10.11 Staff safety and well-being

Purpose

This procedure outlines the process for ensuring the safety and well-being of all departmental staff during intervention with children, young people and families, and the management of aggressive client behaviour, stress, vicarious trauma and critical incident stress.

Key steps

1. Implement strategies to promote staff safety and well-being
2. Implement strategies to avoid client aggression
3. Manage aggressive behaviour by clients
4. Respond to an incident of aggressive behaviour
5. Implement strategies to manage stress, vicarious trauma and critical incident stress

Standards

1. Staff adhere to risk management processes prior to contact with clients.
2. Staff endeavour to use their skills in preventing or defusing hostility.

Authority

- Communities Policy: Employee Assistance Service (EAS)
- Communities Policy: Zero tolerance of workplace aggression
- Policy No. 391: Critical incident reporting
- *Workplace Health and Safety Act 1995*

Key steps - Staff safety and well-being

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1. Implement strategies to promote staff safety and well-being

The delivery of child protection services presents a range of challenges to the safety and well-being of staff. On one hand the community has an expectation that timely intervention will occur. On the other hand, the degree of risk associated with cases varies greatly according to individual circumstances. Children, young people and families subject to intervention by the department may view the intervention as intrusive whether they had experienced, or had been responsible for harm or abuse. A first response may be to direct aggression towards staff.

**Personal risk assessment and safety planning for staff**

The department is committed to upholding the safety and well-being of all staff through the provision of high quality training programs and safety practices that aim to increase the skill of staff to make informed decisions in relation to undertaking work activities that involve risk.

It is critical that staff are mindful of their own personal safety at all times. An important factor in increasing personal safety is the continual use of risk assessment and planning practices and processes, particularly when staff interact directly with clients.

This requires staff and their supervisors to:
- make personal safety risk assessment and personal safety planning an integral part of their child protection practice
- continually assess safety risk and plans at each stage of client contact.

Completion of the **Personal safety risk assessment tool** and the **Personal safety planning tool** will assist staff to identify possible issues when undertaking safety planning.

This in turn will increase the personal safety of the children, young people and families who are subject to departmental intervention.

**Zero tolerance of aggression**

Workplace aggression, particularly client-initiated aggression, is not limited to the physical workplace or to working hours. A multi-dimensional approach which takes into account the individual, organisational and situational variables is required in managing the risk of client-initiated aggression towards staff.

In managing aggression towards staff, it is important that both proactive pre-incident management and responsive post-incident strategies are implemented.

The key principles for the management and control of workplace aggression are:
- inappropriate behaviour towards staff and clients in the workplace will not be tolerated and the department will make every reasonable effort to prevent it occurring
- inappropriate behaviour must not be accepted, excused or tolerated - all inappropriate behaviour must be addressed
- information (via pamphlets or posters) should be available to clients advising that inappropriate behaviour will not be tolerated, and that action will be taken against such behaviour
**Staff will be supported by the department in ensuring their own personal safety as first priority over the needs of organisational demands.**

While it is acknowledged duties performed by staff may bring about adverse responses from clients, it is **not** acceptable to tolerate any level of aggression by clients.

The level of aggressive behaviour demonstrated by a client provides an indication of the level of action required, in response to the aggression. In some cases, however, it may be necessary to respond to ‘Level 2’ behaviour, with ‘Level 3’ actions (see below tables). In all cases, assess the individual circumstances and decide the most appropriate actions for addressing aggression by a client.

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<th>Levels of aggression table</th>
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<td><strong>Level</strong></td>
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| 1 | *Raised voices*  
*swearing*  
*consistent, inappropriate, heightened tone*  
*unwillingness to accept reasonable directions.* |
| 2 | *Body language implying potential for aggressive behaviour*  
*of-handed comments relating to anger or aggression towards staff, implying inappropriate consequences*  
*general statements made about actions to inappropriately vent anger/aggression.* |
| 3 | *Actions taken to degrade, for example, spitting, derogatory name calling or explicit or sexually offensive remarks*  
*direct threat against departmental staff, family or friends of staff*  
*intimidation or attempted coercion of staff, where personal knowledge is disclosed, for example, knowledge of a staff member's family, home or friends*  
*physical assault*  
*stalking*  
*action, or knowledge of action taken with the intent to cause harm to a staff member*  
*use of, or threatened use of, a weapon or object with the intention to harm* |
## Levels of action table

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| 1     | Ensure personal safety immediately by taking appropriate actions. For example:  
  - Ask the aggressor to refrain from inappropriate actions  
  - explain the consequences if the behaviour continues  
  - press the duress alarm button  
  - leave the room  
  - ask the aggressor to leave the office  
  - provide the aggressor with time to 'calm', and then  
  - re-engage.  
  **Important** - Document the incident in an electronic case note. Where appropriate, advise a senior workgroup staff member of the incident and the action taken. |
| 2     | Take action as above and:  
  - Consult with line management about the incident and future contact with the aggressor  
  - complete a WIRF investigation form  
  - enter the appropriate alert on the person's electronic file  
  - advise other workgroup members if appropriate.  
  In consultation with a team leader and legal services (if required), provide the aggressor with a Letter to aggressive client, outlining the inappropriate behaviour/s, expected behaviour and the commitment of the department to take action against continued inappropriate behaviour. |
| 3     | Take action as per response levels 1 and 2 and:  
  - Adjust contact arrangements with aggressor accordingly and advise the regional director, where necessary  
  - complete a Critical incident report form, where applicable.  
  - seek QPS advice or involvement, where necessary. |

Note: The above actions are suggestions only - workgroups may develop local arrangements for responding to incidents of aggression, and situations may require more than one action to be taken. Where unsure about actions required to diffuse aggression in the workplace, consult with a line manager or a Senior Workplace Health and Safety Advisor.
For information about when to complete a 'Critical incident report form', refer to the policy on Critical incident reporting.

2. Implement strategies to avoid client aggression

Before contact with clients, staff should always adhere to risk management processes and endeavour to use their communication skills in preventing or defusing hostility. If there is a duress alarm system in place, become familiar with the procedures for use. Duress alarm systems are tested on a regular basis by a person delegated by a Senior Workplace Health and Safety Advisor. Testing is also recommended prior to the attendance of a high-risk client, where advisors will monitor the test.

To avoid client aggression at the office:

- ensure reception points are attended promptly when clients arrive or are waiting
- greet clients politely and with respect
- identify others who may be called upon to deal with known aggressive clients
- obtain advice from others in the office if you cannot answer a client's query
- maintain a professional approach and endeavour to keep your composure if the client is offensive or abusive
- offer to have your line manager attend to the client if you are uncomfortable with a situation.

To avoid client aggression away from the office, for example, during home visits, supervised family contact visits or when transporting clients:

- collate relevant information about the clients and their situation, for example, access electronic and paper files, other staff and the QPS
- determine the degree of risk involved, and where appropriate, insist on being accompanied by another departmental officer
- use assistance from the QPS, if there is information that suggests there may be personal risk
- advise a team leader of the arrangements before departing and seek approval for the arrangements
- comply with the 'staff whereabouts' process and always ensure that a team leader knows the destination and expected time of return
- carry a mobile phone, GPS tracking phone or, particularly in rural or remote areas, a satellite phone and consider pre-setting numbers that could be useful.

Additionally, when planning supervised family contact visits:

- choose a venue that is safe and accessible to others
- consider meeting at a departmental premise if a significant risk has been identified in conducting the visit away from the CSSC
ensure that those involved in the supervised visit are fully aware of the arrangements beforehand, for example, who is to be present, the time, date and location and the expected conduct of those involved

end the visit if the client becomes abusive or aggressive

where appropriate, reschedule the contact to a later time

call for assistance if necessary.

For further information refer to the practice paper, ‘Working with parents who demonstrate hostile and aggressive behaviour’.

3. Manage aggressive behaviour by clients

When faced with aggressive behaviour by clients:

- secure your immediate safety before completing or continuing with organisational demands
- secure the safety of others, for example, in an office-based situation:
  - ensure other departmental officers are aware of the situation
  - ensure all potential factors that may exacerbate the situation are minimised
  - ensure all doors and exits are secure to prevent the client from entering the work space
  - ensure all departmental officers are aware that they should not enter the administration area or other area, for example, an interview room, where the aggressive person is situated.
  - restrict access to the area by other persons until the situation has calmed down
- endeavour to defuse the situation, if and where possible - this may include strategies as listed in the levels of action table, or other appropriate techniques developed with line management and workplace health and safety representatives
- consult with line management or workplace health and safety representatives in relation to your assessment of the situation and potential control measures
- seek the involvement of the QPS, if required - refer to the ‘Levels of aggression table’ for the appropriate response.

When situations become threatening or violent:

- call for assistance (security or the QPS) and give details of the location and nature of the incident
- stay out of danger if not directly involved and leave the area if safe to do so
- assess the situation carefully before undertaking any physical intervention - physical intervention will only occur as a last resort, when no other option seems viable, or in order to prevent serious injury
- where injuries have occurred, only attempt assistance where there is no risk - do not place more people in danger
- as a follow up, consider the need for debriefing, either internally with your line manager, or through the Employee Assistance Service provider.
When undertaking home visits:

- park close to the home, preferably within sight of the house and the public, with the vehicle in a position that will allow for easy departure
- listen for sounds of disturbance and check for anything unusual when approaching the home for example, unusual smells or evidence of drug or alcohol use on the front lawn or deck
- stand back a little from the door and **not directly in front of it** - this will give the other person space and will present less of a target
- give your name and present the departmental identification card
- do not enter unless invited to do so, or if it appears safe to do so
- observe the state of the house and note possible avenues of exit
- ensure there are clear paths to the entry points, and ensure that clients do not restrict these pathways - for example, avoid being trapped in a corner of a room where there is no clear exit
- leave immediately if the situation appears to be escalating out of control and attempts to defuse the situation have failed
- if unable to leave, distract or refocus the attention of the other person/s and leave promptly when the opportunity arises
- be aware of other specific procedures that may apply for staff working in rural and remote locations - refer to the CSSC manager or team leader for further details.

When transporting clients of the department:

- insist that a second person accompanies the person transporting the client, if the client has a history of aggression towards staff, or if there is some other indication of risk
- seat the client in the rear seat, directly behind the passenger seat next to another staff member, if there is an indication of risk
- move into the slow lane, and consider pulling over and calling for assistance, if under threat while driving
- consider using a taxi and sit next to the client in the back seat.

**4. Respond to an incident of aggressive behaviour**

Following an incident of verbally or physically aggressive behaviour:

- take time to acknowledge the exposure to aggression and the impact this has had - discuss the incident with a line manager, workplace health and safety representative, a colleague, the Employee Assistance Service or another person who can provide support and assistance
- consult with the line manager about future contact and interactions with the client - involvement with the QPS may be required
- communicate to the aggressor the inappropriateness of their actions, the identified triggers of the incident, the departmental policy in relation to zero tolerance, the ramifications of the incident, future expected behaviours and future communication arrangements
- record the information, as per relevant departmental policies in:
  - a Critical incident report form
  - a WIRF investigation form
  - case notes

Team leaders or line managers will discuss and communicate with workgroup members the importance of employee safety, and methods and processes to ensure the safety of the workplace.

5. Implement strategies to manage stress, vicarious trauma and critical incident stress

Stress

Work related stress comes from the many and demanding tasks in child protection and the time limits imposed in child protection work. Mental, emotional and physical exhaustion can also occur following long-term involvement in demanding situations, such as chaotic client families, highly anxious and demanding clients and abused children and young people desperate to see their families.

To manage general stress:
- be prepared - learn as much as possible about child protection work and the roles and emotional challenges associated with being a worker in a child protection system
- take adequate breaks
- exercise - physical activity and recreation helps to dissipate stress
- avoid the use of alcohol and drugs as a means of coping with the pressures
- discuss any work-related issues with a colleague or line manager
- attend regular professional supervision
- seek additional supervision, where required
- discuss relevant issues with an Employee Assistance Service (EAS) counsellor.

Vicarious trauma

Child protection work involves exposure to emotionally disturbing information about children, young people and families. The capacity to empathically engage with this information and listen, validate, understand and respond to the trauma of others is a vital aspect of service delivery. Exposure to traumatic material involves risk to the emotional and psychological health of staff. These risks can lead to vicarious trauma.

Vicarious trauma, the debilitating emotional and psychological impact of connecting with the traumatic and disturbing life events of other people, is an insidious form of stress and is pervasive in child protection work.

Vicarious trauma accumulates over time, through interactions with a variety of clients and can change the staff member's overall view of the world and the people around them. It can affect cognitive functioning and values, and can be as debilitating as primary trauma.
To reduce the risk, and manage vicarious trauma, the following strategies may be useful:

- be aware that there is a normal emotional reaction to the work of the department
- discuss any work-related issues with a colleague or line manager, or if necessary, an EAS counsellor
- take responsibility for your self-care and balance work demands and personal life
- where available, access professional supervision networks and forums
- challenge yourself to grow professionally by working on a variety of cases, creating a plan of professional education and attending professional forums.

Critical incident stress

A critical incident can be defined as an event, outside the range of usual human experience, such as a child death, a serious injury, threat to or assault of a worker. Experiences which have the potential to easily overwhelm a person’s normal ability to cope with stress. It may produce a negative psychological response in a person who was involved in, or witnessed, such an incident.

It is generally recognised that critical incidents can have a significant impact on a person. Some may be affected to the extent that the incident lives on in their mind, and various symptoms may develop which create difficulties in their functioning in normal day-to-day activities. Such reactions are not considered abnormal.

As a first response, staff may choose to discuss the issue with a line manager, or seek individual support through the EAS of Child Safety. In addition, Critical Incident Stress Debriefing (CISD) may be provided by professional psychological debriefers from the EAS. It usually involves all staff who were directly involved in, or who witnessed, the critical incident. Any staff member involved in a critical incident can request debriefing.

Preferably CISD is carried out after all initial post incident enquires have been completed, such as police reports and medical attention, where required. Critical incident debriefing should occur between 24 and 72 hours after a critical incident, to be most effective. This can be arranged through a SWIM advisor or line manager.

Resources

Forms and templates

- Critical incident report
- Letter to aggressive client
- Personal safety planning tool
- Personal safety risk assessment tool
- WIRF investigation form

Departmental resources

- Practice paper: Working with parents who demonstrate hostile and aggressive behaviour