Violence against social care and support staff: Response from online survey

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.
This work was researched and compiled by the Institute of Public Care

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Executive summary

This report presents the results of an online survey of care providers and employers on violence against social care and support staff, commissioned by Skills for Care on behalf of the Department of Health. The survey which aimed to gather information on current practice, the use and usefulness of existing learning and development resources, gaps in existing materials, follows an evidence review of the prevalence of violence against social care and support staff. The overall project is looking at: the trends and current prevalence of violence against social care and support staff, and the support available to tackle violence against social care and support staff; and what current guidance and monitoring procedures are employers using to respond to and record violence against social care and support staff.

The survey obtained 162 responses representing a good cross-section of social care organizations, although skewed towards organizations with 10 or more employees.

Policies and procedures

Most respondents' organisations have policies and procedures in place, but a significant minority – care homes and extra care housing services in particular – appear not to. Risk assessment and reviews are almost universal. However, pro-active approaches were not often mentioned. Views were mixed about the usefulness of policies and procedures on violence and abuse against staff.

Staff support

Some form of organisational support to staff is almost universal. Staff are most frequently supported through supervisions and management debrief, followed by training and counselling. In practice, approaches are varied, but there is a common emphasis on the need to ensure staff *feel* supported, and that training and preventive approaches have a part to play. However, a range of challenges in supporting staff include lack of time, resources and expertise.

Learning and development

National resources listed in the survey are used by between a half and three-quarters of organisations. The National Task Force Self-Audit Tool, Skills for Care's Work Smart, Work Safe leaflet, and Unison's Violence at Work guide were widely recommended where they were used. There appears to be scope to raise awareness about some of the most useful resources. A wide and diverse range of resources are used locally, and there

was no strong steer as to what additional learning and development resources are needed, apart from the importance of training and risk assessment.

Reporting and recording of incidents

In general, reluctance to report abuse against staff was not seen as an issue. However, there was a concern that some staff see violence and abuse as part of the job, and/or fear that reporting it will reflect badly on them. Some forms of abuse did not appear to be regularly recorded by a third or more organisations, and recording is also variable of details which have been identified as risk factors for abuse: age and ethnic origin of staff member.

Physical assault is perceived as the most serious threat to staff, followed by sexual and verbal abuse. Physical assault and verbal abuse are the most widespread reported types of incident. Racist abuse and threats also occurred in more than a quarter of respondents' organisations in the last 12 months.

Monitoring and review

Monitoring and review of reporting of incidents appeared to be widely used by those responding to questions on monitoring. There was wide support for the introduction of a national monitoring system, although some concerns about how it would work in practice. With better monitoring at the national level, it may be possible to understand more fully which groups are most likely to be violent or abuse staff, and which staff are most vulnerable to violence and abuse

1. Introduction

This report presents the results of an online survey of care providers and employers on violence against social care and support staff, commissioned by Skills for Care on behalf of the Department of Health. The survey follows an evidence review of the prevalence of violence against social care and support staff. The overall project is looking at: the trends and current prevalence of violence against social care and support staff, and the support available to tackle violence against social care ands support staff; and what current guidance and monitoring procedures are employers using to respond to and record violence against social care and support staff.

The online survey aimed to:

- Establish the extent to which identified guides, resources and processes are being used
- Gather information on the usefulness of existing materials
- Establish gaps in existing materials

Following the survey, focussed interviews are being carried out with a range of employers to explore these issues in more depth. The interviews will explore, in more detail, the systems and processes used, the barriers and challenges, and views of what more support is required to prevent and manage violence against the social care workforce.

1.1 Methodology

In early February the online survey was promoted through a number of avenues including:

- Skills for Care enews, area-based staff and direct mailing to health and safety leads identified through internal databases
- Promotion of the survey link through a number of key partner agencies
- Additional contacts provided by the Health and Safety Executive

Reminders were issued to maximise response and contact details provided for any respondent requiring clarification or further information about the project.

The survey closed at the beginning of March 2013 with a total of 162 responses. It was conducted using Survey Monkey software. The results of the analysis are presented below.

2. Respondent profile

2.1 Role

The largest group of respondents were service managers (49%), followed by employers (24%), training /workforce leads (15%) and health and safety leads (6%) (see Table 1).

Table 1: Role of respondent

Role	Number	Percent
Managers of service	78	48.8%
Employer	38	23.8%
Training/workforce lead	24	15%
Health and Safety lead	10	6.3%
Other	10	6.3%

N=160

The option of 'other' category included respondents in the following roles:

- Head of human resources
- Development facilitator
- Employee
- Independent reviewing officer
- Researcher
- Union representative

2.2 Sector

The majority of respondents were from the private sector (62%) reflecting the role played by the private sector in the provision of social care. A quarter of respondents (25%) came from the public sector, and 15% from the third sector and other bodies. The third sector and other category included responses from three charity organisations, one partnership between both private and public sector, and one voluntary organisation (see Table 2).

Table 2: Response by sector

Sector	Number	Percent
Private	98	62.4%
Public	40	25.4%
Third Sector/Other	24	15.2%

N=162

2.3 Profile of people using care and support services

Respondents were asked which groups their organisation provided services to and able to tick several boxes reflecting the range of groups served (see Table 3). The main groups receiving services from respondents were older people with dementia (61%), older people with physical disabilities (53%), and adults with learning disabilities (54%). Just over one third of responses (38%) came from people in organisations providing services to adults with mental health problems, excluding learning disability or dementia. The evidence review indicated that people with dementia, learning disabilities or mental health problems are groups from whom staff are more likely to experience violence or abuse.

Although the focus of the project has largely been on staff working with adults, nearly one-fifth of responses were from people in organisations providing services to children and young people (18%), among their activities.

Table 3: Response by group

	Number	Percent
Older people		
Older people with dementia	98	61.3%
Older people with physical disabilities	84	52.5%
Older people with sensory impairment(s)	78	48.8%
Older people with learning disabilities	58	36.3%
Older people with mental health problems, excluding learning disability or dementia	55	34.4%
Older people with autistic spectrum disorder	38	23.8%
Older people who misuse alcohol/drugs	37	23.1%
Older people detained under the Mental Health Act	22	13.8%
Adults		
Adults with learning disabilities	86	53.8%
Adults with physical disabilities	71	44.4%
Adults with sensory impairments	68	42.5%
Adults with mental health problems, excluding learning disability or dementia	60	37.5%
Adults with dementia	56	35.0%
Adults with autistic spectrum disorder	57	35.6%
Adults who misuse alcohol or drugs	36	22.5%
Adults with an eating disorder	27	16.9%
Adults detained under the Mental Health Act	21	13.1%
Others		
Children and young people	29	18.1%
Other, please specify	13	8.1%

N=160

2.4 Response by type of service provided by organisation

Respondents were asked to indicate which type of services their organisation provided (see Table 4). Half of respondents were from organisations providing care home services without nursing services (50%), and just under a third from organisations providing domiciliary care for adults (33%). Many respondents were from organisations providing a range of services (so percentages add up to more than 100). Just over a quarter provided supported living services (27%)

Table 4: Type of service provided by organisation

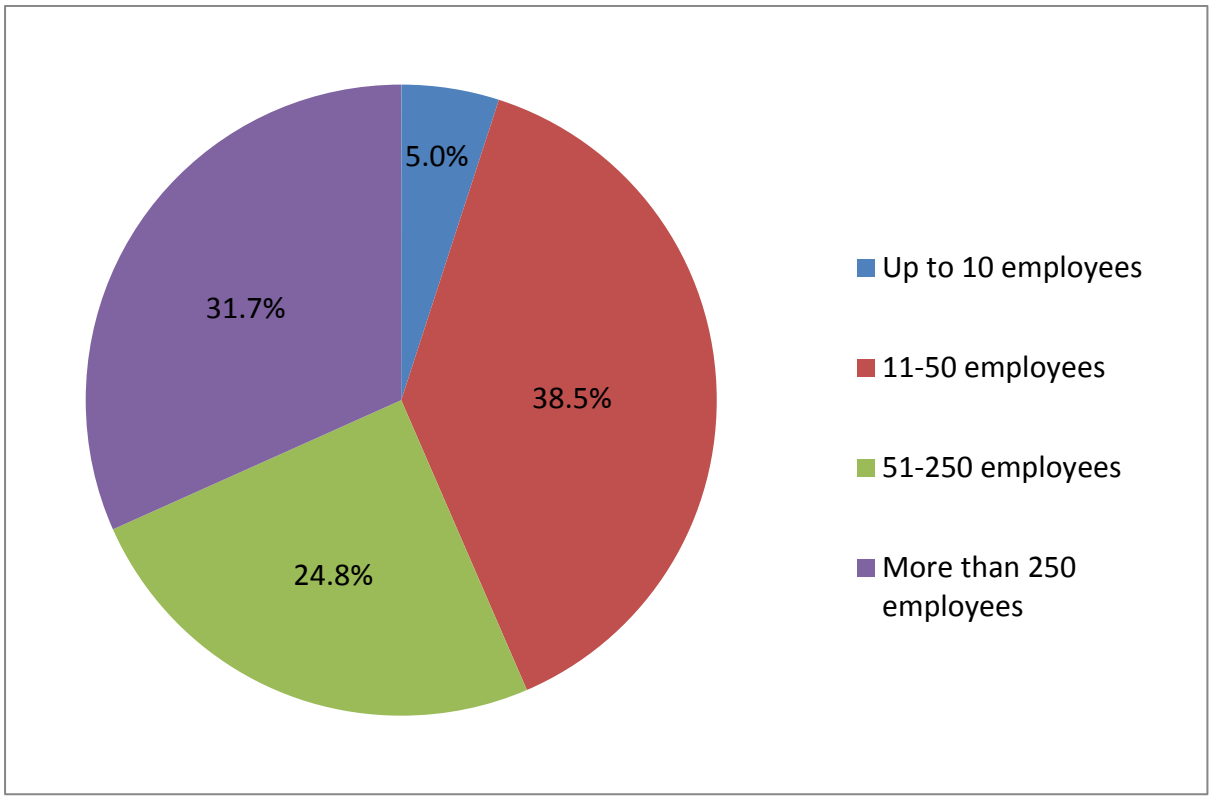
Type of service provided	Number	Percent
Care home services without nursing	78	50.0%
Domiciliary care services (adults)	51	32.7%
Supported living services	42	26.9%
Care home services with nursing	31	19.9%
Adult day care	31	19.9%
Adult community care	28	17.9%
Other adult residential services	17	10.9%
Other adult domiciliary	13	8.3%
Extra care housing services	11	7.1%
All health care services	4	2.6%
Other services	18	11.5%

N=156

2.5 Size of organisation

Chart 1 shows the breakdown of responses in terms of the number of staff within responding organisations indicating a broad range of employers. The largest group of responses came from organisations with 11-50 employees (39%) followed by large organisations with more than 250 employees (32%). However, few small organisations are represented in the responses (5%).

Chart 1: How many staff are employed in your organisation?



N=161

2.6 Summary

The profile of respondents indicates a good spread of responses broadly reflecting the range and distribution of adult social care provision in England in terms of sector, types of individuals using care and support services and type of service. However, more than half of adult social care organisations in England are micro-employers (up to 10 employees)[1], indicating that the response was skewed towards larger organisations.

[1] Skills for Care estimates based on ONS UK Businesses: Size, Activity and Location – 2010, adjusted to exclude children's services

3. Policies and procedures

Most respondents' organisations have policies and procedures in place, but a significant minority – care homes and extra care housing services in particular – appear not to. Risk assessment and reviews are almost universal. However, pro-active approaches were not often mentioned. Views were mixed about the usefulness of policies and procedures on violence and abuse against staff.

3.1 Policies and procedures in place

Respondents were asked if their organisation had policies and/or procedures which staff are required to follow if there is an incident of violence or abuse carried out against them. Nearly three-quarters (73%) indicated that this was the case, however a higher proportion (85%) responded to a follow-on question about whether the policies were specific to social care and support staff or the workforce in general. This indicates that between 15% and 27% of organisations did not have policies and procedures for staff to follow where an incident of violence or abuse was carried out against them.

Looking at the responses in terms of organisation type, although the numbers in some categories were relatively low, domiciliary and community services were most likely to say their organisation had policies and procedures for staff to follow if there was an incident of abuse or violence carried out against them (over 80%), while care homes with and without nursing and extra care housing services were less likely to have policies and procedures (over 70%). There was a clear gradient in terms of organisation size – respondents from larger organisations were more likely to say they had policies and procedures: 63% among those with up to 10 employees compared with 78% of those with over 250 employees.

More than half (55%) said the policies were general to the workforce, and 40% reported that the policies were specific to social care and support staff. Respondents from domiciliary care providers were most likely to say their organisation had policies specific to social care and support staff (45%), compared with around one third from care home and supported living providers, and a smaller proportion of adult day and community care services. This may be because the only staff having face to face contact with people using domiciliary care services are likely to be social care and support staff, unlike other services where policies may need to apply to a wider staff group, for example, catering and cleaning staff in residential care services. In terms of size, respondents from small

and large organisations were less likely to say they had social care workforce specific policies than people from organisations with 11 to 250 staff.
Respondents provided some detail on the kinds of policies and procedures in operation, and the range is reported below in terms of the types of policies that were mentioned:

- risk assessment
- dealing with violence
- bullying and harassment
- violence and aggression at work
- lone worker policy
- safeguarding vulnerable adults
- incident reporting
- physical intervention policy
- health and safety procedures.

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.

> *"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"*

The survey results indicate that although some organisations have a wide range of policies and procedures in place to prevent violence and abuse against staff, not all employers are yet following the national standards.

3.2 Other points

Other responses to the questions about policies and procedures were more specific and made connections with the monitoring and reporting procedures and the training and sharing of information with staff:

> *"Yes - all incidents are reported and recorded. If a resident's [incident] then a record is kept on their individual care plan. All incidents are recorded on an electronic database for reporting/monitoring purposes. In house trainers are*

trained and skilled in cascade training to all staff that could come into contact with residents who could present harm."

"We have the following policies in place - incident reporting mechanisms in place, aggression and violence, professional boundaries, physical intervention. In addition to this all customers are assessed, including a full risk assessment prior to any service or support being delivered to them. All staff are required to attend monthly 1-2-1 formal supervision, but they also have access to informal support/supervision at any time should they need additional support."

From specific care areas, such as Learning Disabilities, there were a few examples of approaches to procedures described, where a proactive approach and awareness of the capacity was an important aspect:

"We use PROACT-SCIPr-UK. This provides both proactive and reactive strategies to support people who challenge, including physical interventions, if required. By using a system which has proactive approaches, the attitude in the company is one that does not use terms such as violence (which creates a negative attitude) especially when supporting individuals who do not have the capacity to understand their actions."

"Apart from accident/incident forms we also have procedures to give assistance to staff and to remove them from immediate danger. Where it is known that service users exhibit challenging behaviour that can become physical, emotional or psychologically harmful to staff we utilise an action plan designed for that service user to promote positive behaviour and in the case of physical danger, an intervention process."

3.3 Risk assessment

Of those responding to a question about whether their organisation had a risk assessment in place (87 responses), 82% had a risk assessment process in place for different groups of people using care and support services, and nearly all (97%) had a risk assessment process in place for individual cases. A similar high percentage (97%) also stated that risk assessments were reviewed following violent incidents.

3.4 Use of policies and procedures

Respondents' views on the usefulness of policies and procedures on violence and abuse were equally balanced. From a limited response (20) to the question of "How useful are these policies in general in supporting staff?", 45% thought they were very useful and 45% quite useful. One in twenty (5%) thought they were not useful.

3.5 Summary

In summary, although most respondents' organisations have policies and procedures in place, a significant minority – care homes and extra care housing services in particular – appear not to. Risk assessment and reviews are almost universal. However, pro-active approaches were not often mentioned. Views were mixed about the usefulness of policies and procedures on violence and abuse against staff.

4. Staff support

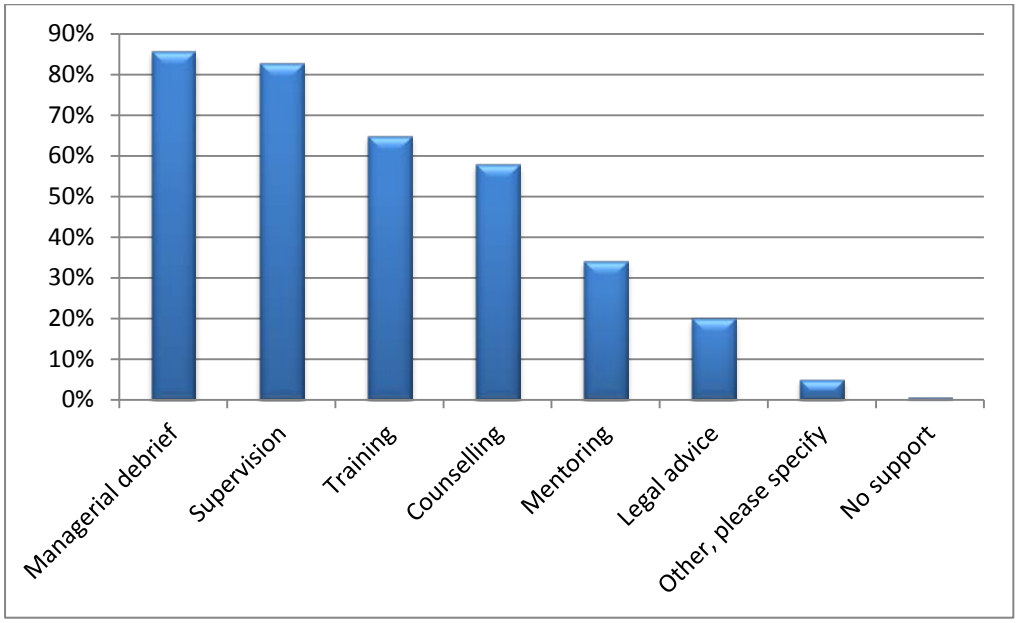
Some form of organisational support to staff is almost universal. Staff are most frequently supported through supervisions and management debrief, followed by training and counselling. In practice, approaches are varied, but there is a common emphasis on the need to ensure staff *feel* supported, and that training and preventive approaches have a part to play. However, a range of challenges in supporting staff include lack of time, resources and expertise.

4.1 Level and type of support

When asked how staff are supported following an assault or abuse against them (see Chart 2), the most common method of support cited was a managerial debrief, (86%) followed by supervision (83%). Less frequently mentioned were training (65%) and counselling (58%). Mentoring (34%) and legal support (20%) were less widely used. Only one respondent reported that there was no support in place. Other types of support mentioned included:

- Employee Assistance Programme
- post incident review
- individual requirements are considered
- colleague support and team support.

Chart 2: How are staff supported following an assault or abuse against them?



N=140

4.2 Use of processes to support staff

In terms of the usefulness of these and other processes to support staff following an incident (n=136); nearly three in five (59%) replied ‘a lot’ and 18% ‘a little’. However, one in five (21%) did not know.

Respondents were invited to explain the reason for their responses, and they provided a range of comments, including prevention:

> *“Enables preventative measures to be put in place. Allows teams to learn and improve work methods. Helps keep staff at work, feeling supported.”*

> *“It provides the opportunity to learn from incident and in reducing the risk of reoccurring.”*

Many highlighted the importance to staff of feeling they were supported:

> *“We feel that it is very important that our staff are aware that they will be supported in the event of any such incidents and that by them knowing that they are supported they are more likely to report any incidents before they escalate into serious violence against staff.”*

> *“It is important to ensure that the staff involved have a full debrief so they know they are supported and whether any further action i.e. training etc is required. It is important to make sure they are ok and they need to know that they do not have to deal with it on their own.”*

> *“It gives the staff re assurance that they are not alone. It enables management and the staff team to implement systems to reduce or eliminate further episodes and put training in place if needed.”*

> *“They make sure that the staff member is adequately supported back to work, and/or regaining confidence, and they ensure that any underlying reasons for assaults are identified and addressed through Risk Assessment, Behaviour Management Plans, protocols etc.”*

> *“Very often staff feel that they are to blame for the attack and can easily lose confidence in their ability to undertake the role. Support removes blame from either party and focuses on the disability or condition that gives rise to the behaviour.”*

"Staff are offered support, counselling if appropriate can be arranged, supervisions are carried out on a very regular basis. Team managers have mobile phones and are on call so there is always someone staff can get hold of to ask for support/advise."

Some described the local arrangements:

"The policies if a little dated still outline the procedures and support available to staff."

"My management style means that all my staff can talk to me anytime so they know the processes following an incident; however I do feel that it would be so much more helpful if I could have some extra support too (either in the form of advice and/or support for my carers) from an experienced person who knows how to deal with people who are aggressive."

"Our in house management arrangements together with our EAP scheme works well."

"We have been supporting people with a range of disabilities for over 5 years, to date we have never had an incident of violence against either a customer or member of staff in all that time. We believe we are a very open and transparent organisation and we have excellent rapport with both our customers and staff".

"We have very little violence, but we listen to staff. If they feel unsafe we suggest they do not work with that person again, staff then to work in pairs, to protect themselves and the resident."

The association with individual context was mentioned by some:

"Much depends on the individual incident and awareness of policies and procedures. we also have an employee support line."

"It depends on service area and Manager's confidence/understanding."

Training had an important part to play:

"It is the training behind the policy that has the most beneficial effect and the support mechanisms."
"Training to understand causes of behavioural changes is often more beneficial and preventative of incidents."

“Staff are fully supported to deal with their feelings and supported educationally to ensure they have the skills and knowledge to deal with these situations should they arise in the future - education would also be provided to help support staff and prevent them from getting into serious situations.”

Other comments highlighted some of the challenges:

“I like to show support by listening to how they feel, but have been a bit stuck as to what more I can do. It has taken me a while to find out where there is more substantial support systems.”

“It is difficult to retain staff when they are only paid £6.50ph and being hit every day.”

“There really is little or no time to give support to staff.”

“I feel that there are too many grey areas: "restraint as a last resort, minimal force, respecting dignity and human rights". When does a support worker gauge that the time has come to use restraint. Most are so reluctant to use restraint in fear of repercussions that they leave it so late that they have been hurt by the time they decide to use it.”

“A lot of staff and managers still see this as an occupational hazard when caring for the frail and elderly. UTI and other complications can cause sudden outbursts and changes to behaviour which were not previously expected or assessed. There are no perceived problems in reporting however because it happens so frequently, many have de-sensitised to these a bit like hearing a car alarm too many times and therefore many people just carry on rather than ask for or take up offers of support.”

While there was a high reporting of support systems in place, the actual approach varied widely from informal approaches to more structured ones linked to policy and procedures. Some had not had to make use of policies and procedures:

“I am not aware of any such incidents in the 5 years I have been in post.”

4.3 Summary

Survey responses indicate that some form of organisational support is almost universal. Staff are most frequently supported through supervisions and management debrief, followed by training and counselling. In practice, approaches are varied, but there appeared to be a common emphasis on the need to ensure staff *feel* supported, and that training and preventive approaches have a part to play. However, a range of challenges in supporting staff include lack of time, resources and expertise.

5. Learning and development

National resources listed in the survey are used by between a half and three-quarters of organisations. The National Task Force Self-Audit Tool, Skills for Care's Work Smart, Work Safe leaflet, and Unison's Violence at Work guide were widely recommended where they were used. There appears to be scope to raise awareness about some of the most useful resources. A wide and diverse range of resources are used locally, and there was no strong steer as to what additional learning and development resources are needed, apart from the importance of training and risk assessment.

5.1 National resources

When considering learning and training resources to support social care and support staff, the survey referred to the resources identified below, as nationally accessible resources for all organisations (see Table 5). Of the responses to this question (99), the most widely used resources were the National Occupational Standards for Health and Social Care (74%) and the Skills for Care: Domiciliary care lone worker safety guide (72%). However, the resources most widely recommended were: the National Taskforce: Self Audit tool (77%) and Skills for Care: Work Smart Work Safe (70%).

Table 5: Guides and learning resources used and recommended

Resource	Have Used	Would Recommend
National Occupational Standards for Health and Social Care	73.9%	56.5%
Skills for Care: Domiciliary care lone worker safety guide	72.1%	58.1%
Skills for Care: Work Smart Work Safe	59.3%	70.4%
National Taskforce: Self Audit Tool	54.5%	77.3%
Unison: Violence at Work	50%	67.6%

N=99

5.2 Other resources

Respondents were asked about other guides or learning resources which their organisation used and would recommend. This generated a wide range of resources from 42 respondents. Many referred to: in house training on a variety of subjects, such as 'Positive Behaviour Management', or 'Managing challenging behaviour', as well as counselling services. Some specific consultancies were mentioned and also types of

training such as breakaway training, accident and incident, autism, dementia, challenging behaviour, whistle-blowing, and lone working.
Those resources specifically referred and mentioned by more than one respondent included:

- Health and Safety Executive
- Suzy Lamplugh Trust
- ProAct SCIPrUK
- MAPA
- Crisis Prevention Institute – Managing aggressive and violent behaviour
- UKHCA
- BILD
- Red Crier Training Manuals
- Team Teach De-escalation and Restraint
- Alzheimer's Society

5.3 Training resources

Asked about any facilitated training courses for staff to help them cope with or manage violence, 66 people responded with details of courses they had used and recommended. There was some overlap with answers to the earlier question. Some responses provided details of the subject, such as: Challenging Behaviour; Understanding dementia; Conflict resolution; Personal safety; Anger management; Dealing with difficult behaviour; Gentle restraint and breakaway; Communication; Physical intervention; De-escalation for lone workers; Respect; Dementia awareness and progression; Lone worker; Safeguarding; Mental Capacity Act; Stress awareness; Risk assessment; and Health and Safety. It seems likely that some of these courses are delivered in-house, others by local authorities, and others using external trainers.

Organisations mentioned more than once as used and recommended sources of training were:

- Alzheimer's Society
- PROACT-SCIPr-uk
- NAPPI
- MAPA
- Crisis Prevention Institute
- Edge Services
- Red Crier
- Studio 3

Although the training and resources appear to be varied and different in how they are accessed, all those mentioned were recommended as useful.

5.4 Additional resources

Respondents were asked what other resources would be helpful in supporting staff to cope of manage with violence from people with care and support needs. Their suggestions covered: training, prevention and risk assessment, additional resources, techniques for de-escalation, support and advice from community mental health services, buddying, and holistic approaches.

Examples of these responses are provided below:

> *"Nothing can prepare for the surprise attack by a service user. Constant training and refreshing in the methods used in our Organisation are essential, following up on incidences and working the proactive not reactive techniques."*

> *"Training on how to identify and avoid potential aggression and Violent Behaviour."*

> *"Currently discussing what training/resources we should be using, ongoing debate for a couple of years. Currently do Personal Safety training based on local policies and Suzy Lamplugh."*

> *"Anything which prevents it in the first place. Good assessment planning risk assessment, training; supervision."*

> *"We think the key issue is to have good risk assessment procedures in place and to highlight appropriate safe working practices applicable to each case to staff - i.e. good communication and management time and back up."*

> *"In-service support around challenging behaviour and positive behaviour approaches; awareness of own behaviour in escalating situations."*

> *"Higher pay rates and injury insurance if people have to go sick due to an incident."*

> *"De-escalation techniques and manager supported risk assessment processes."*

> *"Gaining information and advice from Community Mental Health Teams and In-Reach services."*

“Opportunities to discuss with those that have had experiences similar to themselves.”

“A 'buddy' in the workplace.”

“It has to be part of your whole approach, integrating into your management system throughout, otherwise it doesn't work as effectively.”

5.5 Summary

Respondents indicated that the national resources listed in the survey are used by between a half and three-quarters of organisations. Although the National Task Force Self-Audit Tool, Skills for Care’s Work Smart, Work Safe leaflet, and Unison’s Violence at Work guide were less frequently used than some resources, they were most frequently recommended. There appears to be scope to raise awareness about some of the most useful resources. A wide and diverse range of resources are used locally, and there was no strong steer from responses as to what additional resources are needed apart from the importance of training and risk assessment.

6. Reporting and recording of incidents

In general, reluctance to report abuse against staff was not seen as an issue. However, there was a concern that some staff see violence and abuse as part of the job and/or fear that reporting it will reflect badly on them. Some forms of abuse did not appear to be regularly recorded by a third or more organisations, along with details which have been identified as risk factors for abuse: age and ethnic origin of staff member. Physical assault is perceived as the most serious threat to staff, followed by sexual and verbal abuse. Physical assault and verbal abuse are the most widespread reported types of incident. Racist abuse and threats also occurred in more than a quarter of respondents' organisations in the last 12 months.

6.1 Reporting of incidents

The survey did not define what type of incident might be reported or recorded, and it was up to the respondent to decide what kind of incident might be reported or recorded. Less than one-fifth (17%) of respondents thought that staff were reluctant to report an assault or abuse against them. Of the 24 respondents who thought staff were reluctant, a number of possible factors were suggested:

- Seen as part of the role

  ''I am aware that staff can be complacent as they accept it as part of the job"

  "There are a few carers who seem to think it's part of the job and is peoples' personalities which must be accepted! I always explain to all my staff that no one should accept any forms of abuse and they must always talk to me."

- Fear of the impact on their job

  "Social care staff, particularly those on zero hour contracts, are often reluctant to be seen to 'rock the boat' for fear it will impact on their employment status"

  "Fear of losing their jobs if they report it and cause problems for their employer."

- Reflects on staff ability as a carer

"They may feel embarrassed, especially as it would have been from an older person. Or they may feel that it highlights that they are a "bad carer".

"They think it is all part of the job or they have failed in some way."

"Fear, stigma, thinking they have failed, not always seeing it to full extent."

"Perhaps they feel they shouldn't make a fuss, as the resident usually cannot help hitting out, and it looks like they can't cope?"

- Understand that it is a medical condition which causes the attack

  "In many cases, it is seen as 'the norm' which is entirely incorrect. As the person is 'elderly' and have dementia, there is a degree of acceptance as the Resident may 'not know they are doing it or why'. However, staff should not expect to come to work to be physically or verbally assaulted by Residents."

- Too much process driven form filling as a consequence

  "Amount of paperwork involved, staff feel nothing changes even if they do report issues especially in the case of minor incidents"

There was a clear acceptance among a number of respondents that a degree of abuse was "part of the job" associated with working with particular groups, and therefore staff did not want to report it. However, this and other factors cited do not mean that there is not more that organisations and individual staff could do to support staff after an incident.

6.2 Recording of incidents

Once an incident is reported, the next step is to record it. Survey participants were asked about what types of incident against staff were recorded in their organisation (see Table 6). Those most likely to be *always recorded* were physical and sexual assaults (67% and 63%), followed by assaults against staff property (56%) and threats (56%). Racist abuse was less likely to be always recorded (53%) and internet abuse least likely to be always recorded (37%). However, it seems likely that some respondents answered this question in terms of whether or not these kinds of incidents had happened and been recorded in their organisation, rather than whether or not they *would be* recorded if they occurred and were reported. Nevertheless, it is striking that levels of regular recording were not much more than half for most types of incident.

Table 6: What types of incident against staff are recorded in your organisation?

	Always %	Sometimes %	Never %
Physical assault	67	25	8
Sexual assault	63	11	26
Threats	56	31	13
Assault against staff property	56	19	25
Racist abuse	53	33	14
Harassment	52	29	19
Verbal abuse	50	44	6
Internet abuse	37	24	39

N=101

A few other types of incident were added by respondents:

> *"Drug related incidents involving dealers and those under the influence."*
>
> *"Very minor incidents, eg pinching when someone very confused and ill."*
>
> *"Harassment takes the form of a resident seeking one or two members of staff constantly then swears when they cannot do as he wishes or due to confusion they cannot determine what they want. This can be every few minutes for hours but usually it is reduced to the office, which although I am very even tempered I do get stressed when it is constant for 8 hours."*

6.3 Level of detail recorded

Survey participants were asked about what information is recorded when an incident occurs. (see Table 7). Of those responding, there was considerable variation in the level of detail always recorded. Over 90% always recorded type of assault, where it occurred, and who the assailant was. It is interesting that less than half of respondents reported that information on: long term follow up plan for staff member; age of individual using the service; age of staff member; ethnic origin of staff member; and ethnic origin were always recorded in their organisation. The research review indicated that age and ethnic origin may be factors in violence and abuse against social care and support staff.

Table 8: What information is recorded when an incident against a member of staff occurs?

	Always %	Sometimes %	Never %
Type of assault	95	5	0
Where the assault occurred	95	5	0
Who the assailant was (i.e. relationship to staff member)	91	6	3
Service user group	87	7	7
Service area	87	9	4
Was the staff member alone	84	14	3
Response by the staff member	83	18	0
Action taken by staff member	83	17	0
Incident report completed	82	18	0
What triggered the assault	80	20	0
Action taken by organisation	79	19	3
Action taken by organisation to prevent further incident	77	22	1
Gender of staff member	76	14	10
Management action taken to support the staff member	75	25	0
Gender of individual using service	75	17	9
Effect on the member of staff, e.g. sickness, medical attention, etc.	71	27	3
Action taken by other agency eg police	67	30	4
Whether this was the first occurrence by assailant?	57	30	13
Long term follow up plan for staff member	48	41	11
Age of individual using service	45	30	25
Age of staff member	43	21	36
Ethnic origin of staff member	33	26	41
Ethnic origin of individual using service	24	29	47
Other, please specify	50	25	25

N=84

% subject to rounding

6.4 Occurrence of incidents

The survey sought details of the number and type of incidents against staff that had occurred in the last 12 months within the respondents' organisation (see Table 9). The majority of respondents (64%) did not provide details for this question. In some cases, this was due to the unavailability of the data or difficulty in obtaining it; while in others, it indicates that no incidents were recorded. The percentages in Table 8 should therefore be viewed with the caveat that they are percentages of those responding to the question, and exclude the majority of people who did not respond.

Verbal abuse was both the most widespread form of abuse (55%) to have occurred, and the most frequent. Physical assault was also widely reported (52%) although the frequency of these incidents in the last 12 months was much lower. About a quarter of those respondents reporting an incident within the last 12 months, stated that racist abuse and threats had occurred (27%) although the frequency of both was low. Other types of violence and abuse had also taken place less frequently in fewer organisations. A total of 6 respondents said that sexual assaults against staff had taken place in the last 12 months.

Table 9: Occurrence of violence or abuse against staff in the last 12 months

	Incident occurring %	Average number of incidents in organisations where incidents occurred*
Verbal abuse	55%	49
Physical assault	52%	9
Racist abuse	27%	3
Threats	27%	3
Harassment	13%	39
Sexual assault	9%	2
Assault against staff property	9%	5
Internet abuse	7%	9
Other	6%	88

N=67

**Numbers have been rounded*

Within the 'Other' category, there was less detail of type of abuse, rather explanations for lack of data as detail of abuse was either not available to the respondent or not recorded.

6.5 A serious threat to staff

The survey asked which of the incidents both recorded and known to have occurred in the last 12 months represented the most serious threat towards staff. Physical assault was deemed the most serious: 59% of respondents ranked it as the number one threat; followed by sexual assault (18%) and verbal abuse (15%). Racist abuse was rated as 1 on the scale by 1% of respondents. Internet abuse, threats, harassment and assault against staff property were rated as the most serious threats to staff by less than 5% of respondents.

6.6 Summary

Respondents in general did not see reluctance to report abuse against staff as an issue. However, as in other studies discussed in the research review, there was a concern expressed that some staff see violence and abuse as part of the job and/or fear that reporting it will reflect badly on them. It is striking that some forms of abuse did not appear to be regularly recorded by a third or more organisations (according to respondents), along with details which have been identified as risk factors for abuse: age and ethnic origin of staff member. Physical assault is perceived as the most serious threat to staff, followed by sexual and verbal abuse. Physical assault and verbal abuse are the most widespread reported types of incident. Racist abuse and threats also occurred in more than a quarter of respondents' organisations in the last 12 months.

7. Monitoring and review

Monitoring and review of reporting of incidents appeared to be widely used by those responding to questions on monitoring. There was wide support for the introduction of a national monitoring system, although some concerns about how it would work in practice.

7.1 Use of monitoring and review

Monitoring and review appeared to be fairly widespread among the organisations represented by survey participants. More than four-fifths (83%) of those responding to a question: 'Does the organisation monitor whether staff report incidents formally following incidents?' stated that the organisation did. Nearly ninety per cent (89%) said that their organisation reviewed and evaluated the information collected, and of these 94% replied that policies and procedures were reviewed as a consequence of monitoring.

However, it should be noted that only around half of respondents completed this group of questions (85). This non-response may indicate that they are not carrying out monitoring and review. This was the last section of the survey and participation fatigue may also have been a factor.

7.2 A national monitoring system

Survey participants were asked for their views on whether a national monitoring system would be useful for incidents of violence against social care and support staff: 81% thought it would be useful. A range of both positive and negative comments were provided by respondents elaborating on their answers: from comments that a national approach would emphasise the seriousness of the issue; to more sceptical comments.

Example comments are included below;

> *"Yes, social care is such a fragmented system in places so it would be very useful for this information to be collated nationally. However there are many barriers which would prevent from staff actually informing this system, especially if they had to do it via their employer."*

> *"Definitely think that it should exist."*

“The suggestion would enable both proactive and responsive work to be undertaken.”

“There is no monitoring around the violence towards staff and I know my staff feel that they don't matter in the bigger picture. I have received comments from my staff in the past such as "It's part of the job, we get used to it".

“There is an interesting area of overlap when dealing with those with Dementia (not responsible for their actions) between staff training – with specific clients, not just theory, staff behaviour, triggers to client behaviour, restraint and DoLS. Any national monitoring system must involve analysis of all aspects - frankly, in a non EMI home for the elderly, incidents of aggressive behaviour SHOULD be avoidable. More support would contribute to making that possible rather than the knee-jerk "Move client to an EMI placement" which is not necessarily in the client's best interests.”

“It needs to contain enough categories to count and enough types of service users and the statutory guidelines they follow.”

“I think it would be very difficult to get true figures as most staff might not report what they would class as minor incidents. It would have to be made very clear what was deemed a reportable incident.”

“I am ambivalent about a national monitoring system. If a service is working with clients as it should, challenging behaviours should be under control and the service must question it's care and staff levels if this is not happening.”

“I'm not sure - it would depend upon the use of the information. We rarely have instances of violence.”

“By creating a national monitoring system, you will be creating yet another tick box, paper exercise which is highly unlikely to really get to the root causes, but create a 'poor me' attitude. You would be better off monitoring the use of proactive management systems, ensuring that care workers have effective training, and that individuals have well constructed, personalised care plans that met their needs (rather than those of placing authorities or individual organisations).”

7.3 Summary

Monitoring and review of reporting of incidents appeared to be widely used by those responding to questions on monitoring. However, only around half of participants

completed questions on monitoring and review. There was wide support for the introduction of a national monitoring system, although there were some concerns about how it would work in practice.

8. Other comments

Participants were asked for any other comments at the end of the survey. One respondent highlighted the variation in implementation of policies and procedures as significant:

> *"I think the problem is that there are various policies, procedures, guidance etc but it is all about how it is implemented and followed up. The approach needs to vary across service user groups and individuals within that so have to have a very person centred approach which seems to make it harder to have a consistent approach."*

Another emphasised the need for a proactive approach:

> *"The debate should be about proactive management of behaviours, especially when talking about individuals who challenge. We are talking about people who are in a care environment for a reason! If they are 'violent' it is because their needs are not being met effectively and care plans are poor, that communication is not effective or that individuals are in-appropriately placed or that staff are not trained to meet the needs of those they are supporting."*

A number of survey participants expressed concern that current financial pressures on social care will increase the risk of violence and abuse against staff:

> *"The pressures on local authorities to make savings has resulted in a significant rise in violent outbursts and threats to staff when services are being cut or individuals are instructed to pay more money."*

> *"I believe this to be a vital area for monitoring, especially as I believe with further austerity measures the risk becomes greater."*

9. Conclusion

In conclusion, the online survey has generated some useful findings: much of it corroborating the evidence from the literature review. Responses came from people in a wide range of organisations, broadly reflecting the landscape of social care in England with the exception of small employers. Small providers are probably the group least likely to have well developed policies and procedures in place for violence and abuse against social care and support staff, and are also less likely to have resources for learning and development activities. Thus it is likely, that the survey paints a more positive picture of current practice than exists across the whole provider range.

Overall, the responses indicate that most organisations have policy and procedures for violence against social care and support staff, but there appear to be a significant minority that do not. Care homes and extra care housing services appear less likely to have policies and procedures in place for violence and abuse against social care and support staff.

There is a wide range of support provided to staff following an incident, but little counselling or mentoring. Around one in six respondents thought that staff are reluctant to report incidents. As in other studies, two key factors are the view that it is 'part of the job' and allied to that the perception that the individual's condition is the cause rather than any particular ill-feeling towards the member of staff.

There are a considerable variety of learning and development resources accessed by organisations to train staff in this area: both in-house and external training. The national resources available from Skills for Care and the National Occupational Standards are both widely used. The National Task Force Self Audit Tool, Work Smart, Work Safe and Unison's guide are widely recommended by those who have used them. There is scope to raise awareness of these national resources among social care organisations. However, there was no clear steer on what additional learning and development resources are required by providers, apart from a recognition of the value of training and risk assessment.

In line with other research, verbal and physical abuse appear to be the most common forms experienced and reported by staff. However, racist abuse and threats appear to be significant issues in some organisations. Internet abuse also emerged as a small but real issue. Given the incidence of racist abuse, it is surprising that although incident recording appears to be reasonably thorough, ethnic origin of the individual using the service and staff member is not widely recorded.

Evidence of the use of monitoring and review was ambiguous. Although the great majority of those responding to the questions on this topic appeared to undertake it and use it to review their policies and procedures, nearly half did not respond which may indicate that they are not monitoring violence and abuse against staff.

Finally, there appears to be widespread support for the introduction of a national monitoring system, although there are concerns about the practicalities of how and what data are recorded. With better monitoring at the national level, it may be possible to understand more fully which groups are most likely to be violent or abuse staff, and which staff are most vulnerable to violence and abuse.

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