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| Occupational violence risk management guide |
| Child protection  |



Overview

The purpose of this guide is to assist in the management of occupational violence risks when working with clients in non-office-based environments. This includes, for example, client homes (including public housing), community-based facilities and settings (public transport, shopping centres, fast food outlets, parks, hospitals and health services, correctional facilities), and vehicles (transporting clients).

The guide provides a tool for the identification, assessment and control of occupational violence risk factors associated with clients, service provision and settings in which services are provided. It is intended that the guide be used prior to client visits to manage potential risks in a planned way.

This guide does not directly address dynamic risk assessment strategies such as calming and defusing techniques, access and exit assessment and other strategies to respond to immediate and unexpected occupational violence risks. Dynamic risk assessment skills are provided through professional development and are listed as a standard risk control.

Who does this guide apply to?

This guide applies to all department employees, contractors, casual and agency staff working in child protection.

Guideline

**When to use the guide**

The guide must be used in circumstances such as:

* Before an initial contact visit in order to assess risk
* As part of ongoing service provision in order to check risk level and adequacy of controls
* Following a case review or significant change in client or service status in order to check risk level and adequacy of controls.

**Using the guide**

The following steps outline the approach to using the risk management guide:

**Step 1: Identify hazards and assess risks** to employees by using the matrix to identify risk factors that may be encountered at an initial contact, as part of ongoing service provision and at points of case review. This requires an assessment of client information, of the nature of the contact or service to be provided and an assessment of the setting in which the contact or service provision will take place. Information on databases such as CRIS (for example flagged issues) and exchange of information in relation to clients using multiple services should be used to assess risks.

Risk factors are rated from 1 (Low) to 3 (High) across the risk categories (client, service and setting). Determine the highest risk for each category (1, 2 or 3) and add them to get an indicative risk score to guide the selection of appropriate controls (refer example below).

**Step 2: Determine appropriate controls** according to the identified hazards and assessed level of risk. Controls are cumulative as the risk increases except where a control measure effectively eliminates the risk. Standard safety controls should be applied for risks assessed as being low, and do not require further assessment. Higher risks require further consideration to determine suitable additional safety controls to the standard controls.

**Step 3: Complete safety plan** to document the risk rating and the controls that will be implemented. Where the risk is assessed as low, the safety plan is used to keep a record of the guide being utilised and confirmation that standard safety controls have been implemented. Where the risk is assessed as medium to high, the safety plan is used to document the application of upgraded controls. Any additional risk controls that are not covered in the guide should also be documented together with any other relevant information such as specific client triggers and their associated controls.

Employees must keep a record of the safety plan by placing it prominently in the client file.

**Step 4: Review the adequacy of controls** as part of ongoing service provision or case review. Use this guide to review steps one to three and ensure the current assessment remains relevant.

A review should be conducted at least quarterly or sooner:

* Where risks have been assessed as high (review at least monthly)
* When there is a change in client or case status
* When there is a handover of a client to a different employee
* When an incident report is logged.

**Worked example**

From the risk management guide, you identify:

Client – History of criminal activity (rating 2)

Service – First visit with family (rating 2)

Setting – Meetings in settings such as cafes with high visibility (rating 1).

This gives a combined score of 5; the controls recommended are standard plus upgraded controls. Professional judgement needs to be applied to determine which additional controls are appropriate for the circumstances. The implemented controls must be documented in the safety plan.

**Moderating initial risk ratings**

Judgement needs to be exercised when using this guide. There may be certain client situations (for example where weapons are suspected) or services that on their own, justify the use of special controls. It is also important not to ‘normalise’ or underestimate the risk as this may result in inadequate controls being applied.

The factors likely to influence the choice of controls include:

* Evidence that professional or clinical practice has reduced the likelihood of risks translating into violence towards employees
* Experience of the worker with the client and type of case
* Continuous history of a good client relationship where violent behaviour is not foreseeable
* Recognition that a recommended precaution may have an unintended effect (for example two employees being present may escalate the client’s behaviour).

In these cases, team leader/manager review and oversight of cases is essential to ensure risks are not normalised without sufficient evidence of reduced risk. Moderating factors should be documented in the safety plan.

Risk management tool

**Step 1: Identify hazards and assess risks**

| **Risk category** | **Rating 1 risk factors** | **Rating 2 risk factors** | **Rating 3 risk factors** |
| --- | --- | --- | --- |
| **Client** | Access to comprehensive intake reports indicating low riskAccess to cross program alerts, such as in CRIS, indicating low riskGood regular information exchange with local police | File notes/alerts on previous incident with violence requiring police interventionMinimal information exchange with local police Evidence or history of criminal activity/substance use | Minimal access to cross program alertsEvidence of current drug use leading to heightened state or altered behavioursEvidence of current aggressive behaviourLikelihood of ‘others’ in property who present a violence riskSuspected presence of weaponsInability to reliably identify clients and othersLittle or no information exchange with local police |
| **Service** | Case management where clients have taken positive attitude to service provisionSupervisory and monitoring visits with no prior history of issues | First meeting or visit with familyVisit required within 14 daysVisits for supervision of orders by lone worker | Urgent investigation visitDecisions to place child in emergency care immediatelyDecisions to require police involvementPrevious aggressive response to planned type of visit or indication of same prior to visit |
| **Setting** | Meetings in settings such as courts, justice centres or police stations with known protocolsMeetings in settings such as cafes with high visibility | Home visit in visible, accessible or stable areaMeetings in community settings with known safety protocolsPoor or unreliable phone service | Home visit in isolated, remote or vulnerable areaMeetings in community settings without known safety protocolsNo phone coverage Visit outside normal hours |

**Identify rating range by applying a rating to each risk category above and calculating a combined risk rating**

| **Rating range** | **1-3** | **4-6** | **7-9** |
| --- | --- | --- | --- |
| **Action** | Apply standard safety controls | Apply relevant upgraded controls | Apply relevant special controls  |

**Step 2: Determine appropriate controls**

| **Assessed as low risk**Apply **standard** safety controls | **Assessed as medium risk**Apply **upgraded** safety controls as determined by risk assessment | **Assessed as high risk**Apply **special** controls as determined by risk assessment |
| --- | --- | --- |
| **File/database checked for alerts**Review files and check databases such as HiiP, CRIS for alerts.**Relevant information logged before client visit**Leave a record of client visit in a log book, on a whiteboard or on the safety plan.**Emergency numbers and escalation protocols logged**Details of emergency numbers or procedures to seek assistance if situation escalates are known.**Trained in dynamic risk assessment and personal safety strategies**Dynamic risk assessment strategies such as calming and defusing techniques, access and exit assessment and other strategies to respond to immediate and unexpected occupational violence risks has been provided through professional development.**Transport and communication systems checked and reliable**Vehicle suitable for visit, mobile phone checked and reception in visit area checked on site. | **Team Leader review of case**Any risks identified in assessment requiring upgraded controls are discussed with team leader or manager and the situation is actively monitored. The team leader is available ‘on call’ if required. The discussion and associated risk controls must be documented.**Co-worker attendance/other support worker**Another worker is assigned to assist in the visit with a clear understanding of respective roles and actions to be taken if the situation escalates. A worker with an existing positive relationship with the client may also be assigned.**Use of controlled/neutral venue**If the risk is not considered manageable a meeting may be arranged at a departmental office with suitable in-house measures such as duress alarms. Neutral venues such as Community Health Centres may be used if appropriate.**Further case history checks**Discussion with any previous case workers to establish case history, nature of any violence risks and best strategies for establishing good relationship. | **Use of security code**An agreed phrase is used to signal, in an unobtrusive way the need to withdraw if risk escalates.**Use of ‘call in’ procedures**Contact client by phone prior to visit to further assess the risk and determine if the situation is manageable.**Delay of visit until situation is stable**Where a situation is deemed to be too high risk, visits may be delayed until precautions can be put in place to lower the risk or the situation stabilises. **Police attendance**If a visit is required by circumstances such as legislative requirement and alternatives are not available, the assistance of police should be sought to minimise risks. |

**Step 3: Safety plan**

Complete the Safety plan at the end of this guide and store it prominently in the client file.

**Step 4: Review the adequacy of controls**

Review the safety plan at least quarterly or sooner to ensure the current assessment remains relevant.

Safety Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Client/case no:** |  | **Date of assessment:** |  |
| **Employee name/s:** |  | **Manager sign off:** |  |
| **Employee name/s:** |  |

**Risk rating**

Mark with an ‘X’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Low** |  | **Medium** |  | **High** |  |

**Key risk factors/alerts**

[List key risk factors including specific client triggers/risks.]

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**Controls implemented**

**Low risk**

| **Standard controls** | **Mark with an ‘X’ when completed** |
| --- | --- |
| All standard safety controls |  |

**Medium risk**

| **Upgraded controls** | **Mark with an ‘X’ when completed** |
| --- | --- |
| Team leader review of case |  |
| Co-worker attendance/other support worker |  |
| Use of controlled/neutral venue |  |
| Further case history checks |  |

**High risk**

| **Special controls** | **Mark with an ‘X’ when completed** |
| --- | --- |
| Use of security code |  |
| Use of ‘call in’ procedures |  |
| Delay of visit until situation is stable |  |
| Police attendance |  |

**Additional risk controls**

[List any other controls and/or moderating factors not covered in the guide.]