Addressing Occupational Violence in the Victorian Disability Sector: An overview

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Overview

Violence against workers is not a new phenomenon within the disability sector, though effective mechanisms for prevention and management of occupational violence in the sector are severely underdeveloped. Employers have a responsibility under the Occupational Health and Safety Act 2004 (VIC) and associated regulations to provide a safe working environment for their employees, as far as is reasonably practicable. Yet limited practical advice, tools and resources exist to support employers in the disability sector to uphold this responsibility while upholding the human rights of the people with disability that these organisations support.

WorkSafe defines occupational violence and aggression as instances *'where a person is abused, threatened or assaulted in a situation related to their work.'* Whilst Occupational Violence injury claims across Australia make up a relatively low proportion of all claims, these claims have risen by 128% since 2000_01.

Whilst violence can occur in any workplace, allied health workers, residential and home carers have been identified as industries at most risk of occupational violence.In the disability sector occupational violence, and the risk of occupational violence against workers often involves participant behaviour described as 'challenging behaviour', 'behaviours of concern', or 'behaviours that challenge'. Work-related violence often causes physical or psychological injury and can sometimes be fatal. It can also result in economic and social costs to the injured worker, their family, employers, and the wider community.

We need to ensure people with disability receive high quality supports that uphold their human rights and to also ensure that workers have a safe working environment. A safe environment for everyone is one where physical and psychological risks are identified, managed, and prevented. These parallel duties of care need to be recognised and we need to understand the evidence that links good practice with the provision of a safe environment for everyone. When organisations support participants and workers to have the skills, resources, and/or environments to achieve this, we keep everybody safe.

Critical Elements to Address Occupational Violence

There are multiple components to keep everybody safe. The scan of the evidence-based literature strongly indicates that these are all critical:

- The **importance of the leadership** from the executive levels that development of capable environments
- **Embedding use of positive behaviour support principles** across the services (not just where behaviours of concern have been identified)
- The use of **person-centred active support**
- Incorporating a **trauma informed approach** to support provision
- Understanding and **using communication systems** that support both expressive and receptive communication
- **Building skills** to ensure people with disability can have a meaningful life and are part of their community

Foundation of Good Practice

The graphic below illustrates the foundation of good practice for all that builds to be more tailored to meet specific needs.
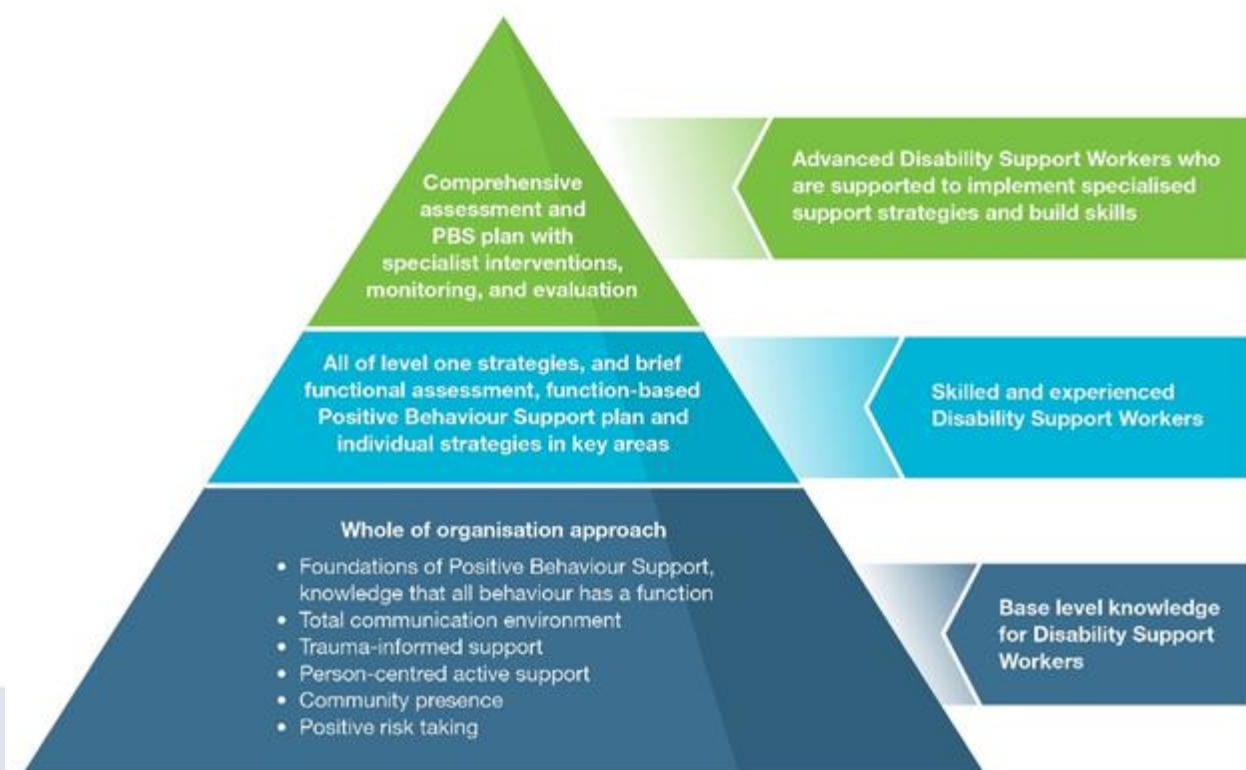

Image 1: Adapted from: [Five ways to use positive behaviour support strategies in your classroom](#) | Monash Education and [Positive Behaviour Support Framework | PBS Alliance UK](#).

A fundamental strategy is to ensure the workforce has the **training and skills** to best support people, to recognise signs of distress and intervene early with non-aversive reactive strategies promotes a human rights approach and reduces and prevents the risk of behaviours that challenge. The key training are areas include understanding the fundamentals of **positive behaviour support**, **person-centred active support**, supporting the participants **communication needs**, using a t**rauma informed** approach to support, and **building the participant's skills** to interact in their community. Training is needed to build and support workers' capabilities and to be regularly reinforced through both general worker professional development and individual supervision. Workers need to be able to provide good support but to also be equipped with skills to de-escalate situations and to be equipped to use non-aversive reactive strategies to resolve and deescalate situations.

Training needs to be support by supervision and renewed periodically. **Practice leadership**, provided on the job, by skilled peers is vital to ensure training is understood by workers and applied to meet individual needs to the person being supported.

The rights of people receiving and giving support need to be viewed equally. Incidents of occupational violence and **near misses need to be reported** to truly understand the extent of this issue. In some areas it is seen as part of the job, or the worker views it as their failing. Importantly there needs to be a respond that investigates why incidents occurred and what is needed to reduce the likelihood of occurring again.

Additional areas of concern are the **safety of the physical environment** with respect to fittings, exit routes and access to communication systems, setting specific issues such as working alone in other people homes, and compatibility of people living together, of staff and the people they support and of staff working together.

This a complex issue that requires service and safety leadership at a board and CEO level to come together to understand risks in their services, with opportunities to strength and support frontline staff capability development, provide frontline leadership and in turn provide a supportive environment for people with disability to grow and interactive with their world, reducing and eliminating behaviours that challenges.

Where we are now in Victoria

Currently in the Victorian disability sector services and workers are striving to provide good support to people with behaviours that challenge. There are areas of good practice and areas where organisations are grappling with the tension between how to provide high quality supports that uphold their human rights and also ensure that workers have a safe working environment. There is a strong correlation between the providing high quality supports and the minimisation of risks associated with Occupational Violence.

HASCU Report on Safety in Disability, September 2022

A September 2021 survey by the Health and Community Services Union (HACSU) showed that a significant portion of the disability care workforce experience violence and aggression in the workplace. More than half of the survey respondents had experienced occupational violence in the last 12 months.

Of these:

- 53% had experienced physical violence
- 67% had experienced psychological harm
- 21% have experience discrimination
- 6.68% had experienced gender-based violence

Of those who reported experiencing Occupational Violence:

- Only 12% reported an isolated incident
- 52% reported between 2-10 incidents
- 5% of respondents reported experiencing occupational violence multiple times per day

57% incidents of occupational violence resulted in injury or illness

- 76% reporting a psychological injury, and
- 31% reporting a physical injury.

As a result of Occupational Violence

- 45% of those impacted sought medical help from a GP, and
- over 20% required prescription medication.

Retention and training of the frontline workforce is a critical issue with the competing demands in induction to address compliance, work health and safety issues and to ensure workers have the basic skills to provide quality services. This initial training needs to be supported with frontline supervision that provides feedback, direction, and support to develop skills. When disability support workers are supporting people who have Positive Behaviour Support Plan (BSP) in place practice leadership, that is provided in situ and individualised training for the support team from a Behaviour Support Practitioners should be provided.

Support for generalised worker training has been included in the NDIS cost model. However, factors such as there being no entry level training required to enter the workforce, variability in the curriculum offered in vocational training courses, the breath of training required and the need for the training to be reinforced and renewed regularly makes it challenging to prioritise training needs with tight funding models.

Specific training for staff supporting people with BSPs should be identified in the BSP and this training needs to be factored into funding, both for the Behaviour Support Practitioner's time to provide training and for the staff to receive that client specific training.

WorkSafe is finalising contracts with a partner to undertake a systems analysis of Occupational Violence and Aggression in residential settings. This will further add to the understanding of issues and mechanisms to address them.

Recommendations

Much work still remains to be done to firstly promote how the parallel duties of care to provide high quality services whilst also addressing the physical and psychological safety of the workforce and then secondly provide information and tools to implements robust service and safety systems. As highlighted previously a whole of organisation approach is required to drive change.

There has been much good research in this area however there are gaps in seeing this translated into practice throughout organisation.

Two key areas identified to address are to this are:

1. **Translation of research into practice for Board members and senior executive leaders** to drive and support change, knowing what to enquiries to make and what is needed to support keeping everyone safe.

2. **Review and bolster resources for frontline practice leadership in the sector**. Key factors in supporting frontline workers to understand positive behaviour support, person centred active support, how to use the least restrictive practice, when a restrictive practice maybe required to prevent harm to the person being supported, other people in the environment and/or the workers, trauma informed practice, communication strategies and supports to highlight a few key areas. These resources need to be developed and reviewed from input an expert in developing adult learning materials.

There is much information known about the different aspects of addressing occupational violence in the disability sector. The challenge remains to bring this together to foster a whole of organisation approaches, with service delivery and health and wellbeing leaders working together to improve capabilities of both people receiving and giving support.

Attached are links to some key resources in this area and links to academic literature and reports.

Resources

Key elements in providing high quality services that address Occupational Violence

Positive behaviour support

Positive behaviour support aims to improve a person's quality of life and that of the people around them[3]. There is evidence that links training in PBS and reductions in levels of behaviours that challenge from people receiving support.[4]

Foundations of Positive Behaviour Support films | NDS

Zero Tolerance Positive Behaviour Support eLearning Program | NDS

A self-assessment checklist to evaluate your PBS provision | The PBS Academy UK

Positive Behavioural Support Competence Framework | The PBS Academy UK

What does good PBS look like? | BILD UK

Creating a total communication environment

Many people require additional support with communication, such understanding and interpreting communication (receptive language)) and expressing themselves. They may use a combination of speaking, gesturing, writing, facial expressions, use of symbols systems, body language and vocalisations.

Supporting effective communication | NDIS Quality and Safeguards Commission

Speak Up and be Safe from Abuse: Communication toolkit | Scope Australia

Trauma informed support

Many people with severe disability have a history of trauma, and this can be a trigger for behaviours that challenge. It is important to understand how this experience may present additional risks for a person responding with behaviours that challenge.

Trauma Informed Support films | NDS

Taking Time Literature Review and Framework | Berry Street

Guidelines for Trauma Informed Practice: Supporting People with Disability who have experienced Complex Trauma | BlueKnot

Person centred active support

Person centred active support aims to involve people with disability in actively in making choices and taking part in meaningful activities and social relationships.

Every Moment has Potential – online training | LIDS Latrobe University

Active support | United Response UK

What is Active Support? | BILD UK

Recognising restrictive practice

A restrictive practice is 'any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability' (NDIS Quality and Safeguards Commission). Restrictive practises should only be used in limited circumstances, as a last resort and the least restrictive response should be chosen. Their use needs to be part of positive behaviour support plan and needs to the reported to the NDIS Quality and Safeguards Commission

Recognising Restriction on people's lives films | NDS

Recognising Restrictive Practices Workshop | NDS

Regulated Restrictive Practices Guide | NDIS Quality and Safeguards Commission

Practice Leadership

There is a critical role for frontline supervisors/service managers in assisting workers to understand and implement good practice including positive behaviour support, active support, trauma informed support and enhancing communication.

Supporting Practice Leadership: A Collation of Resources | NDS

Frontline Practice Leadership resources | Living with Disability Research Centre

Organisational Leadership Resources

Supporting people who have the potential to use behaviours that challenge requires an organisation-wide approach. A system that builds the capabilities of both people with disability and their support workers, minimises the likelihood of the use of behaviours that challenge.

A self-assessment checklist to evaluate your PBS provision | The PBS Academy UK

Positive Behavioural Support Competence Framework | The PBS Academy UK

Enabling engagement and inclusion | La Trobe University 2019 Australian research report outlining organisational factors that are needed to embed active support in accommodation settings.

Resources for Behaviour Support Practitioners

Behaviour Support Practitioners assess people with disability's behavioural needs, develop behavioural support plans in conjunction with people and their support team, and evaluate the effectiveness of those plans. They have a key role in providing training and support to strengthen the practice skills and knowledge of all staff. Behaviour Support Practitioners must be registered with the NDIS Quality and Safeguards Commission.

Practice Leadership Resources for Behaviour Support Practitioners| NDS

Positive Behaviour Support Capability Framework | NDIS Quality & Safeguards Commission

Compendium of Resources for Positive Behaviour Support | NDIS Quality & Safeguards Commission

Resources for Behaviour Support Practitioners | Victorian Senior Practitioner

Behaviour Support Practitioners Community of Practice | NDS

General publications, toolkits, and web links for Australian workplaces

[Occupational violence and aggression - Resources | Department of Health, Victorian Government](#)
[Occupational violence and aggression: Safety basics | WorkSafe Victoria](#)
[Work-related violence | WorkSafe Victoria](#)

- [Occupational Violence Safety Sheet | WorkSafe Victoria](#)

[Preventing workplace violence and aggression | Safe Work Australia 2021](#) This includes a section on potential hazards and example control measures for health, aged care, and community service settings.

Disability services publications and toolkits

[Positive solutions in practice: clinical risk assessment and risk management in people with an intellectual disability | Office of the Senior Practitioner 2009](#)
[Guide to challenging behaviour risk prevention in specialist schools | WorkSafe Victoria](#)

Health services publications and toolkits

[Framework for Preventing and Managing Occupational Violence and Aggression | Victorian Government 2017](#)
[Preventing occupational violence in Victorian health services: policy framework and resource kit | Victorian Government 2007](#)
[Work-related violence | WorkSafe Victoria](#)

- [Occupational violence and aggression against healthcare workers brochure | WorkSafe Victoria](#)
- [Prevention and management of violence and aggression in health services 2017 | WorkSafe Victoria](#)

[Prevention and management of work-related violence and aggression in health services and toolkit | Queensland Government](#)

Working alone

The introduction of the NDIS has seen an increase in the number of workers working alone in both the community and private homes. It is important that risk assessments have been carried out prior to services being delivered and staff have had safety training. This may include dynamic environmental risk assessment, assessing your safety in each situation, how to use de-escalation techniques and instilling a culture of removing yourself from an unsafe situation.

[OHS Home Visit Checklist | NDS](#)
[Identifying and controlling risks associated with working alone | WorkSafe Victoria](#)
[Safe Home Visiting: Practice Guide | Child and Family Support System, SA Government](#)
[Anger and Aggression | Out-of-Home Care Toolbox](#)

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