

Understanding and Responding to Unreasonable Conduct

Developed by Premium Health for the NDIS Quality and Safeguards Commission



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Introduction

The NDIS Quality and Safeguards Commission (NDIS Commission) does not provide emergency services, counselling, or crisis intervention. As Commission employees, you're not expected to be experts in human behaviour, psychosocial disability, or mental health. Instead, this program equips you with practical tools to manage observable conduct and communication effectively, without speculating about underlying causes or becoming overly involved in personal circumstances.

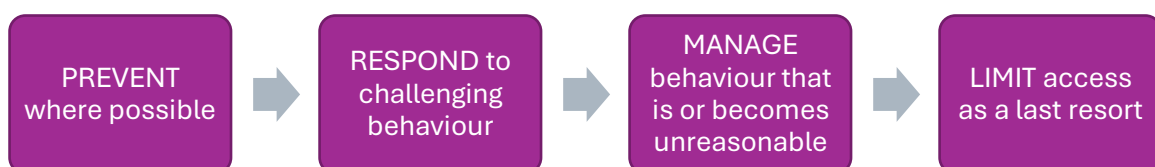
The NDIS Commission is committed to ensuring the physical and psychological health, safety, and wellbeing of our workers and others in our workplace, as far as reasonably practicable (Issue Resolution Policy 2024). This program complements—rather than replaces—existing organisational policies, procedures, and protocols (see Relevant Policies for a full list). There's no one-size-fits-all solution for managing unreasonable conduct in our work. The strategies here are adaptable, designed to suit each unique situation, and aim to build your confidence in handling challenging interactions.

Understanding unreasonable conduct

Unreasonable conduct can arise from unmet needs, trauma, limited skills, rigid personality traits, substance use, emotional distress, principled disagreements, miscommunication, personal loss, or physical and psychological challenges. It may also reflect complex behaviours tied to disability or mental illness. Some individuals may have legitimate grievances from harm or injustice, while others might use unreasonable behaviour—sometimes manipulatively—to meet their needs or defend themselves. Most people, however, manage frustration without resorting to aggression or unreasonable actions.

The graduated approach

The NSW Ombudsman advocates a graduated approach to assess each person's capacity to understand and regulate their behaviour, factoring in cognitive, intellectual, linguistic, and health considerations. This approach balances reasonable adjustments for those with limited capacity with the need to maintain a safe workplace and uphold human dignity. We set clear boundaries around acceptable behaviour, reject abuse, and offer individuals the choice to recognise their impact on others—affirming their agency and accountability. The Commission's response strategy, detailed under *Identifying and Managing Challenging Interactions*, follows this graduated framework.



By applying these consistent, equitable strategies, you can separate a person's behaviour from their substantive issue, manage interactions effectively, and maintain professionalism.

Even if these techniques don't always resolve the situation, they won't worsen it and will strengthen your ability to navigate difficulty.

Definitions

Challenging behaviour

Challenging behaviour is any behaviour that a Commission employee finds to be challenging to deal with or respond to, bearing in mind that different behaviour by individuals will affect Commission employees in different ways.

The phrase 'challenging behaviour' encourages Commission staff to identify the sorts of behaviour that they find challenging, and to use strategies to effectively deal with such behaviour where they arise in the course of their work.

Most types of challenging behaviour can be managed by using preventive and responsive strategies, which defuses potential conflict and re-focuses the interaction on the issue at hand. However, some types of challenging behaviour – such as verbal abuse, threats and violence – are unreasonable, in expression and degree, and are therefore never acceptable.

When challenging behaviour is associated with a disability or mental illness, we may need to apply reasonable adjustments. See page xx on the ethical and legal responsibilities in relation to this.

Source: *Human Rights Commission Victoria*

Unreasonable conduct

Behaviour that, due to its nature or frequency, significantly impacts an organisation's health, safety, resources, or equity. Examples include:

Unreasonable Persistence: Repeated contact after an enquiry or complaint has been fully addressed.

Unreasonable Demands: Insistent requests dictating how the Commission should act, prioritise, or resolve issues.

Unreasonable Arguments: Illogical, inflammatory, or irrelevant claims outside our scope.

Unreasonable Lack of Cooperation: Dishonesty, withholding information, or refusing reasonable guidance.

Unreasonable Behaviours: Aggression, insults, threats, or discriminatory remarks.

Unreasonable conduct can occur across any medium—phone, email, in-person, or online—and may come from complainants, non-complainants, or anyone interacting with the Commission.

Source: *NSW Ombudsman and Human Rights Commission Victoria*

<https://www.consumer.vic.gov.au/about-us/services-and-feedback/unreasonable-complainant-conduct-policy>

Workplace violence and aggression

'Workplace violence and aggression is any incident where a person is abused, threatened or assaulted at work or while they are carrying out work.'

Workplace violence and Aggression (WVA) are not the same as unreasonable conduct, although they may occur together, it is not uncommon that unreasonable conduct is a precursor to WVA.

Types of workplace violence and aggression

Workplace violence and aggression can be:

- Physical assault – such as biting, scratching, hitting, kicking, pushing, grabbing, and throwing objects
- Coughing or spitting on someone on purpose
- Sexual assault or any other forms of indecent physical contact
- Harassment or aggressive behaviour that creates a fear of violence, such as stalking, sexual harassment, verbal threats and abuse, yelling and swearing
- Hazing or initiation practices for new or young workers
- Violence from a family or domestic relationship when this occurs at the workplace, including if the person's workplace is their home.
- Violence may come from anyone in the workplace, including an employer, supervisor, co-worker, client, patient or customer.

Source: SafeWork Australia

Prevalence and Impact of work-related violence and aggression

In 2024 SafeWork Australia published the report titled: 'Workplace and work-related violence and aggression in Australia'. The ABS PSS also reports there were 176,100 workplace incidents that occurred in the last 10 years, with physical violence more likely to occur in a workplace setting than sexual violence.

Key insights from the SafeWork Australia data report include:

- Over the last 5 years, there has been a 56% increase in the number of serious workers' compensation claims for assault and exposure to workplace violence.
- Despite evidence indicating workplace physical violence is a significant issue among men, there has been a 73% increase in workplace physical violence claims made by women compared to a 33% increase in workplace physical violence claims made by men over the last 10 years.
- Clients and customers were the most common source of work-related violence.
- When it comes to specific behaviours, angry or hostile behaviour, shouting and swearing, and intimidation and insults had the highest number of reports. Though these behaviours are lower in severity than other violent behaviours they can still represent significant workplace risks, particularly if they are prolonged or frequent.

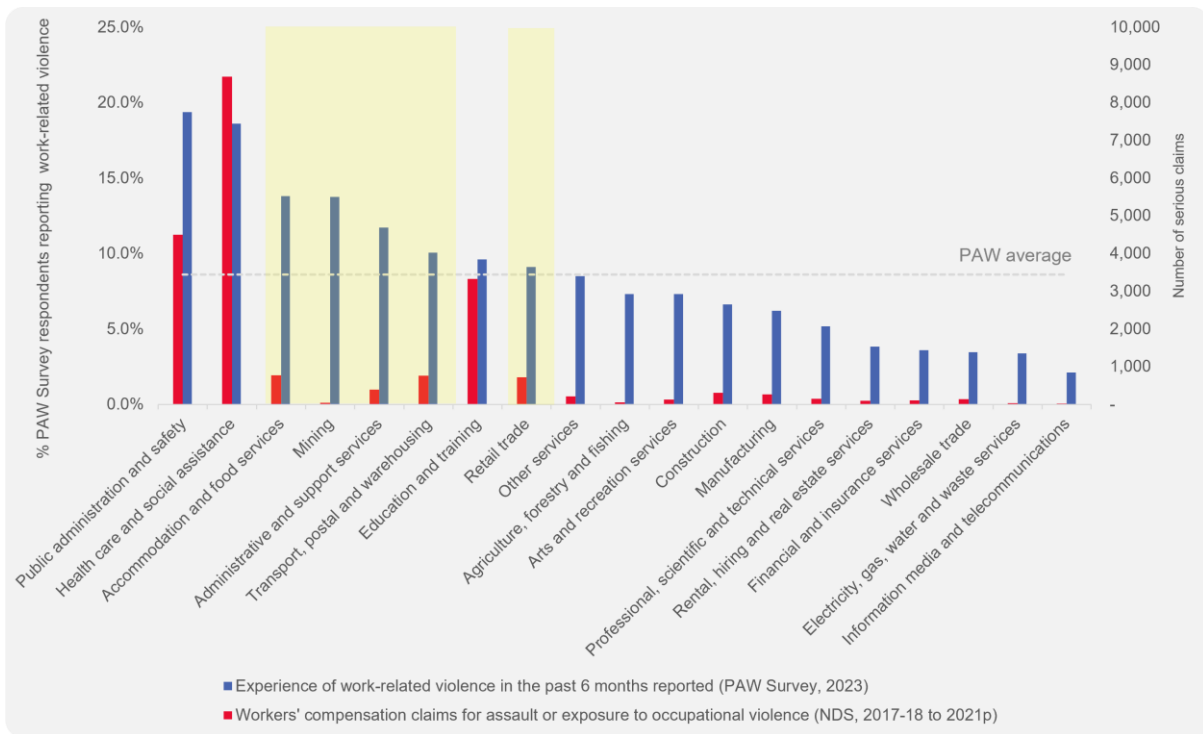


Figure 1. Prevalence of workplace violence and number of serious workers' compensation claims for assault or occupational violence, PAW Survey (2023) and NDS (2017-18 to 2021-22p)

The PAW Survey data reinforces that workplace violence and aggression are significant problems in the industries discussed above; however, it is also notable that the industries highlighted in yellow in Figure 2 had above average rates of workplace violence but do not feature as prominently in the workers' compensation claims data. When comparing this data, it is important to note that the PAW Survey captures a large range of exposures to violent and aggressive behaviours, whereas workers' compensation data only measures significant exposures that result in a compensable injury. The PAW Survey data may therefore present a valuable indicator into the impact of lower severity violent behaviours.

Source: People at Work Survey and Safe Work Australia National Dataset for Compensation-based Statistics.

Support for staff

The Commission acknowledges that managing challenging behaviour can be stressful and is dedicated to supporting staff under the Occupational Health and Safety Act 2004. We provide a safe workplace through training, coaching, mentoring, and the Employee Assistance Program (EAP). Managers will regularly check staff welfare, especially for those handling frequent enquiries or complaints. Staff should monitor their wellbeing, access support, and report injuries per the OHS Framework and Incident Management processes.

Legal and ethical responsibilities

Legal Responsibilities for Commission Staff Regarding Internal Workplace Violence

The Commission operates within a complex legal and ethical framework that governs workplace safety and employee conduct. Staff must understand their responsibilities to

maintain a workplace free from violence, aggression, and unreasonable behaviour, while navigating the nuances of cases involving mental health conditions or disabilities. This section outlines the key legal obligations, ethical considerations, and practical strategies for Commission staff to uphold these responsibilities.

Legal Obligations for Commonwealth Employers and Workers

Commonwealth government employers, including the Commission, are legally required to provide a safe work environment for employees and contractors under the **Work Health and Safety Act 2011 (WHS Act)**. This includes ensuring workplaces are free from violence, aggression, and unreasonable conduct. Simultaneously, Commonwealth workers, including Commission staff, are bound by legal obligations under the **Public Service Act 1999** and the **Australian Public Service (APS) Code of Conduct**, which set expectations for respectful and professional behaviour.

Other relevant legislation may apply depending on the circumstances, including:

- **Disability Discrimination Act 1992**
- **Human Rights and Equal Opportunity Act 1986**
- **Fair Work Act 2009**
- **Criminal Code Act 1995**

These frameworks collectively require employers and workers to foster a safe and respectful workplace. Supervisors must respond to poor behaviour with actions that are fair, necessary, and reasonable, tailored to the specific circumstances and responsive to evolving case developments.

Managing Unreasonable Conduct: General Principles

When addressing workplace violence or unreasonable behaviour, Commission staff must:

1. **Understand Legal Obligations:** Determine the applicable legal frameworks and ensure responses align with these requirements.
2. **Assess the Situation:** Conduct a risk assessment to evaluate the severity and impact of the behaviour.
3. **Act Proportionately:** Implement management strategies that are fair and reasonable, such as verbal warnings, mediation, or formal investigations, depending on the situation.
4. **Seek Guidance:** Consult agency policies, legal advisors, or The Australian Public Service Commission (**APSC**) **Ethics Advisory Service** for complex cases.

Special Considerations: Mental Health Conditions or Disabilities

Cases involving workplace violence or unreasonable behaviour linked to mental health conditions or disabilities require careful navigation of intersecting legal and ethical frameworks. The APS Code of Conduct applies to all employees, regardless of disability or mental health status, and violent behaviour or threats typically breach the Code's requirement for respectful treatment of others. However, agencies must balance multiple obligations:

Key Frameworks

1. **APS Code of Conduct:** Employees are expected to behave respectfully, but agencies must consider whether the behaviour is directly related to a disability or mental health condition and whether the employee has the capacity to understand their actions.
2. **Disability Discrimination Act 1992:** Agencies must provide reasonable adjustments to support employees with disabilities, provided these do not compromise workplace safety.
3. **Work Health and Safety Act 2011:** Employers must ensure a safe environment for all staff, which may require mitigating risks posed by violent or aggressive behaviour.
4. **Fair Work Act 2009:** Employees' rights, including protections against unfair treatment, must be upheld.

Practical Steps

When managing cases involving mental health or disability factors, Commission staff should:

1. **Conduct a Risk Assessment:** Evaluate the risks posed by the behaviour to the individual and others in the workplace.
2. **Seek Medical Advice:** Obtain professional input on the condition and its relationship to the behaviour, ensuring privacy and confidentiality.
3. **Explore Reasonable Adjustments:** Consider modifications such as altered duties, flexible work arrangements, or changes to the work environment to mitigate risks while supporting the employee.
4. **Implement Tailored Strategies:** Depending on the case, strategies may include temporary reassignments, counselling, or performance management plans.
5. **Document Decisions:** Maintain clear records of assessments, consultations, and actions taken to ensure transparency and compliance with legal obligations.

Given the complexity and sensitivity of these cases, seeking specialised legal advice or consulting the **APSC Ethics Advisory Service** is recommended. The Ethics Advisory Service provides guidance on ethical dilemmas, including:

- Managing conflicts of interest
- Balancing employees' rights and obligations
- Addressing workplace grievances
- Responding to inappropriate behaviour

Role of the APSC Ethics Advisory Service

The **APSC Ethics Advisory Service** is a valuable resource for Commission staff, available to all APS employees, including agency heads and Senior Executive Service members. The service offers confidential advice on ethical issues, providing options, considerations, and strategies to navigate complex situations. Staff can contact the service to discuss

workplace violence, disability-related conduct issues, or other ethical dilemmas, ensuring decisions align with legal and ethical standards.

Conclusion

NDIS Commission staff play a critical role in maintaining a safe and respectful workplace. By understanding their legal obligations under the WHS Act, Public Service Act, and other relevant legislation, and by applying ethical principles in their responses to workplace violence, staff can effectively manage challenging situations. Special care must be taken in cases involving mental health conditions or disabilities, balancing workplace safety with employees' rights and reasonable adjustments.

Relevant policies

Here are the relevant policies and procedures:

- [Unreasonable conduct Procedure v 2.0](#)
- [Site Visit Policy](#)
- [Procedure for responding to people who express thoughts of suicide or self-harm](#)
- [Protective Security Policy](#)
- [Work Health and Safety Policy](#)
- [Risk Management Policy](#)
- [Communication Protocol Procedure](#)
- [Incident Notification](#)
- [Comcare - Psychosocial Hazards](#)
- [EAP Support](#)
- [APS Values and Code of Conduct in Practice](#)

Ethical approach when interacting with the general public in the course of our work

Our ethical approach centres on recognising individual capacity while maintaining a fundamental commitment to mutual respect and personal accountability. We understand that cognitive, intellectual, linguistic, and health differences can impact behaviour and comprehension, and we strive to provide reasonable accommodations that support individual potential. However, accommodating these differences does not mean accepting harmful conduct or removing the expectation of personal responsibility.

We strive to avoid the soft bigotry of low expectations—a patronising stance that undermines individual agency by assuming people with mental health challenges or psychosocial disabilities cannot understand or adhere to social boundaries or requests to modify their language or behaviour. Instead, we believe in supporting individuals' dignity through balanced expectations that recognise both their unique challenges and their inherent capacity or potential for self-regulation and ethical behaviour.

This means creating environments that offer compassionate understanding and appropriate support, while simultaneously maintaining clear, consistent boundaries that protect the safety and well-being of all individuals. Intentionally abusive behaviour is not excused by disability, and experiencing proportionate consequences is a fundamental aspect of personal growth, mutual respect, and social engagement.

Our goal is to strike a balance: providing meaningful support that empowers individuals and respects their right to be free from discrimination, while also maintaining a principled stance that communicates the universal expectation of treating each other with respect and compassion.

Unreasonable behaviour associated with a disability or mental illness

Victoria's [Equal Opportunity Act 2010](#) (Vic) creates additional rights and obligations where complex behaviours are related to a disability. The Act defines 'disability' not just in terms of physical or mental functioning, diseases and disorders. It also defines disability to include behaviour that is 'a symptom or manifestation of a disability'.

It is unlawful to discriminate against a person on the basis of behaviour that is 'a symptom or manifestation of a disability' by refusing to provide complaint handling services, or on the terms and conditions on which you provide services. Organisations must also make 'reasonable adjustments' to their services if it is necessary so that a person with a disability can access the services, or derive a substantial benefit from them.

Where complex behaviour may be a symptom of manifestation of a disability, officers need to consider the Commissions obligations under the [Equal Opportunity Act 2010](#) (Vic). Always seek advice if unsure about discrimination and making reasonable adjustments so people can access our services.

Making reasonable adjustments

'People with a mental health disability are not a homogenous group. It is also important to recognise that mental health disabilities can be episodic. Decisions made regarding a person's current condition may not apply at a different point in time'

From: Judicial College of Victoria, [Disability Access Bench Book](#) (This resource is intended for judicial officers dealing with litigants and witnesses with disabilities, but contains useful advice that can be applied in other contexts).

Where people with disability face challenges with communication, you can often make simple adjustments to service delivery. These might be:

- agreeing to meet the person at or near their home
- adapting your communication style eg using simpler language
- giving the person more time to explain their complaint or respond to questions
- agreeing to contact the person at a certain time of day
- allocating one officer to deal with the complaint (dealing with a new officer each time makes complaining difficult for some people).

Where the person's behaviour involves aggression or disruption, you will need to give more thought to what is reasonable in the circumstances.

Your organisation can consider all relevant facts and circumstances including:

- the person's circumstances eg the nature of the disability
- the nature of the adjustment required to accommodate the disability
- the financial and other effects of the adjustment on your organisation
- the consequences of making the adjustment for your organisation
- the consequences of not making the adjustment for the person.

from: <https://www.ombudsman.vic.gov.au/learn-from-us/practice-guides/managing-complex-complainant-behaviour/#behaviour-associated-with-a-disability-or-mental-illness>

It is helpful to be aware of the common conditions that can affect behaviour and their prevalence in Australia. There are many organisations that offer support and information to people living with these conditions and their families. This information is readily accessible for Commission staff and it's advisable to familiarise yourself with how these conditions present and any reasonable adjustments that might be helpful to assist with communication.

Some common conditions that can affect behaviour:

- Acquired Brain Injury (ABI) – 1 in 45 Australians have an ABI
- Autism Spectrum Disorder affects (ASD) – 164,000 ppl as at 2015
- Intellectual Disability (ID) – affects 3% of the population
- Mental Illness (MI) – 45% of Adult Australians will experience a MI in their lifetime (1 in 5 in any one year)

Resources:

<https://afdo.org.au/resource-communication-with-people-with-disabilities/>
<https://www.communicationrights.org.au/>
<https://www.scopeaust.org.au/>
<https://www.amaze.org.au/>
<https://www.autism.org.uk/>
<https://www.sane.org/>

Threats of suicide

NDIS Commission officers may be contacted by people who express thoughts of suicide or self-harm, either on the phone, via email or in person. Commission staff are not expected to be professionals in the area of mental health, nor are they expected to provide counselling services. The following simple guide is drawn from the Commission's procedure for responding to people who express thoughts of suicide or self-harm policy.

1. Initial response

When someone contacts the NDIS Commission expressing thoughts of suicide or self-harm—whether by phone, email, or in person—staff should respond calmly and sensitively. The goal is to support the individual and connect them to professional help, not to provide

counselling or judge the situation. Stay calm, acknowledge their emotions (e.g., “That sounds really tough”), and listen without interrupting or minimizing their feelings. Take any mention of suicide or self-harm seriously, as outlined in the Risk Management Policy (Procedure: Intake and Triage, Version 2.0, effective March 2024).

2. Assess risk and gather information

Build rapport by paraphrasing what they say (e.g., “So you’re feeling frustrated because...”) and ask direct, open-ended questions to assess risk, such as “Are you thinking of hurting yourself?” or “What are you planning to do?” Try to obtain their name, location, and phone number. Check if they have support nearby, like a friend or mental health professional. If they indicate immediate intent to harm themselves, inform them of your duty of care and that you’ll seek assistance, then alert a supervisor or colleague (e.g., via a wave, MS Teams, or email) to escalate the situation.

3. Take action and escalate

If the risk is immediate, keep the person engaged while a colleague calls 000 for an ambulance or police, providing any details you’ve gathered (if they are calling from a hotel or motel, get their room number). Offer support service numbers like Lifeline (13 11 14) or Beyond Blue (1300 224 636), even if the risk isn’t urgent. For emails, attempt a phone call to assess further; in face-to-face situations, don’t leave them alone unless your safety is at risk. A supervisor may involve a trained staff member to take over, reassuring the person they can address NDIS issues later when safe.

The following numbers are for services who provide advice and potentially link the person to a local acute care team that will provide immediate help regarding the mental health crisis.

Service	Ph Number
ACT Access Mental Health	1800 629 354
NSW Mental Health Line	1800 011 511
NT Mental Health Line	1800 682 288
QLD Mental Health Access Line	1300 642 255
SA Mental Health Triage Service	13 14 65
TAS Access Mental Health Helpline	1800 332 388
VIC Suicide Line	1300 651 251
NURSE-ON-CALL	1300 606 024
National: Lifeline	13 11 14

Go here for more information:

[CATT – the crisis assessment and treatment team | healthdirect](#)

4. Self-care and follow-up

After the interaction, prioritise self-care—debrief with your manager or an EL1/EL2 as soon as possible, and use the Employee Assistance Program (EAP) at 1300 687 327 for confidential support. Report the incident via the Incident Notification process due to potential psychosocial hazards, and document the contact per team protocols (e.g., COS,

ARC). Managers should ensure team debriefing and consider a Safeguarding Team referral once the immediate risk is managed. Practice personal safety by avoiding sharing personal contact details and using generic team emails instead.

Further supports

Suicide Call Back Service: 1300 659 467 (will help with anything related to suicide including debriefing)

Standby Support After Suicide – support for anyone impacted by suicide, including two year’s free counselling: 1300 727 247

The StandBy program is focused on supporting anyone who has been bereaved or impacted by suicide at any stage in their life, including:

- Individuals
- Families
- Friends
- Witnesses
- First Responders
- Service Providers

Relevant Policy: Responding to people expressing thoughts of suicide or self-harm v.2.1
FINAL

Safety concerns and the law

The Victorian Equal Opportunity Act does allow you to discriminate: ‘where it is reasonably necessary ... to protect the health or safety of any person ... or the public generally’ or ‘to protect the property of any person ... or any public property’.

source: <https://www.ombudsman.vic.gov.au/learn-from-us/practice-guides/managing-complex-complainant-behaviour/#behaviour-associated-with-a-disability-or-mental-illness>

Further info in relation to mental illness and assault:

‘In legal terms, neither intoxication or mental illness [equate to a lack of capacity](#) to know what is right or wrong. And to say someone cannot be held responsible for their actions due to mental illness, can be seen as stigmatising or unjust. It is not up to an employee, employer or police to decide a person’s mental capacity. Every person is to be presumed of “sound mind” unless proven otherwise during prosecution.

Harms from assault can be physical, emotional or psychosocial (impact on one’s thought and how they interact with others). However, [assault is not characterised by its impact, but rather the act itself](#). A [person] with a mental illness can be guilty of assault if they physically attack [someone] or if they threaten to do so.’

From: C.J. Cabilan Director of Occupational Violence Prevention and Management for Canberra Health Services: <https://theconversation.com/i-was-told-to-return-to-work-as-soon-as-i-regained-consciousness-why-only-a-third-of-assaulted-nurses-report-it-to-police-217288>

As a leader or manager, you need to balance:

- public sector values of responsiveness, accountability, and respect for human rights

- the right of your employees to a workplace that is safe and without risk to health.

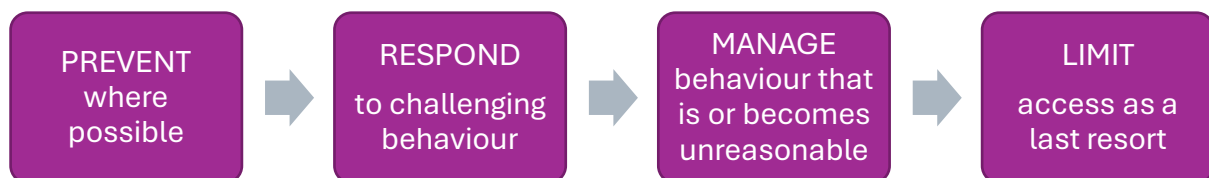
As a worker you need to consult your manager when:

- you are unsure about whether or how to make reasonable adjustments
- you believe discrimination may be justified because the person's behaviour is a risk to health, safety or property.

reference: <https://www.legislation.gov.au/C2004A04868/2023-09-21/text>

Identifying and managing challenging interactions

The commission encounters a spectrum of behaviour and responses should be graduated as depicted below:



1. **Prevent where possible** – Be prepared – have an action plan (see unreasonable conduct policy). Be transparent, manage expectations, prioritise outcomes over process. Identify risks and need for adjustment/assistive tech or other communication strategies and ensure you prepare your own wellbeing strategies from the outset.
2. **Respond to challenging behaviour** – Separate how you handle behaviour from how you deal with the substantive issue. Be aware of your own personal triggers/areas of sensitivity and consider your readiness for the interaction. Assess the need for reasonable adjustment and respond accordingly. Use defusing techniques as needed. Debrief after interactions and practice good self-care
3. **Manage behaviour that is or becomes unreasonable** – Name the behaviour and ask the person to stop. Provide a warning. Offer a choice if possible (only do this if your safety is not at risk). Use de-escalation and behaviour management techniques such as CARP including handing over if needed. Be prepared to end an interaction if it spills over into workplace violence and aggression. Build confidence in knowing where your 'line' is. Debrief after interactions and practice good self-care.
4. **Limit access as a last resort** – Evaluate the need to consult with appropriate decision makers on setting limits without impinging on rights. Handover to more experienced staff or management if you are unsure if limits are warranted or may conflict with legal obligations.

Prioritising Safety

Your safety is paramount. Nothing in this program should undermine your sense of security at work. Prepare by understanding your personal vulnerabilities—knowing what triggers you helps you stay in control. Always identify and report health and safety risks, take threats of physical violence seriously, document everything said, and escalate to your manager as needed (see the Unreasonable Conduct Policy for handling threats). The strategies below are designed to support you while safeguarding your wellbeing.

Proactive prevention strategies

Prevention is better than intervention. Research shows that perceived lack of transparency and an overemphasis on process over outcomes can escalate unreasonable conduct. Setting clear expectations at the start of every interaction is a powerful preventive measure.

Unreasonable behaviour cannot always be prevented. But there are some things you can do if you are going to engage with an external party who has previously exhibited unreasonable behaviour, or who you have reason to believe may exhibit unreasonable behaviour:

- Be proactive where possible. Keep the person as informed as possible throughout the process you are dealing with, ensure COS notes are clear, up-to-date and concise.
- Be prepared: have all your notes in order before you make a phone call.
- Let your manager know if you are going to call or engage with the external party and discuss a plan of action, including the likelihood of the need to debrief.
- Try to engage with the external party when you are working in the office and are likely to have the support of colleagues around you.
- Have an action plan. If the person does begin exhibiting unreasonable behaviour, know how you are going to manage the situation.
- Arrange to call the person at a time that suits you both. That way you are prepared for, and in control of the call.
- If you are familiar with the caller and know they are sometimes reluctant to end a call, tell them at the start of the call how much time you have. Then let them know when you have (for example) 30 minutes/15 minutes left.
- Think about the time of day – if you know the person finds mornings difficult, call them later in the day. If you are reasonably sure the call is going to be long and/or the person is going to exhibit unreasonable conduct, try not to make the call at the end of the day. This allows you time to debrief and write your notes in COS.
- If you have an in-person interview scheduled at the office, consider arranging for a security presence. Your manager can help you organise this.
- All planned and unplanned in-person interviews and discussions with external parties should be conducted with another NDIS Commission staff member.

Steps for managers supporting staff who deal with unreasonable conduct

Be prepared

1. Ensure staff are familiar with the current document: Unreasonable Conduct Procedure. This may include reviewing the document or discussing it at a team meeting and/or in supervision meetings.
2. Discuss strategies, possible scenarios that may arise.
3. Encourage staff to talk with you should they experience any difficulties in communication with people in the course of their duties.
4. Remind staff that if they do have a difficult call or face unreasonable conduct of any sort, they can have a break, go for a walk or talk with you about the situation.
5. Ensure that you also have good support and coaching when dealing with a situation that you have not encountered before. Where there is an ethical dilemma around managing behaviour consult with the APS Ethics Advisory Service:

Phone: 02 6202 3737 **Email:** ethics@apsc.gov.au

(from the Unreasonable Conduct Procedure v.2.0)

Further Reading:

[Managing unreasonable conduct by a complainant](#) by the New South Wales Ombudsman
[Unreasonable complainant conduct](#) – Fact sheet by the Commonwealth Ombudsman

<https://www.apsc.gov.au/working-aps/integrity/ethics-advisory-service>

<https://www.apsc.gov.au/working-aps/integrity/integrity-resources/code-of-conduct>

Responding to challenging behaviour

When facing unreasonable behaviour, aim to interpret others' actions generously unless evidence suggests otherwise—this reflects professionalism. However, this becomes harder when criticism turns personal, or insults are used to provoke.

Understanding provocation

Insults and unwarranted attacks are often awkward attempts to unsettle you, born from the other person's powerlessness or shame as they seek control. Predictable reactions—like anger, fluster, or submission—play into their hands. Recognising their behaviour as an unskilled effort to meet a need can help you stay composed. Gauging intent lets you set firm boundaries on what you'll tolerate.

The power of equanimity

"If you offer me a gift and I don't accept it, who has the gift?" You don't have to internalise criticism. By rejecting it, you leave it with the giver. Letting insults roll off your back is a vital psychological shield. Some handle this naturally; others are more sensitive—neither is wrong. If emotions overwhelm your ability to think, step away. Identify your triggers (e.g., specific remarks that sting) and either desensitise yourself (with EAP support if needed) or plan to end such interactions. If caught off guard by your reaction, buy time—put them on hold or excuse yourself briefly—then regroup, practice self-care, or consult a colleague.

Practical Defusing Strategies

Use these techniques for provocative comments, insults, or unfounded criticism, but only when you are confident to do so and there's no overt aggression or agitation:

1. Ignore and redirect

- Don't take the bait - ignore provocative comments and redirect conversations
- *Example:* "well you're not very good at your job are you?"
- *Responses:*
 - "Let's focus on the issue at hand"
 - "I hear you, now let's discuss [primary topic]"
 - "You're welcome to your opinion, now let's focus on [primary topic]"

2. Establishing Intent and providing an 'off ramp'

Often people just blurt things out reflexively, without thinking – so asking them to repeat what they just said means they have to own and commit to their intent:

- *Example:* "You are an incompetent moron!"
- *Response:* "I didn't quite hear all that, could you repeat that slowly please?"
- *Outcomes:*
 - Gives the person a chance to reconsider their approach or apologise – take the 'off ramp'
 - Provides an opportunity for de-escalation if the person is struggling with emotional regulation
 - Reveals and confirms genuine intentions (if the person doubles down on their statement) and gives you a rationale to set limits or end the interaction.

2. Choose your response

- Maintain your personal values, redirect professionally, resist emotional manipulation, and embrace an exit strategy as a strength, not a weakness.

Setting Boundaries for Challenging Behaviours

Boundaries protect your wellbeing and maintain professionalism. Use these steps when dealing with provocative or derogatory behaviour (avoid if aggression escalates):

Set Boundaries

- Politely call out unacceptable behaviour: "I understand you're upset, but I can't assist if you use that language—it's not okay with me."
- Stay firm: If it persists, repeat the boundary and warn, "I may need to end this call if it continues."

Redirect the Conversation

- Shift to solutions: "Let's focus on resolving this for you."
- Ask questions: "What happened today?" to refocus their energy.

Use Positive Language

- Steer with constructive phrasing: “I want to help you find a solution.”

Escalate if Needed

- Involve a supervisor: “I’ll transfer you to someone who can assist further.”

End the Interaction if Necessary

- Issue a final warning: “If the swearing continues, I’ll end this call.”
- Close calmly: “I’m ending the call now”—keep it brief.
- Follow up: Propose a new time, note limits or adjustments, and debrief with your supervisor.
- Document: Record the behaviour for reference.

Emotional Regulation and Self-Management:

- Use a breathing technique or grounding technique
- Label your emotions silently¹ (e.g. I’m feeling frustrated)
- Use a visualisation technique – such as imagining you are surrounded by a protective shield
- Stay respectful and know when to pause or hand over.

Practical Tips for Implementing Boundaries

- Cite workplace policies or guidelines
- State consequences clearly and follow through.
- Avoid empty threats
- Uphold professional integrity

When to Seek Additional Support

- If safety is at risk.
- If challenges persist despite efforts.
- If adjustments aren’t enough.

🚫 Safety Note

Do not de-escalate severe behavioural disturbances, unless you are appropriately qualified – these require professional MH crisis intervention and/or policing.

Signs include:

- Violent, out-of-control actions or screaming.
- Extreme agitation, inability to settle, loud outbursts.
- Pacing, mumbling, threatening gestures.
- Throwing objects or rushing at people.

¹Torre, J. B., & Lieberman, M. D. (2018). Putting Feelings Into Words: Affect Labeling as Implicit Emotion Regulation. *Emotion Review*, 10(2), 116–124. <https://doi.org/10.1177/1754073917742706>

Handling Challenging Questions About the ‘System’

Challenging questions about authority or the “system” can spark power struggles. Don’t engage the challenge—focus on the person and their issue. Use diffusers like “Good point,” “I hear you,” or “Noted” to de-escalate. Keep your tone calm, use eye contact or vocal cues (if

appropriate), and give them space to cool off. This makes them feel heard without derailing the conversation.

Example Scenario

- *Challenge:* “This is hopeless! The whole NDIS system is stuffed—there’s nothing you can do, is there? You’re just another useless government lackey!”
- *Responses:*
 - “You sound frustrated, which is understandable. Let’s work on [primary issue] together.”
 - “I hear you. Can you help me understand [primary issue]?”
 - “We can agree the system’s not perfect—right now, I’d like to help with [primary issue].”
 - “Noted. What do you need to discuss [primary issue]?”

Applying the CARP model for managing challenging interactions.

The CARP model is particularly effective in customer service, healthcare, education, and management situations where emotions might be running high. By following these steps, you can de-escalate tense situations and reach constructive outcomes.

CARP stands for:

C - Control

- Take control of the situation by remaining calm
- Find a suitable environment/time for the conversation
- Use appropriate body language and tone of voice
- Acknowledge the person's concerns immediately

A - Acknowledge

- Show that you understand the person's feelings
- Validate their concerns without necessarily agreeing
- Use active listening techniques (nodding, paraphrasing)
- Demonstrate empathy with phrases like "I understand this is frustrating"

R - Refocus

- Shift the conversation from emotions to problem-solving
- Ask questions to gather more information
- Clarify the core issues behind the emotion
- Move toward finding a solution

P - Problem-solve

- Work together to identify possible solutions
- Set clear expectations about what can and cannot be done
- Agree on specific next steps
- Follow up as promised

CARP Model for NDIS Intake Team

This contextualised version of the model is crafted to support intake officers in managing aggressive or distressing behaviours while fostering de-escalation, solution-focused responses, and self-care.

C - Control

Purpose: Establish a calm, structured environment to manage the call effectively, regardless of the caller's emotional state or behaviour.

- **Remain Calm and Professional:** Maintain a steady, neutral tone of voice and avoid reacting to yelling, swearing, or threats. Example: "I'm here to help you—let's work through this together."
- **Set the Stage:** Ensure the call environment allows focus (e.g., minimizing background noise) and offer accommodations if needed (e.g., slower pacing for someone with an acquired brain injury or autism).
- **Use De-escalation Techniques:** If the caller is agitated (e.g., someone yelling or crying), pause briefly and say, "I want to hear you clearly—can we take a slow breath together?"
- **Direct Attention:** Address the caller directly (unless they request a support person) and give them your full attention. Example: "I'm listening to you now—let's start with what's happened."

- **Set Boundaries Early (Self-Care):** If aggression escalates (e.g., threats or swearing), calmly state, "I'm here to assist, but I need us to keep this respectful so I can help you."

A - Acknowledge

Purpose: Validate the caller's emotions and experiences to build trust and reduce distress, without agreeing to unrealistic demands.

- **Show Empathy:** Use phrases tailored to their situation, e.g., "I can hear how upsetting it is to feel unsupported" (for a participant) or "It sounds exhausting to deal with this every day" (for a parent or carer).
- **Validate Without Judgment:** Acknowledge their lived experience, e.g., "You're right to expect reliable support from your provider—it's important."
- **Active Listening Techniques:**
 - *Paraphrase:* "So, you're saying your support worker didn't show up again?"
 - *Summarise:* "It sounds like this has been happening for a week, and it's left you feeling stuck."
 - *Clarify:* "Can you tell me if this is about your daily living supports?"
- **Recognise Impact:** Highlight how the issue affects them, e.g., "I understand this is making it hard for you to feel safe at home" (for someone feeling unsafe or highly anxious).
- **Avoid Escalation:** For aggressive behaviours (and emotional appeals intended to provoke concern), stay neutral: "I see this is really important to you, and I'm here to take it seriously."

R - Refocus

Purpose: Shift the conversation from emotional venting to actionable steps, gathering key details to move toward resolution.

- **Ask Targeted Questions:** Use open and closed questions to clarify the issue:
 - *Open:* "What happened when your provider stopped your supports?"
 - *Closed:* "Did this start today?"
 - *Clarifying:* "Which service are you most worried about right now?"
- **Identify Core Issues:** For complex calls (e.g., psychosocial disability with distress), pinpoint the priority, e.g., "Is the biggest problem right now that you're alone with no food?"
- **Explain your Role:** Gently redirect expectations, e.g., "My job is to take your details and help you resolve the situation if I can. If I can't resolve it now, I will log all details and make sure you are passed on to the Regulatory Officer who can assess".
- **De-escalate Emotions:** For sobbing or threats of self-harm, refocus with care: "Let's figure out what we can do today to help you feel safer."
- **Keep It Practical:** Move away from circular venting, e.g., "To get this sorted, can you tell me the provider's name?"

P - Problem-Solve

Purpose: Provide clear, actionable solutions within the intake officer's scope, setting expectations and closing the call constructively.

- **Offer Solutions:** "I've taken your details and I'm forwarding this to the Regulatory Officer today. They'll look into why your supports stopped."
- **Set Clear Expectations:** I will log your complaint and resolve it if I can, if can't resolve your complaint quickly, I may need to forward it to the Regulatory Officer who will handle the assessment. It usually takes [timeline] for an update."
- **Agree on Next Steps:** "You can call us back if anything changes, and I'll make sure this is marked urgent because of your situation."
- **Close the Call:** "I've got everything noted now, and it's going to the right Officer. Is there anything else you want me to add before we finish?"
- **Address Immediate Needs:** For distress (e.g., threats of self-harm), suggest, "If you need help right now, I can give you a crisis line number—would that be useful?"
- **Self-Care Follow-Up:** After a tough call (e.g., aggression, suicidal ideation), debrief with a supervisor to process the impact.

Case Studies

CARP Technique Applied to Intake Situations (actual case studies)

Below are scenarios designed based on actual Commission cases, incorporating the CARP model (Control, Acknowledge, Refocus, Problem-Solve) for responding to challenging interactions. These scenarios are crafted for intake officers to practice managing calls effectively.

Scenario 1: Suicidal Threats and Escalation

Context: A participant calls the intake line, sobbing and yelling. They say they've taken pills, want to die, and are in a car with no known location. They feel abandoned by their support coordinator and workers. The next day, they call back, escalating further, threatening to harm NDIS workers.

Call Details:

- **Behaviours:** Crying, yelling, threats of self-harm and aggression toward others.
- **Officer's Challenge:** Managing distress, de-escalating aggression, and setting boundaries.

CARP Response:

1. **Control:**
 - "I'm here to assist you. Let's take a moment to breathe together—can you take a slow breath with me?" (Calm tone to regain control of the conversation.)
2. **Acknowledge:**
 - "I can hear how upset you are, and it sounds like you're feeling really let down by your support team. That must be incredibly hard."
3. **Refocus:**
 - "Let's focus on what we can do right now. I need to make sure you're safe—can you tell me if you're still in the car?"
4. **Problem-Solve:**
 - "I'm taking your details now and will forward this to our urgent complaints team. If you're in immediate danger, I can also connect you to emergency services. What's the best next step for you?"

- (Day 2) "I understand your frustration. Threats aren't something we can act on here, but I'll escalate your complaint about your supports to the right team today."

Skills Practiced: Active listening (clarifying questions), de-escalation, closing the call, setting boundaries.

Scenario 2: Parent Threatening Media Action

Context: A parent of an adult child with autism calls about inadequate care at their SIL accommodation. They're raising their voice, threatening to contact the media and their MP, and refusing to end the call until action is confirmed.

Call Details:

- **Behaviours:** Yelling, threats (non-violent), reluctance to disconnect.
- **Officer's Challenge:** Staying solution-focused, explaining Tier 1 role, managing aggression.

CARP Response:

1. **Control:**
 - "I'm here to help you with this. Let's work through it together—can you lower your voice so I can hear you clearly?"
2. **Acknowledge:**
 - "I can see how worried you are about your child's care, especially with the food issues and the provider ignoring you. That sounds exhausting."
3. **Refocus:**
 - "What I can do right now is get this logged for you. My role is to take your details and pass them on to the Regulatory Officer who handles these cases."
4. **Problem-Solve:**
 - "I've recorded everything you've told me, and I'm forwarding it to the Regulatory Officer today. They'll speak with the provider. You can contact us if anything changes. Does that sound okay to close this call for now?"

Skills Practiced: Paraphrasing, explaining Tier 1 role, solution-focused approach, closing the call.

Scenario 3: Paraplegic Participant Loses Supports

Context: A paraplegic participant with an acquired brain injury calls intake, they are crying. Their provider ceased all daily living supports today without explanation, leaving them without help for mobility, hygiene, or meals.

Call Details:

- **Behaviours:** Crying, distress, fear.
- **Officer's Challenge:** Solution-focused response, managing distress.

CARP Response:

1. **Control:**
 - "I'm here with you now. Let's take it one step at a time—can you tell me what's happening?"
2. **Acknowledge:**

- "I can hear how scary this is, especially with no one to help you with your wheelchair or meals. That's a lot to deal with."
- 3. **Refocus:**
 - "Let's focus on getting you support. I'm going to log this as urgent for you."
- 4. **Problem-Solve:**
 - "I've taken your details and am escalating this to our Safeguarding team right now because you need immediate help. You can call us back if anything changes" (Officer to notify Team Leader or Assistant Director straight away).

Skills Practiced: Active listening (open questions), providing solutions, closing the call.

Appendices

APPENDIX 1: Behavioural considerations for enforcement and compliance situations

This appendix is intended to add further knowledge to the de-escalation and self-care component of this module for Commission Officers who may encounter problematic behaviour while undertaking site visits, compliance, investigation or enforcement activities.

Observable Behaviours that Indicate Escalation

The STAMP framework is a tool used to identify observable behaviours that may indicate distress, agitation, or escalating tension in individuals, often in contexts like healthcare, conflict resolution, or workplace interactions. While there isn't a universally standardised "STAMP" acronym across all fields, it is commonly associated with the work of Dr. Gary Chaimowitz and colleagues in forensic psychiatry and mental health settings. It stands for **Staring, Tone and volume of voice, Anxiety, Mumbling, and Pacing**. Below is an explanation of each component based on this widely referenced interpretation:

1. **Staring:** Prolonged or intense eye contact, or a fixed gaze, which may signal discomfort, aggression, or an attempt to intimidate.
2. **Tone and volume of voice:** Changes in how someone speaks, such as raising their voice, speaking sharply, or using a tense or hostile tone, indicating rising agitation.
3. **Anxiety:** Visible signs of nervousness or restlessness, such as fidgeting, sweating, or rapid breathing, suggesting emotional distress.
4. **Mumbling:** Incoherent or low-volume speech, which might reflect internal preoccupation, frustration, or difficulty communicating.
5. **Pacing:** Repetitive physical movement, like walking back and forth, which can indicate agitation, anxiety, or an inability to settle.

These behaviours are often used as early warning signs to assess and de-escalate potentially volatile situations.

Assessment: always assess for safety in your environment before beginning an interaction (see [Site Visit Policy](#).)

Management: assign only one person to interact (can have a second person in attendance as a safety measure, but ensure they remain in the background)

De-escalation strategies to use with STAMP:

- Stay at least 2 arms-length away
- Maintain a relaxed posture and look
- Eye Contact: Use it sparingly—enough to show engagement but not so much as to seem confrontational (especially if staring is a distress cue).
- Speak calmly with visible hands
- Acknowledge what the person is saying
- Do not threaten
- Set clear boundaries
- Offer Choices: empower them with limited options (“Would you like to sit here or over there?”) to reduce feelings of being cornered.

- Refrain from using jargon or bureaucratic language
- Be non-judgmental
- Show empathy
- Use the person's name
- Be ok with silence – This allows the person time to reflect and calm down
- Do not argue
- Define consequences of behaviour
- Be respectful
- Do not answer inappropriate questions – use a statement such as “I won't be responding to that”
- Treat the person with dignity

1. Verbal Communication:

- **Calm Tone:** Speak in a steady, low, and non-threatening voice to model calmness and avoid triggering further agitation.
- **Active Listening:** Acknowledge the person's feelings (“I can see you're upset”) to validate their experience without escalating the situation.
- **Stay on Point:** Keep the interaction aimed at a specific outcome (e.g., compliance or calming down) rather than getting sidetracked by personal attacks. If the person tries to intimidate by saying something vague like: ‘I can find out where you live’ just say firmly: ‘We won't be talking about that’.
- **Clear, Simple Language:** Use short, direct sentences to avoid confusion, especially if the individual is distressed or cognitively impaired.
- **Offer Choices:** Empower them with limited options (“Would you like to sit here or over there?”) to reduce feelings of being cornered.
- **Mirror Their Style:** Match their communication level (e.g., casual with a street-wise person, formal with someone authoritative) to connect, then gently shift to your desired tone.

2. Non-Verbal Cues:

- **Open Posture:** Keep hands visible, uncrossed, and relaxed to signal non-aggression; avoid sudden movements.
- **Safe Distance:** Maintain a personal space buffer (about an arm's length or more) to respect boundaries and reduce perceived threat.
- **Eye Contact:** Use it sparingly—enough to show engagement but not so much as to seem confrontational (especially if staring is a distress cue).

3. Environmental Adjustments:

- **Reduce Stimuli:** Dim lights, lower noise, or move to a quieter area to lessen sensory overload.
- **Remove Triggers:** If possible, distance the individual from objects or people fueling their agitation (e.g., a specific staff member or a crowded room).
- **Safe Positioning:** Ensure staff have access to exits and avoid boxing the individual in, which can heighten panic.

4. Emotional Regulation Support:

- **Reassurance:** Offer calm statements like “You’re safe here” or “We’re going to figure this out together” to build trust.
- **Distraction:** Gently shift focus to neutral topics (e.g., “Tell me about your day”) if appropriate, to break the cycle of agitation.
- **Breathing Techniques:** Encourage slow, deep breaths, sometimes modelling it yourself, to help them regain control.
- **Offer a cold drink of water and a snack:** Anything that produces saliva such as a strong mint or strong flavoured drink – hot or cold, fizzy etc can help to calm someone down via their parasympathetic nervous system response.

5. Team Coordination:

- **Single Point of Contact:** Designate one person to communicate, avoiding multiple voices that could overwhelm.
- **Backup Plan:** Have colleagues ready to assist or call for help discreetly, ensuring safety without escalating tension through visible force.

6. Timing and Patience:

- **Avoid Rushing:** Give the individual time to process and respond—silence can be a powerful de-escalation tool.
- **Debrief After:** Once calm, reflect with the individual (if feasible) to understand triggers and prevent recurrence.

These strategies hinge on early intervention—spotting signs like those in STAMP—and adapting to the individual’s state.

APPENDIX 2: Applying CARP technique in high-stakes NDIS provider investigation

This scenario intends to demonstrate how the CARP technique can be applied in a high-stakes, potentially volatile situation involving an NDIS provider under investigation for serious abuse and neglect.

The scenario highlights how an enforcement officer can:

1. **Control** the situation by establishing immediate professional authority and clear boundaries
2. **Acknowledge** the emotional complexity of the investigation without minimizing its seriousness
3. **Refocus** the interaction on the core purpose: protecting vulnerable participants
4. **Problem-solve** by providing a clear, structured approach to the investigation with specific, non-negotiable requirements

Key elements of the approach include:

- Maintaining professional composure
- Showing empathy without compromising investigative integrity
- Providing clear expectations and potential consequences
- Protecting both the investigation's objectives and the rights of those involved

The scenario demonstrates how CARP can be used in extremely serious situations where the stakes involve potential criminal misconduct and the protection of vulnerable individuals.

Scenario: Confrontation During Warrant Execution for Suspected Abuse and Neglect

Context: The NDIS Quality and Safeguards Commission has obtained a search warrant for "Comprehensive Care Solutions," a disability support provider with multiple group homes. The enforcement team arrives to conduct a comprehensive investigation after multiple substantiated reports of client abuse and systemic neglect. The company's senior management is aware of past incidents and is preparing an aggressive defensive stance.

Control

Lead Enforcement Officer: *Speaking with calm, authoritative composure* "Good morning. I'm Senior Enforcement Officer Sarah Reynolds from the NDIS Commission. We are executing a valid search warrant as part of our investigation into serious allegations of abuse and neglect at this facility. I'll be leading a team of investigators, and we require full cooperation. Our priority is to ensure the safety and protection of the clients you support."

Body language remains neutral but confident—standing upright, maintaining professional distance, speaking in measured tones

Acknowledge

Enforcement Officer: "I understand this is a challenging and potentially distressing situation for your organization. We recognise the complexity of providing disability support services and that investigations of this nature can be extremely difficult for all involved. However, the safety and wellbeing of participants is our paramount concern."

Refocus

Enforcement Officer: "We are here to conduct a thorough and professional investigation based on multiple reports of serious incidents. Our goal is to gather evidence, understand the systemic issues that may have led to these alleged abuses, and take appropriate actions to protect vulnerable participants. We will be examining documentation, interviewing staff, and reviewing incident reports. I want to be clear that our focus is on understanding the full context and ensuring future prevention."

Problem-solve

Enforcement Officer: "Here's how we will proceed:

1. Our investigation team will methodically review all documentation related to client care, incident reporting, staff training, and supervision practices.
2. We require immediate access to:
 - Staff training records
 - Incident report logs
 - Client care plans
 - Staff supervision documentation
 - Staff employment and background check records
3. We will be conducting confidential interviews with staff members on-site today.
4. Any attempts to obstruct, mislead, or interfere with this investigation will be documented and may result in additional enforcement actions, including potential prosecution.
5. We recommend that your legal counsel be present. You have the right to observe the investigation but not to interfere with our evidence collection.
6. Depending on our findings, potential outcomes include:
 - Compliance notices
 - Immediate suspension of service delivery
 - Mandatory retraining of staff
 - Potential cancellation of NDIS registration
 - Referral to law enforcement if criminal conduct is discovered

Do you understand the scope and seriousness of this investigation?"

Additional Tactical Considerations:

- Maintain professional demeanour regardless of provocations
- Document every interaction meticulously
- Ensure team safety while conducting the investigation
- Protect the privacy and dignity of the clients
- Be prepared for potential legal challenges or obstructive tactics
- Maintain chain of evidence with rigorous documentation

Resources

Workplace mental health

<https://returntowork.workplace-mentalhealth.net.au/early-warning-signs-of-mental-health-problems-at-work/>

Rights and responsibilities

<https://www.comcare.gov.au/safe-healthy-work/mentally-healthy-workplaces/mental-health-responsibilities>

Suicide and crisis

[How to Talk to a Suicidal Person | HealthyPlace](#)

[How to help someone with suicidal feelings - Mind](#)

<https://returntowork.workplace-mentalhealth.net.au/dealing-with-a-mental-health-crisis-at-work/>

Trauma Informed Practice Resources (for managing client disclosures)

<https://blueknot.org.au/product/guidelines-for-trauma-informed-practice-disability-digital-download/#>

[Blue Knot Helpline and Redress Support Service 1300 657 380](#)

De-escalation Resources

<https://www.crisisprevention.com/blog/general/cpi-s-top-10-de-escalation-tips-revisited/>

Self-care resources including vicarious trauma

<https://www.blackdoginstitute.org.au/resources-support/coronavirus-resources-for-anxiety-stress/coronavirus-resources-for-health-professionals/personal-weekly-mental-health-check-in-and-self-care-planning/>

<https://toolkit.lifeline.org.au/articles/techniques/self-care-for-mental-health-and-wellbeing>

<https://www.psychiatrictimes.com/view/vicarious-trauma-clinicians-fostering-resilience-and-preventing-burnout>

<https://theactgroup.com.au/selfcare-vicarious-trauma/>