



1 July 2012

### **Submission to the Inquiry into bullying in the workplace by House of Representatives**

This submission will highlight the experiences of frontline child protection workers who were/ and are still employed in [REDACTED] in Queensland. As some of the individuals are still employed within Queensland Government and have lodged compensation claim to ensure their anonymity, this submission will refer to these individuals as Client A, B, C, throughout the submission.

### **Background to working in frontline child protection context**

*Working in child protection, appears to be more dangerous than providing some other welfare-related services (Horejsi & Garthwait, 1994).* The nature of statutory child protection worker is likely to be in opposition to the child's family or the perpetrators of the child abuse, given that the state has intervened to protect the child. The families that come to the attention of child protection system are most likely people who are marginalized and disempowered, causing them to react in a frustrated and aggressive manner towards authority (Parton & Small (1989) and Wykes (1994). Research by Briggs, Broadhurst and Hawkins (2004)<sup>1</sup> found that workers across a range of professionals who work in child protection may be subjected to a variety of stressful and damaging behaviors that can impact on their long term ability to protect children. The macro context of human services focuses on human beings, their complex problems and relationships and emotionally charged situations, these combined lead to stress and anxiety for the worker (Coholic and Blackford, 1999; Jones et al., 1991; Strozier and Evans, 1998).

### **Stress, Burnout and Vicarious Trauma**

'Work stress' has been defined as a "*condition or intermediate arousal state between objective stressors and strain*", with strain being "*reactions to the conditions of stresses*" (Dollard et al., 2001, p15). The study by Smith et al (2004) looked at social workers responses to experiences of fear in which stress can impact the worker in various forms: Physiological; Emotional and Cognitive and Behavioral:

- Physiological symptoms include: their experience that their bodily functions did not function as they usually would when faced with fear provoking experience (e.g. tension in stomach, nausea, feeling dizzy).

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<sup>1</sup> Briggs, Broadhurst and Hawkins (2004) 'Threat and Intimidation in the lives of Professionals whose work involves children', *Trends & Issues in Crime and Criminal Justice*. Australian Institute of Criminology, No. 273, February. <http://www.aic.gov.au>

- Cognitive symptoms include: confusing rush of thoughts, responding to violence, imagining events which may not have occurred, impacting on memory and concept of reality.
- Emotional symptoms include: feelings of being frightened, panic and a sense of vulnerability and dread.

In Goddard & Tucci (1991) argued that *'in the face of potential violence a workers emotional and intellectual responses significantly parallel the feelings which a hostage appears to develop through the evolution of the Stockholm syndrome'*. In which the social worker develops empathy towards the parent's social position and advocate for the abusive parent to the detriment of the child and also being burdened by the workers instinct to survive and protect the child from harm. Killen (1996) argues that over-identification leads to tendency to minimize the abuse and neglect and makes it impossible to use professional authority when that is needed.

Burnout was first investigated by Maslach, (1982) he argued that personal relationships are very demanding and require a high amount of empathy and emotional involvement. He stipulated that Burnout consists of three aspects:

- a) emotional exhaustion;
- b) depersonalization; and
- c) Reduced personal accomplishment.

He argued that burnout can lead to psychosomatic complaints, depression, long term stress effects, absenteeism and job turnover (Maslach & Schaufeli (1993) and Zapf et al, (1999).

Child protection workers come into contact with families and children who have been traumatized this has led to the concept of 'Vicarious Trauma'. It is defined as *the enduring psychological consequences for therapists of exposure to traumatic experiences of victim clients* (Schauben & Frazier 1995). Vicarious Trauma has been shown to affect up to 37% of child protection staff after 12 months. The degree of distress for these workers is often worse than that of outpatients for mental health clinics (Myers and Cornille, 1999). The effects of Vicarious Trauma include: Isolation from peers, friends; sleep disturbances; increased startle reaction; irritability and moodiness; flooding of unwanted images or sounds; irrational feelings of self blame, weakness and incompetence and avoidance/over identification with clients (Bober, T., & Regeher, C., 2005).

### **Impact of Stress on CP Workers**

The impact of violence from clients can significantly affect the workers' capacity to carry out their work effectively and their commitment to that work (Littlechild, 2005). Goddard & Tucci (1991) argued that there is lack of awareness of the impact of threats and violence towards child protection

workers and that social work literature is biased towards voluntary, self motivated clients. The literature identified the following contributing factors to work stress and burnout:

- Particular practice field;
- work role issues;
- organization structure and culture;
- high workloads;
- low levels of control and autonomy;
- supervision practices;
- lack of accomplishment and efficacy;
- violence and conflict and racism within the organization (Dollard et al 2001).

The impact becomes evident through high staff turnover (Lonne, B, 2001); decreased job satisfaction and work performance (Barak et al., 2001). Low pay and long hours at potentially hazardous work, agency and community resources inadequate to client needs, the threat of legal liability and investigator versus helper role conflict all contribute to job stress (Anderson, D.G. 2000).

In the Queensland context the Crime and Misconduct Commission (p106, CMC) reported in 2004 that: child protection worker caseloads in many locations was at a very high and demanding level- leading to staff unable to respond to notifications of suspected harm of children in a timely manner. However the current situation (2012) has not improved despite [REDACTED] receiving significant funding since 2004. Recruitment and retention of frontline child protection workers is still a critical issues across all states and jurisdictions (not just in Queensland). For example in November 2008, a Question on Notice revealed that 852 full time workers quit their jobs, of which 470 were frontline child safety officers. Half of the workers had been in the job, less that 12months and nearly 90% had less than three years experience.

### **The prevalence of workplace bullying in the Queensland Child Protection System**

The following case studies will illustrate the impact of workplace bullying on three frontline child protection workers who were employed in the same [REDACTED] and had similar experiences by their supervisors (Team Leader and Manager) in that region. The case examples will also highlight issues regarding the: Public Service Act, policies and procedures in dealing with workplace bullying complaints, Whistleblower Protection, Investigation and outcomes and long term impact on the individual's mental health and wellbeing and staff turnover.

**Case Study A** (client was of non-English speaking background):

**Client A complaints were around:**

- Being subjected to unfair treatment by Team Leader when she returned from maternity leave in May 2008 in relation to flexible work hours;
- Racial vilification; and
- Workplace bullying and harassment.

**Timeline of events and outcomes:**

- Client A came forward as 'Whistleblower' in October 2008 and sought special protection under the 'Whistleblowers Protection Act 1994' (Qld legislation).
- The concerns raised met the Crime and Misconduct Commission (CMC) definition of 'official misconduct' and were given Public Interest Disclosure status.
- An external investigator was appointed to undertake this investigation, which took approximately 5 months with 18 frontline staff interviewed.
- The former Director General had given a personal commitment in ensuring that the investigation would be conducted fairly and demonstrated leadership throughout this process.
- During the investigation phase, Client A experienced significant impact on her physical and mental health as the Managers did not allow her to be moved to another office during the investigation. As consequence she developed: anxiety attacks, depression, sleeplessness, panic attacks, headaches and constant fear of reprisal from supervisors (Team Leader and Manager) and her professional reputation.
- The Investigation report was provided to the Department on the 3 March 2009 (this was during caretaker mode) and until the election outcome was known a decision about the recommendations could not be made by the delegated decision makers.
- The Investigation Report found that: Team leader's behaviour was found to be disrespectful towards the Client A in which, the supervisor was found to be 'displaying behaviours of intimidation'. The report substantiated the allegations around workplace bullying and intimidation by the Team Leader towards frontline staff.
- However due to the Machinery of Government changes (the former stand alone [REDACTED] [REDACTED] was brought into a 'mega-department' of [REDACTED]), which meant that the named officers (Managers and Team leaders) maintained their positions and did not undertake any performance management or workplace training to address the 'workplace bullying' behaviour that existed in that office.
- Since 2008, Client A has continued to seek justice and fairness and followed correct procedure, this has occurred at a cost to her physical and mental health wellbeing.
- In November 2008, Client A was diagnosed with Adjustment disorder with Anxiety and Depression (her symptoms included panic attacks, anxiety symptoms and depression).
- From July 2010 to May 2011, Client A went on 'sick leave' due to severe mental health condition and GP concerns around suicide and severe depression. During this time she attended fortnightly counselling.

- On 30 May 2011, Client A was required under Q-Super to return back to work and she was placed into a different region as part of reintegration back into the workforce over 6month period.
- In December 2011, the Department forced Client A to return back to the same region (where the bullying occurred), despite medical and counsellor advice requesting this to not occur.
- During that period, Client A went back to that region for 1 month, however this had significant negative impact on her mental health. As consequence her GP advised her to seek further Sick leave provisions under Q-Super and 'sick leave' provisions available.
- Currently Client A has lodged a workplace compensation claim against the Department and is seeking damages for 'loss of wages, mental health and suffering' as consequence of workplace bullying and intimidation.

#### **Case Study 2: Client B, Anglo Australian, experienced practitioner, aged 62 years old**

##### **Client B complaints were around:**

- Being subjected to unfair treatment by Team Leader (worker not allowed to go on lunch break, unfair performance reports, not allowed to seek study leave provisions to attend exam);
- Intimidation towards Client B based on her age (inappropriate comments made regarding her age and capacity to perform her work).

##### **Outcome:**

- Client B had been employed as a frontline child protection worker for over 8 years and was passionate about working with vulnerable families.
- Client B was supervised by the same Team Leader (who mistreated Client A) and was subjected to 'intimidating behaviour' through inappropriate comments and treatment regarding her work performance, study leave, request to have lunch break.
- As a consequence Client B lodged a grievance complaint through the HR process against the Team Leader. This complaint was dismissed by the Manager and HR branch and was not investigated properly.
- The stress associated with grievance complaint resulted in Client B experiencing acute mental health stress and anxiety.
- After the investigation and complete denial of fair and due process, Client B resigned from her position with [REDACTED] to join another federal government department.

#### **Case Study 3: Client C, Anglo Australian, new Social Work Graduate and Mother of 4 children**

##### **Client C complaints were around:**

- Bullying and intimidation by Manager (Manager belittle Client C by name calling, swearing and yelling);

- Manager not being sensitive to ‘parental needs’ and flexible work hours (Client C son was sick in hospital and requested to work part time). As a consequence of Client C being part time, Manager treated her differently and belittled her contribution to the team in front of her colleagues.
- Manager also intimidated all Union members in that office (Client C was also a Union member) and interrogated staff (including Client C) about the concerns raised with the Union regarding the ‘workplace bullying culture’ at that office.

**Outcome:**

- Client C was too afraid to lodge a formal complaint, however sought emotional support through the Peer Support Program.
- Client C resigned after 2 months employment with [REDACTED].

**Recommendations to Inquiry**

The three case studies highlight the impact of ‘workplace bullying and intimidation’ on frontline child protection workers employed in Queensland. The case studies also illustrate the challenges these workers faced in trying to address the issue within their workplace. Child Protection work is one of the most challenging discipline within the human service sector and it is critical that there are adequate provisions within Organisational HR legislation, policies and Workplace Health and Safety Legislation and policies to ensure that frontline child protection workers are not ‘mistreated’ while performing their work duties.

The author welcomes the opportunity to provide detailed input into the Inquiry of Workplace Bullying’ and makes the following 5 recommendations to the Inquiry:

1. An external Independent Agency is established for all Public Service employees and Non-Government Agencies (who are funded by government to deliver services) to be able to lodge complaints regarding workplace bullying and intimidation (without the fear of reprisal/loss of job). This Independent Agency should have legislative power to undertake an investigation into workplace bullying in any workplace and enforce fines if Managers are found to breach their responsibilities to workers and failure to address this issue.
2. All staff employed in management/supervisory role undertake mandatory training on workplace bullying and intimidation. This should also be included in performance management for Managers and stringent monitoring to occur where there is high turnover of staff, absenteeism, HR complaints.
3. Training to be developed on ‘workplace bullying and intimidation’ and cover topics regarding recognising signs of workplace bullying, reporting process, mental health impact and supporting colleagues.
4. Develop a community awareness campaign to tackle ‘workplace bullying’ and develop resources for Managers, Employees and Unions to deal with this issue.
5. Establish a website and a 1800 National Advice phone line for employees to discuss issues regarding workplace bullying and seek advice, counselling and support.

In preparing this submission the author sought the permission from the three Clients outlined in the case studies and ensured that their identity remained anonymous.

Should you require further information regarding this submission please don't hesitate to contact me direct.

Regards

[REDACTED]

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