

CASE SUMMARY

<p><u>The Incident</u> Describe the flow of events on the day of the incident and any relevant events leading up to the incident</p>	<p>Incident involved an in-home community care provider employee who was sexually harassed while performing her normal fortnightly duties within a client’s home. The CGD employee had visited this residence many times and knew the couple quite well. This day, the wife (client) was not home. She entered the house as normal as she knew and trusted the client’s husband (he had always been friendly and appropriate). The shutters were also completely closed this day (normally half down) so the premises were very dark. She started vacuuming in the bedroom as per her routine. At this time, the client’s husband was in the sitting room. Suddenly he appeared in the bedroom, with a \$100 note in his hand. He made advances toward her saying “I touch you a little bit” – offering the money. He went back to the sitting room once she refused his advances the first time. She felt trapped in the bedroom, while vacuuming and was thinking of how she could get out. She felt sick, like she was going to pass out. She was conflicted about needing to leave and doubting herself; she wanted to believe that she had misinterpreted the situation. All this took around 20 minutes. As soon as she could, she left, reported it to her supervisor and they discussed it shortly after. She was offered counselling. Her supervisor called the following day to check that she was ok.</p>
<p><u>Outcomes for staff</u> Injuries or harm to staff as a result of the incident</p>	<p>Distress/sexual harassment. Emotional trauma. No time off work was taken.</p>
<p><u>Outcomes for clients</u> Injuries or harm to clients as a result of the incident</p>	<p>Client’s daughter was informed about the incident. The City Council is now sending a male to do the cleaning for this client.</p>
<p><u>Risk controls</u> List all the risk control measures in place for the work at the time of the incident</p>	<p>Carers manual Standard Operating Procedures</p>
<p><u>Response</u> Describe the response to the incident prior to the review</p>	<p>Called the office and left the premises as soon as she was able. Talked to her supervisor and a report was made. Offered counselling. Follow-up the following day. Two subsequent meetings with supervisor to discuss. Male worker sent to do work at this residence from this point on.</p>

CONSULTATION

Identify the staff that need to be consulted during this review

<p>Frontline staff:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compliance/enforcement Officer (i.e. local laws, environmental health, planning enforcement, statutory planning, building surveyor) <input type="checkbox"/> Reception staff <input type="checkbox"/> Administration staff <input type="checkbox"/> Depot staff <input type="checkbox"/> Customer Service officer <input type="checkbox"/> Leisure Centre staff <input type="checkbox"/> Library staff <input type="checkbox"/> Maternal Child Health staff <input type="checkbox"/> Early Childhood Centre / Kindergarten staff <input type="checkbox"/> Youth & family services staff <input type="checkbox"/> Home & Community Care staff <input type="checkbox"/> Health Inspector <input type="checkbox"/> Security staff <input type="checkbox"/> Other _____ 	<p>Operations management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supervising staff member / Team leader <input type="checkbox"/> Director / Manager/ head of unit <input type="checkbox"/> HSR / OH&S Team <input type="checkbox"/> Education & Training <input type="checkbox"/> Equipment Manager <input type="checkbox"/> Facilities Manager <input type="checkbox"/> Major contractors (e.g. YMCA, Citywide, JJ Richards, etc) <input type="checkbox"/> Procurement manager <input type="checkbox"/> IT support services <input type="checkbox"/> Committees (specify) _____ <input type="checkbox"/> Other _____ 	<p>Governance and administration</p> <ul style="list-style-type: none"> <input type="checkbox"/> CEO <input type="checkbox"/> Council <input type="checkbox"/> Executive Team <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Human Resources <input type="checkbox"/> Health & Wellbeing Officer <input type="checkbox"/> Governance Committees <input type="checkbox"/> Legal Officer <input type="checkbox"/> Capital and infrastructure <input type="checkbox"/> Other _____ 	<p>External influences</p> <ul style="list-style-type: none"> <input type="checkbox"/> Government <input type="checkbox"/> Regulators (e.g. WSV, DHHS, DELWP, etc) <input type="checkbox"/> Unions/Employer Associations <input type="checkbox"/> Equipment / maintenance suppliers <input type="checkbox"/> Training specialisation suppliers <input type="checkbox"/> Emergency Management Response (e.g. Ambulance) <input type="checkbox"/> Media / Social media <input type="checkbox"/> Public interest & Advocacy group <input type="checkbox"/> Consultants (specify)_academic research team <input type="checkbox"/> Other _____
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REVIEW OF RISK CONTROLS THROUGH CONSULTATION: Look “up and out” not “down and in”

Contributory factors to WV incident	Why were risk controls ineffective? (See Data Collection Guide for example questions)	Are better practice risk controls available? Document suggestions from staff to improve the effectiveness of risk controls
Equipment and surroundings level		
<p>Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Availability <input type="checkbox"/> Design <input type="checkbox"/> Maintenance <input type="checkbox"/> Suitability <input type="checkbox"/> Storage <input type="checkbox"/> PPE 	<p>Availability: Duress alarm not carried during normal business hours as standard procedure</p>	<p>Availability: consider issuing duress alarm for sole homecare workers during business hours</p>
<p>On-site Environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Furniture <input type="checkbox"/> Layout <input type="checkbox"/> Lighting <input type="checkbox"/> Obstructions <input type="checkbox"/> Surfaces <input type="checkbox"/> Temperature 		

<input type="checkbox"/> Crowding <input type="checkbox"/> Other		
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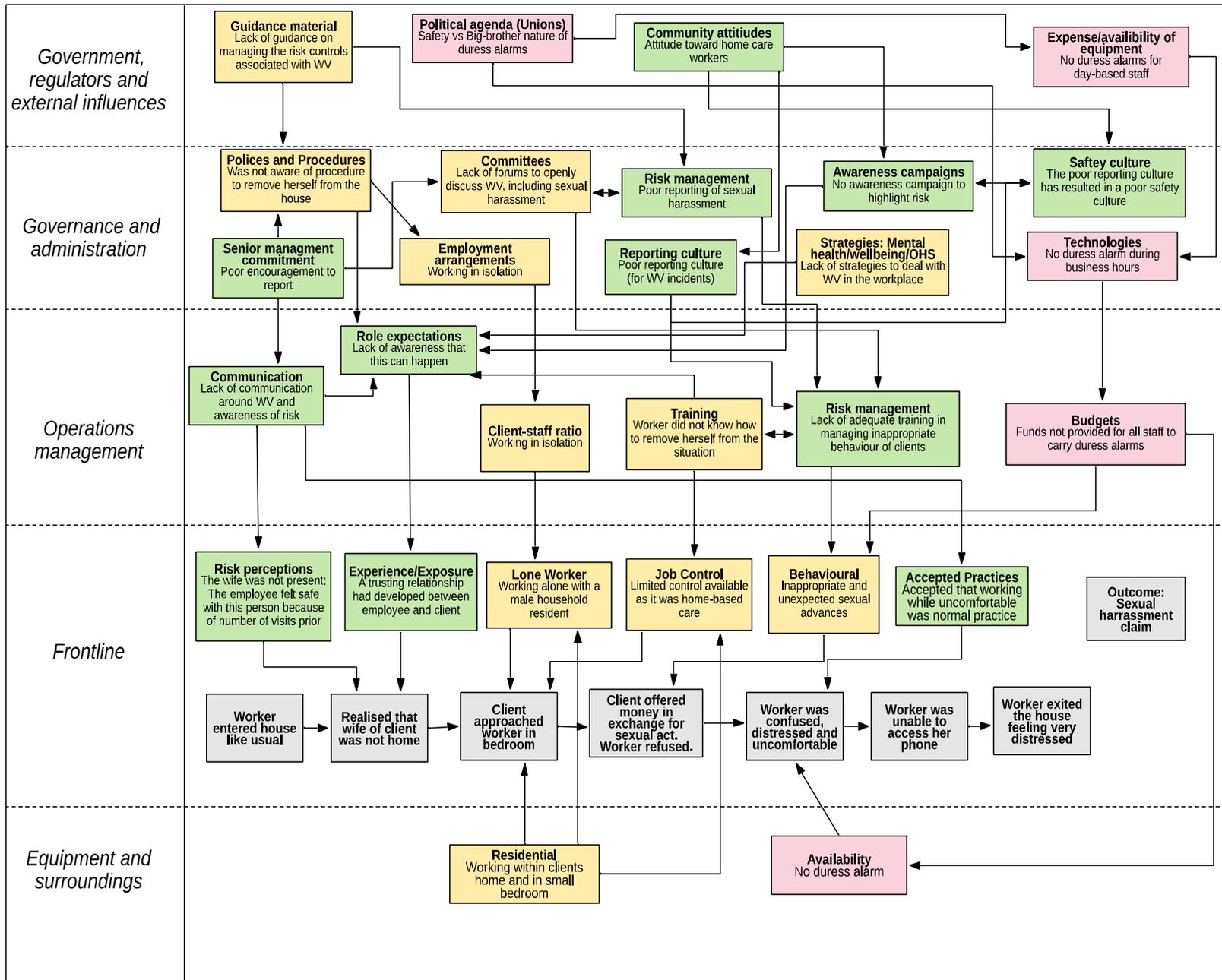
Off-site Environment <input type="checkbox"/> Urban/Regional <input checked="" type="checkbox"/> Residential/Industrial <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Infrastructure <input type="checkbox"/> Crowding <input type="checkbox"/> Other	Other: (Layout/furniture) The worker was situated between the bed and the cupboard and there was a sense of been trapped	Task modification: workers to be encouraged not to put themselves in positions where they may feel trapped
Frontline level		
Work Design <input checked="" type="checkbox"/> Job control <input type="checkbox"/> Job demands <input type="checkbox"/> Role conflict <input type="checkbox"/> Role clarity <input checked="" type="checkbox"/> Lone worker <input type="checkbox"/> Other	Job control: There was limited control available to the employee as it was home care Lone worker: Worker was working alone with a male household resident (client's partner)	Consider providing more control by allowing the employee the freedom to reschedule such appointments; Checks to determine who will be home, clear expectations set that they will not attend if the client is not present
Staff <input checked="" type="checkbox"/> Accepted Practices <input type="checkbox"/> Communication <input checked="" type="checkbox"/> Experience / exposure <input type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Risk perceptions <input type="checkbox"/> Support from co-workers <input type="checkbox"/> Emotional overload <input type="checkbox"/> Job satisfaction <input type="checkbox"/> Safety Compliance <input type="checkbox"/> Acceptance of diversity <input type="checkbox"/> Other	Risk perceptions: The wife was not present; The employee felt safe with this person because of number of visits prior Accepted practice: Accepted that part of her role is to carry out responsibilities even if feeling slightly uncomfortable with the environment. Exposure: Work was being undertaken within the client's home; a trusting relationship had developed between employee and client (and client's partner).	Change risk perceptions by using this as an example of what can happen, even when a trusting relationship with the client exists Communication with staff to address what should and should not be accepted practices for community homecare visits. Encourage sharing experiences with other employees in similar roles. Accepted practices: Carrying mobile phone on person at all times in clients' homes
Client/Consumers <input checked="" type="checkbox"/> Behavioural <input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Demands <input type="checkbox"/> Expectations of care/service provision <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Access to social support <input type="checkbox"/> Cultural demographic <input type="checkbox"/> Administrative constraints <input type="checkbox"/> Other	Behavioural: Inappropriate and unexpected sexual advances made by the client's partner	Increase awareness of staff in these roles that such experiences are unacceptable but can and do happen. They should be avoided where possible, and ALWAYS reported when they occur.
Family/Social support <input type="checkbox"/> Communication <input type="checkbox"/> Expectations of care <input type="checkbox"/> Demands		

<input type="checkbox"/> Level of support provision <input type="checkbox"/> Other		
Non-council employees <input type="checkbox"/> Communication <input type="checkbox"/> Policy & procedure compliance <input type="checkbox"/> Experience/Qualifications/Competence <input type="checkbox"/> Judgement & decision making <input type="checkbox"/> Planning & preparation <input type="checkbox"/> Risk perceptions <input type="checkbox"/> Other		
Operations Management level		
Supervisors <input checked="" type="checkbox"/> Communication <input type="checkbox"/> Support from Supervisors <input type="checkbox"/> Co-operation between work areas <input type="checkbox"/> Quality of supervision <input type="checkbox"/> Other	Communication: Lack of communication around WV and awareness of risk	Executives actively and visibly discussing and demonstrating WV risk awareness and discussions initiated RE management measures throughout the organisation
Client management <input type="checkbox"/> Care plan <input type="checkbox"/> Client Mobility Records <input checked="" type="checkbox"/> Risk management <input type="checkbox"/> Other	Risk management: Lack of adequate training of officer in managing inappropriate behaviour of clients; Risk regarding change in the work environment was not part of practice.	Training in management of inappropriate client behaviour
Work scheduling <input type="checkbox"/> Rostering <input type="checkbox"/> Staff Numbers <input type="checkbox"/> Staff Skills <input type="checkbox"/> Time Pressure <input type="checkbox"/> Breaks <input type="checkbox"/> Workload <input type="checkbox"/> Time allocation for administration <input type="checkbox"/> Shift work <input checked="" type="checkbox"/> Client/staff ratio <input type="checkbox"/> Other	Ratio: Worker was working in isolation	Initial phone call to supervisor to say that the environment was different (wife was not home). Supervisor should recommend leaving and rescheduling and/or complete a risk assessment over the phone prior to entering the premises
Work systems <input checked="" type="checkbox"/> Budgets <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Equipment selection	Training: The worker did not know how to remove herself from the situation quickly. Role expectations: lack of awareness that this can happen	Situation awareness training, including knowing when and how to remove him/herself from the situation; general staff awareness campaign

<ul style="list-style-type: none"> <input type="checkbox"/> Training <input type="checkbox"/> Education & development <input type="checkbox"/> Role expectations <input type="checkbox"/> Other 	<p>Budgets: Funds not provided for all staff to carry duress alarms for these types of situations (sole worker doing home care / visits). Work phone with duress alarms provided to workers for after hour use only.</p>	<p>Reconsider budgets and how they may be extended to provide duress alarms for sole workers in these circumstances; and/or provision of work phones with duress alarms during normal working hours</p>
Governance & Administration Level		
<p>Management systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approval and change management <input type="checkbox"/> Consultation <input type="checkbox"/> Human resources <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Risk management <input type="checkbox"/> Safety monitoring <input type="checkbox"/> Technologies <input type="checkbox"/> Incident reporting system <input type="checkbox"/> Security systems <input type="checkbox"/> Committees <input type="checkbox"/> Recruitment protocols <input type="checkbox"/> Other 	<p>Policies & procedures: Was not aware of procedure to remove herself from the house</p> <p>Technology: No duress alarms (work phones) provided during business hours currently</p> <p>Committees: Lack of Community of practice' or similar forums to openly discuss WV, including sexual harassment</p> <p>Risk management: Sexual harassment reporting</p>	<p>Policies & procedures specifically on management of inappropriate client behaviour, and removing employee from risk situations where required.</p> <p>Creating a 'Community of practice' to encourage reporting of sexual harassment incidents</p> <p>Consider how risk management systems might change to address these risks</p>
<p>Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Funding <input type="checkbox"/> Costs <input type="checkbox"/> Time allocation to training <input type="checkbox"/> Awareness Campaigns <input type="checkbox"/> Employment arrangements <input type="checkbox"/> Mentoring <input type="checkbox"/> Security <input type="checkbox"/> Other 	<p>Employment arrangements: Working in isolation</p> <p>Awareness campaign: No awareness campaign to highlight risk</p>	<p>Where risk is known, consider working in pairs, or replacement of female worker with a male</p>
<p>Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety Culture <input type="checkbox"/> Reporting Culture <input type="checkbox"/> Senior management commitment <input type="checkbox"/> Communication <input type="checkbox"/> KPIs <input type="checkbox"/> Strategies: Mental Health/ Wellbeing/OHS <input type="checkbox"/> Organisational change <input type="checkbox"/> Priorities <input type="checkbox"/> Cultural diversity norms <input type="checkbox"/> Other 	<p>Reporting culture: Poor reporting culture (for WV incidents)</p> <p>Safety culture: The poor reporting culture has resulted in a poor safety culture</p> <p>Senior management commitment: Poor encouragement to report</p> <p>OHS strategies: Lack of strategies to deal with WV in the workplace</p>	<p>Many of these issues stem from poor reporting culture. Consider senior management communication, committees, etc to improve reporting culture.</p> <p>Specifically, management to ask employees about concerns regularly. Management discuss risk assessment with staff (have triggers, like if you are alone and client's partner is home). Management respond to concerns in a timely, transparent, and tangible manner.</p>

Government, Regulators and External Influences level

<p>Government and regulators</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accreditation standards <input type="checkbox"/> Funding and priorities <input checked="" type="checkbox"/> Guidance material <input type="checkbox"/> Legislation/regulation <input type="checkbox"/> Political influence <input type="checkbox"/> Communication <input type="checkbox"/> Auditing 	<p>Guidance material: Lack of guidance on managing the risk controls associated with WV, and specifically sexual harassment</p>	<p>DHHS: Guidance material for in-home care.</p>
<p>Suppliers</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Expense/availability of equipment <input type="checkbox"/> Equipment standards <input type="checkbox"/> Training specialisation <input type="checkbox"/> Maintenance schedules <input type="checkbox"/> Consultants <input type="checkbox"/> Auditors <input type="checkbox"/> Other 	<p>Expense/availability: Duress alarms.</p>	
<p>Unions and employer associations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Support for OHS <input checked="" type="checkbox"/> Political agenda <input type="checkbox"/> Other 	<p>Union: Safety vs Big-brother nature of duress alarms</p>	<p>Discuss allocation of duress alarms for all sole workers doing home visits</p>
<p>External Influencers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reporting from media <input type="checkbox"/> Social media <input checked="" type="checkbox"/> Community attitudes <input type="checkbox"/> Emergency management response <input type="checkbox"/> Pandemic planning <input type="checkbox"/> Other 	<p>Community attitudes: Attitude toward home care workers</p>	<p>DHHS: Campaigns similar to healthcare setting</p>



REVISION OF RISK CONTROLS: ACTION PLAN

Identify feasible and practicable actions to address the issues you've identified in the Accimap.

Don't rely on people doing "the right thing". A review that just results in more training, supervision or minor changes to equipment or procedures will not prevent future incidents.

Effective actions involve improving consultation up and down the levels of the system

Effective actions involve reducing exposure and pressures on staff through work planning.

#Accimap issue	Specific action required	Person responsible for action	Evaluation of success	Close off date
Reporting Culture	Convene a multi-disciplinary task-force comprised of key stakeholders (including staff representatives) from Community Care, HR & OHS to work on improving WV awareness and reporting culture in Community Care	Team Leader OHS	Increase in reports of WV incidents	30 August 2021
Worker Security	Seek funding to purchase duress alarms or work mobile phones for all home care workers	Senior Coordinator In Home Support	Duress alarms available to all staff	30 June 2022
Risk Management	Develop and implement a workplace violence prevention & resilience strategy that includes preventative measures (e.g. redesign controls), a framework for responding to incidents and recovering from incidents (part of PhD Research Project)	Team Leader Risk & Safety	Improvements in all survey results (survey part of Study 1 of PhD)	23 December 2021

REVISION OF RISK CONTROLS: RECOMMENDATIONS FOR EXTERNAL PARTIES

Document any suggestions for preventing WV incidents that are beyond the control of your City Council. The research team will aggregate these suggestions and hold a workshop with the relevant people.

#Accimap issue	Specific action required	Parties responsible for action
Worker Security	Advocate to DHHS for increased funding to home care providers to pay for supply of duress alarms	DHHS
Reporting culture	Raise awareness of the risks faced by in-home carers and educate community about how to behave appropriately in these situations to support the health, wellbeing and safety of this valued workforce	WorkSafe Victoria
Risk management	Develop guidance material for employers in the management of WV and role of key actors at the organisational level including senior management, supervisors and HSRs	WorkSafe Victoria / DHHS