

DEPARTMENT FOR COMMUNITY DEVELOPMENT - CASE WORKERS, COMPLAINTS RECEIVED,
WARDS OF THE STATE AND FOSTER CARE

2274. Mr M.J. Birney to the Minister representing the Minister for Child Protection
- (1) How many case workers (FTEs) were employed by the Department of Community Development (DCD) in March 2007, and what is the recommended number when at full strength?
 - (2) How many FTEs were employed by the DCD in March 2007, and what is the recommended number when the Department is not at full strength?
 - (3) With reference to the number of cases that a DCD officer has responsibility for -
 - (a) what is the maximum number of cases that an officer may be assigned at any one time;
 - (b) did any case workers exceed this maximum at any time in March 2007, and if so how many cases were each of them dealing with;
 - (c) what was the average number of cases worked on by DCD officers in March 2007; and
 - (d) what was the largest number of cases dealt with at any one time by any DCD employee in March 2007, and at which branch did the officer work?
 - (4) How many complaints made to the DCD, relating to potential child abuse, still had not been actioned by the DCD in March 2007?
 - (5) Of these, how many were -
 - (a) up to one month old;
 - (b) up to two months old; and
 - (c) older than two months?
 - (6) How many reviews were conducted on a Ward of the State or a child in a foster home in March 2007?
 - (7) How many female Wards of the State, including those in foster care, became pregnant in March 2007?
 - (8) How many children were awaiting foster care placement in March 2007?

Mr D.A. TEMPLEMAN replied:

- (1) 565.370 officers were authorised to undertake child protection investigations and support children in care in the Department for Child Protection (DCP) at 22 March 2007. The FTE allocation for the workers for the same period was 723.950.
- (2) 1545.028 FTEs were employed in the Department for Child Protection as at pay period ending 22 March 2007, the approved average staffing level for the same period was 1807.787. These figures include staff in policy offices.
- (3) In preparing this response, the data provided for a previous question (1922) was reviewed. It was found that whilst no full time worker had exceeded the upper limit of 18 cases, the response had not adequately accounted for a few officers who work less than full time on casework. Revised information is provided to correct the response given to PQ1922.
 - (3a) 15 and in certain circumstances 18.
 - (3b) March 2007
38 workers exceeded a caseload equivalent of 15, calculated on a pro-rata basis:
13 workers had a caseload equivalent of 16, calculated on a pro-rata basis
14 workers had a caseload equivalent of 17, calculated on a pro-rata basis
9 workers had a caseload equivalent of 18, calculated on a pro-rata basis
2 workers had a caseload equivalent of 20, calculated on a pro-rata basis (16 actual cases)
February (revised response for PQ1922)
42 workers exceeded a caseload equivalent of 15, calculated on a pro-rata basis:
9 workers had a caseload equivalent of 16, calculated on a pro-rata basis
18 workers had a caseload equivalent of 17, calculated on a pro-rata basis
11 workers had a caseload equivalent of 18, calculated on a pro-rata basis
2 workers had a caseload equivalent of 19, calculated on a pro-rata basis (15 actual cases)
1 worker had a caseload equivalent of 22, calculated on a pro-rata basis (9 actual cases)
1 worker had a caseload equivalent of 24, calculated on a pro-rata basis (12 actual cases)

- (3c) March 2007 - 14 cases
- (3d) March 2007
Two workers from Pilbara District had a pro-rata caseload of 20. The actual number of cases held by these full-time workers was 16; but this is adjusted up as these workers spend only 0.8 FTE of their position doing casework.
February (revised response for PQ1922)
One worker from Pilbara District had a pro-rata caseload of 24. The actual number of cases held by this full-time worker was 12; but this is adjusted up as this worker performs a duty officer role for 0.5 FTE of her position.
- (4)-(6) Data for questions 4 to 6 are drawn from the latest available monthly database snapshot. These figures may not be directly comparable to answers derived from other monthly snapshots due to differences such as the amount of time between the latest monthly reporting snapshot and the period under examination.
- (4) All complaints related to potential child abuse are acted upon by the Department through an immediate preliminary assessment. This assessment ascertains whether or not children are at risk of immediate harm. Allegations involving children at immediate risk are investigated as a priority. At the end of March 2007 there 425 allegations where children had been assessed as not being at immediate risk and were yet to be subject to a further and fuller investigation. Data in the 2005-06 Departmental Annual Report confirms that less than 50% of child abuse allegations are substantiated. Therefore the Department has a policy of initial assessment to make sure that there is a priority response to cases where children are at immediate risk.
- (5) Answers to parts 5 a) through c) are the numbers of child abuse allegations that have been subject to an initial assessment and where children not at immediate risk of harm and are awaiting a further and fuller investigation.
- (5a) 67 cases from March
- (5b) 149 from February or March - includes those in (a)
- (5c) 276 from January or prior
- (6) 503
- (7) The Department carefully monitors the health, safety and wellbeing of children in the care of the CEO. Information about significant events such as a young woman becoming pregnant is recorded on the case file. The Department does not record this information on its electronic client information system. Consequently it is not possible for the Department to provide accurate information about the number of young females in the care of the CEO who became pregnant last month.
- (8) As of 4 April 2007, there were approximately 220 children awaiting appropriate long-term placement. These children are in placements types including in emergency residential care facilities, being supported by family members or professional carers.