

Home Care, Community Care & Outreach

STAFF SAFETY SURVEY 2013



*Understanding the Effect of
Aggression and Violence*

NATIONAL REPORT

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Aggression and Violence*

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The vision of **Holland Thomas & Associates Pty Ltd** (Holland Thomas) is to enhance the physical, emotional and psychological wellbeing of the community through enduring and sustainable solutions that effectively manage personal safety and security challenges in the working and personal lives of the community.

Integrity, accountability, excellence, and teamwork are the core values at Holland Thomas.

As an industry leading training and risk management firm, Holland Thomas offers an extensive range of staff safety, personal safety and risk management solutions including workshops and consulting services.

Holland Thomas support organisations in a wide range of sectors including aged care, community services, disability, domestic services, education, family and youth services, government, HACC, health, local government, maternal and child health, mental health, non-government, not for profit, volunteer and welfare organisations.



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Table of Abbreviations and Definitions

Assault - Unwanted physical contact where no physical injury was sustained, eg. grabbed on the arm.

Assault Causing Harm - Unwanted physical contact resulting in a physical injury, eg. bruising from a punch in the face.

Assault With An Object Or Weapon - Unwanted physical contact by a person using an object or weapon (eg. a broom, book, knife, or shovel) regardless whether the assault resulted in a physical injury or not.

Bullying / Harassment / Verbal Abuse - Covers behaviours ranging from subtle intimidation to abusing a person loudly, ridicule, leaving offensive messages, derogatory language, humiliating a person through gestures, sarcasm, criticism and insults.

Damage to Property - Damage to personal or work property.

HACC – Home and Community Care

Lock In - Doors are locked preventing you from leaving the premises.

Respondents – Those who completed the survey will be referred to as a respondent(s).

Sexual Assault - Unwanted physical contact of a sexual nature.







Sexual Harassment - Harassment of a sexual nature, eg. staring, unwanted sexual advances, obscene remarks, sexually explicit messages, deliberate brushing up against you, indecent exposure.

Theft - Theft of personal or work property.


Threats / Threatening Behaviour - A verbal or implied threat to cause harm to yourself or others.



THE app to manage lone worker safety

-  5 second check-in and check-out
-  Auto sync to your roster
-  Incapacitated person (man down) alarm
-  Duress (panic) alarm
-  Location monitoring (optional)
-  Your own *My Safety Buddy Network*



 Coming soon to the apple
App Store

 Coming soon to the android
App Store



1. Executive Summary

The *National Report: Home Care, Community Care and Outreach Staff Safety Survey 2013* presents the findings from the *Home Care, Community Care and Outreach Staff Safety Survey 2013*.

The purpose of the survey is to promote the conversation around the safety challenges of managing aggression and violence and the competing priorities of staff safety and client care.

The survey was conducted from 9 December 2013 to 4 April 2014. The 1,059 respondents who completed the survey came from 256 organisations Australia wide. 85% of respondents were direct care workers, with the remaining 15% being managers and area managers.

Respondents reported on their experience during the previous 30 days regarding the nature, frequency and impact of incidents of aggression and violence specific to home care, community care and outreach roles across aged care, disability, family and youth, mental health and other sectors.

Individuals and organisations alike are encouraged to draw on the results of this survey to create further discussion to assist in the continuous improvement of the safety and wellbeing of staff and the people they support.

1.1. Key Findings

While the majority of incidents involving aggression and/or violence resulted in minimal physical harm, at least 9% of incidents during the last 30 days involved assault (*Question 12*).

30% of incidents involving aggression and/or violence resulted in the worker suffering a Psychological Injury (*Question 15*). These incidents resulted in a Psychological Injury for 14% of respondents.

This should be a significant concern for organisations as staff who are stressed are less likely to provide high quality support for their clients; are less likely to think clearly in stressful situations; are likely to transfer that stress to the people they are supporting; will miss the early warning signs of escalation of aggression; and in general will make poorer decisions about their safety.

Understanding and discussion of Psychological Injuries is increasing amongst the Australian community. Staff are becoming more aware of the support and compensation available. In many instances, multiple incidents will contribute to a Psychological Injury however the cost



Home Care, Community Care and Outreach Staff Safety Survey 2013

of any workers compensation claim will fall on the current employer. Anecdotally, some respondents have left organisations because of the psychological strain they were under and the lack of support they could access. Organisations should have processes in place to support staff as early in the injury as possible to optimise the wellbeing of staff and the organisation.

With an average of 2.0 incidents involving aggression and/or violence during their last 30 days, respondents with 20 or more years' experience averaged almost 3 times more incidents than respondents with less than 2 years' experience (*Question 7 & 11*).

Of note, 4.4% of **reported** incidents involving aggression and/or violence resulted in the staff member submitting a claim for workers compensation (*Question 21*).

36% of respondents stated they had experienced 1 or more incidents involving aggression and/or violence during the last 30 days (*Question 11*). The other 64% perform similar if not the same roles for the same client groups as the 36% who did experience 1 or more incidents. One might hypothesise that a portion of the 64% who stated they did not experience any incidents are not classifying situations as incidents for similar reasons to those presented in *Question 20*.

All incident reports that were submitted by respondents to their organisations during the 30 day period were generated by only 18% of staff (*Question 19*).

50% of respondents who experienced 1 or more incidents involving aggression and/or violence during the last 30 days did not report even one of those incidents (*Questions 11*). Within this 50%, incidents were not reported 59% of the time because the worker assessed the incident as only minor or no one was physically injured during the incident, 10% of the time because the worker believed the organisation will not action the information provided, and 9% of the time because the system of work practice did not make it easy to report (*Question 20*).

Organisations should encourage a culture of proactive incident reporting. Increased reporting will enable organisations to better understand the prevalence of minor (eg. no one is physically injured) and often high frequency incidents that may contribute to Psychological Injuries in addition to identifying trends in aggressive behaviours. With this information, tailored strategies can then be introduced to minimise the risk of future incidents.

69% of incidents involved the client being the source of the aggression or violence. The source of aggression in 21% of incidents involving aggression and/or violence was a colleague from the worker's own organisation (*Question 14*). Nearly one third of respondents experienced some form of Bullying / Harassment / Verbal Abuse during the last



30 days (*Question 12*). These latter two findings in particular highlight the significance of the ongoing difficulties many workers endure in their workplace.

Individuals who reported at least one incident during the last 30 days involving aggression and/or violence had an average of 3.3 actual incidents. This is nearly 3 times greater than the average of 1.2 incidents across all respondents (*Question 11*). Given that individuals who behave aggressively are likely to repeatedly behave aggressively, one possible reason for this is these staff members may be supporting the same individuals who are exhibiting repeat behaviour.

Alarming, 90% of respondents think the number and seriousness of incidents involving aggression and/or violence is at best going to be the same in a few years' time, with the majority thinking the number and seriousness of incidents is on the rise (*Question 32*). Less than one third (31%) felt Very Well Prepared to manage their safety in the event of an incident involving aggression and/or violence in the future (*Question 30*).

There is a significant gap between the 89% of respondents who feel it is Very Important (64%) or Important (25%) to receive training to effectively manage aggression and violence in the workplace (*Question 29*) and the 31% - 45% of respondents who have not received appropriate training to manage these risks when supporting clients off site (*Question 28*).

For the wellbeing of staff and their organisations, organisations should open up the dialogue and take action to ensure all staff receive training on a regular basis that achieves a level of competency and gives staff the confidence to manage all the safety challenges in their roles, including managing the risks of aggression and violence when supporting clients off site.

In addition, when asked what support they valued most following an incident, 45% of respondents identified the ability to Debrief With Their Manager and 34% simply wanted Acknowledgement And Understanding (*Question 25*). A supportive environment in which staff can openly discuss the challenges they are facing will place organisations in a strong position to better understand the safety challenges and improve the safety of their staff.

Increasing the support offered to staff will improve the safety of staff and the people they support while assisting organisations to differentiate themselves as an employer and service provider of choice.



1.2. Summary of Key Findings

Incidents are not being reported (*Questions 11, 19 & 20*)

- 50% of respondents who had 1 or more incidents involving aggression and/or violence during the last 30 days did not report even one of those incidents.
- 53% of incidents involving aggression and/or violence during the last 30 days were not reported.
- 59% of incidents were not reported because the worker assessed the incident as only minor (40%) or no one was physically injured during the incident (19%).

Staff who experience one incident of aggression and/or violence are likely to experience multiple incidents (*Question 11*)

- On average, there were 1.2 incidents during the last 30 days involving aggression and/or violence across all respondents.
- For respondents who reported 1 or more actual incidents during the last 30 days involving aggression and/or violence, the average number of actual incidents was 3.3.

Managers and area managers have double the number of incidents compared to direct care workers (*Questions 9 & 11*)

- On average, there were 2.2 incidents during the last 30 days involving aggression and/or violence across all Managers and Area Managers compared to 1.0 across all Direct Care Workers.
- For Managers and Area Managers who reported 1 or more actual incidents during the last 30 days involving aggression and/or violence, the average number of actual incidents was 4.4.

Family and Youth experienced the highest average number of incidents of aggression and/or violence over the 30 day period (*Questions 2 & 11*)

- 2.4 incidents for Family and Youth.
- 1.9 incidents for Disability.
- 1.5 incidents for Mental Health.
- 0.7 incidents for Aged Care.



More experienced workers are facing more incidents (*Questions 7 & 11*)

- Respondents with 20 or more years' experience averaged 2.0 incidents.
- Respondents with 11 - 20 years' experience averaged 1.2 incidents.
- Respondents with 6 - 10 years' experience averaged 1.2 incidents.
- Respondents with 3 - 5 years' experience averaged 1.0 incidents.
- Respondents with less than 2 years' experience averaged 0.7 incidents.

Clients are the most common source of aggression and/or violence (*Question 14*)

- 69% of incidents involved the client being the source of the aggression or violence.
- 21% of incidents involved a colleague from the worker's own organisation being the source of the aggression or violence.
- 14% of incidents involved a family member of the client being the source of the aggression or violence.

Psychological injuries are the largest category of injury (*Question 15*)

- 30% of the incidents involving aggression and/or violence during the last 30 days resulted in the worker suffering a Psychological Injury.
- The next largest category was 9% of the incidents resulting in the worker suffering a Cut, Scratch, Bite or Bruising.
- 14% of respondents suffered a Psychological Injury from one or more incidents involving aggression or violence during the last 30 days.

Staff are losing time managing incidents of aggression and/or violence (*Question 17*)

- 6% of respondents lost 1 or more days managing one incident during the last 30 days, not including time off work.
- 1% of respondents lost more than 1 week managing one incident during the last 30 days, not including time off work.

Staff are taking time off as a result of incidents of aggression and/or violence (*Question 18*)

- 4% of respondents have been away from work as a result of incidents involving aggression and/or violence for 1 or more days out of the last 30 days.
- On average for organisations with 100 staff, you might expect one staff member to be away from work for a week or more each month as a result of incidents involving aggression and/or violence.



1 in 23 reported incidents of aggression and/or violence result in a claim for workers compensation (Question 21)

- 4.4% of **reported** incidents involving aggression and/or violence resulted in the staff member submitting a claim for workers compensation.
- 2.3% of respondents submitted claims for workers compensation for incidents involving aggression and/or violence that occurred during the last 30 days.

Staff would like more training to manage aggression and violence (Questions 28, 29 & 31)

- 89% feel it is Very Important (64%) or Important (25%) to receive training to effectively manage aggression and violence in the workplace.
- 31% believe they have not received appropriate training within the last 2 years to manage the risks of aggression and violence when supporting clients off site.
- 44% identified training for managing aggression and violence as the training they would like to receive next.
- 7% identified training in mental health as the training they would like to receive next.
- 7% identified first aid as the training they would like to receive next.

1.3. Further Research

Of the 1,059 respondents, 52% came from the Aged Care sector, 23% Disability, 9% Mental Health and 6% Family and Youth. This creates a bias in the results towards the experiences of those in aged care. Further exploration into the unique experiences of each sector is an area for continued research.

Volunteers are grossly under represented and further exploration of their experience is recommended.

Further exploration at an organisational level is recommended regarding the total cost of incidents involving aggression and/or violence, including time lost and money spent, to be measured against hours of service delivered and total hours worked.

2. About This Survey

The current lack of data regarding the nature, frequency and impact of incidents of aggression and violence specific to home care, community care and outreach staff, combined with widespread inconsistency in the reporting of incidents, may be leading to inaccurate assessment of risk resulting in poor decisions being made about staff safety.



The *Home Care, Community Care and Outreach Staff Safety Survey 2013* was designed to:

- Provide organisations with an **unbiased snapshot of the current risks** faced by their staff
- Enable organisations to **compare** their experience **to industry benchmarks**
- Assist organisations to determine the appropriateness of their **current allocation of resources to mitigate risk**
- Demonstrate the organisation's **commitment to safety** as its first priority
- **Raise awareness** and promote discussion concerning the challenges surrounding the sound management of the risks of aggression and violence within organisations
- Present a rare opportunity for all of us to **share and learn from our collective insights and experiences** as a community

Facilitated by Holland Thomas, the primary aim of the *Home Care, Community Care and Outreach Staff Safety Survey 2013* is to help home care, community care and outreach staff to get home safely each and every day.

Holland Thomas would like to thank the 1,059 respondents who contributed their experience to this survey.

Thank you for your interest today in this important conversation which is helping to create a safer tomorrow!

3. Methodology

All respondents had the option to respond anonymously to this survey. Names were only collected for entry into a prize draw to win gold class cinema tickets. All data provided by respondents remains anonymous.

Holland Thomas used Survey Monkey® to administer the survey. In cases where respondents did not have access to a computer, the survey was printed and completed by hand.

Respondents were asked to share their experiences over the preceding 30 days to capture a snapshot in time. As the survey was open for four months, the “last 30 days” was defined as the 30 days preceding the day the respondent completed the survey. The time period of 30 days was chosen so that it was short enough for respondent recall to be accurate, long



enough to be a realistic representation of their work experience, and simple for organisations to extrapolate to other timeframes such as per year.

For questions with qualitative responses, the text comments from respondents were analysed and all irrelevant comments such as “Not Sure” or “No comment” were removed. The remaining comments were then grouped according to the key theme of the comment.

3.1. Bias

It is important to note factors that may influence or bias the results detailed in this report.

Incidents of aggression or violence (*Question 11*) were defined as clearly as possible for clarity and consistency.

It is well known that many people not only grossly under report incidents, but they also tolerate incidents on the lower end of the aggression and violence continuum. Some respondents may not have reported their experiences accurately in this regard.

Of the 1,059 respondents, 52% came from the Aged Care sector, 23% Disability, 9% Mental Health and 6% Family and Youth. This creates a bias in the results towards the experiences of those in aged care.

For some respondents, the 30 day period would have included the December and January holiday period. This may have increased or decreased the hours worked in a typical month.

4. The Data

Who answered the survey?

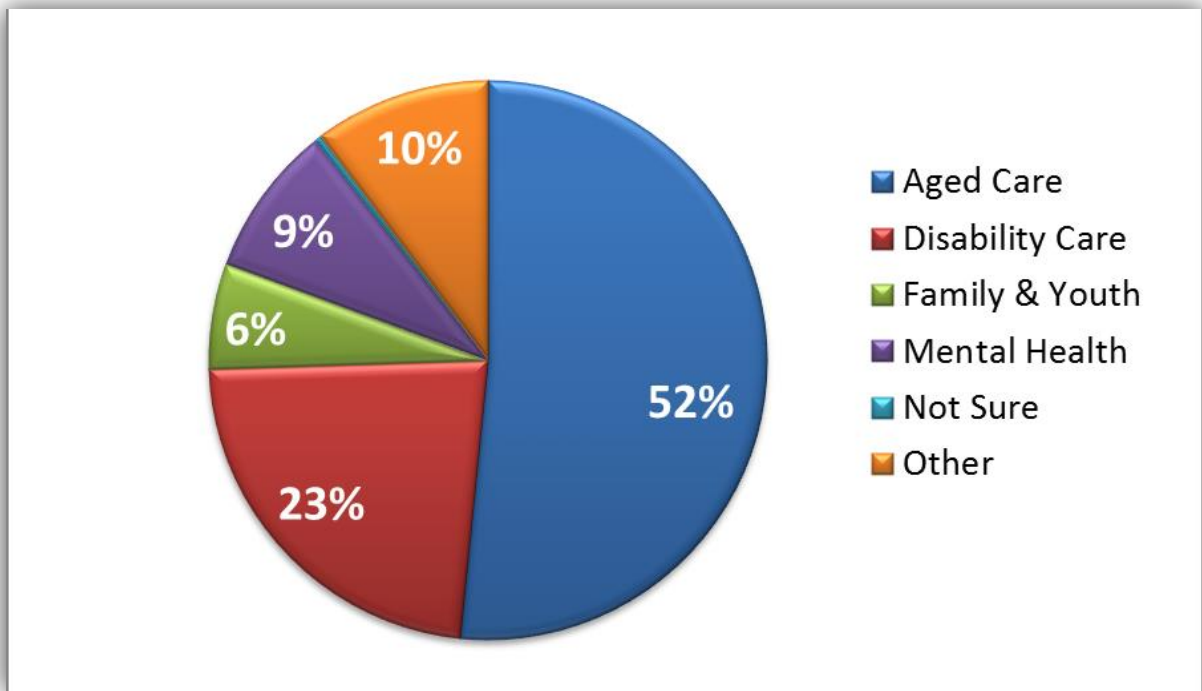
The 1,059 respondents of this survey come from 256 organisations Australia wide giving a very broad sample.

Please refer to questions 2 to 10 for more information on the demographics of the respondents.



Q2 Which sector are the majority of the people you support from?

Figure 1: Which sector are the majority of the people you support from?



Of the 1,059 respondents, 52% came from the Aged Care sector, 23% Disability, 9% Mental Health and 6% Family and Youth. This creates a bias in the results towards the experiences of those in aged care. Further exploration into the unique experiences of each sector is an area for continued research.

Table 1: Which sector are the majority of the people you support from?

Answer Options	Response Percent	Response Count
Aged Care	51.6%	544
Disability Care	22.9%	241
Family & Youth	6.1%	64
Mental Health	8.8%	93
Not Sure	0.4%	4
Other	10.2%	108
Other (please specify)		132
<i>answered question</i>		1054
<i>skipped question</i>		5

Q3 In which state do you work in?

Figure 2: In which state do you work in?

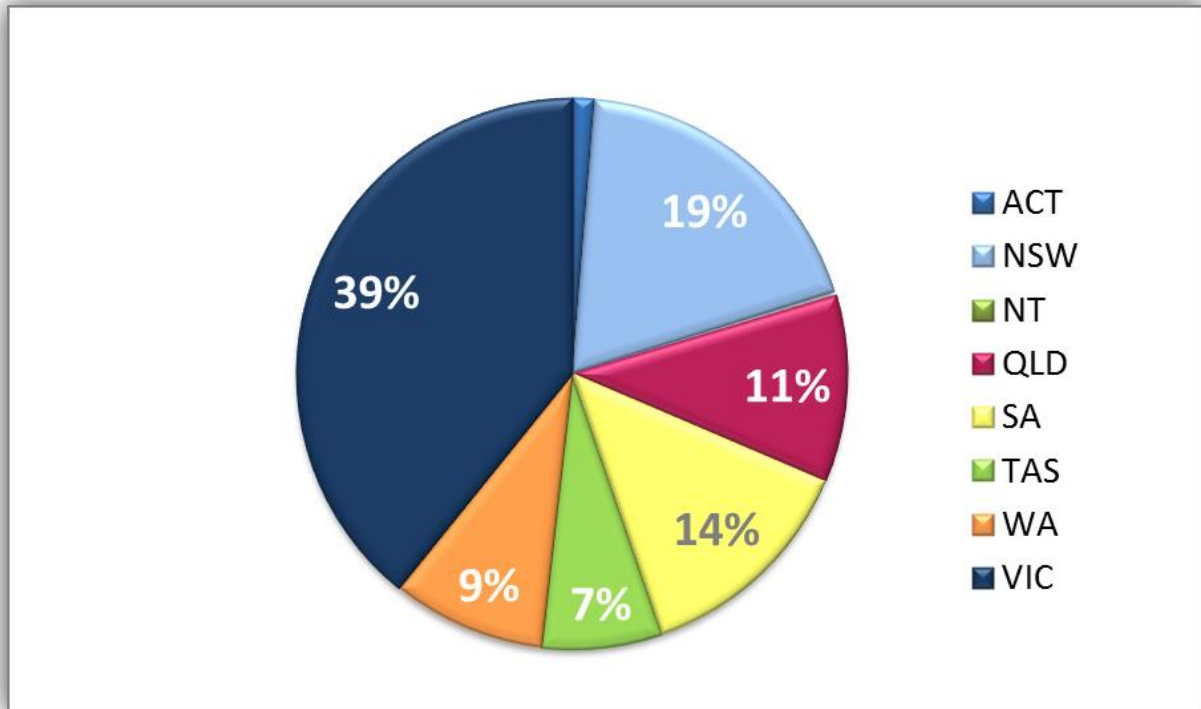


Table 2: In which state do you work in?

Answer Options	Response Percent	Response Count
ACT	1.3%	14
NSW	18.9%	199
NT	0.2%	2
QLD	11.0%	116
SA	13.3%	140
TAS	7.1%	75
WA	9.0%	95
VIC	39.2%	413
<i>answered question</i>		1054
<i>skipped question</i>		5



Q4 Do you work predominantly in a metropolitan or regional area?

Figure 3: Do you work predominantly in a metropolitan or regional area?

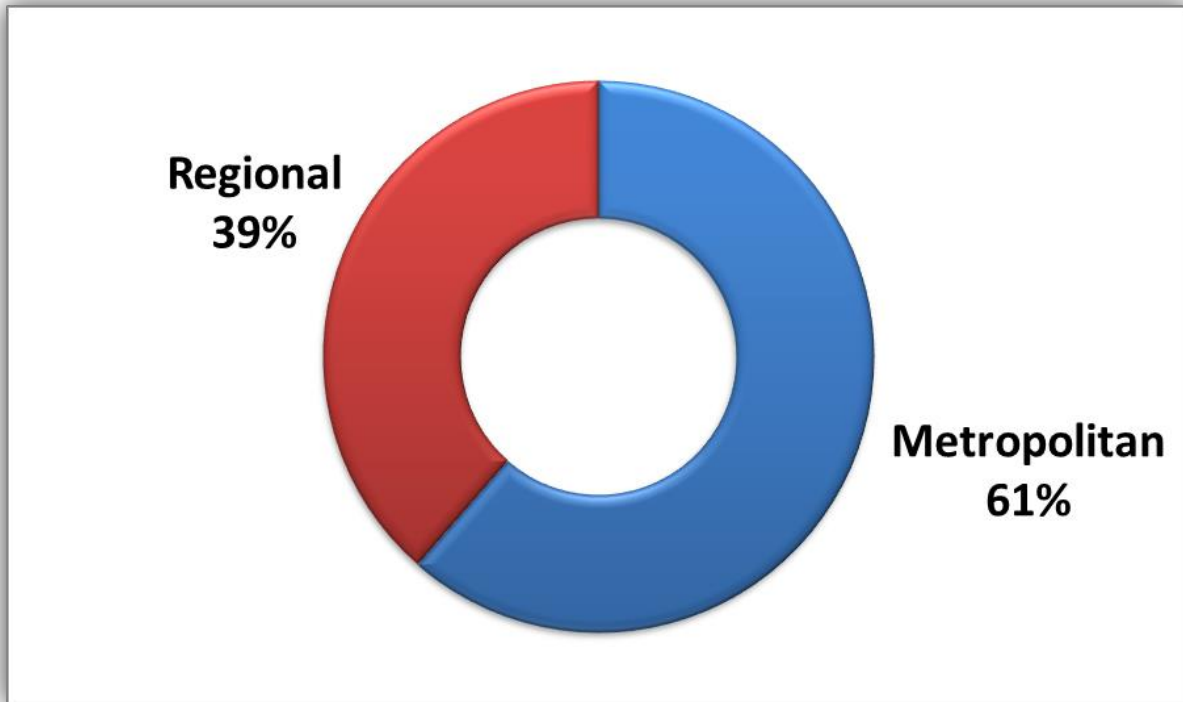
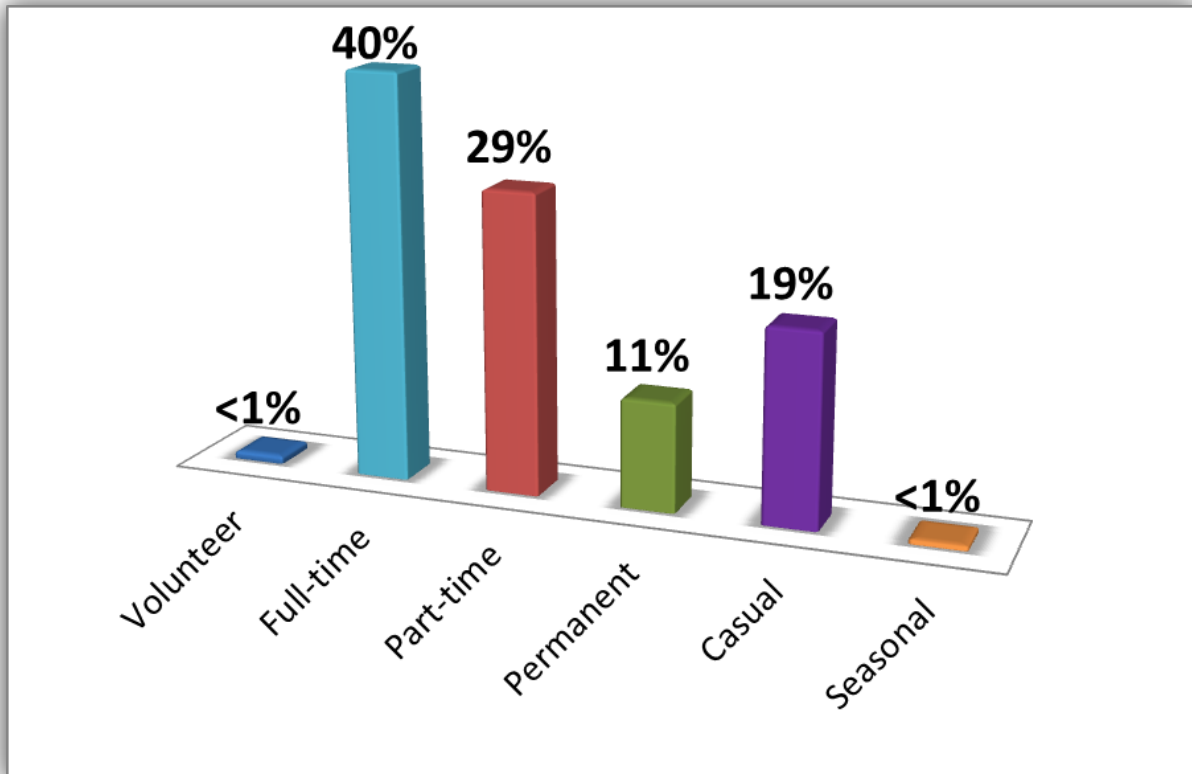


Table 3: Do you work predominantly in a metropolitan or regional area?

Answer Options	Response Percent	Response Count
Metropolitan	61.4%	647
Regional	38.6%	407
	<i>answered question</i>	1054
	<i>skipped question</i>	5

Q5 What is your employment status?

Figure 4: What is your employment status?



Volunteers are grossly under represented and further exploration of their experience is recommended.

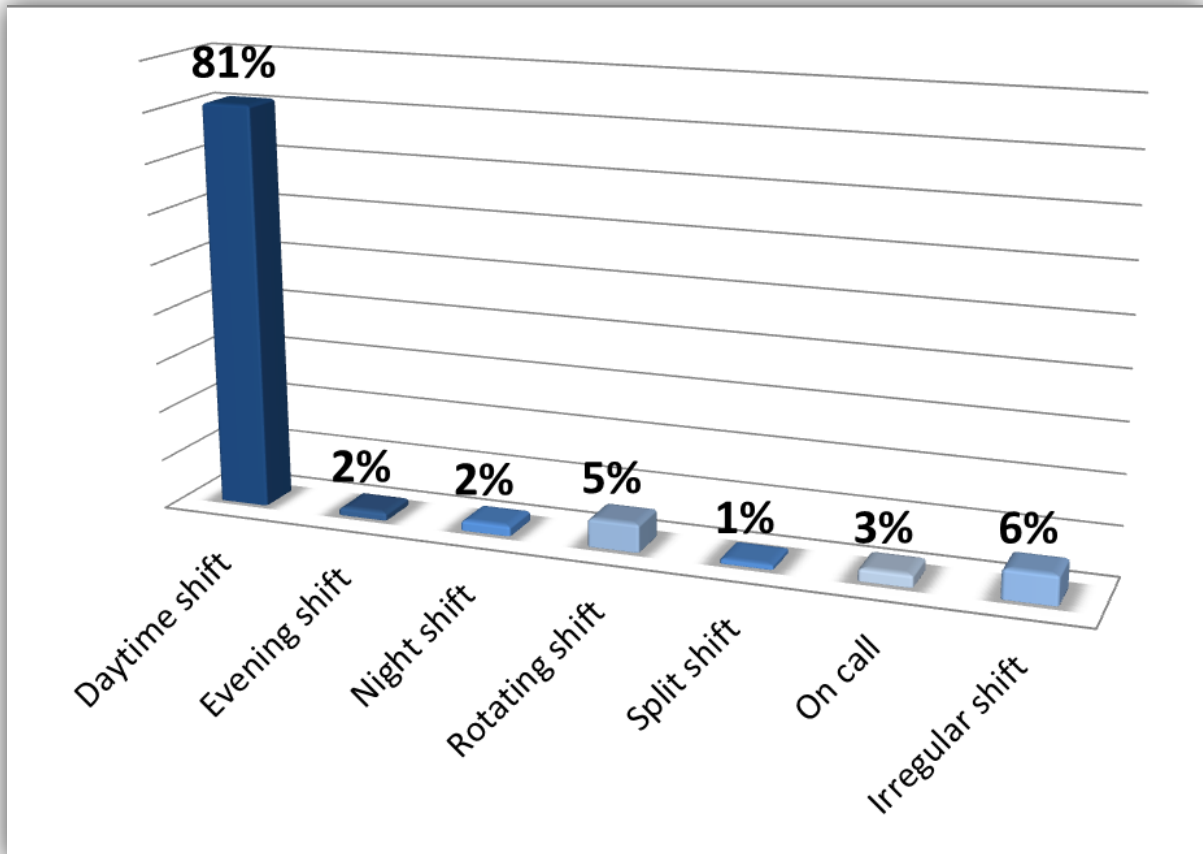
Table 4: What is your employment status?

Answer Options	Response Percent	Response Count
Volunteer	0.8%	8
Full-time	39.8%	419
Part-time	29.4%	310
Permanent	10.7%	113
Casual	18.9%	199
Seasonal	0.5%	5
Other (please specify)		14
<i>answered question</i>		1054
<i>skipped question</i>		5



Q6 What is your main roster shift?

Figure 5: What is your main roster shift?



Of the 1,024 respondents, 81% work during the daytime. This may create a bias in the results towards their experiences. Care should be taken about assuming that the risk profile of workers on the other rosters will be similar to that of day time workers.



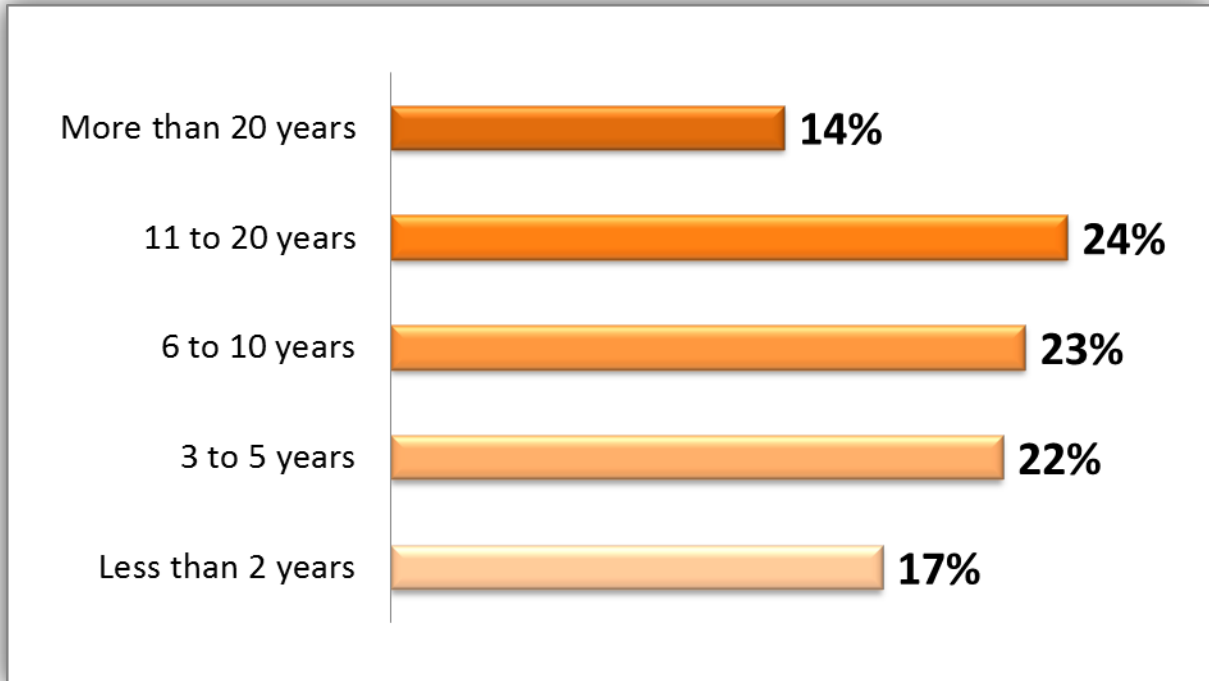
Table 5: What is your main roster shift?

Answer Options	Response Percent	Response Count
Daytime shift	81.3%	832
Evening shift	1.6%	16
Night shift	2.1%	22
Rotating shift	5.7%	58
Split shift	1.0%	10
On call	2.5%	26
Irregular shift	5.9%	60
Other (please specify)		40
	<i>answered question</i>	1024
	<i>skipped question</i>	35



Q7 How many years of experience do you have in community care roles?

Figure 6: How many years of experience do you have in community care roles?



61% of the 1,054 respondents have been working in community care roles for 6 or more years.

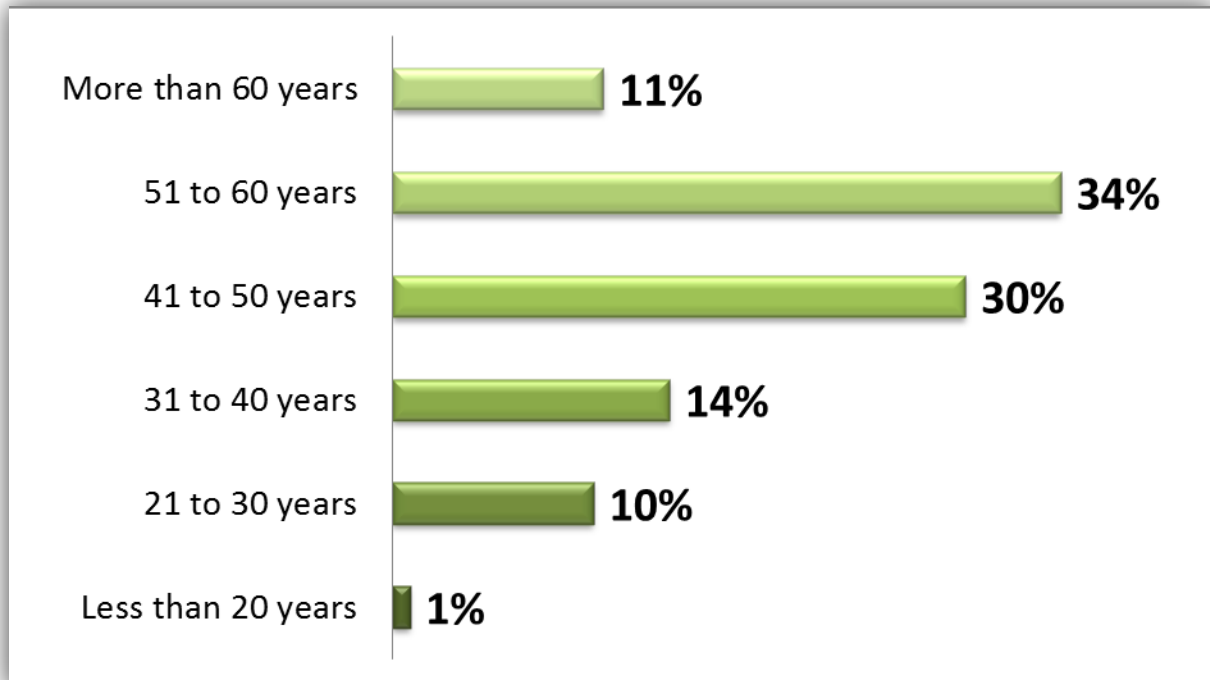
39% of respondents have been working in community care roles for 5 years or less. With each sector expanding, there will be increasingly more staff who are new to home care, community care and outreach roles. Organisations need to ensure new staff are equally as well equipped as more senior staff for their role.

Table 6: How many years of experience do you have in community care roles?

Answer Options	Response Percent	Response Count
Less than 2 years	17.5%	184
3 to 5 years	21.8%	230
6 to 10 years	22.6%	238
11 to 20 years	24.1%	254
More than 20 years	14.0%	148
<i>answered question</i>		1054
<i>skipped question</i>		5

Q8 Please select your age group

Figure 7: Please select your age group.



It is expected that approximately 10% of the workforce will be retiring in the next 5 or so years. Combined with a growing demand in the sector, attracting new staff will be a significant challenge for organisations.

Casual staff may choose not to report incidents for fear of an adverse impact on their hours of work. As approximately 20% of the workforce is casual, there may be an emerging trend where workers who are approaching retirement will be more likely to make claims for workplace injuries, including Psychological Injuries.

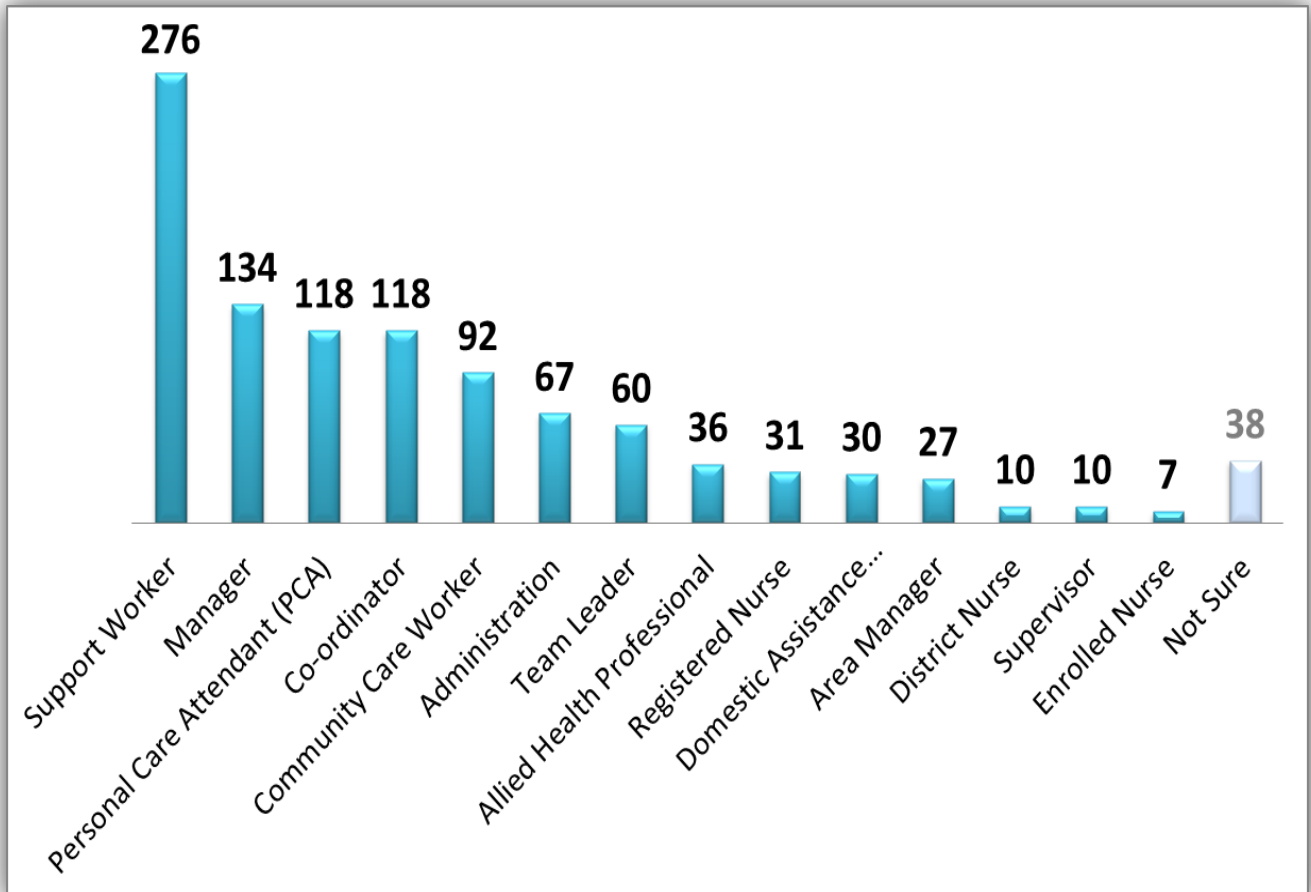
Table 7: Please select your age group.

Answer Options	Response Percent	Response Count
Less than 20 years	0.9%	9
21 to 30 years	10.3%	109
31 to 40 years	14.2%	150
41 to 50 years	29.4%	310
51 to 60 years	34.3%	362
More than 60 years	10.8%	114
<i>answered question</i>		1054
<i>skipped question</i>		5



Q9 Which of the following best describes your current job role?

Figure 8: Which of the following best describes your current job role?



Of the 1,059 respondents, 893 are direct care workers with 161 respondents being managers or area managers.

Surprisingly, the average number of actual incidents during the last 30 days involving aggression and/or violence for managers and area managers was 2.2 actual incidents. The average number of actual incidents for the direct care workers was 1.2 actual incidents.

Possible reasons for managers and area managers experiencing a higher number of incidents might be that managers are often required to resolve situations with difficult clients; managers will be involved in the management of internal conflict between staff; and managers are less likely to fear reporting which we see anecdotally from direct care workers.



Home Care, Community Care and Outreach Staff Safety Survey 2013

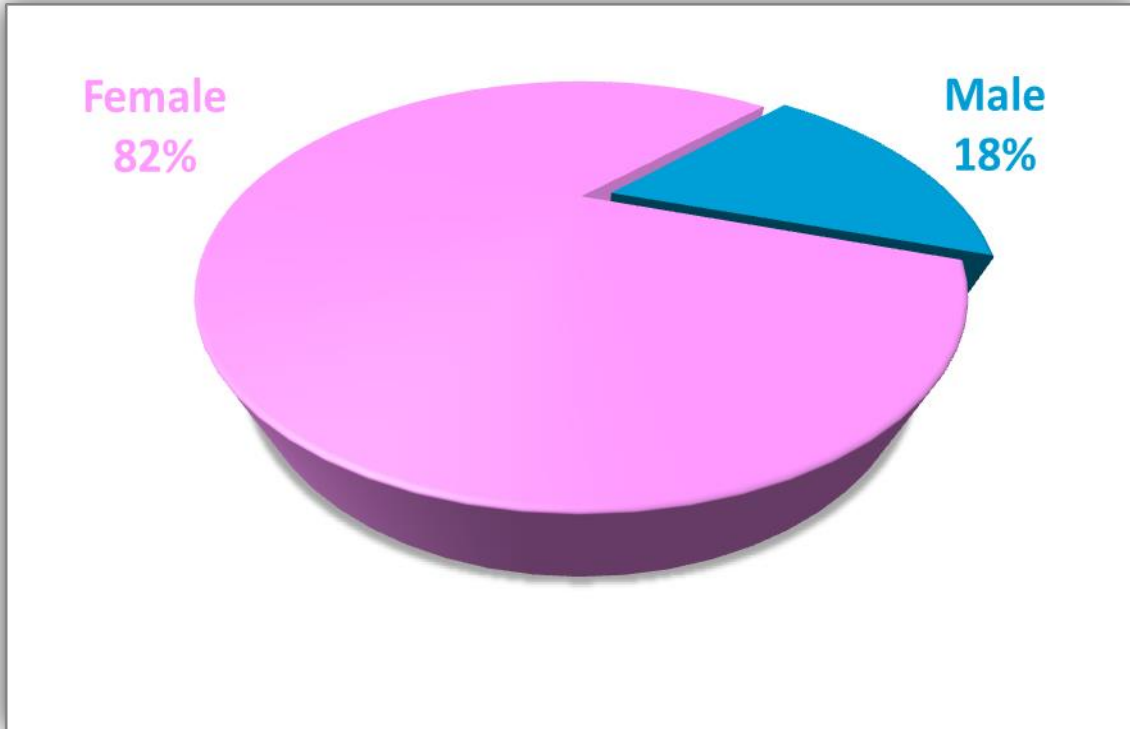
Table 8: Which of the following best describes your current job role?

Answer Options	Qty
Support Worker	276
Manager	134
Personal Care Attendant (PCA)	118
Co-ordinator	118
Community Care Worker	92
Administration	67
Team Leader	60
Allied Health Professional	36
Registered Nurse	31
Domestic Assistance (Home maintenance, gardening, cleaning)	30
Area Manager	27
District Nurse	10
Supervisor	10
Enrolled Nurse	7
Not Sure	38
Response Count	1054
<i>answered question</i>	1054
<i>skipped question</i>	5



Q10 Please select your gender

Figure 9: Please select your gender.



The gender composition of respondents while heavily skewed towards females does reflect the general composition of the workforce.

Table 9: Please select your gender.

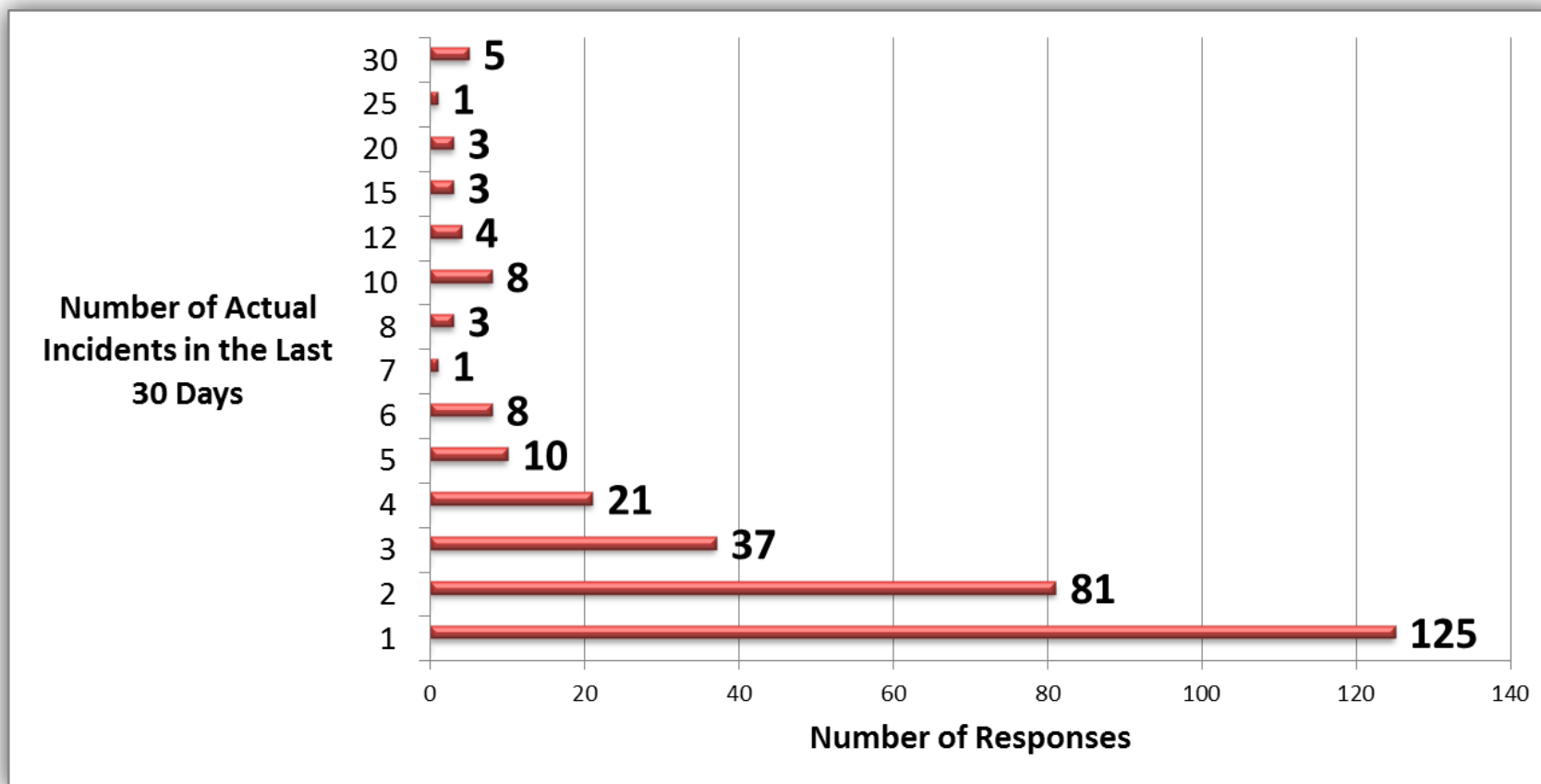
Answer Options	Response Percent	Response Count
Male	17.7%	187
Female	82.3%	867
<i>answered question</i>		1054
<i>skipped question</i>		5



Home Care, Community Care and Outreach Staff Safety Survey 2013

Q11 As close as you can remember, please list the number of actual incidents you have had during the last 30 days involving aggression and/or violence.

Figure 10: As close as you can remember, please list the number of actual incidents you have had during the last 30 days involving aggression and/or violence.





During the last 30 days, the 860 respondents to this question experienced a total of 1,019 incidents involving aggression and/or violence. For definitions, refer to *Table of Abbreviations and Definitions*.

The average number of actual incidents during the last 30 days involving aggression and/or violence for the 860 people who responded to this question was 1.2 actual incidents.

Amongst the 310 respondents who reported 1 or more actual incidents during the last 30 days involving aggression and/or violence, the average number of actual incidents was 3.3.

One possible reason why individuals who reported at least one incident had an average of 3.3 actual incidents during the last 30 days involving aggression and/or violence is the staff member may be working with individuals who are exhibiting repeat behaviour. Often individuals who behave aggressively are likely to repeatedly behave aggressively.

Organisations should encourage a culture of proactive incident reporting in order to identify trends in behaviour so that appropriate strategies are introduced to minimise the likelihood of more serious incidents in the future.

550 out of 860 responses were 0. These have not been shown on the chart above.

36% (310 out of 860) of respondents stated they had experienced 1 or more incidents during the last 30 days. 18% of respondents stated they reported 1 or more incidents during the last 30 days (*Question 19*). Therefore 50% of respondents who experienced 1 or more incidents did not report any of those incidents.

64% of respondents stated they did not experience any incidents during the last 30 days. This 64% perform similar if not the same roles for the same client groups as the 36% who did experience 1 or more incidents. 59% of incidents that were not reported were not reported because the worker assessed the incident as only minor or no one was physically injured during the incident (*Question 20*). One might hypothesise that a portion of the 64% who stated they did not experience any incidents are not classifying situations as incidents for similar reasons.



Home Care, Community Care and Outreach Staff Safety Survey 2013

Table 10: As close as you can remember, please list the number of actual incidents you have had during the last 30 days involving aggression and/or violence.

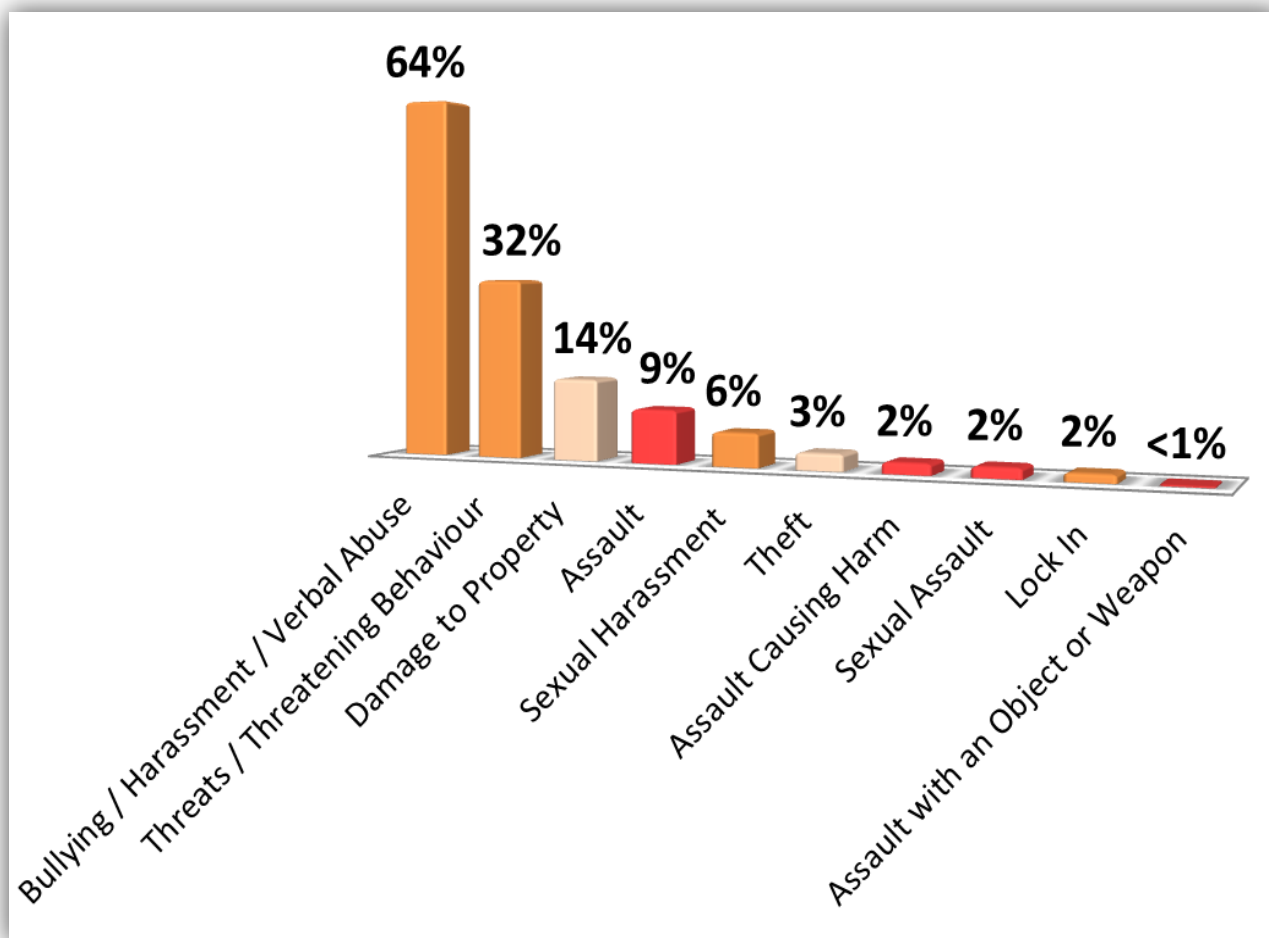
Answer Options	Qty
30	5
25	1
20	3
15	3
12	4
10	8
8	3
7	1
6	8
5	10
4	21
3	37
2	81
1	125
0	550
Response Count	860
<i>answered question</i>	860
<i>skipped question</i>	199



Q12 Of the incidents above that occurred during the last 30 days, how many times did incidents involve the following?

More than one incident type can be counted for any one incident, eg. one actual incident might have involved Verbal Abuse & Assault & Lock In. In this case, add all three to your number of incidents of this type in the last 30 days.

Figure 11: Of the incidents above that occurred during the last 30 days, how many times did incidents involve the following?



64% of all 1,019 incidents during the last 30 days involved Bullying / Harassment / Verbal Abuse.

32% of all 1,019 incidents during the last 30 days involved Threats / Threatening Behaviour.



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A minimum of 9% of all 1,019 incidents during the last 30 days involved assault (9% Assault, 2% Assault Causing Harm, 2% Sexual Assault, <1% Assault with an Object or Weapon).

Table 11 Of the incidents above that occurred during the last 30 days, how many times did incidents involve the following?

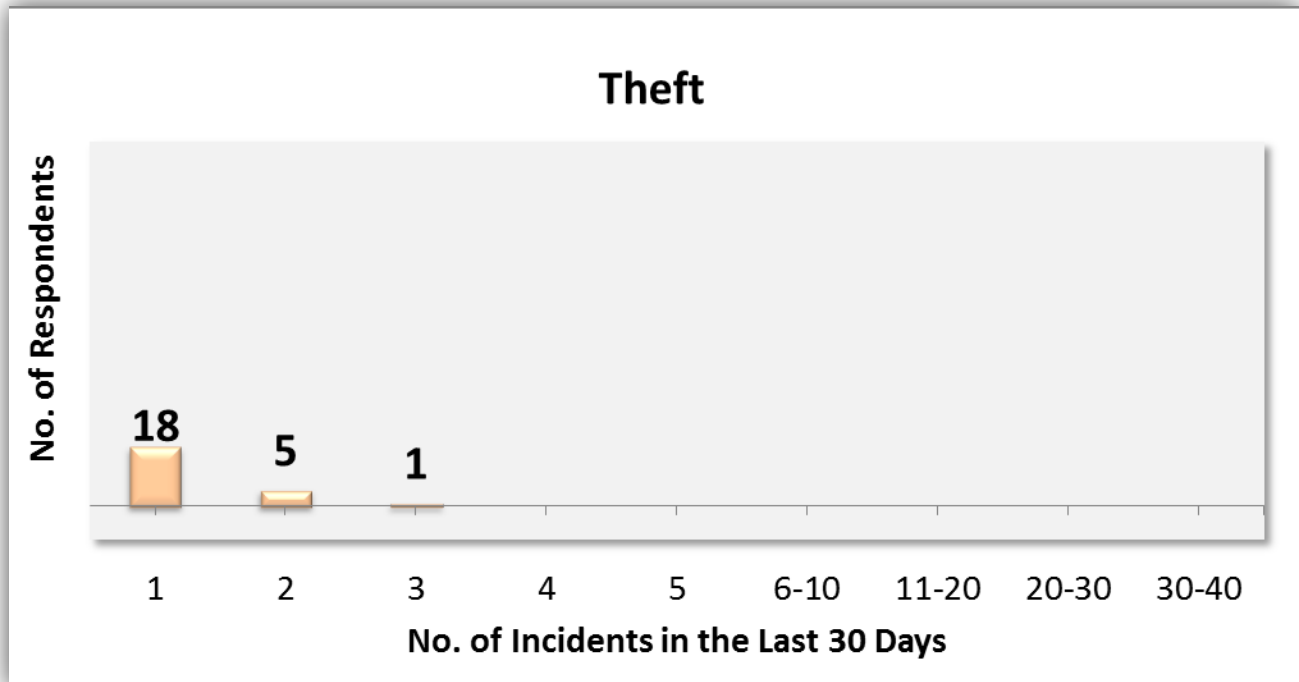
Answer Options	Response Percent
Bullying / Harassment / Verbal Abuse	64.2%
Threats / Threatening Behaviour	31.6%
Damage to Property	14.3%
Assault	9.4%
Sexual Harassment	6.0%
Theft	3.0%
Assault Causing Harm	2.1%
Sexual Assault	2.0%
Lock In	1.6%
Assault with an Object or Weapon	0.3%



THEFT

DEFINITION: Theft - Theft of personal or work property.

Figure 12: Theft



3% (31 incidents) of all 1,019 incidents during the last 30 days involved Theft.

4% (24 people) of the 657 respondents to this question experienced one or more incidents involving Theft during the last 30 days.

These 24 people reported a combined total of 31 incidents of Theft during the last 30 days.

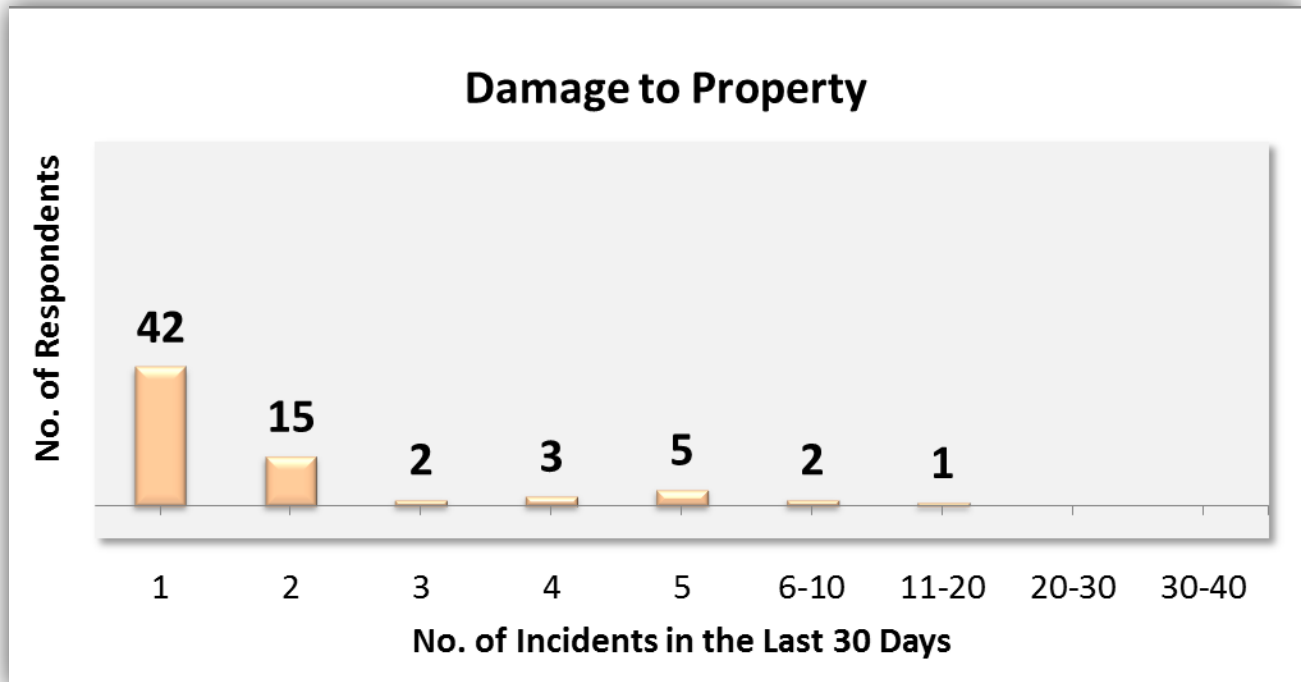
Amongst the 24 respondents who reported 1 or more actual incidents of Theft during the last 30 days, the average number of actual incidents was 1.3.

633 of 657 responses were 0. These have not been shown on the chart above.

DAMAGE TO PROPERTY

DEFINITION: Damage to Property - Damage to personal or work property.

Figure 13: Damage to Property



14% (146* incidents) of all 1,019 incidents during the last 30 days involved Damage to Property.

11% (70 people) of the 617 respondents to this question experienced one or more incidents involving Damage to Property during the last 30 days.

These 70 people reported a combined total of 146* incidents of Damage to Property during the last 30 days.

Amongst the 70 respondents who reported 1 or more actual incidents of Damage to Property during the last 30 days, the average number of actual incidents was 2.1.

547 of 617 responses were 0. These have not been shown on the chart above.

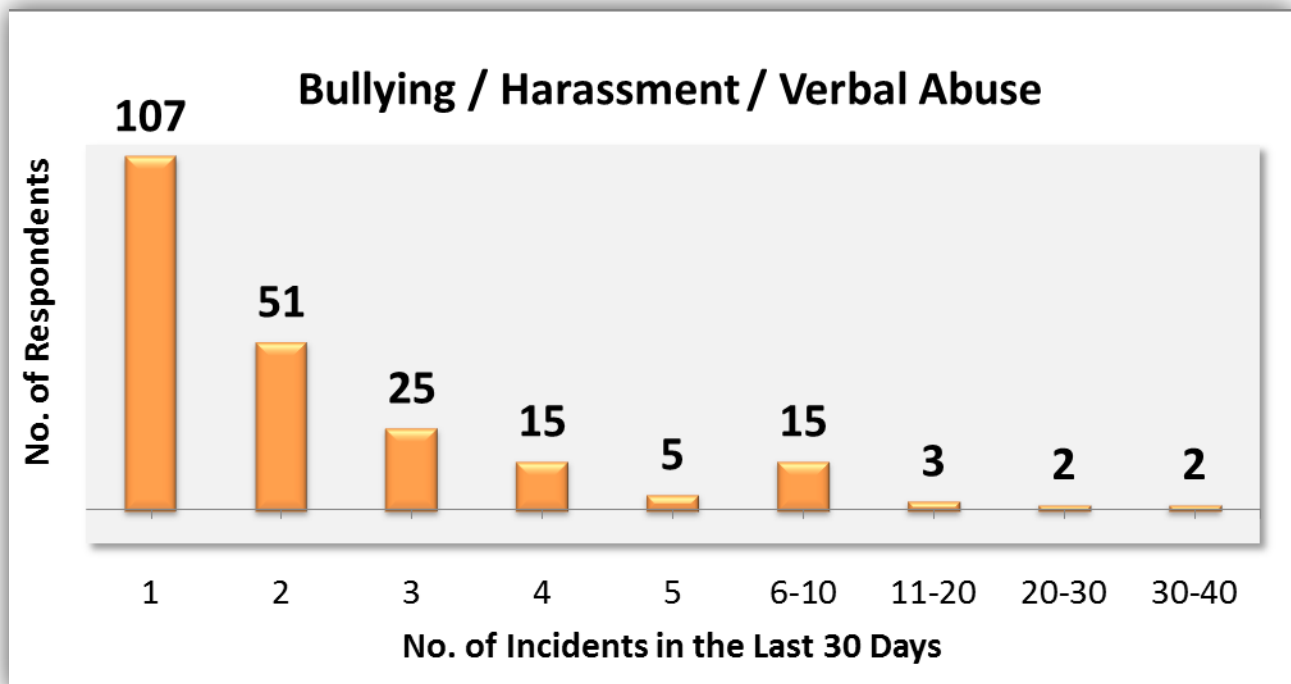
**Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10 incidents.*



BULLYING / HARASSMENT / VERBAL ABUSE

DEFINITION: Bullying / Harassment / Verbal Abuse - Covers behaviours ranging from subtle intimidation to abusing a person loudly, ridicule, leaving offensive messages, derogatory language, humiliating a person through gestures, sarcasm, criticism and insults.

Figure 14: Bullying / Harassment / Verbal Abuse



64% (654* incidents) of all 1,019 incidents during the last 30 days involved Bullying / Harassment / Verbal Abuse.

31% (225 people) of the 720 respondents to this question experienced one or more incidents involving Bullying / Harassment / Verbal Abuse during the last 30 days.

These 225 people reported a combined total of 654* incidents of Bullying / Harassment / Verbal Abuse during the last 30 days.

Amongst the 225 respondents who reported 1 or more actual incidents of Bullying / Harassment / Verbal Abuse during the last 30 days, the average number of actual incidents was 2.9.

495 of 720 responses were 0. These have not been shown on the chart above.

* Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10 incidents.

SEXUAL HARASSMENT

DEFINITION: Sexual Harassment - Harassment of a sexual nature, eg. staring, unwanted sexual advances, obscene remarks, sexually explicit messages, deliberate brushing up against you, indecent exposure.

Figure 15: Sexual Harassment



6% (61* incidents) of all 1,019 incidents during the last 30 days involved Sexual Harassment.

5% (28 people) of the 589 respondents to this question experienced one or more incidents involving Sexual Harassment during the last 30 days.

These 28 people reported a combined total of 61* incidents of Sexual Harassment during the last 30 days.

Amongst the 28 respondents who reported 1 or more actual incidents of Sexual Harassment during the last 30 days, the average number of actual incidents was 2.2.

561 of 589 responses were 0. These have not been shown on the chart above.

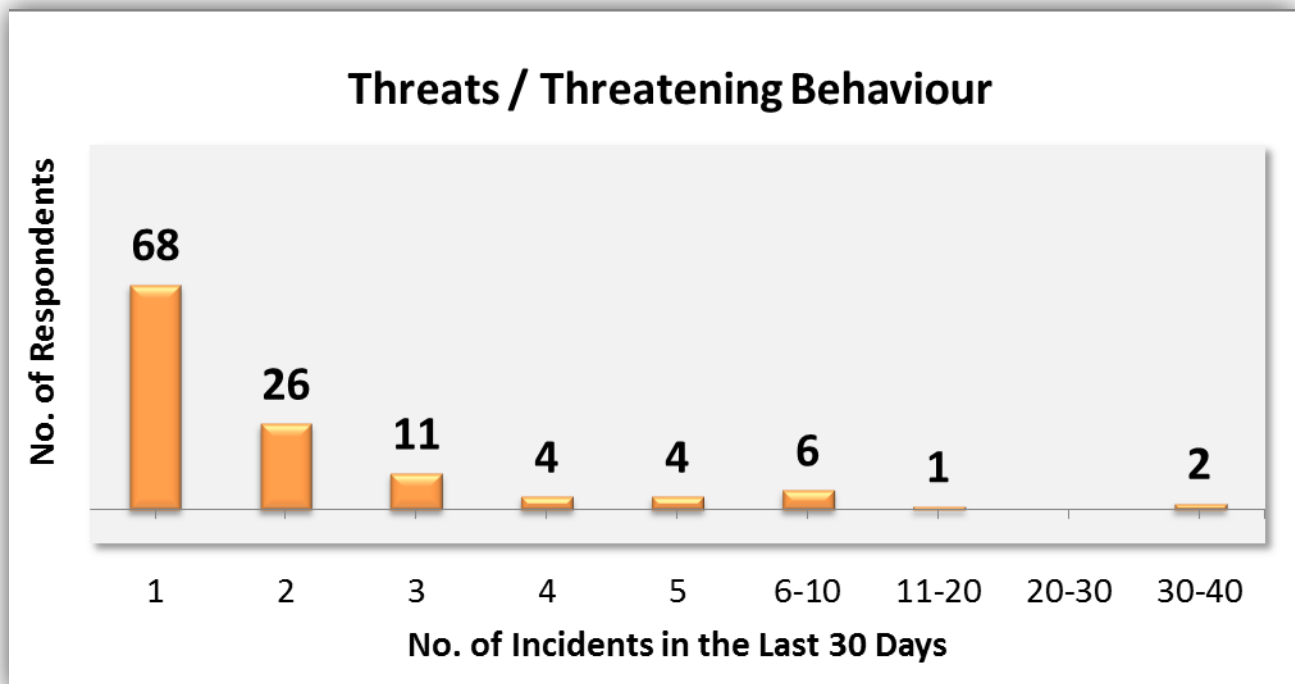
**Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10 incidents.*



THREATS / THREATENING BEHAVIOUR

DEFINITION: Threats / Threatening Behaviour - A verbal or implied threat to cause harm to yourself or others.

Figure 16: Threats / Threatening Behaviour



32% (322* incidents) of all 1,019 incidents during the last 30 days involved Threats / Threatening Behaviour.

19% (122 people) of the 647 respondents to this question experienced one or more incidents involving Threats / Threatening Behaviour during the last 30 days.

These 122 people reported a combined total of 322* incidents of Threats / Threatening Behaviour during the last 30 days.

Amongst the 122 respondents who reported 1 or more actual incidents of Threats / Threatening Behaviour during the last 30 days, the average number of actual incidents was 2.6.

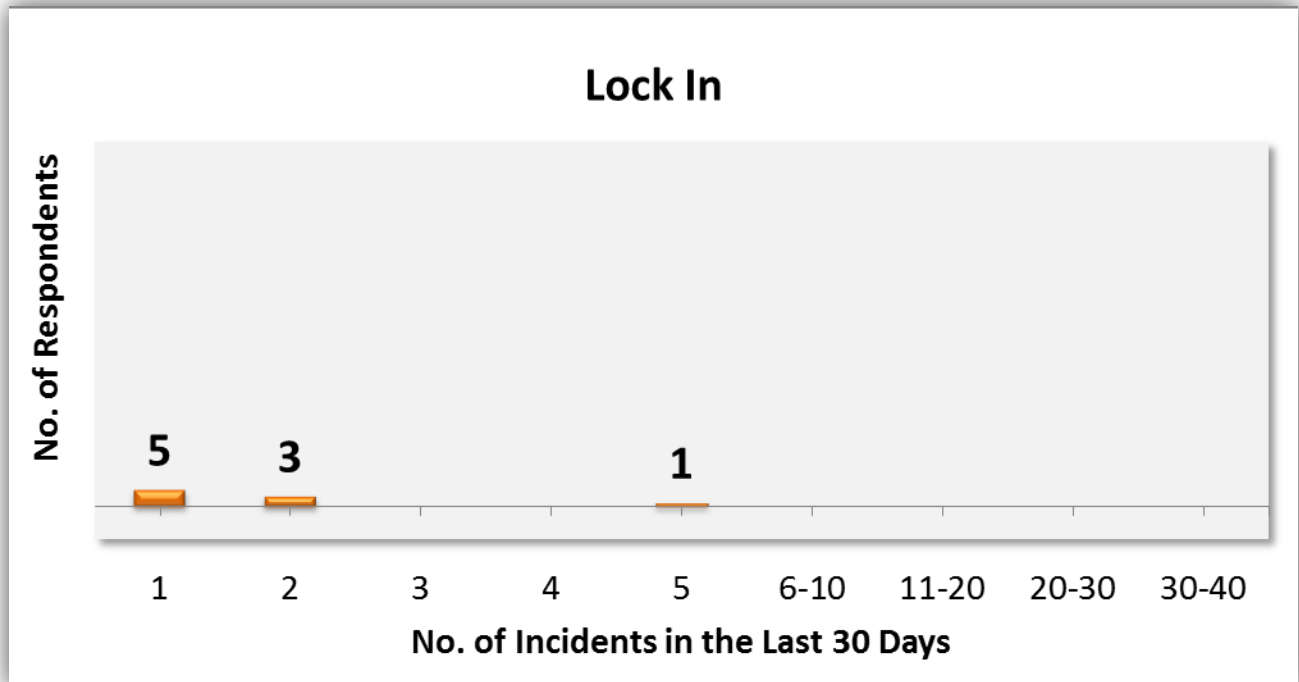
525 of 647 responses were 0. These have not been shown on the chart above.

**Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10 incidents.*

LOCK IN

DEFINITION: Lock In - Doors are locked preventing you from leaving the premises.

Figure 17: Lock In



2% (16 incidents) of all 1,019 incidents during the last 30 days involved Lock In.

2% (9 people) of the 584 respondents to this question experienced one or more incidents involving Lock In during the last 30 days.

These 9 people reported a combined total of 16 incidents of Lock In during the last 30 days.

Amongst the 9 respondents who reported 1 or more actual incidents of Lock In during the last 30 days, the average number of actual incidents was 1.8.

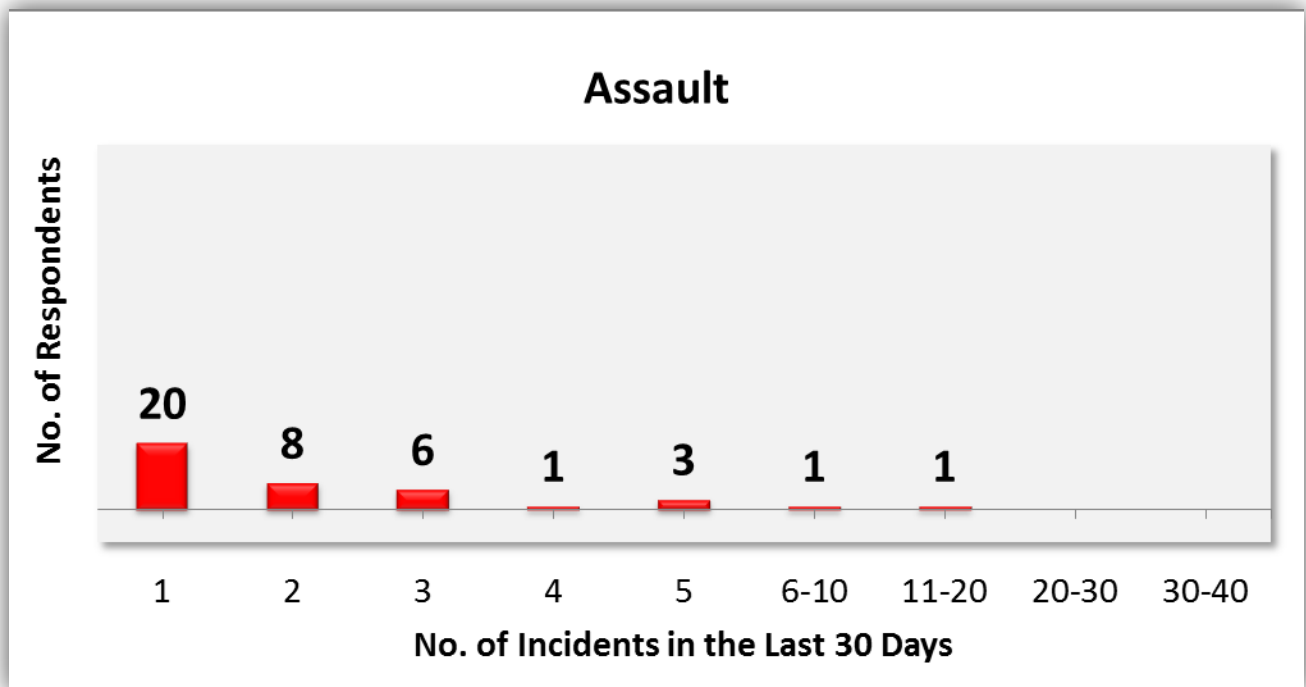
575 of 584 responses were 0. These have not been shown on the chart above.



ASSAULT

DEFINITION: Assault - Unwanted physical contact where no physical injury was sustained, eg. grabbed on the arm.

Figure 18: Assault



9% (96* incidents) of all 1,019 incidents during the last 30 days involved Assault.

7% (40 people) of the 600 respondents to this question experienced one or more incidents involving Assault during the last 30 days.

These 40 people reported a combined total of 96* incidents of Assault during the last 30 days.

Amongst the 40 respondents who reported 1 or more actual incidents of Assault during the last 30 days, the average number of actual incidents was 2.4.

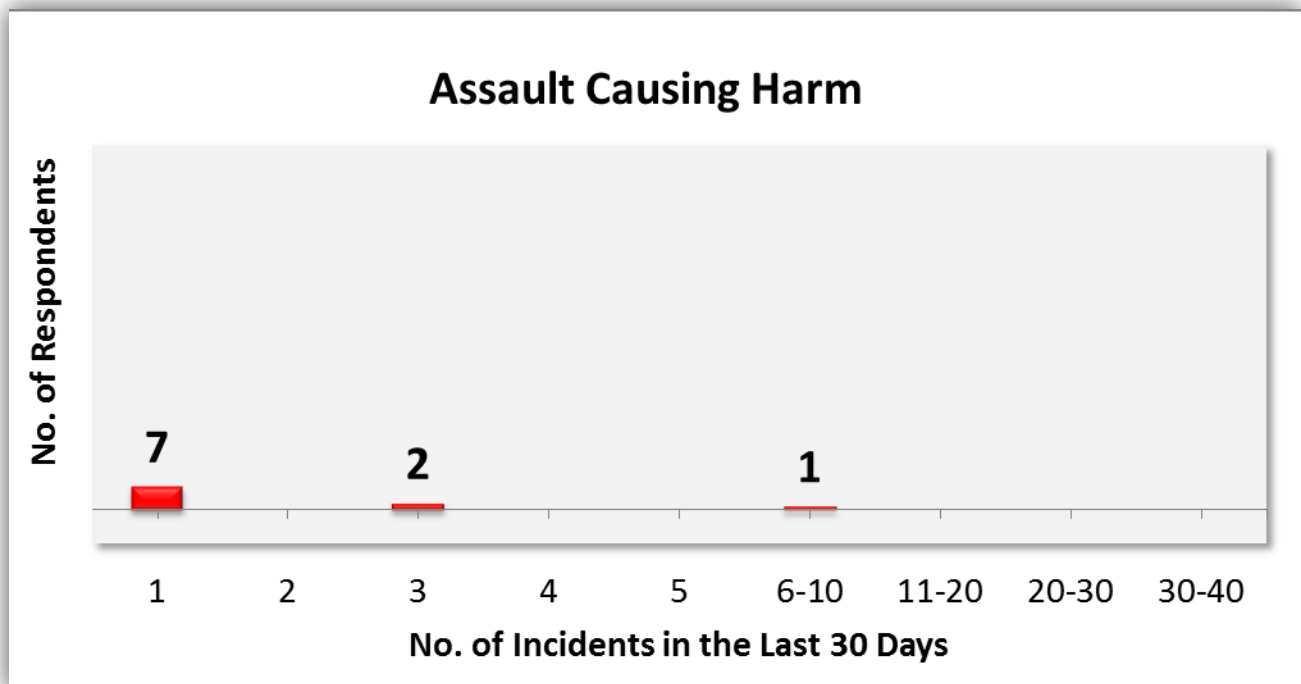
560 of 600 responses were 0. These have not been shown on the chart above.

**Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10 incidents.*

ASSAULT CAUSING HARM

DEFINITION: Assault Causing Harm - Unwanted physical contact resulting in a physical injury, eg. bruising from a punch in the face.

Figure 19: Assault Causing Harm



2% (21* incidents) of all 1,019 incidents during the last 30 days involved Assault Causing Harm.

2% (10 people) of the 581 respondents to this question experienced one or more incidents involving Assault Causing Harm during the last 30 days.

These 10 people reported a combined total of 21* incidents of Assault Causing Harm during the last 30 days.

Amongst the 10 respondents who reported 1 or more actual incidents of Assault Causing Harm during the last 30 days, the average number of actual incidents was 2.1.

571 of 581 responses were 0. These have not been shown on the chart above.

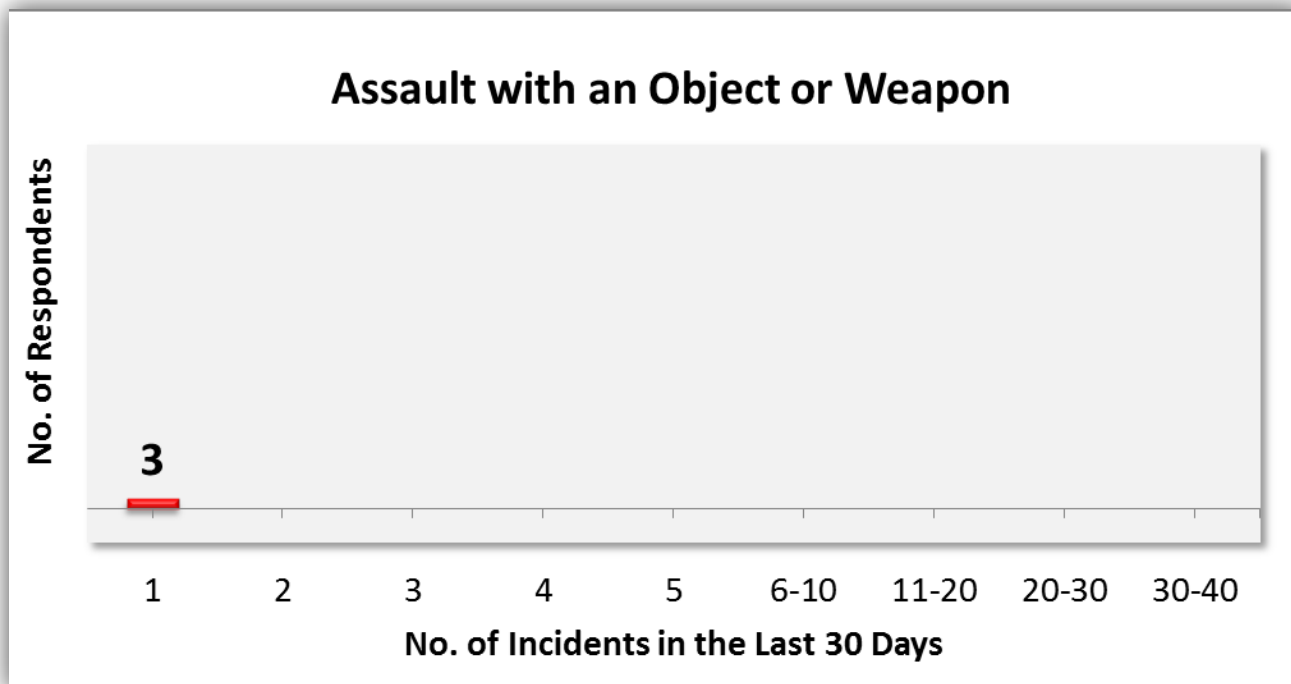
**Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10 incidents.*



ASSAULT WITH AN OBJECT OR WEAPON

DEFINITION: Assault With An Object Or Weapon - Unwanted physical contact by a person using an object or weapon (eg. a broom, book, knife, or shovel) regardless whether the assault resulted in a physical injury or not.

Figure 20: Assault with an Object or Weapon



0.3% (3 incidents) of all 1,019 incidents during the last 30 days involved Assault with an Object or Weapon.

0.5% (3 people) of the 575 respondents to this question experienced one or more incidents involving Assault with an Object or Weapon during the last 30 days.

These 3 people reported a combined total of 3 incidents of Assault with an Object or Weapon during the last 30 days.

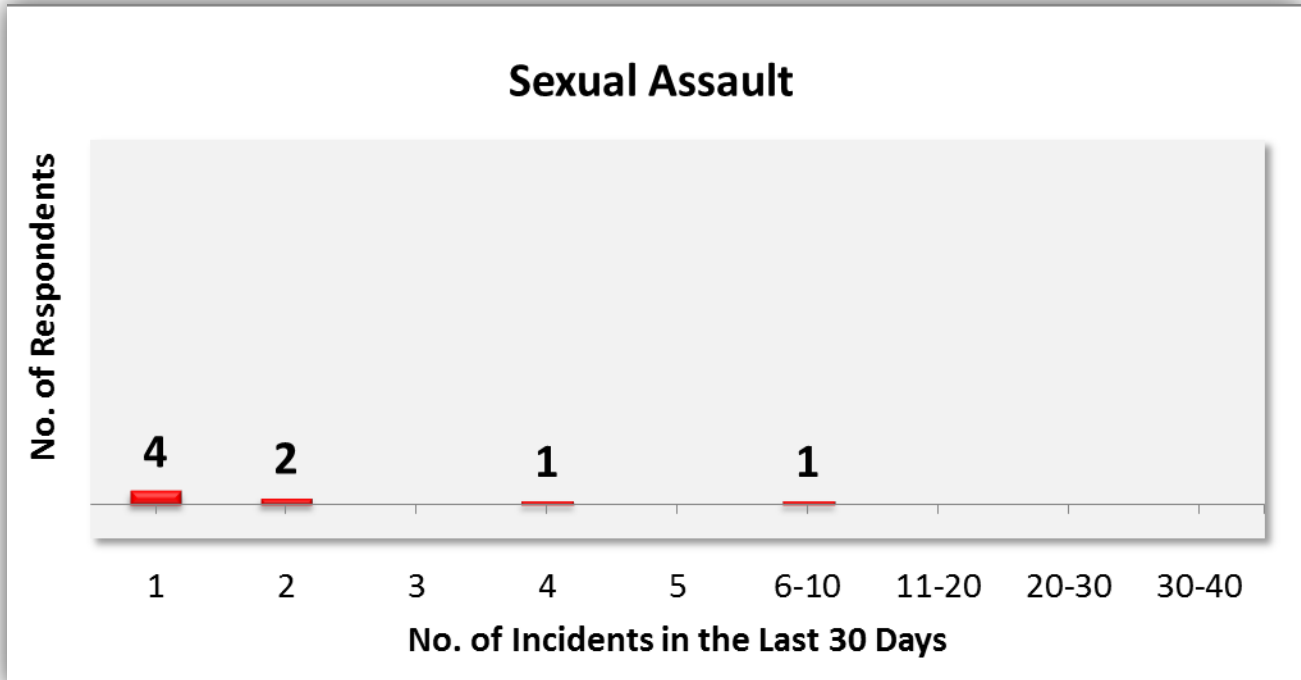
Amongst the 3 respondents who reported 1 or more actual incidents of Assault with an Object or Weapon during the last 30 days, the average number of actual incidents was 1.0.

572 of 575 responses were 0. These have not been shown on the chart above.

SEXUAL ASSAULT

DEFINITION: Sexual Assault - Unwanted physical contact of a sexual nature.

Figure 21: Sexual Assault



2% (20* incidents) of all 1,019 incidents during the last 30 days involved Sexual Assault.

1.4% (8 people) of the 573 respondents to this question experienced one or more incidents involving Sexual Assault during the last 30 days.

These 8 people reported a combined total of 20* incidents of Sexual Assault during the last 30 days.

Amongst the 8 respondents who reported 1 or more actual incidents of Sexual Assault during the last 30 days, the average number of actual incidents was 2.5.

565 of 573 responses were 0. These have not been shown on the chart above.

**Is an approximate combined total number of incidents as some respondents provided a range of incidents eg. 6-10.*

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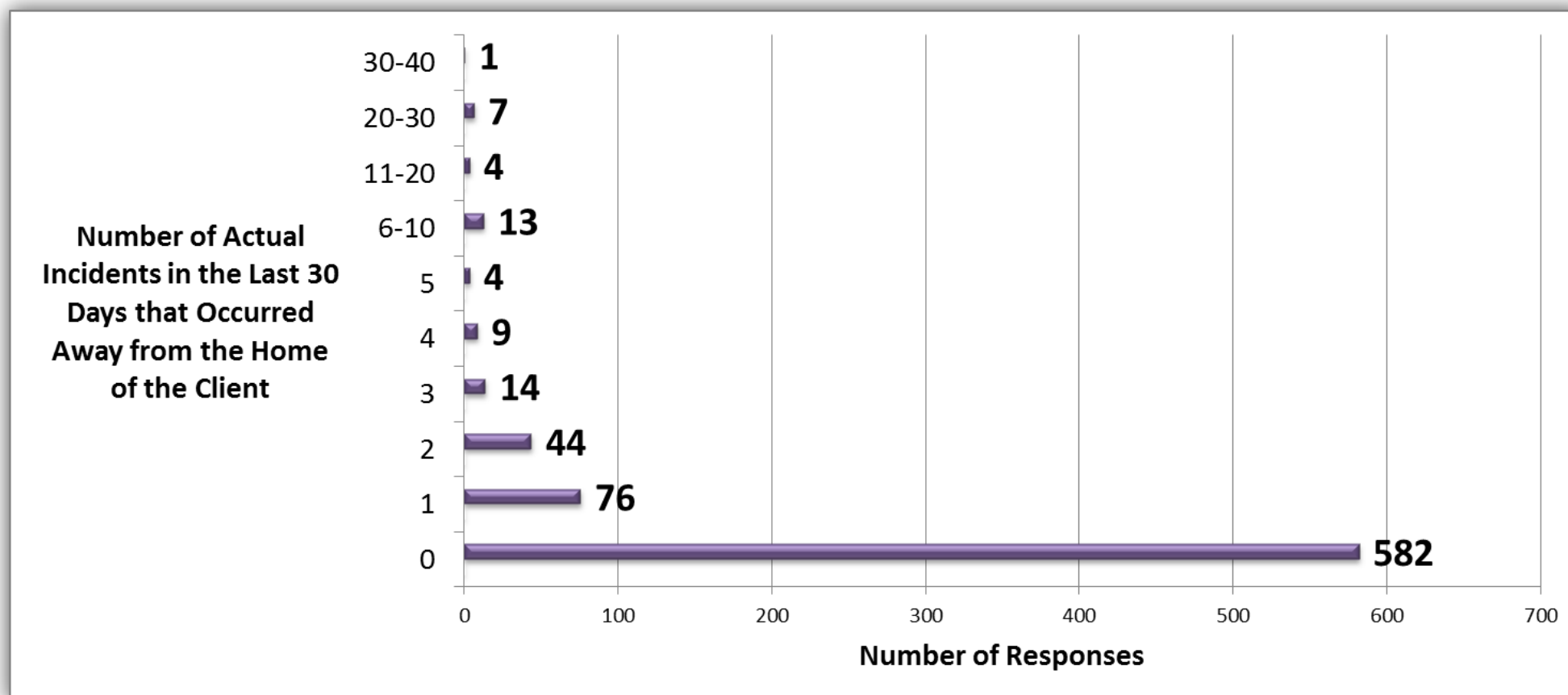
Table 12: Of the incidents above that occurred during the last 30 days, how many times did incidents involve the following?

Answer Options	0	1	2	3	4	5	6-10	11-20	20-30	30-40	40+	Response Count
Theft	633	18	5	1								657
Damage to Property	547	42	15	2	3	5	2	1				617
Bullying / Harassment / Verbal Abuse	495	107	51	25	15	5	15	3	2	2		720
Sexual Harassment	561	15	7	2		2	2					589
Threats / Threatening Behaviour	525	68	26	11	4	4	6	1		2		647
Lock In	575	5	3			1						584
Assault	560	20	8	6	1	3	1	1				600
Assault Causing Harm	571	7		2			1					581
Assault with an Object or Weapon	572	3										575
Sexual Assault	565	4	2			1	1					573
											<i>answered question</i>	860
											<i>skipped question</i>	199

Q13 Of the incidents in Question 11 above that occurred during the last 30 days, how many incidents occurred **AWAY** from the home of the client?

Eg. When transporting a client to an appointment, or during a day trip.

Figure 22: Of the incidents in Question 11 above that occurred during the last 30 days, how many incidents occurred **AWAY** from the home of the client?





77% (582 out of 754) of staff did not experience an incident away from the home of the client.

23% (172 out of 754) of respondents to this question each reported they experienced between 1 and 40 incidents away from the home of the client during the last 30 days.

While organisations and staff certainly need to take measures to protect themselves when outside the clients' home, staff need to have strategies to manage their risk when in the home of the client.

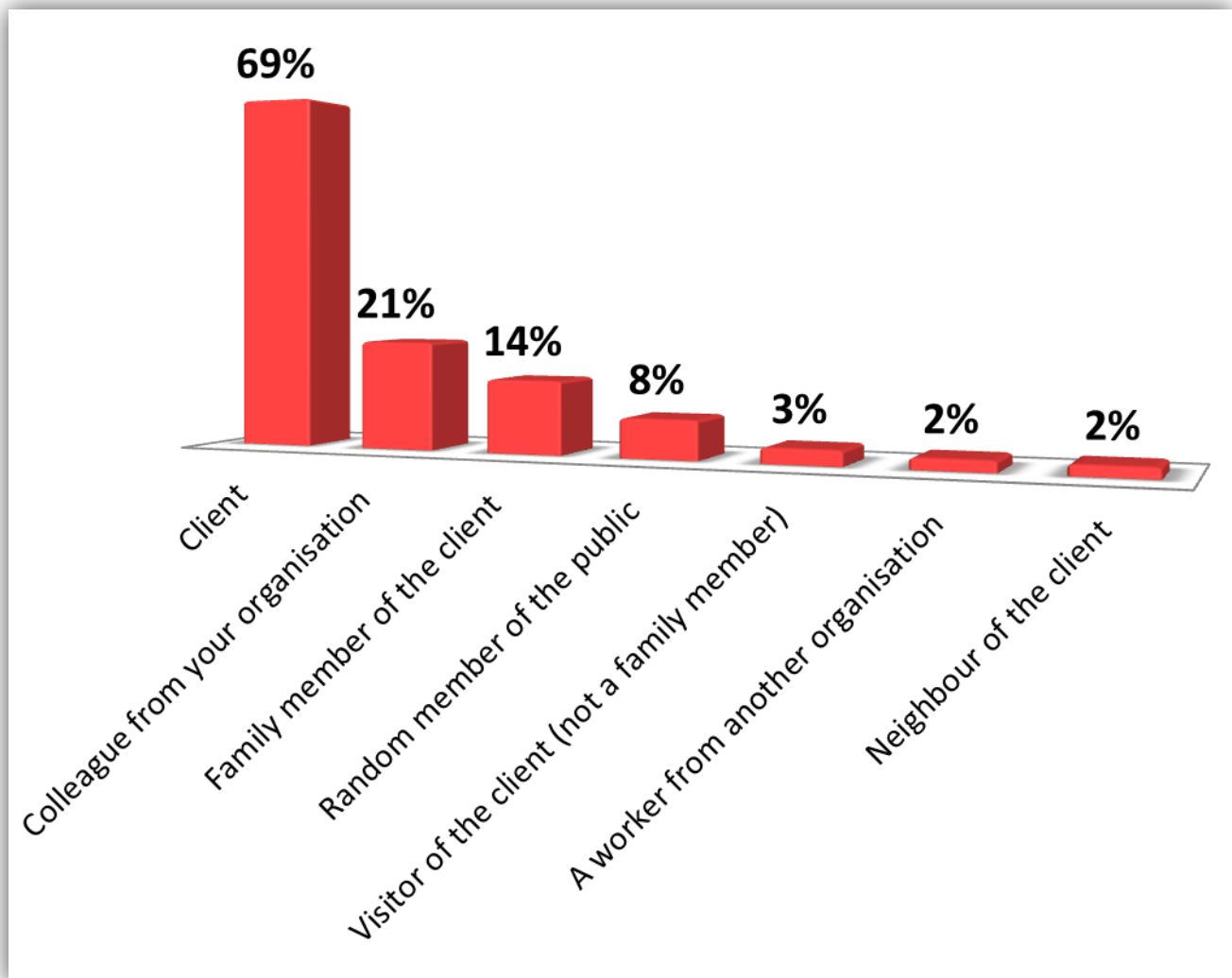
Table 13: Of the incidents in Question 11 above that occurred during the last 30 days, how many incidents occurred AWAY from the home of the client?

Answer Options	Response Percent	Response Count
0	77.2%	582
1	10.1%	76
2	5.8%	44
3	1.9%	14
4	1.2%	9
5	0.5%	4
6-10	1.7%	13
11-20	0.5%	4
20-30	0.9%	7
30-40	0.1%	1
40+	0.0%	0
<i>answered question</i>		754
<i>skipped question</i>		305

Q14 Of the incidents in Question 11 above that occurred during the last 30 days, how many times were these people the source of the aggression or violence?

More than one person can be counted for any one incident.

Figure 23: Of the incidents in Question 11 above that occurred during the last 30 days, how many times were these people the source of the aggression or violence?



69% of all 1,019 incidents during the last 30 days involved the client being the source of the aggression or violence, or being one of the sources of aggression or violence.

21% of all 1,019 incidents during the last 30 days involved a colleague from the worker's own organisation being the source of the aggression or violence, or being one of the sources of aggression or violence.



14% of all 1,019 incidents during the last 30 days involved a family member of the client being the source of the aggression or violence, or being one of the sources of aggression or violence.

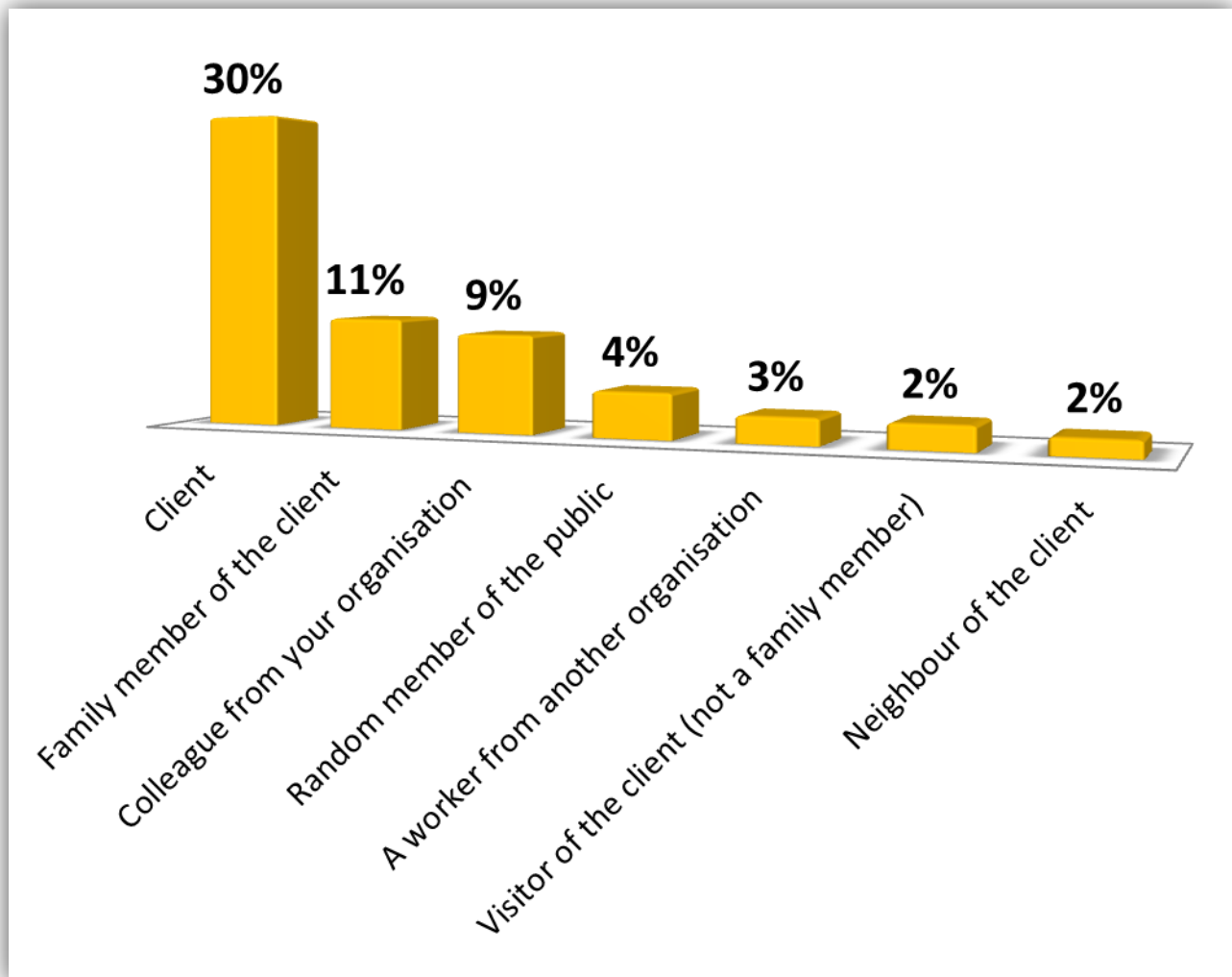
Table 14: Of the incidents in Question 11 above that occurred during the last 30 days, how many times were these people the source of the aggression or violence?

Answer Options	Response Percent
Client	69.4%
Colleague from your organisation	21.0%
Family member of the client	14.1%
Random member of the public	7.6%
Visitor of the client (not a family member)	3.0%
A worker from another organisation	2.3%
Neighbour of the client	2.2%

Of the incidents that occurred during the last 30 days, how many staff experienced aggression or violence from the following sources?

More than one person can be counted for any one incident.

Figure 24: How many staff experienced aggression or violence from the following sources?



30% of all 860 respondents to this question experienced one or more incidents during the last 30 days where the client was the source of the aggression or violence.

11% of all 860 respondents to this question experienced one or more incidents during the last 30 days where a family member of the client was the source of the aggression or violence.



9% of all 860 respondents to this question experienced one or more incidents during the last 30 days where a colleague from the worker’s own organisation was the source of the aggression or violence.

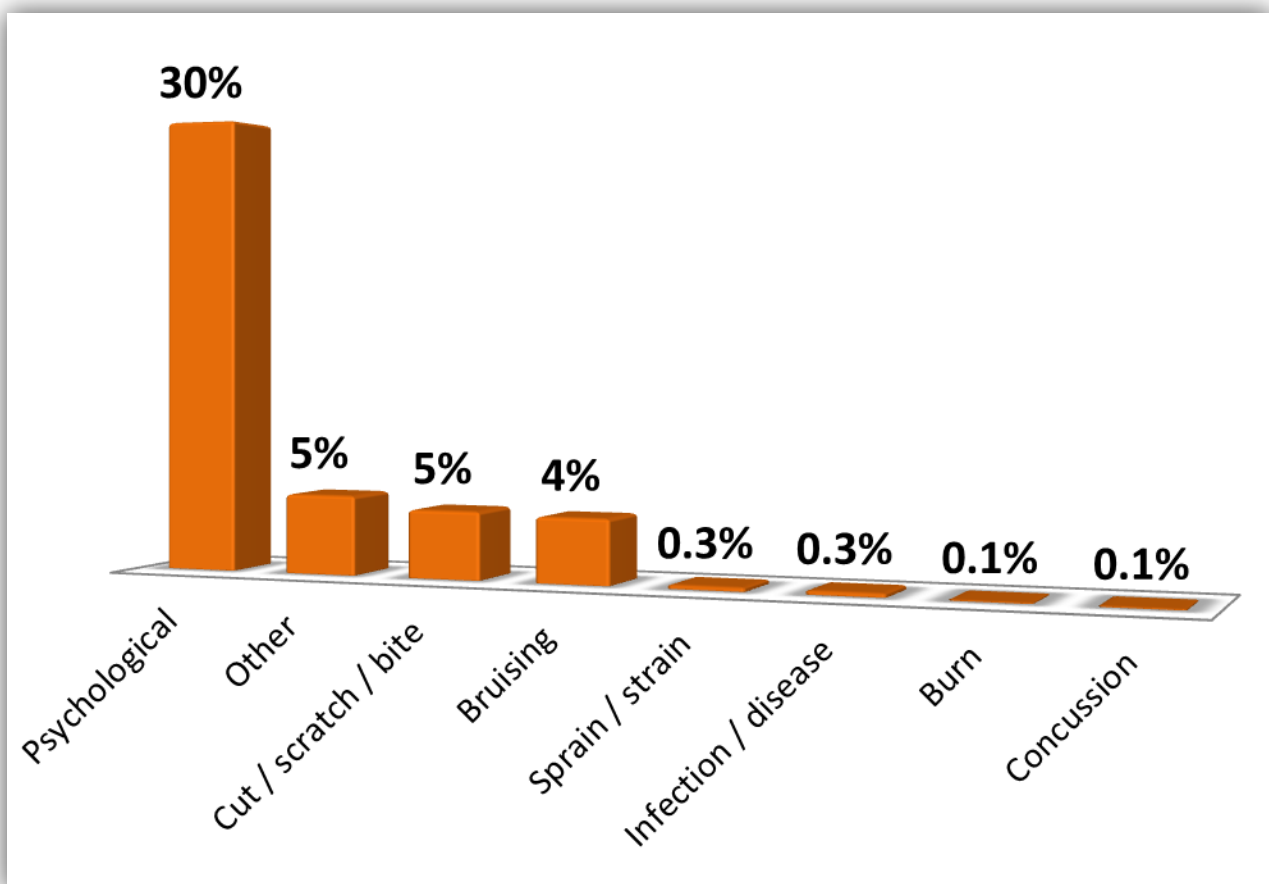
Table 15: How many staff experienced aggression or violence from the following sources?

Answer Options	Response Percent
Client	30.5%
Family member of the client	10.6%
Colleague from your organisation	9.3%
Random member of the public	4.3%
A worker from another organisation	2.5%
Visitor of the client (not a family member)	2.4%
Neighbour of the client	1.7%

Q15 How many times during the last 30 days did you receive the below injuries as a result of incidents involving aggression and/or violence?

More than one type of injury can be counted for any one incident.

Figure 25: How many times during the last 30 days did you receive the below injuries as a result of incidents involving aggression and/or violence?



For the 640 respondents who responded to this question:

30% of the incidents involving aggression and/or violence during the last 30 days resulted in the worker suffering a Psychological Injury.

9% of the incidents involving aggression and/or violence during the last 30 days resulted in the worker suffering a Cut, Scratch, Bite or Bruising.



0.3% (3 incidents) of all incidents resulted in the worker suffering an infection/disease.

0.3% (3 incidents) of all incidents resulted in the worker suffering a Sprain / Strain.

0.1% (1 incident) of all incidents resulted in the worker suffering a Concussion.

0.1% (1 incident) of all incidents resulted in the worker suffering a Burn.

There were no incidents involving aggression and/or violence during the last 30 days resulting in a Fracture / Dislocation, Internal Injury, Amputation or Poisoning / Toxic Effects of Substances.

The impact of Psychological Injuries is inadequately addressed at this juncture.

Anecdotally, some respondents have left organisations because of the psychological strain they were under and the lack of support they could access. Staff who are stressed are less likely to provide high quality support for their clients; are less likely to think clearly in stressful situations; are likely to transfer that stress to the people they are supporting; will miss the early warning signs of escalation of aggression; and in general will make poorer decisions about their safety.

Understanding and discussion of Psychological Injuries is increasing amongst the Australian community. Staff are becoming more aware of the support and compensation available. In many instances, multiple incidents will contribute to a Psychological Injury however the cost of any claim will fall on the current employer. Organisations should have processes in place to support staff as early in the injury as possible to optimise the wellbeing of staff and the organisation.

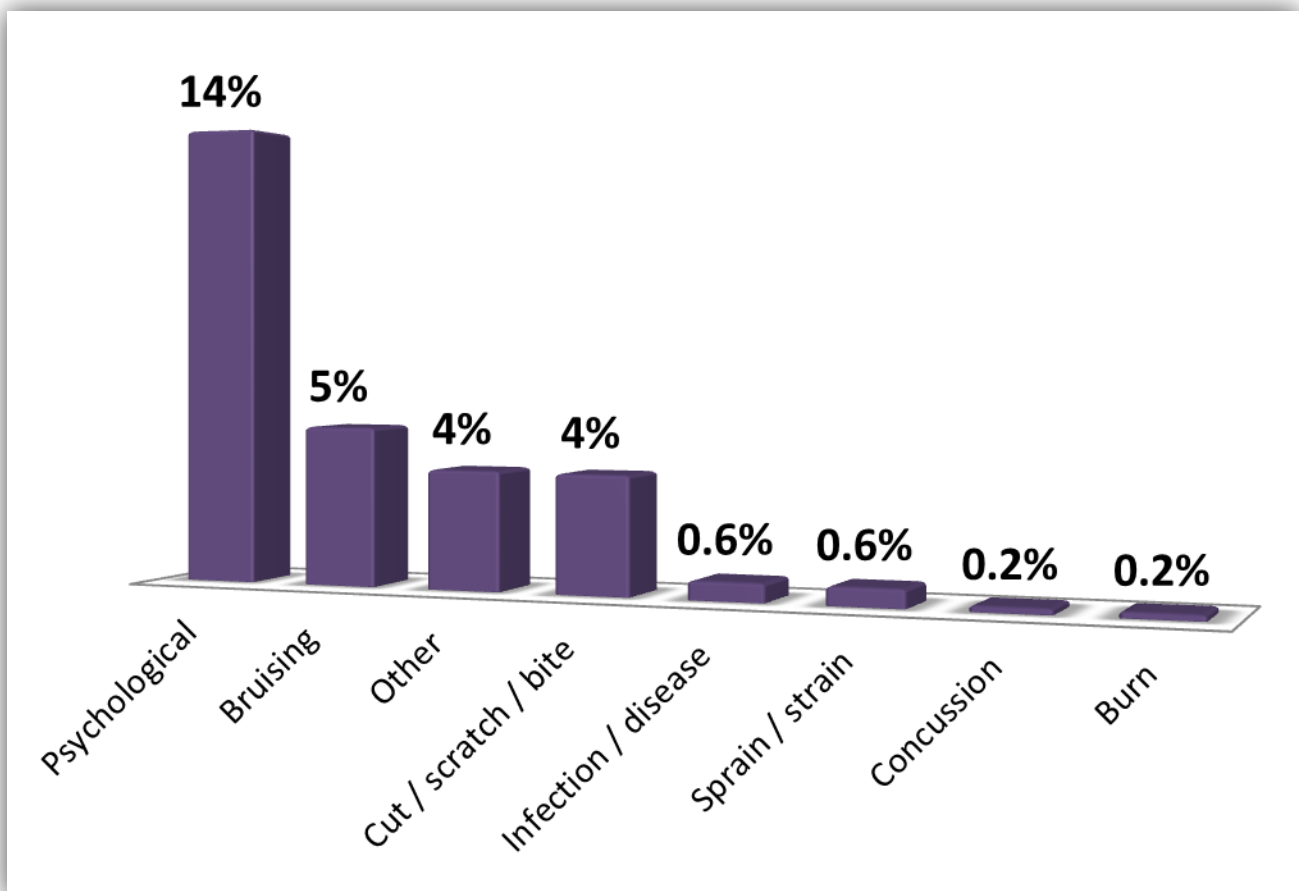
Table 16: How many times during the last 30 days did you receive the below injuries as a result of incidents involving aggression and/or violence?

Answer Options	Response Percent
Psychological	30.4%
Other	5.3%
Cut / scratch / bite	4.5%
Bruising	4.3%
Sprain / strain	0.3%
Infection / disease	0.3%
Burn	0.1%
Concussion	0.1%

How many staff received the below injuries during the last 30 days as a result of incidents involving aggression and/or violence?

More than one type of injury can be counted for any one incident.

Figure 26: How many staff received the below injuries during the last 30 days as a result of incidents involving aggression and/or violence?



For the 640 respondents who responded to this question:

14% (80 respondents) of all respondents to this question suffered a Psychological Injury from one or more incidents involving aggression or violence during the last 30 days.

8% (46 respondents) of all respondents to this question suffered a Cut, Scratch, Bite or Bruising from one or more incidents involving aggression or violence during the last 30 days.



No respondents reported suffering a Fracture /Dislocation, Internal Injury, Amputation or Poisoning / Toxic Effects of Substances as a result of an incident involving aggression and/or violence during the last 30 days.

Table 17: How many staff received the below injuries during the last 30 days as a result of incidents involving aggression and/or violence?

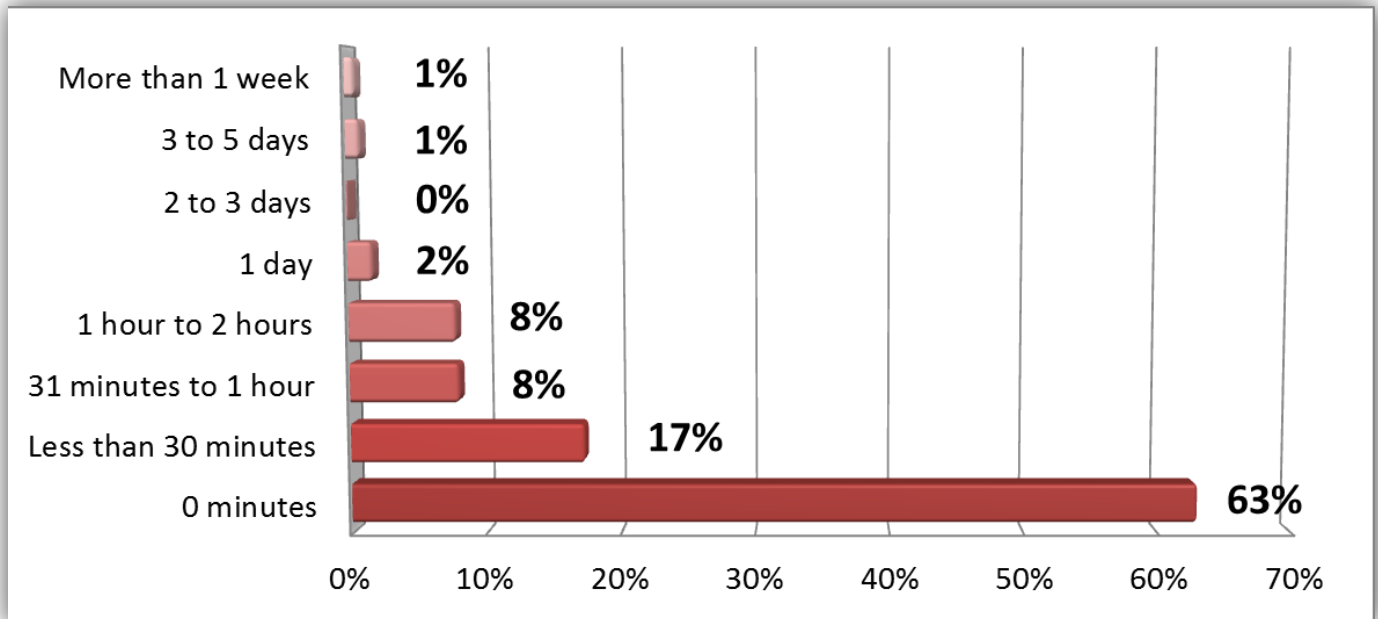
Answer Options	Response Percent
Psychological	14.0%
Bruising	4.8%
Other	3.6%
Cut / scratch / bite	3.6%
Infection / disease	0.6%
Sprain / strain	0.6%
Concussion	0.2%
Burn	0.2%



Q16 What was the AVERAGE amount of time lost managing EACH INCIDENT in Question 11?

Eg. First aid, incident reports, post incident procedures. Do not include time off work.

Figure 27: What was the AVERAGE amount of time lost managing EACH INCIDENT in Question 11?



4%, or 1 in 25 incidents, have resulted in 1 or more days of lost time managing those incidents.

For 1% of respondents, the average amount of time lost managing each incident, not including time off work, was more than 1 week.

Table 18: What was the AVERAGE amount of time lost managing EACH INCIDENT in Question 11?

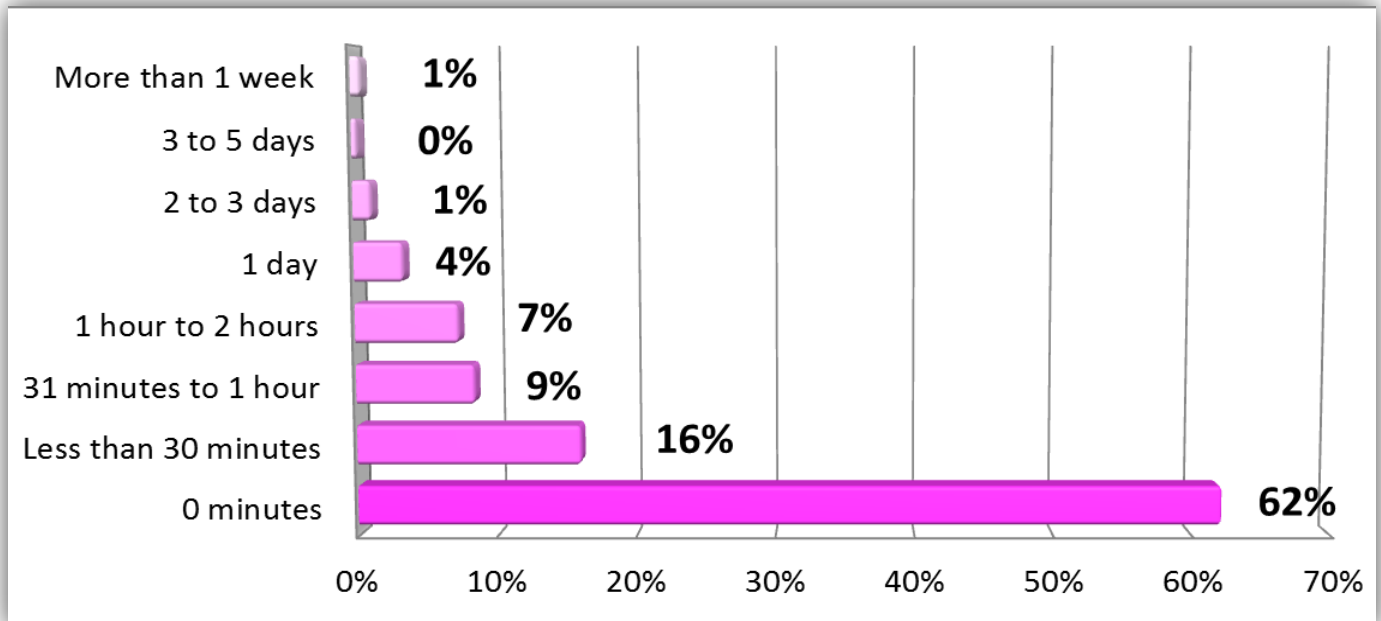
Answer Options	Response Percent	Response Count
0 minutes	63.0%	456
Less than 30 minutes	17.4%	126
31 minutes to 1 hour	8.1%	59
1 hour to 2 hours	7.9%	57
1 day	1.8%	13
2 to 3 days	0.1%	1
3 to 5 days	1.0%	7
More than 1 week	0.7%	5
<i>answered question</i>		724
<i>skipped question</i>		335



Q17 What was the MOST amount of time lost managing ONE INCIDENT in Question 11?

Eg. First aid, incident reports, post incident procedures. Do not include time off work.

Figure 28: What was the MOST amount of time lost managing ONE INCIDENT in Question 11?



For 6% of respondents, the most amount of time lost managing one incident, not including time off work, was 1 or more days.

For 1% of respondents, the most amount of time lost managing one incident, not including time off work, was more than 1 week.

Table 19: What was the MOST amount of time lost managing ONE INCIDENT in Question 11?

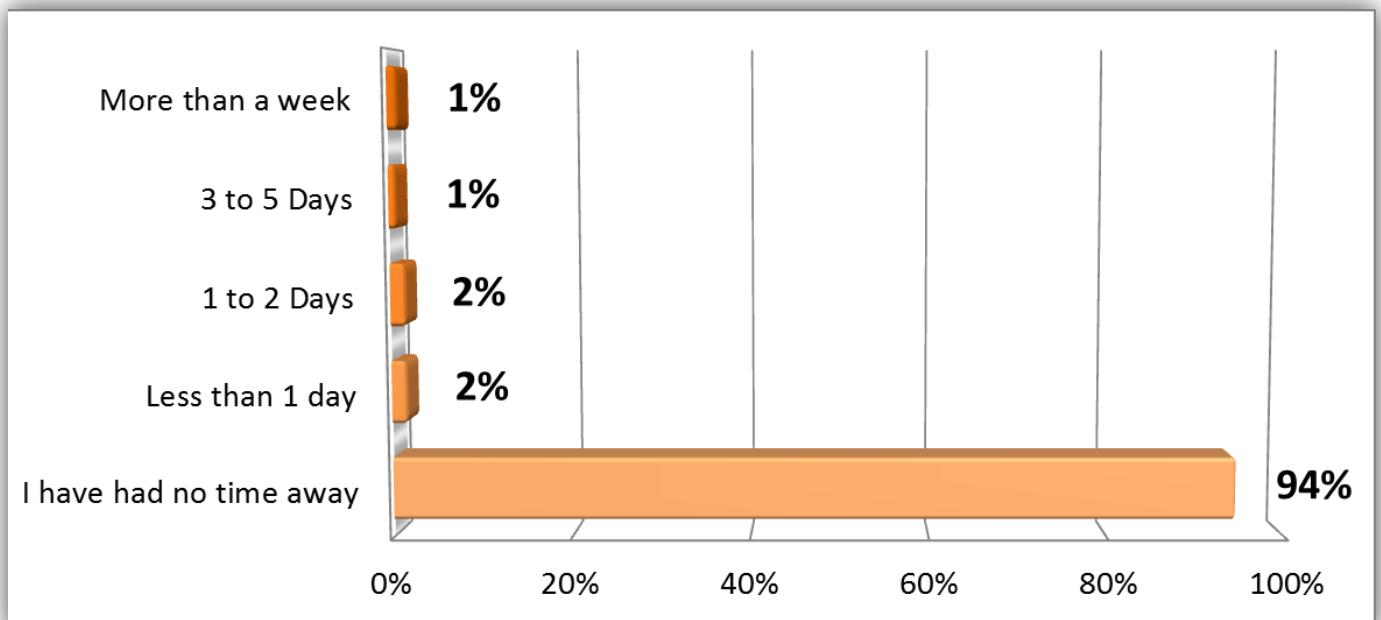
Answer Options	Response Percent	Response Count
0 minutes	62.2%	448
Less than 30 minutes	16.1%	116
31 minutes to 1 hour	8.5%	61
1 hour to 2 hours	7.4%	53
1 day	3.5%	25
2 to 3 days	1.3%	9
3 to 5 days	0.4%	3
More than 1 week	0.7%	5
<i>answered question</i>		720
<i>skipped question</i>		339



Q18 During the last 30 days, how long have you been away from work as a result of incidents involving aggression and/or violence?

Eg. Medical appointments, sick leave, or personal leave. The incidents that resulted in you taking the time off work could have occurred at any time in the past.

Figure 29: During the last 30 days, how long have you been away from work as a result of incidents involving aggression and/or violence?



4% of respondents have been away from work as a result of incidents involving aggression and/or violence for 1 or more days out of the last 30 days.

On average for organisations with 100 staff, you might expect one staff member to be away from work for a week or more each month as a result of incidents involving aggression and/or violence.

Further exploration at an organisational level is recommended regarding time lost as a result of incidents involving aggression and/or violence when measured against hours of service delivered and total hours worked.

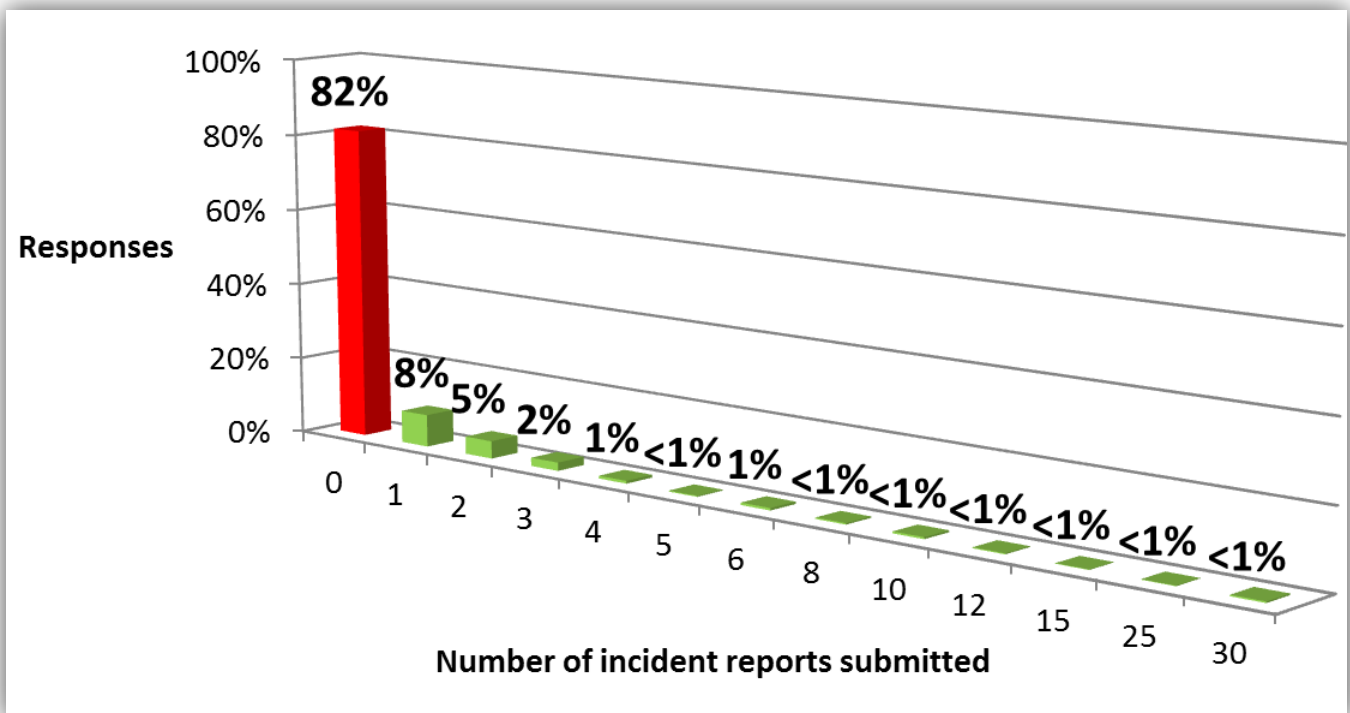


Table 20: During the last 30 days, how long have you been away from work as a result of incidents involving aggression and/or violence?

Answer Options	Response Percent	Response Count
I have had no time away	94.6%	706
Less than 1 day	1.7%	13
1 to 2 Days	1.7%	13
3 to 5 Days	0.8%	6
More than a week	1.1%	8
<i>answered question</i>		746
<i>skipped question</i>		313

Q19 Of the actual incidents in Question 11 above that occurred over the last 30 days, how many incident reports did you submit?

Figure 30: Of the actual incidents in Question 11 above that occurred over the last 30 days, how many incident reports did you submit?



82% (680 out of 833) of respondents have not submitted any incident reports during the last 30 days.

All incident reports that were submitted by respondents to their organisations during the 30 day period were generated by only 18% of staff. Organisations should implement strategies to increase reporting across the whole of their workforce.

From the 18% who submitted incident reports, 482 incident reports were submitted out of 1,019 incidents representing an incident reporting rate of 47%.

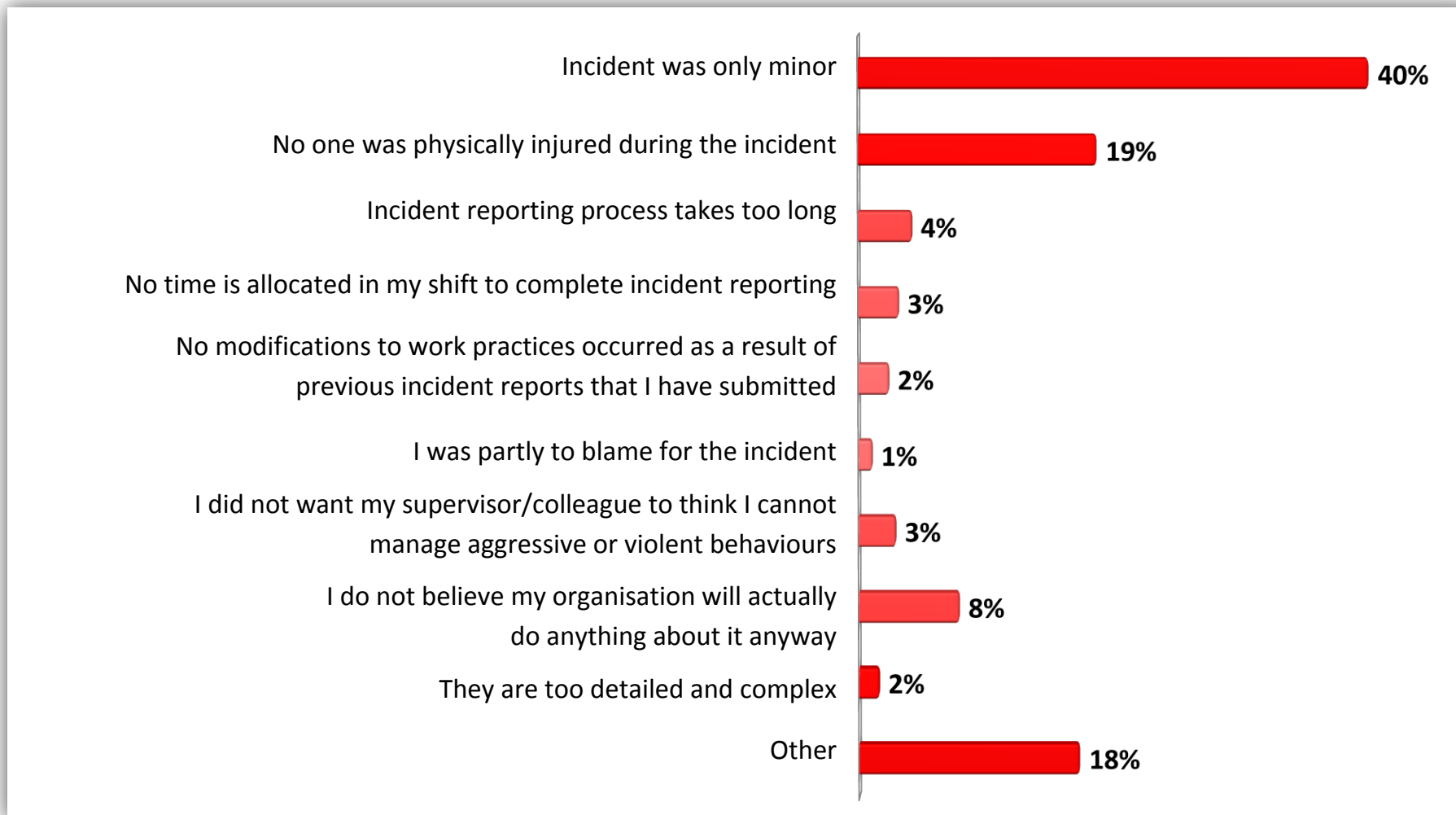


Table 21: Of the actual incidents in Question 11 above that occurred over the last 30 days, how many incident reports did you submit?

Answer Options	Qty	Qty
0	680	82%
1	70	8%
2	38	5%
3	18	2%
4	6	1%
5	2	<1%
6	5	1%
7	0	0%
8	3	<1%
9	0	0%
10	4	<1%
11	0	0%
12	2	<1%
13	0	0%
14	0	0%
15	1	<1%
16	0	0%
17	0	0%
18	0	0%
19	0	0%
20	0	0%
21	0	0%
22	0	0%
23	0	0%
24	0	0%
25	1	<1%
26	0	0%
27	0	0%
28	0	0%
29	0	0%
30	3	<1%
Response Count	833	
<i>answered question</i>	833	
<i>skipped question</i>	226	

Q20 If you did not report all incidents, why not? *You can select multiple responses.*

Figure 31: If you did not report all incidents, why not?





59% of the time incidents were not reported because the worker assessed the incident as only minor (40%) or no one was physically injured during the incident (19%).

Even if no one is physically injured, organisations should encourage reporting to better understand the prevalence of minor and often high frequency incidents that may contribute to Psychological Injuries in addition to identifying early trends in aggressive behaviours.

10% of the time respondents did not report incidents because they believe the organisation will not action the information provided (8% - I do not believe my organisation will actually do anything about it anyway; 2% - No modifications to work practices occurred as a result of previous incident reports that I have submitted).

9% of the time respondents did not report incidents because their system of work practice did not make it easy to report incidents (4% - Incident reporting process takes too long; .3% - No time is allocated in my shift to complete incident reporting; 2% - They are too detailed and complex).

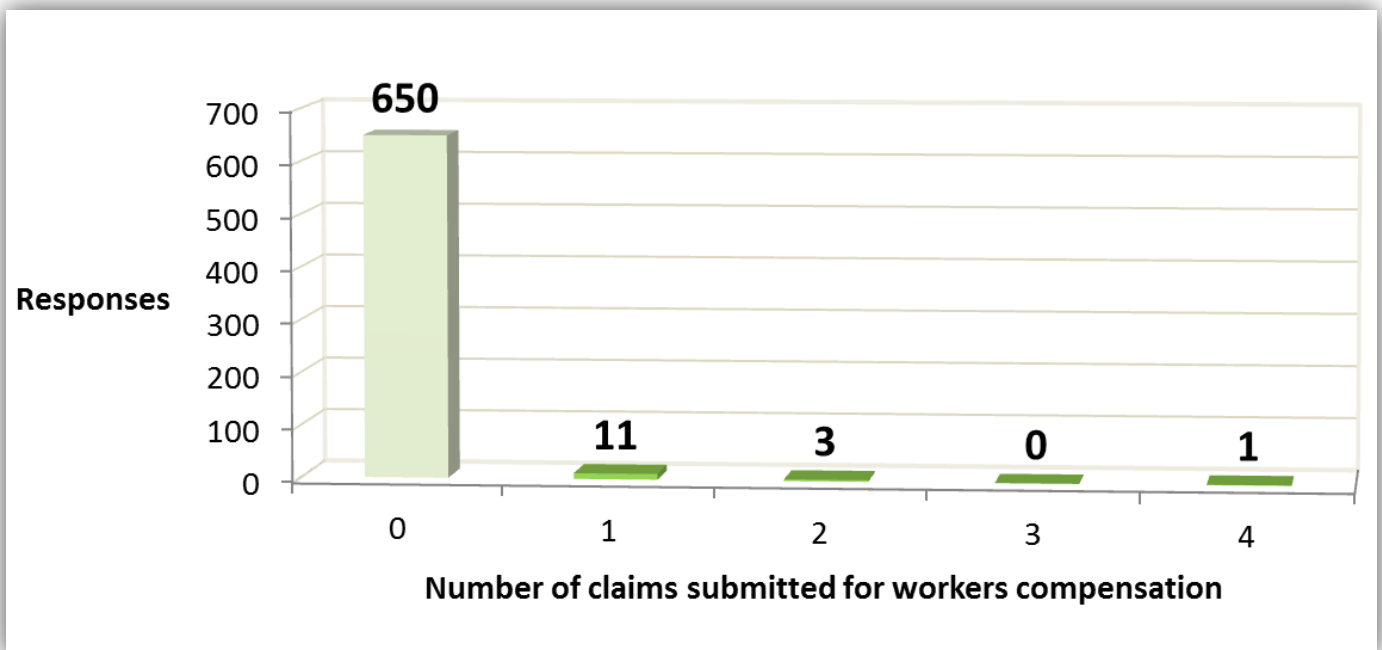
Table 22: If you did not report all incidents, why not?

Answer Options	Response Percent	Response Count
Incident was only minor	40.3%	152
No one was physically injured during the incident	18.8%	71
Incident reporting process takes too long	4.2%	16
No time is allocated in my shift to complete incident reporting	3.2%	12
No modifications to work practices occurred as a result of previous incident reports that I have submitted	2.4%	9
I was partly to blame for the incident	1.1%	4
I did not want my supervisor/colleague to think I can not manage aggressive or violent behaviours	2.9%	11
I do not believe my organisation will actually do anything about it anyway	8.0%	30
They are too detailed and complex	1.6%	6
Other (please specify)	17.5%	66
<i>answered question</i>		377
<i>skipped question</i>		682



Q21 Of the actual incidents in Question 11 above that occurred over the last 30 days, how many claims were submitted for workers compensation?

Figure 32: Of the actual incidents in Question 11 above that occurred over the last 30 days, how many claims were submitted for workers compensation?



During the last 30 days, 15 respondents out of the 665 respondents to this question submitted 21 claims for workers compensation for incidents involving aggression and/or violence.

2.3% of respondents (15 out of 665) submitted claims for workers compensation for incidents involving aggression and/or violence that occurred during the last 30 days.

2.1% of incidents involving aggression and/or violence (21 claims from 1,019 incidents) resulted in the staff member submitting a claim for workers compensation.

4.4% of **reported** incidents involving aggression and/or violence (21 claims from 482 **reported** incidents) resulted in the staff member submitting a claim for workers compensation.



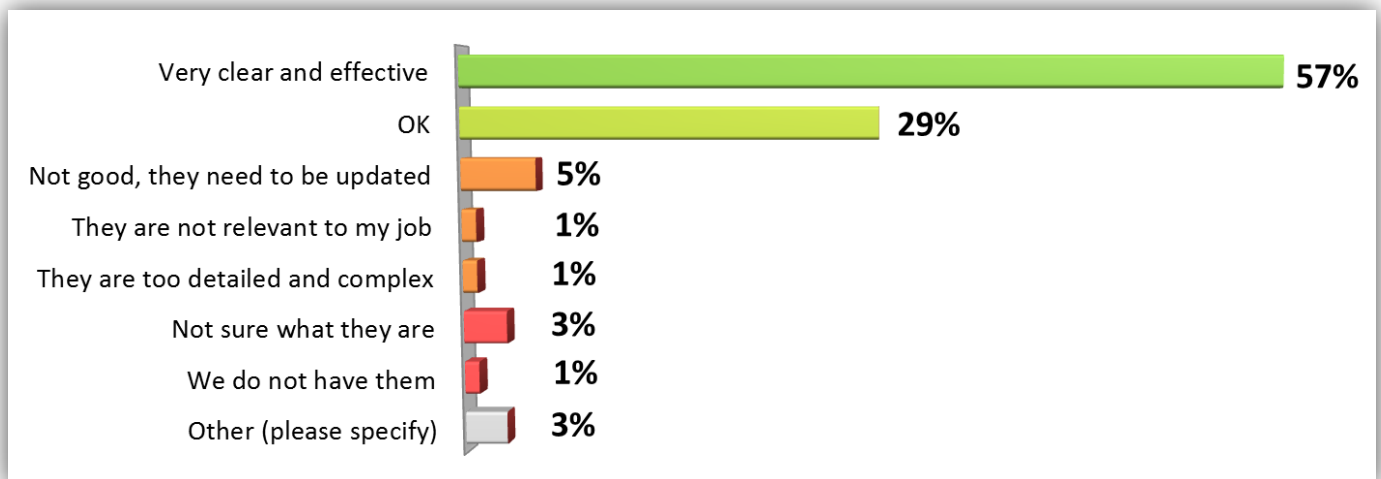
Table 23: Of the actual incidents in Question 11 above that occurred over the last 30 days, how many claims were submitted for workers compensation?

Answer Options	Qty
0	650
1	11
2	3
3	0
4	1
Response Count	665
<i>answered question</i>	665
<i>skipped question</i>	394



Q22 Which statement most closely describes the community care and outreach staff safety policies and procedures at your organisation?

Figure 33: Which statement most closely describes the community care and outreach staff safety policies and procedures at your organisation?



86% of respondents believe the community care and outreach staff safety policies and procedures at their organisation are OK (29%) or Very Clear And Effective (57%).

11% of respondents believe the community care and outreach staff safety policies and procedures at their organisation need improvement.

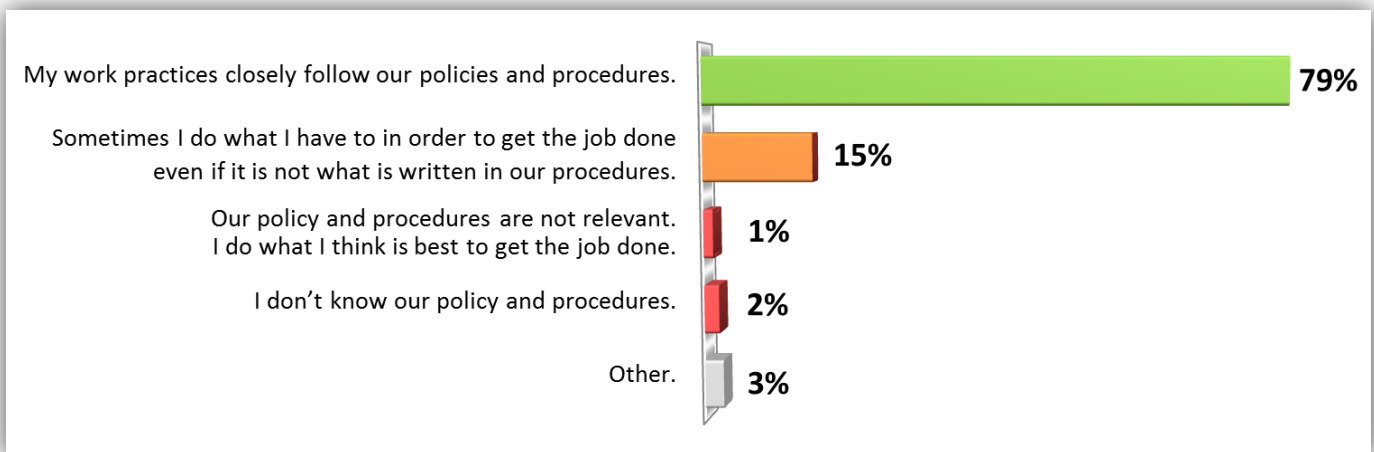
Table 24: Which statement most closely describes the community care and outreach staff safety policies and procedures at your organisation?

Answer Options	Response Percent	Response Count
Very clear and effective	56.9%	452
OK	29.0%	230
Not good, they need to be updated	5.2%	41
They are not relevant to my job	1.0%	8
They are too detailed and complex	1.0%	8
Not sure what they are	3.0%	24
We do not have them	1.0%	8
Other (please specify)	2.9%	23
<i>answered question</i>		794
<i>skipped question</i>		265



Q23 Which statement most closely describes how your work practices align with the community care and outreach staff safety policies and procedures at your organisation?

Figure 34: Which statement most closely describes how your work practices align with the community care and outreach staff safety policies and procedures at your organisation?



79% of respondents have stated that their work practices closely follow their organisation’s policies and procedures.

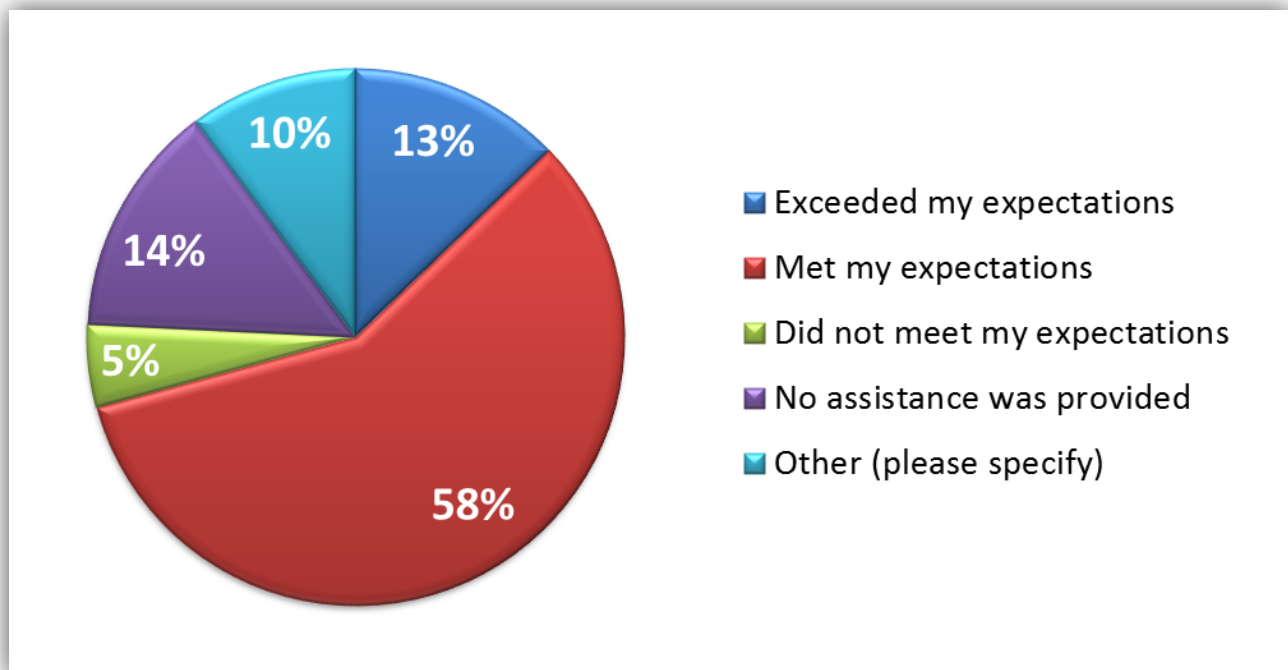
18% of respondents are knowingly deviating from their organisation’s policies and procedures (15% - Sometimes I do what I have to in order to get the job done even if it is not what is written in our procedures; 2% - I don’t know our policy and procedures; 1% - Our policy and procedures are not relevant. I do what I think is best to get the job done).

Table 25: Which statement most closely describes how your work practices align with the community care and outreach staff safety policies and procedures at your organisation?

Answer Options	Response Percent	Response Count
My work practices closely follow our policies and procedures.	79.3%	627
Sometimes I do what I have to in order to get the job done even if it is not what is written in our procedures.	14.9%	118
Our policy and procedures are not relevant. I do what I think is best to get the job done.	1.3%	10
I don't know our policy and procedures.	2.0%	16
Other	2.5%	20
	answered question	791
	skipped question	268

Q24 How would you rate the assistance offered to you by your organisation following the incident(s) you were involved in during the last 30 days?

Figure 35: How would you rate the assistance offered to you by your organisation following the incident(s) you were involved in during the last 30 days?



71% of respondents felt the assistance offered by their organisation following an incident of aggression or violence within the last 30 days either met their expectations (58%) or exceeded their expectations (13%).

For the 10% that chose other, the recurring theme amongst the comments was that the worker did not report the incident and thus no action was or could have been taken. This should be of concern to organisations as hidden issues are very hard to address.



Table 26: How would you rate the assistance offered to you by your organisation following the incident(s) you were involved in during the last 30 days?

Answer Options	Response Percent	Response Count
Exceeded my expectations	12.8%	59
Met my expectations	58.0%	268
Did not meet my expectations	5.0%	23
No assistance was provided	14.1%	65
Other (please specify)	10.2%	47
	<i>answered question</i>	462
	<i>skipped question</i>	597

Q25 What was the assistance that you valued the most following the incident(s) you were involved in during the last 30 days?

Figure 36: What was the assistance that you valued the most following the incident(s) you were involved in during the last 30 days?



Note: In this image, the larger the phrase the more often it was mentioned by respondents. In analysing the qualitative text comments from respondents, all irrelevant comments such as “Not Sure” or “No comment” were removed. The remaining comments were then grouped according to the key theme of the comment which has been presented in the figure above and the table below.

197 respondents chose to answer this question and provide comments.

The key themes valued most by respondents following an incident were support, understanding and the ability to debrief and talk through the incident either with a colleague or superior. In addition, value was placed on an organisation’s ability to follow up an incident and act fast to provide support to the worker.

Of the 197 respondents who provided comments to this question:

45% identified the ability to debrief with their manager as the assistance that provided most value to them.



33% said a level of understanding and acknowledgement of the situation was highly appreciated.

25% listed talking through with colleagues as assistance that they valued following an incident of aggression and/or violence.

Following up after a debrief or investigation (7%), counselling (5%) and training to manage future situations (3%) were also mentioned as assistance that helped workers following an incident.

Table 27: What was the assistance that you valued the most following the incident(s) you were involved in during the last 30 days?

Answer Options	Response Percent
Debrief with manager	45.2%
Acknowledgement / understanding	33.5%
Talking through with colleagues	25.4%
Other	14.2%
Follow up investigation	7.1%
Counselling	5.1%
Training to be able to manage future situations	3.0%
<i>answered question</i>	263
<i>skipped question</i>	796

Q26 What was the assistance that you believe you should have had but did not receive, if any?

Figure 37: What was the assistance that you believe you should have had but did not receive, if any?



Note: In this image, the larger the phrase the more often it was mentioned by respondents. In analysing the qualitative text comments from respondents, all irrelevant comments such as “Not Sure” or “No comment” were removed. The remaining comments were then grouped according to the key theme of the comment which has been presented in the figure above and the table below.

Of the 55 comments provided, 29% said follow up action from the organisation would have been appreciated particularly after an incident has been discussed or reported.

Other actions that respondents believe their organisation should be taking following an incident include: 15% - counselling, 15% - the opportunity to debrief with a manager, 13% - acknowledgement and understanding, and 9% - training to manage future situations.



Table 28: What was the assistance that you believe you should have had but did not receive, if any?

Answer Options	Response Percent
Follow up action	29.1%
Counselling	14.5%
Debrief with manager	14.5%
Acknowledgement / understanding	12.7%
Training to be able to manage future situations	9.1%
Other	5.5%
Policy improvement	5.5%
Change of client	3.6%
Better incident reporting	1.8%
Culture change	1.8%
Time off	1.8%
<i>answered question</i>	55
<i>skipped question</i>	1004



Q27 What employer provided training did you last receive?

You can select multiple responses.

Figure 38: What employer provided training did you last receive?

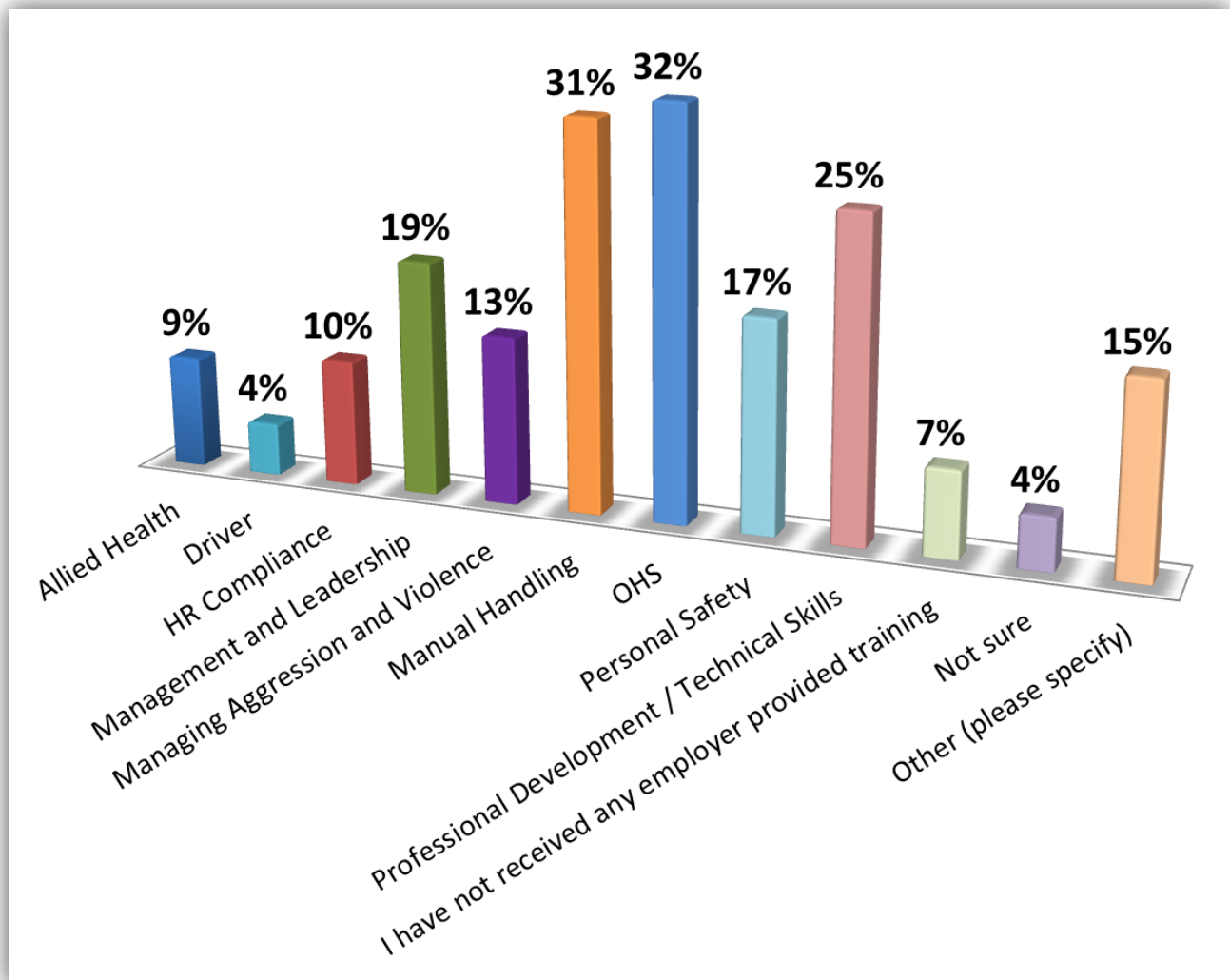




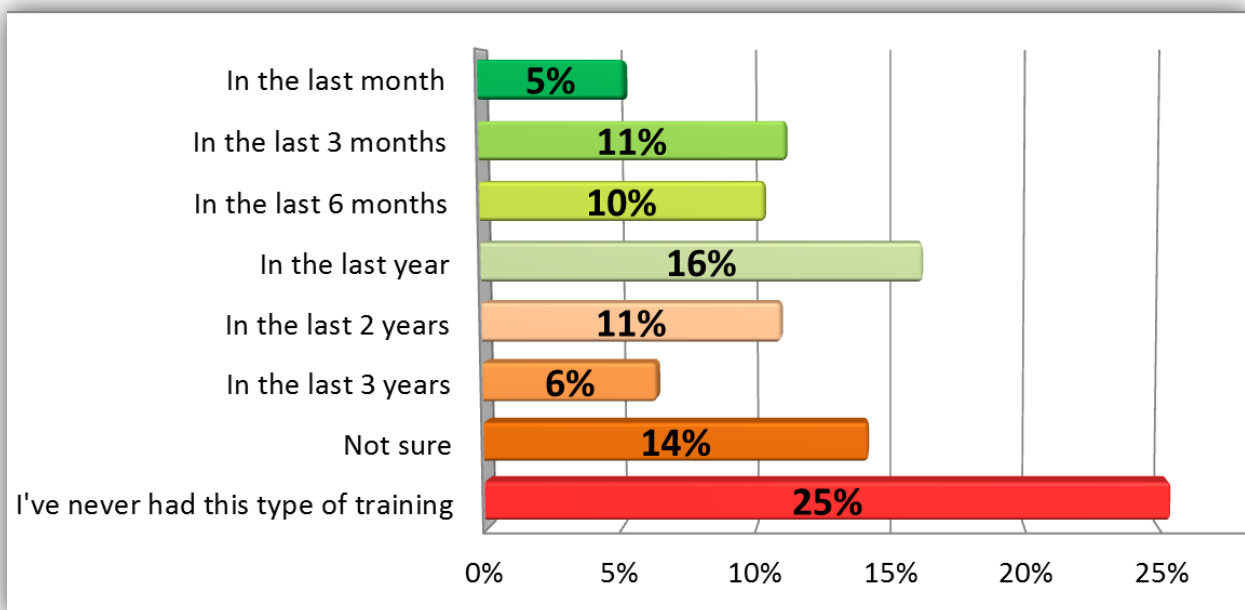
Table 29: What employer provided training did you last receive?

Answer Options	Response Percent	Response Count
Allied Health	9.0%	68
Driver	4.2%	32
HR Compliance	10.1%	76
Management and Leadership	18.7%	141
Managing Aggression and Violence	13.4%	101
Manual Handling	30.8%	233
OHS	32.4%	245
Personal Safety	16.9%	128
Professional Development / Technical Skills	25.4%	192
I have not received any employer provided training	6.9%	52
Not sure	4.2%	32
Other (please specify)	15.2%	115
	<i>answered question</i>	756
	<i>skipped question</i>	303



Q28 When was the most recent time that you received training to manage the risks of aggression and violence when supporting clients off site?

Figure 39: When was the most recent time that you received training to manage the risks of aggression and violence when supporting clients off site?



25% of the 761 respondents for this question have never received training to manage the risks of aggression and violence when supporting clients off site, with a further 14% Not Sure.

Additionally 6% of respondents received training between 2 and 3 years ago to manage the risks of aggression and violence when supporting clients off site.

For the wellbeing of staff and the organisation, all staff should receive training on a regular basis that achieves a level of competency to manage all the safety challenges in their roles, including managing the risks of aggression and violence when supporting clients off site.

31% of respondents have not received appropriate training within the last 2 years to manage the risks of aggression and violence when supporting clients off site. The further 14% who responded as being Not Sure, are also likely to have not received appropriate training within the last 2 years.

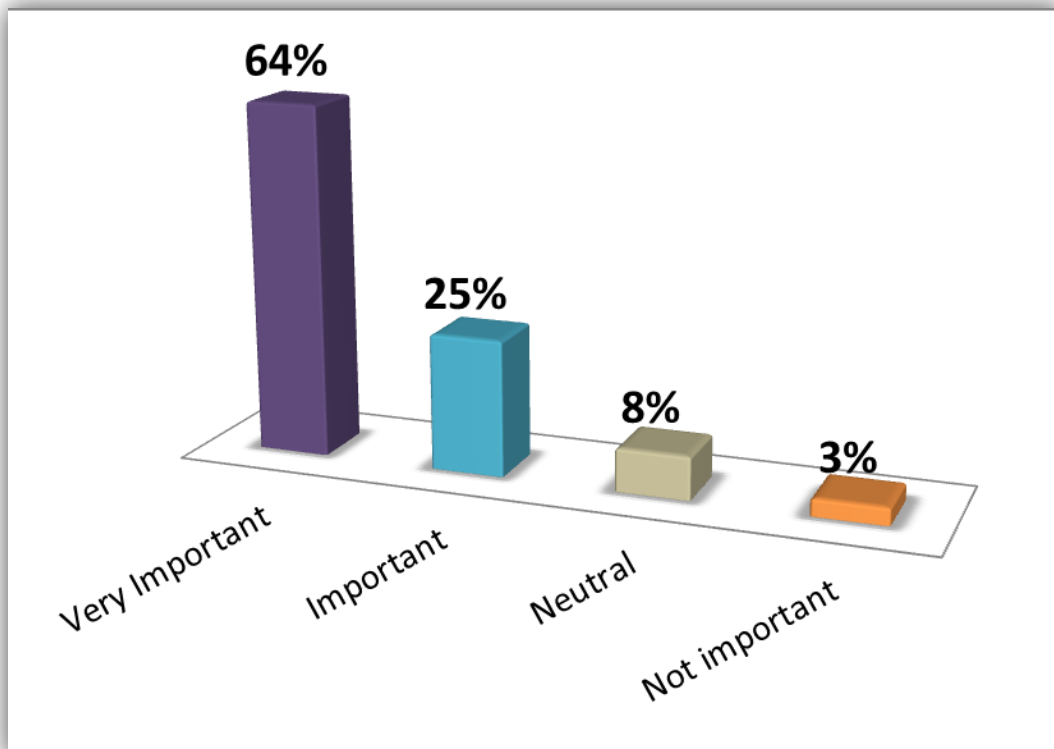


Table 30: When was the most recent time that you received training to manage the risks of aggression and violence when supporting clients off site?

Answer Options	Response Percent	Response Count
In the last month	5.3%	40
In the last 3 months	11.2%	85
In the last 6 months	10.4%	79
In the last year	16.2%	123
In the last 2 years	11.0%	84
In the last 3 years	6.4%	49
Not sure	14.2%	108
I've never had this type of training	25.4%	193
<i>answered question</i>		761
<i>skipped question</i>		298

Q29 How important is it to you that you receive training to effectively manage aggression and violence in the workplace?

Figure 40: How important is it to you that you receive training to effectively manage aggression and violence in the work place?



89% of the 770 respondents for this question feel it is Very Important (64%) or Important (25%) to receive training to effectively manage aggression and violence in the workplace.

There is a gap between the 89% of respondents who feel it is Very Important (64%) or Important (25%) to receive training to effectively manage aggression and violence in the workplace and the 31% - 45% of respondents who have not received appropriate training to manage these risks when supporting clients off site (*Question 28*).

Increasing the support offered to staff in order to close this gap will improve the safety of staff and the people they support, and assist organisations to



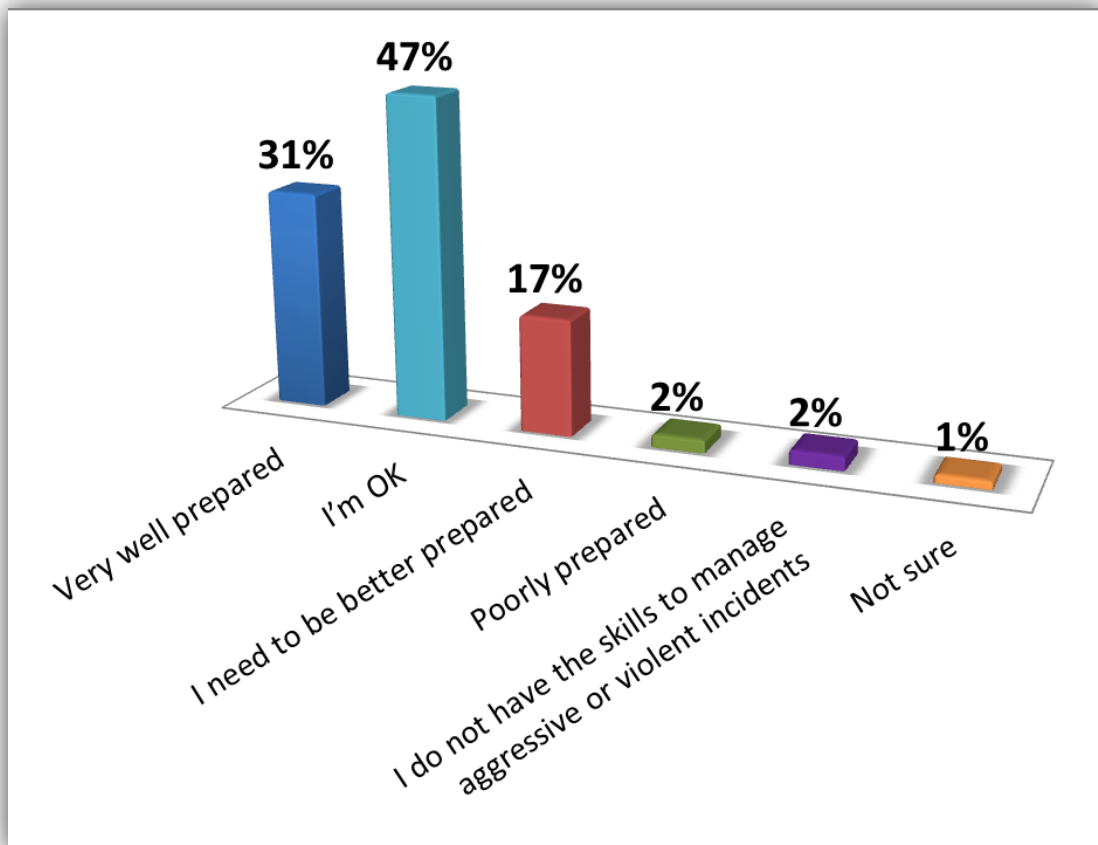
differentiate themselves as an employer of choice while reducing the number and severity of incidents adversely impacting all involved.

Table 31: How important is it to you that you receive training to effectively manage aggression and violence in the work place?

Answer Options	Response Percent	Response Count
Very Important	64.0%	493
Important	24.8%	191
Neutral	7.9%	61
Not important	3.2%	25
<i>answered question</i>		770
<i>skipped question</i>		289

Q30 How well prepared do you feel you are to manage your safety in the event of an incident involving aggression and/or violence in the future?

Figure 41: How well prepared do you feel you are to manage your safety in the event of an incident involving aggression and/or violence in the future?



Of the 776 respondents for this question, less than a third (31%) felt very well prepared to manage their safety in the event of an incident involving aggression and/or violence in the future.

Organisations should open up dialogue around how to up-skill the 68% who feel they are OK (47%), Need To Be Better Prepared (17%), Poorly Prepared (2%) and Do Not Have The Skills To Manage Aggressive Or Violent Incidents (2%).

When responding to an incident involving aggression or violence, the worker may only have one chance to achieve a safe outcome for all involved. Staff need to be “Very Well Prepared” to optimise the safety of all involved.



Table 32: How well prepared do you feel you are to manage your safety in the event of an incident involving aggression and/or violence in the future?

Answer Options	Response Percent	Response Count
Very well prepared	31.4%	244
I'm OK	46.6%	362
I need to be better prepared	16.8%	130
Poorly prepared	1.9%	15
I do not have the skills to manage aggressive or violent incidents	2.1%	16
Not sure	1.2%	9
	<i>answered question</i>	776
	<i>skipped question</i>	283



Q31 What training would you like to receive next, including training you have done in the past?

Figure 42: What training would you like to receive next, including training you have done in the past?



Note: In this image, the larger the phrase the more often it was mentioned by respondents. In analysing the qualitative text comments from respondents, all irrelevant comments such as “Not Sure” or “No comment” were removed. The remaining comments were then grouped according to the key theme of the comment which has been presented in the figure above and the table below.

It should be noted this question may be skewed slightly as the issues resulting from aggression and/or violence are front of mind for respondents having worked through this survey.

Of the 342 responses to this question, 44% identified training for managing aggression and violence as the training they would like to receive next.



The remaining responses were spread between a large variety of training with Mental Health (7%), First Aid (7%) and Dementia (4%) training the next most frequently mentioned.

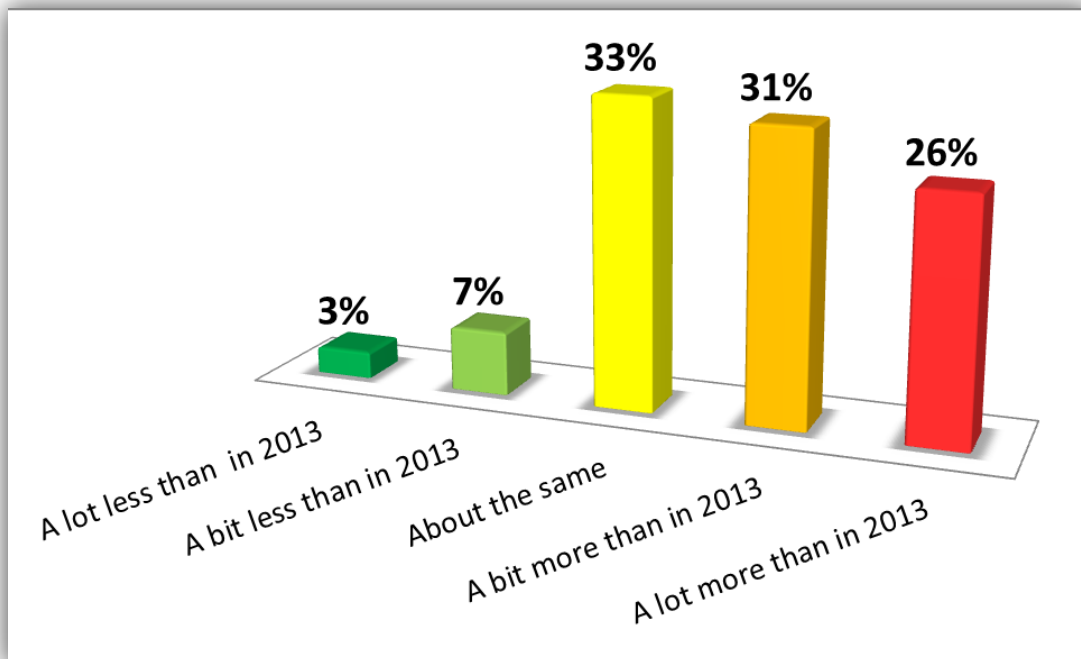
There is increasing competition for skilled staff. Providing professional development opportunities that are of interest to staff and benefit both the staff member and the organisation will improve job satisfaction and employee retention. Organisations will be viewed as an employer of choice that invests in the wellbeing and professional development of its staff.

Table 33: What training would you like to receive next, including training you have done in the past?

Answer Options	Response Percent
Aggression and Violence	43.7%
Other	15.4%
First Aid	7.2%
Mental Health	7.2%
Any training	6.8%
Dementia	3.9%
Manual Handling	3.6%
Management and Leadership	3.6%
Palliative Care	2.2%
OH&S	1.8%
Behaviour Management	1.8%
Cert 3/4 Disability	1.4%
Conflict Management	1.4%
<i>answered question</i>	342
<i>skipped question</i>	717

Q32 What do you think the number and seriousness of incidents involving aggression and violence in community care and outreach will be in a few years' time as compared to 2013?

Figure 43: What do you think the number and seriousness of incidents involving aggression and violence in community care and outreach will be in a few years' time as compared to 2013?



57% of the 713 respondents for this question think the number and seriousness of incidents involving aggression and violence in community care and outreach will be a bit more (31%) or a lot more (26%) in a few years' time.

Only 10% think the number and seriousness of incidents involving aggression and violence in community care and outreach will be a bit less (7%) or a lot less (3%) in a few years' time.

Alarming, 90% of respondents think it is at best going to be the same, with the majority thinking the number and seriousness of incidents is on the rise. Organisations should take action to ensure their staff are adequately prepared and have the confidence to manage this increasing safety challenge.



Table 34: What do you think the number and seriousness of incidents involving aggression and violence in community care and outreach will be in a few years' time as compared to 2013?

Answer Options	Response Percent	Response Count
A lot less than in 2013	2.9%	21
A bit less than in 2013	6.9%	49
About the same	33.1%	236
A bit more than in 2013	31.1%	222
A lot more than in 2013	25.9%	185
<i>answered question</i>		713
<i>skipped question</i>		346



Q33 Please add any comments that you would like to share regarding aggression and violence and its effects on community care and outreach staff safety.

Below is a representative selection of comments as written by the respondents that reflect the key themes provided by all respondents when asked this question. Names of individuals and organisations have been removed for privacy reasons.

Table 35: Please add any comments that you would like to share regarding aggression and violence and its effects on community care and outreach staff safety.

1. Burnout is I am quite sure directly impacted by the amount of violence which is experienced by staff I feel it is imperative therefore that every effort is made to support and encourage self care by staff. Frequently within organisations, lip service is paid to this concept, but no actual provisions are made to have it be available readily and easily for staff members. When I say self care I am talking about provisions being made to ensure down time for staff as required during the working day. All too often staff are required to continuing working due to the sheer volume of work which is having to be dealt with.
2. Carers do not seem to be very well supported by agency's in the handling of clients who have issues with aggression. I know a few carers who have lost their jobs because they were injured by a client. This seems to contribute to the high turnover of staff which is not productive for staff or clients and may contribute to incidences of aggression as clients are subject to constant change.
3. Clients' aggression always be but with well train staff, minimize incidents or accidents.
4. Community Care Staff working in homecare need a clear policy and procedure guideline of aggression and violence and effective steps we can take to manage our safety.
5. Community care workers need a safe environment. We should do all we can to ensure this is the case.
6. Definitely not enough training for de-escalation of aggressive and violent behaviours. Often very poor duress response procedures put in place for staff safety.
7. Due to staff working alone in the community the risk to aggression verbal and or physical is always a concern. Staff education and support is paramount to protect and keep staff in a safe environment when caring for clients



- | |
|---|
| <p>8. Due to the number of incidents throughout the year, with one particular client, and the type of behaviour exhibited, there should be greater consequences to this clients actions. Intimidation of staff by this particular client should not be allowed to continue over such a long period of time, with Support Workers being made to feel wrong if they try and deal with the aggressive behaviour, because they don't feel they are backed up enough by their boss. Supervisors should be made accountable for the actions or lack of actions that they take in these circumstances. How is any of this monitored and if it isn't, why isn't it? I speak for myself when I say, I do not feel safe coming to work when I do work with this client and I find it stressful because I never know what I am going to get on the day and in knowing also, that I am on my own. I know, through conversations with other SW's that I am not the only one that feels this way.</p> |
| <p>9. Experience is the key to seeing the issue before it escalates to any form of violence and training is a huge part of this ability. There is always a risk to outreach staff as they do not know what might be behind any door of the house they are visiting. Working in pairs is essential for this reason though funding is an issue when it comes to staffing to cater for this basic need. Too often a case worker feels confident enough to do a single visit and things can quickly unravel if the client becomes aggressive leaving the client exposed unnecessarily.</p> |
| <p>10. Finding it hard to attract staff and increasingly staff refusing to go as majority of staff are only Cert III level and expect to be safe.</p> |
| <p>11. For me personally I have had ongoing verbal aggression for almost 3 years it has affected my health my self-esteem and my confidence. It affects my communication and the way I approach my work it has a corrosive effect upon me to the point I have sought counselling and doctors help.</p> |
| <p>12. I am looking forward to getting new uniform as the pants have pockets on leg where you can put your phone. At present, I can't carry my mobile phone with me whilst working as it falls out of my pockets. Having the phone on me would give me a much needed feeling of safety so at least I'm not so vulnerable.</p> |
| <p>13. I am often in the office on my own, in a huge building . We have mental health clients, client that abuse drugs & alcohol. This is only increasing, drugs are a huge problem, very hard to tell/prove if someone is using. A big problem with volunteer drivers in vehicle on their own with these people</p> |
| <p>14. I do not believe we are given effective training on the subject. We are not given the appropriate help from managers etc either. But we keep our mouths shut as to not get fired etc! Sad really.</p> |
| <p>15. I don't think we always adequately prepare people for going into these environments. The challenge is that I think sometimes staff think we are monitoring them too closely if we ask for them to be accountable for their time. However this helps in ensuring their safety it is a tricky balance.</p> |



Home Care, Community Care and Outreach Staff Safety Survey

16. I have been strongly assaulted in the past from a client that resulted in me having to leave that workplace. Aggression and violence create for a fearful and hostile work environment that can change the focus for staff from passion for those they support to fear of those that they support, which has a dramatic impact overall on the impact staff can make towards supporting those people's goals.

Typically, violence and aggression come from a place of helplessness and a need to control from the aggressor, usually due to a feeling of powerlessness over their communication (whether imagined/felt that the communication is not valued, or actual due to lack of effective communication due to disability). This powerlessness is confined to a vicious cycle when staff act reactively to the aggression for the need of self care and safety and try to regain control over the situation. Greater attention needs to be given to empowering the people we support with a way for communication and to be understood, so as to minimise these aggressive and violent behaviours.

17. I have in the past had to respond to a number of situations where clients have been aggressive towards staff, our focus is on Positive Behaviour Outcomes for clients - training is provided to staff to understand and apply the principles of PB. Funding constraints limit the time that can be offered to refine skills staff need to develop & implement PB Plans etc.

18. I haven't had any of these incidents whilst I've been working with the company I'm now employed with. Several years ago working in the disability sector I was assaulted by a client. Put in a report, I was rung up about it but the phone call was cut off and they never rang back. Therefore the company did NOTHING to advise me about what to do with this difficult client. It was appalling.

19. I need my employer to give me more information regarding ANY client I service (complete history and care plan especially any possible potential character and or behavioural alerts including family and or neighbours pets etc) and this has been promised but hasn't yet met up to the standards I think we deserve and require. By simply taking on extra shifts at short notice with limited information to help out rostering doesn't help me personally in a lot of ways other than income, especially with the way our company is heading towards offering services to many different people in the community not just aged and disabled clients.

20. I think this is a big issue for outreach workers dealing with disability, mental health and elderly clients. I feel it's very under-reported. Given majority of health workers are women I feel this puts them at greater risk of being victims of violence due to size, strength and power.

It's definitely been a concern for me my entire career and there have been many times in client's homes that I have felt unsafe and fearful. Training for this and feeling prepared would be great to boost confidence and safety. Thanks.

21. If one (coordinator) does not have some formal training in regards to how to deal with clients who are aggressive / violent how can one support the SWs properly.

22. If we are unsupported after an incident, this will have long term consequences to our mental health.

23. In my experience I find when my clients get aggressive they are usually hurting about



<p>something out of their control.</p>
<p>24. In my role going into peoples home you never know what you may be meet with people with mental health issues, violent and aggressive people and people affected by drug an or alcohol</p>
<p>25. Information regarding how to deal with dis-inhibited (sexually) clients should freely available to home support workers. Clients should be instructed that there is a "hands off" policy toward staff. I realise that dementia sufferers require lots of affection (cuddles etc) but we are not paid enough to have to provide emotional comfort in terms of meeting their sexual needs. Most of those who have retired, did so before Equal Opportunity/Harassment laws were introduced in the 1980s. They don't know how to behave in their own home when a half attractive woman enters their home. I have done a bit of research on the internet. Some strategies are available for a fee to nursing association members.</p>
<p>26. It does happen but I am lucky not have it happen to me so far</p>
<p>27. It has become a daily occurrence that violent situations appear on the news. It is as if some people believe they have the right to vent their own anger or frustration on others without any form of control or restraint. Staff are placed in a very vulnerable situation by going into clients homes and it is not necessarily the client themselves that may be intimidating and verbally abusive, family members and the clients friends and associates all have opinions about the service provision and field staff are often the first target for people to vent their anger and frustration.</p>
<p>28. IT IS DEFINITELY SOMETHING WE ALL NEED TO BE PREPARED FOR AND HAVE THE SKILLS TO COPE.</p>
<p>29. It is important that the employee provides adequate training and resources as well as opportunities for debrief and counselling as needed</p>
<p>30. It's very important to me as a worker to be confident and understand my rights. What I can do and cannot do. Providing training on these particular areas is very important to me.</p>
<p>31. Limited by the inaccurate but common perception that management of 'challenging behaviour' is a generalist skill commonly possessed by field staff, nurses (including registered Nurses) and managers. It is not!</p>
<p>32. Many excellent staff members are lost to our services due to the aggressive / violent nature of some clients; at some point (if not appropriately trained) more staff will leave for the same reasons</p>
<p>33. More emphasis and importance needs to be placed on the seriousness and impact of bullying and intimidation by "residents/clients" towards other "residents/clients" and in particular staff. It should not be tolerated and/or accepted as okay. The provision of clinical support to staff could be improved. Self care of staff could be better addressed and acknowledged.</p>
<p>34. Needs more support and funding for client to manage their aggression and staff especially with issues regarding strength of client versus strength of staff.</p>



Home Care, Community Care and Outreach Staff Safety Survey

35. No one is prepared to listen, share the information and receive feedback
36. Nurses should go in two's when it is dark. dark by 5pm in winter...we should not have to go and visit people who are known drug users
37. Outreach staff are very venerable as you are in a foreign environment and although risks have been assessed, the human alimnt and meeting people in crisis can often inflame people's emotions
38. Quite a few clients that will need services come from migrant and refugee backgrounds, having being part of or subject to aggression and violence. These clients will have more complex needs and we need a skilled workforce to be able to identify and recognise triggers in order to work more effectively with people with higher care needs for quality outcomes for staff and client alike.
39. Some people like myself can be more vulnerable with aggressive or violent clients because of past experiences with domestic violence. My reaction can be extreme in those situations because of reliving past experience. That's where I need to be reminded of professional and personal boundaries.
40. Staff do not want to report abuse as this may cause further problems or embarrassment for all. This often then gives the offender the wrong messages that this behaviour is ok and then it continues until it escalates to physical harm
41. The cost of providing the clients services are increasing and the clients funding is not increasing therefore clients care hours are being reduced. Clients are getting more and more frustrated and care workers are expected to do the same amount of work in less hours, very stressful for both parties.
42. The experience I have had is that my elderly client, some mornings is not in a very good mood and would not corporate, or he wants to hold my hand/arm and want let go, he would even try to twist my arm. He would want me to lay next to him. During these incidents I would call his wife and she will help me with the personal care. It does get a bit frustrating but with the help with his wife I manage to complete the personal care shift. These incidents have reduced greatly, as I try to cheer him up in the morning to avoid his bad moods and aggression.
43. The organisation does not appear to be willing to address individual incidents of bullying, whether subtle or blatant or ongoing. It prefers to offer training for training for all concerned, so that they can tick off that they have responded.
44. There is a significant impact on community staff, or staff going in to work in community even if for a short time. More training and even scheduled debriefing to be sure events are reported, discussed and identified by staff.









<p>45. This is a job and service I feel is valuable and I very much like my work and it can be very rewarding at times and some clients are very thankful but I do not feel valued by my workplace management. Some clients are very demanding and difficult and mental health extremely poor and can be abusive and threatening and I need my management to support me and not bully me. I need to be listened to as well. I need to survive for my clients to thrive. Support workers are right on the front line and there is often precious little respect for what we are confronted with. Over the years I have felt scared by clients and there is not much compassion from management. I have refused to see only one client in their home in the past year due to very real danger..... so management response was to send another support worker into that situation.</p>
<p>46. This is an important issue for us to tackle. one of the challenges with direct care staff is their lack of willingness to report behaviours when they begin to become an issue. they cope with the behaviours as they don't want to let the client & family down by having services reviewed or ceased. they have grown attached to the client - sometimes they have watched a child grow up and feel part of the family. its grief & loss for them. I would like to be able to encourage staff to see that reporting issues early has a better outcome for the client in the long term as they are linked into more appropriate services and behaviour is managed.</p>
<p>47. Visits to client's homes can be intimidating for care staff, particularly when family members are "overbearing" in their demands and expectations of the role of home care staff. Care staff need to feel supported by their organisation and not be expected to "just put up with things"!</p>
<p>48. Walk away from a dangerous situation is the safest strategies to adopt.</p>
<p>49. We need to be more proactive about this and less reactive. Aggression and violence is not going to just cease. It's a matter of changing culture in society and this is not an easy task.</p>
<p>50. We should be trained and be prepared for aggression and violence in our community care and work force it should be mandatory part of our training.</p>
<p>51. All people in this line of work should have full training to prevent and control the situation. It all comes down to training and knowledge</p>
<p>52. With the increase of the amount of clients that we are seeing with mental health issues combined with the increase in both the cost of living and the unemployment rate I envisage that as a CEO I need to empower my Teams on outreach safety to a higher degree.</p>
<p>53. Work places need to provide training a support - I have come from an organisation that provided me with lots of training and support, even though I'm new here I have the skills and knowledge to keep myself safe.</p>




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