

## Health, Safety and Wellbeing Self- Assessment Tool Handbook

---

## **Acknowledgement of Traditional Owners**

### **Acknowledgement of Aboriginal and Torres Strait Islander peoples**

Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters, community and culture.

© 2022 Safe and Equal

**Safe and Equal wish to thank the collaborators involved who provided their input to the development of the Health Safety and Wellbeing tool and accompanying guide.**

## About Safe and Equal

Safe and Equal is the peak body for specialist family violence services that provide support to victim survivors in Victoria. The interests of people experiencing, recovering from, or at risk of, family violence is at the heart of everything we do. Our vision is a world beyond family and gender-based violence, where women, children and people from marginalised communities are safe, thriving, and respected. We recognise the gendered nature of violence in our society, and the multiple intersecting forms of power and oppression which can compound the impacts of violence and limit people's access to services, support, and safety. We work closely and collaboratively with other organisations and support the leadership of victim survivors to amplify their voices and create change.

We provide specialist expertise across primary prevention, early intervention, response and recovery approaches and the inter-connections between them. Our work is focused on developing and advancing specialist practice for responding to victim survivors, building the capability of specialist family violence services and allied workforces, organisations and sectors that come into contact with victim-survivors; building the capabilities of workforces focused on primary prevention; and leading and contributing to the translation of evidence and research, practice expertise, and lived experience into safe and effective policy, system design and law reform.

**We develop family violence practice and support workforces** to ensure that victim survivors are safe, their rights are upheld, and their needs are met. The prevalence and impact of family and gender-based violence will be reduced because we are building a strong and effective workforce responding to victim survivors that can meet the needs of the community we serve, while also having a growing and impactful workforce working to prevent violence.

**We work to strengthen and connect organisations, sectors, and systems** to achieve safe and just outcomes for victim survivors irrespective of entry point, jurisdiction and individual circumstances. Joining efforts across prevention, response, and recovery we work to ensure the family violence system is informed and supported by a well-resourced and sustainable specialist sector. Our contributions to primary prevention workforces, initiatives and alliances contribute to social change for a safer and more respectful community.

**We are building momentum for social change** that drives meaningful action across institutions, settings, and systems for a safer and more equal society. Our workforce and practice development efforts are coupled with a partnership approach that builds community awareness and commitment to change. Our expertise and efforts enable citizens across the community to recognise and respond to family and gendered violence, hold perpetrators to account and support the ongoing recovery and empowerment of victim survivors.

**We are a strong peak organisation** providing sustainable and influential leadership to achieve our vision. The work we do and the way we work are integrated and align with our values. This is achieved through inclusive culture, and a safe and accessible workplace supported by robust systems and processes.

## Contents

Acknowledgement of Traditional Owners.....	2
About Safe and Equal.....	3
Introduction .....	5
What is Workforce Health, Safety and Wellbeing?.....	5
Why is it an important focus for individuals, leadership and organisations as a whole? .....	5
The Five Pillars .....	6
1. Organisational Level .....	6
2. Leadership Level.....	8
3. Job Design Level.....	9
4. Team and Work Group Level.....	10
5. Individual Level.....	10
Health, Safety and Wellbeing in the Specialist Family Violence Sector .....	11
The Self-Assessment Tool.....	12
What is the Self-Assessment Tool? .....	12
Who is the Self-Assessment Tool for?.....	12
Why use the Self-Assessment Tool? .....	12
Targeted long term outcomes of prioritising a work health safety and wellbeing plan .....	13
Appendices .....	14
Appendix 1: Reflective exercise to guide the Self-Assessment tool .....	14
1. Organisational Level.....	14
2. Leadership Level .....	18
3. Job Design Level .....	19
4. Team and Work Group Level .....	20
5. Individual Level.....	21
Appendix 2: Resources for Organisations .....	22
Appendix 3: Glossary .....	25
Appendix 4: References.....	30

## Introduction

### What is Workforce Health, Safety and Wellbeing?



#### Specialist Practitioners: A future vision

Every action I take is motivated by women and children's safety and recovery. There are formal advocacy mechanisms that I am equipped to utilise. I have highly developed technical skills to deal with the complexity and diversity of work I undertake. These are recognised and utilised, and I am remunerated in accordance with my skills, training and experience. The work continues to be challenging and rewarding and I am supported to prioritise my health and wellbeing and to be safe in my work. I am treated with dignity and respect. (Family Safety Victoria 2018).

The World Health Organisation defines health to be “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. This underlines the importance of a holistic and active approach to wellness that transcends the focus upon physical health, mental illness or simply the lack of diagnosable illness. There is a huge space between experiencing wellness and requiring professional medical assistance.

Workforce health, safety and wellbeing is a focus upon workplace and workforce factors which impact health. Given the above expansive definition, these factors are innumerable, and the issue is complex. Positive workforce health, safety and wellbeing is founded in the active promotion of systems and processes that create psychologically safe and supportive environments for staff.

### Why is it an important focus for individuals, leadership and organisations as a whole?



To bring rates of violence to zero we need strong and sustainable services delivered by highly skilled, well-supported workers. Our research confirms that Australia's service system is characterised by highly qualified, confident and capable staff. But many workers aren't able to meet levels of demand and say they are emotionally drained as a result of the volume and complexity of their work, and the trauma they encounter. As we expand and develop our service system we need to make sure workforce development and worker wellbeing are priorities. (Dr Natasha Cortis UNSW 2018)

The Occupational Health and Safety Act 2004 requires employers to comply with various duties, so far as reasonably practicable, to ensure health and safety in their workplace. Employers' duties include obligations to provide and maintain a working environment for staff that is safe and without risks to their health, including psychological health.

It is well documented that healthy staff are more productive, and have more energy, higher self-esteem, lower risk of chronic disease and generally feel happier at work. That can mean

a reduction in absenteeism and staff turnover for the workplace, ultimately increasing productivity and saving both time and money.

## **The Five Pillars**

An organisational climate that is conducive to promoting and protecting the health, safety and wellbeing of staff is dependent upon:

- leadership commitment to stress prevention
- the level of priority leadership gives to the health, safety and wellbeing of staff.
- the level of leadership involvement in activities which promote and protect health, safety and wellbeing.

Several workplace factors have been identified which, when present, can contribute to positive health, safety, and wellbeing. However, when these factors are absent in the workplace, staff can experience negative impacts.

The Self-Assessment Tool is structured around five **main pillars**:

1. Organisational Level
2. Leadership Level
3. Job Design Level
4. Team and Work Group Level
5. Individual Level

### **1. Organisational Level**

#### **1.1 Shared Vision, Ethics and Standards**

- Act as critical points of connection
- Are informed by the Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Victim-Survivors 2<sup>nd</sup> Edition (2020) and the Men's Behaviour Change Minimum Standards (Family Safety Victoria, 2017).
- Clarity on these aspects supports staff employing practices which are conducive to their personal beliefs.
- Act as a source of good will during periods of rapid change
- When operations are not aligned to shared visions, ethics and standards – conflict, stress and withdrawal from collaborative processes can occur causing fragmented or eroded structures

#### **1.2 Organisational Change**

- Staff can experience high levels of stress, anxiety and uncertainty, especially about how change will affect the nature of their work, job security and career paths
- Organisations can be proactive in adopting measures to reduce stress, uncertainty and absenteeism and increase the likelihood of change being successful (Swchweiger et al. 1991;

Oreg et al. 2011). Measures include ensuring that existing ethics and standards underpinning service delivery are maintained, alongside strong internal leadership designed to support staff.

- In changing environments where job demand remains constant, the provision of appropriate support is critical and can result in improved job satisfaction and more positive mood ratings (Rhoades et al. 2002).

### **1.3 Organisational Climate**

- Organisational climate is the shared perceptions and meaning people attach to their experiences at work. This includes shared beliefs about policies, procedures and practices and the behaviours that are expected, rewarded, and supported (Schneider et al. 2013).
- Research indicates that a positive organisational climate is associated with higher levels of workplace morale and lower stress and protects against operational stressors (Cotton et al. 2003).

### **1.4 Organisational Justice and Legislative Compliance**

- Organisational justice refers to the fairness of rules and social norms within workplaces. These include perceptions of justice relating to: the distribution of organisational resources (distributive justice),
- the methods and processes governing that distribution (procedural justice), and
- the interpersonal relationships that exist in the workplace (relational justice) (Elovaini et al. 2002).
- At the relational level the development of a collaborative and supportive organisational climate is critical. Components of this climate include respectful relationships, open communication, and the promotion of diversity and trust.

### **1.5 Policies & Procedures**

- Policies and procedures are the foundation stone for the building and maintenance of a healthy organisation.

### **1.6 Physical Environment and Operational Resources**

- The physical environment of an organisation can support development of an organisational culture which acknowledges and promotes diversity and create conditions in which staff can function to their full potential.
- Alternatively, if not managed proactively, the physical environment of the workplace can be a source of staff stress.

## **1.7 Appropriate Employment Conditions**

- One of the most significant factors resulting in workplace stress lies in instances where work reward does not match effort (Siergrist et al. 2004).
- In times of rapid change, where work demand is high, and levels of control are low, appropriate recognition of work undertaken by staff is critical.

## **1.8 Advocacy for Policy, Legislative and Systems Reform**

- Awareness of failures in the service system may have significant impact on staff and can lead to ethical dilemmas in practice and an increased risk of 'burn out'
- Staff undertaking advocacy activities designed to secure required policy, legislative and system reforms can increase the feeling of control and reduce the likelihood of vicarious trauma
- Examples of this level of advocacy can include community awareness campaigns, advocating for institutional change or input into the further development of an integrated family violence service system.

## **2. Leadership Level**

### **2.1 Providing staff feedback**

- Receiving acknowledgment of effort in a fair and timely manner (can impact positively on health and wellbeing)
- Acknowledgement of effort can be either formal or informal

### **2.2 Proactively support and encourage health, safety and wellbeing**

- Effective leadership is associated with better wellbeing outcomes for staff (Kuoppala et al. 2008).
- Transformational leadership – a leadership style associated with creating a vision of the future, inspiring and motivating, stimulating staff growth and showing consideration for individual staff – increases psychological wellbeing (Kelloway et al. 2005) and is associated with reduced levels of depression and anxiety (Barling et al. 2008).
- The effect of positive styles of leadership is likely to enhance psychological wellbeing through increasing trust, improved support and teamwork, enhanced job design and organisational climate.
- Supportive workplace relationships play a significant role in maintaining positive health and wellbeing.
- Alternatively, interpersonal conflict is one of the most frequently reported sources of workplace stress (Zapf et al. 2003). Conflict is often a result of inadequate organisational processes, which underpin the provision of support, access to clearly defined decision-making and achievement of role clarity. Conflict arising between colleagues may also be indicative workplace discrimination and bullying, which is associated with health problems (Niedhammer et al. 2006).



- Workplace discrimination and bullying affects not only individuals who are the direct targets but also reduces the job satisfaction of bystanders (Hauge et al. 2007). The responsibility for addressing discrimination and bullying rests not only with those engaged in these activities but also the workplace.

## **2.5 Professional and skilled management**

- Managers and supervisors who are provided with appropriate health and wellbeing training not only feel more confident in discussing health and wellbeing matters with staff, but workplaces where supervisors have had such training demonstrate reduced psychological distress among staff (McLellan et al, 2001; Tsutsumi et al, 2005).

## **3. Job Design Level**

### **3.1. Role clarity**

- Role clarity is an important factor which can protect staff mental health (Superfriend 2018).
- If staff understand the nature of their role and responsibilities, this assists in management of unrealistic work expectations and can enable staff to understand the contribution that they make to the overall work of their organisation

### **3.2 Demand and control**

- Jobs with high levels of demand but low levels of control are 'high-strain' jobs and bear the greatest risk of illness and reduced mental well being. (Karasek 1979; Stansfeld et al. 2006; Nieuwenhuijsen et al. 2010).
- Providing staff with control over their work enables them to be more actively engaged in their tasks and to craft their job to experience success.

### **3.3 Job characteristics**

- Flexible workplace policies reduce work–family conflict, predict higher levels of organisational commitment and reduce staff turnover (Grover et al. 1995; Kelly et al. 2011).
- Jobs that enable staff to work on a varied range of tasks and be connected to meaningful work are associated with higher levels of psychological wellbeing.
- Having opportunity to participate in work other than direct service provision has also been identified by specialist family violence practitioners as being important to their mental health, safety and wellbeing (DVRCV 2018).

### **3.4 Ongoing exposure to family violence**

- In occupations exposed to high levels of violence and trauma, low levels of support have been associated with increased risk of developing post-traumatic stress disorder, alcohol misuse, and more common mental disorders such as anxiety and depression. (Harvey et al. 2011).
- Informal levels of support such as comradeship or closeness within teams can mitigate the development of health and wellbeing issues (Waddell et al. 2006).
- Avoiding vicarious trauma can often be attributed to:
  - the level of resilience practitioners develop over time
  - implementation of strategies to ensure that trauma is reduced
  - maintenance of empathy with clients while also maintaining professional boundaries
  - organisational processes that are in place to promote and protect the health, safety and wellbeing of staff

## **4. Team and Work Group Level**

### **4.1 Formal Systems of Support**

- High levels of workplace support can protect staff from the detrimental effects of high strain jobs. Alternatively, low levels of support can increase the likelihood of health and wellbeing problems and/or prolonged sickness absence. (Johnson et al. 1988; de Lange et al. 2003).

### **4.2 Professional Development**

- Access to professional development opportunities can increase work engagement, which is a state of work-related wellbeing characterised by vigour, dedication, and absorption (Harvey et al, 2014).
- Access to well-targeted professional development opportunities has been identified to build knowledge and skills, self-confidence, and a sense of self-worth among staff. It has also been found to reduce staff burnout and high staff turnover rates.
- High-quality feedback to staff regarding their strengths and limitations is important when considering professional development opportunities that staff may wish to pursue. It's critical that managers are skilled in this area, to avoid misperceptions that can occur as part of these discussions.

## **5. Individual Level**

### **5.1 Work hour span and leave entitlements**

- Alongside organisational efforts to protect and promote health, individual staff should also be encouraged to take reasonable care for their own health and safety and for that of others by

working in accordance with legislative requirements and occupational health and safety (OHS) policies and procedures.

- This can involve taking regular lunch breaks, avoiding accumulation of annual leave and time in lieu, working within the hours staff are allocated, taking leave when they are sick and advising their managers of factors within the workplace that may create barriers in their ability to exercise these measures.

## **5.2 Seeking and availability of informal Support**

- Workplaces have a responsibility to ensure that staff are encouraged to take responsibility to seek support when they need it and to support others, as needed

## **Health, Safety and Wellbeing in the Specialist Family Violence Sector**

Priority Area 5 in *Strengthening the Foundations, the First Rolling Action Plan 2019-22* sets out the specific considerations impacting the specialist workforces:



Specialist family violence practitioners' work is stressful, emotional and fatiguing and can often result in vicarious trauma and burnout. Supporting specialist workforces to support victim survivors, hold perpetrators to account and engage in long-term primary prevention to bring about generational change means that we must focus on their health, safety and wellbeing.

The specialist workforces are exposed to unique and distinct psychological health, safety and wellbeing risks and the impact on practitioners in terms of their emotions, behaviours and reactions needs to be recognised and normalised. Vicarious trauma and employee burnout are widespread issues. The gendered nature of the specialist workforces and the prevalence of violence against women and family violence means that many practitioners in these sectors will have their own lived experience of violence. This experience can exacerbate the impact of the work on health, safety and wellbeing. There are additional health, safety and wellbeing impacts experienced by Aboriginal workers, workers from culturally diverse communities and workers with lived experience of family violence, and tailored approaches that consider these additional impacts are required.

## **The Self-Assessment Tool**

### **What is the Self-Assessment Tool?**

The accompanying self-assessment tool to this guide focuses on the promotion and protection of health, safety and wellbeing in the workplace, with attention paid to modifiable factors embedded in organisations that can impact positively or negatively on staff health and wellbeing.

The tool is a categorised list of questions which has been developed to assist organisations in:

- identifying current strengths and areas of operation requiring development/improvement; and,
- developing focussed policy and procedures with plans to strengthen internal operations.

The questions are to be used as an audit activity to provide up to date information and devices to develop a whole organisation approach in promoting and protecting health, safety and wellbeing.

### **Who is the Self-Assessment Tool for?**

The self-assessment tool aims to contribute to the promotion and protection of the health, safety and wellbeing of:

- Specialist family violence response and sexual assault organisations
- Staff who support family violence programs such as administrative roles, HR and trainers
- Staff in The Orange Door.

### **Why use the Self-Assessment Tool?**

What you cannot measure, you cannot manage. Periodically administering staff surveys or wellness assessments will help evaluate the effectiveness of current wellness efforts by identifying areas of success and areas for improvement.

## Targeted long term outcomes of prioritising a work health safety and wellbeing plan



## Appendices

### Appendix 1: Reflective exercise to guide the Self-Assessment tool

The reflective exercise below can be used to compliment and shape the discussions around the self-assessment tool. The questions can help strengthen a workforce sense of solidarity, commitment and teamwork (Reynolds, 2011b). The reflective exercise tasks are categorised under the relevant pillars:

#### 1. Organisational Level

##### **Shared vision, values and ethics which underpin our work**

Shared vision, ethics and standards provide the 'glue' that holds organisations, especially multi-disciplinary organisations or multi-agency service systems, together. They are also critical points for workforce connection. In Victoria, the shared vision, ethics, and standards of the specialist family violence sector is informed by the *Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Victim-Survivors 2<sup>nd</sup> Edition* (2020), and the Men's Behaviour Change Minimum Standards (Family Safety Victoria, 2017).

Organisations need to articulate, discuss and refine the shared vision, values, ethics and practice standards with their workforce and clients.

#### **Reflective questions**

- What ethics and values do we hold collectively?
- What actions and behaviours demonstrate our commitment to our ethics and values?
- To what extent do our policies and procedures reflect our ethics and values?
- How would our clients describe our collective ethics and values?
- How can we encourage one another to continue to be guided by, and behave in accordance, with our collective ethics and values?
- How can these collective ethics and values help sustain us in the long term?
- What stories do people, (internally and externally) currently tell about your organisation and what does this say about what your organisation believes in?
- How do our leadership teams embody and enact the organisational values and ethics and remind the workforce of the importance of ensuring that work practices and processes reflect those values and ethics?

## **Feminist, adaptive, compassionate and trauma-informed leadership**

Effective leadership is associated with better workforce wellbeing outcomes (Kuoppala et al. 2008). Feminist, adaptive, compassionate and trauma-informed leadership enhances workforce psychological safety and wellbeing by increasing trust, a sense of safety and providing permission for people to be honest about who they are, their strengths, their needs, and their struggles. Feminist and adaptive leadership also reflects on how power is used and dispersed throughout the organisation and in practice

### **Reflective questions**

- How do the leadership teams model feminist, adaptive, compassionate and trauma-informed leadership with the workplace and with the workforce?
- How do the leadership teams role model prioritising their own wellbeing in terms of hours worked, taking lunch breaks and scheduling in annual leave breaks?
- How do the actions of the leadership team demonstrate that they care for workforce wellbeing and what actions need to be increased or altered?
- How are power dynamics regularly discussed (at staff/team meetings and in supervision) and power more equally distributed throughout the workforce and in practice?

## **Organisational change support**

Our brains crave certainty. We need to feel we have enough information to predict what's next so we can protect ourselves and exert control over our environment. When we can't provide certainty, we should strive to provide clarity. Much of the field of change management is devoted to increasing a sense of certainty where little certainty exists. Transparency is a start, but research has found that leaders think of themselves as being more transparent than their staff think they are. Three steps are recommended in providing clarity: simplify options, articulate timelines, and define principles. Defining your organisation's principles, your 'true north', anchors your actions in your organisation's identity. Your principles provide a context for understanding what's happening today and serve as a touchstone for navigating the future (Rock, 2020).

During periods of change, such as is occurring in the Victorian family violence service system, organisations can be proactive in adopting measures to reduce stress, uncertainty and absenteeism and increase the likelihood of change being successful (Swchweiger et al. 1991; Oreg et al. 2011). These measures include advocacy strategies designed to ensure that existing ethics and standards underpinning service delivery are maintained, alongside strong internal leadership designed to support staff during the change process. Likewise, in changing environments where job demand remains high, the provision of appropriate support is critical and can result in improved job satisfaction and more positive mood ratings (Rhoades et al. 2002). The mechanisms for the provision of both formal and informal support will vary across organisations and should be commensurate with the demands and changes being experienced and workforce reactions to these.

**Reflective questions**

- How does your organisation communicate (in terms of style and regularity) with your workforce about changes and reforms occurring?
- How does your organisation monitor the impact of these changes and support your workforce?
- How does your organisation distribute power and involve the workforce in making the changes as meaningful and positive as possible?

**Organisational justice**

Organisational justice refers to how the workforce judges the behaviour and attitudes of the organisation.

The perception of unfairness creates an environment in which trust and collaboration cannot flourish. Leaders who play favourites or who appear to reserve privileges for people who are like them, or liked by them, arouse a threat response in workers who are outside their circle (Rock, 2009).

Research shows that when workforces are given a voice or input into organisational procedures this increases the perception of organisational justice (Kernan & Hanges, 2002).



**Reflective questions**

- How does the organisation involve employees from different levels and work areas in organisational planning, policy development and decision-making?
- How does the organisation communicate and explain decisions made?
- How does the organisation ensure fair recruitment processes and strive to strengthen workforce diversity which reflects broader community demographics?
- What monitoring systems does the organisation have in place to ensure employees have equal opportunity in accessing professional development and career pathways?
- What monitoring systems does the organisation have in place to ensure that employee workloads are evenly distributed?
- How has the organisation made employees made aware of equal opportunity legislation, discrimination and harassment policies and procedures governing workplace conduct?

**Physical environment and resources**

The physical environment of an organisation can support the development of an organisational culture that acknowledges and promotes diversity and create conditions that enhance workforce functioning. Factors such as air quality, noise control, accessibility, natural light, ergonomic workstations that are well-equipped and include stand-sit options, provision of private spaces and general attractiveness of the work environment impact on workforce wellbeing (Kohll, 2019).

**Reflective questions**

- How has the organisation ensured the work environment is accessible for people with a disability?
- How has the organisation promoted diversity and reflected the diverse communities in your area (for example using imagery on walls and notice boards)?
- How has the organisation ensured and documented that it meets OH&S (2004) standards for work environment safety?
- What mechanisms are in place to monitor and invest in the work environment, paying attention to the factors listed above?
- How has the organisation included the voice of the workforce when designing or improving the work environment?
- What is the organisation's policy regarding hot-desking or alternatively, encouraging workforces to decorate and personalise their workstations and how are the impacts of these policies reviewed, with workforce input?
- How does the organisation ensure that workforces working from home are adequately equipped and supported?

**Advocacy opportunities for policy, legislative and systems reform – justice doing**

Through the delivery of family violence services, many practitioners are aware of challenges in the service system which can impact negatively on their clients. This, in turn, can negatively impact workforce wellbeing and can lead to ethical dilemmas in practice and feelings of 'burn out'. Workforces may undertake advocacy to improve outcomes for clients, including community awareness campaigns, advocating for institutional change or input to further development.

**Reflective questions**

- How is the workforce supported to learn about skill development and participate in public advocacy activities in either their own organisation or more broadly?
- How are the achievements resulting from public advocacy activity celebrated by the organisation?

**2. Leadership Level****Valuing and recognising workforce efforts, skills and contribution**

When leaders create a culture of valuing their staff, they express appreciation and in doing so harness collective and individual strengths, create a sense of meaning and purpose and engender trust. Staff want to make a difference and have their efforts noticed and valued. Being acknowledged by a more experienced staff member or manager assists staff to feel recognised and positive about the organisation they work for.

**Reflective questions**

- How do leadership teams demonstrate that they value employees' contributions daily?
- How can leadership teams create a culture of appreciation at all levels?
- How does your organisation recognise the skills and contribution of the workforce in the development and reviewing of organisational policies and procedures?
- How does, or is, your organisation going to use role modelling, routines, and rituals in this space?

**Connection and collective care**

Much has been spoken about vicarious trauma and burn out in the family violence field. The heart of burnout is emotional exhaustion whereby staff feel so depleted and drained by their work, that they have nothing left to give. This hurts productivity but also workforce physical and mental health. Burnout can also reveal itself in two main ways in family violence work: enmeshment or disconnection from clients and the work (Reynolds, 2019).

To counter burnout there are three options; reduce the demands of the job, increase control over job aspects or provide more support (Grant, 2020). The first option involves structural changes, and for the family violence sector, increased resources. The second option can involve what Vikki Reynold's terms Reynolds, 2019) 'justice doing', as described in the advocacy category below.

The third option of increasing support involves cultural change. One of the biggest barriers to support is that people are often afraid to ask for help, as discovered in the 2020 Victorian-based Monash wellbeing study. People worry about being vulnerable and a burden to others. Improving a sense of connection and psychological safety within teams and the organisation can significantly enhance workforce help-seeking behaviours (Grant, 2020).

It's also been found that naming or labelling your emotions, such as feelings of exhaustion, can make you realise it's not a problem in your head but rather a problem in your circumstances (Grant, 2020). In the 'zone of fabulousness', as Vikki Reynolds describes it, we are connected to ourselves, our bodies, our emotions and our team. We enact our ethics, shoulder up the team, hold one another accountable and respond with collective care rather than relying on self-care, which is required but limited (Reynolds, 2019).

#### **Reflective questions**

- How do leadership teams model, educate and encourage workforces to seek help, to talk about struggle and about the importance of naming emotions with one another?
- How is the organisation further developing workforce psychological safety - through training, coaching, attitudes and behaviours which enhance trust and safety?
- How does the organisation monitor and talk about the risks of increased stress and potential burnout, in the sense of feelings of exhaustion and signs of enmeshment and disconnection?

### **3. Job Design Level**

Well-designed work has positive impacts on individuals, teams, and the organisation. Three of the most noteworthy ways that good work design produces positive outcomes is through harm minimisation, enhanced well-being, and increased productivity.

Good work design protects from harm by eliminating or minimising the risk of physical and psychological harm before it occurs. By designing work in a way that addresses psychosocial hazards before they arise, work design offers a high level of protection against work-related harm. Poorly designed work, or work with health, safety and wellbeing risks, can result in stress, negative wellbeing and ill health, including anxiety and depression. Well-designed work can help to mitigate against the psychosocial risks associated with organisational changes such as downsizing and lean production. (Parker, Turner & Griffin, 2003).

Poor role definition arises from lack of clarity in staff objectives, key accountabilities, their co-workers' expectations of them and the overall scope of responsibilities of their job. Role

conflict occurs when staff are required to perform a role that goes against their personal values or when their job demands are incompatible.

Improvement measures should focus on job design, including clear communication of performance objectives and key role accountabilities. Organisations should ensure employees understand their role within the work group and the organisation, relative to their colleagues and other work groups, and what to do when expectations on different employees conflict or overlap.

### **Reflective questions**

- How does the organisation ensure that workforce job descriptions and work plans, which include workload monitoring are up-to-date and include workforce input?
- How does the organisation's strategic plan include the above role design elements and set out actions to strengthen these?
- How is the workforce provided autonomy and decision-making commensurate with their level of authority?
- How is the flexible work policy reviewed and updated with workforce input?
- How is innovation encouraged in the organisation?
- How does the organisation plan for and ameliorate the workforce impacts of vicarious trauma using regular supervision, offering EAP, debriefing, mental health training and other strategies?

### **4. Team and Work Group Level**

Positive associations with workplaces and team members gives staff a sense of purpose, a feeling of being in control, personal growth, positive relationships and improved self-esteem.

Beyond the social and personal benefits of social wellbeing at work: higher levels of staff wellbeing are good for organisations due to increased performance and creativity while reducing staff costs.

There is a positive relationship between teamwork and organisational performance, due to staff's sense of commitment towards the organisation. When staff share responsibility for specific products and services, there are increased productivity levels and better quality of products and services. When staff rely on each other to do their work,, financial performance improved, while staff expressed an increased sense of organisational commitment. (Ogbonnaya, 2019)

**Reflective questions**

- What measures are put in place to engender positive relationships within teams?
- How are staff supported to engage both formally and informally within their teams?
- How is collaborative work supported and encouraged within teams?

**5. Individual Level**

All staff are entitled to work in environments where risks to their health and safety are properly controlled, the primary responsibility for this is down to employers. However, staff also have responsibilities and duties to take reasonable care for their own health, safety and wellbeing and that of others who may be affected by an individuals actions at work. Staff must co-operate with employers and co-workers to ensure a safe space for all to work, for example using equipment properly, following safe work policies and procedures and attending relevant training.

**Reflective questions**

- In what ways does the organisation support staff to prioritise regular breaks during the working day?
- Are there opportunities for staff to engage in peer learning and support?
- How does the organisation create a culture that encourages and supports staff to use their annual/personal leave as required?
- What does active participation in supervision look like in your organisation?
- What channels of support and supervision are available, and do they meet the needs of staff? How does the organisation measure the utilisation and effectiveness of these supports?

## Appendix 2: Resources for Organisations

### Resources: Capability building to respond to staff experiencing health problem

beyondblue	Offers a workplace and workforce program and a range of free online programs and resources for a variety of workplace audiences ( <a href="https://www.beyondblue.org.au">https://www.beyondblue.org.au</a> )
Black Dog Institute	Provides a range of educational programs for all levels of staff in order to promote workplace mental health and wellbeing ( <a href="https://www.blackdoginstitute.org.au">https://www.blackdoginstitute.org.au</a> )
OzHelp Foundation	Involved in the delivery of employee health and wellbeing programs that include a focus on counselling and trauma support ( <a href="https://ozhelp.org.au">https://ozhelp.org.au</a> )
SANE Australia	Provides a mindful employer program, eLearning resources and workshops on mental illness and recognition training ( <a href="https://www.sane.org">https://www.sane.org</a> )
University departments	There are a number of university and academic departments actively conducting research in the workplace. They can provide guidance and assistance with implementation and evaluation of evidence-based strategies
WorkSafe Victoria	

	Provides a Clinical Framework for the Delivery of Health Services to Injured Workers available. <a href="https://www.worksafe.vic.gov.au/resources/clinical-framework-delivery-health-services">https://www.worksafe.vic.gov.au/resources/clinical-framework-delivery-health-services</a>
Mindhealthconnect	Portal to a wide range of evidence based e-learning mental health resources. It is operated by Healthdirect Australia as part of the Australian Federal Government's National E-Mental Health Strategy ( <a href="https://headtohealth.gov.au">https://headtohealth.gov.au</a> )

## Resources: Capability in promoting and protecting the physical health of employees.

VicHealth	VicHealth focuses on 1) promoting healthy eating, 2) encouraging physical activity, 3) preventing tobacco use, 4) preventing harm from alcohol and other drugs and 5) improving mental wellbeing. The website contains tools to assist workplaces to address these issues.
Cancer Council Victoria	Cancer Council Victoria works to reduce cancer deaths and improve quality of life for people living with cancer while empowering the community by leading and integrating research with their prevention, support and advocacy work. Their website contains tools to assist workplaces to address the factors which contribute to the development of cancer including tobacco use, sedentary lifestyles and unhealthy eating.
The Heart Foundation	The Heart Foundation supports heart research and work to improve heart disease prevention and care. Their website contains tools to assist workplaces to address the factors which contribute to the development of cardiovascular disease including cancer including sedentary lifestyles and unhealthy eating.
The Alcohol & Drug Foundations.	The Foundation works in partnership with other organisations to support and create evidence-based policies and practice that prevent and minimise the harm caused by alcohol and other drugs. They provide workplace resources and guidance to support implementation and evaluation of evidence-based strategies that promote safe alcohol and drug use.

\*The websites for these organisations are accessible online via a google search.



### Appendix 3: Glossary

<b>Advocacy</b>	A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or program. In the case of advocacy undertaken within the family violence domain, this can be undertaken at a personal or systems level.
<i>Personal advocacy</i>	Involves the practitioner in activity required to illicit positive outcomes from the services that their clients interact with such as justice, health and housing services.
<i>Public advocacy</i>	<p>Involves the organisation and practitioners advocating to secure increased community awareness of family violence and advocate for systemic reforms to secure changes to legislation and policy that improve responses to family violence. Examples of this include, work to enhance institutional practice and policy responses to family violence such as the development of family violence courts and standards of practice, or ongoing development and refinement of the integrated family violence service system. Thus, benefits are derived for current and future clients.</p> <p>In family violence services, personal advocacy on behalf of victim-survivors informs public or structural advocacy.</p>
<b>Anxiety</b>	Sustained, recurring anticipation of danger or misfortune either in general, or relating to a specific situation, such as leaving home; eventuality, such as public speaking; or object, such as snakes; sometimes accompanied by a sudden shortness of breath, sweating, dizziness, paralysis, or palpitations (panic attacks) (DSM-V).
<b>Biopsychosocial factors</b>	<p>Factors that positively or negatively influence an individual's ability to maintain a sense of wellbeing in response to the interplay of biological, psychological, developmental and social conditions within their environment.</p> <p>(<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466742/pdf/0020576.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466742/pdf/0020576.pdf</a>)</p>
<b>Depression</b>	A sustained period of distress or inability to function marked by finding no pleasure in life or feeling down, and accompanied by difficulties with sleep, concentrating, or energy levels, or sudden changes in weight, persistent feelings of guilt, or recurrent thoughts of death or suicide (DSM-V).
<b>Drivers of family violence</b>	The underlying causes of this violence which are embedded in Gender inequality, and other intersecting forms of marginalisation, such as colonisation, racism, classism, ableism, bi/homophobia, transphobia, etc.

<b>Emotional intelligence</b>	The ability to manage one's own emotions, as well as the ability to recognise and appropriately respond to the emotional distress of others.
<b>Evidence-based practice</b>	The use of information derived from formal research and systematic investigation to identify causes and contributing factors to issues and the most effective actions to address these in given contexts and populations.
<b>Family violence</b>	<p>the Family Violence Protection Act 2008 is defined as behaviour by a person towards another family member which:</p> <ul style="list-style-type: none"> <li>• is physically, sexually, emotionally, psychologically or economically abusive; or is threatening; or coercive;</li> <li>• in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or</li> </ul> <p>causes a child to hear or witness, or otherwise be exposed to the effects of this behaviour.</p> <p>Family violence behaviours can include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• assaulting or causing personal injury to a family member or threatening to do so;</li> <li>• sexually assaulting a family member or engaging in another form of sexually coercive behaviour or threatening to engage in such behaviour;</li> <li>• intentionally damaging a family member's property, or threatening to do so;</li> <li>• unlawfully depriving a family member of the family member's liberty, or threatening to do so;</li> <li>• causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the family member to whom the behaviour is directed so as to control, dominate or coerce the family member.</li> <li>• behaviour that may constitute family violence even if the behaviour would not constitute a criminal offence.</li> </ul>
<b>Family/Families</b>	The term 'families' is used in an all- encompassing way in this document. It acknowledges the variety of relationships and structures that can make up family units and kinship networks, and the range of ways family violence can be experienced, including through family-like or carer relationships and other interpersonal relationships, and across all genders and sexualities.
<b>Intersectionality</b>	A methodology of studying the overlapping or intersecting social identities and related systems of oppression, domination or discrimination.
<b>Networks</b>	Groupings of individuals, organisations and agencies organised around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust.

<b>Mental health</b>	A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community” (WHO 2017).
<b>Positive mental health</b>	Refers to positive emotional, psychological and social wellbeing that can enhance functioning in life.
<b>Post Traumatic Stress Disorder (PTSD)</b>	A psychological disorder that can occur in an individual after they have experienced a traumatic event (such as domestic violence) and is characterised by flashbacks, avoidance of things that may trigger a memory of the traumatic event and a significantly heightened state of alertness.
<b>Primary prevention</b>	Aims to prevent violence from happening in the first place. Primary prevention involves identifying the deep underlying causes of violence– the social norms, structures and practices that influence individual attitudes and behaviours—and action across the whole population to change these, not just the behaviour of perpetrators. Primary prevention is distinct from early intervention and crisis response activities (also known as secondary and tertiary response) that aim to stop violence from escalating or recurring. Effective primary prevention supports and complements early intervention and crisis response efforts by reducing pressure on these parts of the system.
<b>Reinforcing factors</b>	Factors that become significant within the context of the drivers of violence. These factors do not predict or drive violence against women in and of themselves, however, when they interact with the drivers, they can increase the frequency or severity of violence. See also, <i>drivers</i> .
<b>Resilience</b>	Is the ability to withstand both everyday stressors and more serious incidents without damage to mental health (Great-West Life Centre for Mental Health in the Workplace 2016).
<b>Secondary prevention or early intervention</b>	Aims to ‘change the trajectory’ for individuals at higher-than-average risk of being subjected to or perpetrating violence.
<b>Settings</b>	Environments in which people live, work, learn, socialise and play.
<b>Specialist family violence services and practitioners</b>	Described within the Tier 1 workforce of the <i>10-Year Industry Plan for Family Violence Prevention and Response</i> as follows: These specialists spend 90 per cent or more of their time working with victim-survivors or perpetrators or engaged in primary prevention activities. Tier 1 practitioners and teams may form part of larger organisations that provide a range of services, or they may be employed in stand-alone services. What they have in common as practitioners is that their sole or major focus is on family violence (and/or sexual assault), or on primary prevention.”
<b>Specific population</b>	A term used to indicate the population groups that may require tailored activity to meet their needs. This includes tailoring activity to meet the needs of those: <ul style="list-style-type: none"> <li>from varying socio-economic background</li> </ul>

	<ul style="list-style-type: none"> <li>• from migrant and refugee backgrounds</li> <li>• from Aboriginal and Torres Strait Islander backgrounds</li> <li>• from varying geographic locations</li> <li>• from rural and regional locations</li> <li>• of varying ages</li> <li>• with a disability</li> <li>• with diverse sexual orientations and gender identities.</li> </ul>
<b>Stakeholders</b>	People and organisations that have an interest or share in an issue. It includes both those who have an influence and those who are affected.
<b>Sustainable actions</b>	Actions that can maintain their benefits for communities and populations beyond their initial stage of implementation. Sustainable actions can continue to be delivered within the limits of finances, expertise, infrastructure, natural resources and participation by stakeholders.
<b>Systems and structures</b>	Macro-level mechanisms, both formal (reinforced through government, institutions and laws) and informal (social norms), which serve to organise society and create patterns in relation to who has social and political power.
<b>Tertiary prevention or response</b>	Supports survivors to deal with the impacts of violence, hold perpetrators to account and prevent the recurrence of violence.
<b>Transformational leadership</b>	Enhances the motivation, morale, and performance of followers through a variety of mechanisms. These include connecting the follower's sense of identity and self to the project and the collective identity of the organisation; being a role model for followers that inspires them and makes them interested; challenging followers to take greater ownership for their work, and understanding the strengths and weaknesses of followers, so the leader can align followers with tasks that enhance their performance. Transformational leadership is based on the leader's personality, traits and ability to make a change through example, articulation of an energizing vision and challenging goals. Transforming leaders are idealized in the sense that they are a moral exemplar of working towards the benefit of the team, organisation and/or community.
<b>Trauma</b>	Experiencing an event that causes injury or stress to a person's physical or psychological wellbeing.
<b>Vicarious trauma</b>	The cumulative effects of exposure to information about traumatic events and experiences, potentially leading to distress, dissatisfaction, hopelessness and serious mental and physical health problems.
<b>Victim-survivor &amp; Perpetrator</b>	Family violence is predominantly driven by gender-based oppression and inequality. The majority of perpetrators are men and victim-survivors are women and children. As such, gendered language and terminology is often used in specialist family violence services to acknowledge and communicate about this deeply entrenched social problem.

	<p>At the same time, family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and family-like relationships.</p> <p>For this reason, the Code uses the terms ‘victim-survivor’ and ‘perpetrator’ without assigning binary gendered terms (i.e. women and men) or pronouns (i.e. she/her and he/him) to acknowledge the complex ways family violence manifests across the community. This approach is underpinned by the intersectional feminist framework and human rights principles. It is intended to be ‘gender inclusive’ by acknowledging that family violence is a gendered issue that also has a far-reaching impact across the community.</p> <p>Importantly, the term ‘victim-survivor’ refers to both adults and children who experience family violence.</p> <p>The term ‘perpetrator’ is only applied to adults who use family violence. When a child or young person is using family violence against parents/carers or other family members, the term ‘perpetrator’ is not appropriate due to the likelihood that they may also be a victim-survivor themselves. The term ‘adolescent who uses family violence’ is often used as an alternative. For many people, the terms ‘victim-survivor’ and ‘perpetrator’ may not be preferred at all nor should they be used to wholly define a person.</p> <p>Domestic Violence Victoria <i>Code of Practice for Specialist Family Violence Services for Victim-Survivors</i> 2nd Edition (2020)</p>
<b>Violence against women</b>	Any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. This definition encompasses all <i>forms</i> of violence that women experience (including physical, sexual, emotional, cultural/spiritual, financial, and others) that are gender based. See also gender based violence.
<b>Values</b>	The principles that help you to decide what is right and wrong, and how to act in various situations.
<b>Work-related stress</b>	A harmful reaction people have to undue pressures and demands placed on them at work (HSE 2017).

## Appendix 4: References

AMES Australia: *A framework and associated strategies to prevent violence against women in Culturally and Linguistically Diverse Communities*. AMES Australia, Melbourne 2015.

Australian Bureau of Statistics: *Personal safety Australia 2012*, Australian Bureau of Statistics, cat. no. 4906.0, viewed 29 March 2015,

Black DC. *Working for a healthier tomorrow*. UK: Cross-government health, work and well-being programme, 2008

Barling J, Carson J. The impact of management style on mental wellbeing at work. State-of- Science Review: SR-C3. Mental Capital and Wellbeing. London: The UK Government Office for Science, 2008

Cattrell A, Harris EC, Palmer KT, Kim M, Aylward M, Coggon D. *Regional trends in awards of incapacity benefit by cause*. Occup Med (Lond) 2011; 61: 148-51

Cotton P, Hart PM. Occupational wellbeing and performance: A review of organisational health research. Australian Psychologist 2003; 38: 118-128

Crenshaw, K: Definition of Intersectionality. The Merriam Webster Dictionary. USA.

de Lange AH, Taris TW, Kompier MA, Houtman IL, Bongers PM. "The very best of the millennium": longitudinal research and the demand-control-(support) model. Journal of Occupational Health Psychology 2003; 8: 282-305

Department of Health and Human Services: *Building On Our Strengths: 10-Year Industry Plan for Family Violence Prevention and Response* 2018

Dollard MF, McTernan W. Psychosocial safety climate: a multilevel theory of work stress in the health and community service sector. Epidemiol Psychiatr Sci 2011; 20: 287-93

Domestic Violence Resource Centre: Fast Track Program Participant consultation 2018.

Elovaini M, Heponiemi, T., Sinervo, T., et al. Organizational justice: evidence for a new psychosocial predictor of health. American Journal of Public Health 2002: 105-108

Family Safety Victoria: *Building from Strength: 10-Year Industry Plan for Family Violence Prevention and Response*. Victorian Government 2018

Family Safety Victoria: *Ending Family Violence: Victoria's Plan for Change* Victorian Government's 10 Year family violence reform plan. Victorian Government 2017.

Great-West Life Centre for Mental Health in the Workplace. *Building Stronger Teams – Supporting Effective Team Leaders* The Great-West Life Assurance Company (2016)

Grover SL, Crooker KJ. Who appreciates family-responsive human resource policies: The impact of family-friendly policies on the organizational attachment of parents and non-parents. Personnel Psychology 1995; 48: 271-288

Hauge LJ, Skogstad A, Einarsen S. Relationships between stressful work environments and bullying: Results of a large representative study. Work & Stress: An International Journal of Work, Health & Organisations 2007; 21: 220-242



Harvey SB, Hatch SL, Jones M, Hull L, Jones N, Greenberg N, Dandeker C, Fear NT, Wessely S. Coming home: social functioning and the mental health of UK Reservists on return from deployment to Iraq or Afghanistan. *Ann Epidemiol* 2011; 21: 666-72

Harvey, S et al: *Developing a mentally healthy workplace: A review of the literature*: A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance November 2014

Harvey SB, Glozier N, Henderson M, Allaway S, Litchfield P, Holland-Elliott K, Hotopf M. *Depression and work performance: an ecological study using web-based screening*. *Occup Med (Lond)* 2011; 61: 209-11

Health and Safety Executive: *Work-related Stress, Depression or Anxiety Statistics in Great Britain*: HSE 2017

Heise, L and Fulu, E *What Works to Prevent Violence Against Women and Girls? State of the Field of Violence Against Women and Girls: What Do We Know and What Are the Knowledge Gaps?* (2014). Available from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/337603/What-know-what-knowledge-gaps-D.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337603/What-know-what-knowledge-gaps-D.pdf)

Johnson JV, Hall EM. Job strain, work place social support, and cardiovascular disease: a cross-sectional study of a random sample of the Swedish working population. *Am J Public Health* 1988; 78: 1336-42

Karasek RA. Job Demands, Job Decision Latitude, and Mental Strain - Implications for Job Redesign. *Administrative Science Quarterly* 1979; 24: 285-308

Kelloway EK, Turner N, Barling J, Loughlin C. Transformational leadership and employee psychological well-being: The mediating role of employee trust in leadership. *Work & Stress: An International Journal of Work, Health & Organisations* 2012; 26: 39-55

Kelly EL, Moen P, Tranby E. Changing Workplaces to Reduce Work-Family Conflict: Schedule Control in a White-Collar Organization. *Am Sociol Rev* 2011; 76: 265-290

Kuoppala J, Lamminpaa A, Liira J, Vainio H. Leadership, job well-being, and health effects--a systematic review and a meta-analysis. *Journal of Occupational & Environmental Medicine* 2008; 50: 904-15

LaMontagne A, Sanderson K, Cocker F. *Estimating the economic benefits of eliminating job strain as a risk factor for depression*. *Occupational and Environmental Medicine* 2011; 68: A3

La Trobe University LGBTI-inclusive practice audit tool for health and human service organisations 2nd edition, 2016

Law R, Dollard MF, Tuckey MR, Dormann C. Psychosocial safety climate as a lead indicator of workplace psychosocial hazards, psychological health and employee engagement. *Accid Anal Prev* 2011; 43: 1782-1793

Lelliott P, Tulloch S, Boardman J, Harvey S, Henderson M, Knapp M. *Mental Health and Work*. London: *Cross Government Health Work and Well-being Programme*, 2008

Lowe, G. *The Wellness Dividend: How Employers Can Improve Employee Health and Productivity*. The Graham Lowe Group. 2014

- McLellan RK, Pransky G, Shaw WS. Disability management training for supervisors: a pilot intervention program. *J Occup Rehabil* 2001; 11: 33-41
- National Occupational Health and Safety Commission. *National occupational health and safety commission annual report 2002–2003*. Canberra: National Occupational Health and Safety Commission, 2003
- Ndjaboue R, Brisson C, Vezina M. Organisational justice and mental health: a systematic review of prospective studies. *Occup Environ Med* 2012; 69: 694-700
- Niedhammer I, David S, Degioanni S. Association between workplace bullying and depressive symptoms in the French working population. *Journal of Psychosomatic Research* 2006; 61: 251-259
- Nieuwenhuijsen K, Bruinvels D, Frings-Dresen M. Psychosocial work environment and stress-related disorders, a systematic review. *Occupational Medicine (Oxford)* 2010; 60: 277-86
- Ogbonnaya, Chidiebere *When Teamwork Is Good for Employees — and When It Isn't*, Harvard Business Review, 2019.
- Parker, S.K., Turner, N., & Griffin, M.A., (2003). *Designing healthy work*. In D.A. Hofmann and L.E. Tetrick (Eds). *Health and safety in organizations: A multi-level perspective*. (pp. 91-130). Jossey-Bass: California.
- Reynolds, V. *Interview with Vicki Reynolds*: The International Journal of narrative therapy and community work. No. 4 2012
- Reynolds, V. *Centering ethics in therapeutic supervision: Fostering cultures of critique and structuring safety*. The International Journal of Narrative Therapy and Community Work. No. 1, 2014
- Rhoades L, Eisenberger R. Perceived organizational support: A review of the literature. *Journal of Applied Psychology* 2002; 87: 698-714
- Schneider B, Ehrahart MG, Macey WH. Organisational climate and culture. *Annual Review of Psychology* 2013; 64: 9-28
- Siergrist J, Starke, D., Chandola, T., et al. The measurement of effort-reward imbalance at work : European comparisons. . *Social Science & Medicine* 2004; 58: 11483-1499
- Superfriend: *Promoting positive mental health in the workplace*. Guidelines for organisations. 2018
- Stansfeld S, Candy B. Psychosocial work environment and mental health - A meta-analytic review. *Scandinavian Journal of Work, Environment and Health* 2006; 32: 443-462
- Swchweiger DM, Denisi AS. Communication with employees following a merger: A longitudinal field experiment. *Academy of Management Journal* 1991; 34: 110-135 Oreg S, Vakola M, Armenakis A. Change recipients' reactions to organizational change: A 60- year review of quantitative studies. *The Journal of Applied Behavioral Science* 2011; 47: 461- 524
- Tsutsumi A, Takao S, Mineyama S, Nishiuchi K, Komatsu H, Kawakami N. Effects of a supervisory education for positive mental health in the workplace: a quasi-experimental study. *J Occup Health* 2005; 47: 226-35
- UNICEF Hidden in Plain Sight: A Statistical Analysis of Violence Against Children. (2014b). [http://files.unicef.org/publications/files/Hidden\\_in\\_plain\\_sight\\_statistical\\_analysis\\_EN\\_3\\_Sept\\_2014.pdf](http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf).



UNSW. *National survey of domestic violence and sexual assault workforces*, Social Policy Research Centre. NSW 2018

Victorian Government: *Victorian Royal Commission into Family Violence Summary Report*, Recommendation 207. 2016

Victorian Government: *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women*. Victorian Government 2017

Waddell G, Burton AK. Is work good for your health and well-being? In: Pensions DfWa, ed. UK: The Stationary Office, 2006

World Health Organization. *What is mental health?* 2007

Zapf D, Einarsen S, Hoel H, Vartia M. Empirical findings on bullying in the workplace. In: Einarsen S, Hoel H, Zapf A, Cooper CL, eds. *Bullying and emotional abuse in the workplace: International perspectives in research and practice*. London: Taylor & Francis, 2003