

**IN FAIR WORK AUSTRALIA**

**FWA Matter No: FWA C2011/**

**Applicant: State of Victoria**

**and**

**Respondent: Community and Public Sector Union**

**Statement of Daniella Rigoni**

I, Daniella Rigoni, of c/o 679 High St Preston, Team Leader, say as follows:

1. I commenced employment with DHS, Child Protection in February 2003 and currently work as a Team Leader in the Planned Investigation North Unit, in the North and West Metropolitan Region.
2. I hold a Bachelor of Behavioural Science, and a Certificate III in Health and Community Services.
3. I worked as a Child Protection Worker (**CPW**) in the Child Youth and Family Engagement Unit and the Planned Investigation Unit from February 2003 until 2007.
4. In 2007 I became a Team Leader in the Planned Investigation North Unit (**PI North**) based in Preston.

**The Planned Investigation North Unit**

5. PI North covers the Local Government Areas of Hume, Moreland, Yarra, Banyule, Nillimbick, Darebin and Whittlesea and investigates reports of child abuse in those areas.
6. PI North is run by a Unit Manager who oversees four teams. Each team has one Team Leader and five CPWs.
7. The Team Leader is responsible for allocating clients on their list to a CPW. Clients that are not allocated are overseen by Team Leaders such as me.

8. Due to lack of resources it is not uncommon for there to be a large amount of unallocated cases in a team's list.
9. On 16 November 2011 there were 345 children on the list for PI North 87 of those did not have an allocated CPW and there was no capacity within PI North to allocate them a worker.
10. Unallocated clients are attended to by me and the CPWs under my supervision.
11. The level of service that is provided to clients depends more on the number of client's in a team's list and the amount of resources provided to the team rather than the amount of clients that are allocated or unallocated.

### **Work Bans**

12. On 17 November 2011 work bans commenced in PI North.
13. I do not believe that the work bans have created a risk to the health, safety or welfare of children in our care. I would not participate in the bans if I thought that they did.
14. The risk to the health, welfare and safety of our clients depends on the level of resources we have to do our job, not the amount of clients that are allocated to a CPW.
15. There is no limit on the number of clients that can be put in my list. However, the level of resourcing provided to me does not increase depending on the amount of clients that are assigned to my team's list. That means that I am required to balance the required work against the available resources on a priority basis.
16. DHS guidelines provide, after the initial assessment, children should be visited at least fortnightly and high risk children and infants should be visited weekly. Prior to the bans this guideline was not always met given the high workloads and lack of resources.
17. The DHS KPI for a planned investigation requires a CPW to first visit within 14 days of a report for 'non-urgent' cases, and two days for urgent cases. Prior to the bans this KPI was not always met because of lack of resources.
18. On 17 November 2011, in response to the work bans, more resources in the form of six staff members from head office and other regional programs were sent to assist

the PI North Unit Manager to oversee unallocated children. The work is being prioritised and directed by the Unit Manager.

19. Since the bans commenced, the employees in my team have been working just as hard as they had been before the bans commenced. It is not the case that employees are performing less work.
20. This means that in addition to its usual capacity, PI North has as many as 6 extra employees to assist in servicing clients.
21. More work and visits were undertaken on 17 November 2011, the day the bans commenced, in relation to these unallocated clients than would have been achieved in days or weeks if these clients had remained unallocated and sitting with Team Leaders. Therefore, I believe that these children were safer on 17 November 2011 than they were on 16 November 2011 when teams had no capacity to respond to them or visit them.
22. All clients on the PI North list are being overseen and responded to as required. Tasks for these clients continue to be prioritised according to risk.
23. CPWs now have more manageable workloads meaning that the work being undertaken in regard to allocated cases is more timely, effective and will enable risk to be more actively addressed and reduced. As a result of that, the children who are allocated are safer as CPWs are able to manage and respond to their clients more effectively.
24. Cases assessed as high risk cases are exchanged in CPW allocations for lower risk cases.
25. Team Leaders and CPWs also continue to respond to and manage any high risk or urgent cases that require a response.

#### **Statement of Denise McLaughlin**

26. I have read the statement of Denise McLaughlin.
27. At paragraph 10 of that statement, Ms McLaughlin asserts that the bans will severely reduce the capacity of NWMR staff to assess the danger faced by children. I do not agree that this is true of PI North. With the existing workforce, the number of first visits to homes would be the same regardless of the bans.

28. However, now that we have extra staff, more first home visits are being done than before the bans were implemented.
29. In response to paragraph 23 and 27 and 28 I refer to my answer above.
30. In response to paragraph 29, I do not agree that there will be increased risk. This is because although there may be an increased amount of unallocated clients the CPWs in PI North continue to do the same amount of work and to perform tasks for unallocated clients. Therefore, the workload on other employees should not increase.
31. In response to paragraph 30(a), the PI North Unit Manager is continuing to accept case transfers from Intake.
32. Paragraph 30(b) is not correct. If the Unit Manager has a high risk or urgent task or situation we have agreed to continue to do work on unallocated cases on the basis that we will prioritise the high risk cases. If it's a one off task my team will attend to it. If it is a high risk client that needs ongoing attention my team will exchange it for a lower risk case.
33. In response to paragraph 30(c), the Team Leaders may not oversee cases once they reach their case load ceiling but they and their team will continue to perform work on awaiting cases.
34. In response to paragraph 30(d), the CPWs continue to operate the duty system as normal. In my experience, before the bans commenced, the duty system could not meet the needs of more than 12 unallocated clients in each team.
35. In response to paragraph 31, it is not correct to say that those most in need of care will not be assigned to a CPW. Clients continue to be allocated according to the risk faced by the client. Where a client at greater risk is identified, that case is prioritised.
36. At paragraph 32 of Ms McLaughlin's statement she states that there are 101 children that the PI North Unit Manager has to oversee as a result of the bans. This is not correct. The CPWs in PI North continue to assist with unallocated clients, including those overseen by the Unit Manager, on a task-allocation basis. In addition to this, the 6 additional staff members are assisting with unallocated cases.
37. In response to paragraph 43, it is the amount of resources available to us that determines how regularly we are able to follow up a child's situation. When the

number of cases in my team list is large the CPWs aren't able to visit their allocated clients as regularly.

38. Because of the extra staff since the bans are in place it is likely that the children on my list will be visited more regularly.

**Daniella Rigoni**  
**18 November 2011**