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# PERSONAL SAFETY FOR SOCIAL WORKERS AND HEALTH PROFESSIONALS

Critical Skills for  
Social Work



Brian Atkins

First published in 2013 by Critical Publishing Ltd, St Albans

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British Library Cataloguing in Publication Data

A CIP record for this book is available from the British Library

ISBN: 978-1-909330-33-7

This book is also available in the following ebook formats:

Kindle ISBN: 978-1-909330-33-4

EPUB ISBN: 978-1-909330-35-1

Adobe ebook ISBN: 978-1-909330-36-8

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Cover design by Greensplash Limited

Project Management by Out of House Publishing

Typeset by Newgen Imaging Systems

Printed and bound in Great Britain by TJ International

Critical Publishing

3 Connaught Road

St Albans

AL3 5RX

[www.criticalpublishing.com](http://www.criticalpublishing.com)



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## About the Author

Brian Atkins BSc, CQSW, MBA is an experienced social work practitioner and manager and has worked in a range of social care services including children's services fieldwork, child protection, residential care, leaving care services, family placement and youth offending. He has also worked as a policy and planning manager with an English local authority.

Brian has worked as an independent consultant since 1996. His consultancy experience includes service review in a range of settings, including child protection, children looked after, criminal justice partnerships, youth offending, and disability including learning disability. He has also led in the development of service user empowerment programmes, on systems review projects in social care and health organisations and in the construction of statutory plans.

## Introduction: Why this book?

I am a Registered Social Worker, and currently work as a children's social care consultant and trainer. I have been involved in children's social care and youth justice services for many years, as a practitioner, supervisor and manager in the local authority services. In this time I have worked alongside many health professionals who also practise in the child protection field, and who share many experiences with social workers.

During this time I have been aware of the impact of aggression, intimidation and violence from service users and their families on child protection workers and their ability to do their job professionally and effectively. This particularly affects workers on the front line, but is also an issue for their supervisors, managers and employers, and ultimately affects the performance of the service overall.

As a practitioner and first line manager in local authority children's services I have been subject to verbal aggression, been threatened by family members, been followed home, have had threats to my children and family, been threatened with knives and air pistols, and have been actually assaulted with a hammer leaving me with a depressed fracture of the skull. Episodes like these were not of course a daily occurrence, but occurred over a long period as a practitioner.

I have also been in a "hostage" relationship with a violent service user, which lasted a number of years, and of which I was unaware until reading Janet Stanley and Chris Goddard's remarkable book *In the Firing Line*. Reading the chapters on hostage theory made me realise the situation I had been in, and how it had affected my professional judgement in a serious child protection case.

I have witnessed the bravery of colleagues who have visited families with a known violent reputation to challenge them on the care of their children. They preferred to visit alone or with a social work colleague, and not involve the police as they felt this would undermine their relationships with the family. (The police, incidentally, would only visit such families in pairs, having more regard for their personal and professional safety.) While I greatly admire such personal courage, it should not be necessary within the job: with the right planning, systems and training these situations could be managed or avoided. This is a key message of this book.

I also have a background as a competitive judo player and coach (British Judo Association Level 2 coach and former British Masters champion). Perhaps because of

this I was given many of the more intimidating, violent and aggressive families to work with in my time as a practitioner. I found that my combat sport background helped give me more confidence in working with these families, but clearly a physical response to threat is not appropriate in a professional setting. It also did not protect me from the anxiety that all of us feel when threatened.

Through this experience as a practitioner, and subsequent experience as a manager and consultant, I have realised that child protection workers in health and social care need a wide range of skills and knowledge to work safely and effectively in such situations. This repertoire includes safety awareness, understanding of behaviour, conflict management, de-escalation of aggressive behaviour, and support from supervisors and employers. Physical self-protection skills are part of this repertoire, but should not be the first port of call.

The aim of this book is to explore these issues in some depth and to give practitioners a toolkit for working safely and effectively. Another very strong theme is that employers have a clear duty of care to their staff, and can take steps to minimise the time that practitioners are put at risk. Ultimately, safe practice in this field depends on both individual and organisational responses, with the end benefit of enhanced protection for children and young people at risk in their families and their local communities.

## Chapter 1 | The extent of violence against social care workers and health professionals

### Introduction

In 2012 a Glasgow city newspaper reported a serious assault by three teenagers on a young female social worker who was visiting them at their own home. The chat page on Community Care online was at the time full of correspondence about similar issues and concerns of social workers.

In a 2011 survey by *Community Care* magazine and Reconstruct Ltd, nearly two-thirds of children's social care workers said they had been threatened by hostile or intimidating parents in the past six months. Fifty per cent said they dealt with hostile and intimidating parents every week; 61 per cent had been threatened by a parent in the past six months; 77 per cent had received multiple threats over the past six months including threats to their person; and 26 per cent had experienced threats to their family.

Some quotes from respondents to this survey graphically illustrate the impact on workers:

*After having applied for care proceedings I had to move out of my home for a period and get safety alarms fitted. I suffered harassment for many months, threats of violence and taking photos of my car and me. Both parents turned up outside my work with a baseball bat and waited by my car in the dark. Fortunately they were stopped by the police. They also made numerous complaints about my practice. Although none of them were upheld it was the constant barrage of letters as well as threats of physical harm which affected me*

*After a court hearing the father went to the court car park and pulled out a hidden plank of wood and totally smashed my car. The first day I drove my car after having it repaired he jumped out into the road in front of me having memorised my number plate. I changed my car as I was worried about my children and now have an alarm on me at all times*

*The father of the family I worked with attempted to run me off a dual carriageway. I still get a bit panicky if someone cuts in front of me while driving*

*Held in a flat at knifepoint when telling a client that the children could not return home*

*Threatened with two aggressive dogs while in the family home*

This all has an impact on workers' ability to do their job. Of the professionals surveyed, 43% felt that children were being put at greater risk because there was little management support.

Exposure to violence and aggression has had an impact on workers personally. Of those surveyed, 60 per cent found that dealing with hostile parents had had an impact on their work and on their own family. Many were nervous about going to certain places with their children at weekends in case they encountered intimidating parents.

Despite the widespread nature of this problem, fewer than half of the respondents had had any sort of training for dealing with this situation, and only 22 per cent had reported threats to the police. Fewer than 10 per cent had received any training on this issue during their social work course.

Rowett (1986) in a comprehensive study of physical assaults on social workers found that while most social workers are women, most of those assaulted were men. This may have been due to the narrow definition of violence in this research, which was restricted to physical assaults.

A survey of members in local government (UNISON 2008) found that 65 per cent of social workers had encountered verbal abuse, 26 per cent physical threat, 9 per cent violence and 31 per cent bullying in the previous two years.

A 2007 report by the Local Government Association estimated that there are at least 50,000 assaults on social care staff each year.

Health and Safety Executive (HSE) statistics show that major injuries caused by physical assaults against social care staff rose from around 80 per 100,000 employees in 2001/02 to around 120 in 2007/08. The HSE also noted that:

*Whilst verbal assaults are not reflected in RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations] statistics, empirical evidence suggests that these too impact upon staff health and can contribute to stress-related ill health.*

A 1997 study by the National Institute for Social Work found about half of male staff and a third of female staff had been physically attacked in their present job.

More recently, anecdotal evidence received by UNISON from social worker members suggests that the 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 from parents and young people. I have been threatened with violence, on a face-to-face basis approximately once every two weeks by parents and young people. I have had threats made to 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 been threatened with needles.*

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

## Violence against Health Professionals

The NHS has had a zero tolerance attitude towards violence to staff since 1999, and there has been a significant increase in the number of offenders being prosecuted since 2003, when the Counter Fraud and Security Management Service (CFSMS) was set up.

In 2008 a survey carried out for the Healthcare Commission showed that 12 per cent of staff across all trusts reported having been physically assaulted by patients in the previous 12 months. This figure has remained relatively unchanged over the past four years.

Twenty-eight per cent of frontline staff had experienced this abuse from patients or patients' relatives. The survey showed an overall 5 per cent increase in reporting of violence and abuse, and a 3 per cent increase in staff who feel that their Trust would take effective action if staff were physically attacked by patients, relatives or other members of the public.

Health professionals, including health visitors, midwives, mental health nurses, GPs and consultants, experience many of the same threats as social workers, particularly when working in the field of child protection, and in contexts where they visit service users in their own homes.

Up to 100,000 healthcare professionals are working on their own in the NHS every day. More than half of those taking part in a recent Royal College of Nursing survey said that they thought the risk of violence or abuse had risen in recent years.

## Impact on practice

Violence and aggression from service users can affect protective workers' judgement and ability to work with confidence in family situations. This has been highlighted by many child death enquiry reports going back to Victoria Climbié and earlier. Lord Laming, in his report on the death of Victoria Climbié, said:

*I recognise that those who take on the work of protecting children at risk of deliberate harm face a tough and challenging task. Staff doing this work need a combination of professional skills and*

*personal qualities, not least of which are persistence and courage. Adults who deliberately exploit the vulnerability of children can behave in devious and menacing ways.*

(Lord Laming 2003, p3)

The parents of Ainlee Walker were sentenced to long terms of imprisonment for the manslaughter of their daughter. They were aggressive and violent towards child protection staff, and the social workers and health visitors involved became “paralysed by fear” (*The Guardian* 2002). Continued threats to staff had their effect, and eventually all agencies withdrew, leaving children unprotected and in an environment professionals feared to visit.

The impact of violence and aggression towards protecting workers has continued, as reported in a number of Serious Case Review reports. Khyra Ishak starved to death in Birmingham in May 2008, in a family characterised by domestic violence. The parents complained of harassment by the social worker, and the health visitor did not sustain visits. The subsequent Serious Case Review report stated that “agencies had lost sight of the child and focused on... the impact on themselves as professionals”. The report blamed the failure of agencies to follow the correct procedures, but did not significantly focus on the barriers to protective agencies doing their work effectively

The impact of violence and aggression on practitioners will be explored further in Chapter 2.

## Impact on the performance of social care organisations

The cumulative effect of these factors on practitioners affects the performance of their employing organisations and services as a whole. They affect practice in assessment, analysis, decision-making, care planning and meeting timescales, all of which are evaluated by Ofsted and other audit regimes as part of the inspection process. They also feature strongly in Serious Case Reviews across all partner agencies in child protection. It is clearly in the reputational interests of social care and health organisations to improve practice in safeguarding their staff as part of their overall quality and performance management.

## What has been done to address these issues?

Concern about this issue has been raised over many years, including a 1979 National and Local Government Officers' Association (NALGO) report highlighting the effect of

aggression on social workers, and a 1988 report by the British Association of Social Workers (BASW) highlighting the risks to staff working with violent and aggressive families.

Following a major campaign by *Community Care* magazine, and the issue of violence and abuse against social workers being raised in Parliament, the government introduced the National Task Force on Violence against Social Care Staff in 2001. This was a major initiative, well resourced, planned and timetabled, which encouraged local authorities to take the messages seriously and implement change to protect their staff. It produced a lot of material for local authorities and other social care employers including a self-audit tool, sample policies and practice guidance. Despite this, little lasting change was achieved, and the issue was raised again in 2012 in campaigns by *Community Care* and Reconstruct, providing much of the evidence from practice referred to above. The campaign for safety of social care staff at the national level, including the work of the Task Force, is now being led by Skills for Care.

The issue is still nowhere near being properly addressed or resolved, as is shown by the stories and anecdotes at the beginning of this chapter. Reporting of violent incidents continues to be at a low rate, with less than 5 per cent of incidents being formally reported. Many incidents are underreported because workers feel, with some justification, that the issue will not be taken seriously by management.

## Is the situation getting better?

The experience of working with violent and aggressive families is not unique to social workers; many other social care and health workers also experience violence and aggression both at their offices and, particularly, on their visits to service users in their own homes.

One of the aims of this book is to raise these issues again in the hope that they will be addressed more seriously by government, local authorities and other social care and health employers. In view of their track record, however, this seems unlikely to will happen any time soon, despite being required by legislation and codes of practice.

This book therefore also focuses on what individuals can do to help keep themselves safe, how teams can work together to improve safety and how their employing organisations can support them in doing so. This should in turn improve the safety of the children living in homes that these protective workers visit.

## Key learning points

- » Violence against social care and health staff has gone on for many years, and continues at a high level today, affecting the daily lives of professionals.
- » If not addressed it can put children at risk by reducing the effectiveness of protective services as demonstrated in a number of Serious Case Review reports.
- » Adverse publicity about the Baby Peter case has reinforced the negative image of child protection work and has increased the potential for assaults on protective workers.
- » Despite a number of high-profile initiatives and campaigns including a government-sponsored Task Force, the situation is not improving and the problem continues to affect both professionals and the children they work to protect.
- » Dealing with this issue positively can help improve practice in child protection, and ultimately help achieve improved Ofsted grades for children's safeguarding services.



### TAKING IT FURTHER

National Task Force on Violence Against Social Care Staff: Department of Health 2001 (more detail is provided on this key government document in Chapter 4)

A Safer Place – Self Audit Tool for Employers: Combating Violence against Social Care Staff. Department of Health 2001

Time for a change – UNISON Local Government Survey 2008

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

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

Understanding Serious Case Reviews and their Impact: A Biannual Analysis of Serious Case Reviews 2005–2007 Brandon, M. et al. DfE 2009

Victoria Climbié Inquiry Report: The Lord Laming DoH 2003 Crown Copyright

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