

Still part of the job? Why history of violence against social care workers is repeating itself

There is a chronic problem in the UK with violence and threats against staff working in social care. This problem needs to be taken more seriously because of its major implications for service delivery. Threats and assaults contribute to stress, ill-health, sickness absence and high staff turnover.

- A 2008 UNISON survey of members in local government found that among social workers 65% had encountered verbal abuse, 26% physical threat, 9% violence and 31% bullying in the last two years.¹
- A 2007 report by the Local Government Association estimated that there are at least 50,000 assaults on social care staff each year.²
- HSE statistics show that major injuries caused by physical assaults against social care staff are rising – from around 80 per 100,000 employees in 2001/02 to around 120 in 2007/08. The HSE also notes that: “Whilst verbal assaults are not reflected in RIDDOR statistics, empirical evidence suggests that these too impact upon staff health and can contribute to stress-related ill health³”
- A 1997 study by the National Institute for Social Work found about half of the male staff and a third of the female staff had been physically attacked in their present job.

Anecdotal evidence received by UNISON from social worker members suggests that the recent media spotlight on social work in the wake of the Baby Peter case has exacerbated the problem. Members are reporting an upturn in the levels of hostility, threats and attacks from the public.

I get daily verbal threats over the phone by parents and young people. I have been threatened with violence, on a face to face basis approx' once every 2 weeks by parents / and young people. I have had threats made about myself and in relation to my family and children. I have had my car vandalised on several occasions. I have been locked in a house, and had items thrown at me that have hit me and threatened with needles.

¹ Time for a change – UNISON Local Government Survey 2008

² Assaults on social care staff at ‘unacceptable levels’ warns LGA, LGA news release 20 October 2007

³ Improving health and safety performance in the health and social care sectors – next steps? HSE Board paper no: HSE/09/84 23 September 2009



More recently following the Baby P and all the negative publicity surrounding social workers in the media parents are often referring to this when they are unhappy with social work involvement.
Social worker and UNISON member

However this is not a new problem. UNISON is concerned about the tendency for history to repeat itself. In our experience serious physical assaults don't often happen out of the blue, but follow episodes of verbal abuse and threats.

In previous years concerted action by government and agencies has only been taken when there has been a fatality or very serious incident. Reports have been written and recommendations made. However reforms have not been embedded and sustained. So it happens again.

UNISON wants to raise the profile of this issue now – not wait till the next disaster. We believe there is plenty that can and should be done to reduce the risks faced by our members in social care.

A look back at recent history...

🕒 1987/1988 DHSS Advisory Committee on Violence to Staff⁴

- Set up following the killing of a social worker and chaired by Lord Skelmersdale
- Committee report stresses the importance of **accurate reporting** of incidents
- Says employers should recognise the fundamental importance of a safe working environment when setting **local priorities and budgets**, and developing local safety and security policies
- There should be **liaison with the police** and with staff and their representatives; **training** in the avoidance and control of violent situations; **local collaboration** and the sharing of experiences; and **good counselling** for victims
- Emphasises **the critical importance of reporting systems and of encouraging staff to report all incidents.**
- Lord Skelmersdale states that:

⁴ Lord Skelmersdale et al, Violence to Staff: Report of the DHSS Advisory Committee on Violence to Staff, HMSO, 1988

“All managers must take every threat of violence seriously. So must all staff and contractors. Employees should be encouraged to report threats as well as physical abuse and become confident that action will be taken on their behalf. No-one should stay silent out of fear of reprisal, misplaced sense of guilt or personal failure. Managers must ensure that their staff are aware of the support which will then be made available and training has a particular importance in this context.”

🕒 1999/2000 National Taskforce on Violence against Social Care Staff

- Set up by Frank Dobson, then Health Secretary, in the wake of the killing of an Approved Social Worker
- Taskforce notes the history that has preceded it:

“Through the 1980s, tragically, a number of social workers were killed. Isobel Swartz in 1984, Norma Morris in 1985, Francis Betteridge in 1986, and Audrey Johnson in 1988. Since then there have been more deaths, Katie Sullivan in 1992, Jonathan New by (a voluntary worker) in 1993, and Jenny Morrison in 1998.”

- National action plan⁵ includes **external inspection** of social care employers’ performance on reducing violence and threats; **£2m for training** for managers and staff; **targets** for every employer to reduce violence monitored by Government.
- Chair Chris Davies notes that the external monitoring and additional resources are vital:

“We’re very conscious that our work could be just another Skelmersdale report, saying a lot of sensible things but not really having much of an impact - so we are trying to ensure that this sticks.”⁶

🕒 2008/2009 Skills for Care ‘refresh’ of Violence Taskforce materials

- The ring-fenced money for training and the requirements for local authorities to report on progress against the Taskforce action plan only last a few years before they are abolished.
- Target of reducing violence and abuse against social care workers by 25% is never monitored by the Government: *“Data to track this*

⁵ See:

www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/NationalTaskForceonViolence/index.htm.

⁶ www.communitycare.co.uk/Articles/2000/12/14/29179/task-force-seeks-to-highlight-anti-violence-agenda.html



recommendation of the national taskforce on violence against social care staff is not collected centrally.”⁷

- Killing in 2008 of a community support worker, prompts members of the 2000 Taskforce to say that Government has not done enough to implement their action plan. They call for it to be revisited.
- Employers’ performance on staff safety is no longer being inspected and Taskforce Chair notes that the Government: *“left it very much to individual agencies and employers to take the message on, and the government did not pursue it as purposefully as they should have done.”*
- Another Taskforce member notes government pledge of £97m to tackle violence against NHS staff from 2007-11, and asks: *“Where is the equivalent for social care workers?”⁸*
- Department of Health commissions Skills for Care to ‘refresh’ the Taskforce materials and re-issue guidance for employers.
- New materials published in 2009.⁹ However no attempt to reintroduce reporting requirements and no additional funding. **In other words: no carrot and no stick.**

Where do we go from here?

Lack of data

UNISON wanted to find out more about the problem – not just of serious assaults that fall into the statutory reporting requirements but the bigger picture. We asked every local authority and Trust employing social workers in the UK via a Freedom of Information request to supply figures on the numbers of recorded incidents of physical assault, verbal abuse, threats of violence and harassment against social workers.

Nearly half the authorities provided no data at all. Many others could not identify social workers who had been the victim of such abuse and could only provide data about all social care staff, or only on a directorate basis.

We found a huge variation in the types of incidents being recorded, how they are recorded, and attitudes to recording. The responses below from were typical:

⁷ HC Deb Thursday, June 29, 2006 c623W

⁸ <http://www.communitycare.co.uk/Articles/2008/04/22/107952/dh-failed-to-act-on-key-recommendations-of-violence-task-force.html>

⁹ http://www.skillsforcare.org.uk/developing_skills/violence_against_social_care_staff/combating_violence_against_social_care_staff.aspx

“We are not in a position to provide the data requested for the following reasons: the data we hold is of accidents. Whilst threats of violence and verbal abuse could be reported as a ‘near miss’, we know there is generally poor reporting of near misses. The database does not allow for a breakdown of incidents to the workforce level requested (ie social care staff). Data is structured by directorate rather than by occupation.”

“Social workers deal with children and families in crisis and expect to be in receipt of anger and aggression. The ‘bar’ is therefore set quite high and many social work colleagues would not perceive a threat in the same way as an ordinary member of the public.”

The patchy response to this FOI question has raised serious concerns about whether authorities and Trusts are properly recording and monitoring incidents against their social workers and other social care staff. Without recording and monitoring there is little chance that proper preventative action plans will be put in place.

Case study

A UNISON member working as a family support worker was responsible for supervising a mother on contact visits with her children. The children in the family were the subject of court proceedings. While working with these children the worker had been the subject of a series of telephone threats made against him, had been followed on leaving contact sessions, and had had his car attacked. A colleague of this worker had previously had their car damaged, allegedly by members of the same extended family.

Measures were put in place to give police protection to the worker but he continued to work out in the community. Shortly before another court session involving this family was due, our member was stabbed while out walking near his home by someone connected with the family. He was also threatened with a gun.

The incident took place near his home. After the stabbing a call was made to the council offices stating that the knife had been infected. He had to wait six months to get the all-clear. Further threats were made and he was forced to move house. He was off work for 7 months with stress and other health issues arising from the incident.

Tackling the problem – once and for all

UNISON is clear that social care is a high risk job and that it will not be possible to prevent all incidents and threats. But there is a body of work that has built up over the years that sets out what needs to be done to reduce the



problem. What has been missing has been sustained and systemic implementation.

UNISON is calling for that to happen now.

We are:

- Writing to the LGA suggesting joint work to improve systems and monitoring in local authorities and to lobby for resources
- Raising the issues with the Health and Safety Executive
- Raising the issues with the Ministers for Care and for Health and Safety
- Providing advice and guidance to our workplace representatives
- Raising the issues with other social care employer bodies

We are campaigning for:

1. **ADDITIONAL FUNDING FROM CENTRAL GOVERNMENT EQUIVALENT TO THE PROGRAMME FOR NHS WORKERS** for employers to invest in measures to tackle violence against social workers and social care staff.
2. **RISK ASSESSMENT AND PREVENTION STRATEGIES WHICH INCLUDE:**
 - Much more thorough risk assessments of each case at the point of allocation with information properly shared and discussed with the worker
 - Revision of risk assessments following any incidents. This will provide an opportunity to improve prevention measures if necessary.
 - Co-working – there should be a presumption in favour of having two workers going in pairs to visits or contact sessions where there is a risk of hostility, or uncertainty about who will be around.
 - Whenever there is a pattern of threats received against a worker they should be temporarily redeployed for their own safety while the threats are fully investigated
 - Employers should have vehicles available for workers to use instead of their own cars on high risk visits – once a worker's car number-plates are identified it is easy for them to be followed and targeted
 - High risk workers should receive advice about having their details removed from the electoral register to protect their home addresses
 - Name badges should only include workers' first names
 - Panic alarms should be provided for high risk cases along with a robust system for monitoring and responding and adequate training



- Workers should receive comprehensive awareness training on how to deal with conflict, hostility and verbal abuse
3. **REPORT, RECORD, RESPOND, REVIEW:** measures to establish a consistent, standardised, reporting culture for all employers which allows tracking of trends and benchmarking of progress. Clear demonstration at all levels that the organisation wants to learn from incidents in a 'no-blame' culture and that involvement in an incident is not a sign of weakness or failure.
 4. **IMPROVEMENTS IN THE WAY INCIDENTS ARE RESPONDED TO LOCALLY** so that there are good local systems for critical incident debriefing, postincident support, reassessment of risk, review of care plans and formal learning from 'near misses' and minor incidents. Building confidence of staff to report incidents because it will lead to action.
 5. **A NATIONAL SYSTEM OF MONITORING OF VIOLENT INCIDENTS** against social workers and social care staff, with national guidance on reporting categories to enable trends to be identified and action triggered.
 6. **EASY ACCESS TO POST-INCIDENT SUPPORT AND COUNSELLING FOR AFFECTED STAFF** including:
 - Adequate counselling according to need not rationed to a fixed number of sessions – it should be available as need dictates
 - Redeployment options should be fully explored
 - Practical support to deal with aftermath and impact on family and domestic circumstances
 - Employers should fully compensate workers for damage to their own vehicles or other property incurred as a result of an attack
 7. **INCREASE INSPECTIONS BY THE ENFORCING AUTHORITIES** to ensure that employers' take appropriate and adequate action to reduce violence and threats against social workers and social care staff.
 8. **IMPROVEMENTS TO THE WAY IN WHICH LONE WORKING IS MANAGED.** This should include the elimination of lone working where possible. Child protection visits, Mental Health Act and other similarly risky and unpredictable visits should be done in pairs. In circumstances where workers do go out alone a suitable and sufficient risk assessment should be carried out to identify prevention measures, proper report back procedures, and where appropriate, the provision of personal safety alarms.
 9. **CLOSER RELATIONS BETWEEN POLICE /CPS AND EMPLOYERS,** including local memorandums of understanding for how incidents against staff will be investigated and prosecuted.



10. **BETTER PROTOCOLS IN MENTAL HEALTH BETWEEN EMPLOYERS, POLICE AND AMBULANCE SERVICES** to ensure adequate back-up and support for social workers who have to manage the compulsory admission to hospital of mental health patients.