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Community Night Patrol Workforce Safety Report: Literature Review and Consultation Results



Prepared by CRANAplus for the Australian Government, Department of the Prime Minister and Cabinet.

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EXECUTIVE SUMMARY

Background

The safety of community night patrol (CNP) workforce has been identified as an area of concern and requiring further exploration into the safety needs and issues and effective strategies to promote the safety of the CNP workforce. As a result of this concern and lack of available evidence, CRANaplus has been contracted by the Department of the Prime Minister and Cabinet (PM&C) from June 2017 for 18 months to develop a Safety Package for the Community Night Patrol (CNP) Program, which will include the development of tools, resources and training aimed at increasing the safety of the Night Patrol Workforce.

The project region includes all Night Patrols operating within the Northern Territory and 6 communities in the South Australian Anangu Pitjantjatjara Yankunytjatjara (APY) lands. This Report is the first phase of the project which has involved conducting a Situational Analysis to understand current safety and security issues and needs of the CNP workforce within the project boundaries. It includes a brief review of the literature including grey literature, reports, evaluations and evidence; and face-to-face and phone conversations with a sample of the CNP workforce, their employers, community, training providers and other relevant stakeholders (PM&C staff, police, council, schools, clinics).

The CRANaplus Community Night Patrol Workforce Safety Project builds on CRANaplus's experience with the Remote Area Health Workforce Safety and Security Project which was completed in July 2017. The outcomes of this project include a national consultation, development of national safety guidelines, and the production and distribution of a range of resources including a handbook, a risk assessment tool and training materials. This report also builds on the 2012 findings from the Working Safe in Rural and Remote Australia Project (Rural Doctors Association of Australia, 2012). These two previous projects which focus on safety issues of the rural and remote health, education and police workforce were used as a platform due to the lack of other more relevant evidence regarding the safety issues and needs of the rural and remote Indigenous workforce.

In 2017, the Prime Minister and Cabinet recorded that Community Night Patrol's operate in the Northern Territory in 81 communities, encompasses over 400 employees and is administered by 16 Service Providers including Community and Regional Councils and Aboriginal Corporations. The majority of the CNP workforce are employed as night patrollers and are local Aboriginal men and women who retain connection with country, family, language, lore and custom allowing them to maintain respect and cultural authority within their own communities. They are often first-responders to accidents, injuries, fights and deaths within the community, defuse volatile situations and manage many of their own family and community disputes without police intervention.

Methodology

The first part of the report summarises the available literature on CNP workforce, the prevalence, risk factors, impact of workplace safety incidences; and strategies for improving CNP workforce safety.

The second part of the Report is the Consultation Summary, a summary of consultations held with key stakeholders. Consultations and key informant interviews were held face-to-face or by phone with Community Night Patrollers, Community Night Patrol managers/team leaders/supervisors;

Service Provider Managers (councils/Aboriginal corporations contracted to deliver the CNP services); PM&C staff; NT Police; the training industry (Charles Darwin University, Eagle Training and Industry Skills Advisory Council Northern Territory), NAAJA and other community members and organisations.

Literature Review Results

- Scarce literature was found regarding the safety of the community night patrol workforce, therefore, the review looked to safety literature of other workforces including police, health and Indigenous alcohol and other drug workers. It should be noted, the authors are highly aware of the vast disparities between the community night patrol workforce and the health, education and police sector.
- It is evident from the literature that community night patrol commenced over 40 years ago by senior Aboriginal elders who volunteered to do foot patrols to 'protect and watch over' their community. Over time this role spread throughout the region and evolved into government funded positions with varying levels of community control over the direction and program priorities.
- Safety Risk factors from other sectors which may have applicability to night patrol workforce include providing care; carrying out inspection or enforcement duties; working with people who are mentally unwell, drunk or potentially aggressive, working alone; and working after hours. Other risk factors from the rural and remote workforce include the lack of emergency services (police, health) and greater distances, meaning response times of emergency services and other referral agencies can be prolonged, not available or not appropriate; the need to have specialised skills in de-escalating situations before support arrives; the lack of anonymity of all involved; and the difficulties involved in reporting safety incidents (NHMRC 2002:10).
- A number of cultural issues, relevant specifically to an Indigenous workforce, that impact on workers safety were also identified. These include a 'dual accountability' which was described as the challenge of fulfilling employer obligations whilst balancing cultural obligations. Another risk was the lack of cultural safety within a workplace, which is particularly relevant when there were distance and remote management systems in place. The literature also identified that the safety of workers can be impacted by the level of stress they encounter as a part of their work, including the stress experienced from witnessing trauma to people you are connected/related to.
- Strategies for promoting workforce safety identified from other industries (in particular health) included education and training (including recognising and de-escalating aggressive behaviour); WH&S strategies; promoting worker wellbeing; and the development of safety policy, procedures and tools. It should be noted that these strategies require exploration as to their relevance and appropriateness to the CNP workforce. One strategy worth reviewing for the night patrol workforce is the RDAA report recommendation of engaging the community in the development of solutions to promote the safety of the workforce.

Consultation Results

- Patrollers are committed to improving the safety and wellbeing of their community, despite the risks and stress of the role. It was evident that patrollers get a great deal of satisfaction from their job because they are helping their community and at times it seemed that this motivation to help their community, outweighed their own personal safety.
- The importance of recognising how night patrols were established as a community driven initiative and the ongoing strong desire of communities to have ownership of night patrol

service priorities. As one elder and patroller said “It’s ours to protect and watch over”. The need to promote a more culturally safe non-indigenous workforce was also a strong message. It was suggested that this improved cultural safety may assist in alleviating the conflicting expectations and help clarify roles and responsibilities.

- The ‘dual obligations’ experienced by patrollers of having to juggle both employer and community obligations was consistently identified as a major safety concern for patrollers.
- The personal trauma witnessed by patrollers was a significant safety concern reported across all stakeholder groups. Stakeholders all discussed the need to improve systems to promote the social and emotional wellbeing of patrollers by both facilitating self-care techniques and improving systems for debriefing post incident. Most importantly, was the need to increase access to a range of culturally appropriate counselling and support services.
- A key safety issue, most obvious in rural and remote night patrols was the lack of resourcing, in particular, a lack of access to emergency services (police, health) and other referral services such as safe houses and sober up shelters. This lack of access to these services often meant patrollers were the first responder and the only service available, thereby forcing them to work outside their scope of practice and placing them at risk.
- The need for broad safety guidelines, tools and training that could be adapted by each local service provider was identified as a useful strategy for improving workforce safety. Respondents recommended designing and delivering a safety package in collaboration with a broad cross section of the CNP workforce, to ensure diverse voices are heard and respected.

Conclusions – Ways Forward

- The Community Night Patrol program has a long and proud history and communities have a strong desire to retain this community-initiated service. In order to promote the safety of the community night patrol workforce it is recommended that the industry strives to provide a culturally safe workplace that acknowledges, respects, and accommodates Aboriginal language, lore and custom; community led priorities and ‘Indigenous ways of working’.
- This report has highlighted the need to promote the role of community night patrol to community and increase understanding of the role and the boundaries of which they can work. It is recommended that opportunities be sought to promote Aboriginal Patrollers as community role models, recording their stories and upholding the Community Night Patrol as an invaluable community service.
- It is recommended that additional supports and resources are required to promote patrollers social and emotional wellbeing including promoting self-care and providing access to resilience building workshops; introducing a culture of debriefing and significantly increasing access to a range of culturally appropriate support and counselling options prior and post incident.

- The report highlighted the pressure that a lack of resourcing has on the safety of community night patrol workforce, in particular the lack of emergency services (police) in rural and remote areas; which often forces patrollers to work outside their roles and responsibilities. It has also highlighted the benefits of additional wrap around services in assisting to both promoting the safety of the community and patrollers themselves. The need to continue to build partnerships with police and other services at all levels is paramount, as well as exploring additional resourcing for wrap around/preventative services.
- The need to develop a safety package including industry level Guidelines, and a Safety Handbook that can be locally contextualised and used as part of an induction package specifically for night patrol staff is recommended. This induction handbook/manual could include an overview of night patrol and the terminology associated with a Safe workplace; safety guidelines, policies and procedures specific to the role of a patroller, risk assessment and management; incident reporting; managing stress at work and dealing with conflict. Introducing a mentoring program for experienced patrollers to shadow and support new patrollers along with access to supervision for all staff is also recommended.
- A range of training gaps were identified including the need for a certificate course that is more reflective of the patroller's role; and more training similar to that being delivered by NAAJA. It is also recommended that resources be utilised to enable opportunities for the workforce across the region to come together to share knowledge (such as an annual conference and regular night patrol managers meetings).
- It is recommended that a standard definition of 'Community Night Patrol Workforce Safety' be established and promoted. Furthermore, it is recommended that PM&C and/or a peak body could develop and promote a system to monitor and review safety incidents. This formal mechanism would be the next step in understanding the safety issues and needs of the community night patrol workforce.

In conclusion, this report has observed an incredibly resilient workforce, one that in spite of stark safety risks, continue to be committed to improving the lives of their community. Although more work is required to truly unpack the safety issues and needs of this workforce, the report has recommended a number of key actions that can be taken in order to further promote the safety of the community night patrol workforce.

INTRODUCTION

The safety of community night patrol workforce has been identified as an area of concern, one that requires further investigation to understand the safety needs of the CNP workforce. As a result of this concern and lack of available evidence, CRANApplus has been contracted by the Prime Minister and Cabinet (PM&C) for 18 months to develop a Safety Package for the Community Night Patrol (CNP) Program, which will include the development of tools, resources and training aimed at increasing the safety of the Night Patrol Workforce. These resources will provide critical guidance to the Night Patrol workers on how to engage and respond to risky situations. The training will align with existing initiatives provided to the CNP Workforce by service providers and other training organisations (NAAJA, Charles Darwin University, Eagle Training). The resources will include: Safety Guidelines document; a Handbook on 'Working Safe in CNP' and a Safety and Security 'self-assessment tool'. CRANApplus has also been contracted to develop a Communication Strategy that promotes awareness of the role of the CNP workforce and their responsibilities around supporting the safety of CNP workers while on and off the job.

The project region includes all Night Patrols funded by PM&C operating within the Northern Territory and 6 communities in the South Australian Anangu Pitjantjatjara Yankunytjatjara (APY) lands. This Report is the first phase of the project which has involved conducting a Situational Analysis to understand current safety and security issues and needs of the CNP workforce within the project boundaries. It includes:

- a brief review of the literature including grey literature, reports, evaluations and evidence
- face-to-face and phone conversations with a sample of the CNP workforce, their employers, community, training providers and other relevant stakeholders (PM&C staff, police, council, schools, clinics).

Background

The *CRANaplus Community Night Patrol Safety Project* builds on CRANaplus's experience with the *Remote Area Health Workforce Safety and Security Project* which was completed in July 2017. Remote health workforce safety and security had been a long-standing concern and has been identified in industry literature since the 1990s (Cramer, 1994).

The outcomes of the Remote Area Health Workforce Safety and Security Project include a national consultation, development of national safety guidelines, and the production and distribution of a range of resources including a handbook, a risk assessment tool and training materials. For more details of the project including the training and resources go to; <https://crana.org.au/professional/safety-security-in-remote-healthcare>

This report also builds on the 2012 findings from the *Working Safe in Rural and Remote Australia Project* (Rural Doctors Association of Australia, 2012). This project provided a foundation for examining workplace violence for health workers, police and teachers in rural and remote Australia. These two previous projects which focus on safety issues of the rural and remote health, education and police workforce were used as a platform due to the lack of other more relevant evidence and literature regarding the safety issues and needs of rural and remote Aboriginal workforce.

Project Geographical Location & Language

The Northern Territory and Anangu Pitjantjatjara Yankunytjatjara lands are places of extremes; extreme heat, extreme beauty and the communities cover a geographical area that holds an extreme richness of culture and history (Martin, 2015). The Northern Territory is one of the most linguistically and culturally diverse areas in the world, with over 32 living Aboriginal languages; many Aboriginal people speaking English as their second, third or fourth language. (ABS, 2001) The Aboriginal population within the Northern Territory live mainly outside the cities and regional centres, with 92% living in the fringes, in camps located outside the township or in very isolated and remote areas (ABS, 2006). The communities throughout the Anangu Pitjantjatjara Yankunytjatjara lands are also isolated and located in the remote north-west region of South Australia, hosting a population of around 2500 people with 84.5% being Aboriginal (ABS, 2001). As an indication of this linguistic diversity, only 19% of people identified English as the language spoken at home, while the remaining 81% identified an amalgamation of the traditional Aboriginal dialects from the Pitjantjatjara and Yankunytjatjara regions, as the primary spoken language in the home.

The Community Night Patrol Workforce

The basic concept of night patrols has spread across Australia over the past 40 years, and patrols are routine in many communities in the Northern Territory, Western Australia, South Australia and New South Wales. For the purpose of this project, the community night patrol (CNP) workforce encompasses the geographical region described above. In 2017, the Prime Minister and Cabinet recorded that Community Night Patrols operate in the Northern Territory in 81 communities, encompasses over 400 employees and is administered by 16 Service Providers including Community and Regional Councils and Aboriginal Corporations (PM&C, 2016).

In South Australia, community patrols have more recently been established in Anangu Pitjantjatjara Yankunytjatjara lands and are administered by one service provider, Regional Anangu Services Aboriginal Corporation who have Community Patrols in seven communities on the Lands including: Iwantja, Kaltjiti, Amata, Mimili, Pukatja, Pipalyatjara and Kalka, employing a casual pool of 40 patrollers. (RASAC, 2017)

The majority of the CNP workforce are employed as night patrollers and are local Aboriginal men and women who retain connection with country, family, language, lore and custom allowing them to maintain respect and cultural authority within their own communities. They are often first-responders to accidents, injuries, fights and deaths within the community, defuse volatile situations and manage many of their own family and community disputes without police intervention.

These patrollers are usually supported by local team leaders, whom may or may not be of Aboriginal background. Generally, they are supported by one or two other levels of management that can either be based in the same community or in a larger urban hub, many kilometres away and are often of non-Aboriginal background.

The Department of Prime Minister and Cabinet have developed an Operational Framework which provides guidance to service providers regarding service goals, priorities, standards and procedures and more recently they have released 'Community Night Patrols (CNPs) – Guiding Principles for best practice in service delivery'.

Methodology

The first part of the report summarises the available literature (including reports and grey literature) on CNP workforce, the prevalence, risk factors, and impact of workplace safety incidences and strategies for improving CNP workforce safety.

CRANaplus has used a multipronged approach to identify and collect publications and documents for the literature review. We focussed on Australian literature, and to a lesser extent international literature written in the last 10 years. Given the scarcity of literature specific to CNP workforce the review included literature from the rural and remote health, education and police sector and limited remote Indigenous workforce literature.

In addition to searching relevant academic databases, we also located literature by undertaking targeted searches using Google and Google Scholar, searching academic journals available on line and searching websites of peak bodies, service providers and other associations.

The second part of the Report is the Consultation Summary, a summary of consultations held with key stakeholders. Prior to conducting the consultations, a Consultation Strategy was developed and approved by the Project Advisory Group. Refer to Appendix 1. Consultation Strategy for more details.

As mentioned in the Introduction the scope of the consultation included stakeholders throughout the Northern Territory involved in CNP services and extended into South Australia, with the Regional Anangu Services Aboriginal Corporation. The consultations were conducted between August 2017 and January 2018 to discuss safety issues which will inform the development of tools and resources for a Safety Training Package and a Communication Strategy aimed at increasing safety and raising the profile of the Community Night Patrol Workforce.

Consultations and key informant interviews were held face-to-face primarily but at times by phone with Community Night Patrollers, Community Night Patrol Managers/Team Leaders/Supervisors; Service Provider Managers (councils/Aboriginal corporations contracted to deliver the CNP services); PM&C staff; NT Police; the training industry (Charles Darwin University, Eagle Training and Industry Skills Advisory Council Northern Territory), Northern Australian Aboriginal Justice Agency (NAAJA) and other community members and organisations. A questionnaire was also utilised with some Service Managers following face-to-face meetings. Refer to Appendix 2. for a copy of the CNP Managers Questionnaire. Over 115 patrollers were involved in the consultations, along with staff from 15 Service Providers, eight staff from four Training Organisations and 51 Department of Prime Minister and Cabinet (Regional Network and Central Office). An analysis of consultations by role and geographic region is presented in Part B. Consultation Summary.

Part A: LITERATURE AND DOCUMENTATION REVIEW

Part A of the report commences with a brief exploration of the Community Night Patrol, its history and the current workforce. It then moves on to examine available literature (and other documents) on the safety issues, prevalence/incidences, and impact of safety incidences. It also discusses literature regarding strategies for promoting safety. Due to the lack of specific data on CNP workforce safety, information has been drawn from rural and remote health, education and police sector and the limited availability of Indigenous workforce safety. CRANApplus would like to acknowledge that much of the literature is based on a non-Indigenous workforce and it is not known how relevant these issues and strategies are to the CNP workforce whom are mostly Aboriginal.

Community Night Patrol Workforce¹

History of Community Night Patrol

Aboriginal communities across the Northern Territory have fought for the recognition of their rights and connection to country, and despite the inequities in this control, powerful movements and organisations have emerged in the struggle for land rights, self-determination and Aboriginal control over their own communities and services including the Central Land Council (CLC), Northern Land Council (NLC), North Australian Aboriginal Justice Agency (NAAJA), Central Australian Aboriginal Legal Aid Service (CAALAS) and the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) (CAALS, 2015).

One of the most prominent community-initiated movements to emerge from the Central Desert area during the 1970s was the Community Night Patrol. The Jalalikari Night Patrol started over 40 years ago in Tennant Creek as a grassroots community safety initiative (Turner-Walker, 2010). It was initiated by senior Aboriginal Elders who volunteered to do foot patrols at night; taking up the responsibility for

¹ For the purpose of this Report Community Night Patrol will be used, although it is recognised that this workforce goes under a number of other names including Night Patrol, Community Safety Patrol and Community Patrol.

‘walking around to see if intoxicated people were laying anywhere’. It was a movement started by the old people and given the name “Ankinyi Wirranjiki – Julalikari Ankinyi Wirranjiki”, which translates in English to, “It’s ours to protect and watch over,” (Rosas.H 2017).

During this same period, other patrols were also being established in a similar grassroots process (Turner-Walker, 2010). For example, Yuendumu and Ali Curung, patrols had been established by women in the community to:

‘keep out grog’, ‘stop young people dying’, ‘stop them going to gaol’, ‘stop family fighting’, ‘stop petrol sniffing’ and ‘humberging’ (Blagg, 2009).

From its beginning in the Northern Territory, the concept of night patrols spread to other Aboriginal communities in Western Australia, Queensland and New South Wales in the 1990s. Historically, the effectiveness of night patrols had derived from the sense of cultural authority and legitimacy that underpinned the work of the service. Night patrols are considered by some community stakeholders to be effective because they are ‘an Aboriginal response to an Aboriginal problem’ (Australian National Audit Office (ANAO, 2011).

Historically, the success of night patrols can be linked with the cultural appropriateness of the service that has evolved from within communities, and within cultural norms and practices (ANON, 2011). Aboriginal kinship systems are complex and diverse, and inform social interactions at all levels for Aboriginal people. In a practical sense, the kinship system affects daily life in communities and can be both a positive and negative influence on social stability. For night patrols, this can have a range of implications: for example, certain patrol members shouldn’t respond to some incidents, shifts need to be worked around relationships and some people have greater cultural authority within the community (ANAO, 2011).

The success of night patrols as a community-driven initiative has seen night patrols evolve from a small, community-based project to a formal structured government program. The original night patrols were established without government support and were staffed by volunteers from the community. Since these early patrols, access to resources and the level of funding with which patrols have operated has varied. In 2017, the Department of Prime Minister and Cabinet (PM&C) funded Community Night Patrol’s in 81 communities in the Northern Territory, encompassing over 400 employees and was administered by 16 Service Providers (PM&C, 2016).

The 2015 CNP Operational Framework describes the purpose Community night patrol is to:

- Assist people at risk of either causing or becoming the victims of harm in order to break the cycle of violence and crime in remote Indigenous communities.
- Ensure that, at an agreed time during the evening (decided in consultation with the community), children are at home or in another safe location with a parent or carer in order for the children to be able to attend and participate in the next school day.
- Relocating a person to a ‘safe’ environment such as a relative’s home (where the relative agrees to receive the person), recognised safe house, women’s or men’s refuge, hospital, sobering-up shelter or other medical facility, where that person agrees to the relocation.
- Defusing violent situations where it is safe to do so.
- Diverting intoxicated people away from unnecessary adverse contact with the criminal justice system.

- Providing advice, information or referral, for instance to a counselling service.

(Prime Minister and Cabinet, 2015).

More recently, the program has highlighted the importance of community led decision making in program design and delivery and this is reflected in PM&Cs most recent program document: 'Community Night Patrols (CNPs) – Guiding Principles for best practice in service delivery (PM&C, 2017).

What we mean by 'Workforce Safety'

It seems that the language surrounding 'workforce safety' is unclear and inconsistent across most sectors and there is ambiguity regarding a definition. The RDAA Report used the term 'workplace violence' and the International Labour Organization's (ILO) defines workplace violence as:

Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.

Internal work place violence is that which takes place between workers, including managers and supervisors.

External work place violence is that which takes place between workers (and managers and supervisors) and any other person present in the work place. (ILO, 2003)

While there is no standard legal definition of 'workplace violence', the general view is that workplace violence can be both physical and psychological, and can come from a number of perpetrators (e.g. customers, clients, co-workers and supervisors). Workplace violence can, for example, range from verbal abuse, threats, and behaviour that creates an environment of fear, to physical violence, sexual harassment and homicide (Mayhew and Chappell, 2005; Mayhew, 2000; Leino, et al., 2011).

For the purpose of this project, a broader interpretation of the topic will be used which includes workplace violence but extends into other significant safety issues for the CNP workforce, most significantly the trauma witnessed by employees whilst on duty.

Prevalence of Workforce Safety Incidence

There is no national uniformed collection of statistics on CNP workforce safety incidence in Australia and there is no literature exploring the prevalence of safety incidence occurring for this workforce. The literature suggests attempts to quantify the level of workforce safety incidences in any industry is 'notoriously difficult and fraught with fundamental problems' (Perrone, 1999). These 'problems' largely relate to definitional ambiguities (i.e. what constitutes a workplace safety incidence), the lack of a mechanism to systematically collect data, and under-reporting of workplace violence (RDAA, 2012).

In a recent survey of over 600 health professionals, teachers and police working in rural and remote Australia, 57% of respondents reported experiencing verbal abuse from community members in the past 12 months, 31% reported bullying and harassment from colleagues, 21% reported physical violence from community members and 20% reported property damage (e.g. deliberate damage to cars, housing office (CRANaplus, 2017).

Given the very different demographic of the CNP workforce and their cultural connection to the community they work in, it is impossible to draw conclusions about the prevalence of safety incidence

in the CNP workforce. Further research is required to unpack the many layers surrounding the prevalence of CNP workforce safety incidence.

Lack of reporting

A key theme in the literature is that workforce safety incidences often go unreported, and the true extent of incidence are therefore not known. Comparative international studies suggest only one in five violent events are formally reported (Mayhew & Chappell, 2003). There are several reasons for non-reporting put forward in the literature including:

- employees view it as a 'part of the job'
- employees fear reprisals being taken against them
- the lack of a clear policy in the workplace on what constitutes unacceptable behaviour
- the absence of mechanisms to deal with violent and aggressive behaviour, including poor reporting mechanisms
- employees view the perpetrator of violence or aggression as being ill
- violence is so prevalent, employees could not cope with the bureaucracy of reporting every incident (RDAA, 2012).

CNP Workforce Safety Risks

As previously mentioned, there is no literature identifying the safety risk factors for the CNP workforce, therefore risks from other sectors have been explored in the literature. Although there are many important differences between the CNP and police workforce, they are often working with the same/similar clients and therefore may be exposed to similar risks. It should be noted, however, that the level of risk may be very different for the CNP workforce given their connection to the client/community.

The ANZPAA Guide to Managing Work Health and Safety in Australian Policing recognises that police do not operate in a controlled environment and hence safety risks can be unpredictable (Australian New Zealand Police Advisory Agency, 2014). This is likely to be the case also for the CNP workforce. Police officers face a range of risks at work including homicide, assaults, communicable diseases, injuries during car crashes and regular abuse (Mayhew, 2001). These roles which involve shift work, irregular/unsociable hours, a constant state of alertness, working with clients who may be under the influence of alcohol or other drugs or mentally unwell, can impact on the worker either professionally, personally (physically, psychologically) and extend to impact on their family (Mayhew, 2001).

The Risk of Stress and Fatigue

The literature concludes that police suffer stress through constant exposure to danger, traumatic events, prisoner threats, conflicting task demands, short staffed stations, court appearances (often requiring detailed recollection of events from years earlier), departmental inquiries and work in isolated rural areas (Mayhew, 2001). CNP workforce are exposed to some of these same stressors, in particular, exposure to traumatic events (eg. accidents, family violence, suicide). It is posed that since patrollers are usually from the community they work in; the effect of these traumatic events may have a far greater impact. Furthermore, the literature suggests that because police are usually highly cohesive, major traumas impact on the whole force through a 'ripple effect' (Mayhew, 2001). It can only be assumed that this ripple effect is also prominent in the CNP workforce.

The literature regarding other Indigenous workforces, identifies that the stress experienced by workers is further compounded by their own unresolved grief and loss issues and the intergenerational trauma (Roche et al., 2013). This suffering and unresolved trauma is caused by a history of “genocide, enslavement, cultural violence and racism” (Robertson 2000). Indeed, “many members of contemporary Indigenous communities can still remember the policies that isolated them from the broader community, that exempted them from associating with family and kin, that forcibly removed them as children and subjected them to treatment that breached even the most basic human rights” (Robertson, 2000).

In addition, this stress can lead to burn out, fatigue and staff turnover. With high staff turnover, the risk of safety incidents is higher, as the evidence clearly shows that an employee is more likely to have an accident at work in their initial period of employment in a job (Burt, 2015).

Cultural Issues

Cultural issues in rural and remote communities are complex and multi-faceted, and if not carefully managed can lead to increased safety risk for workers (RDAA, 2012).

Dual Accountability

The literature reveals that Indigenous workers can be exposed to a unique set of stressors and safety risks. A national study of Indigenous AOD workers highlights that Indigenous workers experience a ‘dual accountability’ where they are accountable to their employer but also to their community through a unique set of family and cultural obligations (Roche et al., 2013). The report goes on to explain that these workers often experience community expectations that may be different to non-Indigenous workers. For example, some Indigenous AOD workers in the study reported they are expected to work outside their scope of practise, to ‘be available 24/7’ and were regularly approached in their own home or in the street whilst off duty. Although no literature is available to support this, it is likely that the CNP workforce would experience similar community expectations and dual accountability.

Cultural Safety and Working in Two Systems of Lore/Law

“Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual” (NATSIHWA, 2016). Cultural safety within the Community Night Patrol workforce effects personal relationships, appropriateness of service delivery and can put patrollers at risk. The Community Night Patrol workforce operate in the intersection of two systems of law/lore, placing them in a two-way system of learning and sharing knowledge between the community/clients and non-Indigenous counter parts. Walker (2009) describes these two systems well when she uses a quote from a Night Patrol elder, now deceased:

‘Whitefella law is tablecloth law. Underneath, Aboriginal law is still there like the table, holding everything up’ (Walker, 2009, p32).

The challenge of working between these two systems of law can cause safety risks for patrollers. Walker also provides an example of this safety risk when she states “Patrols are no longer accountable primarily to family and community, and are thus no longer able to draw on the strengths of cultural law in order to function effectively” (Walker 2010, p33). She explains that many patrols are no longer allowed to take the government funded patrol vehicle away from the immediate settlement environment in order to look for lost people or broken-down vehicles. This can not only reduce the effectiveness of a patrol but it can also create damaging conflicts. For example, a remote settlement’s Night Patrol was requested to assist with searching for a man who had gone missing on foot from a

neighbouring remote settlement. Though related to the missing man, the patrollers were refused permission to use the vehicle to help with the search. When the missing man was found dead a week later, his family blamed the Night Patrol for not helping with the search, even though it was not the patrollers' decision. This has caused ongoing ill feeling within the extended family, and between the two settlements (Walker, 2009).

Mandatory Reporting and Removal of Children

Mandatory reporting requirements may cause safety issues for the Community Night Patrol workforce if situations concerning the safety of children are not properly negotiated with families. Aboriginal patrollers are often put into situations where they are forced to operate under two systems of law which challenge their cultural obligations under Aboriginal Law and their legal requirements under the western legal system (Beacroft et al., 2011). Mandatory reporting legislation exists in all Australian jurisdictions. While the laws between states differ; in the Northern Territory, all adults must report to authorities if there is a belief on reasonable grounds of "any significant detrimental effect caused by any act, omission or circumstance on the physical, psychological or emotional wellbeing or development of the child" (Australian Institute of Family Services, 2017). Mandatory reporting legislation leaves open the possibility that perpetrators of child abuse or domestic violence may be aggressive and/or violent to workers that try and intervene in child welfare matters (Briggs et al., 2004).

Safety Risks Specific to Rural and Remote Workforce

The NHMRC identified the following as key differences in the workplace safety risks faced by healthcare workers in rural and remote Australia when compared to their urban counterparts:

- the lack of police and emergency services in many rural and remote communities (response times may range from 20 minutes to several hours)
- greater distances, meaning response times of referral agencies can be prolonged
- the need for health professionals to have specialised skills in de-escalating high-risk situations before support arrives
- problems and delays in arranging the transport of victims or perpetrators out of the community
- the lack of anonymity of all involved, and the difficulties involved in reporting violence
- geographic isolation making it difficult to enforce work, health and safety legislation (NHMRC, 2002)

It is likely that many of these same safety risks are also faced by the CNP workforce.

Working alone was also identified in the literature as a safety risk for both the health and police sector and is more likely to occur in rural and remote setting. (RDAA, 2012). This is likely to be the case for the CNP workforce.

Other safety risks identified in the literature that are unique to workers in rural and remote Australia include:

- lack of anonymity
- cultural issues
- distance management and support
- mandatory reporting requirements.

These will each be explored below.

Lack of Anonymity

In small rural and remote settings CNP workers have a prominent role in the community and consequently lack anonymity. There is no evidence of the effects of this with CNP workforce but some research has been conducted with health and welfare workers.

Green et al. (2003) conducted research into the risks faced by 23 rural welfare and social workers in the western region of Victoria. They found that high visibility and lack of anonymity had a negative impact on some welfare and social workers. Research participants spoke of being verbally abused and threatened by clients in public places, such as car parks and on the streets. In response, some workers adopted avoidance strategies. Some said they were constantly vigilant in public places, and others either shopped in other areas or shopped at times when fewer clients would be shopping. Again, consideration should be given to the fact that these welfare and social workers are likely to be predominantly non-indigenous and not from the community they work as opposed to most patrollers who are from the community in which they work.

Distance Management and Support

Another risk factor for CNP workers in rural and remote Australia is that management can be located some distance from them. The RDAA report states that having management located some distance from staff can impact on the capacity of the workplace to be a safe environment, and can also impact on an employer's capacity to support staff following a safety incident (RDAA, 2012). One study has found that the absence of social support, in the form of supervisors and co-workers, increases the risk of an employee being subject to physical threats in the workplace (Steffgen, 2008).

This risk factor can be amplified in the CNP workforce, given the complex cross-cultural environment, where patrollers are most often local Aboriginal employees and managers can be non-Indigenous and based hundreds of kilometres away. This issue requires further examination in order to truly understand the extent of the issues.

Workplace Bullying

While the focus of this literature review is on the safety of the CNP workforce, it is important to acknowledge that threats to safety can come from within, that is from supervisors and co-workers. The prevalence of workplace bullying in Australia remains unclear. However, it is estimated that between 25% and 50% of people in the working population will experience bullying at some point

during their working lives (Lynch, 2002). This issue needs to be given consideration for CNP where there is often power imbalance, cultural diversity and as mentioned above, non-indigenous managers managing Aboriginal patrollers across vast distances.

Impact of Workforce Safety Incidences

The impact of safety incidences can touch at an individual, community and organisational level. It is also felt at a broader societal level, including through the cost to the health and criminal justice system and in recruiting workers (Verdugo et al 2003). The impact of incidences at these three levels is explored briefly in this section.

Impact at an Individual level

The impact of a safety incident on the individual can be physical and/or psychological. A review of the literature suggests the impact on individuals can include:

- anxiety, depression
- physical illness
- loss of motivation or self-esteem
- increasing sense of fear
- absenteeism
- burn-out
- job dissatisfaction and feelings of incompetence
- irritability and insomnia
- social withdrawal
- poor concentration
- disturbed relationships with family, and trouble performing tasks at home
- increased use of caffeine, nicotine, alcohol and medication
- post-traumatic stress disorder (PTSD)
- a decision to leave the profession (Magin, 2007; Mayhew, 2000; Verdugo et al. 2007)

Impact at an Organisational level

While safety incidences have serious effects on the individual, it also has consequences for the employer and the workplace more broadly. The impact of safety incidences at the organisational level can include:

- absenteeism
- lower productivity and poor staff morale
- higher workers compensation premiums and expenses
- decline in work quality

- need for counselling, mediation or grievance procedures
- increased error margins
- difficulty in retaining staff (May et al, 2013).

Impact at a Community Level:

Although there is limited evidence of the impact of safety incidences on communities, in particular Indigenous communities, it is assumed that this impact flows on to community, especially rural and remote communities (RDAA, 2012).

Impact of Safety Incidences on Police

A review of the literature by Mayhew (2001) found that police officers suffer stress as a result of exposure to constant danger, traumatic incidents, threats, short-staffed stations and conflicting demands, court appearances, and work in isolated rural areas. Mayhew identified the indicators of such stress as "absenteeism, irritability, concentration difficulties, insomnia, general fatigue, workers' compensation claims, inappropriate coping strategies (such as alcohol abuse) and range of psychosomatic symptoms". Burn-out and post-traumatic stress disorder were also found to occur (Mayhew, 2001).

Other studies which are mostly international but reveal similar findings identified by Mayhew. A study in the US involving 1070 officers with the Baltimore Police Department found that police officers who report high levels of police stress were at higher risk of health problems, particularly depression, anxiety, burnout, somatization and post-traumatic stress syndrome. It also showed that there is a strong association between police stress and negative behaviours such as spouse abuse, aggression, and increased use of alcohol (Gershon et al., 2009).

Strategies to Improve Workforce Safety

This section outlines various strategies identified in the literature to improve workforce safety including strategies to prevent or manage the stressors of the job. Strategies may be implemented at the government, industry, community and workplace levels.

The NHMRC suggests there are three phases for managing workplace safety incidents. These include:

1. Before: risk management to prevent, reduce or eliminate the risk of incidents
2. During: immediate response to an incident which may involve, for example, minimising the risk of harm to the employee, reporting an incident, referring an incident to other agencies or services (e.g. police), and diffusing situations until emergency services can provide support
3. After: recovery and review, which may involve providing staff with counselling and support services, dealing with legal matters and workers compensation claims, and reviewing processes and procedures NHMRC (2002).

There is a large number of policy documents and guidelines on preventing or reducing workplace violence. They are generally developed around a work health and safety (WH&S) framework. The literature recommends policy documents and guidelines on preventing and minimising workplace violence should offer generalist advice that enables managers to develop tailored workplace violence policies that address prevention, response and recovery, as opposed to providing prescriptive

programs as such. Indeed, it is suggested that the unique cultural, social and economic characteristics of communities need to be carefully considered when developing strategies so that strategies are relevant to the local context (Victorian Health Promotion Foundation, 2007).

NHMRC stresses that all organisations, irrespective of size, should have a written policy on workplace violence, arguing that this is an important step in demonstrating management's commitment to addressing workplace violence. They suggest it is also important in bringing the issue of workplace violence 'out into the open' so that employees are aware of the issue, and ensuring that action is taken to respond to it (NHMRC, 2002). A system to monitor violent incidents is also identified as important (Alexander, 2004).

WH&S Legislation

Jurisdictional responsibilities overlap with regards to workplace safety in Australia and are spread across the criminal justice system, WH&S authorities, and individual workplaces (Mayhew & Chappell, 2003). Our report primarily focuses on responsibilities imposed by WH&S legislation, as it is within this framework that many workplaces develop and implement policies and programs.

WH&S legislation in Australia is developed and enforced at the state/territory level. Under this legislation, employers are required to provide a safe place to work for their employees, including those who work off- site. If employers fail to comply with their health and safety obligations, they can be prosecuted for breaching their 'duty of care' to employees, and can also be held liable under common law (Mayhew and Chappell 2005). A key factor of WH&S legislation is that it attempts to prevent workplace safety issues by identifying risks, and implementing prevention strategies to limit the risks (Safe Work Australia, 2017).

While WH&S legislation has been welcomed for its approach in preventing health and safety issues from happening in the first place, and for providing an appropriate framework through which policies and programs can be implemented, it has also been criticised. Some argue that the WH&S framework assumes that once staff are told about risks, and proper policies and guidelines are developed, the problem will then be seen as contained (Mayhew & Chappell, 2005).

Culturally Safe Workplaces

The importance of promoting culturally safe workplaces is well supported in the literature (Australian Human Rights Commission, 2010). Turner (2010) argues having patrollers that are from the community where they work is a key strategy in promoting both the safety of the community and the night patroller. She states 'this role of an Aboriginal Community Night Patroller is complex, requiring sophisticated and in-depth insider knowledge of local family politics and relationships, and Aboriginal cultural law. It is not a role that can be performed by outsiders – including by Aboriginal people from a different language group. For Patrollers, who you are and your relationships and status within the community are a first principle, absolutely integral to the role' (Turner-Walker, 2010, p77).

Aboriginal Ownership and Involvement in Night Patrol

A literature review conducted by the previous Attorney-General's Department recommend 'indigenous ownership and involvement in night patrols and their governance' was essential

(Australian National Audit Office, (2011). Other literature reviews warn against 'external agencies imposing too many rules and regulations on a night patrol, as this can reduce the patrols flexibility in how it operates and may cause it to lose credibility with community members. They recommend that while night patrol programs need operational frameworks, they need to be developed and implemented by local community members (AIHW, 2013).

Education and Training

The literature suggests that education and training are important approaches to reduce, prevent and manage workforce safety. There is also some agreement that education and training on workforce safety should be multi-disciplinary (NHMRC, 2002; ANF (Victorian Branch), 2006) and at least some should be provided during the induction period. Suggested education topics include: understanding safety risks; recognising and diffusing violent and aggressive behaviour; managing clients that may have a psychological disorder or substance abuse problems; self-defence techniques and personal protection; communication skills; use of communication devices; cultural sensitivity; relevant safe workplace policies and procedures, including incident reporting procedures; industry guidelines, codes of practice and standards (Rowe and Kidd: 2007; Mayhew 2000; NHMRC 2002).

While the literature recommends training, there have been very few evaluations of its efficacy (Magin, 2007). It is argued that although there is no evidence that education and training reduce the number of incidents, there is indication that it does make people feel safer (Mayhew, 2000).

The literature reminds us that although education and training are important, they are not enough (Hinson & Shapiro, 2003). They argue that education and training are no substitute for a comprehensive prevention plan that includes a risk assessment process, regular safety audits, staff buy-in, management support and appropriate resourcing.

Communication Procedures

Many of the available workforce safety guidelines or policy documents cover the issue of communication with staff working off-site, but make clear that communication protocols need to be determined with local conditions in mind.

Wearing A Uniform

Perrone (1999) suggests that when dealing with the public, first appearances are important. The wearing of a uniform may attach an aura of authority to the worker, and immediately set the tone for any interpersonal interaction. However, while a uniform in some instances may encourage respect, Perrone notes that it may also render the employee susceptible to attacks from people that resent the employer organisation.

Recognising and De-escalating Aggressive Behaviour

A key strategy to reduce workplace violence, particularly in the health care sector, is to prevent aggressive behaviour in the first place. This involves recognising risk factors for aggression and de-escalating early aggression (RDAA, 2012).

Keys to managing aggression include knowing risk factors for aggression (e.g. young age, a history of violence, severe mental illness and substance abuse), and recognising signs of escalating frustration and anger (e.g. body language such as staring, frowning, clenched fists, crossed arms, pacing, finger

pointing). Once recognised, early aggressive behaviour can often be de-escalated using strategies at the system and individual level (RDAA, 2012).

Zero Tolerance Policies

The literature also suggests that 'zero tolerance' approaches are becoming more common into workplace policies in the health sector (Morphet, 2014). However, the utility and use of such policies and accompanying sanctions have been questioned.

Flagging Violent Individuals or Sanctions

There is a view that one of the best predictors of violence is a history of violence (Mayhew & Chappell, 2005). Accordingly, one strategy used in the health sector to manage workplace violence is "flagging" the files of violent patients, and giving staff as much information as possible to assist in their assessment of a client's potential for violence.

Police Strategies – never patrol alone policy, community safety plans

In order to reduce workplace violence and other stressors, the West Australian Police introduced a policy stating police officers are not to be rostered, directed or encouraged to patrol alone. Provision is made in the policy for police to undertake certain low-risk duties alone, and for police to make their own decision to patrol alone in certain circumstances. The policy makes clear that an officer who makes a decision to patrol alone will be supported by their organisation (Armstrong, 2010).

Whole of Community responses

Several researchers note the importance of working with communities, by involving them in the development of solutions to community issues (NHMRC 2002). The study by Fisher et al. (1999) into workplace violence directed at Remote Area Nurses (RANs) found that the community's lack of knowledge and unrealistic perceptions about the role of RANs could cause problems. One expectation, for example, was that RANs would service the community 24 hours a day seven days a week. If RANs could not meet this expectation, criticism and accusations ensued. It appears that community education and engagement, including developing trust and respect, are critical in ensuring an effective whole-of community response (McCulloch, 2011).

It has been suggested that community safety plans be created outlining consequences for violent behaviour (RDAA, 2012).

A key initiative of the Northern Territory (NT) Police is their involvement in engaging with communities to establish Community Safety Committees and develop Community Safety Action Plans. They are seen by NT Police as a logical and effective means of involving individual communities with their own safety (Northern Territory Police, 2017). Such plans, however, require communication with and commitment from the community, as well as sufficient resources to implement the plan (McCulloch, 2011).

Initiatives that promote workers wellbeing and self-care

A national study of Indigenous AOD workers, identified that many workers appeared resilient in the face of extreme pressure (Roche et al. 2013). They highlighted the importance of knowing themselves, recognising symptoms and triggers of stress and applying preventative strategies. Preventative strategies used by the AOD workers were grouped into five domains: traditional (eg. going home to

community), recreational (eg. passive and active leisure's), social (spending time with friends and family, laughter and humour), domestic/personal (eg. gardening) and work related (eg. debriefing).

This study identified two outstanding characteristics of Indigenous AOD workers which were: strong motivation to improve the health and wellbeing of their community; and the work satisfaction derived from this despite the pressure, demands.... they encountered (Roche et al. 2013).

The study suggested a range of strategies for improving workforce safety by supporting workers social and emotional wellbeing. These included:

- Build strong mutual networks of Indigenous AOD workers for support and debriefing
- Raise awareness of burnout, anxiety and depression to enable identification in oneself and colleagues, and self-care skills
- Provide assertiveness and 'boundary setting' training and skills in self-care
- Provide access to culturally appropriate counselling/support services (particularly for grief and loss issues)
- Empower workers and facilitate Indigenous AOD workers input into organisational processes
- Introduce mentoring and clinical supervision

Although there is no literature to support this, it is possible that many of these recommendations may be relevant to the CNP workforce.

Support Post incident

Researchers stress that support and appropriate care following an incident can reduce the suffering of the victim (RDAA, 2012). The literature recommends developing procedures such as liaising with police, health and other emergency services; ensuring the victim has access to medical care; completing an incident report; and conducting debriefing. Importantly, the victim should be kept fully informed of all action taken post-incident (Mayhew 2000; Perrone, 1999).

The benefits of debriefing following a traumatic event are well established (Vic Health, 2017; Healy & Tyrrell, 2013). Although, debriefing is recognised as important, it has also been argued that Western models of debriefing used for trauma like suicide may not be relevant to Indigenous people, given their complex historical experiences of trauma (Ober et al., 2000).

Employee Assistance programs

Employee assistance programs have been recognized as an important component of early intervention, and involve assisting employees with personal and work problems, through confidential counselling, educational material, referrals to self-help groups and specialist services (Employee Assistance Professionals Association of Australasia, 2011). The NHMRC notes that adequate support from employers and peer support networks "is critical to help maintain personal and professional resilience and judgement " (NHMRC, 2000). There is very little evidence regarding the relevance of these programs for remote Indigenous employees and the potential need for alternate methods of delivery.

Training, Mentoring and Supervision

The literature recommends the need for high quality cross organisational training, including the need for all team members to access regular supervision and mentoring (Cooper et al., 2014).

Furthermore, researchers suggest mentoring programs are useful in helping workers understand the safety risks, and in dealing with safety incidences. Green et al's study into rural welfare and social workers found that "professionals who have experience on the ground, such as those in our study, would be useful role models and mentors for newly graduated or newly arrived rural workers" (Green et al., 2003). Roches study of Indigenous AOD workers also recommended introducing mentoring as a key strategy for worker wellbeing (Roche et al., 2013).

Government and Industry Body Initiatives

Industry bodies have also played a key role in developing standards, policy documents, policy statements, guidelines and education kits to help members develop and implement workforce safety policies. While these documents tend to provide high-level advice and recommendations on reducing workplace violence, they are industry-specific and can therefore focus on risks working with individual professional groups. In addition, industry bodies can play an important role in providing services to members who are victims of workplace violence (e.g. counselling services), and in providing continuing professional development, which may incorporate education on workplace violence. Some workplace violence prevention initiatives developed by peak bodies are outlined below (RDAA, 2012).

Australian Medical Association (AMA)

In 2008, the AMA launched an anti-violence kit titled 'We care for you, you care for us' aimed at making medical practices safer for GPs, their staff and patients by effectively managing the risks of workplace violence (AMA, 2008). Prior to this, in 2005, the AMA released a position statement titled 'Personal Safety and Privacy for Doctors' which was designed to reduce the vulnerability of doctors to harm. The Statement is framed around a risk management approach which involves risk identification, risk assessment and risk control. It recommends the following prevention strategies (AMA, 2005):

- a zero-tolerance policy
- a complaints mechanism
- changes to the physical environment (e.g. comfortable waiting rooms, good lighting, lockers for staff, adequate car parking, appropriate surveillance)
- personal protection (e.g. duress alarms, escorts to walk staff to cars late at night)
- protecting the doctor's personal privacy, including their home and contact details
- education and training on violence and aggression
- guidelines for doctors conducting home visits
- post-incident management, such as post-incident support and reporting
- monitoring and evaluation. (AMA, 2005)

CRANApplus

CRANApplus operates Bush Support Services, which includes a 24-hour confidential counselling service available to all remote health care workers and their families. This includes nurses, doctors, allied health professionals, managers and project workers. The counselling service is staffed by qualified psychologists with remote and cross-cultural experience, and support from Indigenous co-counsellors can be provided if Indigenous health workers request this. CRANApplus also provides a number of self-

help booklets to health professionals, and workshops on issues such as managing conflict and self-care (CRANaplus, 2017a).

More recently, CRANaplus was funded by the Department of Health to deliver the Remote Area Workforce Safety and Security Project. The outcomes include a national consultation, development of national safety guidelines, and the production and distribution of useful resources that include a risk assessment tool and training materials (CRANaplus, 2017b).

Summary of the literature

Gaps in the literature

The literature review aimed to examine the evidence surrounding the safety of the CNP workforce including the prevalence of incidents, the safety risks associated with the job; the impact of any incidents, and strategies currently in place to promote the safety of the CNP workplace. Unfortunately, there is a severe shortage of literature on this topic. There was some literature about the CNP workforce as a whole, but little that examined the safety of CNP workforce specifically. The review has examined some organisational documents which have been accessed during the consultation phase of this project which has provided an insight into current strategies in place at an organisational level. However, this will be discussed in more detail in the Consultation Section.

As a result, the literature review examined the evidence available regarding the safety of the rural and remote health, education and police sector, primarily as a baseline, and also because of the abundance of information available (in comparison) for these industries. It should be noted, the authors are highly aware of the vast disparities between the CNP workforce and the health, education and police sector, in particular the fact that the CNP workforce is predominantly Aboriginal workers who are from the community in which they work, as opposed to a predominantly non-Indigenous professional who are less likely to be from the community they work in. For this reason, the authors also attempted to examine the safety of other Indigenous workforces, but again found this to be limited.

Determining the prevalence of safety incidences within CNP workforce is not possible given the lack of data. This data is not even available for the health sector which has a range of literature regarding the safety issues of its workforce. As the health sector literature suggest, the dearth of data may be attributed to a lack of a formal mechanisms to systematically collect such data; it may also be attributed to ambiguities surrounding the definition of 'workforce safety'. The need for a standard definition of the 'CNP Workforce Safety' and establishing a formal mechanism for collecting data would be a first step in attempting to understanding the prevalence of safety incidents within the CNP workforce.

Given the lack of evidence, further research is needed to fully understand the extent and layers of safety risks for this workforce, the impact of these incidences and the risks on the workforce. For example, it is possible that CNP workers experience some of the risks similar to other workers examined, however, it is more likely that this workforce experiences a whole range of other risk factors influenced by the fact that they are Aboriginal workers working in their own community.

Lastly, there is a gap in the literature regarding evaluating the effectiveness of existing strategies aiming to promote the safety of the CNP workforce or similar workforces.

What we know

The literature provides an insight into the history of the CNP workforce, its inception and evolution over the past 40 years. It is evident that the CNP workforce evolved out of Aboriginal community's concern for their people and the desire to improve the situation. It was an initiative that was driven from the ground up by groups of concerned community volunteers. Over time this role evolved into government funded positions with varying levels of community control over the direction and program priorities. What is clear from the history is that the strong motivation to improve the wellbeing of their own people is what instigated the concept, and from other Indigenous workforce literature, it continues to be a key driver for workers today.

For the purpose of this task, the literature review recognised the definition of 'workplace violence' but used a broader interpretation of this definition to include other significant safety issues for the CNP workforce, most significantly, cultural issues and trauma witnessed by the worker.

Despite the lack of conclusive evidence on the prevalence of safety incidents, several studies, particularly in the health sector, suggest it is a serious concern with impacts at the individual, organisational and societal levels. In some key health studies, more than 65 per cent of respondents reported experiencing an incident in the previous 12 months, with verbal abuse being the most common form.

The health, education and police sector identify a range of risk factors for the safety of their workforce which appear, on the surface at least, to have some similarities to the CNP workforce, however, this requires further examination. Some of these factors include: providing care; carrying out inspection or enforcement duties; working with mentally disturbed, drunk or potentially violent people, working alone; and working after hours.

We also learnt from the literature that the following factors can place the rural and remote workforce at more risk: the lack of emergency services (police, health); greater distances, meaning response times of referral agencies can be prolonged, not available or not appropriate; the need to have specialised skills in de-escalating violent situations before support arrives; the lack of anonymity of all involved, the difficulties involved in reporting safety incidents; and geographic isolation making it difficult to enforce work, health and safety legislation.

A number of cultural issues, relevant specifically to Indigenous employees, that impact on workers safety were also identified. The first being the concept of 'dual accountability' which was described as the challenge of fulfilling employer obligations whilst balancing cultural obligations and expectations. This was identified to extend to the risks associated with trying to work across to systems of law/lore.

Another risk, specific to an Indigenous workforce, was the lack of cultural safety within a workplace and the risks this poses to workers. This was particularly relevant when there were distance and remote management systems in place. The literature also identified that the safety of workers can be impacted by the level of stress they encounter as a part of their work, including the stress experienced from witnessing trauma.

The health literature suggests the impact of safety incidents on individuals can include: anxiety, depression and stress-related illnesses; physical illness; loss of motivation or self-esteem; absenteeism; burn-out; job dissatisfaction and feelings of incompetence; social withdrawal; poor concentration; disturbed relationships with family, and trouble performing tasks at home; increased

use of caffeine, nicotine, alcohol and medication; post-traumatic stress disorder (PTSD) and a decision to leave the profession.

These incidents have consequences for the employer and workplace more broadly including absenteeism, lower productivity and poor staff morale; higher workers compensation premiums and expenses; decline in work quality; need for counselling, mediation or grievance procedures and difficulty in retaining staff.

The health literature identified a range of strategies for promoting workforce safety that require exploration as to their relevance and appropriateness to the CNP workforce. Strategies ranged from education and training (including recognising and de-escalating violent behaviour); WH&S strategies; promoting worker wellbeing and post incident support, mentoring programs, Employee Assistance Program; and a range of safety policies, procedures and tools. It should be noted that the effectiveness of most of these strategies have not been evaluated.

Finally, one strategy worth reviewing for the CNP workforce is the RDAA report recommendation of engaging the community in the development of solutions to promote the safety of the workforce.

The literature reveals a large number of policy documents and guidelines on promoting workforce safety. They are generally constructed around a work health and safety (WH&S) framework. The literature recommends these strategies should offer generalist advice that enables managers to develop tailored workplace policies that address prevention, response and recovery, as opposed to providing prescriptive programs. Indeed, it is suggested that the unique cultural, social and economic characteristics of communities need to be carefully considered when developing strategies so that strategies are relevant to the local context.

PART B: CONSULTATION SUMMARY

Introduction

As discussed in the Methodology section, consultations were held with key stakeholders including Community Night Patrollers, Community Night Patrol Team Leaders/Coordinators/Supervisors and Service Provider Managers located in local councils and Aboriginal corporations; as well as regional PM&C staff. Consultations were also held with a range of training providers including Charles Darwin University, Eagle Training, Northern Australia Aboriginal Justice Agency, Industry Skills Advisory Council Northern Territory; the Northern Territory Police and other community members and organisations such as Central Australia Aboriginal Media Association. These consultations were conducted between August 2017 and January 2018 to explore the safety issues and needs for this workforce and will inform the development of a safety package and communication strategy aimed at increasing the safety of the Community Night Patrol Workforce.

It should be noted that the consultations were challenged by short timeframes and the ability to effectively engage with large geographic regions and culturally diverse stakeholders, many of whom were based in remote Aboriginal communities throughout the Northern Territory and APY Lands. This was particularly the case when exploring cultural issues and the topic of trauma with patrollers. The researchers often felt like more time was required to truly unpack the safety issues of this workforce.

Due to the nature of the topic and the audience, large-scale on-line surveys or phone calls were not deemed appropriate for most stakeholder groups, particularly for patrollers. Therefore, although resources intensive, face to face meetings were deemed the most effective form of consultation. For example, patrollers were interviewed both individually and using focus groups, as well as through attending several 'ride along' on night patrols and large group training sessions. For more details on the Consultation Strategy refer to Appendix 1.

Consultations occurred mostly via face to face but also via the phone and questionnaire. Open ended questions were used mostly during interviews which were guided by key themes including safety concerns, safety incidences, impacts of safety incidences; and strategies to improve the safety of CNP workforce.

Who was consulted?

As mentioned in the Methodology, 189 participants were involved in the consultation process, 115 were Community Night Patrollers (61%), 51 were Department of Prime Minister and Cabinet staff (27%), 15 were Managers/Supervisors (8%) and 8 were from Training Organisations (4%). This breakdown is presented in Figure 1. Below.

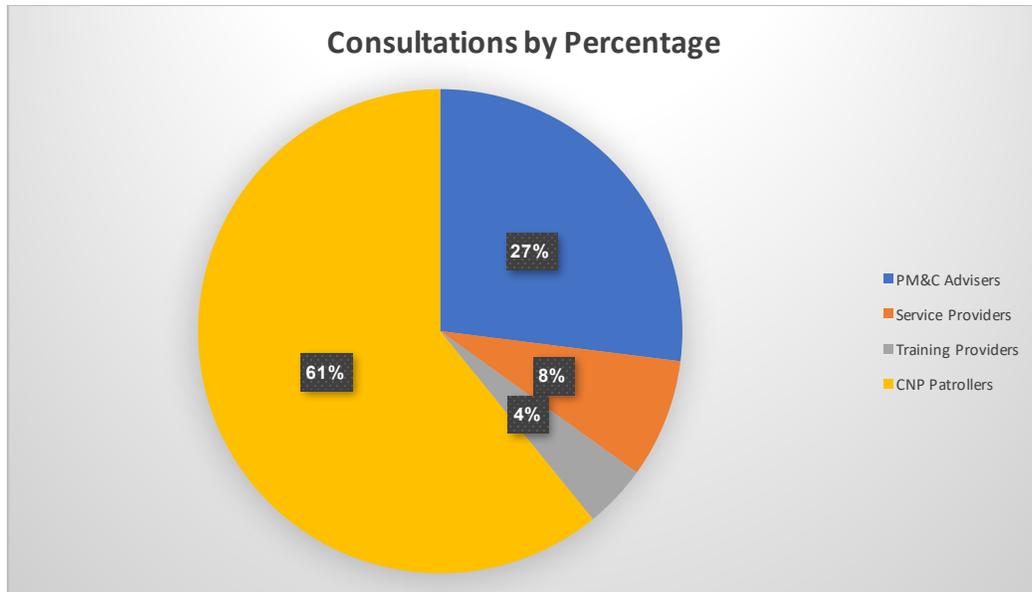
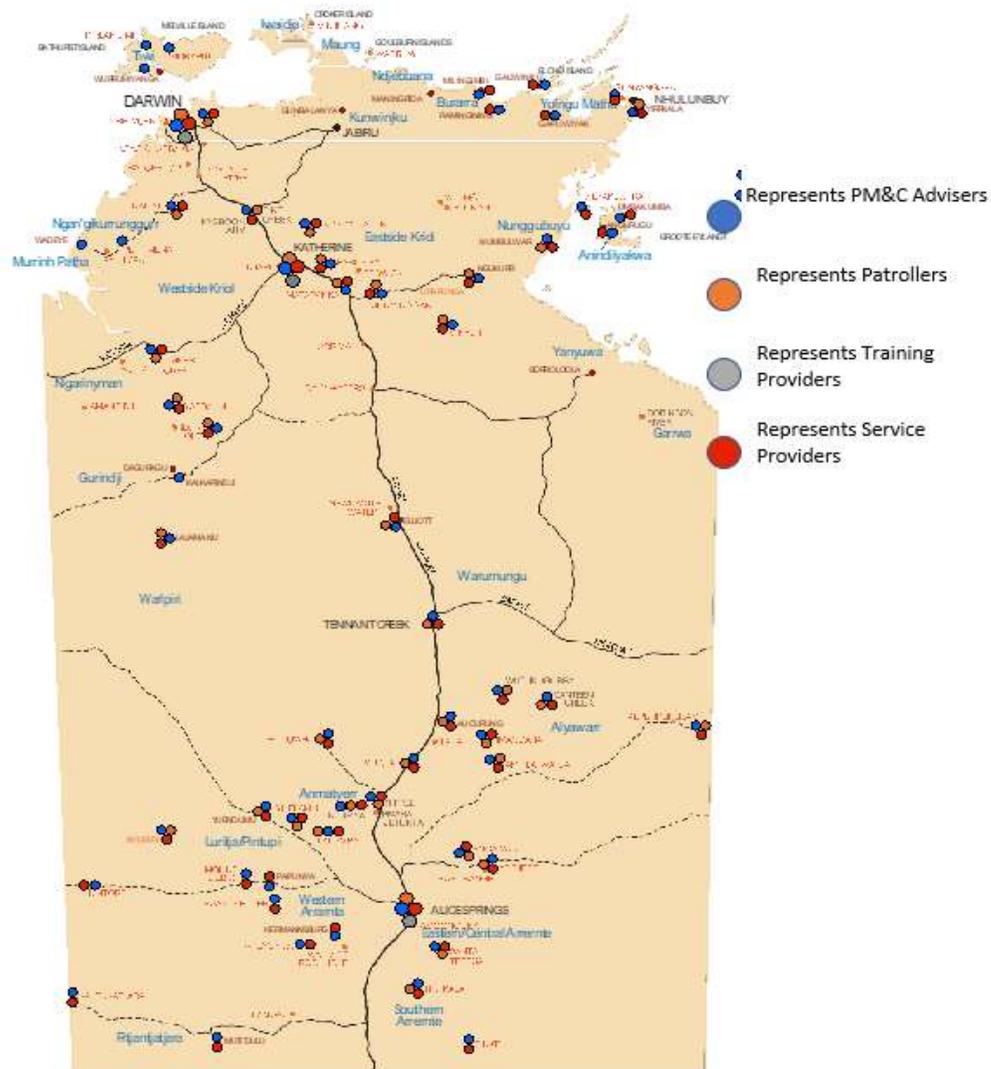


Figure 1. Consultations by Occupation

Figure 2. below illustrate the regions covered during the consultations².

² Although staff may have been based in an urban office such as Darwin for example, the regions they serviced are represented

Figure 2. Geographical Locations Identifying Community Night Patrol Safety Consultations



The consultation summary will now be explored under the following key themes:

- Safety Concerns;
- Safety Incidence;
- Impact of these Incidences
- Strengths keeping patrollers safe (protective factors)
- Strategies to promote safety – currently
- Suggested strategies to improve safety in the future

Safety Concerns

Following consultations, the project team conducted a series of workshops to identify a range of safety themes. These safety concerns have been mapped using the following headings: Individual; Community; Cultural; and Structural/Organisational.

Individual Safety Concerns

Trauma and Stress

Clearly, the most consistent safety concern identified across all stakeholders was that night patrollers are exposed to a significant amount of ‘trauma’ whilst on the job. As first responder’s, stakeholders identified a range of experiences that have been themed under the title ‘trauma’. This included witnessing deaths from accidents (car or other), suicide/attempted suicides, domestic violence, sexual assault, child safety issues, young sex workers, sickness and poverty.

The complexity and gravity of these issues was identified as a key source of stress. As supported in the literature, from an Aboriginal perspective, this trauma was inextricable linked to patrollers proximity to the community i.e. Patrollers had usually grown up with the person, or were often related. Respondents revealed that this was magnified by patrollers own personal experiences of trauma, and the unresolved loss and grief associated with the multiple layers of trauma that has spanned the generations.

This ‘trauma’ was summarised by one respondent as:

“the CNP Workforce witness some horrific incidences. Being the first responders to community violence, car accidents, deaths, suicides and these situations often trigger childhood trauma and distress. ... {Patrollers} struggle with trauma, but have limited support and access to counselling. Most communities can access mobile phones and a help line would be useful”.

The impact of this trauma was explored during consultation but will be discussed later in this chapter.

Other safety concerns identified by respondents included:

Working long and unsociable hours

Many respondents were concerned about patrollers fatigue and social and emotional wellbeing. Patrollers were reported to typically work five nights per week, on shifts spanning differing nights, some doubled over to link day shifts, and if there was community unrest, the length of shifts could be longer than normal. Managers were supportive in authorising overtime, but there was general concern about patroller fatigue and wellbeing. There was also concern about the burden of night shifts had on patrollers families.

Patrollers also identified working longer hours than they were paid for. For example, some patrollers reported following up with clients the next day or checking clients had been contacted by the referral agency. Many stated they were not paid for this work.

Working multiple jobs

The consultation revealed that a number of patrollers held another job, for example at the school or the health clinic during the day. The reasons for multiple jobs were varied and included the night patrol job not being secure enough (part time or casual), low salary or pressure to fill other roles due to a perceived lack of suitable applicants.

Manual Handling

An additional concern raised by some respondents was the Manual Handling issues associated with the role. A number of respondents identified they or other patrollers had experienced injuries from

attempting to move elderly or intoxicated clients in and out of patrol vehicles. The risk and difficulty lifting and transporting disabled clients and their wheel chairs or walking frames in caged vehicles was raised as an issue.

Legal Concerns:

Consultations revealed a wide range of legal concerns including legalities of transporting children in the caged area; children and false imprisonment; vulnerability to liability, getting conflicting advice/instructions, duty of care; self-defence; police powers; mandatory reporting (child protection and domestic violence); working within two systems of law (law/lore).

One legal issue which was raised on a number of occasions was the requests and expectations made by organisations such as police to undertake what was considered unlawful or culturally inappropriate activities. For example, one-night patrol manager described a patroller being asked to 'watch over a dead body in the back of a caged vehicle through the night until the police could get out to the community the next morning'. Patrollers reported feeling under pressure by having to balance government compliance regulations, and police expectations to provide information and act as a quasi-police force, particularly when it had the potential of resulting in patrollers being ostracised within their own communities which has serious implications on family and community relationships.

Of most concern were the legal issues around transporting children and mandatory reporting requirements. Respondents also raised concerns about being used a bus service and escorting young people to school and undertaking "the role of the yellow shirts". They had concerns about picking up children without parent's permission and recording their names which could be used by children's services to remove children from their families and communities. Concerns were also raised in relation to how many children can be picked up and whether it is a violation of children's rights to be put into a caged van.

Top End (Northern Australia) respondents were aware of and spoke very highly of the training program provided by NAAJA, however, the need for more of this training was repeatedly identified. This legal training was currently not available in Central Australia but was identified as a need. As mentioned previously, some night patrols have access to limited police back-up and are often first responders, as a result many patrollers felt vulnerable to liability due to "grey areas" of responsibilities and roles and expressed concern and uncertainty as to where they stand in the law.

"Dangers of the Job"

In one focus group held with 27 patrollers, patrollers were asked to identify the top 'dangers of the job'. The group then ranked these dangers. These are presented below and are reflective of the common safety concerns or 'dangers of the job' expressed by patrollers:

- Clients driving under influence of drugs/alcohol
- Physically aggressive clients
- Clients under influence of alcohol or drugs
- Clients with weapons (knives, spears, nulla nullas)
- Working with clients who are mentally unwell or at risk of suicide
- First responder
- Family violence
- Dogs attacks
- Snakes

- Kids lighting fires
- Community violence/fighting
- Not having the necessary personal protective equipment (PPE)
- Verbal abuse

This same group of respondents were asked to if they felt their “workplace had adequate policies and procedures in place to support their safety”, most (75%) respondents didn’t feel their workplace had adequate policies and procedures in place to support their safety.

Lack of PPE

Respondents regularly reported concerns about inadequate personal protective equipment (PPE). Most of these cases stemmed from inadequate systems in place to check, order, and maintain safety equipment. Examples included not having/malfunctioning/unmaintained mobile phones, CB radios and other communication systems, unmaintained vehicles, no uniform, no torches, inadequate first aid kits (no gloves). Sadly, one group of patrollers talked about needing a ‘knife like the ambos to cut the rope’ as a situation was described where patrollers were running from house to house to find a knife to cut down a young person from a tree during an attempted suicide.

There were at times vast contrasts in Community Night Patrols with some patrols having well serviced and resourced equipment, whilst other services appeared under-resourced and lacking essential PPE equipment including safety boots, uniforms and/or serious maintenance issues with equipment such as vehicles, including horns and seatbelts not in working order.

Cultural Concerns

‘Dual accountability’ - working between two systems of law/lore

Respondents consistently identified safety concerns around the challenge of working in two systems of law/lore. As one respondent stated “we provide a bridge between white and black law”. This was also explained as having ‘competing expectations’, since patrollers are usually from the community they work in they reported they have a range of community and cultural obligations which often do not align with their employer obligations. The quote below reflects this theme:

“being a local Aboriginal worker has its own set of risks ... susceptible to family and community violence and community punishment (payback)”.

An example of these community expectations provided below:

“People knock on patrollers doors at all hours of the day expecting a service, creating safety issues. While they off duty in the supermarket ...”

These expectations were broader than just community/cultural and employer but extended to other service providers expectations such as police and health. Many examples were cited that demonstrated these conflicting expectations.

Cultural Safety and Remote Management

During consultation it was identified that whilst the majority of the night patrollers are Aboriginal, the majority of night patrol managers are non-Aboriginal. To add to this mix, many of the managers were based in urban centres, often hundreds of kilometres from the night patrol service. Remote management of staff can be challenging for relationships at any time but the additional challenge of cross-cultural relationships was reported to make a complex and at times unsafe situation. Concerns were raised during the consultation that several service providers employ non-Indigenous staff into

management positions without the language, cultural or historical understanding of the community. There was widespread criticism that non-Indigenous managers made poor decisions when managing community expectations and this impacted on workforce safety.

Another concern expressed by respondents was the trend of service providers to employ non-Aboriginal staff, in particular people of African descent, across the workforce with the assumption that they are culturally appropriate.

Structural/Organisational Concerns

Lack of Resources

Consultations revealed that a number of safety concerns were linked to the lack of services available in community. These services include emergency services, in particular police but also services that night patrol clients could be referred to immediately or the next day. This in part was due to the fact that many services are located in remote communities, where availability of support services or emergency services is limited.

As one respondent described:

‘because they are first responders, they are often putting themselves in harm’s way without proper support (no police, health etc) and work outside the scope of their role which puts them in danger – because no one else is around to do it’.

It was identified by numerous respondents that the community night patrol service was often meeting a community need that is not currently addressed by other services, though may not necessarily be patroller ‘core’ business.

Another key aspect of this lack of resources was the difficulty night patrollers had in relocating clients to a safer place. For example, numerous respondents reported that safe houses or other referral agencies were often full or unable to accept clients due to unrealistic criteria. Respondents regularly talked about the safety concerns experienced when patrollers spent hours driving around trying to find a safe place to take their client to. One respondent reported that “safe houses and sober up shelters can often be full and families won’t take them home”.

This lack of resources also led to other services and the community having unrealistic expectations placed on them. These unrealistic expectations placed on patrollers were consistency identified by respondents as an important safety issue. This extended to include misunderstanding in community about the roles and powers of CNP.

Some respondents reported feeling pressured by police and other organisations to work outside what is reasonably required of CNP. For example, respondents reported police using patrollers for information, which respondents felt compromised their safety and their cultural integrity and ran a risk of the patroller being ostracised from their own community. As one respondent said “they can lose respect from community if seen as an extension of police/bullyman”. It should be noted that this was not always the case, and many respondents reported having strong and respectful relationships with police and when these relationships were positive, safety concerns were less, though a lack of resources placed pressure on some of these relationships.

A lack of resourcing was also reported for health issues where patrollers regularly felt they had to manage health issues without the appropriate medical support due to limited availability of afterhours health and ambulance services.

Human Resource (HR) Issues

High staff turnover and the ability to attract and retain skilled staff was identified as a key safety concern. The need to have the right mix of staff in each team was identified as crucial to staff safety. This mix was different for different communities and more/less important in some communities. Respondents identified the need for consideration of having respected community members, an even representation of the family/clan groups and gender balance.

Safety concerns also were reported when inexperienced staff were commenced without adequate mentoring and supervisions by more experienced staff or when new staff were not provided with a comprehensive induction program including training.

Other safety concerns raised related to HR included a lack of policies and procedures that were specific to the CNP workforce and/or that were culturally and linguistically appropriate. A number of patrollers reported a lack of awareness/knowledge about safety policies and procedures; or/and a lack of awareness of /and or use of risk assessment or incident forms.

A few respondents reported concern about inadequate staffing levels which has resulted in patrollers at times working alone or not having adequate support back at base/office to coordinate work and communicate safety risks/issues.

Unclear Roles and Responsibilities

The need to recognise and value the role of patrollers was identified as critical to the safety of the workforce, as the roles and responsibilities were often blurred due to the diverse nature and scope of the community needs and additional services undertaken. As a result of this 'blurring', Patrollers themselves were often faced with personal, cultural and ethical dilemmas which can in turn led to high staff turnover and burnout rates. Consultations revealed that although position descriptions may be similar, the roles and responsibilities of patrollers varied from one community to another, and many patrollers did not work specifically to their position descriptions and were not aware of the Operational Framework.

Respondents regularly identified that the night patrol workforce had changed from the initial vision of being a community-controlled initiative aimed at protecting and watching over vulnerable people within the community to a workforce which is now responsible for working in an environment of conflicting expectations and changing priorities. Respondents consistently reported that there was a lack of consistent understanding from all stakeholders about patrollers roles and responsibilities. This lack of understanding or perhaps conflicting views of the roles and responsibilities of Community Night Patrol was evident from community, service providers and patrollers themselves.

Community Owned vs Community Based

As mentioned above, respondents regularly raised concern that the night patrol was no longer driven by community priorities and that since government funding, it was difficult to retain a service driven by community's priorities and not governments priorities. There was a strong message from the workforce that the program needed to enable community to have more input into the planning, decision making and leadership positions. This can be demonstrated by the following comment from an elder and long-standing patroller:

'This job is very important, it is about our heart, mind and spirit, it's about caring for the community and caring for one another and to learn together and share with one another, help each other, support one another and listen to one another by keeping communities involved and informed. Working with

our Elders, don't forget the Elders because that is where it started and it's very important, that is our foundation, don't forget culture and the Elders.'

Comments like the one below was heard repeatedly:

"I would like to see more patrollers from different language groups. I would like to see night patrol run by Aboriginal people, for Aboriginal people within the Aboriginal community"

As mentioned previously, there were many examples of how this lack of community leadership had led to patrollers not being able to work in culturally appropriate ways which impacted on their personal safety. For example, not being able to assist a client who was out of the patrol region had put them at risk of retribution from family or community members or had sparked conflicts between family groups.

Training

The Community Night Patrol workforce within the Northern Territory currently complete a Certificate III in Community Night Patrol which has been developed by the Industry Skills Advisory Council Northern Territory. Prior to 2013, the training was not accredited; however, it was accredited in April 2013 and this accreditation will expire and be reviewed in April 2018. Charles Darwin University and Eagle Training have entered into an agreement with the Industry Skills Advisory Council Northern Territory to deliver this training. Throughout 2015 in the first-year of delivery, over 200 Patrollers completed the Certificate III in Community Night Patrol.

As the Cert III in Community Night Patrol is due for renewal in 2018, the Industry Skills Advisory Council Northern Territory are currently meeting with Community Night Patrol stakeholders from across the Northern Territory to review the course. The current structure of units is selected primarily from the Corrective Services package and a range of other vocational packages, and was not developed specifically for the community night patrol.

The community patrols in Anangu Pitjantjatjara Yankunytjatjara lands, South Australia undertake a Certificate II in Community Services through TAFE SA, as well as additional training in Mandatory Reporting and CAHMS training. The course delivered through TAFE SA is in English and Pitjantjara language, and was developed in direct consultation with Regional Anangu Services Aboriginal Corporation and the APY Land communities. The feedback from this course was positive.

Consultations identified a need for more training to increase workforce safety. Training gaps identified by respondents included:

- A Certified course that was more reflective of the role of night patroller
- Stress management and self-care
- Mental health first aid training (respondents reported this recent training initiative was good but they needed more)
- Training in communication systems (CB radio. etc)
- Training in violence prevention, self-defence and aggressive behaviour management
- Training in risk assessment
- Cultural awareness training

Lack of Service monitoring and evaluation

Some respondents identified that the CNP program did not have adequate systems in place generally to monitor the effectiveness of the program. This extended to not having adequate systems in place to identify, monitor and record safety risks and safety incidence. The need to recognise community ways of solving issues and delivering services as valid and effective, was also identified as an important consideration in evaluation.

Strengths – Things keeping patrollers safe

A key theme that emerged during the consultations were the strengths that were keeping patrollers safe. The most striking characteristic of this workforce was their strong motivation to improve the safety and wellbeing of their community, and the satisfaction they got from this, despite the demands of the job and the safety issues they encounter.

Committed and Resilient Workforce

One of the most distinguishing features of this workforce was their strong motivation to improve the safety and wellbeing of their community. It was evident from the consultation that many patrollers received a great deal of satisfaction from their job, despite the challenging environment and potential safety risks. The consultation revealed an incredibly resilient workforce who have a range of personal strategies to cope with the extreme pressures of the job, including knowing stress triggers, and applying preventative strategies such as taking time out to spend with family or do recreation, social or cultural activities.

Patrollers Communication Skills

Respondents repeatedly identified that patrollers had an understanding of their communities, the dynamics within family and community relationships and impressive communication skills. This was most evident in their ability to communicate with clients using negotiation and de-escalation skills and their understanding of community dynamics and conflicts. As Walker 2010 acknowledges that; "A cultural or family insider, who is aware of the history and background of a dispute and is in a strategic position of some status, has a far better chance of ameliorating destructive behaviours". This was supported by several respondents who advised that that police regularly relied on patrollers as the first responders and the first contact in initiating lines of communication, even in volatile situations, such as large community disputes.

Consultations revealed that many patrol teams had strong and trusting relationships with other service providers in the community, and that these relationships assisted to increase the patrollers safety. This included patrollers collaborating with other services and attending activities such as community safety meetings.

Finally, respondents reported that many patrollers were calm, respectful and understanding employees who would go 'beyond the call of duty' to help their community.

Respect from Community

Consultations revealed that if a community night patrol team was respected and valued by the community, then patrollers were safer. Respondents reported that the Community Night Patrol had a long history of serving and protecting the community and patrollers were respected and valued within their communities and this is what keeps them safe on the job. As one patroller stated:

'once we put our uniform on the community respects us',

Patrollers as Natural Mentors

It was evident from the consultations that a number of night patrols had informal/formal systems in place that enabled more senior/experienced patrollers to mentor and support less experienced patrollers. There were many cases of Elder men and women who had been working in the role of Patroller for over 20 years and they were often employed as Managers or Team Leaders to guide and teach new patrollers and to ensure that cultural protocols are maintained and respected. As one Senior patroller stated:

“I stay in the role as Team Leader because I want to make sure that our ways are respected and that white fellas who come and go don’t try to change the things that are important to us”.

Wrap Around Services

Respondents regularly reported examples of community night patrols that provided/had access to other wrap around services such as mediation centres or community development/diversionary activities. It was reported that these services not only enhanced outcomes for clients, but increased the safety of patrollers. Examples of these services included detox and rehab centres, mediation centres, counselling services, safe houses/sober up shelters and a wide range of other community development activities. There were many excellent examples of night patrol services linking with or providing community development services which aimed to address the underlying social issues.

Experiences of Workforce Safety Incidences

The consultations revealed there was no national or state/territory database that records CNP workforce safety incidences. Reporting systems largely fell at the service provider level and the scope, awareness and uptake of these systems varied. For example, one Night Patrol service recorded an incident where a female patroller was alone at the base when someone tried to break into the building. In response to that incident, they have installed surveillance equipment and now lock the external gates at night.

All service providers had formal systems in place for logging an incident, however, the use of these systems, such as Incident Forms, varied across the region. For example, there was a mixed response when respondents were asked ‘what proportion of the time are incidents recorded using an Incident Form?’. Responses ranged from being used ‘some’ of the time to ‘most’ of the time. A number of patrollers reported that they were aware of there being an Incident Form but they were unlikely to use it, because either they did not see the point or the form was not appropriate.

Consultations also examined stakeholder’s experiences of CNP safety incidences. Respondents from all stakeholder groups were asked about their knowledge of any safety incidences that had occurred to night patrollers over the past 12 months. Unlike, similar consultations which were conducted by CRANApplus with the remote health workforce, there was a surprising lack of incidents reported and patrollers in particular were not keen to discuss safety incidences. Generally, patrollers did not consider or record incidences that impact their own personal safety or experiences of trauma, they reported they usually only record incidences that impact on families and individuals within the community and council assets. The CRANApplus Project Team are unsure if this lack of conversation about specific incidence is because the workforce is simply not experiencing many safety incidences, however, we suspect other factors are in place. For example, when patrollers from one region were asked about possible reasons for a lack of incidences being formally reported the following explanation was given; that incidents were so prevalent that it was impossible to record all incidents. It was stated that “what is considered as an unsafe environment is a matter of personal opinion”.

When stakeholders were asked about possible other reasons for a lack of incidence the following were identified (which is consistent with the literature):

- Respondents did not feel comfortable disclosing to the CRANApplus staff, for various reasons including not wanting to shame their community or it is too painful to bring up
- Respondents are not aware of what constitutes a safety incident, or
- Respondents view it as a 'part of the job'
- Incidence are so prevalent, that respondents see no point in reporting

The safety incidence raised ranged from violent and aggressive behaviour to verbal abuse and damage to patroller property. Surprisingly, the incidence that were identified, were mostly reported by supervisors and manager or other stakeholders. Safety incidence raised by patrollers, however, were quite different and could be grouped into two themes. The first was the effect of experiencing trauma as a part of the job (death, suicide, family violence etc) and the second was about the lack of trust and respect non-Indigenous management showed for 'Indigenous ways of working'. There were many examples of patrollers expressing concerns that because they were not allowed to service a particular area this was causing conflict in the community and potentially endangering patrollers safety.

Another perspective with regards to reporting a 'safety incidence' is what patrollers view as safe maybe be interpreted by non-indigenous people as unsafe. For example, one respondent described how serious incidents are dealt with in the community under Aboriginal lore, which is therefore self-regulating. They went onto explain about how gathering for payback or community conflict that is done in culturally acceptable way, however, white people witnessing this, may view it as 'inappropriate' and 'unsafe'. Respondents also talked about police being aware of the importance of Aboriginal lore and turning a blind eye to payback, otherwise they would have to view it as unlawful behaviour under western systems of law. This is supported by literature where Langton, Burbank, Stanner, McKnight and Sansom, among others, have written about the structures of Aboriginal fights and conflicts. To the uninformed observer these disputes often appear to be chaotic, without rules and protocols. Ref - Jenny Walker

Finally, it is recommended that the concept of 'safety incidence' requires further exploration as the authors believe there are many layers to unpack on this topic which requires time and trust to be established. It is possible that the authors have just scratched the surface with regards to actual incidences. It is recommended that more time is required to work with the workforce to define what a 'safety incident' is in order to uncover the real incidence rate. It is suspected that many patrollers do not report or bring up incidence as it is too painful and personal, or they are nervous about repercussions. It is also possible that some patrollers accept it as a part of the job or don't recognise it as an incident but an 'everyday experience'.

Impact of Safety Incidents

Respondents described a range of impacts as a result of patrollers experiencing safety incidents. Burn out and high staff turnover were the most common impact identified. Other impacts included: missing days of work; feeling stressed and/or anxious; avoiding work; or wanting to leave their job; depression, or experiencing a decline in physical health; and withdrawal from family, friends and colleagues. For example, one patroller was asked how they coped with an incident, they said "they take some time off and come back to patrol again when they can cope".

Some respondents identified that being ostracised by the community was another impact. This ostracization may occur if the patroller delivers an unfavourable service. For example, there were reports of patrollers feeling ostracised and at times unsafe because the clients or client's families being unhappy with the service provided. Unfavourable services included reported child safety or domestic violence, transporting children without parent permission, or not delivering a service due to organisational obligations but this being considered as culturally inappropriate locally.

In order to provide an indication of the impact of safety incidents on patrollers, a focus group conducted with approximately 25 patrollers revealed that approximately 85% reported they 'felt like leaving their job or missing days at work because of safety incidents'; 90% felt they were not 'well supported following a traumatic event' and 90% of them reported 'needing better access to support or counselling'.

Strategies to Promote Community Night Patrol Workforce Safety

This section focuses on consultations regarding a) strategies and supports *currently* in the workplace that promote workforce safety; and b) *suggestions* for improving the CNP workforce safety.

Strategies Currently in Place to Support Community Night Patrol Safety

A diverse range of strategies and supports were identified by respondents as being currently in place, however, this varied significantly throughout the region. Some service providers had a comprehensive range of strategies in place, clearly having committed a significant amount of effort, time and resources to developing strategies to support the safety of their patrollers, whilst other service providers for various reasons had minimal strategies in place.

For example, one service provider, had developed a range of locally specific strategies, training, resources and tools, all of which were in local language. This included a Cert II in Community Patrol (covering topics including WH&S, Risk Assessment, managing stress at work and dealing with conflict); WH&S policies, procedure and training; Patrol Risk Assessment Form, Community Patrol Incident Form; and other resources specifically designed for a patroller. A culture of promoting workers safety through risk assessment and management was clearly evident.

The strategies from consultation that are currently in place could be grouped into those present **Before** a safety incidence occurs (aiming to prevent an incident occurring); **During** (strategies in place to minimise the harm); and **After** (Post Incident support). These will now be explored in more detail.

Before - Strategies in Place to Prevent an Incident Occurring

A range of strategies were identified that aim to prevent safety incidence occurring. These ranged from policies and procedures to training and tools.

Example of policies and procedures currently used in some services include: a 'never work alone' policy; communication policy and procedures; and a 'Toolbox' meeting before the shift starts. This 'Tool Box' meeting was described as a discussion about events/issues of the prior day or current; a check of equipment; and discussion about service priorities for the shift etc.

Respondents identified a range of Safety Tools currently being utilised including risk assessment tools; incident forms and equipment checklists. A range of training topics aiming to promote worker safety were identified, however, these were not delivered consistently across the project region. They included: Mental Health First Aid; Cert III Community Night Patrol; Training in Communication Systems

(CB radio etc); training in violence prevention and aggressive behaviour management; First Aid training; Risk assessment training. Some organisations reported having systems in place to manage the stress of the job. This included checking in with supervisors, tool box meetings, scheduled breaks either with the whole patrol team or with their families.

A number of other strategies were identified including having a recruitment process that ensured a local person with authority was on the interview panel. Reflective uniforms were identified as a useful strategy in order to be seen at night or to enable the patroller to be recognised and given due respect.

Some service providers reported having a list of community members who are not to be provided a service due to the current safety risk they pose to patrollers.

During – Strategies in place to manage an immediate response to an incident

Some respondents talked about having a direct line to their supervisor’s mobile phone 24/7 as the best strategy for immediately dealing with an incident; whilst others talked about strategies in place to access other emergency services. For example, although patrollers are required to call the police on a centralized number in Darwin which is then triaged according to urgency; some patrollers revealed they were able to call the local police officer directly for advice and support.

After: Recovery and Review Post Incident

Some respondents reported systems were in place for formal debriefings after an incident, though most reported informal systems or no systems available for debriefing post a safety incident. From the consultation, this was clearly an area for improvement. Many respondents identified the need for better systems to support patrollers after a safety incident had occurred. This included access to a team or community debrief and access to individual support and ongoing counselling after an incident. Some service providers had Employee Assistance Programs in place; offered time off after an incident however, the uptake of these strategies is not known. Some service providers also identified having effective systems in place for reviewing processes and procedures once an incident had occurred, including; conducting a community meeting next day to follow up significant events and generate community solutions.

Suggestions for Improving the CNP Workforce Safety

Respondent suggestions for how to improve safety of the Community Night Patrol workforce have been themed under strategies for the Individual; Organisation, Community, and Prime Minister and Cabinet.

Individual

Strategies identified under this theme included ensuring patrollers were aware of their WH&S requirements and other safety policies and procedure. This included ensuring any training or tools were presented in a manner that was culturally and linguistically appropriate for the workforce, for example that includes practical scenario-based training and where possible in the local Aboriginal local language. Respondents also described the need for supervisors to build culturally safe relationships with patrollers in order for patrollers to feel comfortable in discussing – risks, incidents, unresolved community issues or other worries.

Organisation

Respondents described the need to promote a more culturally safe workplace, one that recognises and values Aboriginal lore and custom and better meets the needs of local communities. This would involve including Elders, community leaders and other community stakeholders in developing service priorities and implementation.

Many stakeholders suggested the need for an improved induction system including a handbook specific to safety. This handbook would promote a strong culture of risk assessment, risk management and incident reporting and be designed in a culturally and linguistically appropriate way to meet the needs of patrollers. This induction handbook would include Workplace Health and Safety Policies and Procedures specific to the role and responsibilities of the Community Night Patrol workforce; communication systems, risk assessment, risk management, incident reporting or mandatory reporting legislation. Introducing a Mentoring Program for experienced workers to shadow or support new patrollers was also suggested.

Other suggested policies and procedures included:

- a Toolbox' meeting at start of each shift to explore current safety risks and management strategies; ensure necessary safety equipment and review previous shift events.
- A never work alone policy
- Ensuring every service has a locally developed risk assessment tool and incident reporting form,
- A system in place to flag 'high risk clients'

It was suggested that training needed to be practical and scenario based in a language and style that was appropriate to local patrollers. Access to training to increase patrollers understanding of how to identify, manage and report safety risks/incidence was also highlighted. A broad range of training topics was identified:

- Case scenarios of safety situations that patrollers regularly encounter, including how to manage dual obligations or 'working between two systems of law'
- Training about what is / isn't a safety risk/incident
- Training that assists to build a picture of a 'Best Practise Community Night Patrol' model
- Managing aggressive behaviour
- Risk Assessment and the use of a risk assessment tool
- Ensuring any training package is in language, and relevant to community context
- Centralized training was suggested by some as the benefits of shared learning was important while others requested that training was held in community.
- Self-care (ability to identify triggers, self-care strategies and how to seek help)
- Access to, and ability to use relevant communication systems (CB radio; mobiles phones; GPS devices etc)
- Cultural awareness training, particularly for non-indigenous staff

The need to improve systems post incident was repeatedly highlighted. This was particularly relating to patrollers experiencing a traumatic event whilst on duty (such as a suicide). The need for systems including a formalised debrief process and timely access to appropriate counselling and support (EAP). Building supervisors skills and possibly introducing tools to assist with monitoring staff wellbeing was also suggested.

Community

Respondents highlighted the need for strategies that engaged the community (including Elders and community leaders) in developing solutions for the safety of the Community Night Patrol workforce. There was also a lot of discussion about community expectations surrounding the Community Night Patrol role and the need to promote the role of the night patrol and increase community's understanding of the roles and responsibilities of patrollers and the boundaries of which they work in. As one respondent said "patrollers do heroic things every day and we should promote the good things they do". Furthermore, the need to promote community autonomy over decision making processes that operationalise the delivery of the service was regularly stated. As one Elder said: "It's Ours to protect and watch Over".

Respondents discussed the need to engage community leaders/elders to develop strategies for increasing the patrollers safety. As one respondent said: 'Communities are very different and community Leaders and Elders need to be involved in the decisions that impact on their own communities. The government can't just use a one size fits all'.

There was also discussion about the importance of Community Night Patrol engaging with broader community initiatives like 'community safety plans' and linking with other community organisations.

Prime Minister and Cabinet

Respondents suggested a number of strategies that could be developed and implemented at a program/industry level.

Some of these suggestions include:

- Provide opportunities for all patrollers to come together to learn from each other. There was lots of discussion about previously held conferences where patrollers across the Northern Territory came together for a conference which provided an opportunity to learn, share information and ideas and develop strategies to improve service delivery.
- Certificate III Community Night Patrol – although respondents provided positive feedback about the organisations delivering the Cert III, there was consistent feedback about the need for an actual training course to be designed more specifically for the Community Night Patrol workforce. Learnings could be taken from the Regional Anangu Services Aboriginal Corporation who have worked closely with TAFE SA to develop a course specific to their Community Patrol workforce.
- Safety Guidelines - Develop a broad set of safety guidelines that could be adapted by each service provider.
- The need for all patrollers to be allocated appropriate safety uniforms (including footwear). Wearing a uniform can promote workforce safety by identifying the who they are, and bright and reflective safety uniforms would enable them be seen at night and on the road.

Summary of Consultation Findings

A number of key themes and lessons emerged throughout the consultation. One lesson that stood out above all else was that patrollers are committed to improving the safety and wellbeing of the clients and their community, despite the risks and stress of the role.

Another key message was the importance of recognising how night patrols were established as a community driven initiative and the ongoing strong desire of communities to have ownership of night patrol service priorities.

The 'dual obligations' experienced by patrollers of having to juggle both employer and community obligations was consistently identified as a major safety concern for patrollers. There were a number of cases where patrollers were putting themselves at risk when they did not act according to cultural or community obligations.

The personal trauma witnessed by patrollers was another major safety concern reported across all stakeholder groups. Stakeholders all discussed the need to improve systems to promote the social and emotional wellbeing of patrollers by both facilitating self-care techniques and improving systems for debriefing post incident and enabling access to a range of culturally appropriate counselling and support.

A key safety issue specific to rural and remote night patrols was the lack of resourcing, in particular, a lack of access to emergency services (police, health) and other referral services such as safe houses and sober up shelters. This lack of access to these services often meant patrollers were both the first responder and the only service available, thereby forcing them to work outside their scope of practice and placing them at risk.

The need for broad safety guidelines, tools and training that could be adapted by each local service provider was identified as a useful strategy for improving workforce safety. Respondents recommended collaborating with patrollers to ensure Aboriginal languages, images and issues pertaining to their personal and cultural safety are included within the package.

Finally, the need to promote the role of the night patrollers as 'the everyday hero', including raising awareness as to their roles and responsibilities with local communities was consistently identified as key strategy for improving the safety of patrollers.

CONCLUSION - Ways Forward

This report has reviewed the literature surrounding the safety of the community night patrol workforce; given the dearth of available literature on this topic, the review then expanded to include other workforces including police, health and Indigenous alcohol and other drug workers.

It has also compiled a review of consultations conducted with key stakeholders across the project region. The report initially struggled with definitional ambiguity regarding 'workforce safety' as much of the literature discussed 'workplace violence' which largely focussed on actions or behaviours in which a person is threatened or assaulted as a direct result of his work. However, for the purpose of this workforce, safety concerns were much broader and encompassed a range of cultural issues including 'dual obligations' and worker wellbeing in response to the impact of witnessing trauma whilst on the job. As a result, the term 'workforce safety' has been used to encompass a broader definition.

Promote a Community Owned Night Patrol Model

This report has highlighted how the community night patrol workforce evolved out of Aboriginal community's concern for their people and the desire to improve the situation. It was an initiative that was driven from the ground up by groups of concerned community volunteers. Over time this role

evolved into government funded positions with varying levels of community control over the direction and program priorities. What is clear from the history is that the strong motivation of Aboriginal people to improve the wellbeing of their own people is what instigated the concept and from the consultations, it continues to be a key driver for workers today.

Over time, this program has had varying levels of community ownership, fortunately, more recently, government has focused on prioritising services that are community owned. Hopefully, as communities have more ownership of programs the sense of ‘dual obligation’ is reduced, since the report has highlighted how patrollers can be at risk when they are not able to respond to community and cultural obligations and ‘Indigenous ways of working’.

Recommendation: In order to promote the safety of the community night patrol workforce it is recommended that the industry strives to provide a culturally safe workplace that acknowledges, respects, and accommodates Aboriginal language, lore and custom and community led priorities. The need to increase local ownership and promote local people into leadership roles within the workforce is also recommended. It is also recommended that the CNP program engages with community leaders and elders to develop solutions for promoting the safety of the community night patrol workforce.

Promote the Night Patroller as ‘The Everyday Hero’

This report has highlighted the need to promote the role of community night patrol to community and increase understanding of the role and the boundaries of which they can work.

Recommendation: It is recommended that opportunities be sought to increase CNP workforce safety by promoting Aboriginal Patrollers as community role models, recording their stories and upholding the Community Night Patrol as an invaluable community service. In line with funding being provided to CRANApplus, it is agreed that a communication strategy that promotes awareness of the role of the CNP workforce and community’s responsibilities around supporting the safety of CNP workers while on and off the job would be beneficial.

Increased Support for Patrollers Experiencing Trauma

As mentioned previously, the effect of patrollers witnessing trauma (such as car accidents, family violence, suicide, poverty, child safety etc.) as a part of the job was consistently identified by all stakeholder groups as a key priority for action. Most significantly, was the lack of access to culturally appropriate counselling and support services.

Recommendation: It is therefore recommended that additional supports and resources are required to promote workers social and emotional wellbeing, including promoting self-care and providing access to resilience building workshops; introducing a culture of debriefing; and providing a range of culturally appropriate and accessible support and counselling options prior and post incident. This could include expanding the free and anonymous counselling and debriefing service of the 24/7 CRANApplus Bush Support Services to include the CNP workforce.

Address Resourcing Issues

The report has highlighted the pressure that a lack of resourcing has on the safety of CNP workforce, in particular the lack of emergency services (police) in rural and remote areas. Including forcing patrollers to work far beyond their roles and responsibilities. It has also highlighted the benefits of

additional wrap around services in assisting to both promote the safety of the community and patrollers themselves.

Recommendation: Continue to build partnerships at all levels with police, emergency services and other referral services such as safe houses etc.

Recommendation: Explore opportunities for additional wrap around/community development/mediation services.

Develop a Safety Package

The literature and consultations revealed a lack of industry level safety guidelines for the community night patrol workforce, along with resources, tools and training that can be adapted locally. This package could include guidelines for policies at an industry level such as a zero tolerance of unacceptable behaviour in the workplace policy and a communication strategy which expressly states violence and aggression against night patrollers is unacceptable and patrollers do not have to tolerate it. These policy documents and guidelines on promoting workforce safety should offer generalist advice that enables managers to develop tailored policies that address prevention, response and recovery, as opposed to providing prescriptive programs. Indeed, it is suggested that the safety package be designed in collaboration with stakeholders including patrollers, their managers, training providers, Aboriginal legal services and media associations to capture local knowledge and ensure local solutions to safety issues.

Other suggested policies and procedures include:

- a 'Toolbox' meeting at start of each shift to explore current safety risks and management strategies; ensure necessary safety equipment and review previous shift events.
- A never work alone policy
- Ensuring every service has a locally developed risk assessment and incident reporting tools, designed specifically for patrollers use (and ensure patrollers are trained in such tools)
- A system in place to flag 'high risk clients'

Finally, it is recommended that a Safety Handbook could be developed that can be locally contextualised and used as part of an induction package specifically for night patrol staff. This induction handbook would include WH&S policies and procedures specific to the role of a patroller, communication systems, risk assessment, risk management, incident reporting or mandatory reporting legislation. Introducing a mentoring program for experienced workers to shadow or support new patrollers along with access to supervision for all staff is also recommended.

Training

The community night patrol workforce has varying degrees of access to a range of training aimed at increasing their safety. Of most note is the Certificate III Community Night patrol and NAAJA Legal training. The Cert III is currently under review by ISACNT and it is hoped the course will have the opportunity to be more reflective of CNP workforce training needs, as there is urgent need for a mandatory training that better reflects the role of community night patrol.

NAAJAs legal training, though highly respected is not accessible to all patrollers. Fortunately, it is also currently undergoing change and it is hoped that this training will be accessible to more of the CNP workforce in the near future. The need for more training to support patrollers to manage the significant amount of trauma they experience whilst at work is also large training gap that needs to be addressed.

The need to share knowledge and information between service providers and patroller was consistently identified. *Recommendation:* It is therefore recommended that resources be utilised to enable these opportunities, such as annual conference and regular formalised night patrol management meetings

Establish a Peak Body

This review has revealed a lack of consistent safety standards and processes across the CNP industry, along with a lack of other industry standards and processes. *Recommendation:* Establish a peak body in order to develop standards and processes, and act on behalf of all members when lobbying government or promoting the interests of the members. This peak body could be used to develop codes of conduct and could also be the provider of mandatory industry training.

Further Unpack the Safety Risks

It is possible that community night patrol workforce experience some of risks similar to that of other workforces examined in this report, however, it is more likely that this workforce experiences a whole range of other risk factors influenced by the fact that are Aboriginal workers working in their own community and have an additional set of family, cultural and community obligations. Some of these factors might in fact be protective factors.

Recommendation: Further research is needed to fully understand the extent and layers of safety risks for this workforce, the impact of these incidences and the safety needs of the workforce.

Improved Monitoring and Evaluation of Safety

At present there is no standardised system to monitor and review safety incidents; nor a consistent and well understood definition of 'workforce safety' for community night patrol. It is possible that the authors have just scratched the surface with regards to actual incidences. It is recommended that more time is required to collaborate with the workforce to define what a 'safety incidence' is in order to uncover the real incidence rate. It is suspected that many patrollers do not report or bring up incidence as it is too painful and personal, or they are nervous about repercussions. It is also possible that patrollers accept it as a part of the job or don't recognise its an incident but an 'everyday experience'.

Recommendation: It is recommended that a standard definition of 'Community Night Patrol Workforce Safety' be established and promoted. Furthermore, it is recommended that PM&C and/or a peak body could develop and promote a system to monitor and review safety incidents. This formal mechanism would be the next step in understanding the safety issues and needs of the community night patrol workforce.

In conclusion, this report has observed an incredibly resilience workforce, one that in spite of stark safety risks continue to be committed to improving the lives of their community. Although more work is required to truly unpack the safety issues and needs of this workforce, the report has recommended a number of key actions that can be taken in order to promote the safety of the community night patrol workforce.

Appendices

Appendix 1: Consultation Strategy

Appendix 2. Community Night Patrol Managers Questionnaire

Appendix 3. References

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