A SYSTEMS THINKING ANALYSIS OF WORK-RELATED VIOLENCE IN THE AUSTRALIAN RESIDENTIAL DISABILITY SECTOR

WorkSafe Victoria (WSV) partnered with National Disability Services (NDS) and Queensland University of Technology (QUT) to explore (i) actors who share responsibility for safety, (ii) the prevalence of WRV, and (iii) contributory factors and preventative interventions for work-related violence (WRV) in the sector.

The end goal of this project was to to better understand the problem and identify solutions to drive systemic change. Research activities were guided by an industry-led Steering Committee, who additionally provided expert peer-review of project outputs. Organisations represented in the Steering Committee include:

- Department of Families, Fairness and Housing (DFFH)
- DFFH Office of Professional Practice
- National Disability Insurance Agency (NDIA)
- NDIS Quality & Safeguards Commission

- Health and Community Services Union
- Yooralla
- Scope Australia
- People with Lived Experience

WORKERS' EXPERIENCE OF WRV IN THE RESIDENTIAL DISABILITY SECTOR

A survey was conducted with 261 people working in the residential disability sector in Australia. The sample was predominantly:

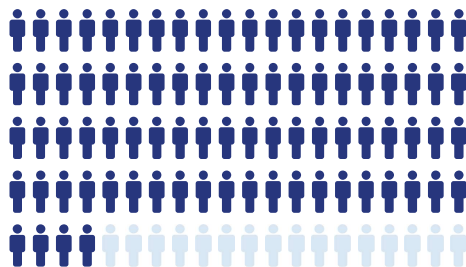|			
Female (70%)	Aged 46-65 (62%)	Frontline Workers (51%) or Team Leaders/Supervisors (25%)	Permanant Full-time (55%)

84% of survey participants reported experiencing WRV in the last 12 months

Violence was predominantly perpetrated by residents

with **33%** experiencing WRV every week, every day, or several times per day

47% of respondents reported they did not receive adequate post-incident support

72% of respondents reported all incidents to their employer

28% noted that they did not report all incidents
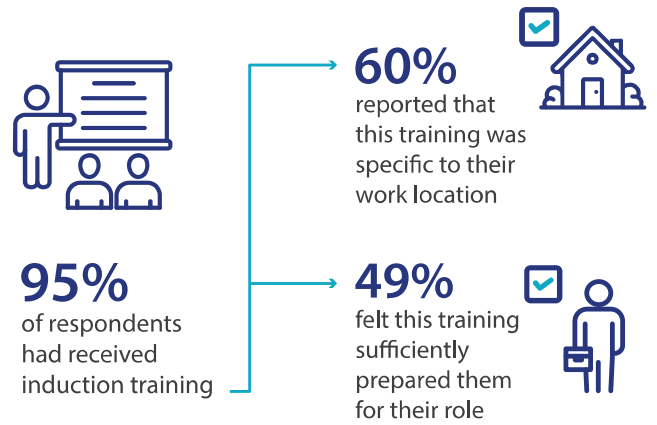
4% had not reported any incidents

On average, survey participants reported:

Moderate to high confidence in managing WRV

Moderate levels of burnout, with most symptoms experienced 'sometimes' or 'often'

Low to moderate turnover intentions (i.e., intentions to leave the sector)
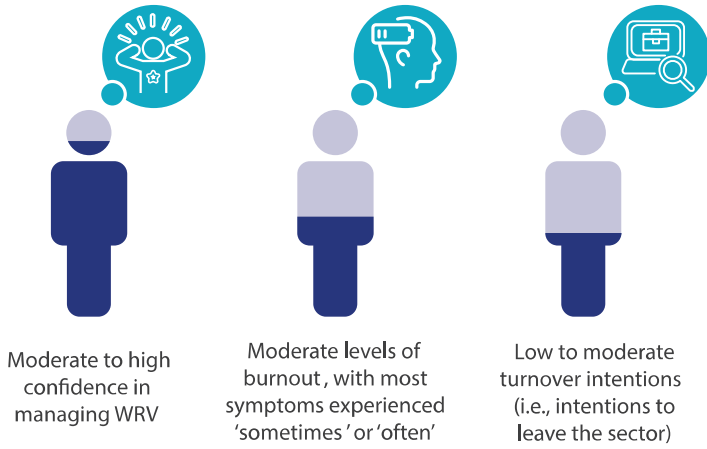
Survey participants perceived their senior management as promoting a safety climate to a moderate to high degree

95% of respondents had received induction training

60% reported that this training was specific to their work location

49% felt this training sufficiently prepared them for their role

58% reported that the accommodation (built environment) in which they provided support to clients was fit-for-purpose

STAKEHOLDERS WHO SHARE RESPONSIBILITY FOR WRV IN THE RESIDENTIAL DISABILITY SECTOR

In consultation with the Steering Committee, we sought to identify stakeholders at all levels of the residential disability sector involved in the management of the safety of workers.

Figure 1 showcases that WRV is not an issue that can be managed by only a few key stakeholders, but that responsibility for the safety of workers should be shared across the system.

Government, Regulators & External Influences		• Federal Government (e.g., Dept. of Social Services, Disability Act) • Victorian Government (e.g., Office of the Public Advocate) • International (UN Committee on the Rights of Persons with Disabilities) • Regulatory Bodies (e.g., NDIS, WorkSafe Victoria, SafeWork Australia) • DFFH – Disability, Community & Emergency Management • Contractors/Suppliers e.g., SIL, STAA, SDA providers) • Unions, Associations and Peak Bodies • External Influences
Operation, Governance, & Administration		• Management (e.g., Board of Directors, Leadership Team, Middle Management)
Operations Management		• Organisational Support (e.g., HR, Employee Assistance Services, WHS, Organisational Support)
Frontline		• Staff • Residents • Law Enforcement • External Health & Support Providers
Equipment & Surroundings		• Physical Environment • Equipment • Neighbourhood

Figure 1: Stakeholders with shared responsibility for safety in the Victorian residential disability sector

The systems analysis was guided by Rasmussen's (1997) risk management framework. In applying this framework, five principles were derived to guide our approach to understanding and preventing WRV incidents in the residential disability sector.

WRV incidents are caused by:

Decisions and actions of all actors across the system, not just front line workers and clients

Multiple, interacting factors, not just one poor decision or action

Poor information flow across the system

Pressures in the system

Risk controls become less effective over time as work conditions change.

To prevent WRV incidents:

Stakeholders across the system need to take steps to prioritise worker safety

Prevention strategies need to address multiple factors, not just the staff or client behaviour

Feedback loops need to be established across the levels of the system

Risk controls need to be resilient to pressures in the system

Organisations need to monitor the implementation of risk controls over time, and revise if needed.

Figure 2 provides a summary of the Accimap and Preventimap methods used in the study to determine the causes of WRV incidents and identify strategies to prevent WRV.
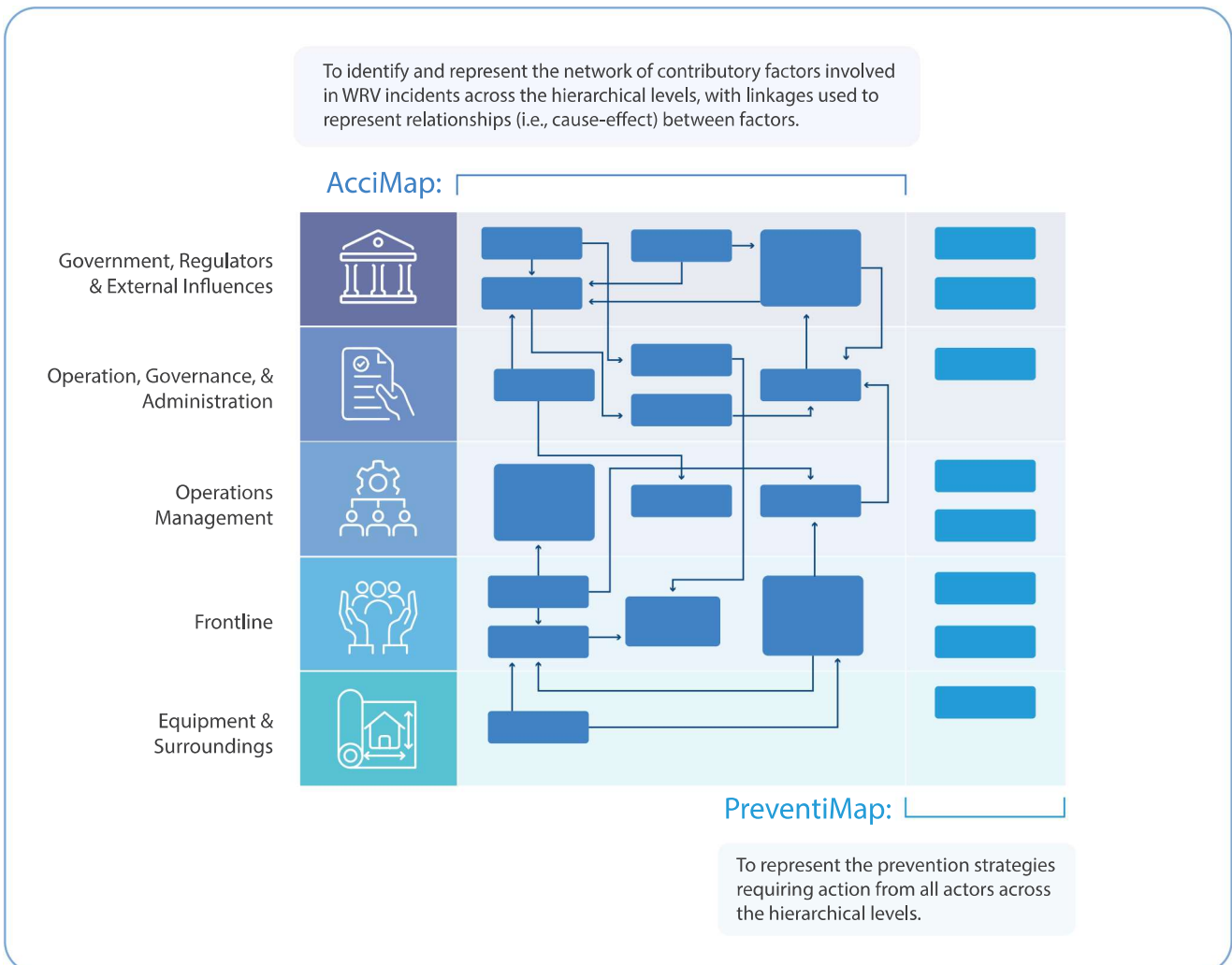

To identify and represent the network of contributory factors involved in WRV incidents across the hierarchical levels, with linkages used to represent relationships (i.e., cause-effect) between factors.

AcciMap:

Government, Regulators & External Influences

Operation, Governance, & Administration

Operations Management

Frontline

Equipment & Surroundings

PreventiMap:

To represent the prevention strategies requiring action from all actors across the hierarchical levels.

Figure 2: A diagrammatic explanation of the AcciMap and PreventiMap methods used in the study

CONTRIBUTING FACTORS ASSOCIATED WITH WRV & PREVENTION STRATEGIES DESIGNED TO MITIGATE RISK OF INJURY TO WORKERS

31 interviews were undertaken with stakeholders working in the residential disability sector.
The sample comprised of:

| 2 government, regulators, and external influencers (6.5%) | 7 organisational governance and administation personnel (22.5%) | 17 operations management personnel (55%) | 5 Frontline staff (16%) |

Thematic analysis was conducted to generate key themes from the interview data. Next, contributing factors and preventative strategies identified in the interviews, the prevalence survey, and a literature review were aligned to each key theme.

This resulted in four Accimap and Preventimaps that corresponded to the themes:
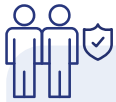
Staff Capability:

Frontline staff are vital in preventing WRV, however, they often lack the skills and knowledge needed for effective support.

Stakeholders stress the importance of :

- WRV-specific skills
- Person-centred support skills, complex communication skills
- Specialised knowledge of disability, mental illness, and trauma.

Challenges are worsened by factors such as:

- Low staffing entry requirements
- Inconsistent supervision
- Inaccurate and/or overly complex behaviour support plans.

Physical Environment:

The physical environment can impact the presence of workplace violence and aggression (WRV).

Poorly designed buildings can contribute to WRV, while well-designed buildings can prevent it. Examples of poor building design include:

- Single points of egress
- Low visibility
- Inadequate space
- Low-quality materials.

Contributory factors to poor building design include:

- Funding and budget constraints for building adaptation
- Unsuitable accommodation allocation for resident needs (e.g., location)
- Limited space for resident privacy.

Safety Culture & Safety Leadership:

Low levels of safety culture are often observed in the sector, where staff accept violence as part of the job.

This culture is influenced by higher system factors such as:

- Management messaging
- Regulatory emphasis on resident safety.

Capacity to demonstrate safety leadership in the sector can also be constrained by systemic factors such as:

- Funding for safety initiatives
- Compliance-focused legislation.

Resident Compatibility:

The compatibility of residents and resident needs with SDA, SIL, STAA providers, other residents, and staff can impact WRV.

Factors that can impact the suitability of resident compatibility include:

- Intake and exit processes
- Resident mix in congregate housing.

These factors are influenced by higher-level factors such as:

- Limited flexibility in funding guidelines to facilitate movement between accommodations in the case of incompatibility.

A summary of these themes are presented in Figures 3-6.

THE ROLE OF STAFF CAPABILITIES IN WRV

Key Contributing Factors (AcciMap)

Regulatory Bodies
- Unclear entry requirements
- No minimum qualifications
- Funding model not attracting skilled workers
- Inappropriate frontline requirements (BSPs)
- Compliance-centred focus to resident safety

Government
- Limited access to funding

External Education
- Qualifications not adequately preparing workers

Training
- Inadequate training around WRV
- Inadequate training quality
- Inadequate training for resident needs
- Infrequent training (knowledge retention)
- Lack of training for casual staff
- Lack of time to participate in training

Management
- Staffing policies & procedures

Human Resources
- High staff turnover
- Casualised workforce
- Shortage in qualified workers

Resources & Recruitment
- Budget affecting staff pay
- Inadequate competency of staff

Frontline Management
- Lack of/inadequate incident reporting
- Lack of/inadequate investigation systems
- Lack of information sharing practices

On-site Supervision
- Inconsistent supervision for frontline staff

Work Scheduling
- Insufficient consideration of staff/resident needs when designing rosters and job tasks
- New casual/agency staff relied on to cover shifts

Resident Support
- BSPs inaccurate, lengthy/difficult to interpret

Work Systems
- High work complexity limiting time for other tasks

Staff
- Lack of experience, WRV knowledge, and resident specific knowledge
- Restrictive practices triggering WRV
- Cognitive demands (supporting multiple residents)
- Lack of skills for identifying/resolving conflicts
- Not attending to resident needs
- High threshold for incident reporting (fear of reporting, normalisation of WRV)
- High frequency of people handling tasks
- English as a second-language
- Lack of empowerment (low confidence in competence)
- Violence accepted as part of the job
- Fatigue and burnout
- Increased workload (non-support tasks)

Residents
- WRV behaviours as a form of communication
- Dual disability or mental health condition

Co-worker Support
- Learning dangerous practice from co-workers

Physical Environment
- Limited space for staff

External Services
- Variable levels of support from behaviour support practitioners

Key Prevention Strategies (PreventiMap)

Regulators
- WRV training (incident reporting, education)
- Minimum entry requirements

Government
- Guidelines (trauma-informed practice framework)

Management Systems
- WRV training (incident reporting, WRV education)
- Practice-related training
- Design of training for meaningful learning
- Specialist clinical support/services teams working with providers to assist frontline staff
- Values-based recruitment assessment

Frontline Management
- Regular on-site supervision
- Off-site supervision (24hr support line, 3-tier on call system)
- Design shifts/tasks to reduce fatigue, burnout, and WRV risk

Work Scheduling
- Rotate staff to provide relief following WRV

Resident Support
- Person-centred support plans
- Resident communication profiles

Staff
- Clear communication with residents
- Use of active support
- Support staff to minimise people handling
- Use of de-escalation skills
- WRV information during onboarding
- Team debriefing

Residents
- Reliable and consistent routines
- Residents actively engaged

External Support Providers
- Comprehensive and accurate BSPs
- Short and digestible BSPs

Physical Environment
- Dedicated space and time for staff breaks

Figure 3: Contributing factors to WRV and WRV prevention strategies related to staff capabilties

Key Contributing Factors (AcciMap)

Regulatory Bodies
- Inadequate facility design guidelines
- Resident-centred approach (little concern for staff safety)
- Limited funding for appropriate housing
- Funding dependent on providers accepting/placing residents

Government
- Regulatory uncertainty influencing access to funds

Property Management
- Slow or improper response to maintenance issues and repairs

Resident Support
- Property decisions made without considering resident or frontline worker needs
- Maximum number of residents in each home

Management
- Inadequate incident reporting and investigation systems
- Inadequate risk management processes

Resources
- Financial constraints for building adaptation

Training
- Inadequate training WRV for staff

Priorities
- Pressure to accept residents regardless of suitability

Resident support
- Residents allocated to room/ building not suitable for their support needs

Staff
- Lone worker model (limited access to supports in safety-critical situations)

Residents
- Residents isolated leading to WRV (proximity to community, family, friends)

External Support
- Access to allied health services

Physical Environment
- Unsuitable environment for resident (noise)
- Location (rural/regional/metropolitan)
- Suitability of home for support
- Inadequate spaces for privacy
- Limited spaces for staff to work/take breaks
- Imbalance between home environment (residents) and work environment (staff)
- Blind spots where staff may be cornered or confronted
- Inadequate external lighting
- Limited capacity to modify environment to suit resident
- Inadequate access/egress for staff to use to escape during WRV

Equipment
- Use of equipment and furniture as weapons
- Inadequate/unavailable security and surveillance equipment
- Suitable equipment to support residents

Neighbourhood
- Residential houses located in areas that are not a good fit for residents

Key Prevention Strategies (PreventiMap)

Management Systems
- Implementation of organisational controls to ensure environment is fit-for-purpose

Physical Environment
- CCTV
- Duress alarms
- Fire safety equipment
- Buildings that are built for purpose
- Multiple points of egress
- Safe space to retreat to during incidents
- Removal of items that can be used as weapons

Figure 4: Contributing factors to WRV and WRV preventation strategies related to the physical environment

Key Contributing Factors (AcciMap)

Regulatory Bodies
- System geared towards safety of residents
- Compliance-centred focus regarding resident safety
- Limited oversight of WH&S management
- Changing definitions/standards in policies

Government
- Limited access to funding
- Tensions between Disability Act and WHS legislation

External Influencers
- WRV expected (normalisation)

Leadership & Management
- Lack of Leadership Board involvement on WRV-related activities
- Safety culture focused on resident (not staff) safety
- Resources focused on regulatory compliance
- Inadequate support for staff health/wellbeing
- Culture of compliance over growth
- Low entry requirements for leadership positions
- Inadequate WRV-related policies and procedures
- Inadequate risk management processes
- Inadequate incident reporting and investigation systems

Management Systems
- Emphasis on reporting resident safety incidents
- Historically punitive approach towards workers (dismissal over performance management, attitude that WRV is expected)
- Limited funding to implement safety initiatives
- Lack of separation between staff-/resident-related incidents in reporting systems

Training
- Inadequate training around WRV

Frontline Management
- Resident needs put before staff safety
- Inadequate support for the health and wellbeing of staff
- Limited skills/experience in management or safety leadership
- High workload limiting engagement with frontline staff
- Siloed communication between accommodation house teams

Management Systems
- Lack of clarity on WH&S responsibilities

Resources & Recruitment
- High staff turnover (burnout)

Work Systems
- High work complexity (frequency of WRV, regulatory compliance requirements)

Staff
- Expectation to do compliance/OHS tasks whilst supporting residents
- High burden of legal/regulatory administrative requirements
- Accepted practice to protect resident over staff safety
- Inappropriateresponse by co-workers to WRV incidents
- Not empowered to make critical decisions about safety/practice
- High WRV risk tolerance (fear of reporting consequences, normalisation of WRV)
- Poor mental health outcomes
- Tension between support obligations and maintaining safety
- Lack of knowledge of WRV
- Low reporting culture (high threshold for reporting)

Residents
- Resident on resident violence requiring staff intervention
- Power imbalance with staff (e.g., lack of safety to speak up, fear of reprimand)

Physical Environment
- Limited space for staff to retreat, have a break, and recharge

Key Prevention Strategies (PreventiMap)

Government
- Legislative reform around WHS & psychosocial hazards
- Streamlined process for regulatory compliance

Management Systems
- Supportive communication
- Dedicated WRV teams/ committees
- Cluster reviews to find commonalities across WRV incidents
- Simplified WRV reporting processes
- Regular multidisciplinary case reviews
- Multi-provider meetings (advocacy, systemic issues related to WRV)
- Identify, assess and implement intervention strategies

Leadership & Senior Management
- Annual measurement of safety culture
- Strong safety culture and safety leadership
- Leadership observation programs of frontline environment
- Integrate staff and residents into company communication
- Investment into practice development

Frontline Management
- Strong safety leadership/leadership training
- Engagement with staff (encourage reporting, discuss safety)
- Supportive communication
- Strong cultures around reporting, safety, and safety leadership
- Regular team meetings (discuss WRV incidents)
- Psychosocial management skills

Work Scheduling
- Schedule admin time to facilitate reporting

Staff
- Strong reporting culture

Figure 5: Contributing factors to WRV and WRV prevention strategies related to safety culture and safety leadership

Key Contributing Factors (AcciMap)

Key Prevention Strategies (PreventiMap)

Regulatory Bodies

- Limited funding for appropriate housing
- Balance of resident's preferences for providers and capacity of provider to provide appropriate support
- Funding dependent on providers accepting and placing residents
- Insufficient resident entry procedures
- Insufficient or extensive exit/transfer procedures
- Informed decision-making related to SDA, SIL or STAA provider choice
- Limited accommodation alternatives/ availability
- Inadequate guidelines for appropriate resident-to-service matching

Government

- Changing regulatory system impacting housing mix
- Lack of capacity to meet demands
- Slow bureaucratic process
- Limited access to funding

External Services

- Variable skill level of individuals in support co-ordination roles
- Pressure on providers to accept residents
- Resistance from private rental market to accommodate residents wishing to exit supported living accommodation
- Limited transparency in referrals

Regulators

- Streamlined process for moving/ exiting residents or provision of extra supportduring WRV-emergencies
- Entry/Exit Relocation Checklist (DFFH)
- NDIS crisis team
- Open communication with support co-ordinators

Resident Support

- Maximum number of residents in each home
- Highly administrative resident entry/exit procedures
- Inadequate compliance with available risk management approaches

Priorities

- Pressure to accept residents (regardless of suitability) due to funding constraints

Training

- Inadequate specialist training on resident needs (trauma, disability)

Management Systems

- Risk management and holistic approach
- Pre-admission review processes

Work Systems

- High workload affecting time for admin
- High work complexity (poor fit of resident, admin duties)

Resident support

- Inappropriately matched residents (accommodation, other residents, staff)
- Inaccurate BSPs

Management

- Inadequate resident matching and risk assessment processes

Resources

- Lack of resources to accommodate resident needs
- Insufficient staff-to-resident ratios to meet resident needs

Resident Support

- Resident feedback

Residents

- Past history (trauma, accommodation, justice system involvment)
- Resistance to being in supported accommodation
- Disability/dual diagnosis needing additional support
- Drug and alcohol involvement
- Resident on resident violence requiring staff intervention
- Bullying between residents leading to resident on resident violence
- Insufficient sharing of information during matching process
- Past history of WRV-related behaviours

Staff

- Not using best practice skills
- Not picking up on triggers or warning signs
- Not having skills for resolving potential conflicts
- Not attending to resident needs
- Burnout due to demanding nature of job

Physical Environment

- Suitability of home for support
- Inadequate/unavailable space to accommodate residents privacy
- Access to health and support services (rural/remote areas)

Neighbourhood

- Residential houses located in areas that are not a good fit for residents

Figure 6: Contributing factors to WRV and WRV prevention strategies related to resident compatibility

POTENTIAL OPTIONS FOR CONSIDERATION

Options for government and regulators to consider include:

- Increase provider access to funding to attract and retain highly skilled staff
- Review and redefine staff competency requirements in alignment with best care practices
- Increase provider access to funding – for the provision of relevant and timely education for staff and enable staff attendance
- Align regulatory obligations for providers by adopting a balanced regulatory approach that prioritises safety for all people
- Streamline regulatory frameworks to reduce administrative burden
- Regulate reporting of OHS incidents affecting staff
- Provision of WRV incident report summaries to industry to support practice improvements
- Encourage consistent regulatory framework for resident intake into accommodation
- Provide regulatory guidance for providers in relation to environment suitability
- Provide regulatory guidance for entry, exit and return from health settings
- Provide clarity on regulatory requirements to facilitate access to funds for housing adaptation
- Ensure regulatory guidance affecting housing options includes consultation with residents to ensure compatibility with resident preferences.

Options for organisations (e.g., support providers) to consider include:

- Provide funding and access for relevant staff education & professional development
- Provide adequate support and resources to address cognitive demands
- Demonstrate commitment to staff safety by increasing leadership investment/ involvement in WRV-prevention activities and discussions
- Implement rigorous recruitment, selection, induction and training processes to ensure optimal safety leadership recruitment
- Design work shifts and tasks to optimise staff safety
- Ensure ongoing consultation with residents and frontline workers in decision-making processes related to design and modification of properties
- Employ a supportive rather than punitive approach to compliance
- Strengthen resident matching within risk management procedures
- Ensure space available for residents' privacy and to 'not engage'
- Accurately define and communicate work demands, responsibilities and capabilities in recruitment, selection and induction practices
- Implement and monitor end to end reporting systems including consultation with staff for corrective actions and communication of outcomes
- Provide appropriate training and professional development opportunities for staff, and implement auditing procedures
- Promote a culture of openness and accountability – encouraging staff to acknowledge skills gaps.

Options for frontline staff to consider include:

- Actively encourage colleagues to report WRV incidents and engage in organisational health & safety consultation obligations
- Actively engage in and seek out ongoing training and professional development.

NEXT STEPS

The findings from this project will be presented at an industry workshop hosted by WSV and the NDS, and facilitated by the QUT project team with the goal to implement and progress into policy and practice.