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CRISIS, CONCERN AND COMPLACENCY

A study on the extent, impact and management of workplace violence and assault on social care workers

Authors: Phil Keogh and Catherine Byrne

Crisis, Concern and Complacency;

A study on the extent, impact and management of workplace violence and assault on social care workers

Foreword

Social care workers, managers, educators and the wider professional community are hugely indebted to Phil Keogh and Catherine Byrne for this comprehensive piece of research. Since Phil Keogh's initial work in 2001 anecdotal evidence has pointed more and more to an issue that is having a devastating impact on committed and passionate professional social care workers, and ultimately the social care profession as a whole.

This current study is significant for a number of reasons. In nationwide polls on political and social issues, professional pollsters often draw conclusions from somewhere in the region of 1000 respondents surveyed. This research, based on 402 respondents, therefore has an extremely strong, substantive base. It indicates the understandable and significant level of concern among social care workers about the reality of the workplace.

While it is not my intention to comment specifically on the findings of this research, I note that the levels of workplace violence indicated leave little room for complacency, clearly evident at management and agency level in this study. If the status quo continues, the best, highly motivated workers in social care will, as is happening, abandon their profession, leaving it to become fractured and ineffective.

If this trend should continue social care will become a reflection of what it should be, it will be the loser. However and more importantly those we serve will be at a loss. Those who might and should benefit most from what a vibrant, professional service can and should provide will once again find themselves victims of the bureaucracy of neglect, inaction and a dereliction of professional responsibility.

This important research can guide all areas and levels within the profession in exploring and developing structures and policies to eliminate where possible workplace violence.

Paula Byrne

President, Irish Association of Social Care Workers

And Board Member, Social Care Ireland

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About the authors

Phil Keogh is a lecturer in Social and Educational Studies in the Dublin Institute of Technology. She carried out the first nationwide study on workplace violence in the experienced by social care workers in 2001. She is involved in developing and facilitating various Degree Programmes at undergraduate and Masters level. Previous to her current appointment she was a registered general and children's nurse with many years of experience working in nurse education. She has worked with a consultancy firm providing skills training for people employed in the public services sector. Focusing on the older person she has been involved in creating, developing and facilitating innovative training for animation with frail older people in residential and day care settings.

Catherine Byrne was appointed as Continuing Professional Development Officer for Irish Association of Social Care Work in September 2013. She has a Degree in Applied Social Studies in Social Care, a Certificate in Addiction Studies and is currently completing a Masters in Child, Family and Community Studies in Dublin Institute of Technology. Catherine's professional background includes experience of working in children's residential services, disability services, and in drug education. This role included responsibility for programme planning and delivery, as well as development and facilitation of a range of training options for voluntary, community and statutory services.

Executive Summary

Workplace violence is a serious and surprisingly understudied occupational hazard in social service settings (Zelnick, Slayter, Flanzbaum, Ginty Butler, Domingo, Perlstein & Trust, 2013, p. 75).

The Irish Association of Social Care Workers over the last number of years have received increasingly concerning reports from members of serious incidents of violence at work as well as perceptions that the prevalence of violence is escalating. This experience and perception of workplace violence by social care professionals is consistent with international research which indicates an increase in proactive aggression and violence experienced in social care settings (Alinke *et al.*, 2014; Colton & Roberts, 2007; McAdams, 2002). Workplace violence is recognised as having significant detrimental impacts on the social care worker, both personally and professionally, on the organisation and the profession as a whole, with many workers reportedly leaving the profession as a result of increasing levels of violence. Violence and aggression in social care can differ from violence experienced in other workplaces, in that social care workers must interact closely with service-users and their families, often under difficult circumstances and without controls such as physical barriers or counters, whilst assessing and delivering treatment (care) (Health and Safety Authority, 2014).

Much of the existing research related to workplace violence has taken place in the UK and United States social care services. Bullock (2003) acknowledges that despite the constant risk of violence to social care workers there is a dearth of research evidence on workplace violence specific to social care staff. The first large scale Irish study 'The Nature and Extent of Workplace Violence Experienced by Social Care Workers' in 2001 was a nationwide study, carried out by Keogh, a social care educator in Dublin Institute of Technology and launched by the Irish Association of Social Care Workers. It was supported by the Department of Health and Children. Since then this issue has received little attention from researchers, the public and policymakers in Ireland. This study seeks to determine how, or if the threat and experience of workplace violence for social care workers in Irish social care settings has changed in the last fifteen years. Moreover, it explores the factors and consequences related to workplace violence for social care workers.

Defining Workplace Violence

For consistency of approach and to allow comparison of findings, this research study adopts the same definition as two previous Irish studies (Keogh, 2001; Mckenna, 2004).

> *Workplace violence and aggression occurs when persons are verbally abused, threatened or assaulted in circumstances related to their work* (HSA, 2014: 9).

Key aim and objectives of the research

The key aim of this research is to determine the nature and extent of violence experienced by social care workers across a range of social care settings. It also aims to explore;

- The factors which influence workplace violence for example, participants background, the nature of the workplace and profile of service users, as well as organisational factors.
- The personal, professional and organisational impact of violence in the workplace.
- How violence is managed in social care settings and what supports are available to staff following a violent incident.

Methodology

This empirical research involving 402 social care professionals explores their experience of workplace violence. The research gathered both qualitative and quantitative data from social care workers through their professional representative organisation, the Irish Association of Social Care Workers using an online survey which is a recognised method of data collection. The online data collection tool used in this research was surveymonkey, which is a widely used and convenient system for creating and administering surveys, as well as providing mechanisms for managing and analysing data collected.

Key Findings

This research found that 90% of social care workers across a variety of social care settings had experienced workplace violence. Some social care settings such as Children's Residential and Disability services were found to have a significantly higher prevalence of violence, with **all** social care workers in Children's Residential Services and 92% of those working in Disability Services having experienced workplace violence. Social care professionals employed in community settings such as Child and Adolescent Mental Health or Family Support Services were less likely to report experiencing workplace violence.

The key findings from this research are;

1. The majority of social care workers continue to experience abuse, threats and physical assault at work.
2. Some social care sectors have higher incidents and levels of violence than others.
3. There is an expectation and acceptance of violence, which can become a cultural norm in certain work settings and which is not addressed.
4. Workplace violence has significant costs for the social care worker, both personal and professional, and economic costs for the organisation in terms of recruitment and retention of professional social care workers. This in turn can negatively impact the social care profession.
5. There is a diversity of employment contracts for social care workers and various professional titles are used across sectors. This has an impact on levels of violence in these social care settings.
6. Supports available to social care workers who have been assaulted in their workplace are inconsistent across sectors.

Table of Contents

List of Figures and Tables

Introduction

The Joint Committee on Social Care Professionals (2002: 9) define Social Care as *the professional provision of care, protection, support, welfare and advocacy for vulnerable or dependent clients, individually or in groups*. Social pedagogy takes a holistic view of adults and young people using services, respecting them as human beings. This focuses on the whole person, seeing them as a 'social being' connected to others, and yet with their own distinctive experiences and knowledge (Kornbeck, 2002). Building meaningful relations is seen as the cornerstone of social care work. Practitioners of this approach (or pedagogues) see themselves as 'a person in relationship with the adult or young person', 'inhabiting the same life space' (Kornbeck, 2002: 44), and not existing in separate hierarchical domains. The approach is described as both practical and creative, valuing the contribution of others and with an emphasis on teamwork.

Clough *et al.* (2006: 33) in a study of 'What works in residential care' found that *residential care is a complex and unpredictable environment characterised by the problems presented by young people and the difficulties associated with communal living all of which can have a considerable effect on children's behaviour and welfar*e. Young people in residential care have experienced *disproportionately high levels of social disadvantage and abuse* prior to admission (Brodie, 2005: 1). More recently, Howard (2014) stresses that residential care can be chaotic, ambivalent, turbulent, unpredictable, and often dangerous for staff and young people. The social care professionals working in these settings frequently experience manifest behaviour that is chaotic and challenging. The very nature of social care work involves direct contact with vulnerable children, young people and adults who present with complex needs, and at times display aggressive or violent behaviours. This working environment places social care workers at significant risk of experiencing workplace violence.

Service-users may act aggressively for many reasons. It may be due to abuse, neglect, behavioural problems, psychological and mental health problems, disability and addiction. They may have a history of violent behaviour or feel frustrated or angry as a result of their circumstances. In children's residential settings in Britain, recent government statistics suggest

high levels of emotional and behavioural difficulties: 38% of children in children's homes have a statement of special educational needs, 62% have clinically significant mental health difficulties, and 74% were reported to have been violent or aggressive in the last six months (Department for Education, 2014). Social care workers can also be exposed to additional risk due to lone working, for example, community and access workers. In disability services, social care workers have also been found to be exposed to high levels of workplace violence (Hensel, Lunsky and Dewa, 2012).

In the provision of therapeutic care and support for service users, social care workers increasingly express concern about the behaviour of adults and young people in their care, and the violence or threat of violence they experience regularly in their workplace. Harris and Leather (2011: 4) indicate that *the threat or reality of service user violence of one form or another is an ever present danger in the work experience of many social care staff*. Lundstom, Åstrom, and Graneheim (2007) highlight that many care workers perceive workplace violence as a normal part of their day, which has led to concern that although not acceptable, violence may be considered tolerable in some settings (Lovell and Skellern, 2013). The Health Service Executive (HSE) policy[1] on the management of work-related aggression and violence indicates a zero tolerance approach and *does not tolerate verbal or physical harassment in any form by employees, service users, members of the public or others* (2014: 4).

International research indicates that workplace violence and aggression towards social care professionals is a common global issue and for some workers it has become a daily challenge. Koritsas *et al.* (2010) find that in Australia, 67% of social workers have experienced violence, while Winstanley and Hales (2008) identify that 64% of residential social workers in the UK have been assaulted. In the Netherlands, Alinke, Euser, Bakermans-Kranenburg and van IJzendoorn (2014) find that 81% of workers in children's residential settings, high support and juvenile detention services have experienced workplace violence, with almost half reporting incidents of physical violence. Keogh (2001) in a previous large scale study of social care workers in Ireland highlights that 95% have experienced workplace violence. Similar findings

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[1] This policy continues to apply to social care workers employed by Tusla, The Child and Family Agency.

emerge from another Irish study, when McKenna (2004) finds that 91% of social care workers have experienced verbal abuse and threats in the workplace, with 71% having suffered physical assault.

The most recent statistics available from the Health and Safety Authority highlight that the Human Health and Social Work Sector account for 20% of all non-fatal workplace injuries reported in 2012. Between 2005 and 2011, this sector accounts for more reported injuries than all other sectors together. Of the incidents reported, workplace aggression and violence was the third highest trigger of injury, with only manual handling incidents and slips or falls being more likely to cause injury. Unfortunately, specific statistics of non-fatal injuries experienced by each profession are not available. McKenna (2004) highlights that workplace violence experienced by social care workers are grossly underreported, particularly incidents of verbal abuse. Keogh (2001) finds that social care workers often do not report incidents of workplace violence as it is perceived to be *part of the job*. There is a belief that nothing would be done if they reported it, based on a history of previous reports not being acted on. Additionally they are fearful that they would be perceived as *unskilled*.

This study highlights the nature and prevalence of workplace violence experienced by social care workers, which may often go unreported or be a hidden phenomenon for the profession. It found that of the 402 participants surveyed, over 60% experienced threatening behaviour weekly or more frequently in their workplace, with almost 40% of social care workers reporting experiencing physical assault monthly or more often. A total 70% of social care workers experienced verbal abuse weekly, and of these almost 40% reported that it was a daily occurrence in their workplace. One third of the participants reported experiencing bullying or harassment weekly or more often, while 70% reported witnessing aggressive behaviour daily or weekly in their workplace. Of those who had experienced workplace violence, 93% indicated that a service user had been the instigator. Although 93% of respondents indicated that workplace violence was unacceptable, 61% perceived it to be an acceptable reality to their employer. The impact of workplace violence for both the individual professional and the organisation is significant, and the above findings highlight that workplace violence is no longer a 'risk' for those employed in social care, but is a reality faced often daily in their workplace.

There are significant personal and organisational impacts of workplace violence. Rippon (2000) argues that the increasing incidence and severity of violence in healthcare settings has a profound and traumatic impact on the victim themselves, their colleagues and families. The cost of this in terms of the health and well-being of the worker is immense, with immediate and long term implications for both the person and organisation. The impact of workplace violence includes not only physical injury, but stress and anxiety experienced by the victim, and for the victim by colleagues and service users (Hastings & Brown, 2002). Colton and Roberts (2007) state that increasing levels of aggression and violence experienced by residential social care workers, compounded by poor working conditions and a lack of recognition of the profession results in it being used as a 'stepping stone' to other professions.

Emerson and Hatton (2000) in a review of research into the prevalence of violent incidents highlight that staff can experience feelings of annoyance, despair, sadness and anger amongst others, and may display elevated anxiety levels as a result of violence which can impact on both the worker and the service user. Social care workers face the constant dilemma of understanding their experience of workplace violence, managing the emotional or physical impacts, while continuing to maintain a relationship of care and trust with the service user, who most often is also the instigator of violence. As one respondent in this study illustrates;

> *The potential for violence in the workplace is like living under house arrest, being held hostage by someone you are supposed to be caring for. You bide your time never knowing if you will get out of your shift safely or not.* (Respondent 62, Adult Service)

Workplace violence also has damaging effects for staff teams, such as increased staff turnover, negative group dynamics, poor job satisfaction and an overall reduction in the quality of care for service users (Colton and Roberts, 2007). Fear of violence can engender perceptions of losing control to both service users and colleagues. The pervasive impact of workplace violence in the social care sector is a continuation of unacceptable societal behaviours which leads to a deterioration of care provision and of the care environment. It results in many social care workers leaving the profession and impacts negatively on recruitment for the sector.

The complexity of responding to violent and aggressive behaviours in social care settings, where the care and interests of the service user come first and where contact with the instigator of violence is ongoing in most services, makes social care workers experience of workplace violence uniquely different from many other health professions. Violent and aggressive incidents usually occur when there is an audience and challenge the social care worker's values, attitudes and conduct to keep themselves safe, and maintain safety for the violent person and others if necessary. As one respondent in this study demonstrated;

> *After being beaten up on shift when some support was present, to going on shift the next day to find you were working with no real back up and the same violent threats*.(Respondent 190, Private Children's Residential Service)

Defining Workplace Violence

Researching the problem of workplace aggression and violence in social care settings has been hindered by the lack of a clear universal definition of workplace violence. There are a variety of definitions used by researchers thus making comparison challenging. Terminology such as 'challenging behaviour' is frequently used within social care settings to describe anything from verbal abuse, to aggressive behaviour and violent assaults. This is exemplified in the Health Information and Quality Authority, Annual Overview Report on the Inspection and Regulation of Children's Services (2015: 26) which refers to 'behaviour that challenges', rather than specifying violent assault on staff. Littlechild (2005: 66) suggests that in child protection work using the term *incident* in relation to aggression and violence is often misleading, as it fails to *capture the ongoing process of causes and effects which can develop over time, which has a bearing on who might be at risk, where, and in what type of situation*. He also argues that *developing violent scenarios are more difficult to identify and deal with openly and effectively than obvious physical incidents or threats*. Workplace violence has unique impacts on the worker and as such, it is important to distinguish it from other behaviours perceived to be challenging or simply referred to as incidents. As one respondent stated *the issue of the degree of violence which we experience that is called 'challenging behaviour'' needs to be highlighted* (Respondent 152, Disability Services). Emerson et al. (1987, as cited in Howard, Rose & Levenson, 2009: 538) defines challenging behaviour as;

culturally abnormal behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour that is likely to seriously limit or delay access to and use of ordinary community facilities.

Wynne, Clarkin, Cox and Griffiths (1997) definition of workplace violence, subsequently adopted by the European Commission is, *any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an implicit challenge to their safety, wellbeing or health*. Both Keogh (2001) and McKenna (2004) in Irish research on social care workers experience of workplace violence employed the following working definition of violence identified under the Safety, Health and Welfare at Work Act (2005) and the Safety, Health and Welfare (General Application) Regulations 2007. *Workplace violence and aggression occurs when persons are verbally abused, threatened or assaulted in circumstances related to their work* (HSA, 2014: 9). This legislation requires employers to ensure the safety, health and welfare of their employees.

Therefore by using the same definition for this research it allows comparisons with previous research in the Irish context and explores the changing landscape of social care workers experience of workplace violence over the last 15 years. The importance of a shared definition of workplace violence is highlighted by Waddington *et al.* (2005: 29) who argues *that if recipients believe what they have experienced is violence then, violence is what it is*. Tombs (2007) stresses, that how workplace violence is experienced by the individual is overwhelmingly influenced by dominant political, social and legal constructs. If individuals define violent events in ways consistent with prevailing definitions, workplace cultures and societal constructs there is a risk that some behaviours or threats may be discounted as workplace violence, despite the evident impact it has on the individual worker.

Due to the complexity and impact of workplace violence, there is a growing awareness that aggression and violence experienced in the workplace is not just a sporadic or individual problem, but a structural and strategic issue which is rooted in wider social, economic, organisational and cultural factors. One respondent highlighted that violence experienced by social care workers mirrors escalating levels of violence in society; *the violence we experience in*

social care is a result of the violence within society (Respondent 35, Voluntary Children's Residential Service). The impacts of changing economic, cultural and organisational factors on workplace violence are addressed within this study. Understanding the factors which predict or predispose social care workers to workplace violence may help to develop effective interventions, strategies and organisational policies which can be more successful in managing and reducing levels of workplace violence in social care settings.

Aim and objectives of research

The key aim of this research is to determine the nature and extent of violence experienced by social care workers across a range of social care settings. It also aims to explore;

- The factors influencing workplace violence for example, participants background, the nature of the workplace and profile of service users as well as organisational factors.
- The personal, professional and organisational impact of violence in the workplace.
- How violence is managed in social care settings and what supports are available to staff following a violent incident.

Social care work by its very nature is a challenging and stressful career, which involves working closely with the most traumatised and vulnerable in society. The impact of this often emotive work, compounded by the ever present threat of workplace violence has significant impacts on the social care worker, both personally and professionally, as well as their family and friends. There is a need to understand the nature, prevalence, experience and impacts of workplace violence to inform management policy and supports available to social care workers who have been assaulted.

Methodology

The purpose of the study is to identify the nature, extent and frequency of violence experienced by social care workers within a variety of social care settings. It seeks to establish if variables such as type of social care setting, the age and gender of participants or service users, as well as other factors increase risk of experiencing violent incidents. Further to this, the study explores the impact of workplace violence, both for the individual as well as the organisation. It also examines participants perceptions of organisation strategies to prevent, reduce or manage workplace violence, as well as what supports are available to those who experience violence in their workplace. Rippon (2000) argues for sensitivity in exploring experiences of workplace violence due to the emotive nature of the topic, as well as possible stigma felt by workers.

Balch (2010) insists that if research is to be professionally useful it should be founded on tried and tested techniques and practices and include the following key considerations;

1) *the need for a significant issue to research,*
2) *appropriate means or method for collection of data,*
3) *proper analysis of the data collected, and*
4) *an accurate description of the results in the light of previous research.*

The significant issue, suggested by Balch (2010) identified for this research is the experience of workplace violence from service users among social care workers in Ireland. The research gathered both qualitative and quantitative data from social care workers through their professional representative organisation, the Irish Association of Social Care Workers using an online survey which is a recognised method of data collection. The use of technology such as email or websites to disseminate surveys offers the simplest method for conducting internet data collection (Simsek & Veiga, 2001; Venier, 1999). Buchannan and Hvizdak (1999) highlight that web surveys are the type most often reviewed (94% of respondents) indicating the growing prevalence of this methodology for academic research. The electronic and online nature of these survey tools to collect data challenges traditional research ethical principles such as consent, risk, privacy, anonymity, confidentiality and autonomy. It also creates new methodological complexities surrounding data storage, security, sampling and survey design.

Web survey software has increased in popularity as it is cheap, is easy to disseminate, and provides satisfactory basic analysis. Its use has spread far outside the academic world to organisations, business, politics, schools and citizen research. It has done this despite some well-recognised problems of online survey methods. The main issue has been sampling, because people who are online tend to be younger, better-educated and more information technology (IT) literate. This means that respondents who complete online surveys may not be representative of the general population. The majority of participants in this study hold a primary degree or higher and just twenty participants are 55 years or older. Social care professionals are increasingly required to be IT literate and hence, this was not felt to be as great a limitation as it might be for general population sampling.

The online data collection tool used in this research was surveymonkey, which is a widely used and convenient system for creating and administering surveys, as well as providing mechanisms for managing and analysing data collected. An online survey was created to collect both qualitative and quantitative data, using both likert scales and open-ended questions thus allowing respondents to expand on responses ensuring more depth and quality of the data generated (see appendix 1). A cover information sheet was included in the survey informing participants that their responses would remain anonymous (i.e. no tracking information was included for survey dissemination) and that storage of data would be securely held and password protected on surveymonkey. The information sheet outlined the aims and objectives of the study, indicating that participants could withdraw from completing the survey at any time. Participants were informed that by completing the online survey they were giving consent to participate in the study. The survey consisted of thirty four questions and was available to participants from February 2014 to May 2014. There were 402 respondents to the online survey.

The qualitative questions were used to uncover new dimensions or problems related to participant's experiences of violence, while quantitative questions allowed for identification and measurement of frequency and types of workplace violence experienced. Based on the information of numbers and figures, statistical analysis was employed. Data was analysed using a number of tools available through survey monkey which enabled both quantitative and qualitative data to benefit from deep analysis.

The survey was divided into five sections addressing five areas:

- Participants background including gender, type of social care setting of employment, qualifications, and nature of employment contract.

- Service user/client information including age, gender and the length of time the service user has engaged with the service.

- The nature and extent of violence toward staff including type and frequency of violence, who the instigator is most likely to be and whether incidents are perceived to be planned or spontaneous. It also sought information on what factors contributed to workplace violence.

- The personal, professional and organisational impact of violence.

- The management of violence at work and what supports are available to staff following a violent incident.

Findings and discussion

Participant's background including gender, type of social care setting, qualifications, and nature of employment contract

A total of 402 social care workers from across a broad range of social care sectors participated in the research study. The largest cohort worked in Children's Residential Settings with statutory, voluntary or private providers. The second largest cohort of respondents worked in the Disability Sector in a residential or day care setting. The remaining respondents were engaged across a wide variety of sectors such as Child and Adolescent Mental Health Services (CAMHS), Youth Work Services, Family Support, Homeless services and Aftercare supports. These settings were grouped under Child and Family, Adults and Other to enable statistical analysis of findings. Those who identified as 'other' worked in social care settings such as semi-independent residential units, special care unit, youthreach or other training or education settings (Fig.1).

Figure 1: Social Care Sector
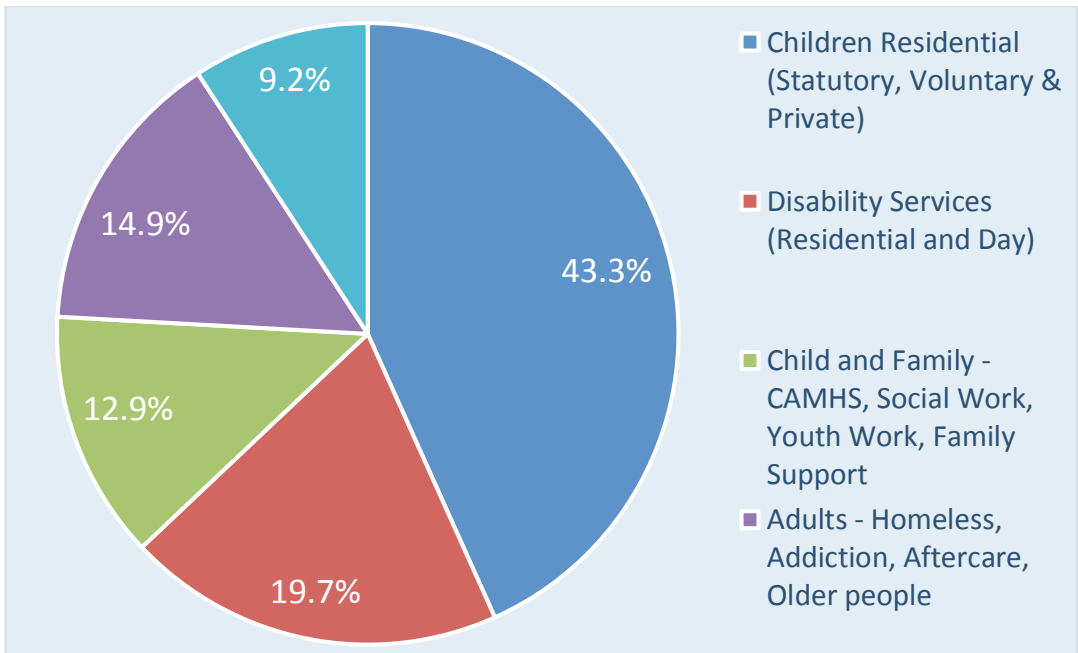
Q1: Please identify which Social Care Sector you are currently employed? (N=402)

Residential care can be dangerous for staff and service users, due to its chaotic, turbulent and often unpredictable nature. This concern echoes Harris and Leather's (2011) UK study that explored the levels and consequences of exposure to violence from individuals using care and support services, which found that levels of violence differed across sectors of social care work. They found that those exposed to the highest levels of violence were residential staff, followed by day-care who were identified as the second most 'at risk' group, with home care workers being least at risk. Their findings are consistent with this study which found that **all** social care workers employed in Children's Residential Settings and 92% of those working in Disability services had experienced some form of workplace violence. A total of 80% of participants working in Adult Services and 71% of those working in Child and Family Services had experienced workplace violence. For participants working in the category 'Other' including social care students, 70% had experienced workplace violence (Fig. 2).

Figure 2: Social Care Sector and Experience of Workplace Violence
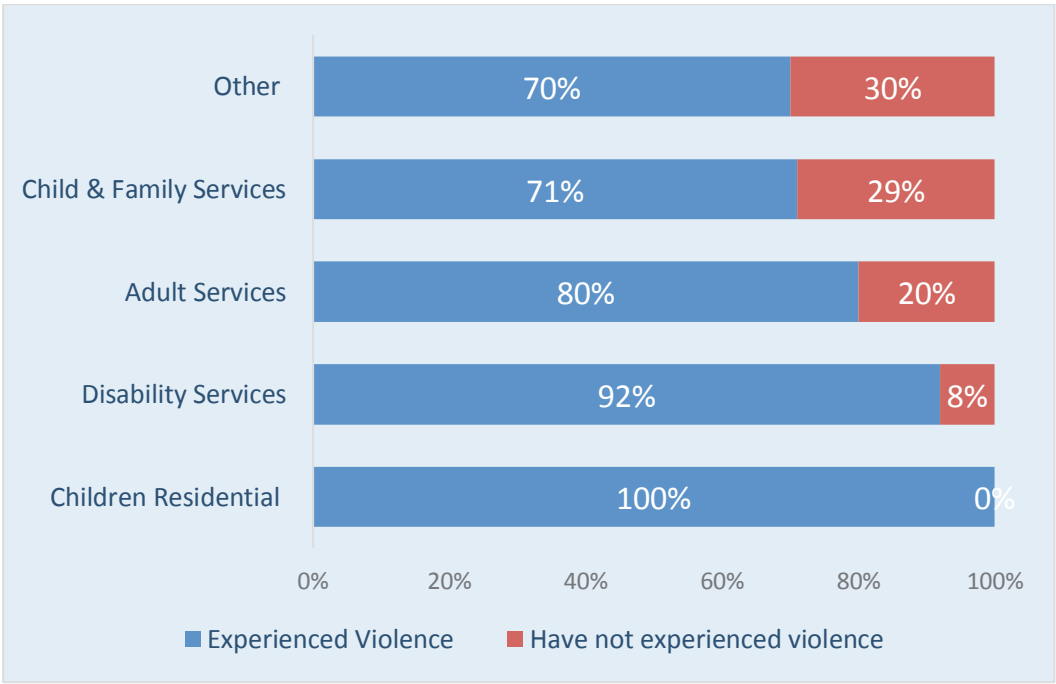
Q1: Please identify which Social Care Sector you are currently employed?
Q2:Have you ever experienced violence in your work place?(N=398)

Nature and Extent of Workplace Violence experienced by social care workers

The extent of violence experienced is evidently difficult to measure as this changes when correlated with variables such as client mix, triggers of violence as well as work environment. One respondent highlighted that workplace violence *varies day to day. It's very unpredictable* (Respondent 235, Statutory Children's Residential). Figure 3 highlights the frequency and types of workplace violence social care workers had experienced at the time of this study.

Figure 3: The Nature and Extent of Workplace Violence
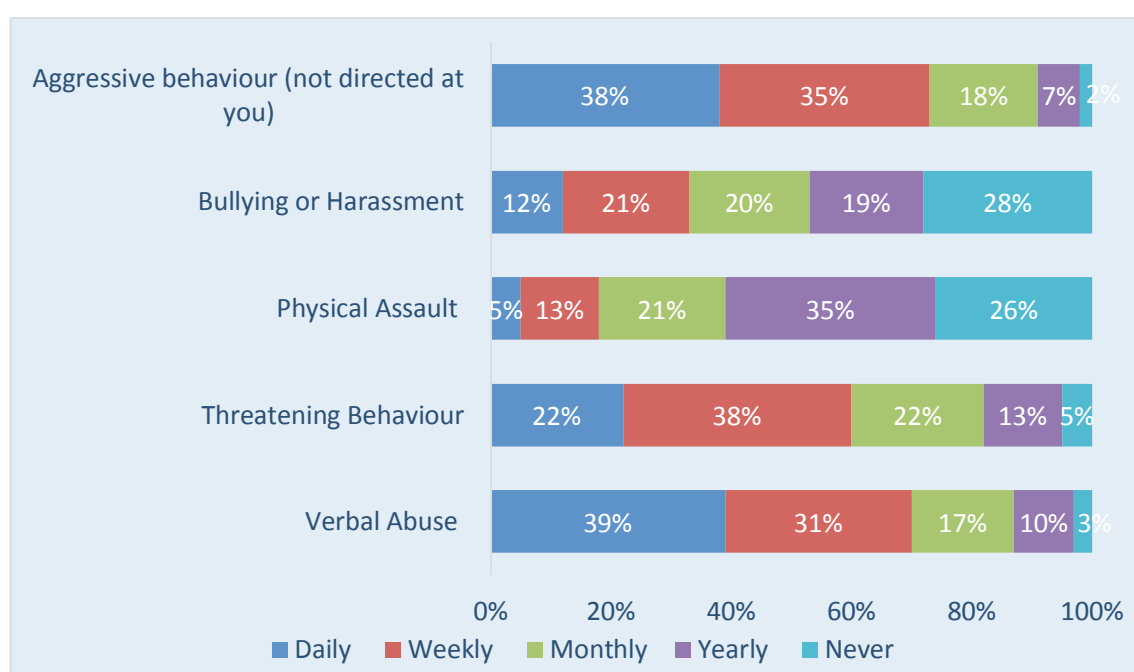
Q12: How often, if ever, have you experienced the following forms of violence in your current work environment?(N==347)

While the prevalence and nature of violence differed between social care sectors, the data indicates that workplace violence can be a daily occurrence for social care workers in all settings. This research highlighted that **three out of four** social care workers have been physically assaulted at work. McKenna (2004) found that 71% of child care staff in his study had experienced physical assault in their workplace in the previous year. Keogh (2001) found that 86% of social care workers had experienced physical assault at work. In this study, 74% of respondents had experienced physical assault described as *pushing, hitting, spitting, pinching, verbal, slapping, punching, kicking, attempting to restrain staff* (Respondent 402, Other Social Care Sector).

Age and Gender of participants in relation to their experience of workplace violence

In this study the largest cohort of respondents were aged between 25 years to 34 years (46.5%) with female social care workers accounting for 78% of total respondents. This is thought to be generally representative of the age and gender profile of social care professionals in Ireland.

Figure 4: Age Profile of Respondents

Age	Percentage
66+ years	0.0%
55 to 66 years	6.2%
45 to 54 years	13.5%
35 to 44 years	29.3%
25 to 34 years	46.5%
18 to 24 years	4.5%
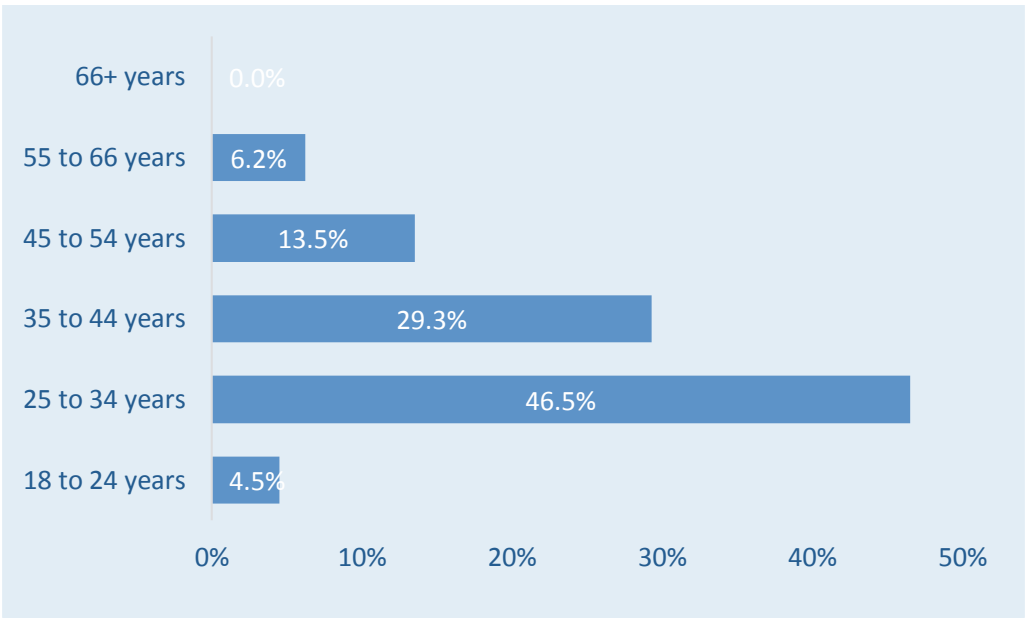
Q4. What is your age? (N=355)

Brockman and McLean (2000) argue that the age and gender profile of staff can increase the risk of exposure to workplace violence. They found that risk of physical assault for male workers (49%) compared to female staff (29%) was greater, with male staff also having slightly greater exposure to verbal abuse. They also found that staff under 40 years of age, are more vulnerable to workplace violence. Young, male staff in residential settings are particularly at risk of violence. Newhill (1996) also found that male social workers were more likely to be targets of violence, which is also supported by Biggins (1996) in a small scale study of social workers in Ireland. However, Keogh (2001) in her study on social care workers experience of workplace violence in Ireland found little evidence that age or gender are influencing factors on the risk of experiencing workplace violence.

Littlechild (2005) reminds us that gender may influence not only the experience of, but perception of violence experienced. In a recent radio documentary of workplace violence experienced by social care workers in Ireland, incidents of sexual assault were highlighted by female staff (Heron, 2015). Further to this, risks associated with pregnant staff and workplace violence are a uniquely female experience highlighted by one respondent in this study.

> *A huge area that needs to be looked at is violence for pregnant staff members. The culture is the pregnant [woman] seeks alternative duties than working directly with risky service users. The management and the area manager do not offer alternative duties or alternative placement. They put the staff at risk. The team carry the burden of keeping the woman safe. The woman eventually has to seek leave via GP as she is not safe. It is an absolute disgrace.* (Respondent 229, Statutory Children's Residential Service)

Under current legislation and policy all pregnant workers must undergo a risk assessment to protect them from dangers in the work setting. Although in this study gender was not found to be a factor in risk of or type of violence experienced, the data highlighted that workplace violence may be experienced differently for male and female workers. This study found that female social care workers were more likely to be anxious about their safety after a violent incident or have thoughts about leaving their job, compared to male social care workers who were more likely to indicate fear of investigation. Given different risks which male and female staff may be exposed too, as well as the impacts they may experience as a result, it is an area warranting further research, particularly the experience of pregnant female staff exposed to workplace violence.

The age profile of staff is also argued to influence the risk of experiencing violence in the workplace, with those under the age of forty more likely to experience physical assault (Brockman and McLean, 2000). In this study the data was analysed to identify if the age of participants was a factor in the prevalence or risk of experiencing workplace violence. There appears to be some correlation between age and workplace violence with 80% of those aged between 18 years to 24 years experiencing threatening behaviour weekly or more often compared to 37% of those aged 45 years to 55 years (Fig. 5).

Figure 5: Age Profile and Threatening Behaviour
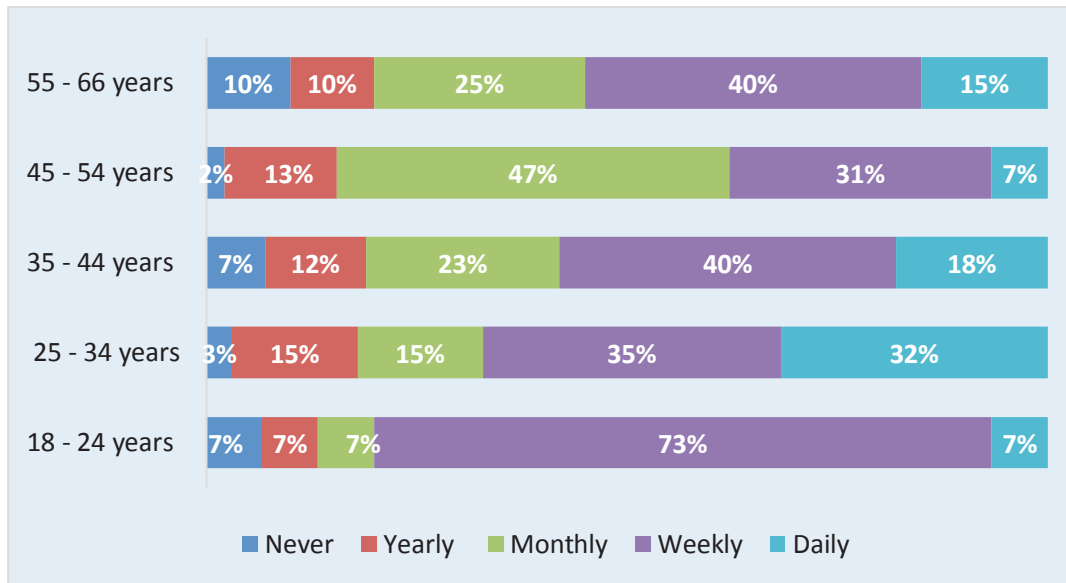
	Never	Yearly	Monthly	Weekly	Daily
55 - 66 years	10%	10%	25%	40%	15%
45 - 54 years	2%	13%	47%	31%	7%
35 - 44 years	7%	12%	23%	40%	18%
25 - 34 years	3%	15%	15%	35%	32%
18 - 24 years	7%	7%	7%	73%	7%

Q4. What is your age? Q12. How often, if ever, have you experienced the following form of violence in your current work environment? (N=341)

On further analysis of data to determine the nature of violence, age did not appear related to experience of verbal abuse, bullying/harassment or witnessing aggressive behaviour. However differences were also identified in relation to frequency of the occurrence of physical assault (Fig. 6).

Figure 6: Age Profile and Frequency of Physical Assault
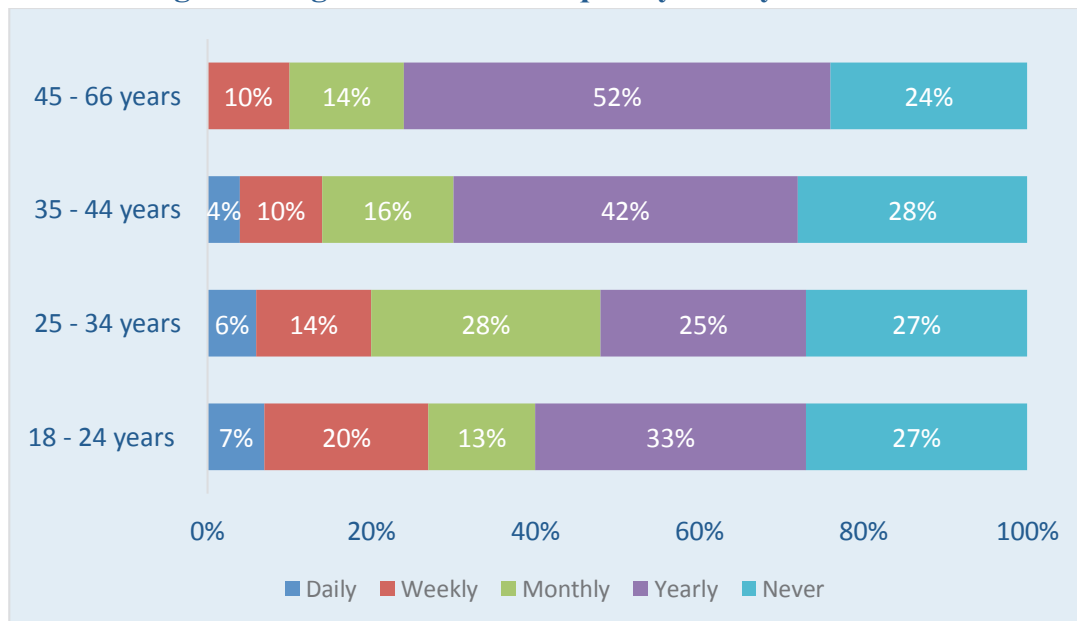
	Daily	Weekly	Monthly	Yearly	Never
45 - 66 years		10%	14%	52%	24%
35 - 44 years	4%	10%	16%	42%	28%
25 - 34 years	6%	14%	28%	25%	27%
18 - 24 years	7%	20%	13%	33%	27%

Q4. What is your age? Q12. How often, if ever, have you experienced the following form of violence in your current work environment? (N=355)

When employment sector and age profile were further analysed, participants aged 18 years to 24 years were found to be more likely to be employed in high risk settings such as Children's Residential Care or Residential Disability Services, compared to those aged between 45 years and 55 years, suggesting that employment setting was more likely to increase risk and occurrence of physical assault, than the age of the social care professional.

Participants educational qualification, length of experience working in the sector and their employment contract

There is an assumption that qualifications and experience may influence levels of violence experienced in the work environment. However, Winstanley and Hales (2008) study on levels of aggression towards social workers found that qualifications and experience did not curb or diminish levels of violence experienced at work. In this study, the majority of respondents (31%) had worked between six years and ten years in total in social care with one third reporting that they had worked between one year and five years in their current setting. The lower risk settings such as youth work, aftercare and community services had no respondent with less than six years' experience, suggesting high retention rates in some sectors.

The nature and extent of violence experienced in relation to the number of years' experience working in social care

In this research study a positive correlation between years' experience and levels of workplace violence was identified. In comparison to social care workers with more than 15 years' experience, social care practitioners with less than five years' experienced more violence on a daily, weekly or monthly basis. The nature of these incidents included verbal abuse, threatening behaviour, physical assault, bullying or harassment and aggression (Fig.7).

Figure 7: The Nature and Extent of Violence Experienced in relation to the Number of Years' Experience working in Social Care
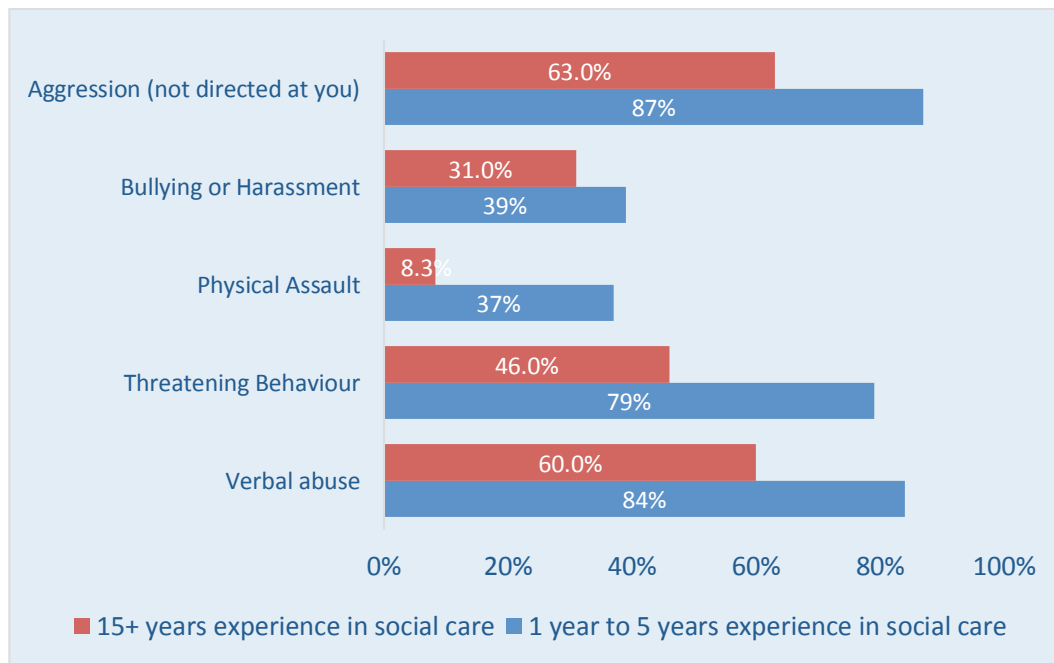
Q6. In total, how many years' experience have you working in social care area?
Q12. How often, if ever, have you experienced the following forms of violence in your current work environment? (N=328)

However, when length of experience was analysed in relation to workplace setting, it highlighted that younger, less experienced social care workers were more likely to be employed in high risk settings, such as private agencies providing residential care to young people. A high risk work environment, rather than simply length of experience, increases exposure to workplace violence for social care workers.

Professional Qualification and Background

The educational background of 92% of participants indicated that they held a recognised social care qualification or equivalent. Respondents were asked to specify what level educational qualification they held. When responses were analysed the majority (73%) held Level 7 degree or higher in Social Care or Disability Studies (n=173). The remaining 27% identified a wide variety of qualifications, not all deemed to be equivalent with a social care qualification, for example, qualifications in social work, psychology, nursing, addiction studies, sociology and

anthropology and health and leisure. When analysed, the data showed no apparent statistical differences in experience of workplace violence related to educational qualification.

Employment contract and length of employment

This research found that 72% of respondents held a full time permanent contract (Table 1). **The remaining 30% held full-time temporary, part-time, relief or agency employment contracts and they were mostly under 34 years with less than five years' experience.** The length and contract of employment may be indicative of the economic crisis experienced in Ireland from 2008 resulting in high unemployment and an embargo in public service recruitment. During this period staff were unlikely to leave full time permanent jobs as their prospects of gaining another full time post were limited.

Table 1: Employment Contracts and Length of Employment

	Less than 1 year	1-5 years	6-10 years	11-15 years	15+ years	Total
Full time permanent	0.0%	11.8%	30.7%	28.1%	29.4%	72.1%
Full time temporary	4.0%	48.0%	20.0%	16.0%	12.0%	7.6%
Part-time permanent	0.0%	3.7%	40.7%	18.6%	37.0%	8.2%
Part-time temporary	0.0%	40.0%	60.0%	0.0%	0.0%	1.5%
Organisation Relief Staff	5.0%	55.0%	30.0%	5.0%	5.0%	6.0%
Agency Relief Staff	6.7%	73.3%	20.0%	0.0%	0.0%	4.6%

Q7. What type of employment contract do you currently hold? (Please choose one); Q6. In total, how many years experience have you working in social care area? (N=330)

As a result of the economic recession and government cutbacks, social care settings were left with no alternative but to employ agency, relief or part time staff on a range of different contracts. This highlights the current challenges facing social care workers entering the profession, due to an embargo on recruitment of staff, whereby the only entry route for new graduates is to gain sufficient experience through relief or temporary employment contracts in the hope of permanent positions becoming available.

A number of respondents highlighted this issue;

> *'[low]...turnover of staff more to do with economic situation rather than assaults'* (Respondent 3, Statutory Children's Residential Service)

> *'there is no turnover due to the embargo on employment. Staff have no jobs to leave for'* (Respondent 224, Disability Service)

Colton and Roberts (2007) argue that although staff remain in residential care settings, this does not necessarily relate to job satisfaction with some possibly feeling 'trapped' in their current jobs. This has serious implications on the quality of service provision, as well as the well-being of individual social care workers. As highlighted by one respondent;

> *[I am] becoming more detached from workplace, seeing job more and more as a way of living, less motivation [as a result of workplace violence].* (Respondent 367, Statutory Children's Residential Service)

From the research, it is evident that it is the younger and less experienced social care workers who are exposed to the most violence in their work setting. The nature of the employment contract also impacts on levels of workplace violence experienced by social care workers. Therefore, new entrants may face greater exposure to violent and aggressive assaults as agency or relief staff, with little supports available to them. This increases the risk that they may leave the profession, which does not augur well for social care into the future. One such respondent questioned their profession after a violent incident and stated *Is this role for me? [I'm] questioning if I wish to continue to work in an environment where I leave myself open to violence* (Respondent 114, Adult Service).

Figure 8: Employment Contracts and Anxiety about Safety

	Most impact	Some impact	No impact
Agency Relief Staff	42%	50%	8%
Organisation Relief Staff	74%	16%	11%
Part-time temporary	40%	60%	0%
Part-time permanent	44%	56%	0%
Full time temporary	50%	41%	9%
Full time permanent	43%	48%	9%
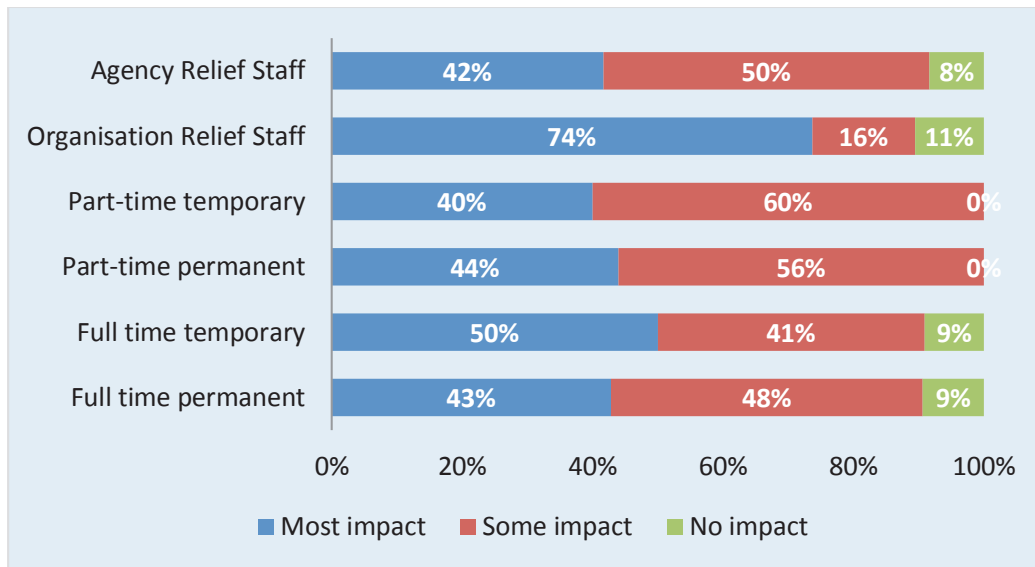
Q7. What type of employment contract do you currently hold? ; Q6. Please rate what you consider to be the personal and professional impact of your experience of violence? (N=302)

Figure 8 highlights that respondent's on relief contracts were more likely (74%) than respondents holding full-time or permanent contracts (42%) to report anxiety about their safety after a violent incident. Agency staff and those on relief contracts reported not having access to occupational injury leave after a violent incident. This may result in increased anxiety about safety, where the possibility of being on unpaid leave as a result of injury from a violent incident in the workplace is a daily reality. Agency or organisational relief staff, often hold 'zero' hour contracts, meaning that they only get paid for hours worked, which may heighten anxieties around personal safety and capacity to work. As two respondents highlighted;

The last incident was a big one...was out for six weeks after and didn't get paid which was hard financially (i.e. had to pay rents, bills etc.) (Respondent 332, Adult Service)

This is a serious issue, nurses, gardai, psychiatric nurses all have a structured approach and scheme to assist them after a serious attack/violence. Social Care workers do not. It is an appalling situation that has affected me personally, and colleagues of mine also, both personally and professionally. (Respondent 200, Statutory Children's Residential Service)

Organisational and personal perceptions of the acceptability of workplace violence in social care work

Respondents were asked to identify whether they believed that workplace violence was acceptable in social care work. Almost all respondents (93%) indicated clearly that it was unacceptable (Fig. 9). While a small number of respondents highlighted that although workplace violence is a risk for social care workers, it should not be deemed an acceptable aspect of practice.

Figure 9: Personal Beliefs regarding the Acceptability of Workplace Violence in Social Care

7.3%

92.7%

■ Acceptable ■ Unacceptable
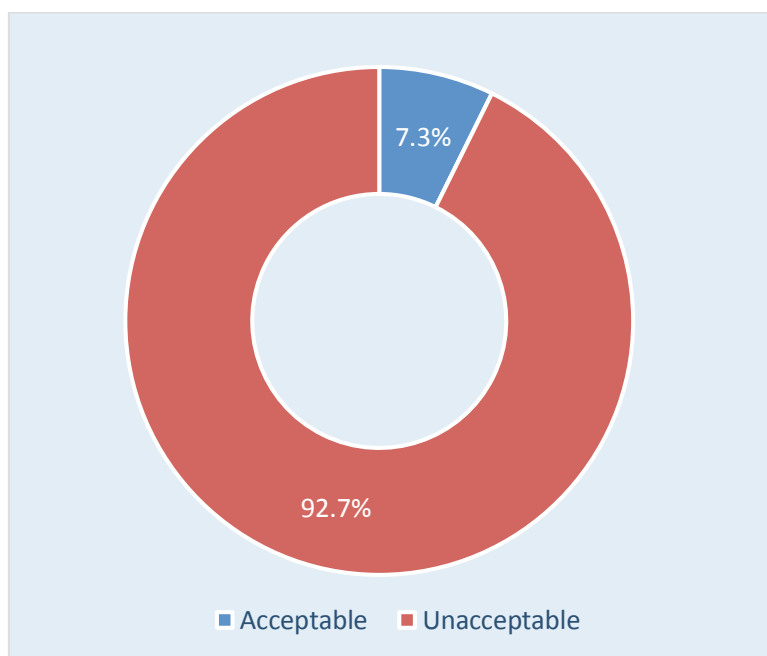
Q 22. Do you think that workplace violence is acceptable or unacceptable? (N=314)

A comment from one participant on the acceptance of workplace violence stresses that there is an expectation of some level of violence in social care work.

> *I answered yes for the question re. violence being acceptable in the workplace. What I mean is that some level is expected when you are working with young people who have experienced significant trauma.* (Respondent 258, Private Children's Residential Service)

Another participant states that although violence from service users in social care work can occur, an unhealthy culture within her organisation for managing it can imply organisational acceptability of workplace violence.

> *While for many of us working in the area of social care, violent outbursts are an unfortunate part of the job and can never fully be eliminated due to the unpredictable nature of many of those we care for and help, the culture within organisations which insist that "it's part of your job, deal with it" is unacceptable.* (Respondent 226, Disability Service)

Just over 60% of respondents stated that their employer sees violence as an acceptable part of their job (Fig. 10). As one respondent indicated, *it is widely accepted that violence should be an acceptable thing we must deal with in our jobs and if we complain someone else can have our jobs. Not very comforting.* (Respondent 34, Disability Service)

Figure 10: Perceptions of an Organisational Acceptability of Workplace Violence
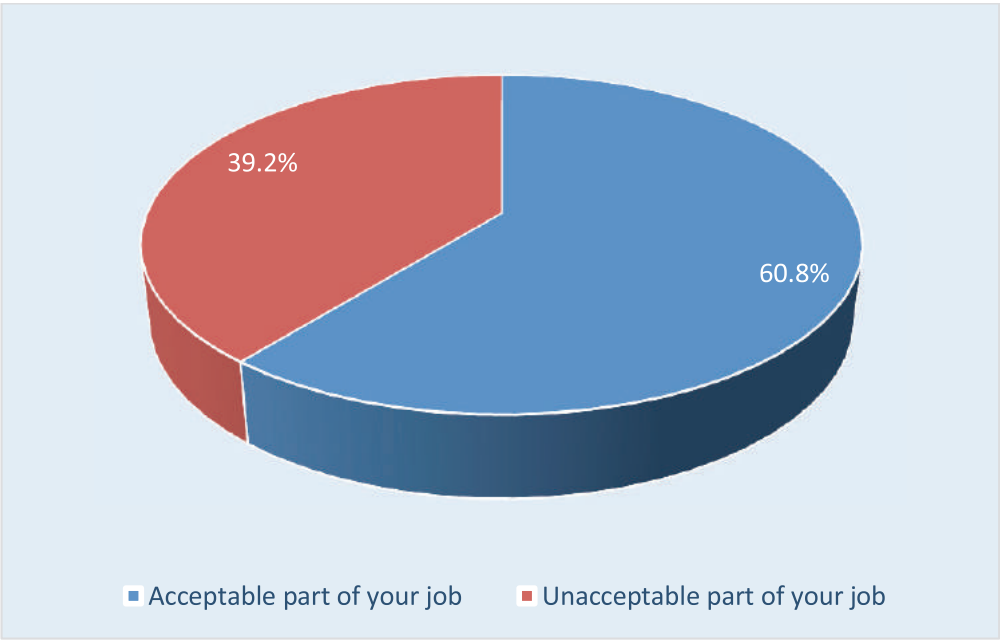
Q23. Do you believe your employer/agency sees violence as an acceptable or an unacceptable part the job?(N=309)

Further analysis shows almost 75% of participants felt that even when violence was planned that their employers thought it was an acceptable part of the job. When violence was unplanned, 55%

indicated that management perceived it to be acceptable. There was some variation between sectors on this finding, such as the perception that management in the Voluntary Children's Residential Services were less likely than managers in the Private or Statutory Residential Services to accept workplace violence.

Contributing factors to workplace violence

This was a qualitative question which allowed deeper analysis on factors associated with workplace violence. The responses were analysed and key themes emerged. These themes related to factors associated with;

- Service user profile and needs
- Resources and supports available
- Staff teams and management
- Organisational policy, organisational culture and structures

In relation to service user profile, participants highlighted issues such as past trauma and abuse, inappropriate placement, poor communication skills, mental health and drug/alcohol misuse. With regard to resources and supports available a lack of early intervention, lack of accessibility to supports, inadequate staffing levels and working environment were highlighted as contributing factors to workplace violence in all sectors. Respondents identified the staff team dynamics, number and mix of qualified permanent staff, the relationship with service users particularly around establishing and maintaining clear boundaries, lack of management support and inconsistent team approaches to manage workplace violence. When respondents were asked to identify what they felt were contributory factors relating to workplace violence, they stated;

> *Service users experience while growing up such as being in a violent environment, not developing coping or self-soothing strategies. drug use, mental illness that is not adequately managed. Organisational factors such as being influenced by the behaviour of other service users, a culture in the organisation that does not effectively promote learning from incidents of violent outburst* (Respondent 14, Private Children's Residential Service)

Fixations on items or people, family access or lack of family contact, not having a voice (autistic) lack of the ability to communicate with others, being told 'no', refused access to food or other items, their diagnosis impacting on their behaviour, staff or young people relationships, new staff starting or unfamiliar staff working with the young people, changes in routine, lack of consistency or structure. (Respondent 388, Disability Service)

A theme emerging from the data identified organisational policies, culture and structures as factors which contribute to workplace violence. Social care workers identified that an organisational culture which accepts violence as 'part of the job', as well as management inability to prevent or address violence were factors related to workplace violence. Three respondents highlight;

Organisational and societal acceptance of violence in the workplace for certain job roles, staff even, accept this themselves as part of the job. Speaking up about this leads to labelling of staff as uncaring, weak and lacking understanding of service user issues (Respondent 225, Disability Service)

Acceptance from management that this behaviour is now typical of the young people in our care therefore almost expected now, and accepted. (Respondent 244, Statutory Children's Residential Service)

Management choosing to ignore effects of violence on staff. Staff expected to deal with situations and take abuse 'because it's our job'...a case of put up or shut up. If you don't like it, you know where the door is! Notice a serious lack of respect for staff by management especially in the last six months (Respondent 218, Disability Service)

These statements emphasise that a culture of violence exists across social care sectors.

A culture of violence in Social Care

The World Health Organisation identify cultural and social norms as rules or expectations of behaviour within a specific cultural or social group. Often unspoken, these norms offer social standards of appropriate / acceptable and inappropriate / unacceptable behaviour. These rules or expectations of behaviour (norms) within a cultural or social group can encourage violence. (Violence Prevention the evidence, WHO, 2009).

There is also a culture within social care where the level of verbal abuse and aggression accepted by staff teams is simply too high. Many centres set the bar too low in what they will accept from young people. This has a twofold effect where young people's maladaptive behaviours are reinforced while causing significant and ongoing low levels of stress for staff. (Respondent 37, Adult Service)

Interventions that attempt to change cultural and social norms to prevent violence are necessary. Organisational approaches used to develop a positive culture can minimise the risk of violence and challenge cultural and social norms supportive of violence in social care settings. Professional interventions and organisational systems can prevent acts of workplace violence, for example;

- Maintaining clear and consistent boundaries with service users,
- Ensuring good communication and effective teamwork,
- Providing ongoing professional supervision,
- Facilitating the use of therapeutic interventions,
- Having access to psychological, mental health and substance abuse supports,
- Ensuring the appropriate placement of each service user,
- Providing effective and up to date violence prevention training.

One respondent suggested that *pro-active aggression is common...largely influenced by poor attachment, compounded by the conditioning of being in long term care, and for service users is a control strategy that is quite effective* (Respondent 211, Child and Family Service). Others identified the need for staff teams to ensure consistent approaches with service users. Management response, as well as the lack of support following an incident of violence was also identified as contributing factors. One respondent stated;

Expectation among management that you 'put up and shut up', that social care workers are ground level and therefore should expect this type of behaviour. Therefore the culture of the organisation itself does not prohibit teenagers from using violence. (Respondent 200, Statutory Children's Residential Service)

The nature and extent of violence experienced by social care workers from service users across various sectors

Children Residential Sector

Participants working in children's residential settings reported a high prevalence of all types of workplace violence. Almost all respondents reported experiencing verbal abuse, threatening behaviour or witnessing aggressive behaviour on a daily or weekly basis. However, when statutory, community and private providers of children's residential care were analysed significant differences emerged in the occurrence of physical assault with **71%** of those working for private providers of children's residential care indicating that they **experienced physical assaults monthly or more often**. This compared to 29% of voluntary care providers and 26% of statutory providers. This may indicate that young people with complex needs and behaviours are being placed with private providers of residential care. This can result in a concentration of young people in these services presenting with violent or aggressive behaviours. The data provides evidence that social care workers are at an increased risk of experiencing physical assault if they are employed in the private sector providing residential care.

Disability Sector

Seventy percent of the social care workers employed in the disability services, experienced verbal abuse, and threatening behaviour or witnessed aggressive behaviour on a daily or weekly basis. **Almost 40% reported that they experienced physical assault daily or weekly in their workplace.** Significant differences in prevalence of violence existed between residential and day services, indicating that working in a residential setting increased risk of experiencing all forms of workplace violence. This is similar to a smaller study carried out by Daynes, Wills and Baker (2011) in which 35% of a sample of 105 NHS staff working in six community intellectual disability teams in the South East of England had experienced some form of verbal or physical aggression at work within the previous six months. There is some evidence that staff working with people with learning disabilities and autism, with dementia, with mental health problems and with substance misuse issues are more likely to be at risk than other staff (Skills for Care, 2013).

The experience of workplace violence by social care staff in the disability sector is influenced by how violence from service users is perceived. Many staff now view challenging behaviour or incidents where they have been assaulted as workplace violence. The professional interpretation of violence is complicated, particularly in certain social care sectors where the therapeutic relationship is fundamental to practice. This can be further complicated when working in multi-professional teams where the interpretation of the violent incident is influenced by a particular professional knowledge base. Over the last number of years the disability sector has become a significant employer of social care workers as the approach to care has shifted from a medical to a social model.

Adult Services

Almost 50% of social care workers working with adult service users were found to experience verbal abuse or witness aggressive behaviour weekly or daily, while 5% reported experiencing physical assault. The findings of this study concur with previous research carried out by Brookman and McLean (2000) who suggest that social care staff working with children and adults were more likely to experience violence than those working with adults only.

Child and Family Services

The participants working with children and families in child protection or family support services were least likely to report experiencing workplace violence on a daily, weekly or monthly basis, although the incidence of ever having at any time in their career experienced workplace violence remained significantly high at between 60% to 90%.

Other

Seventy percent of the respondents who worked in 'other' social care settings such as semi-independent residential units, special care unit, youthreach or other training or education settings indicated that they had experienced workplace violence.

Service user profile and nature of violence experienced by social care workers

The majority of respondents (70%) worked in settings with both male and female service users. When data was analysed it found that those working with male only services were more likely to report experiencing verbal abuse, threatening behaviour and aggression than female only services or settings with both males and females. No significant statistical differences in experiences of physical assault or bullying or harassment related to gender of service user were found (Fig. 11). In services providing care for both male and female service users, all types and levels of violence experienced are significantly lower than services who cater for male only or female only service users.

Figure 11: Gender of Service Users compared to Types and Levels of Violence
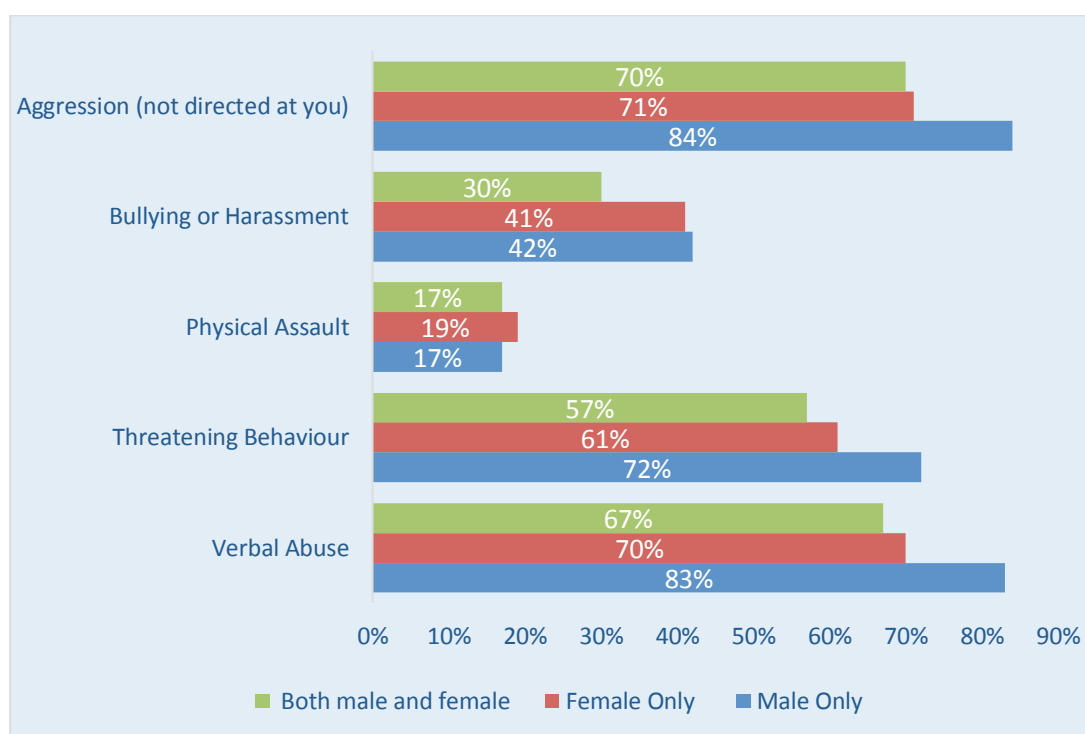
Q10. Please indicate the gender of service users with whom you work? Q12. How often, if ever, have you experienced the following forms of violence in your current work environment? (N=345)

When the age of service user was factored in, those working with service users aged between 12 years to 18 years were more likely to experience verbal abuse (73%), threatening behaviour (63%) and witness aggressive behaviour (75%) weekly or daily, compared to all other service user age categories. These staff were also significantly more likely to have experienced physical

assault and bullying or harassment. Social care staff working with this age category were more likely to have lost confidence in their professional capacity and thought about leaving their job. This indicates an increased risk of experiencing workplace violence when working with service users aged 12 years to 18 years, compared to any other age category of service user.

The average period of time of engagement with service user and the frequency and experience of physical assault

The majority of respondents (43%) indicated that their services engaged with individuals for between 1 year to 3 years (Fig. 12). When data was analysed to compare the levels and types of violence to the length of time the service user engaged with the service, just one type of violence, physical assault was found to have a direct relationship to the period of time a service user was engaged with the service.

Figure 12: The Average Period of Time of Engagement with Service User and Frequency and Experience of Physical Assault

Q 11. On average how long do service users engage with your service for? Q12. How often, if ever, have you experienced the following forms of violence in your current work environment? (N=326)

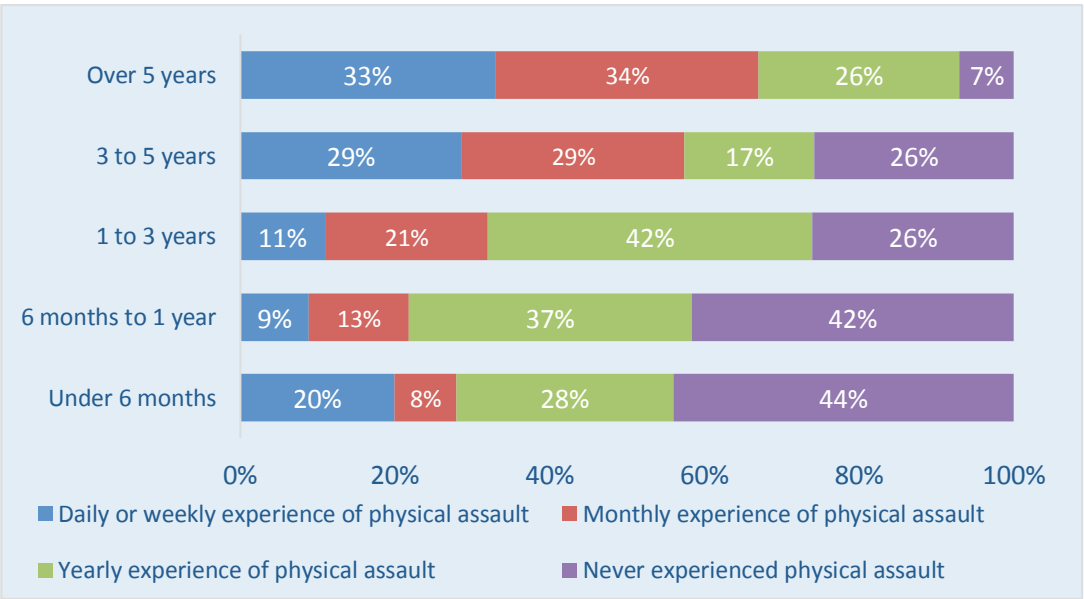Figure 12 highlights that the service user is more likely to be violent and aggressive during the first six months in the service or if they are in the service for more than 3 years. During these periods of time there is evidence that social care workers are at increased risk of physical assault. Interestingly, when participants were asked to identify how long on average a service user had been engaged with their service before they were involved in a violent incident, the majority of respondents indicated it was under six months. While engagement with new service users, where a relationship has not yet been formed, is perceived as a high risk time for the service user displaying episodes of violent and aggressive behaviour, evidence in figure 12 suggests that prevalence of physical assault can also increase where service user is well known to the service.

The time period of service user engagement with the setting was further analysed to identify if the type of social care setting or nature of violence experienced were correlated factors. As Figure 13 highlights, the length of engagement in children's residential settings was found to be related to the risks of different types of violence at various times. So while verbal abuse, bullying or harassment and witnessing aggressive behaviour were more likely to be experienced in the first six months after admission to the service, threatening behaviour escalating to physical assault was most likely to occur between 1 year to 3 years after admission of young person to the service. This may indicate an escalating behaviour pattern in which intervention at an earlier stage might prevent escalation to physical assault. It also suggests that workplace violence such as verbal abuse, bullying or harassment and aggressive behaviour may be warning signs, that if unattended to, may result in increasing acts of violence or aggressive perpetrated against staff.
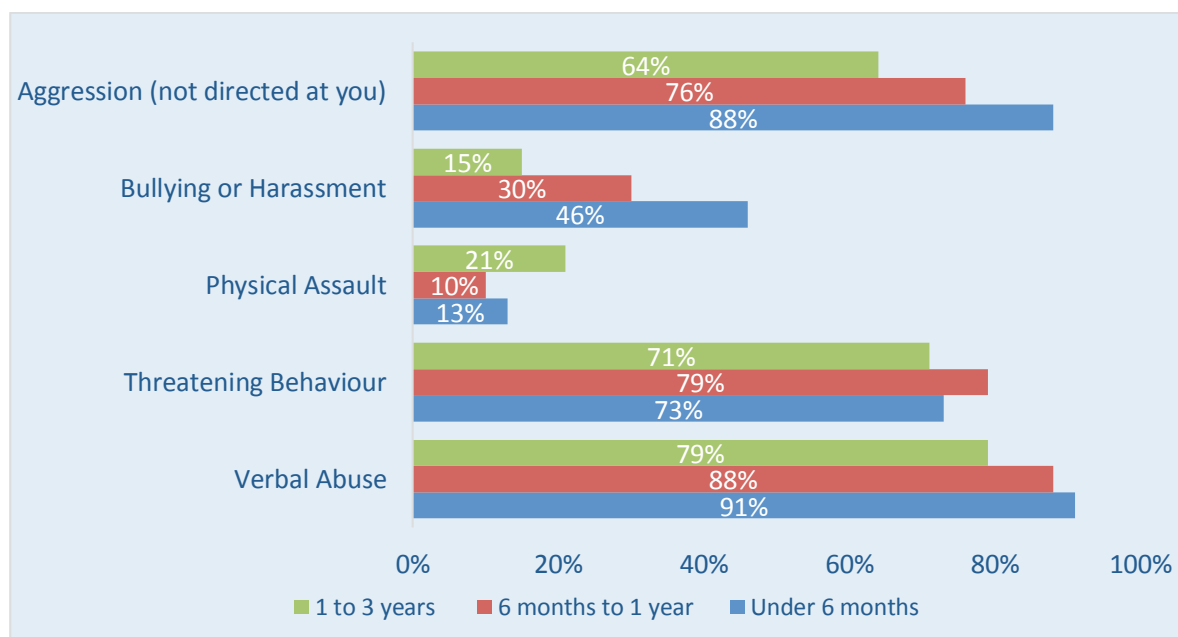
Q 11. On average how long do service users engage with your service for? Q12. How often, if ever, have you experienced the following forms of violence in your current work environment? In Children Residential Settings (N=155)2

Data for all other cohorts of respondents, including Disability, Adult and Child and Family Services were analysed but no statistical differences were found in relation to the length of service user engagement and the prevalence of violence. This finding is significant as service users in the disability sectors tend to use services long term.

Is violence from service users planned or spontaneous?

Rippon's (2000) definition of workplace violence includes intent (intentionally harm) as a factor. This study also aimed to explore perceptions of social care workers as to whether they felt that workplace violence was mostly spontaneous (i.e. the service user lost control and acted violently) or whether violence was mostly planned (i.e. service user consciously makes a decision to act violently). While the majority of respondents (71%) felt that violence was mostly spontaneous, a significant number (29%) felt that the violence was mostly planned. In some sectors such as Intellectual Disability, Mental Health and Older People social care workers are

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[2] Few respondents engaged over 3 years with service users in Children's Residential services.

likely to be victims of unintentional violence. This is an influencing factor on the professional interpretation of violence. Survey participants in the Disability Sector, 100% of those working in day centres and 79% in residential services felt that violence was spontaneous or unplanned. These sectors operate from a predominantly medical model of care, rather than a social model of care where the culture of the perception of violence is different from other residential and day care settings. Within the children's residential sector, 53% of the participants working in statutory children's residential services indicated that violence was planned, whilst in the private residential sector 41% stated that violent incidents were planned.

Social care workers indicated that if the violence was planned it had more serious impact on them, than if the violent incident was unplanned. The participants who perceived that the violence experienced was mostly planned were more likely to identify feeling angry, annoyed, anxious, frustrated, upset, fearful and slightly less likely to feel reflective after a violent incident than respondents who perceived violence as a spontaneous act. This cohort was more likely to identify longer term negative impacts such as anxiety about safety and to have thoughts about leaving their job (Fig. 14).

Figure 14: Perception of Violence and Professional Impacts
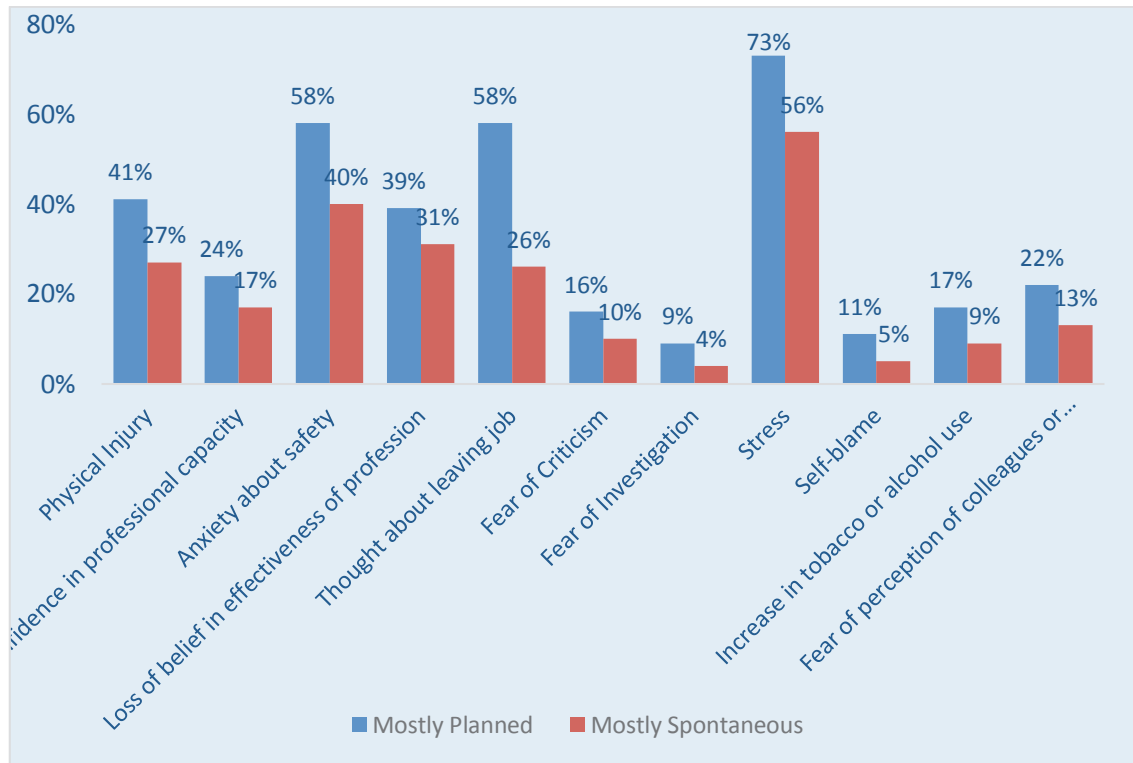
Q14. In your experience of managing violence in the work place do you feel that violent incidents were; Q19. Please rate what you consider to be the personal and professional impact of your experience of violence?(N= 340)

McAdams (2002) suggests that workplace violence in children's residential services has become increasingly proactive (planned), rather than reactive (spontaneous). He argues that interventions are often applied without consideration for the subtype of violence. The evidence from this study highlights that where workers perceive violence as planned rather than spontaneous, the personal and professional impacts are greater. This must be a consideration when supporting social care workers to process feelings and thoughts after an experience of violence to fully understand the individual experiences and impact of workplace violence.

The impact of violence: personal, professional and organisational

Arnetz *et al.* (2001) and Flannery (1996) note that threats of violence and verbal abuse can have as negative an impact on staff as being physically assaulted. Thus, whilst physical assault can require first-aid and often referral to medical services, verbal abuse does not, although the emotional impact may be the same. Fear and anxiety have been identified as common impacts in social care staff who experience violence (Littlechild, 2000). Kelloway and Schat (2000) found that fear responses associated with direct and vicarious exposure to violence were related to subsequent depression, anxiety and had a negative impact on well-being of the social care worker.

The cost of violence towards social care workers is far reaching and involves not only them, but also their colleagues, service users and the organisation.

Work-related violence and aggression threatens the safety and well-being of service-users and employees and can cause both immediate and long-term effects. A person who directly experiences a violent or aggressive incident can suffer physical and/or psychological harm or injury (HSA, 2014)

Personal Impact of Workplace Violence for Social Care Workers

Workplace violence and stress has serious consequences for the social care worker in terms of physical, mental and social health and wellbeing. Cooper (2006) suggests that alongside stress, natural within children's residential services, social care workers are also open to experiencing emotional distress and may be disturbed by this. As a result they may experience fear, a feeling of being unsafe, sleeplessness, anger and irritability. Taylor (2011) highlights the emotional demands made on practitioners due to the nature of the work, the work environment, the level of distress experienced by service users and the expectation of others concerning their role. Lovell and Skellern (2013: 2265) emphasise that apart from the physical effects of violence, victims may suffer less obvious psychological effects. Survey participants were asked to reflect on the emotional impact after experiencing a violent incident. Feelings of being frustrated, anxious, upset and reflective were identified as the most frequent emotions experienced by respondents.

Participants in this study indicated that they experienced a complex range of emotions following a violent incident (Fig.15).

Figure 15: Feelings experienced after a Violent Incident
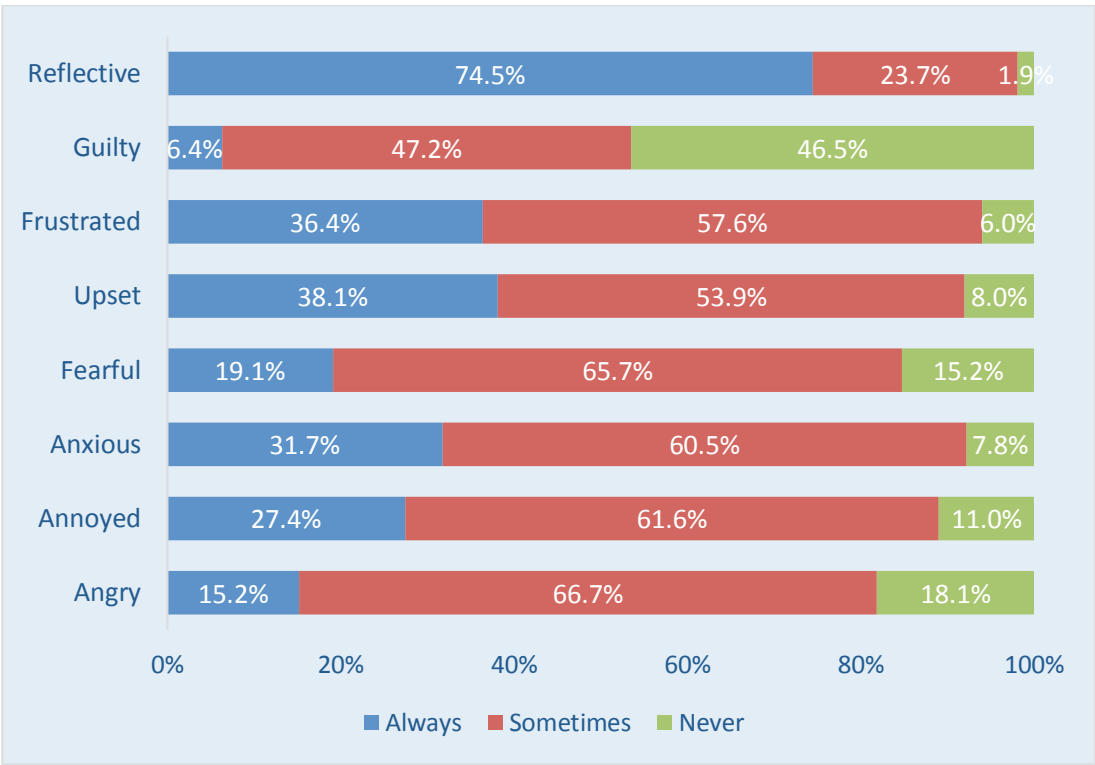
Feelings of anxiety and stress are not just felt following an incident. It is important to recognise that stress and anxiety can be felt in the build up to an incident of workplace violence. This may last from hours to days. One respondent identified that they felt *relieved that the outburst is out* highlighting the tension and fears which may exist for staff during this period. Another respondent highlighted the feelings of stress, anxiety and fear experienced before a physical assault, *knot in stomach, knowing your (sic) facing into a terrible shift* (Respondent 375, Statutory Children's Residential Service)

One respondent also indicated that after the violent incident, she frequently was adversely affected by the constant *re-running things in your head, sleeplessness* (Respondent 375). Feelings of anger, annoyance and fear were also highlighted by many as having an impact on

them following a violent incident. Respondents were invited to add a comment on this survey question. Many indicated other feelings such as failure, disillusionment, disappointment, powerlessness and embarrassment.

Survey respondents highlighted an array of feelings related to the complex emotional impact violence incidents at work had for them with the following comments:

> *Isolated, unsupported* (Respondent 375, Statutory Children's Residential Service)

> *Can create a negative workplace environment. An unsafe feeling for staff and young people.* (Respondent 377, Statutory Children's Residential Service)

> *Would feel angry and annoyed, not at the child, but at the situation that I am forced to work in, meaning I don't think people should be assaulted in work* (Respondent 279, Disability Service)

The complexity of emotions felt following an experience of workplace violence are apparent, and staff require support to work through these emotions before being able to return to work effectively with the team. Participants also expressed frustration or annoyance where it was felt that *both the violent incident and the management response are the cause of a lot of stress, especially when management completely ignore the worker* (Respondent 118, Other Sector).

Working in the disability sector social care workers are particularly vulnerable as working conditions, policies and procedures, and the understanding and management of workplace violence varies across different settings and different providers. Lundstrom *et al.* (2007: 341) found in a study of the emotional reactions to violence of staff working within learning disability group homes, *76% reported feelings of powerlessness, 62% insufficiency and 57% anger, with unhappiness, violation, insufficient knowledge, fear, loneliness, shock, guilt and shame also in evidence*. The most powerful evidence of the effects of workplace violence in this research comes from the testaments of the research participants. A sample of two respondents is highlighted in the following excerpts;

I had to leave my permanent job due to stress from severe challenging behaviour, working conditions in an isolated community house with no on call system or support. Couldn't last any more than 1.5 years. [I was]...constantly requesting support and GP requests due to deteriorating health [which was] questioned and [requests were] ignored. (Respondent 152, Disability Service)

I am currently out after a serious assault. The management have not been supportive telling me I am haemorrhaging funds and they would be dubious of my injury, even though the medical evidence is there to back it all up. Management need to understand the mental, physical and emotional effects such serious injuries can have. No-one is looking for sympathy, just support. (Respondent 113, Disability Service)

Physical and psychological consequences of workplace violence are well recognised across many sectors. The social care workers in this study identified the following impacts of workplace violence experienced. Figure 16 illustrates the extensive impacts which workplace violence can have including stress (98%), physical injury (74%), loss of belief in effectiveness of profession (84%), thoughts about leaving their job (76%) and anxiety about personal safety (91%).

Figure 16: Personal and Professional Impacts of Workplace Violence
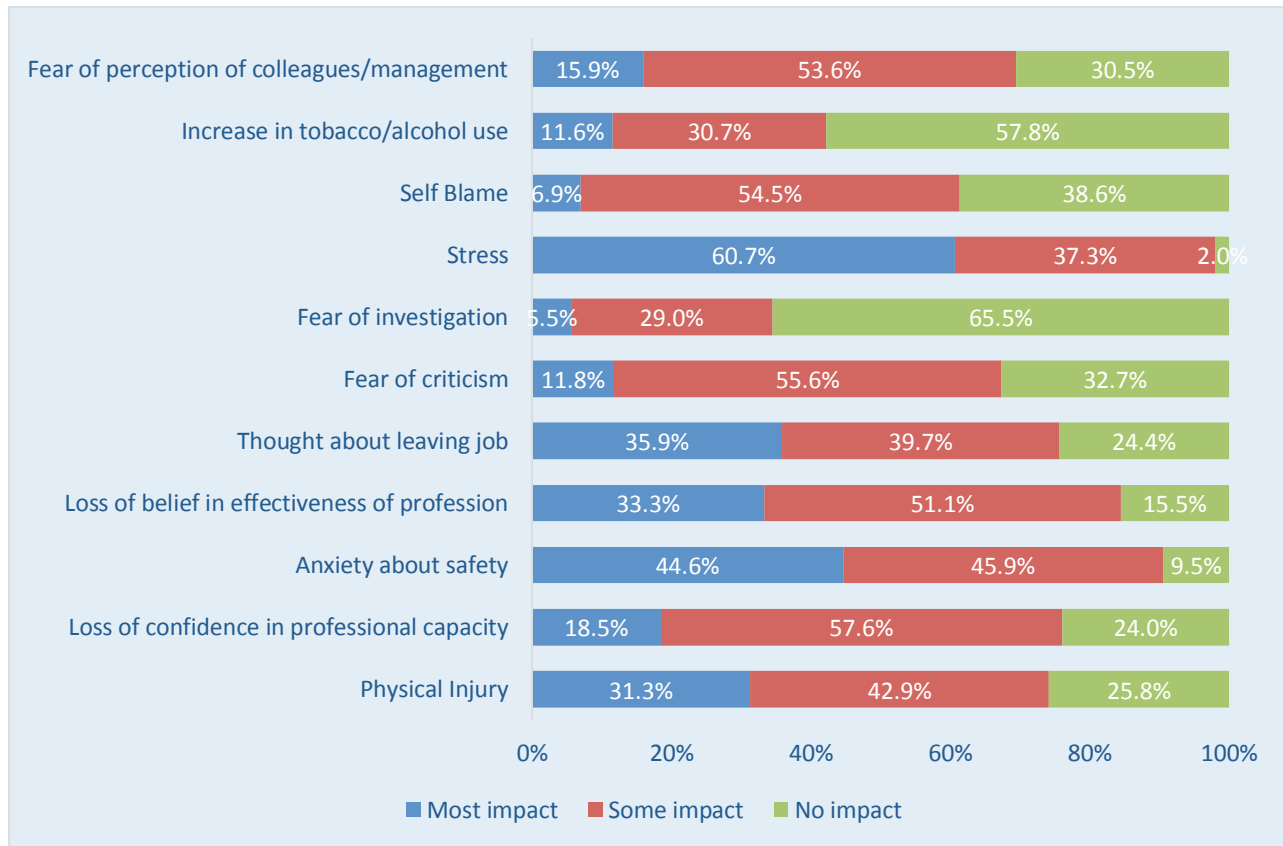
Category	Most impact	Some impact	No impact
Fear of perception of colleagues/management	15.9%	53.6%	30.5%
Increase in tobacco/alcohol use	11.6%	30.7%	57.8%
Self Blame	6.9%	54.5%	38.6%
Stress	60.7%	37.3%	2.0%
Fear of investigation	5.5%	29.0%	65.5%
Fear of criticism	11.8%	55.6%	32.7%
Thought about leaving job	35.9%	39.7%	24.4%
Loss of belief in effectiveness of profession	33.3%	51.1%	15.5%
Anxiety about safety	44.6%	45.9%	9.5%
Loss of confidence in professional capacity	18.5%	57.6%	24.0%
Physical Injury	31.3%	42.9%	25.8%

Q19. Please rate what you consider to be the personal and professional impact of your experience of violence? (Please rate from most impact to least impact)

Whitaker *et al.* (1998) also highlight the stress experienced by social care workers working with children who present with complex issues. Howard, Rose and Levenson (2009) found that higher levels of violence and verbal abuse were related to increased rates of emotional exhaustion. Marcinko and Hetico (2013) indicate from their research that the impact of workplace violence can cause difficulty in returning to work, helplessness and symptoms of post-traumatic stress disorder, changes in relationships with colleagues and sleep disturbance.

Consequences of workplace violence are not limited to adverse psychological signs and symptoms. Being the target of physical violence can impact the ability of social care workers to perform optimally. The personal and professional impacts of workplace violence are wide ranging and significant.

I am currently suffering from posttraumatic stress disorder (PTSD) with my life in shatters two years after a vicious assault (Respondent 339, Disability Service)
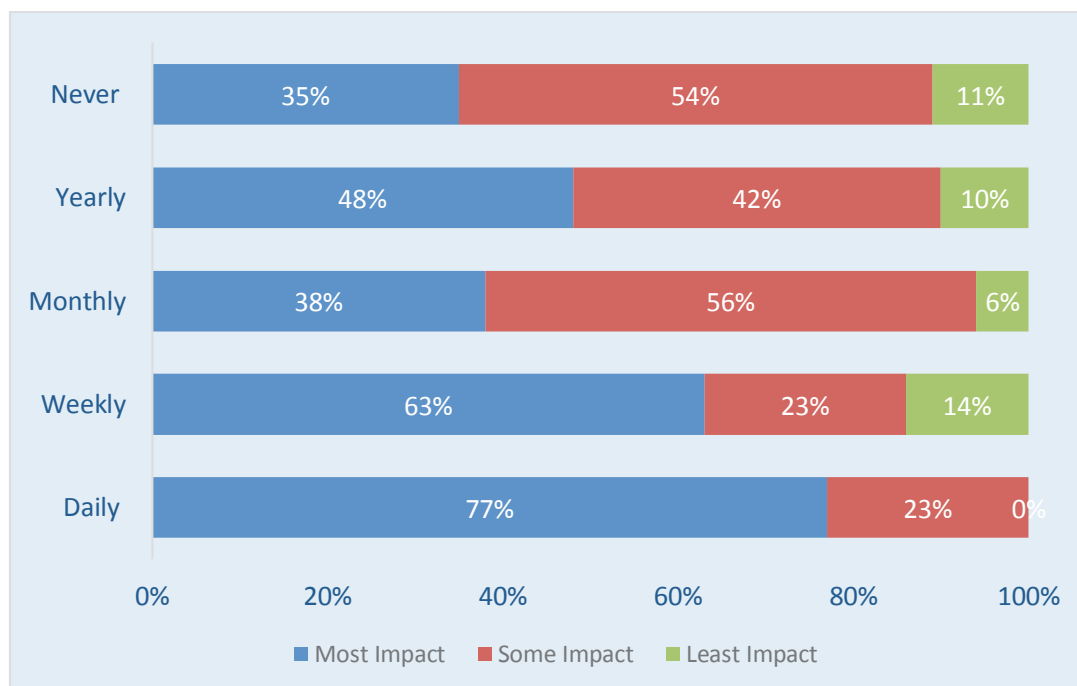
Physical injury has had a major impact, to the point of partial disability. I sum up one particular incident as having ruined my quality of life, preventing me from continuing activities that I enjoyed. The severity of the type of violence seems to have increased. (Respondent 373, Statutory Children's Residential Service)

The frequency and cumulative effects of workplace violence in social care settings

Littlechild (2005) argues that failure to recognise the developing nature of violence makes it more difficult to deal with it openly and effectively. For example, witnessing aggressive behaviour may be assumed to have less serious consequences than physical assault. Yet in this study, 75% of those who experienced this daily in their workplace identified stress as having most impact compared to 33% who reported witnessing aggressive behaviour yearly. Those who experienced threatening behaviour on a daily basis (49%) were also significantly more likely to indicate a loss of belief in the effectiveness of the profession, compared to those who experienced this type of violence yearly (19%). This study found that 97% of participants had experienced verbal abuse, the prevalence of which increased their fear about personal safety, their loss of belief in the effectiveness of the profession and thoughts about leaving their job.

Responding to individuals demonstrating aggressive/violent behaviours within the social care context is complex as incidents take place within a professional service relationship where a duty of care is challenged by concerns around personal safety. Figure 17 highlights the impact of frequent physical assaults experienced by social care workers and their anxiety about personal safety. The frequency of threatening behaviour, bullying or harassment or aggressive behaviours (not directed at the individual) also correlated with an increased negative emotional impact on the individual. The data indicated that the frequency of exposure to workplace violence was related to increased stress, anxiety about safety and fear of negative perception of colleagues and management. Of note, is that social care workers on relief or 'zero hour' contracts of employment indicated that they were twice as likely to be anxious about their personal safety as those on permanent contracts. It is essential that social care workers have a safe work environment to facilitate professional practice.

Figure 17: The Frequency of Physical Assault and Anxiety about Safety

	Most Impact	Some Impact	Least Impact
Never	35%	54%	11%
Yearly	48%	42%	10%
Monthly	38%	56%	6%
Weekly	63%	23%	14%
Daily	77%	23%	0%

Q.12. How often, if ever, have you experienced the following forms of violence in your current work environment? Q19. Please rate what you consider to be the personal and professional impact of your experience of violence? (Please rate from most impact to least impact) Anxiety about safety (N=297)

Many social care workers are coming on shift feeling stressed and anxious about their personal safety due to an expectation of experiencing workplace violence, as one respondent highlights, *I can be fearful coming to work as well as anxious* (Respondent 114, Adult Service). One respondent elaborates on this suggesting that their response is dependent on the severity and frequency of the violence;

> *If facing violence every day, my anxiety is high. I am fearful going to work, exhausted both physically and mentally. However a one off incident would be felt differently I would cope better. The sad fact is we are almost immune to it now, the odd slap and punch wouldn't affect me at all, completely desensitized.* (Respondent 244, Statutory Children's Residential Service)

Yet, even in workplaces where violence is rare, it does not negate the serious impact which one incident can have for an individual, the service user and their colleagues.

Impact of Workplace Violence on Colleagues, Family and Friends

Cooper *et al.* (2003) also stress that third parties may be affected by workplace violence due to the negative impacts on the person assaulted. The frequency and level of violence experienced compounds the personal and professional impact on the individual, their family and friends. In this study workplace violence was found to have significant impacts on others in the social care workers life. The impact of workplace violence affected relationships with colleagues (89%), partner/spouse (80%), parents (64%), friends (62%) and their children (41%). This may give rise to concern, anxiety and arguments with family and friends regarding their personal safety. The impact of a physical assault at work has significant consequences for the individual and those close to them, *explaining to your loved one where you got the black eye is not the most ideal conversation to have after a day at work. Everybody is fearful for my safety. Work just shouldn't be like that* (Respondent 244, Disability Service)

Respondents indicated that not only, the instigator of the violent incident, but also other service users (71%) were impacted by workplace violence. One respondent highlighted the impact workplace violence can have on other service users, *it's not a service users responsibility to be supportive to staff, however I have experienced empathy from service users who witnessed an assault on me and attempted to protect me* (Respondent 137, Statutory Children's Residential Service).

Professional impact of workplace violence for social care workers

In work settings where violent incidents towards staff are a regular occurrence it affects the relationship with the service user and the care team (Fig. 18). One respondent stated

> *Aggression is the single most negative deterrent in building relationships with service users. There is an acceptance that aggression and violence are part of the job description (Respondent 160, Statutory Children's Residential Service)*

Social care workers are mindful that all decisions concerning service users are made in their best interest, with the best possible available information at that time. Frequently social care workers

are required to make decisions on the spot. It may not always be possible to consult with the service user. As one respondent highlighted;

Sometimes a decision taken may be the wrong one, however making that decision on the basis of knowledge of the situation or relationship with the young person is in everyone's best interest, may be how we feel the incident should be handled. Safety of all involved is always the main concern. (Respondent 354, Other)

Figure 18: Impact on the professional relationship with the service user involved in the violent incident
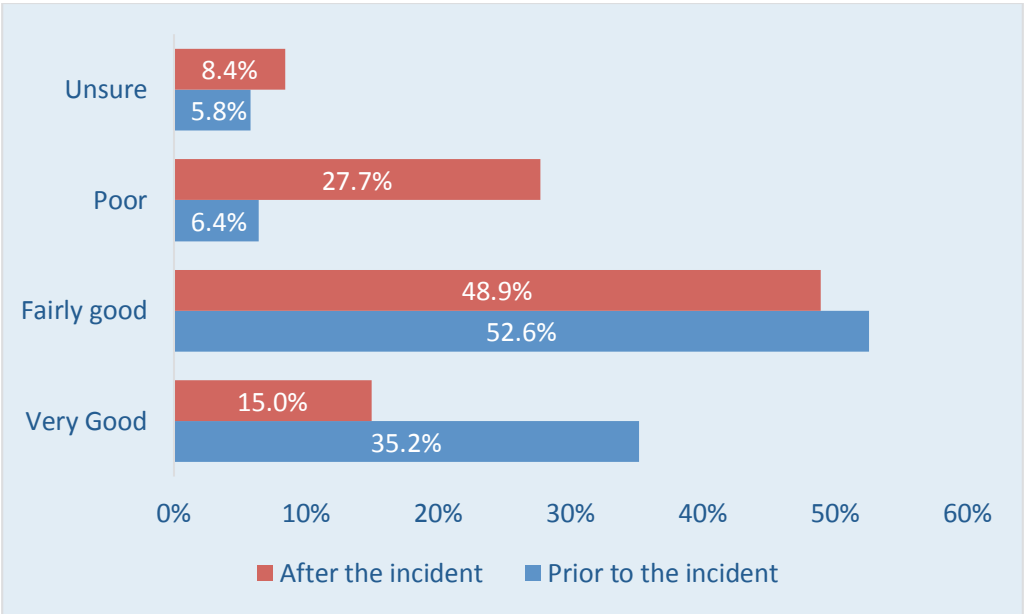
Q17. Thinking back to one incident of violence, how would you have felt your relationship with the instigator of violence was a) prior to the incident b) after the incident? (N= 340)

Overwhelmingly the study respondents indicated serious professional concerns following experiencing workplace violence. The key concerns for the social care profession as a whole, were that participants experienced a loss of confidence in their own professional capacity and a lack of belief in the effectiveness of the profession giving rise to almost 36% having thoughts about leaving the profession (Fig. 19). There was considerable difference between staff on relief or 'zero hour' contracts of employment and permanent staff. Over 40% of relief and 'zero hour' contract staff indicated that they had lost confidence in the profession, whilst just 16% of those on permanent contracts indicated the same.

Figure 19: Professional Impacts of Workplace Violence

	Most impact–	Some impact–	No impact–
Fear of perception of colleagues/management	15.91%	53.57%	30.52%
Fear of investigation	5.54%	28.99%	65.47%
Fear of criticism	11.76%	55.56%	32.68%
Thought about leaving job	35.90%	39.74%	24.36%
Lack of belief in effectiveness of profession	33.33%	51.13%	15.53%
Loss of confidence in own professional capacity	18.45%	57.61%	23.95%
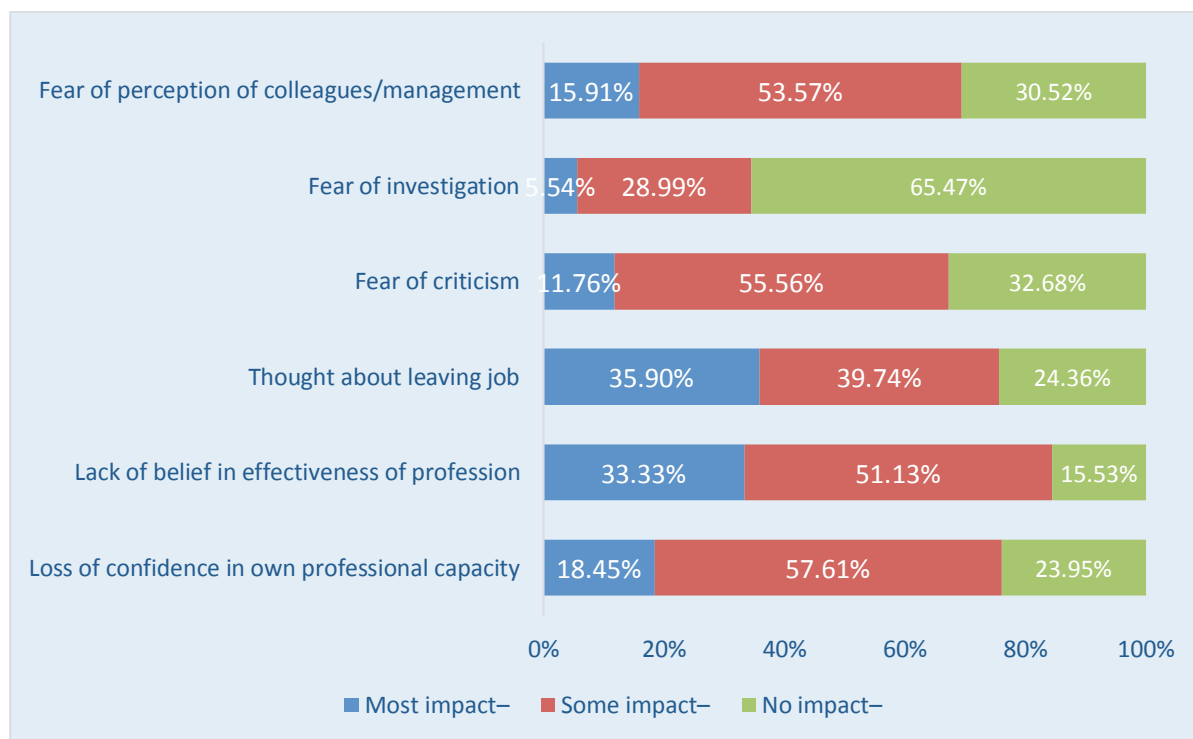
Q19. Please rate what you consider to be the professional impact of your experience of violence? (Please rate from most impact to least impact) (N= 310)

Providing a stable workforce and a supportive environment is essential for the continuity of care for vulnerable young people and adults engaged in social care services. Workplace violence can have an impact on the retention of experienced staff, and on the creation of a safe and supportive environment for service users.

Arnetz (2001: 417) in a study on the impact of violence in the healthcare sector indicates that violence is not merely an occupational hazard but that it can have significant implications for the quality of care provided. The impact of violence on professional confidence and commitment, as well as fear, anxiety and stress caused can influence staff retention (Balloch *et al.,* 1998; Colton & Roberts, 2007). This has serious impacts for organisations and the quality and continuity of care and service delivery across all social care sectors. Colton and Roberts (2007) also highlight that workplace violence and aggression has a significant impact on the retention of experienced

staff, arguing that if quality services are to be provided issues such as staff disempowerment, training, supervision and support must be addressed.
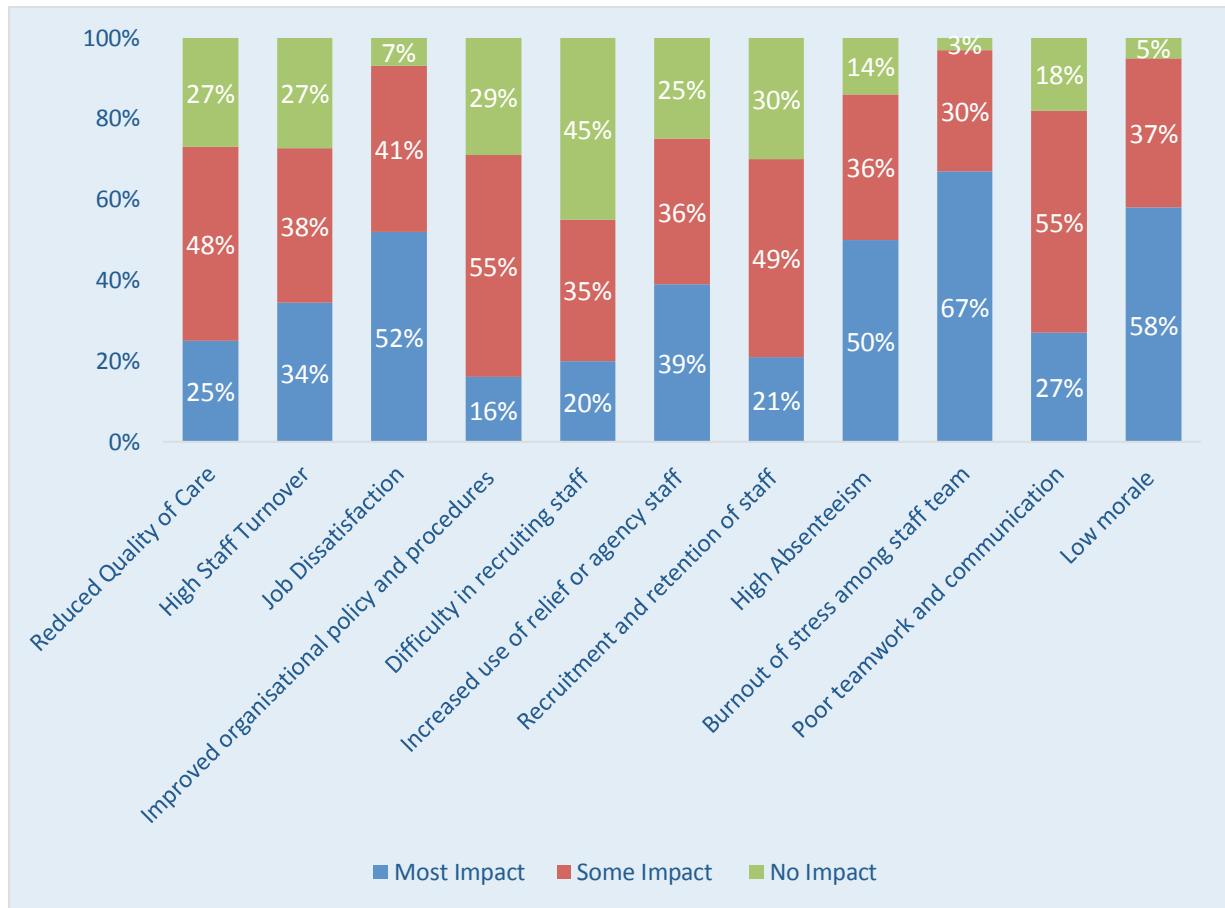
This research explored social care workers perceptions of the impact of violence on the organisation, the strategies implemented to prevent it as well as factors contributing to workplace violence. The majority of respondents (93%) felt that workplace violence was unacceptable. Yet, 61% perceived that their employer or agency believed that workplace violence was an acceptable part of a social care workers job. Burnout, stress, low morale, poor job satisfaction and high absenteeism were identified as having the most impact on teams as a result of workplace violence. Hensel *et al.* (2012) found in their study of community support staff that despite a high exposure to client aggression many were coping well, although between 7% to 24% were identified as being burnt out, or at high risk of experiencing burn out. Norris (1990) and Littlechild (2000) echo these findings stressing similar personal and organisational impacts of workplace violence for social care professionals.

Organisational impacts of workplace violence

The impact of workplace violence on the organisation, in terms of quality service delivery is inevitable. In economic terms there is the financial cost of high absenteeism and the increased use of agency staff. Job dissatisfaction, low morale and staff burnout are factors which can result in greater difficulty in the recruitment and retention of staff. However during the period of this study there was not significant evidence that recruitment or retention of staff was an issue for agencies. As previously highlighted, the current economic crisis with an embargo on staff recruitment may explain why staff turnover was not greater. It may also mask the impact of workplace violence, which can result in high levels of emotional exhaustion, stress and burnout among staff teams, which cannot but impact on quality of service provision. As one respondent highlighted;

> *It can affect people's self-esteem, make them fearful and so leave them in a place where they feel stuck in the work, and not being effective leading to poor standards and a lack of self-awareness* (Respondent 354, Other Social Care Sector)

Figure 20: Organisational Impacts of Workplace Violence

	Most Impact	Some Impact	No Impact
Reduced Quality of Care	25%	48%	27%
High Staff Turnover	34%	38%	27%
Job Dissatisfaction	52%	41%	7%
Improved organisational policy and procedures	16%	55%	29%
Difficulty in recruiting staff	20%	35%	45%
Increased use of relief or agency staff	39%	36%	25%
Recruitment and retention of staff	21%	49%	30%
High Absenteeism	50%	36%	14%
Burnout of stress among staff team	67%	30%	3%
Poor teamwork and communication	27%	55%	18%
Low morale	58%	37%	5%

Q21. How do you think violence in your work place has impacted on your organisation? (Please identify most to least impact)

A theme emerging from this study related to staff cutbacks and the lack of resources available to services which has resulted in inappropriate staffing levels required to manage workplace violence, long waiting lists and inability to access external services to support the service user. One respondent identified the impact of cutbacks in resources;

Inadequate staff numbers to manage groups when a challenging moment arises, managing behaviour on your own as a shift partner keeps others safe (Respondent 204, Statutory Children's Residential Service)

In the disability sector cutbacks also resulted in poor access to scarce resources.

> *Absence of clinical input such as psychiatry, psychology or occupational therapy has an impact (some behavioural incidents could be avoided if appropriate input sought had been delivered)* (Respondent 326, Disability Service)

Employment contract and organisational impact

Staff employed on relief contracts are more likely than other respondents to identify organisational impacts such as high staff turnover, burnout or stress among staff team, poor teamwork and communication, difficulty in recruiting staff, high absenteeism and increased use of agency or relief staff due to workplace violence (Fig. 21).

Figure 21: Comparison of Perceptions on Organisational Impacts of Violence between Agency and Nature of Employment Contracts
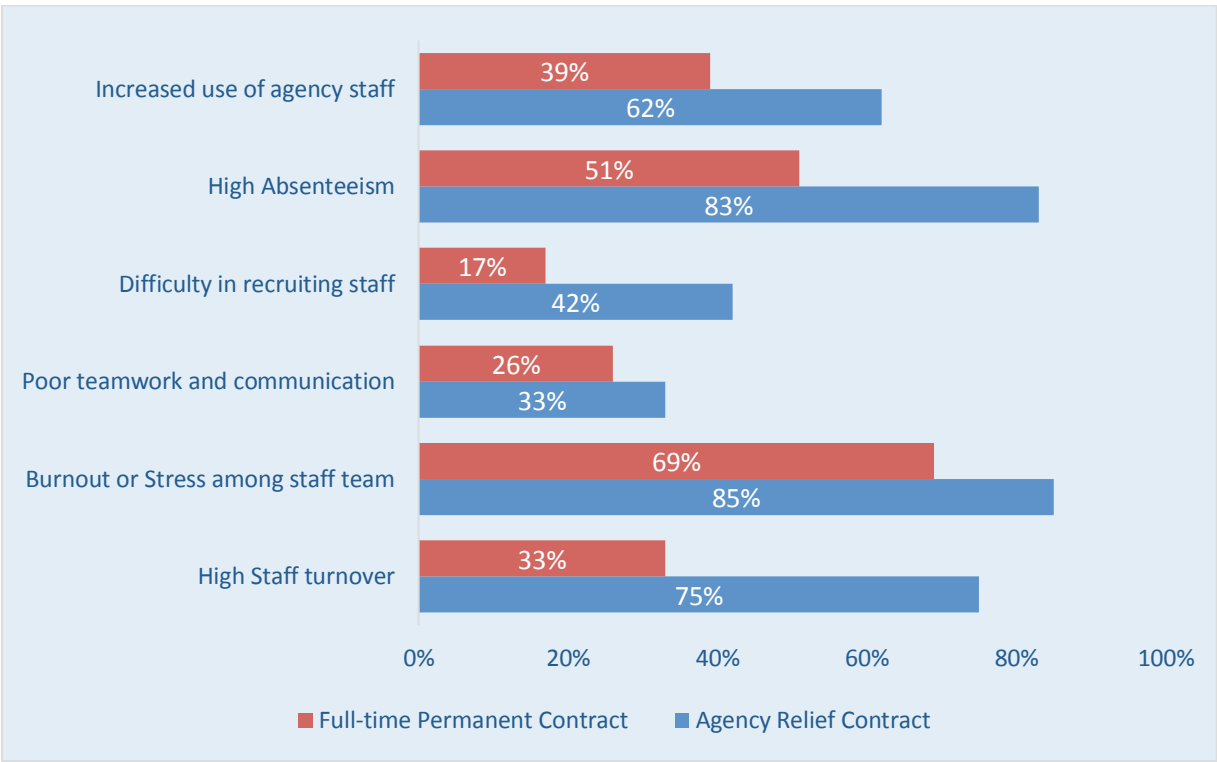
Q21. How do you think violence in your work place has impacted on your organisation? (Please identify most to least impact; Q. 7 What type of employment contract do you currently hold?

Agency staff are most often required when a service is experiencing high staff turnover or high absenteeism. They are more vulnerable to workplace violence as they may not know the service users or the staff team. The impact of workplace violence on relief staff indicated that they were more likely to have thought about leaving their job (55%) after a violent incident compared to others holding different types of employment contracts (36%). Relief and agency staff also stressed that following a violent incident there is a lack of organisational support available to them. All respondents who held relief contracts perceived that workplace violence was considered an acceptable part of the job by employers. Staff with permanent contracts, are less likely to leave or change jobs, therefore enhancing retention and consistency in staff teams.

The negative impacts on the organisation were exacerbated as the frequency of violence increased. Social care workers who experienced violence weekly or daily in their workplace reported heightened organisational impacts including high staff turnover, low morale, burnout and stress, as well as high absenteeism compared to respondents who experienced violence less frequently. Moreover, they also were more likely to indicate difficulty in recruitment and retention of staff, increased use of agency or relief staff, reduced quality of care, as well as poor teamwork and communication.

The exposure to workplace violence is higher in certain social care sectors. This has serious implications for recruitment and retention of social care workers in sectors where risk and exposure to violence is increased. For example this study found that in private residential children's services there is a higher staff turnover, poorer teamwork and more difficulty in recruiting and retaining staff.

> *I feel that people who experience violence in the caring profession can only last a certain period of time in the role before taking a career change. I have worked in the role for nearly 7 years now and feel that I do not have much longer left. It has a real impact on my mental health and physical health. Regarding safety for children, staff and the service...I just don't know. [I am] feeling quite frustrated. Love my job and proud to do it but as of late I feel like its taking any good I have left.* (Respondent 367, Private Children's Residential Service)

In the disability services where the term challenging behaviour is used to describe aggressive and violent behaviour towards staff there is the highest absenteeism, the most job dissatisfaction, and

the poorest implementation of policy and procedures. One respondent described the impact of this for social care workers.

> *I believe that the lack of support and the high incidence of violence within disability social care services need's to be addressed. Inadequate staffing, staff training and inadequate environment for service users are all factors which contribute to this. High levels of staff injury and burnout prevail within social care* [in the disability sector] (Respondent 201, Disability Service)

Perceptions of Organisation/Agency acceptability of workplace violence

Colton and Roberts (2007) highlight the need for organisations to clearly convey that workplace violence is not acceptable by ensuring there are robust strategies to prevent, manage or support staff after a violent incident. As previously highlighted, this study indicates that a majority of social care workers perceive that their agency or employer considers violence a 'part of the job'. The relevant data variables were collated and analysed to identify if this perception impacted on the organisation itself in relation to staffing and service delivery. The findings indicate that respondents who perceived that their agency or organisation believed that violence was an acceptable part of their job were significantly more likely to indicate that reduced quality of care, job dissatisfaction, burnout or stress of staff team and high absenteeism had most impact on the organisation (Fig. 22).
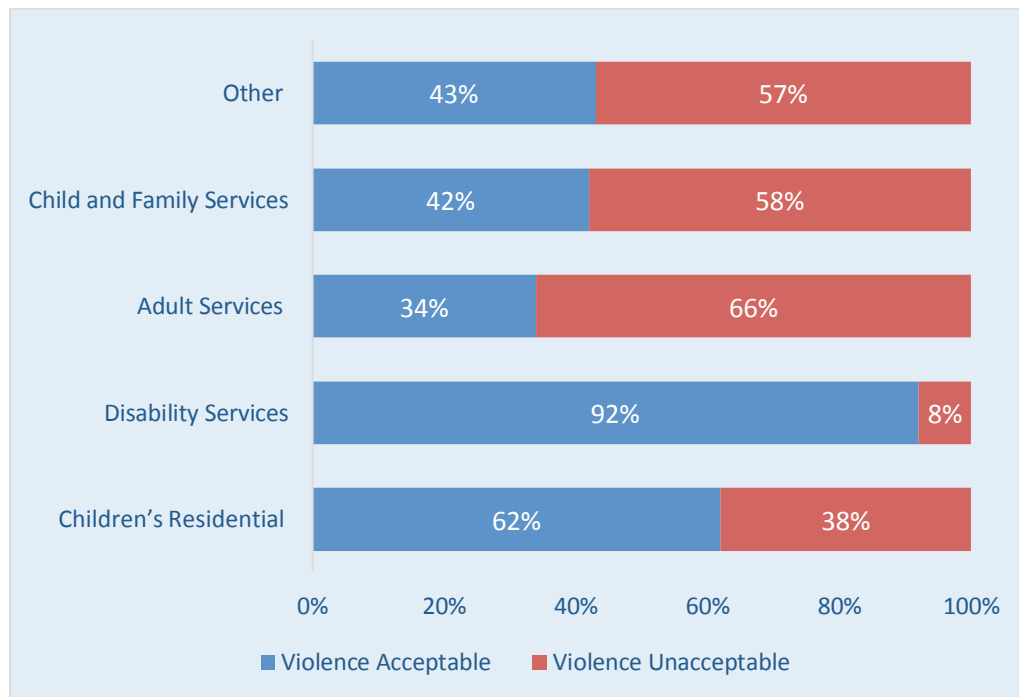
Figure 22: Acceptability of Violence and Organisational Impacts
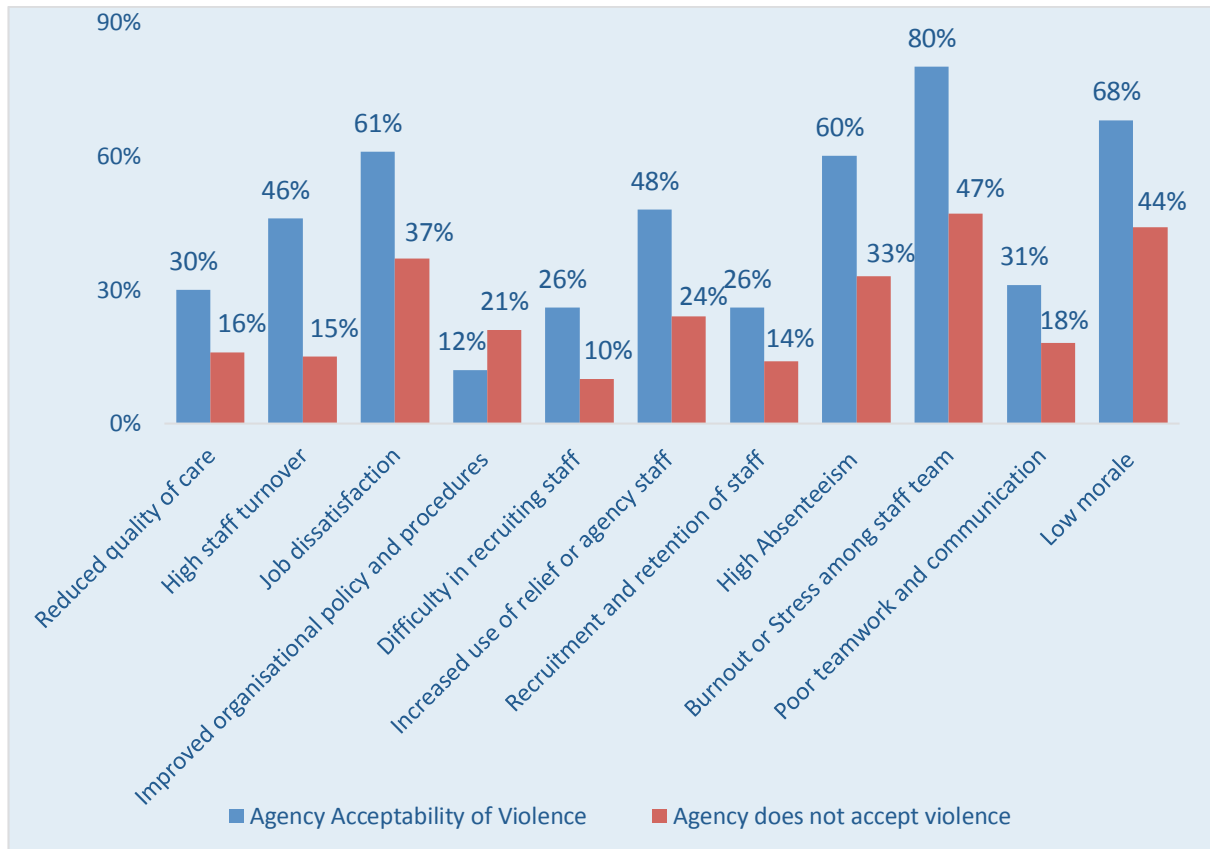
Q21. How do you think violence in your work place has impacted on your organisation? (Please identify most to least impact); Q23. Do you believe your employer/agency sees violence as 1) an acceptable or 2) an unacceptable part the job?

The perception of workplace violence and the employer's acceptability of violence have significant implications both on the staff themselves and the quality of service delivery. This research explored if particular sectors of social care appeared to deem workplace violence more acceptable than others. Figure 23 indicates that the disability sector (92%) were most likely to be perceived as accepting of violence compared to those working with adults, children and families or other sector.

Figure 23: Organisational Acceptance of Violence and Social Care Setting

Bar chart showing:
- Other: Violence Acceptable 43%, Violence Unacceptable 57%
- Child and Family Services: Violence Acceptable 42%, Violence Unacceptable 58%
- Adult Services: Violence Acceptable 34%, Violence Unacceptable 66%
- Disability Services: Violence Acceptable 92%, Violence Unacceptable 8%
- Children's Residential: Violence Acceptable 62%, Violence Unacceptable 38%

Q1. Please identify which Social Care Setting you are currently employed? (Tick one only);
Q23. Do you believe your employer/agency sees violence as 1) an acceptable or 2) an unacceptable part the job? (N= 309)

When Children's Residential settings were compared, differences were noted between providers of such services. Participants working with private residential care providers (74%) were more likely to indicate that workplace violence was acceptable to their employer than statutory providers (66%). Interestingly those working with voluntary children's residential services (66%) were more likely to indicate that their employer did <u>not</u> accept workplace violence as part of the job.

The impact of workplace violence on the relationship with the instigator was a focus of the study too. As previously highlighted, 93% identified a service user as perpetuating violence. Social care workers are often faced with trying to manage the emotional, psychological or physical impact of a violent incident, while maintaining a relationship with the instigator of a violence incident. This in itself can prove difficult, with many respondents indicating the violence had impacted on the quality of relationship they had with the service user. It is important to remember that during a violent incident the other service users, the staff and the instigator are not

safe in that environment. Balancing care and control in violent situations is difficult and challenges the most experienced professional social care worker.

Prevention of Workplace Violence

The National Standards for Residential Services for Children and Adults (2013:53) Standard 7.3.3 establishes that services must have *procedures in place to protect staff by minimising the risk of violence, bullying and harassment*. As Colton and Roberts (2007) highlight, organisational policy and strategies to prevent workplace violence are required to ensure effective and safe service provision, both for staff and service users. This study explores what strategies are employed by organisations to prevent workplace violence. There appeared to be a lack of consistent implementation of prevention strategies. The strategies organisations were most likely to implement are client risk assessment, professional supervision and the collection and review of incidents of workplace violence. Stress management activities or training were the least likely strategies to be implemented (Fig. 24).

Figure 24: Strategies to Prevent Workplace Violence

Q24. The management addresses their responsibility for your health and safety in the work setting by ensuring;

Figure 24 highlights concerning trends in the implementation of strategies to prevent or reduce workplace violence. The majority of respondents indicated that these varied strategies were never or only sometimes implemented. This included collection and review of incidents of workplace violence (45%), providing time to plan and implement appropriate procedures (75%), ensuring adequate staffing levels (78%), as well as provision of professional supervision (53%) and undertaking client risk assessment (51%).

Overall the research suggests there is an inconsistency in the implementation of a joined up integrated approach to management of violent incidents in the workplace. Almost every work shift presents problems therefore social care staff need the ongoing support of their line management. The role of the manager as a transformational leader is necessary to maintain a safe environment and to support workers in performing their difficult role. Managers also play a crucial role in ensuring strategies to prevent workplace violence are available and practiced. Supportive leadership and management are necessary to enable and empower staff teams to use their own professional judgements and flexible approaches in the care and control of service users displaying aggressive and violent behaviours.

The data was further analysed to identify if there were differences between social care settings in relation to prevention strategies for workplace violence implemented. Significant differences emerged for disability services particularly in relation to the provision of professional supervision, adequate staffing levels, time to plan and implement appropriate procedures and the provision of stress management activities or training (Table 2).

Table 2: Prevention Strategies Not Implemented and Social Care Setting

Prevention Strategies	Children Residential	Disability	Children & Family Services	Adult Services	Other
Safe & Healthy Work Environment	13%	**16%**	3%	2.5%	4%
Adequate Staffing Levels	15%	**31%**	27%	7.5%	21%
Ongoing up to date training in managing workplace violence	11%	16%	**39%**	15%	32%
Professional supervision	7%	**60%**	10%	7.5%	16%
Client Risk Assessments	8%	10%	**16%**	5%	**16%**
Time to plan and implement appropriate procedures	16%	**29%**	10%	2.5%	17%
Collect and review incidents of workplace violence	5%	16%	30%	5%	8%
Provides stress management training/activities in workplace	50%	**70%**	40%	41%	54%

Q1. Please identify which Social Care Setting you are currently employed? (Tick one only);
Q24. The management addresses their responsibility for your health and safety in the work setting by ensuring;

Both the National Standards for Children Residential Services (2001) and the National Standards for Residential Services for Children and Adults with Disabilities (2013) establish that staff must receive regular supervision and support by appropriately qualified and experienced staff. The importance of supervision for safe and effective service delivery is also highlighted in a range of legislative and policy documents such as the Child Care Act (1991), Children First (2011), HSE Guidance Document on Supervision for Health and Social Care Professionals (2015) and the Child and Family Agency (CFA) Supervision Policy (Tusla, CFA, 2013). Professional supervision serves an essential function in management of performance and practice, promotes social care worker's to reflect, learn and develop in their practice and provides support in

'demanding and potentially stressful environments' (Tusla, CFA, 2013). Supervision should also be used to debrief staff impacted by their experiences of workplace violence and should be provided every four to six weeks, or more often for new or inexperienced staff.

Despite this, the research found that more than half of respondents never or only sometimes receive professional supervision (Fig. 24). When the data was further analysed to compare social care sectors, it found that 60% of respondents in Disability Services **never** receive supervision, with a further 31% not provided with regular supervision. Given the high prevalence of workplace violence experienced in the Disability Services (92%) the lack of *any* professional supervision (60%) is extremely worrying (Table 2). The data also demonstrated that almost two thirds of respondents in Private Children's Residential Services and 41% in Statutory Children's Residential Services do not receive regular supervision.

Table 2 also highlighted a lack of provision of ongoing up to date training in managing workplace violence (39%) for those working with services engaging children and families, of whom 71% had experienced violence in their workplace. Furthermore, inadequate staffing levels are identified by almost one third of respondents working in Disability Services which has serious implications for the provision of safe and effective services. An area which all sectors could improve on is the provision of stress management training or activities, considering that the greatest impact of workplace violence is stress experienced by workers.

One respondent also highlighted concern that social care graduates are sometimes unprepared for coping with the impact of the workplace violence and aggression, demonstrating the need for effective and supportive supervision for graduates entering the profession.

> *Management of challenging behaviour should be a core element of Social Care degrees. It is by far the most difficult part of the job and the factor that causes the most distress to practitioners. As a manager in social care it is evident that graduates are not adequately prepared for dealing with the presenting behaviours of young people.* (Respondent 37**,** Adult service)

The data was correlated and analysed to identify if the levels of violence experienced were impacted on by organisational violence prevention strategies. Interestingly, with all types of violence, the greater the frequency of violence experienced the more likely respondents were to identify provision of ongoing and up to date training to manage workplace violence. Conversely,

this also correlated to the reduced provision of professional supervision, adequate staffing levels, time to plan and implement appropriate procedures and provision of stress management training or activities in the workplace. Programmes in managing violence in the workplace *can be useful in raising awareness of violence and increasing knowledge of how to identify and support victims and, consequently, can increase victim referrals to appropriate support services* (WHO 2009: 6).

In this study, 85% of respondents received ongoing and up to date training in management of workplace violence. Yet, without the implementation of other prevention or support strategies (for example, adequate staffing levels, professional supervision, time to plan and implement appropriate procedures), training appeared to be ineffective in preventing or reducing incidents of workplace violence. This finding supports Colton and Roberts (2007) who questioned the effectiveness of training alone, without broader organisational policies and structures of support to prevent or reduce workplace violence. While recognising the challenges facing services experiencing crisis, the implementation of preventative strategies and support mechanisms are required to ensure staff well-being, and for safe and effective service delivery. Neither, the collection and review of incidents nor client risk assessments appeared to correlate positively to frequency of workplace violence.

Frontline staff in residential and day care settings need a range of flexible strategies and supports for dealing with the day-to-day conflicts and challenges of living and working with adults and young people. Almost any situation can be potentially challenging. Social care professionals are role models for the adults and young people with whom they work, and therefore their practice has the potential to teach the service user key lessons in life. Young people and adults can learn how to manage and deal with conflict and anger from the manner in which the staff manage these situations. Using the Life Space Crisis Interview (LSI) effectively as a learning tool can enhance this. Yet in this survey participants felt that LSI was effective in only 14% of cases when the violent incident was planned and 30% of cases when the violent incident was spontaneous or unplanned. As one respondent highlighted,

> *LSI's cannot always be completed, depending on the person. Are sometimes effective.* (Respondent 40, Statutory Children's Residential)

Organisational training and supports available to staff to manage work related violence

Under Health and Safety legislation, there is a statutory obligation on employers to ensure that workers must receive violence management training where the risk of violence to staff has been identified in the organisation's safety statement. The HSE Policy on Management of Work Related Aggression and Violence sets out a framework (HSE, 2014)[3];

- to ensure that appropriate measures are in place to provide safe systems of work in relation to the risk of aggression and violence.

- to ensure that resources are available for the provision of risk assessment and for appropriate education in the management of aggression and violence.

The aim of the policy on work related violence is to reduce the risk of violence by ensuring that resources are available for risk assessments and for appropriate education in the management of workplace violence. Additionally, it aims to ensure that appropriate measures are in place to provide safe systems of work in relation to the risk of aggression and violence. When a risk is identified and assessed, the HSE will make decisions around providing staff with a safe working environment while continuing to deliver services to service users (HSE, 2014).

Figure 25 shows just 85% of social care workers had received training from their organisation on the management of workplace violence. Despite this training, the number and frequency of violent incidents remains high across social care settings. The majority of participants had undertaken Therapeutic Crisis Intervention (TCI) training. Other programmes that had been undertaken included Studio Three, Crisis Prevention Intervention (CPI), Management of Actual and Potential Aggression (MAPA), Management of Challenging Behaviour or Therapeutic Management of Violence and Aggression (TMVA).
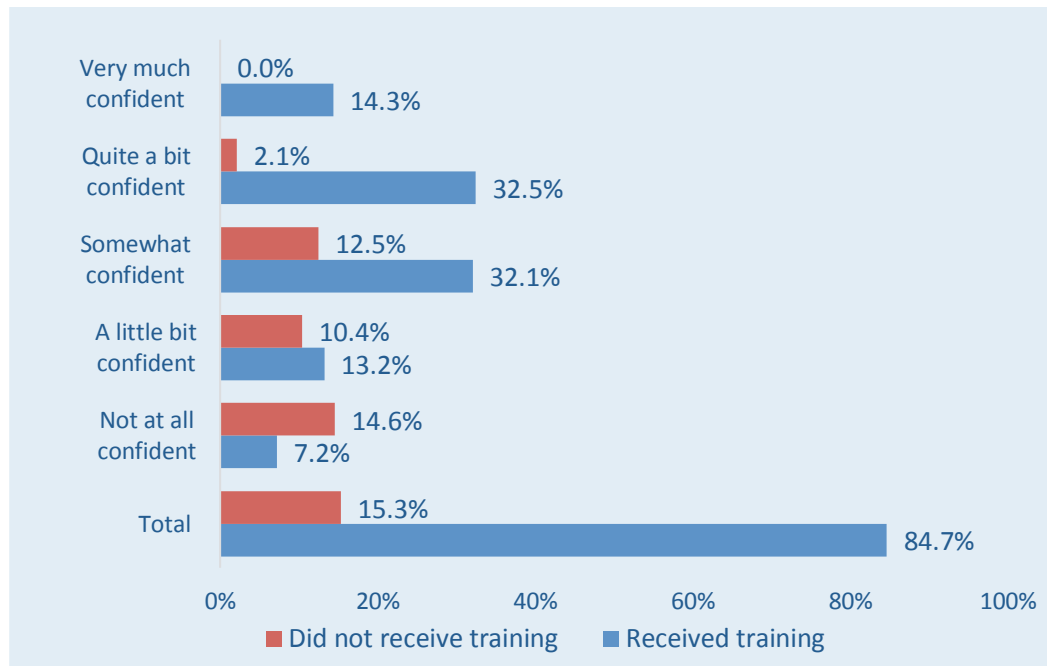
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[3] This policy continues to apply to social care workers employed by Tusla, The Child and Family Agency.

Figure 25: Training for Management of Workplace Violence in your Organisation
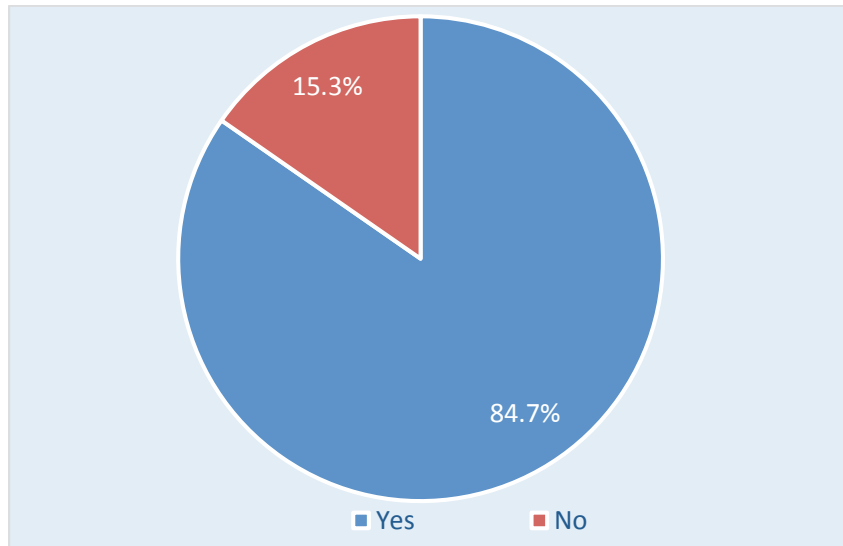
Pie chart:
- 15.3% No
- 84.7% Yes

Q.25: Has your organisation provided you with training for management of workplace violence? (N=313)

Figure 26: Training and Confidence in the Management of Workplace Violence

Bar chart (Did not receive training / Received training):
- Very much confident: 0.0% / 14.3%
- Quite a bit confident: 2.1% / 32.5%
- Somewhat confident: 12.5% / 32.1%
- A little bit confident: 10.4% / 13.2%
- Not at all confident: 14.6% / 7.2%
- Total: 15.3% / 84.7%

Q.25: Has your organisation provided you with training for management of workplace violence?; Q26. Do you feel confident that specific training provided by your organisation in managing challenging behaviour and/or violence management has equipped you to manage violence at work?

Figure 26 highlights that 85% of respondents received training in the prevention and management of workplace violence and aggression. Of respondents who had received training 20% indicated that they were not at all or only slightly confident that this training had equipped them to manage aggressive or violent behaviour in the workplace. A further 32% were only somewhat confident. Howard *et al.* (2009) found that self-efficacy developed through training and experience helped to moderate the impact of workplace violence. However, Kedward (2000) questions the effectiveness of training to manage workplace violence as the long term effectiveness of training has not been evaluated. Leather and Zarola (2009) argue that training in managing workplace violence is most effective when integrated into broader organisational performance management systems, culture and support.

> *After being beat up on shift when some support was present, to going on shift the next day to find you were working with no real back up and the same violent threats* (Respondent 190, Private Children's Residential Service)

Given the considerable impacts on organisations from staff who are exposed to high levels of violence, there is a need for organisations to address levels of violence and provide supports for the whole team as stated by the following participant,

> *A lot of violence was not focused on one staff but the whole team...no one was exempt from the experience so everyone was affected during extreme violent incidents* (Respondent 190, Private Children's Residential Service)

This study identifies what supports are available to social care workers who had experienced workplace violence. Sixty three percent reported that supervision and debriefing were provided, 50% had access to medical assistance, 44% were provided with shift cover due to injury, and only 29% could avail of occupational injury leave (Fig.27). Counselling whether provided internally or externally was available to between 26% to 34% of social care workers. Some respondents indicated that none of these supports were available to them after a violent incident.

Figure 27: The Support Management offer you after a Violent Incident

Category	Percentage
Other (please specify)	11.1%
Employee Assistance Programme	34.3%
Counselling external to agency	31.4%
Counselling within organisation	25.8%
Occupational Injury Leave	29.4%
Medical Assistance	50.3%
Supervision	63.4%
Debriefing	63.1%
Shift Cover (if unable to complete shift)	44.4%

Q29. Which of the following supports does your management offer you after a violent incident? (Tick all that apply)

Some of the participants' comments on supports available after a violent incident indicate that these are influenced by employment contract and organisational culture.

> *As an agency worker, we receive none of the above, in my experience of violence I got no support from management, my support was from staff who were working with me when incidents occurred* (Respondent 259, Children's Private Residential)

> *I can't honestly say that I've been offered any of the above without being made to feel as though I shouldn't need any of the facilities. There is a 'Get on with it' attitude expected* (Respondent 155, Disability Service)

When asked how likely they would be to access support from their organisation, one in three participants indicated that they were unlikely to seek support. This could indicate either a lack of supports available or ambivalence towards the supports offered by management.

I feel that there are very few supports in private residential care if physical violence is experienced. I personally have experienced this a number of times and once was hospitalised due to broken ribs and whiplash. I received no pay for my time off and no financial help for medical bills. I also looked for counselling and did not receive this. It was a huge reason why I left that job and joined a different private company. Although no private company I am aware of offers paid sick leave for work related injury or help with medical bills after an assault. (Respondent 13, Private Residential Children's Services)

This study demonstrates that after a violent incident, Private Children's Residential Services provide significantly fewer supports than Statutory or Voluntary Children's Residential Services. Of all services, staff working in the homeless sector, receive the most organisational supports. Respondents also highlighted the challenges in accessing support or the lack of support offered to them. The HSE Human Resource Policy on managing attendance stresses that;

Employees will receive every support practicable during times of ill-health e.g. access to the Occupational Health Department, Employee Assistance Programmes, etc. Employees will also receive continuing support upon their return to work following ill-health or in the event of acquiring a disability during the course of their working life. (HSE, HR Policy, 2009)

The majority of respondents work in statutory social care settings, or funded services. Yet, just three respondents indicated that the occupational health service or serious physical assault scheme were available through their workplace. One respondent described the challenges facing them at the time of an assault having been denied occupational injury leave;

It all depends on the amount of staff available. If it's a particularly violent situation there may not be anyone to cover you and you may need to wait until the situation is resolved to seek medical treatment. Debriefings and supervision may not happen until well after the incident. Also occupational injury leave is not always granted. Some staff have been severely assaulted and been denied this leave resulting in them using personal sick leave for injuries which are work related. (Respondent 235, Statutory Children's Residential Service)

Littlechild (2005) in a qualitative study reported that social care and support staff who had been subject to violence and who described good support always related the view that managers should demonstrate concern for the personal, as well as the professional, well-being of the worker. In this study participants also highlighted that there was the need to have time to debrief

properly, and to record situations so that this valuable information could be used as for risk assessment, and in risk management for the service in the future.

Keogh (2001) found that an initial supportive 'no blame' response from colleagues is crucial following an assault and almost 85% of social care workers got this support from their colleagues. Family and friends provided were the next most likely source of support with management providing least support. McKenna (2004) had similar findings from his study on work related violence in the North Eastern Health Board in which 83% of respondents found support in their colleagues after a violent incident. This research endorses these findings with 84% identifying their colleagues as being supportive or very supportive, 74% identifying family or friends, compared to 37% of respondents who identified management as supportive. Previous studies found that staff support reduced emotional exhaustion experienced as a result of workplace violence (Keogh, 2001; McKenna, 2004). Howard *et al.* (2009) argues that support has a moderating effect on emotional exhaustion experienced by staff who are exposed to workplace violence.

This study explores social care workers perception of organisational support and if this influenced the personal and organisational impact of workplace violence for them. The findings indicate that the more violence experienced by social care workers, the less organisational supports are made available to them, and that they were less likely to seek organisational support. Whether those experiencing high levels of violence in their workplace feel more negatively towards organisational supports, or organisational supports are simply not available to them is unclear.

Experiencing verbal abuse was the only form of violence where organisational supports were not considered. With almost 70% of respondents experiencing verbal abuse on a daily or weekly basis this may indicate a culture of acceptance of this type of workplace violence in social care sectors. Given the cumulative personal and professional impacts identified from exposure to daily or weekly verbal abuse, the need for a broad range of accessible organisational supports is required to prevent burnout or emotional exhaustion among social care workers. Supports should not be determined by the frequency or types of violence experienced.

When social care settings were compared there were significant differences in perception of management support with those working in adult services indicating the highest satisfaction with support provided (60%), followed by staff in children's residential settings (41%), child and family services (31%) with only 10% of those in disability services indicating that management had been supportive after a violent incident. While colleagues and family/friends are an important source of support, perceptions of poor management support are concerning. Management should ensure that debriefing and supervision take place after a violent incident.

While 70% of respondents indicated that they had received debriefing after a violent incident, this ranged from taking place within one hour of the violent incident to taking longer than one week after the incident to access. The majority of social care workers (26%) had debriefing within one week of the incident taking place. Of concern however is that many participants indicated that debriefing consisted of *going through incident with colleagues* (Respondent 382, Statutory Children's Residential Service). While receiving support and reassurance from colleagues is important, it does not constitute formal debriefing (Fig. 28). Debriefing is a process used to assist staff with the physical and psychological impact of a violent incident. In order to be effective it must be carried as close to the incident as possible. One out of three social care workers did not receive debriefing in this study and just 33% received debriefing within twenty four hours.

Figure 28: Debriefing after Experiencing a Violence Incident in the Workplace
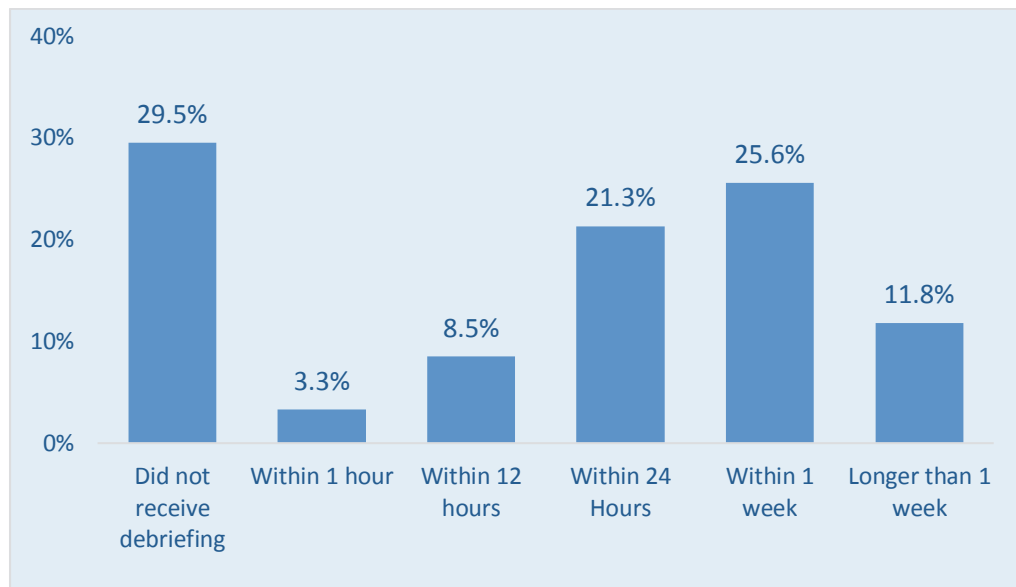
Q31. How soon after experiencing violence did you receive debriefing?

Of the 70% who identified that they had received debriefing this was most likely to consist of reassurance and support (78%), sharing of personal experience with others (67%) and help to understand and come to terms with what had happened (66%). The supports least likely to be offered as part of debriefing were subsequent help (56%) and stress management advice (37%). As highlighted, if debriefing was perceived to be talking through an incident with colleagues, it does not constitute formal debriefing which aims to support staff through processing emotions associated with the incident and reflection. Two respondents highlighted;

Debriefing is generally going through what happened for the purpose of learning and accountability and only the worst incidents have debriefings, not all (Respondent 244, Statutory Children's Residential Service)

I would sometimes question the effectiveness of the (debriefing) service and system (of supports) in general. (Respondent 298, Statutory Children's Residential Service)

Conclusion

Staff are an organisation's most valuable asset and the importance of the staff group in the management of workplace violence in social care cannot be overstated. This research shows they frequently are in crises because of workplace violence and are concerned about this ever present danger. This research demonstrates evidence that a degree of complacency exists in social care sectors, where violence is an expected and acceptable part of the job.

The key aim of this research was to determine the current nature and extent of violence experienced by social care workers across a range of social care settings. It also aims to explore;

- The factors influence workplace violence for example, participant's background, the nature of the workplace and profile of service users as well as organisational factors.
- The personal, professional and organisational impact of violence in the workplace.
- How violence is managed in social care settings and what supports are available to staff following a violent incident.

Nature and Extent

Using the same definition of workplace violence from both large scale Irish studies (Keogh, 2001; Mckenna 2004) allows a comparison with this research on violence experience by social care workers at work. The findings of this study indicate that the levels of violence continue to be high in all social care sectors. This large scale study provides a good representative sample of social care workers in Ireland with over 400 participants employed across a range of social care services. Social care professionals working in the disability sector are well represented in this study accounting for almost 20% of all participants. This is a change from previous studies undertaken in Ireland where there was under-representation of this sector. All types of violence (verbal, physical and threat of assault) from service users continue to be a daily workplace challenge for professional social care workers. Although violence is unacceptable in the

workplace, there is evidence of an acceptability of certain levels and types of violence. This gives rise to complacency and promotes a culture of violence in certain care sectors.

Verbal abuse was particularly prevalent in private children's residential sector where 72% of respondents stated that they experienced this type of assault daily. Social care workers in the statutory (53%) and voluntary (42%) children's residential sector were significantly less exposed to daily verbal abuse. Physical assault, experienced monthly or more often, was highest in staff teams working in residential disability sector (78%) and private children's residential sector (71%). Participants highlighted that violence was not always spontaneous, with 29% indicating that the violent incident was planned. This had an increasingly negative impact on those affected, personally and professionally.

Factors contributing to workplace violence in social care settings are multiple. The most common factors stated by participants were concerns around service user profile and needs, issues regarding resources and supports, and consistency in staff teams and management approaches. Organisational policy, culture and structures were also highlighted as contributing factors. Violence was seen as unacceptable by 93% of participants. Yet, 61% indicated that management perceived violence is an acceptable part of the job. In the disability sector, 92% of participants indicated that violence was acceptable by their organisation. This has implications for the support management offers. This perception highlights a culture where violence in social care is accepted.

The impact of workplace violence, management of and supports available

Workplace violence and stress have serious consequences for the social care worker in terms of physical, mental and social health and wellbeing. This also has a significant economic cost to organisations that are under resourced and poorly funded, while endeavouring to continue to provide safe and effective services to the most vulnerable in society. The research indicates serious concerns regarding the effective and consistent implementation of statutory standards for the provision of care across some social care sectors. Stress to the point of burnout, impacts not only the individual worker but the entire care team, as well as the social care worker's friends and

family. Many social care workers experience anxiety about their safely when coming on shift. Such anxiety is not conducive to being an effective team member responsible for providing safe and professional interventions in a volatile environment. Management are responsible to ensure early intervention supports and strategies are offered to the worker. Some social care workers have endured physical assaults which resulted in permanent disability. Professional impacts of workplace violence included loss of belief in the profession itself, thoughts about leaving their job and loss of confidence in their own professional capacity.

Social care workers will soon be regulated by CORU, a multi-professional health and social care regulator established under the Health and Social Care Professionals Act (2005; as amended 2012). Once registered social care workers will be subject to a Code of Code of Professional Conduct and Ethics. Failure to adhere to this code of conduct could result in disciplinary procedures to determine a registrant's fitness to practice. As such, CORU must be cognisant of, and recognise the failure of systems or agencies to effectively implement strategies to prevent, reduce and manage workplace violence experienced by social care workers. This research highlights the very real challenges often faced daily by social care workers, where agencies/organisations have become complacent and a culture of violence exists.

Workplace violence has impacts on the organisation in terms of safety for service users and the quality of service offered to them. The poor economic climate, of the last seven years has masked the impact of workplace violence on social care staff. As the economic situation in Ireland improves and there are more employment opportunities for social care staff, the sector may face a significant challenge in recruiting and retaining social care workers, particularly if the issue of workplace violence is not addressed. Fifty two percent of respondents indicated that the levels of workplace violence led to job dissatisfaction and high absenteeism. Other impacts included burnout and stress among staff team (67%), with more than half of participants indicating that workplace violence reduced staff morale. In organisations where violence was perceived as being acceptable by management these same impacts were significantly exacerbated.

The National Standards for Residential Services for Children and Adults with Disabilities recognise that *providing residential services can be complex and demanding for the staff involved* (Health Information and Quality Authority, 2013: 50). The standards state that the *residential service should protect its workforce from the risk of work-related stress, bullying and harassment and listen and respond to their views* (HIQA, 2013: 50). Despite this, it is evident from this research that organisational strategies to prevent and manage workplace violence are inconsistently implemented across social care sectors, and in particular in Disability Services.

Employers have a 'duty of care' for all their workers. Health and safety law and policy applies to risks from violence (including verbal abuse), just as it does to other risks at work. Failure to protect an employee's health and safety at work is a breach of contract. Mutual trust and confidence between employer and employee can be fractured through the experience of workplace violence. An employee may resign and claim 'constructive dismissal' on the grounds of breach of contract. Employers are generally responsible in law for the professional practice of their workers, and the care and safety of staff and service users. Workers who are assaulted, threatened or abused at work have legal options available to them under civil law.

Supervision is recognised as being essential for safe and effective service delivery in social care services. It provides an opportunity for social care workers to reflect on the emotional impact which working with vulnerable, chaotic and at times aggressive service users entails. It provides a mechanism to support staff in their professional practice, and following a violent assault. The provision of regular professional supervision for staff in residential services for children and adults is established as a statutory standard, inspected and monitored by the relevant authorities. Yet, the findings of this study demonstrate that supervision is never or only sometimes provided by management for the majority of social care worker's. Sectors particularly poor in the provision of regular professional supervision are the disability sector, as well as children's residential, both statutory and private.

The Health Service Executive (HSE) policy[4] on the management of work-related aggression and violence indicates a zero tolerance approach and does not tolerate verbal or physical harassment in any form by employees, service users, members of the public or others (2014: 4). It aims to bring about a reduction of any foreseeable risks by ensuring that resources are available for the provision of risk assessment and for appropriate education in the management of aggression and violence. Additionally it aims to ensure that appropriate measures are in place to provide safe systems of work in relation to the risk of aggression and violence. (2014: 4)

From the findings of this study questions on the effectiveness of existing methods of training for staff to manage violent and aggressive behaviour in the workplace need to be addressed. Social care professionals experiencing workplace violence can feel demoralised and this in turn can affect the relationship with the service user and their colleagues and damage the therapeutic social environment in which they work. This does not augur well for the future of social care. This issue needs to be acknowledged and effective strategies and resources must be put in place to manage workplace violence.

Recommendations

The key recommendations from this study on workplace violence for social care workers' are outlined.

1. The organisation/agency must prevent a culture of violence from developing in social care by ensuring a 'no blame' culture that fosters reflective practice and supports ongoing learning and development.

2. Management/Agency levels of complacency around workplace violence are clearly evident in this research report. Concern for staff on shift must always be evident and appropriate prevention, management and support strategies and procedures implemented.

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[4] This policy continues to apply to social care workers employed by Tusla, The Child and Family Agency.

A designated keyworker (leader/assistant manager) role for staff should be appointed to address this extremely concerning issue.

3. Workplace violence experienced in Disability Services must be recognised, and the impact of this on staff acknowledged. Appropriate prevention, management and supports strategies must be planned, implemented and regularly reviewed.

4. The significantly higher incidences of physical assault evident in Private Children's Residential Services warrants further exploration to identify what factors contribute to this serious and significant level of violence.

5. A review of the employment of unqualified social care workers or social care workers employed under a variant title must be undertaken, particularly by disability services and some private providers of social care services.

6. Funding and policy for adequate staffing levels in social care services must be addressed. This must take into consideration not just the number of staff but the age and experience of staff on each shift team. Lone working and the use of new agency staff to fill gaps in staff cover are significant factors indicating that levels of violence escalate in social care settings.

7. The author's stress that the use of 'zero hour' contracts in social care is unacceptable and a review of these contracts must be undertaken.

8. Occupational injury leave as a result of an assault must be recognised as workplace violence, and not sick leave. It is evident from the research that social care workers are assaulted in their workplace and therefore should receive payment if they need time off following an incident. Recognition must also be given to the psychological /emotional impact of workplace violence on staff when they are not physically injured. Violence at work can take the form of psychological intimidation, threats or physical violence. This

has implications for staff who may be traumatised following an incident and who may not be best placed to continue working at that time.

9. Aggressive or violent behaviour must be distinguished from what is often termed 'challenging' behaviour, to ensure developing violent situations are recognised and appropriate early intervention strategies are employed.

10. Professional supervision must be provided on a regular basis to social care workers in all settings by appropriately trained and qualified social care leaders/managers. Staff must receive training on the provision and proper use of supervision. This should include development of skills to promote reflective practice and learning, skills in managing resistance and/or defensive responses, as well as the provision of support for the individual staff and the staff team as a whole. Managers must receive, and be supported in their role through regular professional supervision.

11. Social care workers must be consulted and involved in pre-placement planning, with serious consideration given to the client needs, and appropriate mix of service users in residential services.

12. A multi professional approach must be adopted to ensure a consistent approach to violent and aggressive behaviour from a service user. This should involve all the professionals concerned with the care of the service user. Service user involvement is central to this approach.

13. Regular risk assessments of the work environs must be undertaken. This should include risk assessment for visitors, family access visits, car journeys and social outings etc.

14. A strategic response plan for 'crisis' situations must be known by all staff including agency/relief staff.

15. Staff who are pregnant require frequent and ongoing risk assessment which should begin early in pregnancy.

16. Risk assessment must include the risk of sexual assault on staff. It is recommended that further research is undertaken to determine the extent of this issue for social care workers.

17. Social care workers must be provided with opportunities to engage in ongoing continuing professional development.
   a. This research evidences an inconsistency in training provided and that a one size fits all approach is unsatisfactory in reducing levels of workplace violence.
   b. Training should include the management of violent/aggressive behaviours of service users under the influence of substances, service users with mental health issues, dual diagnosis (e.g. intellectual disability and mental health) as well as attachment and emotional regulation problems.
   c. Training must emphasise the importance of early intervention in the escalating nature of violence, as well as the function and proper use of debriefing following an assault.

18. It is recommended that a senior team leader / assistant manager has a designated key worker role to staff. This designated person would focus on staff welfare and the reduction of violence in the care setting. This role could include;
   a. Following a violent incident the senior team leader /assistant manager in consultation with the service user and their key worker would review the individual crisis management plan (ICMP) and the placement plan for the service user. Integral in this session is an incident report, a placement plan review and a risk assessment.
   b. Have responsibility for provision of on-going support to staff who have been affected by workplace violence.

c. Have responsibility for identifying the training needs and supports for individual staff, and the staff team as a whole, taking consideration of the use of flexible and diverse models of training.

d. The identification of interventions, programmes and/or development needs which may be required for the service user to prevent an incident occurring again are outlined and planned. The initiation of appropriate programmes in anger management, communication skills and assertiveness and mindfulness for service users are essential as an extension of good care practice.

19. Stress management programmes and improved staff communication mechanisms should be regularly reviewed to ensure their effectiveness.

20. Undergraduate social care courses must ensure that social care graduates are aware of and prepared for workplace violence.

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Appendix One

SCI

SOCIAL CARE IRELAND

Workplace Violence is one of the most complex and dangerous occupational hazards facing social care professionals working in social care settings. Please help to address this issue by completing the survey attached.

The information you share will be treated as confidential and participants will remain anonymous. By continuing with the questionnaire you are consenting to participate in this research. You can withdraw from this at any time. This survey should take no more than 10 to 12 minutes to   complete.

For any queries or for further information relating to this research please email cpd@iascw.ie. Many thanks for taking the time to complete this survey.

Phil Keogh - Lecturer, Dublin Institute of Technology
Catherine Byrne - CPD Officer, Social Care

* 1. Please identify which Social Care Setting you are currently employed? (Tick one only)

○ Older People

○ Child Residential - Child & Family Agency

○ Child Residential - Voluntary

○ Child Residential - Private

○ Detention School

○ Disability Services - Residential

○ Disability Services - Day

○ Homeless Service

○ Other (please specify)

○ CAMHS Team (Child and Adolescent Mental Health Service)

○ Social Work Department

○ Youth Work

○ Aftercare

○ Family Support Service

○ Addiction Services

○ Full time student

For the purpose of this research violence at work is defined as;

"Workplace Violence and aggression occurring when persons are verbally abused, threatened or assaulted in circumstances related to their work" (Health & Safety Authority, 2012).

* 2. Have you ever experienced violence in your work   place?

◯ Yes

◯ No

3. Please indicate your gender?

◯ Female

◯Male

4. What is your age?

◯ 18 to 24

◯ 25 to 34

◯ 35 to 44

◯ 45 to 54

◯ 55 to 66

◯ 66+

5. How many year's experience have you in your current work   setting?

◯ Less than 1 year ◯ 1- 5 ◯ 6-10 ◯ 11-15 ◯ 15+

6. In total, how many year's experience have you working in social care   area?

◯ Less than 1 year ◯ 1-5 ◯ 6-10 ◯ 11-15 ◯ 15+

7. What type of employment contract do you currently hold? (Please choose one).

◯   Full time permanent

◯   Full time temporary

◯   Part-time permanent

◯   Part-time temporary

◯   Organisation Relief Staff

◯   Agency Relief Staff

◯   Other (please specify)

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8. Do you hold a recognised qualification in Social Care, or   equivalent?

◯   Yes

◯   No

Please specify the qualification you hold

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Client Group Profile

9. What is the age profile of the service users with whom you work? (Tick appropriate box(s)

☐   Under 12 years of age

☐   12 - 18 years

☐   19 - 25

☐   26 - 55

☐   Over 55

10.   Please indicate the gender of service users with whom you work? (Tick one box only)

◯ Male ◯ Female ◯ Mixed

11. On average how long do service users engage with your service for?

◯ Under 6 Months

◯ 6 months to 1 year

◯ 1 to 3 years

◯ 3 to 5 years

◯ Over 5 years

12. How often, if ever, have you experienced the following forms of violence in your current work environment?

	Never	Yearly	Monthly	Weekly	Daily
Verbal Abuse	◯	◯	◯	◯	◯
Threatening Behaviour	◯	◯	◯	◯	◯
Physical Assault	◯	◯	◯	◯	◯
Bullying or Harassment	◯	◯	◯	◯	◯
Aggressive Behaviour (Not directed at you)	◯	◯	◯	◯	◯

Any further comments

[   ]

13. Who is most likely to be the instigator of violence in your workplace?

◯ Service User

◯ Service User family member

◯ Colleague

◯ Other (please specify)

[   ]

14. In your experience of managing violence in the work place do you feel that violent incidents were;

◯ Mostly planned (i.e. instigator consciously made a decision to act violently)

◯ Mostly spontaneous (i.e. instigator lost control and acted violently)

15. If the instigator of violence was a service user, on average how long would they have been most likely engaged with your service, prior to the violent incident? (Please tick one only)

◯ Under 6 months

◯ 6 months to 1 year

◯ 1 to 3 years

◯ 3 to 5 years

◯ Over 5 years

◯ Not Applicable

Related factors to Workplace Violence

16. Please identify what you consider to be contributing factors to your experience of violence in the workplace?

17. Thinking back to one incident of violence, how would you have felt your relationship with the instigator of violence was a) prior to the incident b) after the incident?

	Very Good	Fairly Good	Poor	Unsure
a) Prior to the incident	◯	◯	◯	◯
b) After the incident	◯	◯	◯	◯

The impact of violence is different for each individual and it is recognised that it may impact people in very different ways.

18. After a violent incident do you feel;

	Always	Sometimes	Never
Angry	○	○	○
Annoyed	○	○	○
Anxious	○	○	○
Fearful	○	○	○
Upset	○	○	○
Frustrated	○	○	○
Guilty	○	○	○
Reflective	○	○	○

Other (please specify)

[   ]

19. Please rate what you consider to be the personal and professional impact of your experience of violence? (Please rate from most impact to least impact)

	Most impact	Some impact	No impact
Physical Injury	○	○	○
Loss of confidence in professional capacity	○	○	○
Anxiety about safety	○	○	○
Loss of belief in effectiveness of profession	○	○	○
Thought about leaving job	○	○	○
Fear of criticism	○	○	○
Fear of investigation	○	○	○
Stress	○	○	○
Self Blame	○	○	○
Increase in tobacco/alcohol use	○	○	○
Fear of perception of colleagues/management	○	○	○

ther (please specify)

20. Do you feel that your experience of violence has ever had an impact on any of the following people (e.g. concern for you, arguments or annoyance etc.) Please tick all that apply.

	Always	Sometimes	Never
Colleagues	○	○	○
Partner/Spouse	○	○	○
Children	○	○	○
Friends	○	○	○
Parents	○	○	○
Other Service Users	○	○	○

Other (Please Specify)

[   ]

21. How do you think violence in your work place has impacted on your organisation? (Please identify most to least impact)

	Most impact	Some impact	No impact
High Staff Turnover	○	○	○
Burn out or stress among staff team	○	○	○
Poor Teamwork & Communication	○	○	○
Improved Organisational Policy and Procedures	○	○	○
Difficulty in Recruiting Staff	○	○	○
High Absenteeism (e.g. sick leave, occupational injury etc.)	○	○	○
Increased use of relief or agency staff	○	○	○
Job Dissatisfaction	○	○	○
Reduced Quality of Care	○	○	○
Recruitment & Retention of Staff	○	○	○

Low Morale	○	○	○

Other (please specify)

[   ]

22. Do you think that workplace violence is a) acceptable or b) unacceptable?

○ a) Acceptable

○ b) Unacceptable

23. Do you believe your employer/agency sees violence as 1) an acceptable or 2) an unacceptable part the job?

○ Acceptable part of your job

○ Unacceptable part of your job

24. The management addresses their responsibility for your health and safety in the work setting by ensuring;

	Always	Sometimes	Never
Safe and Healthy Work Environment	○	○	○
Adequate Staffing Levels	○	○	○
Ongoing up to date training in managing violence	○	○	○
Professional Supervision	○	○	○
Client Risk Assessments	○	○	○
Time for you to plan and implement appropriate procedures	○	○	○
Collect and review incidents of workplace violence	○	○	○
Provides Stress Management	○	○	○

Training/Activities in
your workplace

25. Has your organisation provided you with specific training in managing challenging behaviour and/or violence management?

◯ Yes

◯ No

If yes, please specify what training you received

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┌─────────────────────────────────────────┐
│                                         │
│                                         │
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26. Do you feel confident that specific training provided by your organisation in managing challenging behaviour and/or violence management has equipped you to manage violence at work?

◯ Not at all

◯ A little bit

◯ Somewhat

◯ Quite a bit

◯ Very much

◯ No training provided

27. Do you use Life Space Interview (LSI) with a service user after an incident?

◯ Yes

◯ No

28. If yes, do you feel LSI was effective?

◯ Yes ◯ No ◯ Not Sure

29. Which of the following supports does your management offer you after a violent incident? (Tick all that apply)

☐ Shift Cover (if unable to complete shift)　　☐ Occupational Injury Leave

☐ Debriefing　　☐ Counselling within organisation

☐ Supervision　　☐ Counselling external to agency

☐ Medical Assistance　　☐ Employee Assistance Programme

☐ Other (please specify)

[blank text box]

30.　How likely are you to access organisational support after a violent incident? (Please tick one only)

◯ Very Likely ◯ Somewhat Likely ◯ Not sure ◯ Somewhat unlikely ◯ Very unlikely

Any further comments

[blank text box]

31. How soon after experiencing violence did you receive debriefing?

◯ Did not receive debriefing

◯ Within 1 hour

◯ Within 12 hours

◯ Within 24 Hours

◯ Within 1 week

◯ Longer than 1 week

32. If you have received debriefing after a violent incident, has it included;

	Yes	No
Sharing your personal experiences with others	◯	◯
Helping you to understand and come to terms with what has happened	◯	◯
Reassurance and support	◯	◯
Indicating subsequent help available	◯	◯
Stress management advice	◯	◯

Other (please specify)

[   ]

33.   Please rate the level of support you felt you received after experiencing violence from the following;

	Not at all supportive	Somewhat supportive	Not sure	Supportive	Very supportive
Management	◯	◯	◯	◯	◯
Colleagues	◯	◯	◯	◯	◯
Family/Friends	◯	◯	◯	◯	◯
Other Service Users	◯	◯	◯	◯	◯

Other (please specify)

[   ]

34. Any further comments?

[   ]