

# Overview

# *Working Safe*

# Toolkit

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- Jenna Bateman, Chief Executive Officer, MHCC
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- Sue Smith, National Disability Services, NSW
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- Justine Hall, Insurance Council, Australia

All material presented or produced by the Mental Health Coordinating Council (MHCC) is for guidance purposes only. The information should be reviewed in relation to your organisation's individual circumstances and policies.

## 1. Overview *Working Safe* toolkit

### Background to project

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In response to a need identified by members, the MHCC has initiated the *Working Safe* project to explore and enhance the sector's understanding of safe work practices in the increasingly complex work environment in which many organisations currently operate. The project has identified through its research and consultation processes the key components of reducing risk, as well as important lessons on the risk associated with direct support in the community mental health sector.

As the NGO sector grows and the focus of mental health services continues to shift further towards community-integrated programs, staff are more frequently providing services to people in their own homes. This means the workplace is more commonly in peoples' homes and neighbourhoods rather than in an office or other facility.

*Good risk management is based on communication, planning, appropriate service provision and effective responses.*

*It addresses organisational policy, procedures and practices;  
staff training, skills and experience;  
the context of service delivery;  
and the consumer's history and current circumstances.*

While the vast majority of people with a mental illness are not inherently dangerous, the potential for danger in the workplace exists because of the sometimes hidden nature of mental illness, the unpredictable nature of the environments in which consumers may be living, and the prevalence of drugs and alcohol in the community.

Staff carrying out home visits are also increasingly faced with neighbourhood issues such as unrestrained dogs, unclear or dark pathways and entrances, and other people in the neighbourhood who may be unwelcoming or unaccepting of the consumer and/or NGO support staff role. The complexity of negotiating such a changeable environment and ensuring staff safety is indeed a challenge for the sector.

## The project's literature review identified risks associated with direct support in the community mental health sector.

### Key lessons

The development and promotion of a positive, preventative **risk-aware culture** is crucial to the ongoing safety of staff. Potentially non-beneficial cultures within the organisation and/or unsafe practices should be identified. A safe and aware workplace proactively initiates and maintains a positive, risk-aware culture.

An **awareness campaign on staff safety** should be promoted; ensuring the message of sound practice and consumer rights is included. Expectations must be communicated to all stakeholders, and opportunities for collaboration created at every step. Organisational commitment to a safe culture is crucial, with continuous reinforcement provided to staff through training, by setting clear limits and expectations and ongoing review.

Organisations are responsible for ensuring a safe working environment for their staff with sound **policies and procedures** in place that are known and followed by all staff. Training and support systems must be provided to all staff such as access for support staff to clear procedures on managing critical incidents. Employees must also accept responsibility for respecting organisational procedures and supporting a safe working environment for themselves and others.

To effectively address issues related to the management and prevention of risk in the workplace, particularly in external locations when home visiting or providing transport to consumers, high-risk groups must first be identified and corresponding procedures put into place in line with the level of risk. Assessment of consumers and the home environment and risk management planning is most effectively carried out **together with consumers, carers and other key stakeholders**.

Organisations are responsible for ensuring that all **staff are suitably trained and qualified** to carry out work-associated tasks, as well as being able to effectively assess and manage potential risks, such as the risk of aggression or hazards around the home. Staff must also receive training in effective communication, techniques to de-escalate or defuse situations and how to manage their personal safety. Staff must also be clear about their responsibilities for 'incident reporting', which further informs organisations of possible ongoing hazards so they can better manage and prevent future incidents.

Partnerships, productive communication and a healthy spirit of **collaboration between agencies** are essential to the effective assessment and management of risk. Firstly, there must be discussion with the consumer regarding their right to privacy and the need for the exchange of relevant information to ensure their wellbeing. The timely and open flow of information between agencies can ensure appropriate access to accurate information for the benefit of the consumer. Clear protocols and a supportive interface between clinical emergency services and NGO staff requires continuing development.

## Key components of reducing risk

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While not exhaustive, the following points provide a summary of the key components of reducing risk.

1. Good communication should be used with consumers, carers and other mental health services, including clearly communication information regarding rights, responsibilities, and the consequences of risky behaviour.
2. There should be a focus on developing rapport and trust over time between support staff and the consumer.
3. Sound policies and procedures should be developed and followed.
4. Individual Support Plans (ISPs) should be developed, implemented and reviewed, jointly with the consumer as the framework for managing any risk issues.
  - ISPs should be informed by joint risk assessment and risk management planning.
  - Staff should be trained in developing and using ISPs.
  - ISPs should be routinely reviewed.
  - Proactive re-assessment should be undertaken if circumstances change.
  - Everyone involved should be informed of every change.
5. Skills and abilities of staff should be matched to consumer needs.
6. Policies should be in place that indicate when 2 staff are necessary for home visits. The identified level of risk should inform staff as to the number of staff needed to perform associated tasks.
7. Imminent danger communication protocols should be in place, such as agreed organisational code words.
8. Formal decision-making systems should be backed up by staff who can use tacit knowledge in making decisions.
9. Mobile phones should be available to support staff and should be pre-programmed with police and emergency numbers.
10. Support staff should have non-violent self-defence skills, including de-escalation skills.
11. Staff should have on-going training.
12. A recovery-orientated approach should influence all aspects of the risk management and assessment process.

## Training

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Staff training is at the basis of a safe and aware workplace culture. Organisations are responsible for providing their staff with the necessary understanding of OH&S requirements and ensure they understand workplace risks and are able to identify and manage any threats and hazards that may arise. Staff compliance with organisational policies and procedures is crucial to workplace safety.

To provide a safe workplace, organisations should have clearly documented safe work policies and procedures that are effectively communicated to staff. OH&S orientation must be provided for new staff at induction, and then reinforced through example. To ensure that staff are fully trained and complying with OH&S legislation and organisational responsibilities, ongoing training and review must be provided in safe work practices, personal safety, risk assessment and management.

Organisational policies and procedures must include guidelines for staff induction and ongoing training and review. The resources included in this toolkit reinforce the importance of training and the associated responsibilities of organisations and staff to ensure ongoing participation and review.

## Recovery-oriented approach and risk assessment

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A recovery-oriented approach is about providing services that support consumers to live meaningful lives with hope for the future, and to be active participants in the support that they receive and the community that they live in. While creating and maintaining a safe workplace culture, organisations and employees must remain committed to retaining a sound recovery-focused service that supports consumer participation in all aspects of service delivery.

*At the outset it needs to be acknowledged that, wherever possible, the risk assessment process needs to be undertaken collaboratively with the consumer and their family and/or carer(s).*

*Principles and practices of recovery orientation should be the guiding influence in any risk assessment or risk management process.*

*Talking openly about the assessment and developing strategies for the management of risk with the consumer are paramount.*

*Preventative strategies and planning can reduce both the likelihood and the consequences of identified risks.*

## Consumer perspective on home visit risk assessment

It is important to assess the risk of home visits from the consumer's perspective, taking into account issues including:

- risks to consumer's privacy (e.g. family members, flatmates, neighbours)
- risks to consumer's safety (e.g. risk of escalating family violence)
- the consumer's right to be consulted about which carer(s) or family member(s) should be involved in the risk assessment process
- the consumer's right to be given a reasonable choice of location for visits.

During the risk assessment process, support staff should discuss any previous experiences the consumer has had with situations where they were at risk. In discussing potential risk situations with a consumer, it is important to explore with them what they currently do to manage the risk and what other strategies they might be able to enact.

When considering OH&S issues in relation to direct service delivery, it is essential to keep a balance between the requirements of the consumer and those of staff when considering providing support in external locations or situations (such as home visits, transporting, excursions or community activities). Risk assessments need to be carried out to assess risks to consumers as well as risks to staff, the organisation and others.

## Research on consumer involvement in risk assessment processes

A study by Langan & Lindow (2004) advocates the involvement of consumers in risk assessment and the development of individual support plans. The authors consider it a fundamental civil rights issue that all consumers should be informed if they are thought to be a potential risk to others, and believe that without this it is difficult to build a relationship between professionals and consumers that is based on trust.

The study identified the following key issues relating to involving consumers in risk assessment.

- A risk assessment should be a holistic assessment that considers all risks that the consumer may be experiencing, including risks arising from lack of work, poverty, stigma, discrimination or racism, as well as the risks of suicide and self-harm. The continuing effect of trauma also needs to be addressed.
- A good relationship between consumer and support staff within which the consumer's qualities are valued is important, as is sensitivity and timing. Staff concerns about their own safety need to be taken into account.
- The process of negotiation regarding a risk assessment and the development of an individual support plan that is acceptable to the consumer and considered sufficient by support staff to manage perceived risks can be intensive. This is due to varying levels of agreement between consumers and mental health staff about risk and its management. Common ground is more likely where strengths and abilities are valued, where a good relationship is built over time and where support is sought rather than imposed.
- Accurate information is vital – both to protect others where the consumer may be a risk, and to protect the consumer from ways that they would never condone when in good mental health and which could lead to restrictions on their liberty. Consumer consent for the implementation of information sharing protocols between agencies at transition of care points is a key aspect of consumer participation.

## 2. How to use the **Working Safe** toolkit

This toolkit is one of the outcomes of the *Working Safe* project. It aims to assist the mental health NGO sector to develop sound risk management policies and practices in relation to home visiting and establishing a safe workplace culture. By using this resource, managers of organisations can be proactive in ensuring a safe working environment for staff while retaining a supportive and recovery-focused service for consumers.

The materials do not aim to replace existing policies nor do they represent a complete version of any one policy. Rather, they are to act as a support to organisations as they develop existing policies and procedures and create new policies and procedures to suit specific organisational and service needs. While this toolkit focuses on home visiting, much of the information and guidance it contains is also applicable to other direct-support situations, in which staff meet with consumers in other locations.

### Toolkit contents

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The toolkit comprises a home visiting guide, 10 check sheets, four sample policies and two sample assessments.

The **home visiting guide** was designed specifically for support staff conducting home visits. The idea was to provide an accessible and handy guide which functions like a mental checklist and can be kept in a convenient place for quick review prior to each visit, such as above your desk and/or with your vehicle log book. It highlights safety issues to be considered before leaving the office, when arriving at the visit, during the visit and after the visit. The guide aims to reinforce organisational policies and procedures in which staff should previously have received training. Assessment issues are also a central focus of the guide with a checklist ensuring that support staff have been fully briefed prior to the visit and understand the levels of identified risk and associated procedures.

The **check sheets** were developed to provide a summary of key issues that could be easily read if pinned up around a room or included in induction manuals. They aim to educate, reinforce and encourage a safe and aware workplace culture. The information is for both management and other staff, with some key responsibilities listed. The check sheets address issues of policy, procedure and responsibility relative to good OH&S. The 10 check sheets cover:

1. Safe and aware workplace culture
2. Managing distress and injury at work
3. Professional boundaries
4. Sharing information
5. Organisational responsibilities
6. Home visiting assessments
7. Safety guide for mindful practice
8. Transport for consumers
9. Emergencies & incidents
10. Quality review and OH&S

The **sample policies** do not attempt to cover all the policies that an organisation should have in relation to OH&S and working with consumers. They are an example or guide to developing or introducing organisational policies in relation to home visiting. We recommend you seek further advice from the WorkCover Authority of NSW when developing your policies and their website provides a broad range of information and guidance on workplace safety requirements. <http://www.workcover.nsw.gov.au/> Legislative changes must also be incorporated into your organisation's documents and updated as part of your review processes. The sample policies we have developed as part of this toolkit are:

1. Organisational OH&S Management and Board
2. Safe practice procedures (home visiting)
3. Safe transportation of consumers
4. Critical incident reporting

Similarly, the **sample assessments** provided are only examples of the type of assessment documents your organisation may need to create for the purposes of home visiting assessment and review. These samples may need to be revised and adjusted to suit your own organisational needs and policies. Other supporting assessments will need to be developed in line with your organisational policies and procedures for assessment. We have provided as part of this toolkit samples of:

1. Assessment for aggression
2. Home assessment

## Organisational use of these materials ---

These materials are available for organisational use and redesign as required. Organisations are encouraged to adapt the materials to meet their own requirements. You may also add your organisational logo if desired.

The sample policies and assessments are basic examples to get you started and will require organisational review and development. We also recommend that the information be regularly reviewed to ensure that it is in line with current legislation and individual organisational policies.

### Printing guide:

- The **display sheets** are ready for printing. We encourage you to print them in colour if possible for best effect.
- The **home visiting guide** has been prepared as a double-sided DL-3 fold brochure. When printing, the following print options will apply: Properties > Landscape > Finishing > Print Style: 2-sided Printing > Binding location: Short Edge (Left)
- The **sample policies and assessments**, once they have been developed and reviewed in line with your organisational need and policies, can be printed on A4 paper.

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