



Caseworker Dashboard June 2020 Quarter

Quarter to display
Jun 2020 quarter

The caseworker vacancy rate was steady at 0%.

District	2019-20 [¶] Funded FTE with RAM adjustments	# Funded FTE	Actual FTE	Vacant FTE	Vacancies (%) [*]
Central Coast	95	98	98	-3	-
Far West	18	19	19	-1	-
Hunter	210	217	224	-14	-
Illawarra Shoalhaven	121	125	126	-5	-
Mid North Coast	113	114	111	2	2%
Murrumbidgee	110	114	114	-5	-
Nepean Blue Mountains	145	150	139	6	4%
New England	118	123	98	20	17%
Northern NSW	103	107	102	1	1%
Northern Sydney	55	58	49	6	11%
South Eastern Sydney	78	81	73	5	7%
South Western Sydney	211	219	217	-6	-
Southern NSW	55	57	48	6	11%
Sydney	59	62	77	-18	-
Western NSW	162	168	151	11	7%
Western Sydney	139	145	158	-19	-
District Subtotal	1,794	1,856	1,805	-11	0%
Helpline	240	240	254	-14	-
JCPR [†]	138	148	122	16	12%
Other	89	89	92	-3	-
Statewide Subtotal	467	477	468	-1	0%
Total	2,261	2,333	2,273	-12	0%

Caseworker positions to be filled in 2019-20	Funded	Filled [◇]
Newly funded district caseworkers	62	56
Newly funded JCPR	10	9
Total	72	65

* The '-' symbol is used for Vacancies % where the number of Funded FTE is less than the number of Actual FTE.
 † From the first quarter of 2018-19, Joint Investigation Response Teams (JIRT) have been renamed as Joint Child Protection Response (JCPR) teams to better reflect the collaborative efforts between DCJ, NSW Health and NSW Police to strengthen the future of the Program.
 ‡ The total number of children and young people at ROSH includes 27 records from the former Hunter New England District which cannot be split into the new districts, 43 from Strategy, Policy and Commissioning, and 13 records where District could not be identified.
 § MST-CAN@: Multisystemic Therapy for Child Abuse and Neglect; FFT-CW@: Functional Family Therapy through Child Welfare.
 ^ Figures presented in the dashboard are rounded and this may result in discrepancies between the sums of component items and their totals.
 ¶ These figures represent the revised District allocations from 2018-19 incorporating the new Resource Allocation Model (RAM) but not including the 72 new positions. The vacancy rates are calculated against these funded FTE numbers.
 # These figures represent the final 2019-20 District and Statewide allocations incorporating the 72 new positions funded for the 2019-20 financial year.
 Δ The December 2019 data for MST-CAN@ and FFT-CW@ is not available.
 ◇ This represents 65 of the 72 positions being funded filled at any time during June 2020.

¹ The funded FTE change between 2011-12 and 2012-13 reflects the transfer of Brighter Futures caseworker resources (117 FTE) to the NGO sector.
² A weighted average has been applied to the Funded and Actual FTE to account for the increase in funded places for final quarter reporting in 2017-18 and 2018-19. The numbers previously reported in 2017-18 have been revised to reflect this.

Children seen rolling year 1 Apr 2019 - 31 Mar 2020[‡]

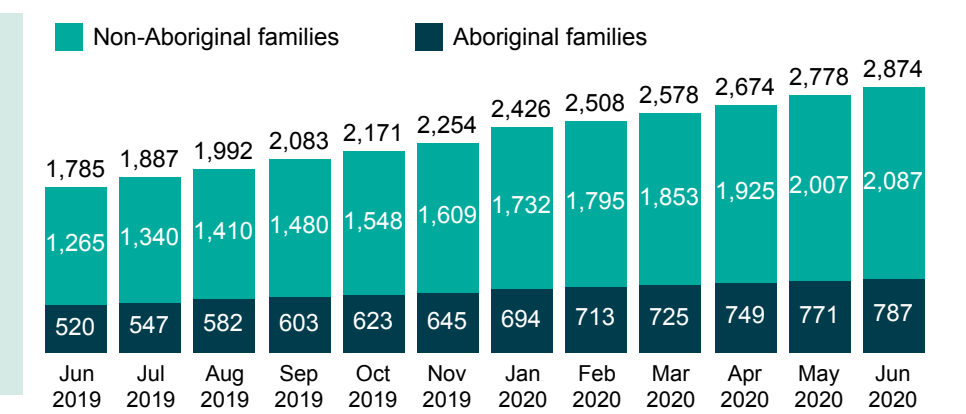
Children at ROSH	Children seen	Children seen (%)
5,871	1,425	24%
1,033	345	33%
11,470	3,245	28%
6,820	1,820	27%
6,624	1,586	24%
6,647	1,701	26%
8,239	2,334	28%
6,692	1,829	27%
5,091	1,832	36%
4,416	1,028	23%
4,919	1,220	25%
13,711	3,633	26%
3,542	1,045	30%
4,128	1,043	25%
7,925	2,852	36%
9,620	2,355	24%
106,831	29,298	27%
5,073	4,201	83%
111,904	33,499	30%

Early Intervention and Preservation

Contracted places for families

	2019 - 2020
Brighter Futures	2,775
Intensive Family Based Services	110
Intensive Family Preservation Services	320
Youth Hope	406
MST-CAN and FFT-CW	900
Total	4,511

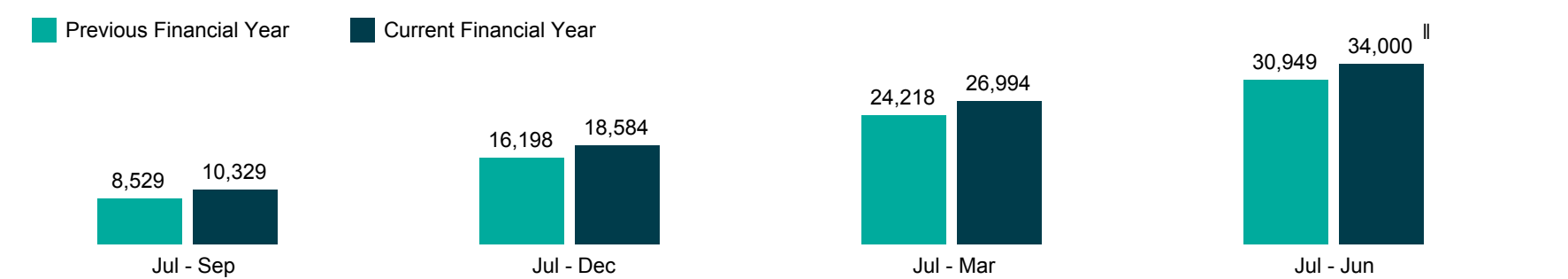
MST-CAN and FFT-CW – Actual families accepted^{§ Δ}



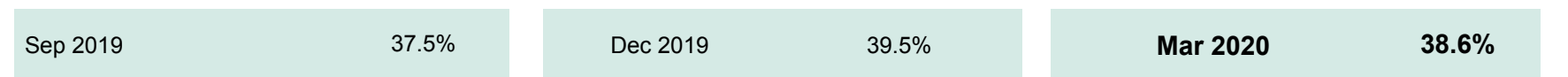
Statutory Child Protection

Children seen - cumulative data

¶ These numbers are provisional and may vary from numbers published in subsequent dashboards.



Children re-reported within 12 months of case plan closure (Target 32.3% by Jun 2023)



Out-of-home Care (OOHC)

Children entering OOHC - quarterly

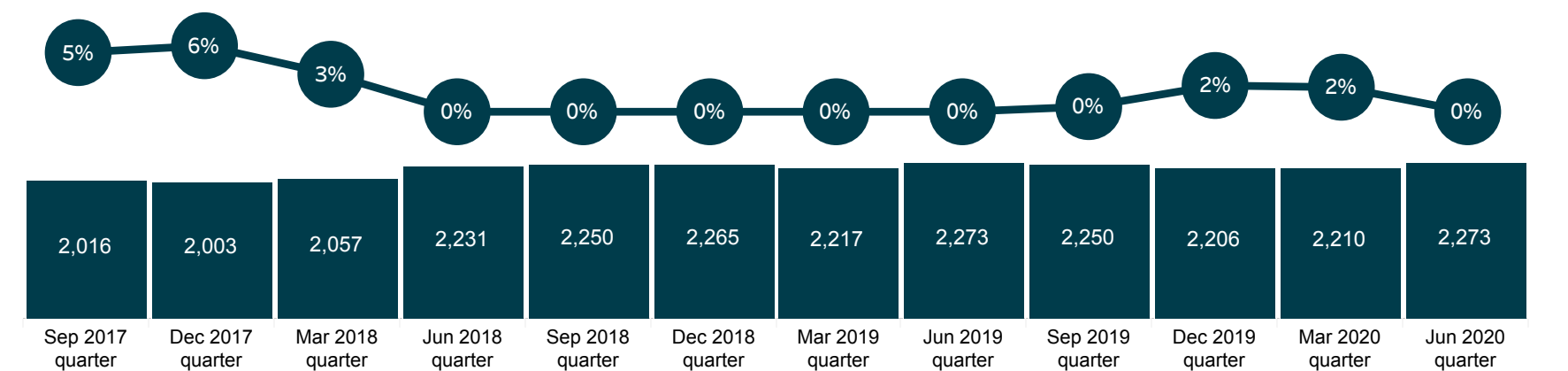
Children exiting OOHC - quarterly



Historical Trend

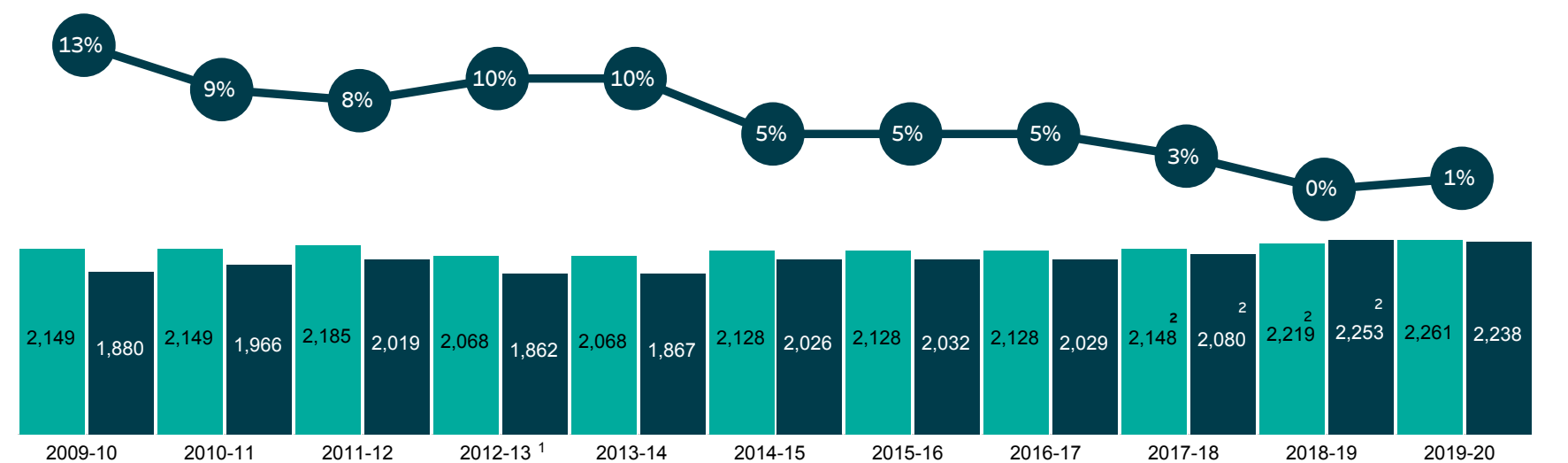
DCJ caseworkers - quarterly data

● Vacancies (%) ■ Actual FTE



DCJ caseworkers - annual data

● Vacancies (%) ■ Funded FTE ■ Actual FTE



[To download the caseworker dashboards in the PDF format](#)

[To access and view the historical caseworker dashboards](#)



DCJ Caseworker Dashboard

June 2020 quarter
Explanatory Notes

DCJ caseworker

Caseworker numbers reflect frontline caseworkers and caseworker specialists across the community services spectrum, including those working in statutory child protection and out-of-home care. The figures do not include management staff associated with caseworkers.

Caseworkers provide protection and support services by:

- assessing and investigating reports of risk of harm to children
- providing assistance to vulnerable families via prevention and intervention services
- supporting and monitoring children in out-of-home care
- managing crisis situations
- promoting the safe and adequate care and protection of children through appropriate interventions as legislated through the *Children and Young Persons (Care and Protection) Act 1988* and departmental policy and procedures.

Casework specialists provide direct, practice-based professional support and development to casework managers and caseworkers. This includes:

- providing specialist advice on case practice matters
- working with caseworkers and managers to develop case practice skills
- undertaking practice and complex case reviews to develop the overall caseworker skill base
- providing expert assistance in aspects of case management in complex or sensitive cases
- acting as a conduit between DCJ, community partners and other agencies in respect to current practice, professional support, service development and policy.

FTE

FTE or full-time equivalent is defined as the equivalent of one position, filled continuously, full-time for the reference period. Total FTE combines all full-time and part-time positions. For example, a caseworker who works full-time counts as 1 FTE and a person who works half-time is 0.5 FTE. Actual FTE is an averaged FTE across the reference period (i.e. quarter or financial year).

Funded FTE

This is the number of full-time equivalent caseworkers funded in the DCJ Budget.

Actual FTE

Actual FTE refers to the number of full-time equivalent caseworkers working in a given reference period, excluding those on extended leave or parental leave or occupying positions funded by specific time-limited funding. Helpline time-limited roles are included and caseworkers on temporary secondments to other roles are excluded.

Vacancies

The number of vacancies represents the difference between the funded FTE and actual FTE during the reference period. The vacancy rates presented on the dashboard may differ from rates published by other sources due to the use of different methodologies. The '-' symbol is used for Vacancies % where the number of Funded FTE is less than the number of Actual FTE.

DCJ districts

DCJ works across NSW through 16 districts to enable more localised planning and decision making, and improved links between service delivery management and frontline staff.

A child may receive services from multiple districts. Data reflects the district where the child's case plan is held at their first Risk of Significant Harm (ROSH) report of highest level of child protection assessment in the period. (A child or young person is assessed at ROSH if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent).

Statewide services

Services that are provided statewide include:

- DCJ Helpline, which includes the Domestic Violence Line.

• Joint Investigation Response Teams (JIRT) have been renamed as Joint Child Protection Response (JCPR) teams to better reflect the collaborative efforts between DCJ, NSW Health and NSW Police to strengthen the future of the Program. These teams operate throughout NSW and respond to serious child protection reports which may involve a criminal offence. Only DCJ caseworkers are reflected in the dashboard.

• Other – this includes DCJ caseworkers working in Intensive Family Based Services, Metro Intensive Support Specialists, Adoption and Permanent Care Services Branch, Records Access Branch, Integrated Domestic and Family Violence Program, Brighter Futures Assessment Unit, Interstate Liaison, and Adoptions and Information Exchange.

Rounding

Figures presented in the dashboard are rounded and this may result in discrepancies between the sums of component items and their totals.

Data sources

- Child protection data:
 - After Q4 2017-18: ChildStory/Corporate Information Warehouse (CIW)
 - Prior to Q4 2017-18: KiDS/Corporate Information Warehouse (CIW)
- Workforce data: DCJ human resources system.

Early Intervention and Preservation

DCJ Early Intervention programs fund non government agencies to provide targeted child, youth and family support services to families in need to reduce the likelihood of children and young people entering or remaining in the child protection and out-of-home care (OOHC) systems. Preservation programs support children and young people to remain safely at home with their families. Programs vary between districts. DCJ Early Intervention and Preservation programs include:

• Brighter Futures provides services to families with at least one child aged under nine years, or families expecting a child, through intervention and support that will achieve long-term benefits for children. It aims to prevent children entering the statutory child protection system by providing structured home visiting and developing parenting skills in fostering healthy development and resilience; accessing support networks and the universal community services; and manage vulnerabilities to enhance child safety, parenting capacity and family functioning.

• Intensive Family Based Services provide relevant supports to Aboriginal children, young people and families, who have an identified vulnerability, which, if not addressed, may escalate to the point where more intensive intervention, including statutory child protection, may become necessary. Services provided include: advice and referral; assessment, case planning and case management; parenting programs and parent support groups; skills focussed groups for young people; counselling; and home visiting.

• Intensive Family Preservation Services aim to prevent the imminent separation of children from their family as a result of child protection concerns and to reunify families where separation has already occurred. It is designed to work with families in crisis, when there is sufficient evidence to indicate that the family will respond positively to action under the program. Service intervention consists of a period of twelve weeks of intensive casework and 24-hour on call assistance, followed by a period of up to 40 weeks of continuous, multi-faceted and individually tailored casework and assistance services.

• Youth Hope program is targeted at children and young people aged nine to fifteen years who are assessed as being at Risk of Significant Harm (ROSH) report, or at risk of escalating to the statutory child protection system. The program enables more children and young people to stay safely at home; increase engagement in education; and be able to access appropriate support and resources. Services include proactive case management; structured and supported mentoring; access to the local service system to support children, young people and their families; and joint social activities for the whole family unit.

• Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®) is a 24/7 home-based treatment model for families with substantiated cases of physical abuse and/or neglect of children and young people aged between six and seventeen years. Services are provided to all family members. The model targets children where a report of physical abuse and/or neglect has been received within 180 days prior to the referral. Although referrals are received for children aged six years and over, all younger and older siblings in the referred child's family also receive the service. The intervention is provided to the family for a period of six to nine months depending on the needs of the family.

• Functional Family Therapy through Child Welfare (FFT-CW®) is a home-based treatment model for families with substantiated physical abuse and/or neglect of a child or young person aged between zero and seventeen years by providing a family therapy-focused model for at-risk families. FFT-CW® addresses the underlying trauma that results in harm to children, young people and families. The intervention is provided to the family for a period of six to nine months depending on the needs of the family.

Statutory Child Protection

State and Territory governments have responsibility for funding and/or providing child protection services in Australia. NSW has its own legislation (Children and Young Persons (Care and Protection) Act 1998) that determines the policies and practices of its child protection system. The Act provides for mandatory reporting of children or young people at ROSH; conducting investigations and assessments of reports; developing care plans and parental responsibility contracts; removal of children and young people from primary carers; applying for emergency care and protection orders in the Children's Court; and placing children in OOHC. The Act also outlines permanent placement principles and provides for self-determination and participation in decision making by Aboriginal and Torres Strait Islander people.

Child protection statutory processes include:

• Reports, assessments and substantiations: Child protection reports are assessed to determine whether a field assessment is required, if referral to support services is more appropriate or if no further protective action is necessary. A field assessment will obtain more detailed information about a child who is the subject of a report and determine whether the report is 'substantiated' or 'not substantiated'. A substantiation indicates there is sufficient reason (after an assessment) to believe the child has been, is being or is likely to be, abused, neglected or otherwise harmed.

• Care and protection orders: In situations where further intervention is required, application will be made for a care and protection order to the relevant court, usually a last resort.

• Out-of-home care (OOHC): Children will be placed in OOHC when they are the subject of a substantiation and require a more protective environment. OOHC is considered an intervention of last resort, with the current emphasis being to keep children with their families wherever possible. An attempt to subsequently reunite children with their families will be made through preservation programs. Placement within the wider family or community will be considered, especially under the Aboriginal and Torres Strait Islander Child Placement Principle.

• Family support services to facilitate preservation: seek to prevent family dysfunction and child maltreatment occurring, through providing treatment, support and advice to families, and may include developing parenting and household skills, therapeutic care, and family reunification services.

Children Seen

There has been a change in the definition of 'children at ROSH seen by DCJ', with more stringent requirements introduced in 2017-18. More steps are taken by caseworkers to record the work they do to meet the definition of 'seen'; in particular a manager must now give formal approval. Previously, an investigation could be undertaken over two stages (stage 1 - information gathering; stage 2 - assessment). Data for 'Children Seen' are not comparable to data on investigations and assessments published previously.

OOHC Children Entering

Children admitted to OOHC in the quarter. Types of placements in OOHC include home based care (in the home of a carer who is reimbursed for expenses in caring for the child); and residential care (in a residential building whose purpose is to provide placement for children and where there are paid staff).

OOHC Children Exiting

Children who are discharged from OOHC.

Child Protection Re-reporting

Proportion of children at ROSH reported with a face-to-face assessment and case plan closed with the plan closure reason of 'plan goal achieved' who were re-reported as being at ROSH within 12 months of the case plan closed.