

***VIOLENCE  
AGAINST  
SOCIAL CARE  
STAFF  
QUALITATIVE RESEARCH***

Prepared for: National Taskforce  
Violence Against Social Care Staff

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***VIOLENCE AGAINST  
SOCIAL CARE STAFF  
QUALITATIVE RESEARCH***

Report on Qualitative Research  
Among Social Care Professionals

***APRIL 2000***

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## ***BACKGROUND***

'Incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, wellbeing or health' are a serious problem in social care. A task force has been set up by the government with the aim of reducing the volume of such incidents and ameliorating their effects when they do occur.

As part of the strategy to achieve these ends, it has been decided to conduct some qualitative research among social care staff. Research Perspectives was asked to conduct this research.

## ***RESEARCH OBJECTIVE***

This was:

to ascertain from staff the impact of violence in the workplace, and what helped and didn't help in terms of organisation, colleague and management response.

## ***METHOD***

It was considered important to hear the views of residential care workers, field workers, day care staff and those who are office-based (including reception staff). At the same time, there was a necessity to cover various client groups, including children and adults (variously: mainstream, with learning difficulties/disabilities, with physical/sensory disabilities, elderly, mental health issues). Additionally there was a need to cover statutory, voluntary and private sectors. Management views were also considered to be of value. It was also desirable to cover gender and race and obtain some geographical spread.

Unfortunately, within a limited budget it was not possible to cover off all of the 100+ sectors/divisions which result from these considerations with any rigour, especially with focus groups. Individual depth interviews were also out of the question, given the budgetary constraints.

If it is considered desirable to explore the extent and type of violence and its effects across the various subgroups in a way that makes it possible to determine the size of the issue with any degree of reliability, by sub group, it will be necessary to conduct quantitative research.

Here, it was decided to adopt a broad brush approach with focus groups over a broad but incomplete range of people involved in social care, which allows us to discuss the issues with them in a way which generated the greatest level of understanding of their personal feelings and the effects on the individual.

We therefore conduct a series of 5 focus groups as follows:

Managers	(voluntary and statutory)	North
Client facing social workers	field (voluntary and statutory)	Midlands
Client facing social workers	residential and home care workers (voluntary and private)	Midlands
Day + home care workers	(voluntary and statutory)	South East
Office based and reception staff	(voluntary, statutory and private)	South East

Additionally 3 depth interviews were conducted with private care workers

Manager/owner Residential Care home for elderly  
Matron nursing home for elderly  
Psychiatric Nurse - Private hospital

Within each group, we aimed to achieve a mix of males and females, senior and junior, and a good racial mix. Also within each group we included client group responsibilities for:

- adults and children
- a range of problems including
  - drug related
  - learning difficulties
  - mental health problems
  - physical disabilities
  - mainstream

A minimum of half the respondents in each group, apart from managers were required to have *personal* experience within the past two years of 'incidents where they have been abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well being or health. The remainder were required to have had a colleague or close working associate to whom this had happened in the last two years.

Respondents were recruited using the appended recruitment questionnaire from various sources and with the aid of Community Care magazine.



## ***FIELDWORK***

Fieldwork was conducted between 7-14 March 2000.

## ***REPORTING***

A verbal presentation of results, with summary report was given on 20 March 2000. This is the final report on the project.

**NB:** This has been a small scale piece of qualitative research, therefore results should be treated with caution.

## *CONCLUSIONS*



# ***CONCLUSIONS***

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. And fairly clear views about what needs to be done did emerge from this research.

## ***Prevention***

Not surprisingly, better resourcing of social care in general was thought likely to result in a significant diminution of the incidence of violence or abuse of social care professionals - firstly because it would mean more and better quality staff (they would stay longer and be more experienced) who would better know how to handle situations where this might occur, and might be less likely inadvertently to provoke problems) and secondly because it would result in a better quality of service in general, and therefore less client frustration, leading to less verbal and physical attacks.

More respect and understanding from society at large, including client groups and their families, the media and other professionals - particularly including the police - was also thought likely to result in a lower incidence.

At a more practical level, respondents suggested that the following things would all help considerably to prevent problems:

- resources to provide such things as mobile phones for those likely to find themselves in dangerous situations
- resources to be able to switch someone away from a case
- having effective and working security devices in buildings visited by clients
- clearly displayed notices stating the ground rules for client behaviour and the consequences of bad behaviour
- a consistent and proactive training policy for everyone who needs training (including reception staff) on how to avoid and how to deal with problems
- more clarity (and training, if appropriate) in the area of what you can do physically to defend yourself or restrain a violent person.



## *Amelioration of Effects*

It was evident that the same level of incident would do less psychological harm if it is felt that the perpetrator of an assault lacks the understanding or insight to appreciate what they have done. Nonetheless, incidents of this nature can inflict immense psychological harm as well as physical damage.

Unfortunately, proactive management support is often perceived to be lacking, and is one area where the effects of violent or abusive behaviour could be significantly ameliorated.

It was believed that this should always involve:

- proximate debriefing after an incident if this were at all possible
- a clear formal but simple reporting procedure, including feedback, and, if appropriate, a plan to help the affected worker and to avoid further incidents
- management encouragement and support for police/court involvement where the affected worker felt this was desirable

More widespread availability of counselling was also seen as likely to be helpful.

Much of this was often lacking, particularly, but certainly not only, in the voluntary and private sectors.

Support from colleagues was also felt to be very helpful, although this is not always forthcoming - often for practical/logistical reasons.

All of this support was thought likely to reduce the level of incident-related sickness and absenteeism, but if the latter was inevitable it was felt that there should be more official understanding, which might result in less professionals leaving social care.

## *Taskforce*

Awareness of the government taskforce appeared poor, and there was anyway some cynicism about its purpose.

If the taskforce cannot influence resources and public opinion then it was widely felt that it should be determining best practice, and promoting this in all sectors.

The private sector often feels it is at the bottom of the heap in social care, and steps should be taken to ensure its inclusion in all activities. Extra efforts are also desirable where voluntary sector organisations are concerned. In the case of the voluntary sector there appears to be some reluctance to involve the police and the courts if it is thought likely adversely to affect the image of the organisation, or even adversely to affect 'business'. The same may apply where some private



sector organisations are concerned.



## ***MAIN FINDINGS***



# ***1 CURRENT ISSUES***

Across the groups there was a widespread feeling of both lack of recognition and lack of appreciation for the people and the work involved in social care.

This lack of recognition and appreciation was not only from the general public, but also from the media and, unfortunately, other professionals, too.

*"I don't feel that the role that I have is recognised enough."  
"RECOGNISED BY WHOM?" "I think more the people that we work with - other professionals I think. People's ideal thing is that yes you're just a nursery nurse, all you do is sit down all day and play with the kids. But it's very different when you're working in a child protection agency where you have to do constant recording. You have to write the work that you're doing, why you're doing it, if it hasn't worked, why it hasn't worked, and what your strategies are for changing patterns of work to get results from the children you're working with."*

*(Group 1)*

This was linked - particularly among the social workers - with rather a strong perception of the 'stigma' of social work. Thus, respondents were often reluctant to admit what they did in outside social situations. This sometimes impinged on work too.

*"It's the stigma of social work and its general title. And the negative media images - I mean I work in a non statutory organisation where my role is non statutory, but the minute you mention that you're a social worker people freeze. Or people who you would possibly need to work with or want to work with on a voluntary basis will actually refuse to work with you."*

*(Group 4)*

There was also a rather depressing and widespread feeling that the work they did was significantly under-resourced. This, too, was a perception which was common across sectors. It affected the quality of service that could be provided, and the conditions under which people worked.

*"I think working for a voluntary organisation there's always that fight for resources. If you're fulfilling a niche that the government don't provide services for, you're always fighting for money and funding when there's clearly a need for the work - and you're always fighting for resources. So in terms of things like buildings and safety and things like that, that always comes second, because you've got to work within the money that you've got. So it's always a struggle looking for funding from government and things." "It's the same in the NHS though."*

*(Group 1)*



*"No it is very very much the same ... too few people, too many jobs to do."  
(Group 2)*

And, also linked with this was a feeling that they were significantly underpaid for what they did, which, of course, had a knock-on effect on number and quality of staff available to do the work.

*"I think that staff are feeling devalued, and at the same time of course the wage rises that we have been getting, which is, let's face it, the main way that society recognises its value of people nowadays, have been very poor. The end result is as I said the lowest morale that I think I have ever worked with"*

*(Group 2)*

*"For me it is an issue that comes off finance because they can't afford to give the staff the appropriate training, they can't afford to fully staff us all the time, staff aren't getting paid enough for the environment they are in, I mean we have got clients who are potentially murderers and people are getting £12,000 a year working hands on with them, so you are not getting the quality of staff, and staff that are any good move on and out"*

*(Group 3)*

As we shall see, some of these issues appear to impact on the issue violence or abuse of social workers and others involved in social care.



## ***2 INCIDENCE OF VIOLENCE OR ABUSE - PERCEIVED SERIOUSNESS***

What was immediately evident was that respondents wished to include verbal abuse and threats in the equation.

*"I would like to see with care workers that there is more emphasis put on bad verbal behaviour that you receive, and threats, it needs to be dealt with more severely, don't treat it like a normal common every day thing"*

*(Group 3)*

The feeling here was that this could be just as upsetting as actual physical attacks. Either could leave them feeling shaken or fearful or angry - or a mix of all three.

*"It was very frightening because I came out of one meeting and the next thing I knew fingers were being pointed at me, verbal abuse, I couldn't leave the building." (LATER) "I was on drop in duty a couple of months ago and a man came in who was obviously, I thought, quite disturbed. Angry disturbed. He didn't actually hit me, but when we were in the room he was very threatening. ... He was just very angry and he kept telling me how he tried to strangle the last person who asked him the question I'd just asked him, so he was insinuating that he was going to strangle me. He was just very very ... yes I was terrified at this point."*

*(Group 1)*

*"If you've actually been assaulted I personally think you get more sympathy, and they'll look at taking it further in the courts. Whereas if it's just been somebody has actually gone for you but they haven't actually hit you."*

*(Group 4)*

This was clear across the sample.

But the actual frequency of occurrence of violence or abuse varied quite widely.

In some cases it could be a weekly or even daily occurrence - particularly if they were running or working in a residential home of some sort. And especially homes for younger people - children or adolescents. But there were all sorts of work where the violence or abuse could be frequent.

*"Every day, oh definitely every day." "Well working with young people all the time, yes it's every day. You will get verbally abused. I'd say it's on a weekly basis that there is some kind of physical abuse"*

*(Group 4)*

*"To myself three. But to colleagues ... it's quite a regular occurrence really. It's just the kind of clients that we work with."*

*(Group 1)*



*"I have had physical threats I mean every week, I had a car blown up" "A car blown up you say" "Yes a family attacked ... people have found my home address, get my phone number and they would do me in basically. ... the problem for me is when the placements don't go well in view of the parents ... it is my fault, you bastard, I'll get you for this, and I have this like almost every day, and I have been verbally abused when I get to court, and they say I will get you for this, it has become like almost normal to me ... Verbal threats of abuse to me, weekly, from the parents and their extended family"*

*(Group 3)*

*"Every day there is something that happens, either verbally or physically. I mean it's not necessarily somebody getting beaten up, it can just be somebody pushing you out of the way or somebody just being abusive to you when you go out to see them. So I mean it can be every single day. You're more likely to have it in the office than at their home. Perhaps that's a generalisation, but I do think when they come up to the office they're usually very worked up" "I'd say verbal every day."*

*(Group 5)*

*"Physical violence is almost a feature of my staff's day with certain clients, it could be a poke in the eye, we have one client for example who will if you are not careful, poke you in the eye, glasses are snatched off, one has to be very careful about wearing jewellery, necklace might be pulled, earrings can be tugged, I have actually been lifted off the floor when cutting someone's toe nails by my hair in the past, but that was an exception. We have clients who potentially could do us harm, but most of our clients are not strong enough or large enough actually to do harm. What our real problem is the surprise factor, you can be harmed by a child who catches you unaware and we have to protect ourselves by knowing that these individual clients will lash out, or what their particular tendency is and avoid it"*

*(depth interview 1)*

In day centres violence or abuse could be quite frequent. And, likewise, if they were dealing with mental health problems or drug or alcohol related problems.

But in some cases there might be no more than one, or maybe two incidents in a course of a year or two years. This was more likely if they were dealing with the elderly, or some general social work problems.

Also there was a wide amount of a variation in the degree to which incidents were treated seriously by the people who were directly affected. And there was variation in the degree to which they might blame themselves rather than the perpetrator.

*"I was supposed to be in control of this situation, I was the worker or something, this person isn't completely responsible for their actions." "I've been trained to deal with it." "How do you square that with yourself - did I do something that prompted it." "I think mostly it shocks. It comes totally unexpected. When you don't expect it - that is degrading."*

*(Group 1)*



*"Our more able clients who are very able and can communicate, it is a lot worse if you get attacked by one of them than someone who is less able .. someone signs fluently to BSI level 1 but just has a moderate learning disability, if he is attacking me then he knows what he is doing, he understands the consequences, but this person who has never seen or heard anything, what do they know."*

*(Group 3)*

Generally speaking, those incidents involving client groups assumed to have a degree of insight into their own behaviour tended to be treated more seriously, and felt more seriously by the victim. On the other hand, incidents involving those assumed not to have such insight tended to be felt less serious - even with an equivalent degree of physical injury, say.

*"I think the issue is with people .. who are maybe not competent .. not responsible for some of their behaviour, or with learning disabled people who are not competent to understand the implication of what they are doing, then it is qualitatively different than a young person, even quite a young person, who clearly knows that if he smacks somebody over the head with a hammer they are going to get badly hurt and they know the consequence, quite youngish children know the consequence of that, somebody with autism really doesn't - .. person with dementia doesn't really know what they are doing, now it is a qualitative difference in the kind of response they get from staff... Ok you get the bruise, but you understand the reasoning behind it"*

*(Group 2)*

Thus, for example, vigorous elderly people suffering from dementia might strike out in anxiety - and that would not be treated very seriously. In cases like this the target of the attack was more inclined to dismiss it or blame themselves.

*"An elderly male with Alzheimer's can be quite violent at times, and can suddenly rear up when you least expect it. ... It's looking at how do you put yourself in a position perhaps - or how do you work safely. So that's not to say that it's your fault, because you often feel that after an incident - what did I do, was it me I did it."*

*(Group 1)*

There was an exception, here, however, and that concerned racial abuse. Here, irrespective of the nature of the perpetrator, where there was racial abuse directed at an ethnic minority worker, this tended to cause more psychological upset than if the racial element was missing.

*"I remember that one carer was told that she was black and she got very upset, so I had to calm her"*

*(depth interview 2)*

*"I think verbal abuse can be equally, particularly a lot of my client staff are black, and calling them black bastards or using that sort of language is fairly common and that is hurtful. .. I had to find that out, it wasn't reported to me, the main reason why staff didn't report it to me - as they said they are old people they are not in their own hands they don't know what they were saying, so they were making excuses for them"*

*(depth interview 1)*



There was, however, a widespread feeling among black and Asian workers in the sample that being black or Asian did not (usually) of itself increase the chances of being abused. These people did not feel they were any more or less likely to encounter violence or abuse because they were black or Asian. Although, even so, it was clear that ethnicity might still be used against them by the perpetrator at the same time.

*"If they're going to be pissed off they're going to be pissed off, and they're going to be pissed off whether you're black, white, gay, straight or whatever, but they will use it as a weapon. A white person might say something derogatory about black, black people might say about white, if they think you're gay or lesbian they will use that against you."*

(Group 5)

*"The families that we deal with are extremely damaged individuals and will use whatever they can use often because they are totally disempowered, they will rake up issues of being black, they will pick up issues of being bald, they will pick up issues of being over weight or anything that they can use as a weapon and femininity and sexism and all of those orientation ... all of those aspects will be used by our families as a term of abuse because in a sense they are so socially disabled themselves that they will pick anything up to use."*

(Group 2)

However, there was a feeling from some black and Asian respondents that extra support was needed here, because the abuse was doubly hurtful, from management and colleagues, and that it was not forthcoming.

*"I think looking on the verbal abuse side of things, it is like looking at racist abuse as well, I mean it occurs quite frequently, again it is like the support is the very very minimum .. through colleagues you might get one or two that are supported in that area, but a lot of the time because you are a black person you have to tackle that and deal with that, and with the City council saying they have got an equal opportunities policy da da da, it is like a lot of black staff that I have come across have got no faith in that system whatsoever, and that is my personal view as well, and again it is like looking at the support for that and looking to challenge racism, it is like very minimum"*

(Group 2)

There was also a widespread feeling in the sample that males are more likely to be physically attacked - particularly by men.

*"They totally have an idea in their minds who's an okay target don't they." "And this is why I refer back to the fact that you were saying about the men have had perhaps a more difficult time, and perhaps the clients often see men as being an acceptable target more than women" "At my first incident somebody actually said to me, if you were a man..."*

(Group 4)

*"Men are more likely to be hit than women. Women might get a lot of verbal but men will be more likely get punched." "It's sympathised more for women than it would be for men." "Yes if a woman got hit it would be a bigger issue than if a bloke got hit." "I think women de-escalate things better than men as well. Women deal with violence better than men. Women will talk about and de-escalate things, whereas men will be more*



*confrontative."*  
(Group 5)

Although it was said that a female client will have no qualms about assaulting female workers physically.

*"I think that certainly in the situation that I work in, men are more likely to be verbally abusive to me, rather than try to hit me, sometimes they are struggling for the most terrible thing to call me and that can sometimes frustrate them a bit, but because I suppose to punch out is much easier but - that situation I feel as a women I probably to some extent can deal with the situation better than a man because of the gender thing." ... "We have just been talking about men, the violence relationship ... to it being men who perpetrate it, the only times that I have ever been assaulted in my social work career has been by women" "Yes that's the same with me"*  
(Group 2)

Men are likely to feel at least as anxious as women if assaulted or threatened - and may even feel worse afterwards because of their own expectations of themselves.

*"I think for me, speaking personally, the effect of being physically assaulted was minor compared ... and maybe this is about being male, but ... emotionally for me it was about this inability to control, maybe this is something to do with male socialisation, you grow up learning how to control the events within your life to a certain extent, and it was that total loss of control, that inability to manage a situation"*  
(Group 2)

There is also the issue of sexual abuse and attacks against female workers. None of the males reported anything like this, but it was reported by a number of female respondents.

*"As someone who works in the field of learning disabilities over the years I have known quite a few female colleagues, myself included, who have been sexually abused, but trying to prosecute somebody with a learning disability, the courts just won't touch it, and I can understand the police's point of view in that why go to the CPS with it because it is not going to go any further, so you are still having to go through the trauma of working with these people. You understand that they do have a learning disability and that maybe part of their learning disability is they have not understood the full implications of what they have done, and you are trying to work through all that yourself, but you have still got to go back into the work place"*  
(Group 2)

Again, how serious or otherwise this is treated by the victim very much depends on the circumstances and the perpetrator. Thus, disinhibited behaviour from a male dementia sufferer tends not to be worried about too much. Again, the victim may well blame herself.

*"But I think in a work setting the sexual abuse that happens is obviously with people with dementia - they're not necessarily in control of what they're doing, so it's in a different Y" "I think that's right. Especially working with some client groups I do think that sexual harassment or anything is more kind of acceptable. I mean I work with autistic children, and I can remember they used to put their hands up your skirt and up your*



*... jumper and all sorts. But you more or less could take it because they were ... Because you're in control." "Yes but also you knew that they had a mental health problem, and they weren't really ... even though they probably were - but there wasn't really ...."*

*(Group 1)*

Likewise, under some circumstances an autistic person with 'challenging' behaviour might be forgiven.

The other thing which should be noted is that social care staff do recognise borderline insight/awareness. Thus they may believe that someone who is psychotic, autistic, or even (as in one case) suffering from an epileptic episode, may actually have exhibited a degree of planning of the violent behaviour.

*"One of our clients has epilepsy, but also will play on that epilepsy to become violent. We're just starting to unravel this now. And this person will have a fit and will bounce off the walls, will smack her head into xy and z, impact on any surface. And really yes you try to restrain that person and that's when it gets physical. That's when the punches start coming and it is no longer an epileptic fit, this is something else."*

*(Group 1)*

If this is believed then the victim tends to be more shaken and adversely affected by the incident.

What is clear is that even if we exclude the issue of physical injury, the effect of violent or abusive incidents may be felt it very deeply. Victims may be left feeling anxious or fearful for some time afterwards.

*"I was just off, because I was just thinking I don't want this job. I don't want to work here any more. And I was thinking I could have died. You know because there's two of us on duty and he had mental health problems. And the manager wouldn't listen to us because it was all about money. You know she's getting paid to have this young person £1300 a week."*

*(Group 5)*

*"I was thinking about the effect afterwards - I used to be working in a mental health team in this area which has highest incidence of sections than the rest of the country virtually. And I had a woman colleague, and we had a particularly violent episode when I started and it was awful and she became incredibly petrified of working in that incident. And later on she became very seriously depressed and eventually killed herself fairly recently. And I'm fairly confident that that fear, and the fact that it wasn't managed in the workplace played a very very big role in her eventually going down hill as badly as she did."*

*(Group 4)*

Note, in both cases above, the reference to management attitudes or management issues. We shall come back to this later.

Sometimes they may have a very good reason to be fearful if the perpetrator has issued a threat. Thus, it was not at all uncommon for a perpetrator to indicate that he knows how to get the victim. He knows where they live, he knows the number plate of their car, etc. This can leave



staff feeling very vulnerable indeed.

*"I've had young people say, I know what car you drive." "I'll get you later."  
"That really really frightens me when they've told me, because we park  
quite near to the building, and I actually live and work in the borough.  
And that is not healthy at all." ... "Recently we had one chap who was  
saying things like I know where you live, I know what car you drive, I'll  
wait for you outside."*

*(Group 5)*

It appears to be common for someone in social care to feel a degree of anger towards a perpetrator if the perpetrator is deemed to have insight into their behaviour.

*"You get angry, you get frustrated, and you want to hit back. And you're  
frightened, because, I think well when I leave here at night at five, who do I  
know who's following me. Because after five no-one cares about you. I live  
say five miles out of the area, but it's not far for any of them to follow me  
home by myself at night during the winter, at five o'clock when no-one  
worries about me because I've clocked off. That's what I worry about, I  
worry about going home and coming in in the morning, and who's behind  
me when I'm letting myself in." "You know people say if you meet them  
outside of work it's just like meeting a normal person, but you don't really  
want to meet people after work do you. Sometimes you don't even want to  
meet your own work colleagues after work. And sometimes it's a bit scary if  
that person has been violent to you."*

*(Group 5)*

Obviously, quantitative research would be required to determine how widespread or frequent the problem actually is. But it was evident from this research that it is a serious problem, and it is not something to be lightly dismissed. Our respondents did not personally feel that 'it goes with the territory', which is what they feel other professionals, including, sometimes, their own management believe.

*"I think again, going back to this almost an acceptance that it is an  
occupational hazard - this is something that's going to happen in your job.  
I don't think we're shouting loud enough and saying we're not having this,  
we're not having this, we're not having this. And they're not coming from  
the top and saying - well this is not acceptable. It's probably like you said,  
thank God it's not me, been there done that and I've moved on. I don't think  
it's taken that seriously, and that's the question - what can we do for you, I  
don't think they're even feeling what you're feeling. They're not even  
feeling what you're feeling."*

*(Group 4)*

*"I don't think that I should have to accept the abuse that I'm taking. I don't  
care where I am. And I think that I should be supported fully - it's the  
patient that's got the problem, not me. But that doesn't happen, you have to  
be seen to tolerate it and accept it and - oh don't worry because so and so is  
like that anyway, but it's still not acceptable."*

*(Group 5)*

As far as they were concerned, in most cases they felt it did not go with the territory, they should not have to suffer it, and more needs to be done about it.



This was just as true among those running or working in children's homes, or homes for those with challenging behaviour - who might experience it daily - as those going on home visits to elderly people who may experience such problems quite infrequently. There was a widespread feeling that more or should be done to protect them, to support them, and to reduce the incidence.



# ***REDUCING THE RISK OF INCIDENTS***

## ***3.1 Better Resources and More Respect From Society At Large***

There was also a widespread feeling that if society at large - and other professionals - including the police - treated people in social care with more respect, then this would reduce the problem somewhat.

There was a widespread desire to see better education about the value of what they did, and better understanding of what they did, from the general public and from clients, too.

*"I would like them to give out a very strong message through the media, instead of knocking social workers all the time, that they say these are the people in society who are dealing with all this damage that the people that are so very very difficult and damaged, who to a large extent make other people's lives safer, because for every child I guess who something dreadful happens, there are lots of other children who have been protected, perhaps we have not got it 100% right..."*

*(Group 2)*

*"Well social workers, nurses. You know what the expectations are of your job and what you can give people. Because I think that's very unclear in a lot of cases, when people come to a government service or a voluntary organisation." "EDUCATING THE PUBLIC." "Yes."*

*(Group 1)*

It was felt that there was plenty on TV about the role of the police and hospital staff, etc. But there was just nothing about those working in social care.

*"Everyone is put in the media, police, firemen, what about us, we are faced with it as well"*

*(Group 3)*

There was a feeling that if they were respected more, because they had a better public image, they might be abused less - at least, by those with insight and a degree of control.

There was also a feeling - particularly in the statutory sector - that if they were better resourced and the social services worked better, there would be less frustration within certain client groups - and this, too, would reduce the incidence of violence or abuse. It needed more and better staff.



*"You are in vulnerable situations because of aggression and violence from clients because you are not with competent staff, because they are not there long enough to be competent, they don't know the client and haven't had the training."*

*(Group 3)*

*"It goes back to what we said about expectations of service users, they expect a lot more because they are told to expect a lot more, they have a right to expect more, but the process that has evolved is meaning they don't get the opportunity to get that much more and it is the social work staff that really get it in the neck"*

*(Group 2)*

*"I think the government should put lots more resources in because a lot of the times why they're angry is because they don't get a decent service in the first place." "SO IF THE SERVICE WAS BETTER THERE'D BE NO VIOLENCE." "There would because they wouldn't have all these rows. Because as you say the bit where the social worker is not available because she's really busy. And a lot of the times that happens in a lot of organisation they're either out or busy, you know they really can't respond, they can't do a rapid response. So if they put more money into recruiting more people and things like that." "It was like you said before people have been from pillar to post - they've been from service to service and nobody is there to help." "It's just too much."*

*(Group 5)*

Additionally, there was also a widespread feeling that if social services were better resourced there would be less personal risk. A practical examples, here, included equipping social workers with mobile phones when they went out on visits. Client facing social workers and home care workers often have to go alone to visit people in neighbourhoods and blocks of flats where they believe the police would not go without special protective gear, and generally not alone. Yet male and female social care staff are expected to do this.

*"I've been in a situation in a section where the police have got black jackets on and the whole lot, and you're stood there in your raincoat sort of thing. I mean I can remember that sick feeling, you know particularly in certain situations. That fear that you've got sometimes when you think, oh this might be quite difficult - particularly on a council estate, pouring with rain and you're on your own and you're waiting for the doctor." "It's about going into certain situations, it's not thinking I'm going to visit this person, it's getting in the lift going to the 15<sup>th</sup> floor, and thinking you're on your own on a dark night, and you're thinking anything could happen, what's going to happen when the doors open. It's the situation you find yourself in sometimes. And you are isolated, you are on your own and there's no back up - you're there so you have to deal with it."*

*(Group 4)*

*"In the area that I work in, which is just across the road from here, the police before they go into that particular area always have to have body armour on" "We stroll about with carrier bags"*

*(Group 2)*



This linked to the perceived need to go out of in pairs - which often did happen - but often did not, due to a lack of resources.

Likewise, still within the area of resources and funding - one could hear senior management claim that if, say, a social worker has experienced a problem with a specific client, then someone else should deal with that client in the future.

*"I think if staff get assaulted or abused by somebody I wouldn't expect them to go back and work with that same individual"*

*(Group 2)*

But there are times when there are not enough resources to make this happen. This appears to be quite common, in fact.

*"My female colleague is in a dilemma because she actually was more badly injured than me and did have some bruising on her face and that, but her dilemma is that she has still got to work with this person, at the same time saying I am going to stand up in court and give evidence against you. My attitude on that is very clear, but I think it does present a dilemma to staff" "WHAT IS YOUR ATTITUDE ON THAT?" "Well that is an issue as well, in these days of staff shortages that .. you ... transfer cases and things like that, it is just not an option"*

*(Group 2)*

It is likely to be a particular problem in residential homes and day care centres, but clearly not only then. Thus, there are simply not enough human resources. And, if there were, there would be less of a problem, respondents felt. Again - note the comment about management, below.

*"I think the nature of the beast that we work with, determines this sort of behaviour, but I do hear what you are saying, and for me the most important thing that can be in place is the support of my manager - coming to the office and I say - me and that person can't see eye to eye, I don't want to work with him any more, I don't want that questioned, I just want me and that person to have nothing more to do with each other" "People should be sympathetic that you are in that challenging situation"*

*(Group 3)*

Certainly, within offices and centres visited by clients staff are sometimes left alone - particularly after 5:30pm. These feel - and sometimes actually are - quite vulnerable at such times, and, as we saw earlier, when going home from work.

Social care staff may or may not be equipped with a panic button - either personal, or office. Unfortunately, however, the police are often very slow to respond to such calls. And this can sometimes lead to a very sticky situation.

*"I wear a pendant, and it is supposed to take about 20 seconds and I was in a situation where I had to keep a client from entering into the house and I was told if she did return to the house call the police, I pressed the pendant and the police was dealing with a gunshot incident, the women outside, banging the gate, trying to break the window and they didn't come and no matter how many times I called, a gunshot incident was more important."*

*(Group 3)*



Further, in many cases, the attitude of the police was felt to be far from helpful. This might be particularly the case if they were called to a residential home under any circumstances. However, again, it was commonly reported across the spectrum.

*"He was making threats to kill. The police were actually saying well he said that in a temper, there's no witnesses just you and him, and nothing came of it. Waste of time."*

*(Group 4)*

*"I must tell you this, I have had umpteen experiences where I work where police have turned up where we have decided to remove children from parents, the police have come, they turn up with their truncheons and radios and all the rest of it, really provocative, and they will say to the parents, now you make sure you fight for your rights."*

*(Group 3)*

*"The attitude of the police is quite poor" "That is the point I was about to make, was that it was myself and a female member of staff and what they said was oh well, you have not been badly hurt or whatever, oh that's alright, but I just think people shouldn't be allowed to get away with that and think they can do that. And they said yes, but one of the things you have got to remember is that if this goes to court you stand up as somebody who is 6 foot tall who has been assaulted by this woman, and he said I know it shouldn't be like that, but they are going to say what are you going on about"*

*(Group 2)*

Police were often thought to believe that residential homes incidents are not all that serious - for example if called to a residential home for the elderly - or else that it 'it goes with the territory' and victims should be equipped to deal with the incidents themselves - as in the case of a children's home. All this may lead to slow response, and a negative attitude on arrival.

It was also clear that the offices in some neighbourhoods may have security devices (for example, cameras, etc) which are broken - and might have been for a long time.

*"Our security system - also we've got an entry phone downstairs, the camera is broken, and we can't get it fixed .. So it's been like that for four years. And the alarm system as well - there's never any tests of alarms and things like this you know. There's never any procedure for the alarm"*

*(Group 5)*

This may, of course, be highly unusual. But it may not.



### 3.2 Publicising the rules

There was a widespread feeling that not enough is done to educate client groups about what will and will not be tolerated, about what sort of behaviour is acceptable, and what is not acceptable.

*"And part of the thing that I first realised was there was no sort of code of conduct or expectations of behaviour. And I think that's important to have actually there and give it to the clients before they actually become a client. Which is you will not tolerate racial abuse whatever - you know the whole lot."*

*(Group 1)*

Many respondents across the groups, and including office based reception staff strongly felt that there should be clear notices regarding the negative consequences of violent or abusive behaviour.

*"There should be guidelines there. Which we don't have. There is no sign in our office that says verbal abuse of staff will not be tolerated. And that's the thing" (Later) "You need it written down. In black and white, stamped on the wall." "Given to clients when they come in." "That's what we do. And if you sort of pre-warn them - look this is what will happen if you continue with this behaviour." "BUT HOW DO YOU GIVE SOMEONE WITH SEVERE LEARNING DIFFICULTIES SOMETHING TO READ." "Just because they've got learning difficulties, I mean they can understand things, they do know boundaries and things."*

*(Group 5)*

*"In some places they have notices saying - nurses aren't here to be abused, if you do abuse them physically or verbally - I suppose more physically - the police will be involved. I think they need to know that it's not acceptable. Because if you look at the police - the police prosecute people when they're violent, so I don't see why we're any different. Because our job is becoming just as dangerous as the police."*

*(depth interview 3)*

Obviously, if a client group is unable to read or understand such notices, then they are unlikely to have any great effect. Yet, even so, it was evidently felt desirable in such circumstances to display notices.

The implication of this is that respondents believe that if they had such notices displayed, the whole system recognised the problem, and would not tolerate it. Consequently, displaying such notices is as important in terms of what it means for systemic respect for social care workers as it is in terms of its likely actual effect on a client group.



### 3.3 Training

Many respondents across all sectors had received some training regarding how to deal with clients, and avoiding or defusing aggressive behaviour.

However, it was evident that respondents considered the training to have been of variable effectiveness. Such training is not always helpful in real life situations.

*"It seemed a bit pointless that kind of training that we were given, and it was after that, that was when a couple of times we've had increasing incidents of people coming in, and I was just sat frozen a bit really. I didn't really know how to calm this person down. It didn't really help, any training."*

*(Group 5)*

*"I'd say you've done the training, but the training is very short and it's very different in real life. And when they're teaching you about that they're teaching you about a kind of perfect model of aggression where you're going to see signs and it's all going to build up very gradually and you're going to know what to say. You know someone can go - just like that and then everything that you've learned just goes out of the window and you're just looking to run really. Where's the door?"*

*"Having a tutor actually playing certain situations doesn't prepare you really for the real thing, because it always comes unexpected and always comes from an angle you don't expect or you haven't seen. And you don't know how you react until it actually happens, that's the funny thing."*

*(Group 1)*

*"When I was a student, the training that I did at Birmingham Polytechnic, there was no preparation whatsoever for what you were literally going to meet. And the shock - you know it was all hunky dory on the training courses, and the shock of landing in a field social services team and taking that abuse - I can still remember it from day one, you know the first client group I took - and it's built into it, the very beginnings of the training in social work. There was just no preparation, or you weren't prepared for it and it took me quite a while to get my head round the experiences that I was having"*

*(Group 4)*

Further, it was clear that not everyone has received adequate (or, in some cases, any) training.

It appeared that more respondents in the statutory sector had received some kind of training than in the voluntary sector. And, possibly, it was least likely in the private-sector - although this might depend on whether respondents had previously worked in the statutory sector.

*"Sometimes there are various government initiatives we hear about from time to time where some agency has picked up some government money to train for this that or the other, I can't recall anything about training to deal with violence or dementia, usually it is things to do with health and safety, food hygiene, fire, and stuff like that. And we belong to a local association which occasionally gives us small grants to put towards training our staff and I manage to put some of that to*



*it, but to be perfectly honest in the main it is myself that has had to go out and educate myself and then I have to bring it back and organise sessions with the staff here ... It certainly would help us as an organisation if there were other resources that we could use rather than having to develop our own"*

*(depth interview 1)*

*"I think they need training these girls really to walk away from the person to walk away from the situation, because it can get out of hand, because if they take it personally ... with these elderly people they forget something after 5 ... 10 minutes"*

*(depth interview 2)*

But even in the statutory sector commonly office based and reception staff may well not have received any training. It was felt that adequate training should automatically come with the territory.

*"But never at any time in my interview or in any way in the information that I received was there any mention about this sort of thing happening. And I've never been trained for it. Now I've been there nearly five years, and there's never been a training mechanism set up where we could go. Now they'll turn round and say to us - oh but you can ask - I shouldn't have to, the mechanism should be there."*

*(Group 5)*

The reception staff, including, sometimes, telephone reception - when covering for someone else - were sometimes expected to act as a kind of front-line defence, or even security personnel. This is clearly not what they thought they were taking the job for in the first place.

Consequently, some office based and reception staff felt particularly strongly that they were being misused by the system. This was especially so if they had not had any training at all to deal with violent or abusive behaviour.

*"Yes, this person is going crazy and I'm meant to say I'm sorry but Dr. So and So or the social worker can't come."*

*(Group 5)*

We gained the impression that reception staff are a highly vulnerable group who tend to be ignored by the system. These are the ones who are often alone in a building at lunch time or in the evening - or sometimes early in the morning. And they are often called on to help in difficult situations.

*"I used to work in children and families where I was the only admin staff in the building. When everyone was out in the community I was left by myself, no panic button, no door lock, no nothing. And even though it was children and families, it wasn't only the children that might be abused or have some mental health problems - their parents were worse than the children. ... You buzz someone in, you don't know who you're buzzing in. And I'm there all by myself, which was very frightening ... you know you're fearful, you're frightened to be left on your own."*

*(Group 5)*



Clearly, therefore, it is very important to identify those who do need training and ensure that they get it.

### **3.4 Use of Force**

Finally we should note that the 'rules of engagement' are often very fuzzy. What you are allowed or not allowed to do to defend yourself is often unclear. Obviously, sometimes it may well be clear, but felt unreasonable or unrealistic. This may well be intractable - because you cannot give blanket permission to use violence or force in self defence or restraint. But often, 'breaking away' is just not an option. There is evidently an area, here, which needs to be examined.

*"I think it is important to have a dealing with violence and aggression policy, which is explicit about different levels of violence and how you intervene at different stages, I don't think we should be laying hands on people willy-nilly, I think we should be absolutely clear about those children or those people that we actually have to get hold of and it shouldn't be very many, it won't be very many, but there will be some people we have to sometimes get hold of and when we do we need very clear instruction about what we do with those people and so people feel protected"*

(Group 2)

*"I've seen a 6 year old beat up a 40 year old woman in Children and Family. When I mean beat up, kick her down onto the floor, she's getting kicked and she's not allowed to do anything, not even restrain. She's got to stay there and sit down and take it because she's not allowed. Put it this way she hadn't even been trained to restrain anyone yet so she couldn't even do that. I think there should be clear guidelines of what you are allowed to do if you are faced with that situation, because you should be able to protect yourself."*

(Group 5)

This issue arose in a number of social care contexts.

*"The charity I work for, doesn't actually recognise any restraint, we don't restrain, but we do because we have to, there are certain clients that you have to, but as a rule of thumb you don't, and if it is it is done through a psychiatrist and everything, so you are not taught anything because you are not meant to use it, but unless you are with certain clients, it is very loose, basically it is get out of the way, but yet you have got people on disciplinaries once a month for showing aggression towards a service user. And that is a regular thing. Someone complains because they see something they don't like"*

(Group 3)



## 4 AMELIORATING THE EFFECTS

There was a very widespread feeling that support from colleagues and support from management, in particular, are the best things that can happen if you experience violent or abusive behaviour.

*"It helps if you've got support from colleagues at work. If it's taken seriously. If you're allowed to go and talk about it."  
(Group 1)*

*"It's just taking someone aside for a cup of tea and things like that as well." "CAN YOU MAKE THAT KIND OF THING OFFICIAL." "I think there needs to be both. I mean normally it's one of your colleagues isn't it that would take someone to one side and have a cup of tea with you and things. But there needs to be a need for that." "You need a formal one as well."  
(Group 5)*

*"I must be in paradise in comparison, because my manager is always like - are you okay with this, are you feeling alright, did that distress you. I mean they're always concerned about how distressed I am with clients. ... I don't get stressed out by it because I know that they're concerned about it, so I actually don't get as upset about it."  
(Group 5)*

Those who receive strong and pro-active support tend to feel much better about the whole thing.

*"My PO came up to me the other day and said - if ever you feel threatened by any of the clients just let us know and we'll deal with it and make sure they know that it's not appropriate and we'll get you cover or whatever. And so I felt pretty okay because Y" " We've been told that we can get the manager out - irrelevant to what they're doing, to deal with that. So I think it's the fact that because there is a support mechanism there that does help."  
(Group 5)*

Many, however, are not in a position to received adequate support from colleagues - because they may work in relative isolation. Or, alternatively, colleagues may just not be around when they need them.

*"In the establishment that I'm working in at the moment there's been so many staff changes, cuts and not having a manager for x amount of months. And if the team has diminished or team building is just non-existent then it can be really hard. If you're looking towards support and you're supposed to be working effectively as a team and it's not working then ..."  
(Group 1)*



It is also evident that neither colleagues nor management can do much to help if they do not know of the incident. This may be a particular problem in private institutions - although not only those. Basically, the problem here is that sometimes staff do not even report an incident.

*"We have incident reporting procedure, which is very poorly used by staff, and I don't think I recall any incident of staff actually formally writing an incident report for verbal abuse for either swearing at them or using racial or sexist abuse.... It is only when we have meetings and you will get the group of staff going and really it is the body language very often that tells you that it is offensive, this has hurt. ... I have tried to enforce more reporting and the staff just say it isn't worth their time sitting down filling in a form for something that goes on time and time again when there is no harm done. That is basically in a nutshell what most of the staff would say"*  
(depth interview 1)

Of course, the staff might say something else to someone who was not their boss. Possibly they do not report it because they feel it may have been their fault. But, more commonly, staff are likely not to report an incident because of poor or inadequate management response in the past. Managers may misunderstand this.

*"People are quite tolerant really and although the rules ... the organisation has these kind of policy, sometimes the staff will say, oh I can't be bothered to go through all that paraphernalia, doesn't get anywhere anyway, and sometimes when they do try and go through the process there is not much we can do."*  
(Group 2)

*"Our manager is very sarcastic, you know the more you become emotional the more it's directed somewhere else so you automatically don't bother to say anything."*  
(Group 5)

Often there are incident report forms of some kind to be used on such occasions. But there is a widespread perception that if you fill in such a form - it goes somewhere - but absolutely nothing will happen as a result. It just seems to go into a vacuum.

*"It's just recorded, that's all it is." "And it doesn't go any further."  
"Nobody knows what happens to them really. It just goes to risk management." "Filed away." "Yes it's kept in a box and that's it. You don't remember it."*  
(Group 5)

*"In my team we've got a lot of these blue forms to fill in and then it gets sent off to our locality manager who sends it to the director. ...You're supposed to fill one in anyway whether it's verbal or physical or whatever, and then they send you back a purple slip acknowledging it. But nothing really sort of happens I don't think. The person wasn't warned or anything."*  
(Group 4)



*"We as a department have put guidelines down and there is some aggression training some of the staff get, not everyone, certainly in Bolton we are supposed to investigate every issue on violence whether verbal abuse or physical violence and sometimes you just feel it is a paper exercise because you wonder where all these bits go when they go down to the Town Hall or wherever, must just be stacking up and stacking up, we never get any feedback"*

*(Group 2)*

It was felt that what should happen was that there should be a clear and formal policy, that the perpetrator should always be noted and the system should note that this is a potential troublemaker - as a result of which, something should be done about the interaction between social care workers and that individual in the future.

In some cases there might not even be an incident report form, as such.

*"It's making me think about the incident a few weeks ago with me. I mean I didn't report it, there is no system to report it. I haven't got a manager, I haven't had a manager for over 3 months, so there's nowhere to take it to other than to your colleagues at ground level really."*

*(Group 4)*

Another problem is that in hard-pressed voluntary organisations - as well as in some statutory environments - it seems that managers just do not want to know. We have already seen some examples of this.

*"6 weeks ago there was a message left on the answer phone which mentioned my name and I know whereabouts you live, like the town, and saying that I'm looking out for you and I'm going to break your legs. My manager took that as oh well that's just somebody playing around and you shouldn't take that seriously. For me it was serious. But he just tried to play that down. And I felt lack of support from him. (Later) I think it was brushed aside as far as just some lads having a bit of fun. Well not fun, but they were just offering idle threats, they're not serious. I think it should have been taken seriously. I think I should have had someone sit down and talk to me about it. What do we do to offer you some support, some protection - do you need some protection? You know do you want to go out with somebody, two of you rather than on your own. Do you want like a telephone or whatever - what do you want. But there was nothing, nothing at all, it wasn't even acknowledged."*

*(Group 4)*

Not even the offer of a mobile phone.

*"But at the same times we're quite vulnerable in terms of that we're funded by what service we provide. We're not like local authority - so your manager will be a bit like, oh we don't want to call the police, we don't want people to be frightened to come into the project because we might call the police on them. Because she'll look at it in a different perspective because she's not a hands on director with the clients, she's in her office with the door shut. We're the ones that are going out of the door kind of*



*thing. And so her agenda is quite different to ours. So she's like tolerate it as best you can. And I'm thinking, but sometimes we do a late shift and you're at risk of a night time. Because I'll leave my building sometimes at night and you come in and you're thinking, okay we're getting funding for the project, but what about my life."*

*(Group 5)*

Thus many are left with the impression that they really ought to deal with it themselves. They feel that nobody else feels at all sympathetic, and that other peoples' attitude - including that of their managers - is that it 'it goes with the territory'.

*"I think it's accepted that you should have to take a certain level of abuse to be in the mental health, and you've just got to sort of put up with it."*

*(Group 5)*

*"I knew a colleague recently back in December, we did what's called an emergency protection order, moving the children from the home down in (District). And there was a 14 year old and his mum and the other siblings in the house actually went for the person involved. And he actually took time off work, and it was seen as - well what's the matter. You know So and So was there and the police were there and he didn't actually physically touch you, although there was fear that he was going to. You're seen that you can't cope. ... He lives quite local and it was an Asian family and he's Asian he wanted to actually change his number plates, but the department said we're not going to pay for that, you're going to extremes, and what's the matter, they're not going to - Parts of the family were like taxi drivers and he was saying they could follow me, they could locate me. And they were saying you're making such a fuss and why are you hyping it all up. (LATER) In the end he had to change number plates himself. I think he was asking for some - I think it's called an ex-gratia payment or something they'll give you towards certain incidents, if somebody had dented your car or something, but they weren't going to contribute anything so he just dealt with him himself. He actually changed them."*

*(Group 4)*

Whereas, it was felt, what should happen is that managers (or colleagues) should rally round, providing practical as well as psychological support.

It was widely felt that there should be an instant debriefing of the incident - or as near instant as is feasible in the circumstances. This debriefing should involve sympathy, practical support - when necessary - and a specific plan or policy for the future, where necessary.

Respondents seemed to have no qualms, themselves, about reporting serious incidents to the police - and this did indeed happen. Then, depending on the circumstances (and no doubt their own training) the police might or might not be sympathetic. Managers were, in some circumstances, also quite happy to involve the police - or so they said.

*"If they proved to be difficult and they became violent in any way we would call the police, we just wouldn't hesitate at all because we can't have staff treated that sort of badly, and if, as today, one of my social workers was being verbally abused someone, very quickly came and got me and I spoke to him and told him I would not have my staff spoken to in that way, and*



*eventually off he toddled and we didn't have to get the police, but I wouldn't have hesitated"*

*(Group 2)*

Unfortunately, however, within the voluntary sector (and possibly the private sector) there appears to be something of a reluctance to involve the police - because it does not look good for the organisation.

*"It's not a very good advertisement really for an organisation if you have to call in the police. They tend to want to sort of deal with - it depends what it is. If it's physical violence, then yes it could be necessary to involve the police. But on the whole they tend to deal with .. there's all the rules in place to deal with it themselves"*

*(Group 1)*

The other thing we noted in was that private sector organisations may be somewhere near the bottom of the heap here - because even local statutory workers may feel a lack of sympathy for people in private organisations, since the private organisation is 'only in it for the money'.

*"We have very good relationships with most of the social workers we have contact with, but certainly our local social services I still come across the issue that you are private, you are in it for profit you are not doing anything for the client, you are only there for the money (Later ) "I have had people say to me, well they are paid to take it, a GP a nurse other staff and relatives have said that to me, oh yes I know he is not nice but that is what you are paid for isn't it?"*

*(depth interview 1)*

For whatever reason it appears to be a common problem across sectors that management is felt not to treat violent or abusive incidents seriously enough. Thus, if the police and the courts or insurance companies are involved the affected workers are often expected to deal with this themselves - without any management support. It is felt that if you have to go to court, then your manager should come with you. But it seems not uncommon that they do not.

*"At first I didn't realise .. you know I had a great big mark all down my neck, I had to go to A&E. And I really thought it was going to scar my neck. I had to have a bandage put round my neck. I didn't get a lot of support from my colleagues that much. ... It would have been nice for the manager or senior nurse to like call you into the office and say - how are you, how are you feeling? And I think for the patient to be told that that behaviour is not acceptable. Which doesn't happen. I mean this woman was charged, but they didn't help me do it, I just did it all myself. On Monday the manager just said to me - well yes you sort it out yourself"*

*(depth interview 3)*

*"And they won't encourage you to press charges either." "No." "No." "They won't do that, they won't support you in that, you've got to do it individually."*

*(Group 5)*

*"I was quite badly assaulted once working for them, and they said well it's not (Named national voluntary organisation) policy to support any worker if they've been assaulted to take any further action."*

*(Group 4)*



*"In the past when I was working in the hospital we actually prosecuted the person that came in with a gun. But I was left to do that on my own, you know no support, go into court. And he got off, it was part of the job I was told, and he was sat there going I'll get you." "And you feel very vulnerable don't you?" "And that really was one of the things that I left the job for." "WHO WERE YOU WORKING FOR AT THE TIME?" "It was the NHS." "YOU FELT THE NHS SHOULD HAVE PROSECUTED HIM NOT YOU" "Well it was work, but nobody came with me to support me in court. You know we'll do this, but you go and deal with it." "I had the same thing with this guy, that did this - I am having to prosecute him for the damage to my car."*

*(Group 1)*

There were instances quoted in the research where a social worker's car had been blown up, more than one respondent's car had been damaged – in one case somebody's car windows had been kicked in while she was in the car. In these cases there was a no recompense for loss of no claims bonus, and no support, whatsoever, in court.

*"I'm aware if somebody damages your car, the answer is I'm sorry that's tough. You can take out a separate insurance policy now which is about £20 a year that the council have brought out. But it's only if you pay £20 and a client damages your car it's covered, but otherwise sorry no it's your own insurance."*

*(Group 4)*

*"When your car got blown up did you get any support from the police" "Can I say I lost the no claims bonus for my car, yes, I was heading off (on holiday) the next day, I had no bloody car, I had a hired car" "So you didn't get no support" "My manager didn't give a shit. This is the job, yes."*

*(Group 3)*

*"I have not received very much support with pursuing the police side of thing, bar a positive message that yes you do it" "WHAT SHOULD HAVE HAPPENED?" "I would have appreciated a bit more guidance on what happens actually when you lodge a complaint ... I have never lodged a complaint with the police before, and also in terms of actually keeping it going, I mean I was actually going on holiday that day so I was able to give a brief outline to the police, I am in a position of actually having to actively pursue it myself, I haven't the feeling the police are too anxious to do it, it is*

*"(I would have appreciated) just general support in doing that, and perhaps somebody to talk to about how it is going and what is happening."*

*(Group 2)*

It is evident therefore that 'best practice' should always include pro-active management support, of whatever kind was needed.

*"WHAT WOULD YOU SAY WAS GOOD PRACTICE" "Having a really supportive team around you, especially when things go wrong." "Also having strategies built in. If this happens then this will happen. If you are feeling under threat then you will immediately report that, you will be called in for a meeting - you know there's a procedure for dealing with it, not just an informal - you know oh you'll be alright. Something's written*



*down or made formal how to deal with situations."  
(Group 1)*

Even in less serious incidents a manager should be able spot a problem during team briefing - even if the affected worker has not reported the incident. Some managers, including those in the private-sector, clearly did - and were helpful to their staff in those circumstances.

It seems likely that if there were better and more pro-active management support this might result in less incident related sickness. But incident related sickness is, apparently, also quite widely frowned on by management.

*"I have staff coming to me, to say to me, I can't cope, I have had enough, I know I have had a lot of sick leave, I can't go off again because it is going to look bad, can I have some TOIL, or have a bit of space, yes, staff are frightened of time off in case they are seen as not coping with stress. Look at (This Local Authority) for example, .. if you have 3 block periods of sickness absence during a year you are written to, that is appalling, it is absolutely abysmal, that I might be under absolute hell, so I might think God I can't cope with seeing this client on Monday because he or she always comes in on Monday I can't cope, I am going to have that time off."  
(Group 3)*

*"When you start saying oh no I can't take this, and you start portraying that you're under stress or you've got a problem and you can't handle it you're cast as one of the patients. You know why don't you go to the GP and get a bit of Prozac for a little while."  
(Group 5)*

In addition to support from managers and colleagues, and some understanding from the police, there was a feeling that sometimes it may be necessary to receive some kind of counselling. And if it is available, they should be informed of it and encouraged to use it.

*"I'd like to see consistent formal procedures with end outcome. Lots of options for you, be it time off work, be it counselling, be it - you know if clients are known to you who are violent then there's red stickers, that you visit in pairs, that you have visits late at night they know where you're going, you phone in. So there are procedures." ... "I think someone should actually - you fill in the form and you take it to your manager, nobody actually sort of sits with you or talks about what's happened. Then it gets sent off, and nobody actually comes to see you, there's no sort of counselling or anything."  
(Group 4)*

*"There must be an independent counselling service for starters" "Yes" "Yes"  
"Available to anyone who is assaulted"  
(Group 2)*

*"Could there not be a unit that was accessible to people like us ... I don't know, a quick response that would actually access some sort of immediate counselling straight after, how you are feeling" "Sometimes you just want to say God I feel terrible, give us a brandy, and there is other times it is like weeks afterwards you sort of uuuuur, you know, it depends what the incident is and everything, as to how you cope with it, it varies"  
(Group 3)*

*"The police have counsellors they can immediately go to within their*



*organisation. I think we have four in the whole of Birmingham, and obviously they're not always there, all four all at once." "CAN YOU ALL HAVE ACCESS TO THEM." "Yes." "Is it for statutory workers only." "I think we probably go through management for those would we, for counsellors." "You can do it yourself, nobody needs to know it's confidential." "YOU'RE NOT VERY WELL INFORMED ABOUT THIS ARE YOU." "No." "No."*

*(Group 4)*

Most respondents claimed they had never received anything like this, and it was recognised that counselling is expensive, anyway.

*"I once tried to arrange it for one of our workers. After I said about the incident with the girl, she gave me the name of the counsellors and I thought oh we could use this probably for one of us. And when they told me their rates - they said I think it was £125 an hour. And you're working out the sessions that this person may ... you know it ends up being an awful lot of money. And if you're a small voluntary agency it's ..."*

*(Group 1)*

However, some respondents had received it, and considered it to have been very helpful.

*"I do have immediate access to counselling, outside counselling and ... so I can go from the incident straight there. It costs a lot of money, it is £70 a throw when it is sort of immediate, there and then, I think that is money well spent because I stay sane (LATER) I go there and sort of think oh there is nothing much gone on this month, but when I get there it is like, oh, that happened and this happened and that affected the way I thought, whatever, and I value that more than anything, because I don't take it home then."*

*(Group 3)*

*"We have got to have access to that, and that has got to be enshrined really" "And a good practice model and should be spread"*

*(Group 2)*

There was some feeling that it would be good if there was some kind of 'Samaritans' like equivalent for social care personnel.

*"Somebody should be available for you to speak to." "There should be somebody to contact if your own management isn't there. You should have a link with someone." "Where you know you would have a response from a person who's responsible." "I think that would be a good idea." "I know colleagues in residential settings who, at times, would have welcomed such a thing"*

*(Group 4)*



## 5 THE TASKFORCE

Most respondents appeared not to have been aware of the existence of the taskforce before this research alerted them.

*"I've never - I mean we get all the magazines at work. We get Therapy Weekly, NT, Care Workers Regular or whatever -heard of this study. I've never ever seen any mention of a task force group set up to look into this. Has anyone else?" "No." "No not at all."*

*(Group 1)*

*"There was bound to be a government task force on something. Where I used to work they were very strongly against violence at work, and anybody that had violence at work it was really taken strongly. I mean it used to come up at all the meetings and stuff like that, so I know that eventually something would have to happen because staff were refusing to do certain things, and to go to certain places unless they were accompanied or had certain security measures taken into account..." "BUT HOW DID YOU FIND OUT THAT THERE WAS A GOVERNMENT TASK FORCE." "Well I didn't know that it was actually a task force but I knew that the government would, or someone would be eventually taking it up."*

*(Group 5)*

Further, there was a degree of cynicism about whether a government taskforce was just lip service or window-dressing, and whether anything might seriously be done to help.

*"It makes you want to ask questions, has it come about because for example people have been killed by people who've come out of psychiatric hospitals down the tube or whatever - and that's bad publicity - it's bad for the government. So we've got to be seen to be doing something." (LATER) "The government is putting a lot of money into actually finding out ... Well it's a lot cheaper than them actually bringing back the institutions - to actually try and find some solutions to this problem."*

*(Group 1)*

This was not helped by a feeling - particularly among management - that all might be better if there were better public understanding and image of those involved in social care, and more resources poured into social care. In other words, these more senior respondents tended to be thinking in terms of grand strategy at the macro level – pie in the sky, probably - rather than micro management of the specific issue, which might be more achievable.

*"The way of dealing with violence in a sense is not dealing with it reactively, the way of dealing with violence is to deal with it proactively through good planning, through good resourcing, through good training, and through good pay and conditions because you can't get the staff"*

*(Group 2)*



And, without that happening - what could a task force do?

One thing some felt it could do, however, was lay down clear policies and procedures - based on best practice.

*"We haven't got a clear policy. Not even policy on the alarm system, not even a policy on calling the police, not even a policy on what you should do, who you should call, you know who's in the line sort of thing - there's nothing." "And the minimum of staff in the building." "Exactly there's nothing."*

*(Group 5)*

*"I think also if they looked at a whole range of place - work practice - and took the best parts of each thing and made it public. Said this is the best way to do things, this is the safe way, so people can learn through each other."*

*(Group 1)*



