

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO THE RECOGNITION AND ADEQUACY
OF THE RESPONSES BY STATE GOVERNMENT AGENCIES
TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS
ARISING FROM DISASTERS**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 20 JUNE 2012**

SESSION TWO

Members

**Mr A.P. O’Gorman (Chairman)
Mr A.P. Jacob (Deputy Chairman)
Ms M.M. Quirk
Mr I.M. Britza
Mr T.G. Stephens**

Hearing commenced at 10.50 am**TILBURY, MR GEORGE****President Elect/Director, WA Police Union, examined:****SHORTLAND, MR BRANDON****Vice-President Elect, WA Police Union, examined:****BARRATT, MR THOMAS****Research Officer, WA Police Union, examined:****GROVES, SERGEANT JON****Vice-President, WA Police Union, examined:**

The CHAIRMAN: Good morning, everybody. I will introduce the committee: Albert Jacob, the member for Ocean Reef is the deputy chair of the committee; Margaret Quirk, member for Girrawheen; Ian Britza, member for Morley; and Tom Stephens, member for Pilbara. I am Tony O’Gorman, member for Joondalup, and I am the chair of the committee. There is Dr David Worth, who you have been corresponding with, and Jovita Hogan, our research officer. Before we start I have a statement to read to you, and there are couple of questions in there. I ask that you answer the questions verbally, so that Hansard can record it.

The committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. Have you completed the “Details of Witness” form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read an information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions relating to your appearance before the committee this morning?

The Witnesses: No.

The CHAIRMAN: Gentleman, I congratulate both of you on your recent election—well done.

Before we start throwing questions at you, we have received your submission; is there anything you would like to add or any opening statements you would like to make before we start firing questions at you?

Mr Tilbury: The submission is pretty comprehensive and I hope it answers most of the questions you may have had. There are a couple of things I would like to say. Front-line police officers these days are subjected to significantly more pressure, unrealistic workloads, process, and are far more accountable and scrutinised to the nth degree. These are all factors that increase stress, anxiety and frustration, which often go unnoticed by senior managers in the agency. The services currently provided by the agency are inadequate, do not go far enough, and need to be significantly improved.

This will require considerably more funding, resources and acceptance by the agency that the system is ineffective and needs to be changed.

The CHAIRMAN: Thank you very much. I will throw the first question at you, and then we will open it to up to everybody. How effective do you think the current WA Police procedures are for preparing the state's police officers to deal with the stress of their jobs and assisting with disasters, especially with the number of staff in the welfare branch?

Mr Tilbury: I think the health and welfare branch, which is part of the agency that deals with that side of things for police officers, is not resourced adequately. They certainly need to be significantly more human resources to deal with the almost 6 000 police officers in the state. Significant improvements need to be made to ensure that we have a service that is appropriate for our serving police officers.

The CHAIRMAN: How many in the welfare department?

Mr Barratt: I am only reporting second-hand—I am the person who conducted the surveys and compiled the submission—and it would be anywhere between two and a half welfare staff to five is what was reported by members.

Mr A.P. JACOB: I think you noted in the report that the vice-president's role is coming on full time and will incorporate health and welfare as well. Is that the case, and could you expand on that a little more for us?

Mr Shortland: Sure. Previously in the structure of the WA Police Union, the president has always been seconded from WA Police to the union in a full-time capacity. At the moment the current vice-president is not there as the vice-president; he is there as a welfare officer wholly and solely. That person's role is to ensure that our members obtain health and welfare services from WA Police. What we intend to do is have the vice-president be employed by the WA Police Union in a full-time capacity, and part of that role will be a welfare coordination role. We have some plans to try to secure some resources from other areas to expand the service we provide to members, because we know that some members are not comfortable receiving health and welfare services from WA Police for the various reasons we have outlined in the submission.

Mr A.P. JACOB: So that new position will be in addition to the existing health and welfare services that are provided?

Mr Shortland: WA Police are the primary givers of health and welfare resources; WA Police Union is, at the moment, a service that ensures that our members take advantage of those services.

[10.55 am]

Ms M.M. QUIRK: In some jurisdictions, for first responders they have an annual health check, and just as part of that, it is a bit of a red flag if there are any sort of psychological mental health issues that arise. So it is not seen as singling people out to say, "Well, you need help", but it is a place to at least have a quick look and refer people on if there is an issue. Does the union have any views about compulsory medical checks? I suspect you do. The other issue that I wanted to raise, and I think you raised in your submission, is the existence of section 8. Do you think that acts as a bit of a disincentive to get people to admit when they have got some issues?

Mr Tilbury: It definitely does. Confidentiality is a big concern for serving police officers because they feel the service that the agency provides will then enable them to access information that they could possibly use for other means, which may include to board them out—retired, medically unfit. That process is also incorporated in the section 8 process. A lot of members do not believe that that is an appropriate process, but that is something that we are following up to try and change as far as that goes. Sorry; what was the first part of the question?

Ms M.M. QUIRK: The first one was the idea of having annual medical checks, which I must admit Mr Italiano said was cost prohibitive. But I just wonder whether you would have any views or whether some of your members would find that not appropriate.

Mr Tilbury: You may have varying views in relation to that issue, but we believe that all police officers should be subject to an annual check. That way, it will ensure that people do not fall through the cracks, as is currently the process at the moment, and it puts in place services to ensure their wellbeing.

Ms M.M. QUIRK: The other thing I was going to ask was about the case of the suicide in Collie of the officer that was just subject to a recent coronial inquiry. That is a case of someone in a regional area that might not have the same access to services, and was not seen to be in a high-risk area like the forensic or the major crime or whatever. Is this particularly where WA Police is letting the side down?

Mr Tilbury: Jon Groves is from regional WA, so I will let him answer that question.

Sgt Groves: Yes, I would like to comment on that. As far as annual check-ups go, I have been subject to those for a two-year period when I was a peer support officer up in the Kimberley, so, in effect, they were trying to debrief you and take away what I call a plaque of policing because you were talking to other people.

Ms M.M. QUIRK: That is a good term. I think we might use that.

Sgt Groves: Thank you. But, yes, in relation to it, in order to sort of accurately reflect what the members are saying, especially in the north, about this, they would be very keen for something like that to occur. I am also aware, obviously, that Mr Italiano has mentioned the issue with finances and all that sort of stuff. I would be very reluctant for such a system to be rolled out along the lines of the way they do a lot of training nowadays, which is by electronic method, by an educational system we call Blackboard. It is an internet-based learning system. I imagine that would be one way they would do it. I think if that were to occur, it would be an abject disaster.

Ms M.M. QUIRK: I was not suggesting that. It is just that you have got to be face to face so you can pick up the flows in the science, frankly.

Sgt Groves: Absolutely. In speaking to other officers, and indeed my own experiences, there is no contact from health and welfare for a large amount of traumatic events we see or suffer, and I would describe the response by WA Police to these matters as pathetic and insulting at this stage.

Ms M.M. QUIRK: Do not mince your words, will you!

Sgt Groves: No.

Mr A.P. JACOB: I have got a few questions and I have gone through the recommendations. Just on my earlier one, which goes back to recommendation 1, which was around provision of external services, do you see the union's role in that being perhaps part of that expanded service?

Mr Tilbury: It is certainly something we would be open to. Obviously, part of our responsibility to our members is to ensure their welfare, but, from our view, it is an additional service that we provide over and above what the agency does specifically to ensure that our members do not fall through the cracks.

Mr A.P. JACOB: Yes. I actually probably should have said that I think you have done fantastic work on the submission. Thanks for it. I think it is far more targeted than you have given yourselves credit for in the opening. I think you have actually just gone exactly where we were looking at for the inquiry. Is that something that you as a union are keen to do, to maybe expand out your role—you made a note of the vice-president's role in that—if resources were forthcoming and if the policy was following through on that?

Mr Tilbury: It is something we would certainly consider.

The CHAIRMAN: Can I ask what the impetus was for doing the survey? How did it come about and over what period of time it was conducted? I think 166 was the number.

Mr Barratt: One hundred and forty-one.

Mr Tilbury: It was a short time frame. As soon as I was made aware of this committee and that our involvement was going to take place, we immediately looked to put together that submission. So the actual submission was only put together over about three weeks, and the members had a week to respond to us, to that questionnaire. So it was only a short time frame. If it was longer, we would have had a lot more responses.

The CHAIRMAN: Jon, can I ask you: you mentioned when you were a peer supporter. Can you tell us what that role involves and what training you had for that role?

Sgt Groves: Yes, certainly. It was about a week's training, which was delivered down at the academy. Then, after that, the only support you got was obviously by talking to the psychs we had down there. At the time I was dealing with issues that related all the way from police officers attending fatal accidents to problems within the home, to problems within work, and even was dealing with the remnants of the Newman air crash disaster—some of those police officers as well. It was fairly full on. I was based in Broome at the time, so I was dealing with the Kimberley with that, and it did tend to take up a lot of my time. At the same time I became a director of the union, and one of those roles had to give, so, sadly, I gave away the role of peer support officer after about three years.

The CHAIRMAN: But from the union's point of view, is there merit in the role of peer supporters out there, and how extensive is that through the police service?

Sgt Groves: Absolutely. I agree that there should be more peer support, because the issue is that some police officers do not want to talk to the psychs employed by WA Police. So speaking to one of their peers is a lot more palatable way of dealing with it in some cases. My understanding is that in the north west there is not a peer support officer, and has not been for the last two or three years. So if that is an indication of the way things are going, then perhaps we need more support for it and we certainly need more of them.

The CHAIRMAN: Can I just ask as well: when we were overseas, the role of retired officers—fire officers and police officers—in peer support was strongly promoted to us. Does that happen with the police service or with the union, that you use retired officers to actually provide some of that support?

Sgt Groves: Not at all. All the peer support officers I am aware of are all sworn or unsworn officers, but they are full-time employees of the WA Police.

Ms M.M. QUIRK: Do you think there is some role for that, because retired officers can feel useful? They talk the talk. There is not that kind of possibly limiting behaviour by talking to someone.

Mr Tilbury: Absolutely. People who have done the job who were certain police officers understand what we go through on a daily basis, and I think the officers or our members could certainly relate to those people a lot better than other qualified people in certain instances.

Mr A.P. JACOB: Recommendation 18, you have got "Health and Welfare Employing Field Officers": do you see that as an exclusive role, or maybe is there potential to expand out the peer support role and give them further training and then incorporate them back in, and particularly there would be some big advantages in regional areas with doing that as well?

Mr Tilbury: I think there is certainly potential to expand. What Margaret touched on in relation to retired police officers, that would probably be a perfect role for them to have. The issue we have got with the peer support officers at the moment is they are full-time police officers and they can only

dedicate as much time as they have to peer support when they are not doing the other duties that are expected of them.

Mr A.P. JACOB: So with these health and welfare officers, you see them as just completely dedicated—so, more dedicated health and welfare officers. Is there an opportunity there for a hybrid and to, say, do a 60–40 split; so be on active duty 60 per cent, and then, say, 40 per cent of your time as a field officer, or a health and welfare field officer, and then you are also having that on-the-job experience at the same time, and even maybe experiencing incidents with your peers at the same time as well?

Mr Tilbury: It depends where you work. Obviously, if you are operational and on the front line, you do not have the time or resources to be able to dedicate to that, other than on an informal basis or when you are dealing with your peers on a day-to-day basis. But I think that something exclusive would need to be set up to make it actually work effectively.

[11.05 am]

Ms M.M. QUIRK: You are all fairly experienced officers, and I was just wondering if you had had personal observations of any of your colleagues that you believe might have been experiencing critical incident stress or post-traumatic stress, or whatever they call it, and what impact that had on that person's capacity to fulfil their job.

Mr Tilbury: Between us we have got quite a few examples. I can give you one from my experience. When I was at the police rail unit from 2003 to 2008, which was a five-year period, I conservatively attended at least 20 rail-related deaths per year. The majority of these people had mental health issues. To assist with the identification of the deceased persons, I regularly called local mental health units for them to check their records for missing persons, which often yielded results. Having to deal with human body parts strewn over hundreds of metres is very confronting, makes some officers physically sick and mentally scars others. I have witnessed that first-hand. Being subjected to this type of trauma on a regular basis has a significant effect on your wellbeing and some people do not realise until years later when a minor issue can break them. For my part, attending around 100 deaths over five years resulted in the occasional email being sent to me by the agency offering assistance if I thought I needed it. Whilst it is acknowledged that reporting systems have improved, the agency would not be aware that I or many other police officers have been subjected to this number of deaths and traumatic incidents. This needs to change.

The CHAIRMAN: Can I just ask: if you are attending a death, or any officer is attending a traumatic incident where there is death and dismemberment, which you have mentioned, what is the ideal procedure that should roll into place to help you deal with it at the time and then in an ongoing manner? You also mentioned the 100 deaths in five years. That is a lot.

Mr Tilbury: It is.

The CHAIRMAN: How can you ameliorate that so it does not happen?

Sgt Groves: It is possibly a positive and a negative. Many years ago I was at Fremantle and I saw—I think he has already given evidence to this committee—Dave Matthews immediately after the shooting incident. I saw him seated by himself in an area of the Fremantle Police Station. As a young constable, I said, “Can I go and speak to him?” and was told, no, he was on his own. He stayed that way for what I perceived to be many, many hours. In my mind, I thought that was a miserable way of treating our people. Fast forward to 2006. I was acting inspector at Karratha and was directly responsible for the care and intervention for Sergeant Shane Gray after the shooting of William Watkins on the highway after he had murdered two young ladies over in Victoria. May I say that the response from the WA Police in relation to the Shane Gray shooting has been absolutely superb. From day one, the commissioner became involved, his colleagues and peers became involved, and members of Parliament became involved. It was a wonderful response to what was a really tragic event. That continued, and still continues to this day, as far as him being

provided with welfare services. I spoke to him about it this morning. He is quite happy for me to speak about his story here today. We have come a long way in regards to that. The comment I have always received from speaking to officers over the last week or so in relation to what I am going to say today is, “Unfortunately, if you don’t make the front page, you don’t get the same welfare support.” From a personal perspective, I have had more than 10 surgical operations as a result of violence that has occurred that I have attended to. Six of those operations occurred out of a 24-hour period when there were two violent incidents that I attended. I have not had any contact from health and welfare, that I can recall, other than settling of invoices and medical bills in relation to any of those surgical procedures—no phone calls and no visitations in hospital.

The CHAIRMAN: That is what I am asking. What should automatically fall into place to help you and to help David Matthews, as it did then? What should have fallen into place or what should have started to happen that would have helped you there and then and would have helped you in the long term?

Sgt Groves: I think an agreed set of: “if you attend this, this must occur”. If there is, say, a serious assault on yourself, a grisly sudden death that you must attend or drowning or whatever, this must occur—so, a prescribed level of things. If that was to occur, police officers would fully understand it, it is part of the culture, and there would be no negative aspects of that.

Mr I.M. BRITZA: I spent a full day with the police command in Houston, Texas. It is compulsory now because it is par for the course now. But every time there is a fatality, no matter what, within the 24-hour period you have got to see a counsellor or psychologist or whatever immediately. Everyone absolutely is relieved at what they thought would be an issue when they first brought it in. Now everyone is absolutely relieved. They know the drill. No-one fusses about it. You are not seen with any particular issue about going to see the person. Then, at that counselling session, they determine whether or not you need to go further, and it includes the families as well. I am fully in agreement with looking for something that would take away the stigma of trying to be brave. That Matthews case is a very sad one.

Sgt Groves: It is indeed. I think we have matured over the 20 years, and speaking to the officers that I have, they are very receptive to it. You speak to them about the incidents, “Have you received any contact from health and welfare?” and most of them will say they have not, but all of them will want to then talk for the next 15 or 20 minutes about their experiences of what they have seen and done.

Mr I.M. BRITZA: So long as it is not with someone with a clipboard!

Mr A.P. JACOB: What was fascinating, I think, was that 20 per cent of your respondents identified compulsory counselling unprompted.

Mr Barratt: Yes. That was basically in response to the question: what can we do to make it better?

Mr A.P. JACOB: So there does seem to be a bit of a groundswell of support for that.

Mr Shortland: If I can, that is prefaced on the understanding that maybe it is not WA Police providing the counselling, because our members do have concerns about confidentiality and how it is going to affect their careers in the future.

The CHAIRMAN: Can I ask you about recommendation 20, where you talk about the need for an integrated, separate organisation for all the state’s emergency services and how this new organisation might work? How do you see that benefiting? Also, if you go to that, at the moment health and welfare have access to the information about who attends and how often they attend traumatic events. If they have that, how would that transfer to this external organisation to get that information?

Sgt Groves: Can I say that seems to be the major issue we have. There is an inconsistency of what happens. When I speak to people, usually the reaction from health and welfare is an email sent out

to you if they think you have suffered a critical event or a traumatic event. This email will ask you: do you have any problems and, if so, contact such and such. The inconsistency of that is that I have never received, from memory, one of those emails. Most of the other officers I have spoken to have not, but we have an officer at Karratha that said to me that he did get an email from health and welfare quite recently because a juvenile jumped the back fence of the police complex and took some CDs out of his car. Because he was nominated as a victim of crime, he got an email from health and welfare, which, of course, he found insulting and all of us find a bit comical.

The CHAIRMAN: Can you just flesh out your recommendation 20 a bit?

Mr Barratt: Where that came from was a couple of things. Firstly, a couple of officers suggested it in terms of their response to the survey, but also there was a lot of praise from officers about how other organisations handle responses to trauma, particularly FESA was mentioned again and again. So the idea is that if you could compile that knowledge and then specialise it so that an organisation is equipped to deal with all these things across the different emergency services personnel, then there would be the ability to create targeted, specialised responses when people face critical situations.

Mr Shortland: If I can, just on that point, the interesting thing is when we manage disasters, we have the AIIMS model; it is the Australasian interagency incident management system. That is an interagency management system for disasters. There is no such thing for the welfare of emergency services workers, which seems to be a little inconsistent.

The CHAIRMAN: So you see it as a bolt-on module, if you like, to the AIIM system.

Mr Shortland: That is right; exactly.

[11.15 am]

Ms M.M. QUIRK: One of the things that we have found in the inquiry so far is that so often first responders' families might be impacted. For example, when we were in Christchurch, a lot of the first responders had families who were coping with the impact of the earthquake at home. That created a lot more family tension because they were out helping strangers and not at home helping families. I wonder whether you can collectively talk about the impact on families of some of the work that police do, in terms of them having to bear the brunt if people have critical incident stress.

Mr Tilbury: I can talk from my own experience in relation to some of the assaults. Things started to be reported on the computer system in 2005. There were seven incidents in which I received significant injuries from assault or arrest-related processes. In 2006 I was bitten on the leg by a hepatitis C-carrying drug addict. For six months of my life I was waiting and everything was unknown in relation to whether I contracted some disease. That has a significant effect on your personal life because it just affects not only you but also your family. You are not able to do certain things and you have all the stress of wondering whether you are going to contract a disease. For people to say that your work life does not affect your home life is unrealistic. That is just one example; I can give many. It certainly does have an effect. It affects the way that you are at work on occasions.

Sgt Groves: I believe that one of the coroner's recommendations out of the report was that families be notified about the services that are on offer at the moment. I certainly have not seen that letter come out from WA Police in relation to that. It has been quite some time.

Ms M.M. QUIRK: The coroner's report came out six or eight weeks ago.

Mr Tilbury: In relation to that, I was told by the director of HR at the agency last week that they were in the final stages of putting together the pamphlets and packages that would be sent to all members' private addresses.

The CHAIRMAN: Does the police service have an employee assistance scheme and how well does it publicise that? I think one officer's wife was on the radio saying she knew nothing of it and now

she does. How well is it publicised to the officers and do they go home and tell their wives or does the police service directly communicate with families as well?

Mr Tilbury: That was part of the recommendation. That is the process that I was talking about, which is why the agency decided to send those packs to the home addresses. In a lot of instances they are just sent to work. They may be misplaced and not taken home and then the family would not become aware. That is their way of trying to have the families access the information. Internally, it is not advertised that well. I dare say that the majority of members would not know that the service existed.

Sgt Groves: That obviously differs from person to person. Up north I actually referred someone to the EAP just last week. Largely, that is through contacts that I have had with some very wonderful people in health and welfare during my days as a peer support officer. I have the cards and I hand them out to people who I think may need something. It is a little hotch-potch at the moment and I think this scheme of sending it out to the families would capture a far bigger audience.

Ms M.M. QUIRK: A couple of recurring themes have come out through talking to emergency responders. The first is the culture of places, such as where you work. People do not readily want to admit that they are struggling mentally. In that regard, some of the younger members are a bit more open about those issues. Secondly, you have a culture such that in the past officers would debrief by having a couple of beers in the station when they knocked off. That is not an option now and really nothing has probably replaced it. Would that be a reasonable observation?

Mr Tilbury: It is. The authority was changed so that the superintendent had to authorise that to occur. After we pushed for that, that was devolved down to the officer in charge of a particular station or section. That person must be present during the time but it is pretty much a deterrent because if the OIC does not want to or is not willing to stay, that does not happen. Whereas when it used to be on the basis where a supervisor could be present, that was much better and it happened more often. That being said, that is also a great forum for officers to sit down amongst their peers and talk about things that have happened.

Mr A.P. JACOB: Is one of the challenges even just granting people time to access whatever help they may need?

Mr Tilbury: The officers on the front line are under significant pressure. Just workloads alone, without taking anything else into account, is a major issue. I think that is a big factor. Also, with the stigma that is attached with partaking in counselling services, if it was to be made mandatory, like the example decided in the US, that would go a long way to making it normality, and I think we could have significant improvements.

Sgt Groves: It is not just the time; it is the timing as well. I have spoken to two or three officers who got a cold call from health and welfare asking if they are okay. This has occurred in a working police environment where your colleagues are sitting right alongside you. We are human beings. We are not likely to open up with our weaknesses in front of a group of people. Just ticking a box and saying, "I've spoken to you and you've said things are okay" is another thing that seems to go wrong at times.

Mr A.P. JACOB: You have included in the submission an opportunity for some officers to take the rest of the shift off if an incident does occur. You noted that that will suit some and will not suit others.

Mr Tilbury: At least if the option is there, it is worthwhile.

The CHAIRMAN: What percentage is your membership across the police service?

Mr Tilbury: It is 98 per cent.

The CHAIRMAN: So virtually full coverage.

Ms M.M. QUIRK: What numbers are we looking at now? Is it about 5 500?

Mr Tilbury: It is up to about 5 800 or thereabouts now.

The CHAIRMAN: What is the percentage of females and males? Are there many females in there? There are quite a few females but do you know the percentage?

Mr Tilbury: I believe it was around 10 per cent.

Sgt Groves: I think it is higher now.

Mr A.P. JACOB: I just go back to my earlier query about the expanded role for the union potentially going forward. I noticed on page 585, out of 135 respondents, you go through where they have been informed of incidents. This is just the last two paragraphs on page 5. There may be an opportunity for the union to fill some of the gaps in notifying people of the services available, particularly with your recommendation of more options in where you can go.

Mr Shortland: My role as I see it going forward is to be the coordinator of the health and welfare services. At the moment one person is trying to cover the senior police force, which is unrealistic. I take on other roles so I cannot do that myself. It will have to be a coordination role, using WAPOL and other services that we can identify or take advantage of to provide those services.

Ms M.M. QUIRK: Recommendation 23, which I think is a very good point, relates to the greater flexibility for returning officers to operational or non-operational duty after trauma. Do you have any examples of where someone who could readily be deployed in another setting was effectively sidelined or had to leave the police?

Mr Barratt: Largely, where that recommendation came from was officers who perceived to be fighting a battle to return to their previous level of service, be it operational or non-operational, after a traumatic incident. It was linked to the idea that if you sought assistance from WA Police in terms of dealing with responses to trauma, there was a perception that that information would be used against the officer in his return to work. The idea of greater flexibility of returning officers to the level of work that they want is the idea that officers who have been through that can fearlessly engage with the services to get them to a stage where they are capable of returning but also to basically help officers get on a pathway of getting back to work that they perceive to be full of barriers rather than opportunities.

Ms M.M. QUIRK: Do things like flexibility, like the tenure position, for example, create some issues, say, if you move someone sideways or, alternatively, keep them in an area for a longer period just because that is of assistance to their mental health? Do those sorts of rigidities seem to create problems?

[11.25 am]

Mr Tilbury: It would probably more affect regional WA.

Ms M.M. QUIRK: What I am saying is that someone might have been sent to fraud squad or something because that is sort of upfront, in-your-face type of work, but his time comes up and they say, "No, you have to go somewhere else", and you might then be re-victimising him, depending where they put him. That is what I am saying, or the other inflexibilities you are talking about.

Mr Barratt: In terms of what was reported through the survey was the idea that officers would not consider that they had been earmarked, I suppose, as not ready for operational work, not ready for non-operational work or a return to work at all, and that there were barriers being put to returning to work rather than ways of—it was largely towards operational roles.

Mr A.P. JACOB: What are some examples of where that has been done well?

Sgt Groves: That is a good question.

Mr A.P. JACOB: The Matthew Butcher one was one I was maybe thinking of, just as maybe a positive —

Sgt Groves: Certainly, that would be a positive. I think even with Shane Grey, there was certainly a whole lot of allowances made for Shane. He was allowed to remain in Karratha for a longer period of time. There was an enormous amount of support for Shane over, initially, the first three or four years, and that slowly has withdrawn, obviously, to get him back on his own two feet again.

Ms M.M. QUIRK: He is still in WA Police, is he?

Sgt Groves: Yes he is, he is working out of Northam Police Station.

Mr A.P. JACOB: If I can just finish on that one, both those two that came to mind were more the ones you would pick up on your earlier comment—made the front page.

Mr Shortland: Going on to that, we have a decreasing pool of opportunity for non-operational police officers. With the advent of the police auxiliary officers, they are going into non-operational police roles. We are going to have an older, ageing workforce coming up. More and more of these officers are going to be non-operational. We have approached the commissioner to say, “Can you guarantee that officers that are not fully operational will have positions to go to?” We have not received a response as far as I am aware. This is going to be an issue. As all these auxiliaries start taking on non-operational roles, there will not be anywhere for us to go when we are not fully operational.

The CHAIRMAN: How many officers in a year that you are aware of were ordered out of the organisation for medical reasons?

Mr Tilbury: I am not sure of the exact numbers; that would be something that the agency would have.

The CHAIRMAN: We will ask for that as well.

Ms M.M. QUIRK: From the comments you have all made, clearly there needs to be a lot done at the supervisor level and it is the luck of the draw if you get a sympathetic and well-informed supervisor or not and that then will determine your progress or lack thereof. At the risk of saying they need more training, how do you think we deal with that, or what recommendations should we be making in terms of supervisors?

Mr Tilbury: The supervisors are the ones dealing with the officers on a day-to-day basis, so they are best placed to actually see how they are performing, if they are having any ill-effects from attending trauma or major incidents, so I think training is certainly something that should be explored, and from our view, that would probably be the best way to deal with that issue.

Sgt Groves: Can I just go back to our recommendation 23 about the flexibility? Something that is representing quite recently—and I am totally in support of the drug and alcohol testing—many of our officers are returning back with injuries, especially orthopaedic-type injuries, and are on analgesics for some time. This is showing up on the alcohol testing and drug testing that is going on. I think at the moment, both us and WA Police have an issue struggling with how we actually deal with that, because codeines are showing up as morphines on the testing, and that tends to affect an officer’s reputation until some more investigation is done.

Ms M.M. QUIRK: Also with post-traumatic stress, you quite often have enhanced substance abuse, be it alcohol or even illicit drugs, but then, when you get that positive result, you are saying how WAPOL is drilling down as to why that occurred is a little problematical?

Sgt Groves: It is obviously fairly new; I think it is going through that stage, but yes, certainly more work and more discussion needs to go on.

Ms M.M. QUIRK: That could be a positive marker for them getting assistance for officers in that situation.

Sgt Groves: Absolutely, as long as it is used as a health issue rather than a criminal issue.

The CHAIRMAN: At the academy, what training is given to cadets to prepare them for the trauma they might come up against? Is there a psychological test done on recruits when they come into the police service to see if they are going to cope with the stress?

Mr Tilbury: Psychological testing is definitely part of the recruitment process. I have not actually been involved with the academy for a number of years, but in terms of a response that Tom had, he may be able to go into that further. I do not believe that it is realistic enough to what it should be, to make sure that they are familiar with or aware of some of the issues they can deal with, so that definitely needs to be improved.

Ms M.M. QUIRK: It seems to me that this is the sort of stuff that needs to be done after you have been on the job for a while. You sit there and think, “Oh, that doesn’t have any application to me”, and that is a classic case. Plus, they are cramming a lot into that course and there would probably only be a couple of hours devoted to it.

Mr Tilbury: Experience is certainly the best form to use. Someone who has actually been operational and been subjected to those sorts of things is best placed to actually lecture the recruits and inform them about the situation.

Mr A.P. JACOB: Going back again to the one on compulsory counselling after a traumatic event, is there a definition within the organisation for what constitutes various levels of events and what might trigger them at different levels, accepting that it is slightly different for each person? You have mentioned some of the incidents that you have had and never received a call.

Mr Tilbury: In relation to trauma specifically, I do not think there is and I guess the problem we have is that trauma is perceived differently by different people, and different people are affected by different things. Also touching on what Jon said in relation to the media becoming involved and high-profile matters, a lot of them are handled reasonably well but the example I cited with approximately 100 deaths in five years, because most of them are suicides, they are not reported and people are not openly aware of those sorts of things occurring.

Mr A.P. JACOB: Do think some work needs to be done about defining different levels of trauma?

Mr Tilbury: I think so, and just the reporting process as well. I think things need to be put in place so that certain things trigger a response at various levels, depending on what the actual incident is. That is what is needed.

The CHAIRMAN: Can you tell us if there is a culture within the police force of not reporting instances where fellow officers may not be travelling well? Is it perceived as dobbing if you sort of ring up and say, “Look, my partner’s not doing too good”, or, “He needs some help”? Does that happen at all?

Mr Tilbury: I can only speak from my personal experience. I have not actually seen that and, being a sergeant, I was a shift supervisor at Midland Police Station, so I was actively involved with the officers who were on my team. Whenever I saw something like that, I would immediately call health and welfare and get the ball rolling and inform the OIC, but I guess it depends on the individual supervisor and their perception. I guess a lot of old-school people will say, “Toughen up, she’ll be right”, and those sorts of things, but culturally we have actually changed. We have a new generation coming through and a lot of the younger ones are more willing to seek help, but I guess not publicly in that they do not want their peers to be aware of it. That is why we said if it was something mandatory that was put in place, it would remove that stigma and become part of normality.

Mr A.P. JACOB: I do not know whether you have done this work internally, or even if we could see subsequent to your submission, a breakdown of those submissions by age and experience in the

force—some of those who have picked up on some of the compulsory counselling elements or the health and welfare elements?

Mr Barratt: I did not ask for age demographic data; that was deliberate in terms of trying to get the response right, but in terms of that, definitely those who reported trauma a long time ago, 25 or 30 years ago, it was their first experience of trauma, so there was very little if any support then, and it has got better. In terms of response to the previous question, it is also interesting in terms of the culture change that those who had a positive experience through seeking external medical help through counselling or who had positive experiences through health and welfare, actually were very vociferous in their statements of being very keen to tell fellow officers that this is available and it works. So there was a real correlation there between people who had good experiences and trying to get that ball rolling, I suppose.

Sgt Groves: There was a very recent example in Karratha where there was a murder, and the superintendent was very proactive and got on the front foot, and arranged for the health and welfare psych to come up and speak to the officer concerned. That person spoke to a number of officers, and there were a fair amount of officers involved with it, and the only comments I received of a negative type were that they did not get long enough with the psych, so I think we have grown up a lot.

[11.35 am]

Ms M.M. QUIRK: One of the ways of picking up how big a problem this is is by the attrition rate and how many people leave for reasons related to critical incident stress. What is the current status of exit interviews? Are they not conducted or—okay, that is a no.

Mr Tilbury: I have received a number of complaints from members that the exit interviews are not adequate and, particularly officers that have been in the job for a number of years, they feel undervalued and that basically the agency does not care.

Ms M.M. QUIRK: Do you think there is in any merit in, so we get better data, having more comprehensive exit interviews so that these sorts of issues are highlighted and we have got better data to work on?

Mr Tilbury: Absolutely, and I think with the importance that should be placed on it, you should have it dealt with at a higher level within the agency.

The CHAIRMAN: Can I ask you about social media, how that is affecting the police force with critical events? Do they get on to Facebook, talk to each other about it? Are there limits that the police service say you can and cannot do on Facebook and Twitter?

Mr Shortland: WA Police have a social media policy and we are not allowed to talk about police-related issues on social media—that is full stop, non-negotiable.

Ms M.M. QUIRK: That to some extent is for your own good and protection.

Mr Shortland: We can see very good merit in that policy, but we are only days away from launching our own. The WA Police Union is going to launch a website with a member's forum that is for WA Police Union members only; it is not visible to the public. On there is already a wellbeing, welfare and health section where, hopefully, our members will get on there and start discussing some of these issues or seeking assistance and we can advertise our resources.

Mr A.P. JACOB: Is that all sorted from a policy end with WA Police?

Mr Shortland: It is solely a union initiative.

Mr A.P. JACOB: I just meant if the policy was on. It is a police department policy on using social media and then it is a police union forum, but that would still —

Mr Shortland: It is not social media as such because it is a closed forum that other people cannot access.

The CHAIRMAN: The employee assistance program, how effective is it or is it effective at all?

Mr Tilbury: I have actually used it. Generally, you can have six sessions per financial year. I have found because of the confidentiality and the independence of the service, it was actually very good. So I do rate it and speak highly of it. I think it is something that should continue and, like we pointed out in our submission, be expanded.

The CHAIRMAN: Is that PPS that delivers the police service?

Mr Tilbury: Yes.

Ms M.M. QUIRK: The other issue with post-traumatic stress is that six sessions is probably not enough, so there is probably some consideration about whether there is a possibility of extending the number of sessions without it necessarily feeding back to the people as to why you are doing it.

Mr Barratt: And those views were expressed by some respondents in terms of having reached the limit. It was very helpful, but then as soon as your six sessions expired that made things worse because you felt like you were getting somewhere, then it was withdrawn.

The CHAIRMAN: Can I just ask again about the recording of attendance at critical incidents? You said, I think, from about 2005 that that is now being recorded. At what point —

Mr Tilbury: That is electronically.

The CHAIRMAN: At what point should somebody step in and say, “George, you’ve done 10 of these in the last two years”, or “You’ve done two of these in the last two weeks”? How do you determine when you actually step in and remove the person from that duty for a period of time, or is it up to the officer to nominate and say, “I need a break”?

Mr Tilbury: I think it goes both ways, but obviously that is where it is important to have experts in the field who can make that call because if they actually speak to the officer and in their expert opinion come to that determination that they are not fit for duty for whatever reason or need time out, I think that has to be made when discussing it with the officer. But this is why I think it is important with all sorts of trauma and, in particular, deaths, which is why I highlighted my situation there. I think there should be attendance or some active involvement at all death-related incidents.

The CHAIRMAN: Can I ask: where does the chaplain come in on that?

Mr Tilbury: That is usually major, major incidents, so multiple fatalities. The officers at the scene would normally have to make the call or request him to attend. So, generally incidents like that, or all incidents involving serious injuries or death to police officers.

Ms M.M. QUIRK: The profile of post-traumatic stress usually takes a long time to build up. Six months is usually the time when stuff starts to go wrong and then you might just have some minor incident that will trigger. Are any of you aware of any cases where one of your colleagues has completely reacted disproportionately and then not been treated appropriately and it turns out he or she did have some history of stress or whatever? Do you see what I mean?

Mr Tilbury: I can just talk generally from my experience. I have had officers where that has happened and there has been underlying issues. By me actually referring them to health and welfare and them getting the professional assistance they have required has actually resolved those problems.

Ms M.M. QUIRK: Yes, so that is an appropriate response. None of you witnessed an inappropriate response to someone like that in an incident like that.

Sgt Groves: Sadly, we are all very good at masking things, aren’t we?

Mr Barratt: I think in terms of that there were a few respondents who reported PTSD or something similar. I think that is where the recommendation about the better information for integration of health and welfare supervisors comes in to being, because the way they supervise what roles,

especially if PTSD is identified, that actually can make things better or worse depending on how, first, aware a supervisor is and, second, how aware they are of the particular case and how to manage that. It was interesting because none of the people who reported PTSD saw that as a fault of the supervisor; they saw that the supervisor did not have sufficient information to deal with the case properly. So it was not the person, it was what the person knew or how to react to that.

Mr A.P. JACOB: I have just one very quickly. Again, thank you for pre-empting so much of what the committee was looking into. You also mentioned a couple of other engagements with other models of support there. One that I picked up was the Hollywood hospital PTSD support service, which is a very good suggestion. If you think of any others, even later, please do let us know.

Mr Barratt: I did speak to someone from the firefighters' union in part of this project and they mentioned—I do not know the name, I will have to get back to you, but someone who has a station up north somewhere who —

Mr A.P. JACOB: We had contact about that, yes.

Mr Shortland: Just from my own perspective, a couple of resources I can see scope to sort of harness is the road trauma trust fund, perhaps, and the Men's Advisory Network and maybe liaising with the Returned Services League to see what they have available.

Ms M.M. QUIRK: There is a road trauma counselling service just being set up and the money is coming out of the road trauma trust fund for that. That is going to be available to first responders as well as passengers or whatever.

The CHAIRMAN: Gentlemen, I think we are just about done with our questions. Before we close, is there anything any of you would like to add that we might not have covered that you think we should have?

Mr Shortland: I would like to just say one thing. Sudden deaths they are quite an obvious trigger for trauma. The other things that personally I have experienced is child abuse, child neglect and images of violence, when you are searching through someone's computer or home. They scarred me quite deeply. I have got kids of my own. I have always said I would never go to the child abuse unit, yet when I worked at Claremont detectives I had to interview ANCOR offenders and search their houses and collect evidence for child abuse. It should not be forgotten that those types of psychological trauma are quite significant.

The CHAIRMAN: I think the committee is very aware of the issues around children. I think for all the agencies we have spoken to that is the most significant trauma, when you actually show up to where there are children involved, whether that is abuse or a death or whatever. So it has been made very aware to us. Likewise, with Dongara, I think, last year, the police officers we were told that they were looked after fairly well; that counselling services were there. But, again, that was a front page story.

Gentlemen, can I thank you all very much for the effort you have put in. I think you are the only organisation that has actually gone and surveyed a large number of their members and come back with very well-informed submissions, so thank you very much for that effort. Thank you for what you do, not only for the police officers, but for our community.

I thank you for your evidence before the committee this morning. A transcript of the hearing will be forwarded to you for correction of minor errors. Could you please make these corrections and return the transcript within 10 working days of the date of the covering letter. If the transcript is not returned within this period, we will deem it to be correct. New material cannot be introduced via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence.

Again, thanks very much. Hopefully when we hand down our report with the recommendations, it will satisfy many of those issues that have been brought up with all the different organisations, so thanks very much.

Hearing concluded at 11.46 am