Violence against social care and support staff: Evidence review

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This work was researched and compiled by the Institute of Public Care

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Executive Summary

Introduction

This review aimed to gather evidence on the prevalence of violence against social care and support staff; and investigate what support exists to tackle violence against social care and support staff, including policies, procedures, good practice, assessment tools and training to support care workers in dealing with violence.

Methodology

Having formulated the questions to be addressed by the review and developed a conceptual framework, inclusions and exclusion criteria were agreed. Articles published since 2000 or later, relevant to the review questions were included. Studies were excluded if they were not relevant, for example: health focused; concerned with children rather than adults.

A wide range of databases, websites and grey literature were searched and screened, using search terms related to violence and the social care workforce. After screening of abstracts and full texts, 24 full texts were included in the synthesis for the review.

Results

Overall, there has been limited research since the work around the National Task Force on Violence Against Social Care Staff in 2000. A range of different definitions both subjective and objective affect quantification and measurement. A number of broad themes were identified:

Trends and prevalence of violence

- There is a wide use of varying definitions and indicators of violence posing challenges to analysis.
- There are a wide range of reported rates of violence and abuse against social care and support staff.
- There is some evidence that violence against social care and support staff has been declining since 2007/8.

Risk factors

- Care workers are at a relatively high risk of assault than other occupational groups.
- Setting, age, gender and specific population group are all risk factors: young, male staff in residential settings are particularly at risk of violence.

- Little is known about the role of ethnicity and race as a risk factor.

Tackling violence

- Legislation, guidance and local policies provide frameworks for support, however, there appears to be considerable local variation in practice.
- There is no national register of violent incidents against social care and support staff.
- Incidents of violence are known to be under reported by staff and employers.
- There is little recent evidence on current practices in relation to training, reporting and monitoring of violence against social care and support staff, but they appear to vary widely.
- Staff value support from their managers following an incident of violence or abuse.
- Effective supervision and organisational culture play appear to play important parts in preventing and tackling violence against social care and support staff.
- There has been little evaluation to identify the most effective methods to prevent or tackle violence against social care and support staff.
- The effects of violence or threat to the individual and the organisation can be negative and long lasting.
- The effects of violence on staff vary but feelings of fear and stress are widely reported.
- Being optimistic and over cautious to risk may be damaging to practice and personal safety.

Conclusion

Most social care and support staff will encounter violence or threat in their work at some point, but the evidence review identified a limited range of either quantitative or qualitative evidence on violence against social care and support staff. A number of gaps in the evidence base were found, including little research on prevalence or evaluation of the relationship between training and violence against staff. The next stage of the study will gather evidence on local policies and practice which will contribute to a deeper understanding of this important issue.

1. Introduction

This paper presents the results of an evidence review of studies of violence against social care and support staff commissioned by Skills for Care. This review aimed to gather evidence on the prevalence of violence against social care and support staff; and investigate what support exists to tackle violence against social care and support staff, including policies, procedures, good practice, assessment tools and training to support care workers in dealing with violence. It will also enable Skills for Care to identify where there are gaps in materials and the evidence base. This review will be followed by fieldwork with employers to explore the use of resources and how to improve the response to violence against social care and support staff.

The key questions that the evidence review seeks to address with reference to violence against social care and support workers are:

- What are the trends, current prevalence of, and risk factors in violence against social care and support staff?
- What support is there for tackling violence against social care and support staff, including current policies, guidance and procedures on violence against social care and support staff?

2. Definition

For the purpose of this review, the definition of violence is taken from the Health and Safety Executive cited in the NHS Direct's Violence in the workplace policy (NHS Direct, 2011) but substituting social care for health care:

"Any incident in which a person working in the [social] care sector is verbally abused, threatened or assaulted by a [service user], member of the public or a member of staff arising out of the course of their work''

Security Management Systems definition is also used by NHS Direct as:

- Physical Assault - *"The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort''*
- Non Physical Assault - *"The use of inappropriate words or behaviour causing distress and/or constituting harassment''*

"This includes intimidating abuse, serious or persistent harassment, including racial or sexual harassment, victimisation, or bullying and/or threats with or without weapon''.

3. Methodology

3.1 Search strategy

Searches were undertaken of the following databases:

- Web of Knowledge
- Cinahl
- Social Care Online
- Campbell Collaboration
- Social Services Abstracts
- Applied Social Sciences Index and Abstracts on the Web (ASSIA).

These were supplemented by searches of the following web-sites:

- Department of Health
- Skills for Care Research Knowledge Base
- SCIE
- National Taskforce on Violence Against Social Care Staff (NTVASCS)
- Health and Safety Executive
- Unison.

3.2 Selection criteria

To be considered for inclusion, studies had to be:

- in English
- published or carried out from 2000 onwards in the UK
- referring to the adult social care workforce, although children's services were included if there were lessons to be learnt from this sector for adult social care.
- addressing one or more of the key questions in section 1
- providing quantitative or qualitative data relevant to the outcomes mentioned above, or is a systematic review (or meta-analysis) of the relevant literature.

Studies from developing countries were excluded.

3.3 Keywords

A variety of search terms were used, appropriate to the different databases that were searched. The sections below present the search terms used for the Web of Knowledge (the largest database in the review) and the number of articles generated. There was

some overlap between the different searches within each of the topic areas. Most of the initial searches produced articles which were primarily concerned with violence and abuse experienced by the individuals in need of care and support, rather than by the workforce.

In other databases, where fewer studies were located, the search was widened by using less restrictive terms in order to generate a good range of studies.

Search words	Number of results
“social care” and work* adult	57
“care worker” staff* adult	50
“social worker" violence* adult	6
"social worker” abuse	17
“social worker” assault*	6
“care worker” abuse	20
“care worker” assault	5
“care worker” violence*	46

The initial searches using the above search words resulted in over 400 abstracts. Screening of articles referring only to the UK and duplicate papers, along with those outside the inclusion criteria, for example those concerned with health and police services, reduced this number considerably.

3.4 Extent

The initial search of databases using the search words set out in the scope of evidence paper resulted in 208 separate documents. In some cases, more than one paper mentioned the same study. After screening of abstracts, this number was reduced to 32 separate papers. The screening of the full texts reduced the number of documents for synthesis to 24 papers which included research papers and research reviews.

In terms of the exclusions:

- There are a large number of papers which look at children and parents and the reaction of social care and support staff to threat or violence in this context.
- There is guidance and research on areas within health, in particular community services and emergency units.
- There is research and evidence from outside the UK, in particular Australia and America, with also some from Europe.

3.5 Quality assessment

For those abstracts meeting the basic screening requirements, we assessed the full text in terms of overall quality, key findings and key recommendations. For all research, we used a similar approach to grading material as recommended in Think Research (Cabinet Office Social Exclusion Task Force, 2008) where: 1 = personal testimony or practice experience, 2 = client opinion study or single case design, 3 = quasi-experimental study or cross-sectional study or cohort study, 4 = randomised controlled trial, and 5 = systematic review or meta-analysis.

In terms of qualitative research, four key principles proposed by Spencer et al (2003) were adopted:

- Contributory – advancing wider knowledge or understanding
- Defensible in design – an appropriate research strategy for the question posed
- Rigorous in conduct – systematic and transparent data collection and analysis
- Credible in claim – well-founded and plausible arguments about the significance of the evidence generated

Qualitative research was rated in terms of these four principles with a maximum of four points where all four principles were satisfied.

3.6 Nature of evidence

Overall, the amount and the quality of the evidence on violence towards social care and support staff is patchy. There have been few high quality studies since the National Taskforce in 2000, and few have developed following the recommendations made by the National Taskforce to further explore the issues raised.

Much of the survey data lacks methodological detail, or combines health and social care and support staff. Varying definitions of violence are also used which means that comparison across studies requires caution.

The requirements of the review were for UK studies only. Studies from the US, Eire, Australia and Norway, were identified in the initial search, and were excluded and discarded at the screening stage. As policy, workforce and context differ, these studies were considered to be of limited, and potentially misleading, value to this review. Policy papers from health, which recommend good practice approaches were not included, but any learning from these will be addressed in another strand of work which will follow on from this paper (eg NHS Direct: Violence in the Workplace Policy (2012), Oxfordshire PCT: Management of Violence and Aggression Policy (2011)). Reports and enquiries,

such as Laming (2003) and Munro (2011) have briefly been referred to, as the issues and recommendations are potentially relevant to adult social care and support staff. However, other studies from children's services have not been included.

3.7 Limitations of the review

The focus of the review was social care. It is possible that relevant research from health and children's services may not have been identified. The terms 'social care staff', 'social workers', 'social service staff' and 'social care support staff' appeared in papers identified in the keyword search. Although some papers are clear about which groups they are discussing, there are overlaps in terminology used. This presented challenges to comparing prevalence and trends. The review was undertaken over a short time scale. It is possible that further time would have allowed the identification of additional relevant evidence, and more detailed examination and presentation of studies.

4. Synthesis of Evidence

The overall theme of violence to social care and support staff is addressed within the papers found, however evidence does not necessarily fall into discrete themes. The evidence has been organised under the following broad themes to reflect those areas most relevant to the review. In particular, trends and prevalence of violence, risk factors tackling violence, legislation and guidance, reporting of incidents, support for tacking violence against social care and support staff, effects on of violence and threat.

4.1 Trends and prevalence of violence against social care and support staff

Key points

- There is a wide use of varying definitions and indicators of violence posing challenges to analysis.
- There are a wide range of reported rates of violence and abuse against social care and support staff.
- There is some evidence that violence against social care and support staff has been declining since 2007/8.

Any discussion of the prevalence of violence against social care and support staff requires a caveat. Due to the wide use of varying definitions and indicators of violence, as well as the categorisation of staff and work areas, the prevalence figures for incidents of violence are complex and difficult to analyse. Denney and Stanko (2000) observe that definitions of violence used by various studies of workplace violence are not standard: what constitutes threat or violence to one person, may be construed differently by another, and responses to threat and intimidation vary widely.

4.1.1 Violence in the workplace

According to the Fourth European Working Conditions Survey (EWCS), 6% of European Union workers report that they have been exposed to threats of physical violence, either from fellow workers (2%) or from others (4%) (EU-OSHA, 2010). The survey indicates that the risk of third-party violence is substantially higher in some occupational sectors, such as healthcare and social work.

According to results from the British Crime Survey cited in the EWCS, in 2006/07 there were an estimated 684,000 incidents of violence at work in England and Wales, of which 288,000 were assaults and 397,000 were threats. More recently, an analysis of the British Crime Survey by Cookson and Buckley (2012) for the Health and Safety Executive found that in England and Wales there were an estimated 677,000 incidents of violence at work in 2009/10, and 654,000 incidents in 2010/11, comprising 341,000 assaults and 313,000 threats. These data indicate a steady reduction in reported violence at work since 2006/7.

4.1.2 Violence against social care and support staff

The studies conducted for the NTVASCS provide the earliest evidence of the prevalence of violence against social care and support staff in this review. Brockman and McLean's (2000) review of the National Institute for Social Work (NISW) studies which covered 1,031 social services managers, field, residential and home care workers in England, Scotland and Northern Ireland found that over 60% of social services staff had experienced an actual or attempted attack at least once in their careers; and 37% had been physically attacked in their current job.

Emerson and Hatton (2000) suggest from their review of the prevalence of violent incidents against care workers supporting people with learning disabilities or mental health needs that "*violence or the threat of violence is likely to be a fairly common occurrence…*'' with 70% of social care and support staff in England experiencing a violent incident, 64% insulted or shouted at, 40% threatened with violence and 38% physically attacked in the last 12 months, based on Pahl's 1999 study.

More recently, Community Care magazine has conducted surveys of violence against social care and support staff. A survey of 114 social care and support staff by Community Care (McGregor, 2010) found 90% of social workers had experienced abuse, assaults and threats. One third had been physically assaulted, and 90% had been verbally abused while on duty. In the past year, 80% of practitioners had experienced more than one '*abusive incident*'. There is no information about how the sample was drawn and the survey covers staff working in both adult and children's services.

A second report by Community Care using Freedom of Information requests (2010) found that across 101 councils overall the volume of incidents against social care and support staff appears to be declining, from 16,058 in 2007-8 to 15,601 in 2008-9 and 13,357 in 2009-10. This will also cover staff working in adults and children's services. Yet the article notes that previous Health and Safety Executive statistics showed that major injuries caused by physical assaults against social care and support staff were on the rise - from 7.4 per 100,000 employees in 2001-2 to 9.7 in 2007-8.

Unison have also published data recently on violence against social care and support staff. A Unison survey of support workers and assistants in social work services in 2011 found 75% of their respondents had been verbally attacked 44% had been threatened at least once, 16% physically attacked and 3% cyber-attacked *in their current job* (Unison, 2011a). The number of respondents is not stated in the published report however.

A Unison leaflet cites: a 2008 UNISON survey of members in local government which found that 65% of social workers had encountered verbal abuse, 31% bullying, 26% physical threat, and 9% violence in the last two years; a 2007 report by the Local Government Association estimated that there are at least 50,000 assaults on social care and support staff each year. Unison found a huge variation in the types of incidents being recorded, how they are recorded, and attitudes to recording.

A survey by Unison Scotland in October 2012 sent questionnaires to all local authorities about violent assaults on public service staff. Responses from 27 local authorities were compared to a previous survey in 2006 (Unison, 2012). The survey found that care workers faced twice the national average risk of assault. The authors note that social care continued to have high figures, especially in residential and home care settings. Over all public service areas, nine councils reported a decreased number of violent incidents from previously, while seventeen councils reported an increase.

A number of academic studies in 2011 provide data on rates of violence against social care and support staff. Harris and Leather (2011) detail the results of a survey of 363 social care and support staff working in a UK Shire County Department, and 20 interviews with a stratified sample of staff known to be regularly at risk of violence. The results showed 93% of the sample had experienced verbal abuse at some point in their employment, while 71% had been threatened or intimidated and 56% physically assaulted in some way. Verbal abuse occurred weekly, or more frequently, for 27% of the sample, while 29% reported threatening or intimidating behaviour to occur at least monthly, if not more often. Twenty-one per cent reported physical assault to occur once or more within a monthly period. On average, staff experienced verbal abuse once or more a month. Close to one in three (29%) had been sexually abused/harassed by a individual using care and support services at some point, and 54% of the non-white groups had been racially abused.

A comparative qualitative study of best practice voluntary sector care agencies in Scotland and Canada by Baines and Cunningham (2011) found that half of front-line care staff interviewed in Scotland had experienced some form of physical assault in the last year. Front-line managers also reported regular verbal abuse and assault from

people using care and support services. Similar trends were found in the Canadian comparison group.

The table below summarises key data from 2000 in the studies covered by the review. These appear to indicate an increase in violence against social care and support staff. However, the most recent British Crime Survey data, mentioned earlier, indicate that violent incidents are reducing in line with a national trend across all occupations.

Table 1: Summary of prevalence data

Author & Year	Prevalence	Sample details
Brockman and McLean, 2000	37% physically attacked in current job.	1,031 social services managers, field, residential & home care workers in England, Scotland & N.Ireland
Emerson and Hatton, 2000	70% experienced a violent 64% insulted or shouted at 40% threatened with violence 38% physically attacked in past year.	Social care and support staff in England (LD & MH). Sample size not stated.
McGregor, Community Care, 2010	90% experienced abuse, assaults and threats One-third physically assaulted 90% verbally abused while on duty. 80% experienced more than one '*abusive incident*' in past year.	114 social workers (Children and adult services)

Author & Year	Prevalence	Sample details
Unison, 2011a	75% verbally attacked, 44% threatened at least once, 16% physically attacked 3% cyber-attacked (in current job)	Support workers and assistants in social work services. Sample size not stated.
Harris and Leather, 2011	93% verbally abused at some point in their employment, 71% threatened or intimidated 56% physically assaulted.	363 social care and support staff in a UK Shire County Department

References in some of the papers and reports to British Crime Survey data and Health and Safety Executive incident reports indicate scope for further research to investigate trends over time. A new area of potential harassment which has emerged since 2000 is that of cyber-harassment. Unison's 2011 study appears to be the only work which has looked at this to date.

4.2 Risk factors

Key Points

- Care workers are at a relatively high risk of assault than other occupational groups.
- Setting, age, gender and type of individuals using care and support services are all risk factors: young, male staff in residential settings are particularly at risk of violence.
- Little is known about the role of ethnicity and race as a risk factor.

Cookson and Buckley's analysis of the British Crime Survey (2010/2011) found that health and social welfare associate professionals have a relatively high risk of assault or threat at work (assault 1.8%, threats 2.0%, overall risk 3.5%) compared with other types of work.

In discussing a number of high profile cases involving child protection where fear of violent adult family members led to safeguarding failures, Harris and Leather (2011) conclude: '*the threat or reality of service user violence of one form or another is an ever-present danger in the work experience of many social care staff*'. However, some staff are more at risk than others.

A ‘broad brush’ qualitative study carried out by Research Perspectives (2000) for the National Task Force Violence against Social Care Staff found that incidents varied widely amongst areas of care. The study involving five focus groups and three depth interviews in England, found that the incidence of violence and threat varied greatly, as did the types of individuals being cared for, or area of care the workers were employed in. The study concluded that: ‘*Violence and verbal abuse of those involved in social care is considered a serious problem by those who encounter it directly or indirectly. It cuts across client groups, types of worker, gender, race and sector. It does appear to affect morale*.’

Brockman and McLean (2000) found variations in the prevalence of violence in terms of setting, specific needs of people using care and support services, staff age and gender. For example, 67% of residential workers had been attacked in their current job, compared to 23% of field workers, and 15% of home care staff. Staff working with children and adults were more at risk of attack than those working with adults. Physical attacks were greater on staff aged under 40. Nearly half of male staff (49%) had been physically attacked in their current job, compared with 29% of women; while 84% of men had been verbally abused, compared with 71% of women in their current job.

More recent studies indicate continuing and similar variations in the levels of violence across social care. Harris and Leather’s (2011) robust study of levels and consequences of exposure to violence from people using care and support services shows that levels of violence differ across areas of social care work. Residential workers, for example, were exposed to the highest levels of all types of violence, with day-care staff the second most ‘at risk’ group, and home care workers the least at risk. On average, residential workers experienced verbal abuse several times a month, while threats/intimidation and physical violence occurred around once a month. In contrast, in home care verbal abuse might only be experienced once every few months, with threatening behaviour and actual assaults happening very infrequently, if at all.

A study by Daynes et al (2011) used a survey method and in depth interviews with NHS staff working in six community intellectual disability teams in the South East of England. They found 35% of the 105 staff had experienced some form of verbal or physical aggression at work within the previous six months.

Another significant variable in the perpetration of violence against social care and support staff is race and ethnicity. Brockman and Butt (2001) using data from the earlier NISW studies found that 45% of black and minority ethnic social care and support staff reported incidents of racism by individuals using services and relatives, mainly in the form of verbal abuse. However, research evidence in this area appears to be very limited.

The features and tasks of work within social care present a higher level of risk to violence and harassment than many other occupations. Sometimes shared with other professions, such as education or nursing, the high risk factors include (European Agency for Health and Social Care, 2010):

- dealing with the public
- providing care and advice
- working in a social function
- working with people with a mental illness
- working with substance and alcohol misuse related issues
- working alone
- working in community areas of high crime rates

In addition the research evidence indicates that people who are young, male, work in a residential setting appear to be particularly at risk of violence. The table below summarises the risk factors.

Table 2: Summary of evidence on risk factors

Author & Year	Risk factors	Sample details
Brockman and McLean, 2000	Staff under 40 years old 49% male staff experienced physical attacks Staff working with children and adults	1,031 social services managers, field, residential & home care workers in England, Scotland & N.Ireland
Harris and Leather, 2011	Residential care workers had higher risk, followed by day care staff.	363 social care and support staff in a UK Shire County Department
Cookson and Buckley (2010/11)	Health and social welfare staff have a relatively high risk of assault or threat - 3.5%	British Crime Survey
Daynes (2011)	35% of sample had experienced some form of verbal or physical aggression at work within the previous six months.	105 NHS staff working in six community intellectual disability teams in the South East of England
European Agency for Health and Social Care, (2010)	Risk factors shared with other areas, such as health and education:	Identified from the European risk data

Author & Year	Risk factors	Sample details
	- dealing with the public - providing care and advice - working in a social function - working with people with a mental illness - working with substance and alcohol misuse related issues - working alone - working in community areas of high crime rates	

4.3 Tackling violence

4.3.1 Legislation and guidance

Key points

- Legislation, guidance and local policies provide frameworks for support, however, there appears to be considerable local variation in practice.
- There is no national register of violent incidents against social care and support staff.

Legislation has developed, along with growing concerns about violence in the workplace, placing responsibilities on employers to record and report incidents:

- 1974 Health and Safety at Work Act places a legal responsibility on employers to be responsible for health, welfare and safety of their employees.
- Safety Representatives and Safety Committees Regulations 1977 (a) and The Health and Safety (Consultation with Employees) Regulations 1996 require employers to inform and consult with employees on matters relating to their health and safety.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires employers to notify their enforcing authorities of events of accidents where death, major injury or inability to carry out normal work schedules for three or more days has occurred.
- Management of Health and Safety at Work Regulations 1999 states a requirement for risk assessment to employees at work which includes effective

planning, monitoring and reviewing the risks (Code of Practice and Guidance, 2000).

- Corporate Manslaughter and Corporate Homicide Act 2007 allowing prosecution of companies and organisations where serious mismanagement results in a gross breach of a duty of care.

Through the development of the NTVASCS the requirement to maintain full and accurate data on authorities was established, however, there is local variation in terms of defining incidents, classification of data collected and reporting mechanisms. There is, however, no national register of violent incidents involving social care and support staff.

Guidance is available for employers and staff and includes the National Taskforce Action Plan (2000), which established principles designed to promote the recommendations for training, good practice guides and strategies to reduce violence. The Guidance states that violence against social care and support staff is unacceptable, and employers carry a legal and moral duty on behalf of the community as a whole to do everything reasonably possible (within the constraints imposed by the duty of care to the population being cared for and resources) to keep social care and support staff from harm. In particular:

- people using services have responsibilities as well as rights, and one of these is not to abuse social care and support staff
- both risk and harm arising from violence can be significantly reduced by staff and employers working effectively together, drawing on the evidence and good practice, and with the support of government
- good staff care as far as the risk of violence is concerned is rooted in a sound human resource and workforce development strategy
- effective risk assessment is vital and must be located in robust and universal frameworks of care and case management. Well-planned care and intervention protects both the individual using services and worker
- this concerns all social care and support staff in every employment sector (public, private, voluntary), in organisations of all sizes (from social service departments and large agencies to small businesses and community - based groups), and in every role and setting where there might be an impact (residential and day care, fieldwork, home care, management, reception and clerical support).

The NTVASCS developed a self-audit tool '*for employers to make a quick judgment about whether their organisation's framework for management and practice minimises*

the potential for workers to be subject to violence and abuse, and enables a supportive response if incidents occur' (2001).

Other supporting guidance includes:

- The National Occupational Standards for Social Work (Topss UK Partnership, 2002) and the National Occupational Standards for Health and Social Care (Skills for Care, 2012) have codes relating to both employers and employees to guide, manage and direct approaches to threat or violence at work.
- The European Union Social Dialogue supported by HSE, the Department for Business Innovation and skills (BIS) the Advisory, Conciliations and Arbitration (ACAS) have published Guidance (Preventing workplace harassment and violence) to support implementation of the European level Framework. This is not specific to social care.
- Skills for Care 'Work Smart, Work Safe' guidance for staff and volunteers provides advice for risk assessing, planning and reducing risk and what to do after the incident.
- The Ministry of Justice, supported by the Department of Health have published a practitioners' guide for 'Working with personality disordered offenders' (2011) offering advice for managing extremely challenging people. This in-depth guidance is aimed at staff working with extreme offenders; however, it offers a good insight into methods and management principles. It is aimed more to inform and guide treatment pathways for individuals, but does contain a section for staff coping with difficult individuals.
- The Mental Welfare Commission for Scotland's 'Rights, risks and limits to freedom' (2006) contains principles and good practice for restraint practices within residential care settings.
- Unison have developed 'The Standards for Employers of Social Workers in England and the Supervision Framework' (2011) published by the Social Work Reform Board.
- Unison have a guide to risk prevention 'Violence at work'.

The National Occupational Standards for Social Work (2002) and the National Occupational Standards for Health and Social Care (2012) have codes relating to both employers and employees to guide, manage and direct approaches to threat or violence at work:

For employers

- *"Responding appropriately to social care and support staff who seek assistance because they do not feel able or adequately prepared to carry out any aspects of their work"*
- *"As a social care employer, you must put into place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice"*

For employees

- *"Using established processes and procedures to challenge and report dangerous, abusive, discriminatory or exploitative behaviour and practice"*
- *"Following practice and procedures designed to keep you and other people safe from violent and abusive behaviour at work"*
- *"Bringing to the attention of your employer or the appropriate authority resource or operational difficulties that might get in the way of the delivery of safe care"*

These place the responsibility for acting on threat and violence with both parties.

Legislation and guidance provide a framework for organisations and employees in regard to the requirements of organisations to support and risk assess the work environment, and for employers to be aware of their statutory responsibilities. Local guidance and policies are expected to be found during the fieldwork stage of this project.

4.3.2 Reporting of incidents

Key points

- Incidents of violence are known to be under reported by staff and employers.
- There is little recent evidence on current practices in relation to training, reporting and monitoring of violence against social care and support staff, but they appear to vary widely.

Under-reporting of violence against social care and support staff is widely recognised. This appears to reflect under-reporting by both staff and by employers. For example, Brockman (2002) noted that the reporting of incidents and the culture of organisations, the acceptance by some of the social care workforce that violence is 'part of the job',

and the response to violence and threat are influenced by how workers view their role. Brockman and McLean (2000) suggest that low reporting figures reflect a lack of managerial attention to abuse against staff following the event.

Denney and Stanko (2000) in their review for the ESRC Research programme recommended that documenting the circumstances of the event is important, as well as recording the quantitative elements. This may allow lessons to be learnt and circumstances of detail, for example, what triggered the event, to be used to establish clear methods of managing and responding. They noted that the Health and Safety Executive audits of intentional injuries at work miss most of what workers define as violence.

The NTAVSCS conducted a Safety at Work Training Survey in 2000 which obtained responses from 97 English Social Services Departments and 230 independent sector providers (65% and 10% response rate). The survey found 94% of Social Services Departments had a violence at work policy which included staff support and monitoring (83.5%). Of the independent sector providers 70% had a policy in place, and of those: 99% had a code of conduct attached, 93% had regular monitoring, and 88% included staff training attached.

Based on responses from 30 English local authorities to a questionnaire to establish the monitoring, training and policies approaches to violence against social care and support staff, Kedward (2000a) found wide variation in the sophistication with which authorities undertook monitoring. Most authorities provided some form of guidelines, offered training and some post-incident help. However, there was little evaluation of the effectiveness of these activities.

A second small survey of around six voluntary organisations by Kedward (2000b) found a wide range of practice – some ‘household names’ had no policy at all. Those which did have a policy were usually not able to give a national picture, since much of the work and responsibility was held at local, regional or project level. Training was provided of variable quality and without monitoring its effectiveness in the field. The staff members responsible for violence were at various levels of seniority but usually, local managers were responsible for feeding views and information up and down the (relatively small) hierarchy.

There has been little follow-up of the extent and quality of reporting of violence, apart from Community Care’s (2010) study of the 101 councils in England. This report found that 89 of the councils had a system in place for recording incidents, although, two-thirds did not have a policy in place for managing risk and violence.

In response to the research for the NTAVSCS, the National Taskforce developed an Action Plan consisting of a Self Audit Tool for employers, a checklist with abbreviated guidelines to minimise risk and support staff. These materials, updated in 2009, and available via the Skills for Care website, now include guidance for the individual. An evaluation of how authorities use and apply these could be useful to further update and review their effectiveness.

Skills for Care also have many best practice examples of policies and procedures and training examples for local authorities (for example, Warwickshire's Risk assessment for lone workers, Birmingham City Council's Care home procedures for dealing with aggression, Derbyshire Personal safety module) which are easily accessible and adaptable for departments and individuals to implement.

The responsibilities of organisations to monitor and record incidents, as well as respond through policy, are documented in the legislation and guidance section. However, as reported in the Community Care study, policy is not always in place and recording is not standardised. The argument for a national reporting system could make the recording of incidents mandatory, and while this would provide some data on trends and prevalence, it would not necessarily provide the adequate and appropriate response to dealing with the issue and how best to support staff through the event and resulting consequences. Littlechild (2005) in a mainly qualitative study of stress arising from violence among child protection workers suggests that: '*in child protection work using the term 'incident' in relation to aggression and violence is often misleading, as it does not capture the ongoing process of causes and effects which can develop over time within the relationships, which then has a bearing on who might be at risk, where, and in what type of situation*'. He continues: '*The research findings demonstrated that these developing violent scenarios are more difficult to identify and deal with openly and effectively than obvious physical incidents or threats*'. Although the results are based on a survey of 48 social workers and first line managers in children and families practice groups in one local authority, the findings appear also relevant to adult services. Of the 21 workers who had experienced violence, 10 stated that they had completed incident report forms.

4.3.3 Support for tackling violence against social care and support staff

Key points

- Staff value support from their managers following an incident of violence or abuse.
- Effective supervision and organisational culture play appear to play important parts in preventing and tackling violence against social care and support staff.
- There has been little evaluation to identify the most effective methods to

prevent or tackle violence against social care and support staff.

There has been little recent research on what support exists for tackling violence against social care and support staff beyond Community Care's surveys. Unison (2011) found that many support workers and assistants reported that their employer treated threats as 'part of the job', and an element of blame was attached to the worker if they were attacked, in particular if this resulted in a complaint made against them.

Social care and support staff, according to qualitative research from 2000, would value support from management following an attack or abusive behaviour from an individual using services (Research Perspectives, 2000). Littlechild (2005) in a qualitative study in one local authority reported that social care and support staff who had been subject to forms of violence and who described good support always related the view that managers should demonstrate concern for the personal, as well as the professional, well-being of the worker. Also mentioned was the need to have time to debrief properly, and to record situations so that this information could be used in risk assessment and risk management in the future, and as part of ongoing case management. A number of workers believed there needed to be more systematic and structured responses to people using services who are aggressive and violent.

As mentioned previously, the NTAVSCS survey (2000) findings also found 92% of Social Services Departments had trained *some* of their current staff within two years in handling violence and abusive behaviour (81%) and risk assessment (70%). The most common forms of training were techniques for specific population groups (88%) and focused skills development courses (70%).

Kedward (2000a) notes that the effectiveness of training is difficult to establish, as evaluation usually occurs immediately after, and the long term effectiveness is not measured. This was echoed in an evaluation by Zarola and Leather (2006) for the HSE of violence and aggression management training for trainers and managers in *health* care settings. They concluded that: training in violence management across health-care organisations was having positive, but limited, short term benefits; training tended to have the greatest degree of impact and value when the knowledge and skill topics emphasised within the overall programme were situated within the broader context of an organisation's performance management in terms of its systems and procedures to prevent and manage violence and aggression.

More recently, Denney (2010) notes that the requirements for professional social work training in the UK do not currently include the management of violence. However, he advises caution in a mandatory approach, which could raise anxiety amongst staff, and the need to update training as an ongoing issue.

While there are resources available (for example, the National Occupational Standards and the training packages and modules, sourced and available from the Skills for Care website), there appears to be no one standard approach, implementation or evaluation of effective methods.

The Munro Report (2011) although focused on children's services has a wider potential application. Munro recommended the use of being one's own devil's advocate during assessment (taking the opposite view of what would be the norm in approach to risk) and bringing another's perspective to the situation. She also addressed the finding of Lord Laming's inquiry (2003), again relating to children's services and also relevant to adults, that supervision is essential to support the practitioner, and fear of perceptions of weakness in expressing fear of violence, should be challenged by organisational cultures.

This is reinforced by Denney (2010): '*Effective supervision of social workers has also been shown to be critical in situations in which violence is present or suspected, and has been highlighted in a number of official enquires, including Lord Laming's (2003) inquiry into the death of Victoria Climbié´*. He argues that any suggestion that the practitioner has in some way failed by bringing the fear of violence to a supervision meeting must be vigorously challenged. The creation of a blame culture will only increase the fear already experienced by social care and support staff who daily intervene in complex crises.

4.3.4 Effects on staff of violence and threat

Key points

- The effects of violence or threat to the individual and the organisation can be negative and long lasting.
- The effects of violence on staff vary but feelings of fear and stress are widely reported.
- Being optimistic and over cautious to risk may be damaging to practice and personal safety.

Lombard (2010) notes that 20% of *all* British workers signed off following work-related assaults were employed in social care in 2009-10, despite only

representing 5% of the country's workforce. The effects of violence or threat to the individual and the organisation can be negative and long lasting. The European Risk Observation Report (2012) which looks at workplace violence and harassment in general, notes the impact of violence and harassment on the individual, their colleagues, their family and the organisation.

Harris and Leather (2011) found that, as exposure to violence increases, job satisfaction diminishes and the reporting of stress symptoms increases. Fear, or feeling vulnerable, is found to be both an important consequence of violence, and a mediator of its association with diminished job satisfaction and elevated stress symptom reporting, as reflected in the comments of one interviewee: '*I'm so scared it's difficult to get on with my work . . . the cumulative effect of being worried all the time about violence, can really tire you out*'.

In direct contrast, Howard et al (2009) found that higher levels of violence were associated with lower levels of fear of violence in a survey of 82 care staff across two settings (one a medium-secure setting with a high incidence of violence, and the other, community setting with a low incidence of violence). The authors suggest this may be because staff with a high fear of violence may choose not to work in a medium-secure setting, or may leave medium-secure settings, which could account for the difference shown.

Emerson and Hatton (2000) in their review of research into the prevalence of violent incidents in care settings for people with learning difficulties report that staff experience feelings of annoyance, despair, sadness and anger, amongst others and display elevated anxiety levels as well as expressing critical comments towards those using services. This finding suggests an impact on both the worker and the individuals receiving care and support.

Littlechild (2005) concluded that threats where the worker experiences the aggression as personalized and directed at them, rather than at the overall agency function create a situation which undermines workers, creates fear and negatively affects them most of all. Denney (2010) in his review article of staff response to the negative and positive approaches to risk acknowledges that this has important and '*complex implications*' for social work practice. Either approach: being over optimistic about risk, and not appreciating dangers; or being over cautious and avoiding taking action due to fear, can be damaging to practice and possibly, to personal safety. He discusses the implications of risk assessment and acknowledges their usefulness, but also recommends further measures of safety.

5. Gaps in the evidence base

From the research and papers reviewed, a number of gaps in the evidence base were identified, in particular:

- There are a limited number of rigorous research papers dated after 2000.
- Little recent research exploring prevalence or trends in the UK specific to social care.
- Little research comparing variations across settings, sectors, and specific population groups.
- Little research on cyber-bullying.
- Studies of how staff cope with violence and threat and what are the implications for practice.
- Studies of how staff can be encouraged to report violence against them.
- Research related to gender, black and minority ethnic groups – either staff or individuals in need of care and support.
- Lack of evidence on the effectiveness of staff training and its relationship to violence.
- Few studies of the direct effects of violence on social care and support staff.

6. Conclusion

In reviewing the evidence on violence against social care and support staff, it is evident that the term ‘violence’ is difficult to quantify and measure. The evidence suggests that the term has different meanings for staff, and thereby affects whether, and how, an incident of threat or violence is measured, recorded and monitored. This has important implications for future research, and also any future recommendations for monitoring.

The evidence review indicates that most social care and support staff will encounter violence or threat in their work at some point. Although it is acknowledged that some work areas are ‘higher’ risk than others, and there are a few studies which explore these variations; in other areas, the evidence is lacking and prevalence data are not easy to come by. There is conflicting evidence on trends in the prevalence of violence against social care and support staff.

The evidence identified in this review has been limited, reflecting a recognised lack of good quality studies, especially since the studies which prompted the development of the NTAVSCS and the initiatives, such as the self audit tool, developed as a result.

It is not clear what local authorities and their adult social care departments currently practice in relation to supporting staff who experience violence. Although there are examples of good practice and evidence that policies are in place, it is not evident that there is a consistent approach to support or training. Part of this review covered training, and highlighted the need for better evidence about the long-term impact of training on staff in terms of effectiveness. There was also a lack of recognition of the effects of incidences of violence on the individual receiving care and support.

In conclusion, this review has identified few high quality UK research studies since 2000. There are a number of gaps in the available evidence and areas where evaluation and review of practice could be useful for the future development and support for social care and support staff.

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