They investigate and respond to child abuse and neglect, including sexual abuse and exploitation. In 2020–21, individuals and agencies made 121,715 reports to child protection.

Our 2018 audit found that unreasonable workloads had created workplace stressors that were harming the mental health of CPPs. This undermined the

effectiveness of their crucial and challenging frontline work.

Who and what we examined

We looked at DFFH's progress in implementing our 2018 *Maintaining the Mental Health of Child Protection Practitioners* audit recommendations.

In this review, we have attributed the Department of Health and Human Services' previous work to DFFH.

What we concluded

Nothing has come to our attention that DFFH has not satisfactorily addressed our recommendations to:

- assess the effectiveness of current support tools

- deliver specialised support services
- promote awareness of available support services and processes for raising mental health concerns.

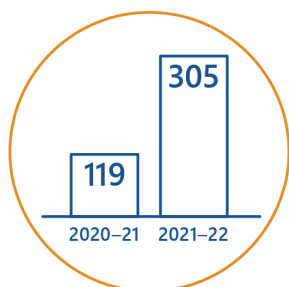
While DFFH has made progress, it has more work to do to acquit our recommendations to:

- advise government about risks and resources needed
- improve demand forecasting
- monitor CPP mental health more holistically
- improve CPPs' experiences in the court environment.

As a result, despite positive intent and action, the CPP workforce remains under-resourced, under-supervised, and under pressure.

Key facts

Vacancies increasing



The number of vacant CPP positions has more than doubled over the last year

As at November 2021



CPPs are getting
56%
of the required supervision

Between 2020 and 2022



CPP work pressure has got more severe and is getting worse

Source: VAGO, based on DFFH workforce and supervision data; and Victorian Public Sector Commission People Matter Survey results (2020, 2021).

What we found

We consulted with the Department of Families, Fairness and Housing (DFFH) and considered its views when reaching our conclusions. DFFH's full response is included in Appendix A.

Victoria's child protection system

Child protection services support and oversee some of Victoria's most vulnerable children and families.

DFFH currently employs 2,181 child protection practitioners (CPPs) across Victoria. Under the *Children, Youth and Families Act 2005*, CPPs have a statutory role. This includes:

- giving advice to and consulting with people who report concerns about children and young people
- assessing children and families where a child is, or may be, at risk of significant harm
- frequently making applications to, and attending, the Children's Court of Victoria
- engaging and working with children and families to promote safety, stability, the development of the child, and to strengthen family capacity.

Child protection strategy and reform

DFFH's key strategy for the child and family system is the *Roadmap for Reform: Strong Families, Safe Children*, originally launched in 2016. The roadmap's *Priority setting plan 2021–2024* outlines DFFH's current priorities for the child and family system.

The 2016 Royal Commission into Family Violence found that family violence is 'a major driver of child safety concerns and contact with child protection'.

Since our 2018 audit, the government has implemented several family violence reforms involving child protection. These include The Orange Door initiative, which we audited in our 2020 report *Managing Support and Safety Hubs*.

Workplace mental health reform

A 2022 external review of WorkSafe Victoria's proposed amendments to the *Occupational Health and Safety Regulations 2017* found that mental injury is a persistent problem in Victoria.

The Orange Door is a free support service for adults, children and young people who are experiencing or have experienced family violence.

It noted that 'approximately 1 in 3 workplaces pose a high-risk of mental harm to their employees'.

WorkSafe Victoria's *Mental Health Strategy 2021–2024* aims to address psychosocial hazards that affect CPPs. These include high job demands, vicarious trauma and low recognition.

COVID-19 impacts on child protection services

The COVID-19 pandemic significantly disrupted the delivery of child protection services. From August 2021 to April 2022, over 1,000 child protection staff had to isolate because of office outbreaks or other COVID exposure.

In the past, Victoria's child protection system relied on recruiting CPPs internationally. Border closures and travel restrictions made this much harder.

COVID-19 caused other challenges that DFFH could not have foreseen. In 2020 and 2021, several other services paused face-to-face client contact, and courts often adjourned cases because the staff were unavailable. CPPs had to write addendum reports after each adjournment. This significantly added to their workloads.

DFFH's progress since our audit

Figure A outlines how we and DFFH have assessed its progress in addressing the recommendations we made in our 2018 audit.

Figure A: **Assessment of DFFH's progress on our 2018 recommendations**

Recommended area for improvement	DFFH assessment	VAGO assessment	Details of VAGO assessment
1. Advising government about risks and resources needed	Complete	In progress	<ul style="list-style-type: none">DFFH has improved its advice on the resources it needs to meet demand.There is no clear description of the risk factors impacting CPPs' mental health in DFFH's advice to government.
2. Improving demand forecasting	Complete	In progress	<ul style="list-style-type: none">DFFH's evidence of demand forecasting methodology is insufficient.Demand forecasting does not adequately consider case complexity in determining caseload benchmarks.It is unclear how DFFH determined that 2,486 funded CPP positions were enough to meet demand.
3. Monitoring CPP mental health more holistically	Complete	In progress	<ul style="list-style-type: none">DFFH has consolidated its mental health and wellbeing data sources.In 2021, CPPs received only 56 per cent of the minimum mandatory supervision. This undermines CPP mental health monitoring.People Matter Survey results for child protection groups have worsened in relation to job-related stress.
4. Assessing the effectiveness of mental health support tools	Complete	Complete	<ul style="list-style-type: none">DFFH internally reviewed the effectiveness of the Child Protection Wellbeing Program and DFFH is acting on its recommendations.

Recommended area for improvement	DFFH assessment	VAGO assessment	Details of VAGO assessment
			<ul style="list-style-type: none"> DFFH has 2 new strategies in place—the Child Protection Mental Health and Wellbeing Plan 2021–2024 (not finalised) and the Child Protection Workforce Strategy 2021–2024.
5. Delivering specialised support services	Complete	Complete	<ul style="list-style-type: none"> The Child Protection Wellbeing Program has made specialist support services available to CPPs and there is evidence that CPPs have taken up services. DFFH's dedicated child protection psychological wellbeing program is funded to March 2023, with an option to extend to 2025.
6. Promoting awareness of available support services and processes for raising mental health concerns	Complete	Complete	<ul style="list-style-type: none"> DFFH is using online and face-to-face channels to make CPPs and their managers more aware of mental health support and training programs.
7. Improving CPPs' experiences in the court environment*	In progress	In progress	<ul style="list-style-type: none"> DFFH established the Court Practice Advice and Support (CPAS) team to help CPPs prepare for court and improve their understanding of legal and other expectations. It also set up a complaints process for CPPs to report inappropriate behaviour from legal professionals or judicial officers. The court stakeholder working group, established to address the underlying behaviour issues affecting CPPs in the court environment, has not yet convened.

Note: * In the context of recommendation 7, VAGO acknowledges that the judicial environment is not under the direct control of DFFH with respect to how it interfaces with the courts and court stakeholders such as private practitioners.

Source: VAGO.

1.

Making child protection practitioners' workloads manageable

Our 2018 audit found that unmanageable workloads were damaging to CPPs' mental health.

We said that DFFH should:

- explain the risks of excessive workload on CPP mental health to the government and ask for enough funding
- improve its workforce modelling to better understand what resources it will need in the future.

This chapter looks at DFFH's progress in addressing these 2 recommendations.

1.1 Advising government about risks and resources

Our 2018 audit found excessive workload and other stressors created a working environment that risked CPPs' mental health.

CPPs did not get adequate organisational support for the stress caused by unrealistic work demands. Workload stressors were a key cause of staff turnover as well as WorkCover mental injury claims and payments.

To address these issues, we recommended that DFFH advise government on:

- the level of risk unreasonable workloads posed to the mental health of the CPP workforce
- the resources it needed to fully address current and future demand.

What DFFH has done to address our recommendation

Since 2018, DFFH has made progress by advising government about how it has established and implemented the Child Protection Wellbeing Program (CPWP).

However, DFFH has not clearly and consistently advised government on the key drivers of CPPs' stress, poor mental health and attrition. These are:

- excessive workload because of caseloads that are too large or too complex
- a lack of supervision.

Advised government on mental health risks

DFFH has acknowledged that without more CPPs, practitioners' mental health will suffer. However, in its advice to government it stops short of detailing the specific drivers of poor CPP mental health.

While DFFH's *Child Protection Workforce Strategy 2021–2024* commits to improving the wellbeing of CPPs through more flexibility and better workload management and supervision, it does not explain how DFFH will achieve this.

For example, the strategy says DFFH will use experienced practitioners to 'ease the pressure of high workloads during periods of busyness'. As shown in Figure 1A, CPP overtime hours per full-time equivalent (FTE) employee have increased 18 per cent since 2017–18. Figure 1B shows that overtime hours for more experienced practitioners (CPP4 and CPP5) are higher than other levels.

It is not clear how experienced practitioners can be used to ease pressure when their time constraints are only increasing.

Child protection practitioner roles in Victoria are classified into levels.

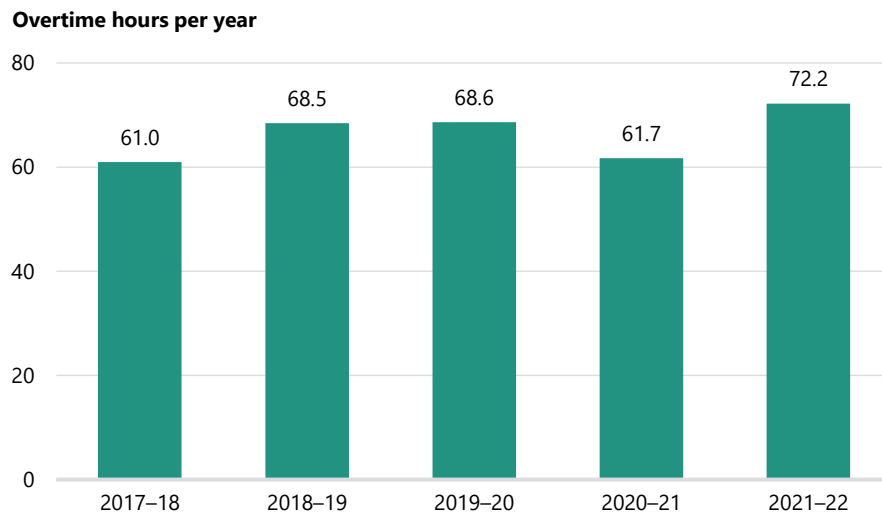
CPP2: case support workers

CPP3: practitioners

CPP4: advanced practitioner

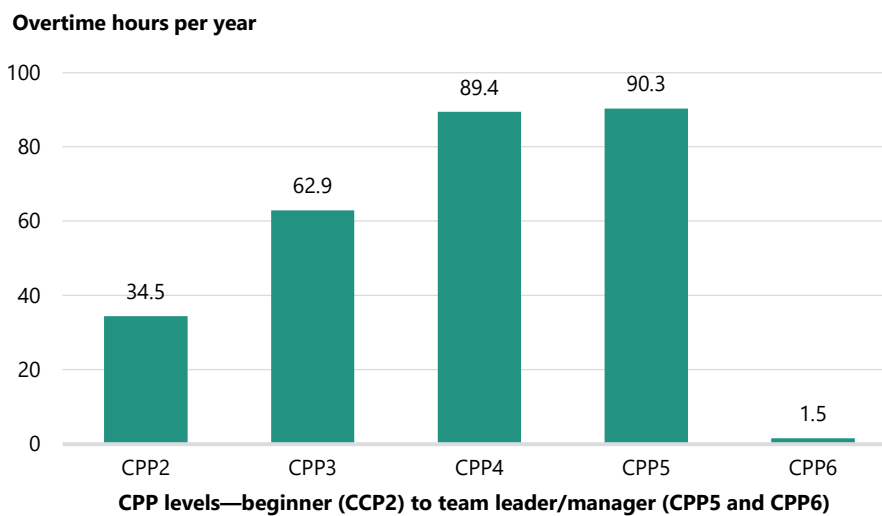
CPP5 and above: senior practitioners, practice leaders and managers.

FIGURE 1A: **CPP overtime hours per FTE per year from 2017–18 to 2021–22**



Source: VAGO, based on DFFH data.

FIGURE 1B: **Overtime hours per FTE per year by CPP level in 2021–22**



Source: VAGO, based on DFFH data.

Calls for more flexibility and work-life balance for CPPs go back as far as 2011, when the then Office of the Child Safety Commissioner raised the issue in its submission to the *Protecting Victoria's Vulnerable Children Inquiry*. But DFFH is still yet to achieve this.

Given advice to government on resources needed

In our 2018 audit DFFH estimated that it needed about \$352 million each year for the following 4 years—a total of \$1,408 million—to address the workforce shortage.

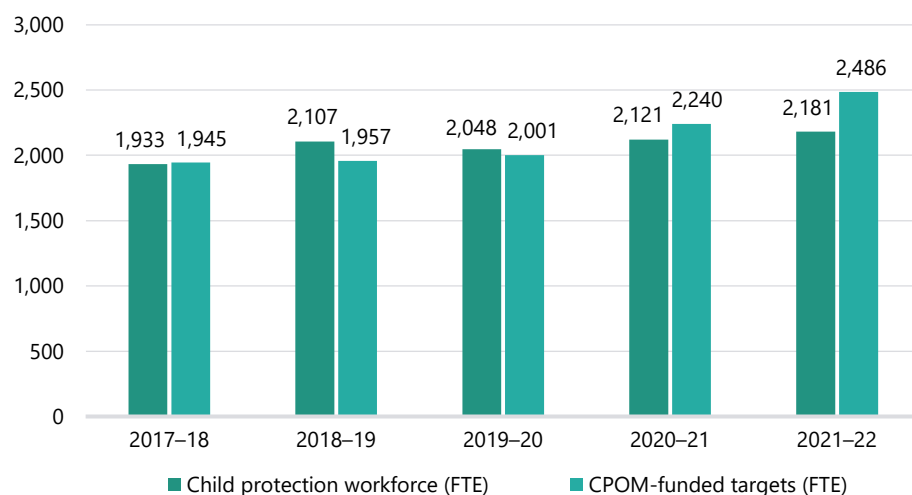
Over that 4 years, from 2018–19 to 2021–22, the government allocated \$1,097 million in budget funding to child protection.

DFFH still does not have enough workers to meet demand. In the last 2 years the gap between the actual CPP workforce and the number of funded positions has more than doubled, from 5.6 per cent to 13.9 per cent, or 119 to 305.

Figure 1C shows that the FTE number of CPPs funded under the Child Protection Operating Model (CPOM) has gradually increased from 1,933 FTE to 2,486 FTE.

However, since our 2018 audit the actual workforce has only increased from 1,933 to 2,181. This is because vacancies are growing.

FIGURE 1C: Child protection workforce actual positions and CPOM targets from 2017–18 to 2021–22



Source: VAGO, based on DFFH data.

Given advice to government on resources for more CPPs

DFFH has sought funding to:

- improve the capacity of the child protection system
- attract and retain staff.

DFFH estimates that it needs a further 481 FTE CPPs in addition to the 2,486 funded in 2022, to meet the forecasted growth in demand of 7.4 per cent. This figure is based on maintaining the current average practitioner caseload of 15.

Given advice to government on recruitment

DFFH has advised government that existing vacancies and attrition mean DFFH will not be able to recruit this number of practitioners. It proposes to recruit a reduced

number of 50 CPPs at first, to strengthen management capacity and improve supervision.

DFFH anticipates that this strategy will help it retain current CPPs. However, it is not clear how this approach will significantly reduce attrition.

DFFH notes that delays in recruiting the full 481 FTE CPPs will continue to constrain the system.

DFFH focused on attracting new practitioners in its 2021 *Go Where You're Needed* recruitment campaign. This led to 464 applications for entry-level CPP jobs between July and November of that year. This is 59 per cent higher than in the same period in 2020.

However, the high attrition rate for entry-level CPP positions has limited the success of this campaign. The 2022 CPP3 vacancy rate is 28 per cent.

Given advice to government on restructuring child protection to meet demand

DFFH has sought funding to undertake a review of the CPOM. It notes that circumstances have changed since the CPOM's introduction in 2012.

Considering persistent workload issues since our audit, it is not clear why this review has not occurred earlier.

Areas for improvement

Increasing the budget for more CPPs is not enough to overcome practitioners' mental health and workload issues.

The large number of vacancies is a risk to both CPPs and the children and families that the service supports. DFFH's longstanding reliance on recruiting staff from overseas is high-risk, as the COVID-19 experience shows. Barriers to recruiting new CPPs need to be better understood and addressed.

1.2 Improving demand forecasting

Our 2018 audit noted that in 2017, the former Department of Health and Human Services (DHHS) advised government that the:

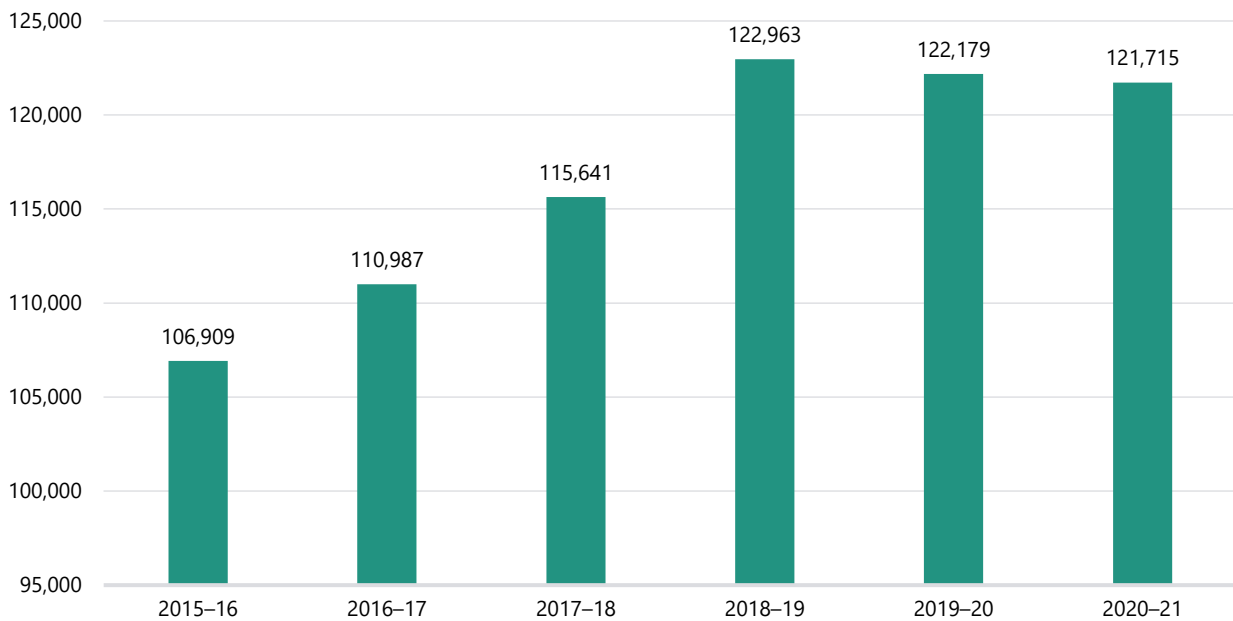
'... Victorian Child Protection program [was] under significant and sustained pressure arising from growing and unprecedented demand ... [and] ... the workforce that supports [...] vulnerable children and families is not being supported itself'.

We recommended that DFFH develop and implement modelling tools to support demand forecasting.

What DFFH has done to address our recommendation

Reports to child protection rose 15 per cent from 2015–16 to 2018–19. Since 2018–19 reports have stabilised, as shown in Figure 1D.

FIGURE 1D: **Total number of Victorian child protection reports made between 2015–16 and 2020–21**



Source: VAGO, based on DFFH data.

Used modelling tools to help forecast demand

Since our 2018 audit, DFFH has developed and implemented a child protection demand modelling tool, the Multivariate Demand Drivers Model. DFFH has used this model to forecast demand and inform budget submissions and other advice to government. The model considers key underlying drivers pertinent to child protection, including:

- number of child protection reports and investigations
- caseload ratios for CPPs
- case complexity
- vacancy rates for both practitioners and managers.

The model predicts a 7.4 per cent increase in demand for child protection services in 2022–23.

DFFH, the Department of Treasury and Finance and the Department of Premier and Cabinet have agreed to use and refine this model as the main methodology to forecast child protection demand growth.

Operational modelling tools and processes

DFFH established its child protection business continuity sub-committee in March 2022 to ensure child protection services continued to operate during COVID-19.

The committee reviews workload data and resourcing requests fortnightly to inform operational decisions. For example, if staff availability drops, DFFH can adjust child

protection service delivery processes according to its Child Protection Business Continuity Management Framework.

Each month, the Statewide Intake Services Workload Review and Monitoring Panel also uses modelling and trend data to manage case allocations, vacancies and staffing levels across all regions.

Modelled how case numbers and complexity drive workload

DFFH workforce planning aims to keep the median CPP caseload between 14 and 15.

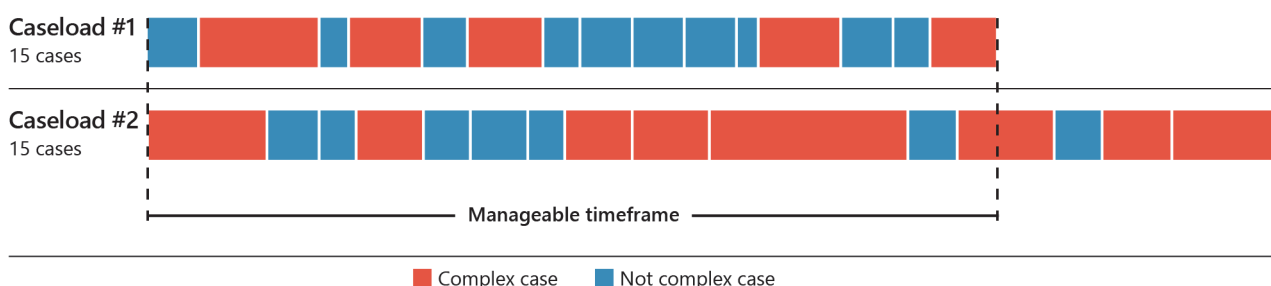
However, DFFH also says it 'does not support caseload ceilings or quotas, believing that workloads are subject to professional judgement of relevant factors'. These factors relate to caseload complexity.

One complex case can take more time than several less complex cases, as Figure 1E shows. Likewise, case complexity in child protection can change quickly because of issues such as family violence incidents, new allegations and children going missing from home.

When court processes are triggered, administration and workload increase further. For example, Figure 1E shows how a manageable workload (caseload 1) can change to become an excessive workload (caseload 2) if case complexity increases over time.

The **Workload Review and Monitoring Panel** monitors, reviews and reports on the demand and distribution of child protection work across regions.

FIGURE 1E: **Case complexity influences workload**



Source: VAGO.

DFFH modelling predicts case complexity to increase as more people demand child protection services due to the increased prevalence of family vulnerabilities.

Areas for improvement

DFFH is considering the type of staff it needs to manage tasks of varying complexity.

It has sought funding to employ more support workers to free up skilled CPPs to focus on more complex work, such as risk assessments. One proposal is a Child Protection Helpdesk to relieve CPPs from administrative duties such as obtaining documents and health records.

However, it is not clear how DFFH calculates the number of CPPs it needs to meet demand. In reality, the changeable circumstances children and families face has more influence on a CPPs' workload than the number of cases they manage.

2. Better supporting child protection practitioners

Our 2018 audit found that DFFH could improve its mental health support to CPPs.

We recommended DFFH holistically monitor CPPs' mental health, deliver specialised and accessible support to CPPs, and check if its support and services work.

This chapter looks at DFFH's progress in addressing these recommendations.

2.1 Monitoring CPPs' mental health

CPPs are regularly exposed to stressors and experiences that can affect their mental health and wellbeing. These include:

- vicarious trauma from exposure to stories about, and images of, child abuse
- critical incidents, such as the injury or death of a child
- hostile and violent treatment by a child, a child's family member(s) or other people.

A CPP's organisational environment can also contribute stressors such as:

- unreasonable workloads
- bullying by colleagues
- disengagement and isolation in the workplace.

Our 2018 audit found DFFH was managing these stressors poorly. We recommended that it:

- consolidate mental health data sources to improve its understanding of CPP mental health
- use this data to monitor mental health and identify trends and areas that need attention.

What DFFH has done to address our recommendation

DFFH has addressed our recommendation by monitoring a wide range of data sources and identifying mental health trends to inform its actions to improve CPP mental health.

Consolidated data collection and monitoring

DFFH collects a variety of whole-of-department data about its employees' mental health.

Sources of this data include ...	which ...
the eDINMAR system	staff use to record hazards, risks and injuries. Child protection divisions get regular reports and analysis from this system.
the Employee Self Service database	is used to record and track the provision of minimum supervision.
the Victorian Public Sector Commission's annual People Matter Survey	includes results about CPPs' satisfaction, job-related stress and negative behaviours they experience at work.

DFFH and its child protection divisions use disaggregated data from these tools to monitor specific mental health and wellbeing issues CPPs face.

DFFH also requires its specialist mental health service providers to monitor and report data as a key deliverable when they give psychological support to CPPs.

For example, DFFH management can access Employee Assistance Program engagement rates through an online dashboard.

Identified trends in CPP mental health

DFFH has done work to identify mental health trends and areas it needs to investigate further.

DFFH's eDINMAR system enables staff to report on a range of incidents related to safety, mental health and wellbeing. Staff can make reports about bullying, exposure to traumatic events and work pressure. Between 2020–22, CPPs lodged 1,374 reports in the eDINMAR system. Of these reports, 616 (or 44 per cent of all reported incidents) were about work pressure.

In DFFH's 2020 and 2021 People Matter Survey results, child protection groups compared unfavourably to the DFFH average in several areas including:

- engagement
- satisfaction
- high to severe job-related stress.

In 2020, 2 of the 10 DFFH groups that performed weakest in these areas were child protection groups. In 2021, this increased to 6 out of 10.

DFFH's 2020 evaluation of the CPWP also found CPPs faced multiple issues, including:

- the need for workplace support for psychological distress
- team or workplace dynamics
- the need to strengthen communication and maintain motivation and resilience
- the need to make additional decisions related to COVID-19
- workload management
- work-from-home-related issues.

DFFH has taken some actions to respond to these issues.

For example, it found that 74 per cent of counselling referrals were for practitioners who had been with the department less than 5 years. In response, DFFH is now offering new CPPs tailored support sessions in the first 6 months of their role, and again between 7 to 12 months.

A 2021 survey of 105 CPWP participants found overall positive results for the programs accessed, particularly individual counselling and team-based wellbeing support. However, 45 per cent of respondents were not aware they could access information about CPWP from DFFH's intranet.

Areas for improvement

Despite DFFH's efforts to improve CPPs' mental health through the CPWP, its eDINMAR reports and worsening results in recent People Matter Surveys remain concerning.

Low compliance with minimum supervision benchmarks

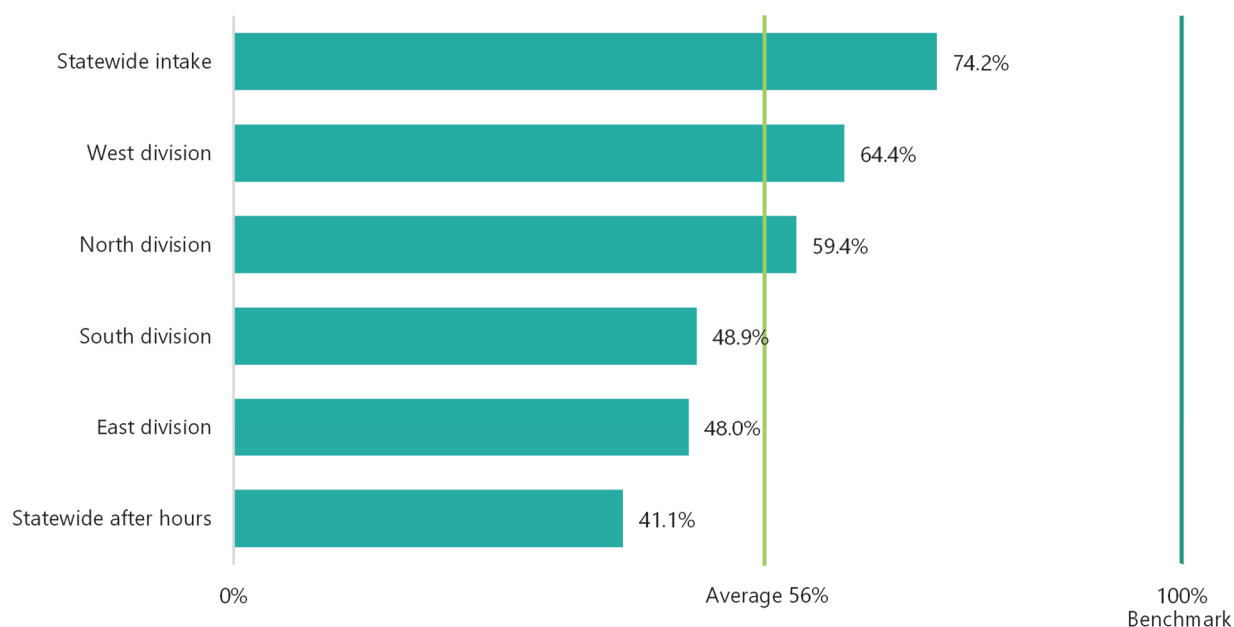
DFFH states that supervision 'provides a means of improving retention and wellbeing of child protection practitioners'. It also describes it as a 'core mechanism for informing decisions'.

Supervision is also a key opportunity to collect data and insights on issues that influence workload management such as:

- leave patterns
- time-in-lieu and overtime accrual and use
- incident reports
- staff rosters.

As shown in Figure 2A, there is an average rate of 56 per cent compliance for meeting mandatory CPP supervision benchmarks. The target is 100 per cent compliance.

FIGURE 2A: **Compliance with minimum supervision across child protection divisions as of November 2021**



Source: VAGO, based on DFFH data, Employee Self Service database (November 2021).

By not meeting its own minimum standards for supervision, DFFH has missed an opportunity to collect and understand the primary source of workload and mental health data. This is risking CPP wellbeing and undermining the quality of services for children and families.

DFFH is exploring other ways to deliver supervision, such as group supervision. However, its internal research found that while this model would save time, CPPs had 'a preference for individual supervision to remain the primary source of supervision'.

Constrained time available to supervisors

Complying with minimum supervision is likely to be a challenge for CPPs and management. Although CPPs need supervision to manage their workloads, it takes time away from case work and can exacerbate workload pressures.

DFFH data highlights substantial vacancies at the middle management and team leader level (CPP5). DFFH acknowledges that this 'reduced capacity to mentor and supervise less experienced practitioners' is a challenge for the supervision program.

As Figure 1A highlights, overtime rates per FTE have increased. Supervisor-level practitioners (CPP5) completed the most overtime hours in 2021–22, as shown in Figure 1B.

2.2 Assessing effectiveness of mental health support tools

Our 2018 audit found that the tools CPPs were given to support their work-related mental health were poorly designed, and the guidance they received was often inconsistent.

We recommended that DFFH assess the effectiveness of mental health support tools for CPPs.

What DFFH has done to address our recommendation

In 2020, DFFH evaluated its CPWP. The report showed that 273 CPPs received individual support and 97 teams received a group-based intervention.

It made 12 recommendations for the program and for broader workplace wellbeing initiatives focused on CPPs. DFFH has acted in response to these recommendations, including developing wellbeing sessions tailored to the needs of new practitioners and team managers.

DFFH has also developed a Child Protection Mental Health and Wellbeing Plan 2021–2024. It is now updating this plan to reflect new initiatives, including the CPOM refresh.

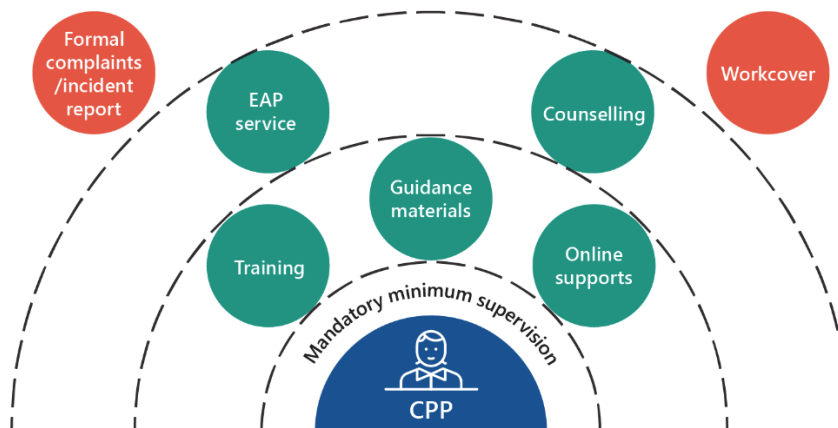
Areas for improvement

While we have assessed this recommendation as complete, we acknowledge that the formal mental health programs DFFH has in place are more responsive than preventative. They do not address excessive workload, nor do they mitigate the need for regular and sufficient supervision.

DFFH's *Child Protection Manual* says supervision 'promotes effective service provision ... [by] ... contributing to staff wellbeing and workforce stability'.

As Figure 2B shows, supervision is the only mandatory measure used for this purpose. All other wellbeing programs, guidance materials, and formal mechanisms for raising concerns are voluntary.

FIGURE 2B: **Factors supporting CPP's mental health**



Note: EAP is Employee Assistance Program.

Source: VAGO.

2.3 Delivering specialised support services

Our 2018 audit found that the services designed to support CPPs' psychological health were not meeting their needs.

We recommended that the department establish and consistently provide specialist mental health support services for CPPs.

What DFFH has done to address our recommendation

DFFH has addressed our recommendation by implementing the CPWP and giving CPPs access to other specialised mental health services.

Delivered specialised support services

The CPWP offers CPPs up to 6 face-to-face counselling sessions for each concerning event. This is in addition to Employee Assistance Program sessions available to all DFFH staff.

In April 2021 DFFH contracted a provider to deliver a psychological wellbeing program for the child protection workforce. This provides a dedicated and specialist support, information and referral service that adapts and builds on previous services. It uses qualified and accredited mental health clinicians.

Areas for improvement

While we have assessed this recommendation as complete, DFFH's People Matter Survey results show CPPs are experiencing more extreme negative behaviours and other job-related stressors. These issues reduce CPPs' engagement, satisfaction and intention to stay.

DFFH's design and delivery of specialised support services requires more consultation with CPPs to understand and mitigate these challenges and find ways to intervene that will make a difference.

2.4 Promoting awareness of available support services and processes for raising mental health concerns

Our 2018 audit found that it was difficult for CPPs to access available support services, which made these programs less effective. CPPs were also not always familiar with the processes for raising concerns.

We recommended that DFFH inform CPPs about the mental health support services available to them, and correct processes for raising mental health concerns.

What DFFH has done to address our recommendation

DFFH has addressed our recommendation to make CPPs sufficiently aware of the available mental health support services by promoting its services and training programs through its intranet and other channels.

DFFH uses its tailored training programs to promote awareness of support services. For example, its manager training programs encourage managers to give more attention to CPP wellbeing in the workplace and teach them to refer staff to mental health support services if, and when, needed.

DFFH also requires its mental health service providers to engage with CPPs to better understand their needs and raise awareness of the programs they provide. DFFH is also deploying a mental health app one of its service providers developed. Staff can use the app to book support appointments and access other wellbeing resources.

Increased awareness of processes for raising mental health concerns

Processes for a CPP to raise mental health concerns range from speaking to their supervisor in supervision, though to formal processes such as:

- incident reporting
- complaint procedures
- lodging WorkCover claims for mental injury
- requesting a review by the Workload Review and Monitoring Panel.

DFFH expects senior managers to have oversight of these processes and review outcomes.

Areas for improvement

Formal individual supervision is a primary method for CPPs to raise mental health concerns, including workload issues.

As discussed in Section 2.1, DFFH's insufficient supervision of CPPs can undermine the effectiveness of processes used to raise mental health awareness and reduces management's oversight of CPP wellbeing.

3.

Improving child protection practitioners' court experiences

Our 2018 audit found that challenging experiences with other professionals in the court environment were a significant cause of CPP distress.

We recommended that DFFH do more to understand this mental health risk and improve support for CPPs in the court environment.

This chapter looks at DFFH's progress in addressing this recommendation.

3.1 Improving CPPs' experiences in the court environment

Our 2018 audit observed that CPPs believed they received less respect than other types of frontline workers, even though their work is highly specialised. CPPs were particularly concerned about a lack of professional respect in the court environment.

CPPs said that legal professionals and other court staff often treated them poorly. This behaviour, and the difficult environments it created, was another stressor undermining CPP mental health.

The audit also found that DFFH did not monitor the frequency or specific sources of this distress. It also had no mechanism to record CPPs' reports about unprofessional conduct they experienced in court.

We recommended that DFFH improve the court experience for CPPs by establishing and implementing a plan in consultation with the courts, the Department of Justice and Community Safety and Victoria Legal Aid (VLA).

What DFFH has done to address our recommendation

Since 2018, DFFH has taken several actions to improve the court experience. These include:

- efforts made before 2021 to establish a code of conduct for court workers and legal practitioners in the Children's Court
- formalising a new mechanism for CPPs to make complaints about legal practitioners and/or judicial officers' behaviour towards them
- developing a new approach to improving court environments for CPPs that focuses on engaging key court stakeholders.

Set up the Court Practice Advice and Support team

DFFH has set up the Court Practice Advice and Support (CPAS) team within the Office of Professional Practice. This referral-based service aims to support CPPs in their preparation for court. CPAS provides individual case consultation and the delivery of court-specific workshops to CPPs.

CPAS gives practitioners a forum to discuss and reflect on their experiences in the Children's Court, to help them:

- increase their confidence with court processes, procedures and expectations
- strengthen evidence and case presentation
- implement 'model litigant' approaches
- help develop legal strategies and resolve matters.

DFFH's *Child Protection Workforce Strategy 2021–2024* documents the important support role of CPAS, and the department's recognition that court work is stressful.

DFFH has developed CPAS learning materials for CPPs, which are available in the *Child Protection Manual* and through the CPAS intranet portal.

DFFH told us that internal referrals to CPAS have grown as CPPs across the state get used to the referral method and understand the benefits of engaging. In 2021–22, there were 1,351 referrals to CPAS. Survey results of 50 CPPs who have taken part in

CPAS consultations since September 2021 showed overall positive feedback about the service. Respondents commented that CPAS provided information to them that was thorough, targeted and helped them feel supported.

Anecdotal feedback to DFFH management also shows that CPAS is providing a safe space for CPPs to:

- consult on cases
- clarify what they are expected to do in court applications
- better connect their daily practice to legislative requirements.

Set up a process for complaints against legal practitioners and judicial officers

To address CPPs' concerns about the court environment, DFFH's Legal Services Branch has updated the *Child Protection Manual* to define a specific process for behavioural complaints against legal practitioners and/or judicial officers.

If a CPP makes a complaint and DFFH has enough information to progress it, it then:

- brings the concerns to the legal practitioner and their employer or managing partner
- seeks an explanation for the inappropriate behaviour
- seeks assurance that such inappropriate behaviour will not recur, and/or an apology, if warranted.

If DFFH does not resolve the complaint satisfactorily, it can consider further formal action, such as referral to a professional standards body.

The new approach was adopted in May 2022. To date, DFFH has received one complaint, which it successfully resolved.

Established a 2018 working group for a proposed code of conduct

In 2018, DFFH established a working group with the Department of Justice and Community Safety, VLA and the courts to develop a code of conduct for court workers. The working group expected the proposed code of conduct for the Children's Court to apply to all public sector staff, including Court Services Victoria, which employs all non-judicial officers working in courts and VLA legal professionals.

Although VLA agreed to the proposed code of conduct, in late April 2021, the Children's Court told DFFH it did not support a code of conduct. However, it was open to working with DFFH to improve the court experience for CPPs.

Planned a future stakeholder working group to improve court culture

In March 2022, DFFH's Legal Services Branch offered to lead the establishment of a different working group with court stakeholders to address the complex issues faced by CPPs within the court working environment.

DFFH is currently consulting with stakeholders about establishing a new working group titled 'Promoting Cooperative Relationships and Collaborative Decision-making—Specialist Children's Court Working Group'.

VLA and the Children's Court Bar Association are supportive, and DFFH will discuss the proposal with the Law Institute of Victoria's Children and Youth Issues Sub-Committee to secure the participation of private legal practitioners. DFFH told us that while the Children's Court supports the idea of a working group it will not join it.

Areas for improvement

DFFH has not set up the working group to address a complex court culture, which is CPPs' underlying cause of concern. It needs to take prompt action on this.

DFFH told us that they will soon refresh the CPAS portal and complaints process. This will enable an evidence base to be established and themes and patterns in data relating to the 'complex court culture' to be specifically diagnosed and acted upon.

VAGO also acknowledges that the judicial environment is not under the direct control of DFFH with respect to how it interfaces with the courts and court stakeholders such as private practitioners.

APPENDIX A

Submissions and comments

We have consulted with DFFH, and we considered its views when reaching our review conclusions. As required by the *Audit Act 1994*, we gave a draft copy of this report to DFFH and asked for its submissions and comments.

Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

DFFH24



Secretary

Department of Families, Fairness and Housing

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 475 170
GPO Box 1774
Melbourne Victoria 3001
www.dffh.vic.gov.au

BAC-CO-30153

Mr Andrew Greaves
Auditor-General
Victorian Auditor-General's Office
Level 31 / 35 Collins Street
Melbourne VIC 3000

Dear Mr Greaves

Thank you for your letter dated 24 August 2022 providing the Department of Families, Fairness and Housing with the Proposed Performance Audit Report – Follow up of Maintaining the Mental Health of Child Protection Practitioners.

The department has reviewed the report and the attached acquittal table and has no further comments.

The department provided an acquittal response to the provisional draft report on 15 August 2022. The response was considered by your office and the changes were substantively accepted.

Thank you for considering our acquittal response, we look forward to the final report being tabled and continuing to progress recommendations to promote good mental health outcomes for our Child Protection Practitioners.

Yours sincerely



Brigid Sunderland
Secretary

02/09/2022



APPENDIX B

Acronyms, abbreviations and glossary

Acronyms

CPAS	Court Practice Advice and Support
CPOM	Child Protection Operating Model
CPP	child protection practitioner
CPWP	Child Protection Wellbeing Program
DFFH	Department of Families, Fairness and Housing
DHHS	Department of Health and Human Services
EAP	Employee Assistance Program
FTE	full-time equivalent
VAGO	Victorian Auditor-General's Office
VLA	Victoria Legal Aid

Abbreviations

our 2018 audit	<i>Maintaining the Mental Health of Child Protection Practitioners</i>
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Glossary

Reasonable assurance	We achieve reasonable assurance by obtaining and verifying direct evidence from a variety of internal and external sources about an agency's performance. This enables us to express an opinion or draw a conclusion against an audit objective with a high level of assurance. We call these audit engagements. See our assurance services fact sheet for more information.
Limited assurance	We obtain less assurance when we rely primarily on an agency's representations and other evidence generated by that agency. However, we aim to have enough confidence in our conclusion for it to be meaningful. We call these types of engagements assurance

Glossary

reviews and typically express our opinions in negative terms. For example, that nothing has come to our attention to indicate there is a problem. See our [assurance services fact sheet](#) for more information.

APPENDIX C

Scope of this review

Objective

To determine whether DFFH—and DHHS prior to 2021—has effectively actioned the recommendations from our 2018 audit *Maintaining of Mental Health of Child Protection Practitioners*.

Who we examined

Its key responsibilities

DFFH	DFFH—which was previously part of DHHS—has a duty of care under the <i>Occupational Health and Safety Act 2004</i> to ensure that CPPs maintain good mental health and wellbeing while working to protect some of Victoria’s most vulnerable citizens.
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How we assessed performance

To form our conclusion against our objective we used the following lines of inquiry and associated evaluation criteria.

Line of inquiry

Criteria

Has DFFH improved its understanding of risk and protective factors influencing CPP mental health?	<ul style="list-style-type: none">• DFFH’s view of child protection practitioners’ mental health is informed by up-to-date, relevant and accurate mental health data sources.• DFFH is monitoring CPP mental health to identify trends and areas requiring further investigation.• DFFH has developed and implemented modelling tools to support demand forecasting.
Has DFFH established effective mental health support for CPPs?	<ul style="list-style-type: none">• DFFH has reviewed the effectiveness of current mental health support tools for CPPs and modified these as necessary.• DFFH has established and consistently provided effective specialist mental health support services for CPPs.• DFFH ensures that CPPs are sufficiently aware of available mental health support services and the processes for raising mental health concerns.• DFFH has implemented a plan to improve CPPs’ experiences in the court environment.

Line of inquiry	Criteria
Does DFFH advise government on the status of CPPs' mental health, including resources required to prevent and address mental health risk factors?	<ul style="list-style-type: none"> • DFFH advises government on the current level of risk to the mental health of CPPs due to unreasonable workload. • DFFH is advising government on the resources required to fully address current and future demand.

Our methods

As part of the review, we considered whether DFFH has:

- addressed performance issues relating to the previous recommendations
- taken timely action to address previous recommendations
- put plans in place to address incomplete recommendations
- monitored their actions for review and impact.

Our review procedures included asking DFFH to provide evidence and attestation to our questions about its:

- modelling methods to forecast CPP workload demand and resources required to meet workforce supply
- approach to understanding the risk and protective factors influencing CPP mental health
- mental health support tools and services for CPPs
- advice given to government on CPPs' mental health, including resources required to prevent and address mental health risks due to excessive workload.

We conducted this limited assurance review in accordance with the *Audit Act 1994* and ASAE 3500 *Performance Engagements* to obtain limited assurance to provide a basis for our conclusion.

We complied with the independence and other relevant ethical requirements related to assurance engagements.

We also provided a copy of the report to the Department of Premier and Cabinet and the Department of Treasury and Finance.

Cost and time

The full cost of the review and preparation of this report was \$180,000. The duration of the review was 5 months from initiation to tabling.

APPENDIX D

DFFH's attestations on its progress in addressing our 2018 audit recommendations

Our 2018 audit *Maintaining of Mental Health of Child Protection Practitioners* examined the then DHHS and made 7 recommendations. DHHS accepted all 7 recommendations.

In February 2021, the government established DFFH. DFFH took responsibility for the child protection system, as well as the work required to implement these recommendations.

Figure D1 shows:

- our recommendations
- DFFH's latest updated actions, as provided in its yearly attestations about progress made against these recommendations.

FIGURE D1: **VAGO recommendations and DFFH's responses**

Recommendation #1: Advising government about risks and resources needed

Advise government of:

- the current level of risk to the mental health of the CPP workforce due to unreasonable workload.
- the resources required to fully address current and future demand, based on accurate time and resource modelling.

DFFH's attestation and self-assessment

Complete. (December 2018)

Initial advice has been provided to government on the resources required to meet demand for child protection services. DHHS, with DTF and DPC, is further developing modelling and forecasting tools to further enhance advice to government of resourcing requirements into the future.

Recommendation #2: Improving demand forecasting

Develop and implement modelling tools to support demand forecasting.

DFFH's attestation and self-assessment

Complete (December 2018)

The first version of the CP demand model, set at agreed performance targets, was used to inform the 2019–20 budget proposal.

Recommendation #3: Monitoring CPP mental health more holistically

Establish a holistic view of child protection practitioners' mental health through the use of consolidated mental health data sources; and use this view to monitor CPP mental health, and identify trends and areas requiring focus or further investigation.

DFFH's attestation and self-assessment

Complete. (July 2019)

Findings from a review of CP mental health data were used to inform the development of a consolidated CP mental health dashboard report in a purpose-built online CP portal. The reporting tool will continue to be refined.

Recommendation #4: Assessing the effectiveness of current support tools

Determine the effectiveness of current mental health support tools for child protection practitioners.

DFFH's attestation and self-assessment

Complete. (December 2018)

The survey results provided valuable information about the level of awareness of CPPs about the support available. The survey data also informed the continued development of CPP specific support through the Child Protection Wellbeing Program as well as the requirement for continued promotion through a variety of different channels, of the mental health and wellbeing support available to CPPs.

Recommendation #5: Delivering specialised support services

Establish and consistently provide specialist mental health support services for child protection.

DFFH's attestation and self-assessment

Complete. (March 2019)

Provision of specialist support including onsite support as required (incorporating post-incident support). The support now available to CPPs includes a CP Wellbeing Program comprising an additional 6 counselling sessions through the CP Health Program, resilience training and an in-house specialist support program; and an Employee Wellbeing and Support Program (EWSP) that offers 13 discreet support services including critical incident support. An induction module was developed and presented to the providers of the department's EWSP to provide program counsellors with a better understanding of the specific challenges relevant to the CP work environment. Training for managers includes psychological first aid, vicarious trauma and mental health awareness training in line with the VPS Mental Health and Wellbeing Charter.

Recommendation #6: Promoting awareness of available support services and processes for raising mental health concerns

Ensure that child protection practitioners are sufficiently aware of the available mental health support services and the correct processes for raising mental health concerns.

DFFH's attestation and self-assessment

Complete. (October 2019)

The communications plan supports ongoing communications using a variety of channels (face-to-face and online) to promote the mental health and wellbeing support available to CPPs.

Recommendation #7: Improving CPP's experiences in the court environment

Establish and implement a plan to improve CPPs' experiences in the court environment, in consultation with the courts, the Department of Justice and Regulation, and Victoria Legal Aid.

DFFH's attestation and self-assessment

In progress. (originally due for completion December 2020)

The work to fully acquit this recommendation has been impacted by COVID-19 in 2020, 2021 and 2022. The work that has been achieved however, includes:

1. DFFH have republished the "Complaints about inappropriate behaviour of legal practitioners" in the *Child Protection Manual* in July 2020.
 2. In 2021 DFFH Office of Professional Practice (OPP) established the Court Practice Advice Service (CPAS) to assist Child Protection Practitioners (CPP) in preparing matters for the court. CPAS assists CPPs to access resources to build confidence in court practice,
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offer case consultation, and will receive complaints from CPPs where they have issues related to unprofessional conduct in court. CPAS has built a strong relationship with Court Services Victoria via the President's Strategic Advisor.

3. The CPAS internal website has a direct link to support Child Protection Practitioners to report on inappropriate conduct or other issues arising in their experiences of the Children's Court.

4. In a meeting between the Deputy Secretary Children, Families, Communities and Disability and the President of the Children's Court (on 29 July 2021) DFFH was advised the Code of Conduct would not be pursued as CPP and VLA staff are subject to the *Code of Conduct for Public Service Employees*.

5. Consultation between the Department, VLA and Court Services Victoria, have continued during this time in relation to strategies to improve the experiences of CPPs in the court environment.

6. The President engages with the Chief Practitioner and Executive Director OPP as necessary and on a regular basis. The President also meets with the Senior Deputy Secretary (CSOD), Deputy Secretary CFCD, and Director CPLO on a regular basis. A monthly interface meeting occurs between the department, VLA, Jurisdictional Partnerships, and CPLO.

Source: VAGO, based on DFFH's attestations.

Auditor-General's reports tabled during 2022–23

Report title

<i>Results of 2021 Audits: Technical and Further Education Institutes</i> (2022–23: 1)	July 2022
<i>Results of 2021 Audits: Universities</i> (2022–23: 2)	July 2022
<i>Follow-up of Protecting Victoria's Coastal Assets</i> (2022–23: 3)	August 2022
<i>The Effectiveness of Victoria Police's Staff Allocation</i> (2022–23: 4)	September 2022
<i>Quality of Major Transport Infrastructure Projects Business Cases</i> (2022–23: 5)	September 2022
<i>Major Projects Performance Reporting 2022</i> (2022–23: 6)	September 2022
<i>Quality of Child Protection Data</i> (2022–23: 7)	September 2022

All reports are available for download in PDF and HTML format on our website
www.audit.vic.gov.au

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Our fact sheets provide you with more information about our role and our audit services:

- [About VAGO](#): this provides information about the Auditor-General and VAGO's work
- [Our assurance services](#): this provides information about the nature and levels of assurance that we provide to Parliament and public sector agencies through our work program

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